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Girls Group Survey on Adolescent Substance Use/Abuse

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Girls Group Survey on Adolescent Substance Use/Abuse

Abstract
This research study focuses on adolescent substance abuse prevention. By involving a convenience sample of African American high school girls from an Ann Arbor nonprofit organization named "Girls Group", a survey asked about their involvement in the after school program, their exposure to alcohol and drug use, influence, attitudes, coping skill and drinking context. A prevention-based educational workshop will later be designed and customized in response to the data from this survey. A cross-cultural comparison of the prevention of substance abuse in youth was approached by interviewing a substance abuse prevention specialist from Savannah-la-mar, Jamaica who conducts similar prevention workshops there for youth of African descent.

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GIRLS GROUP SURVEY ON ADOLESCENT SUBSTANCE USE/ ABUSE

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College of Health and Human Services

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for
Departmental Honors in Social Work

HEATHER MESSINA
GIRLS GROUP SURVEY ON ADOLESCENT SUBSTANCE USE/ABUSE

By
Heather Messina

A Senior Thesis Submitted to the
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In Partial Fulfillment of the Requirements for Graduation

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- Ms. Shirley Platt, Jamaica Substance Abuse Prevention Specialist
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- Dr. Betty Brown-Chapell, Eastern Michigan University Professor and Director of Departmental Honors in Social Work
- Mr. Dan Burns, Eastern Michigan University College of Health and Human Services Human Subjects Review Committee Coordinator
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ABSTRACT

This research study focuses on adolescent substance abuse prevention. By involving a convenience sample of African American high school girls from an Ann Arbor nonprofit organization named, “Girls Group”, a survey asked about their involvement in the after school program, their exposure to alcohol and drug use, influence, attitudes, coping skills and drinking context. A prevention-based educational workshop will later be designed and customized in response to the data from this survey. A cross-cultural comparison of the prevention of substance abuse in youth was approached by interviewing a substance abuse prevention specialist from Savannah-la-mar, Jamaica who conducts similar prevention workshops there for youth of African descent.
INTRODUCTION

Adolescent drug and alcohol use statistics continue to rise, according to the U.S. Department of Human Services: Substance Abuse and Mental Health Services Administration (SAMHSA, 2008). Drinking and using drugs can lead to all sorts of problematic behaviors, ranging from skipping school to unprotected sexual activity. Prevention-based programs are used to help educate adolescents about alcohol and drug use. Developmentally, adolescence is one of the greatest transitions of growth in our entire lives. Sometimes this change is too much or too fast, and may cause some adolescents to engage in risky behaviors, such as the use of drugs and alcohol.

These factors contributed to choosing this research study. In addition there was also a desire to learn more about the onset of alcohol and drug use. There was interest in knowing more about the relationship between family use and potential of adolescent use, and discovering more about what peer pressure looked like surrounding alcohol and drugs. Was an individual more likely to use alcohol and drugs if their friends were also using them? These questions helped to develop the focus of this research study, namely the prevention of adolescent substance use and abuse. It further led to administering the survey to a sample of adolescents.

Girls Group, the group sampled, is a nonprofit that serves high school girls, predominately African Americans, who have the potential to be first generation college students. Since working with Girls Group for two and half years, I was able to access this population with permissions of the Executive Director and the parents of the girls. Girls Group holds weekly Friday discussion sessions for the girls to discuss a range of topics and offers presenters from various career fields. The survey assessed the level of use and
abuse of substances within Girls Group. It focused also on the major influences the girls believed contribute to adolescent substance abuse. The ultimate outcome was to eventually create a prevention-based educational workshop for the girls to learn more about alcohol and drug abuse.

Learning about substance abuse prevention from the literature, gathering survey data from Girls Group about substance use, and being able to apply this information to the eventual creation of a prevention-based educational workshop was the purpose of this research study.

Goals for this research project included the following:

1. Administer a written survey to a sample of Girls Group.

2. Analyze data regarding alcohol and drug use, influences and interests in an educational workshop.

3. Identify the topics of interest for a later prevention-based educational workshop for Girls Group participants.
LITERATURE REVIEW

Adolescent Substance Use/Abuse Statistics

Adolescent alcohol and drug use is among the most serious of public health problems facing youth in the United States (Schwartz & Zhong, 2009). According to the European drug addiction prevention trial (EU-Dap, 2010) substance abuse is actually the predominant health problem in developed countries, accounting for 20% of all deaths and 22% of potential years of life lost, including the United States. Despite considerable health and social consequences, rates of use, remain high and initiation continues to occur early. For many the age of initiation for these substances is around 13. Published literature clearly states that parental substance use, parenting styles and communication about family rules and discipline surrounding use have all been shown to influence alcohol, tobacco and marijuana use (Moore, Rothwell & Segrott, 2010; Schinke et al., 2006; Tobler & Komro, 2010).

American adolescents are heavy consumers of alcohol and other harmful substances, such as marijuana, cocaine and prescription drugs. Alcohol-using drivers account for 31% of traffic fatalities, the leading cause of death for American teenagers (Schinke, Schwinn & Fang, 2010). The monitoring of drug use in the United States indicates that illicit drug use is very common and typically begins during adolescence (Compton et al., 2005). A nearly universal finding is that drug use increases from adolescence to young adulthood (Compton et al., 2005; Moore, Rothwell & Segrott, 2010; O’Donnell, et al., 2010).

Among African-American adolescents ages 12 to 18, alcohol is a primary contributor to the leading causes of death from unintentional accidents and suicide
(Nasim et al., 2007). Mortality rates for alcohol related diseases and disorders are 10% higher in the African-American population than for other ethnic groups in the United States (Nasim et al., 2007). African-American adolescents have lower rates of alcohol consumption than White youth (Marmorstein et al., 2010; Nasim et al. 2007; O’Donnel et al., 2010). However, African-American youth suffer disproportionately from more adverse social, mental and physical health outcomes related to alcohol use (Nasim et al., 2007).

Data collected from 2002 to 2007 indicate that over 8.3 million children under 18 years of age (11.9%) lived with at least one parent who was dependent on or abused alcohol or an illicit drug during the past year. Of these 7.3 million (10.3%) lived with a parent who was dependent on or abused alcohol, and about 2.1 million (3 %) lived with a parent who was dependent on or abused illicit drugs (NSDUH Report, 2009). These issues impact the quality and quantity of adult supervision, especially after school.

About 14 million children and adolescents regularly spend after-school time without adult supervision (Tebes, et al. 2007). One out of every three, teenagers year olds reported being involved in some constructive after school activity. Research has shown that unsupervised out of school time is associated with various negative youth outcomes, such as diminished academic and behavioral functioning and involvement in risky behaviors including criminal behavior and substance use (Tebes, et al. 2007). The NSDUH (2009), reports that 1 in 10 children in the United States under the age of 18 were living in homes with a substance dependent or substance-abusing parent.
Adolescent Substance Use/Abuse Prevention Programming

Stewart and Power (2002) believed that without a clear understanding of different types of adolescent alcohol use, it is difficult to identify those adolescents at the greatest risk for abuse, to design effective prevention programs to reduce this risk, and to accurately evaluate the outcome of prevention and intervention programming. Understanding initiation of use among adolescents is crucial for prevention programming efforts (D'Amico & McCarthy, 2006). Prevention of alcohol-related harm must therefore address influences on youth, which lead them to begin drinking early in life (Moore, Rothwell & Segrott, 2010).

Gender specific approaches to drug abuse prevention among adolescent girls are clearly needed (Schinke et al., 2006). Girls who receive gender specific intervention increased their knowledge about the effects of substance use, decreased their use of harmful drugs, and increased their intentions to avoid substances. It also reduced the incidence and onset of drinking.

Growing recognition of the need for adolescents to be involved in the planning and adaptation of programs that serve them is becoming more relevant (Ozer, Wanis & Bazell, 2009). Although youth and their behavior is frequently the target of prevention programming, interventions are typically designed and implemented by adults. Newer approaches recommend considering the perspective of youth when designing effective prevention programming.

Schinke, Schwinn & Fang, 2010 have established a variety of prevention programs in schools and after-school programs. Few of these prevention programs, however, engage adolescents and their families. There is great value in intervening early
with adolescents around substance use pressures in order to reduce their risks of later problems with alcohol and other drugs. According to (EU-Dap, 2010), the use of tobacco, alcohol and illicit drugs share common determinants, and show a common tendency to develop dependency starting in adolescence. Prevention in the school setting is believed to be one of the most appropriate strategies to tackle substance use. After school programs for youth have been developed to address the potential risks posed by the lack of adult supervision, particularly for urban youth (Tebes, et al. 2007). However, there is a need to look beyond classroom-based education and to assess what other support is available for families struggling with adolescent substance abuse (Moore, Rothwell & Segrott, 2010).

Research must focus on the influence of social and cultural factors on the initiations and progression of drug use. Increased understanding of how genetic, biological, social and contextual areas interact to influence behavior will inform prevention and treatment for individuals at risk for drug use and drug use disorders (Compton et al., 2005). It is imperative to provide multifaceted prevention approaches for adolescents that target and correct misperceptions across multiple substances (D’Amico & McCarthy, 2006).

**Contributing Factors and Causes of Adolescent Substance Use/Abuse**

Adolescent substance use is linked to school failure, poor nutrition, and psychological disorders (Schinke, Schwinn & Fang, 2010). Impaired adolescents are prone to engage in, and fall victim to, sexual assault and unprotected sex. Early initiation of alcohol use is by itself a concern because age at first use has been associated with lifetime alcohol abuse and dependence. Early drinking in adolescence shows both
personal vulnerability, and as a possible pathway to other substance use and risk taking (O’Donnell, et al., 2010). The risk of alcohol-related harm in adult life is directly related to the age at which individuals begin to drink alcohol (Moore, Rothwell & Segrott, 2010).

Class and ethnicity also influence the incidence of adolescent substance abuse. Many factors that influence adult substance abuse are operating even before adolescence, such as family history of substance abuse, psychological abuse and physical or sexual abuse. Growing up in an environment where drugs or alcohol are being abused could certainly influence adolescents’ perceptions of the role drugs and alcohol play in one’s life (Toray et al., 1991).

Adolescence marks a period of risk for the onset of drug use (Compton et al., 2005). Part of the reason for increased attention on younger adolescent substance use is that the adolescent years are peak years for initiation. Several factors contribute to substance use initiation and escalation during this important developmental period, including increased independence as youth transition between grades, and sibling or parent substance use and peer influence (D’Amico & McCarthy, 2006). Adolescence is identified as a time when developmental changes increase vulnerability to risky behaviors including potentially health-damaging behaviors like drug use and the presence of multiple-risk behaviors that can substantially worsen health outcomes (Epstein et al., 2006). Delaying onset for adolescents is crucial, as early initiations leads to more substance use during the late teen years, which may then lead to an increased likelihood of developing substance abuse and dependence in late young adulthood (D’Amico & McCarthy, 2006).
Problematic behaviors such as substance abuse, sexual risk behavior, and delinquency typically emerge or increase substantially during adolescence, indicating youths’ need for guidance and support (Leonard et al., 2006). Adolescent substance use has been linked with unsupervised out of school time, especially among youth with low levels of parental monitoring (Tebes, et al., 2007). Dropping out of high school constitutes a risk factor for several adverse life outcomes, including substance abuse (Kogan et al., 2005).

**African American Female Adolescents**

Both leaving school without graduating and substance use create significant problems for African Americans. Those who see no positive pathway to their future or feel it is impossible to complete their goals may cope by using substances. Schinke (et al., 2006) found that low self-esteem and poor self-concept were common contributing risk factors for substance abuse among girls. Alcohol use among African-American adolescents was associated with low self-esteem and depression, poor social and interpersonal skills, violence and was a precursor to most criminal offences committed by African-American youth (Nasin et al., 2007). The initial use of marijuana, alcohol, and cigarettes was associated with increases in depressive symptoms and social anxiety (Marmorstein ct. al, 2010). The conclusion that Stewart and Power (2002) arrived at, as well as Marmorstein (2010), was that higher levels of drinking were directly correlated with increased antisocial behavior and lower self-esteem. Mental health disorders such as depression and anxiety can also co-occur with substance abuse disorders. (Marmorstein et al. 2010).
Family and Peer Influence on Adolescent Substance Use/Abuse

Recent attention has focused on understanding family influences on young people’s drinking. Family relationships and interactions are central influences on children’s behavior and have been shown to influence the timing of young people’s alcohol use (Moore, Rothwell & Segrott, 2010). The principal influence on young children is typically their family. Peers can also become important in shaping older children’s behavior. Sometimes influence from peers can become greater than that of family members depending on closeness. Parental monitoring has been shown to protect against adolescent alcohol misuse (Moore, Rothwell & Segrott, 2010). Adolescent’s misuse of alcohol and other substances is strongly related to perceptions of parental attitudes toward substance misuse. Having a family member who misuses alcohol is a risk factor for children themselves misusing alcohol or other substances. There are strong associations between family relationships and young people’s alcohol misuse. Improving communication between parents and children is important for future programs to consider (Moore, Rothwell & Segrott, 2010).

Parental substance dependence and abuse can have profound effects on children including child abuse and neglect. If a parent is abusing alcohol or drugs it directly affects the odds that the children will become substance dependent or abusers themselves (NSDUH Report, 2009). Parent drug use may influence child development through direct and indirect pathways. Direct pathways include genetic transmission of vulnerability to drug use disorders and environmental exposure to drugs either still inside the mother or in the home. Indirect pathways include the influence of child abuse and neglect or other stressful environments caused by the drug-using lifestyle. Other significant people of
influence include peers, authority figures, and public figures (Compton et al., 2005). Both perceived drug norms and family use play a tremendous role in adolescent drug use. Individuals learn new behaviors, including drug use from observation, modeling and imitation of important others, such as peers and family (Epstein et al., 2006). Family exposure to drugs also increases the likelihood that urban black youth would use drugs. Substance abuse should be addressed as a family issue rather than individual one (Toray et al., 1991). Drugs at Work (DAW), attempts to directly change social norms by portraying substance abuse as a shared problem that hurts families, hurts businesses, and damages our country’s economy (Wright, 2007).

Adolescence is a period of development in which peer interactions begin to replace parent-adolescent relationships as primary influences on youth attitudes and behaviors (Epstein et al., 2006; Nasim et al., 2007). Research suggests an association between peer influence and adolescent alcohol use behaviors. Another possible influence for early alcohol initiation is negative peer group affiliation. Social Learning Theory emphasizes the importance of both family members and peers, as modeling of observed behavior is one way that youth acquire drinking or drug use patterns (D’Amico & McCarthy, 2006). Peer conformity peaks during adolescence as youth may feel more pressure to try to fit in or conform to what they observe their peers doing or what they think their peers are doing. Youth who believe that many of their peers drink alcohol may not only be more likely to drink alcohol, but may also be more likely to use marijuana (D’Amico & McCarthy, 2006).
Overview of Substance Use/Abuse in Jamaica

Blum & Ireland (2004) studied 15,500 youth in nine countries of the Caribbean economic community: Antigua, Bahamas, Barbados, British Virgin Islands, Dominica, Guyana, Jamaica and St. Lucia. They found there was an increasing amount of evidence in both the United States and globally that strategies incorporating positive youth development have greater likelihood of improving health outcomes of young people than risk-reduction alone. Findings showed that parental drug use emerged as a leading risk for adolescent females. Findings also suggested that family as well as school connectedness and religiosity were associated with less involvement in risk behaviors and this was also found in the United States. (Blum & Ireland, 2004)

Ganja (i.e., marijuana) and cocaine have far reaching economic and social effects in Jamaica. Both have been illegal in Jamaica since 1913, but a part of the population does not consider ganja a drug. Cocaine arrived in Jamaica in the 1970’s. Jamaicans used these drugs as economic tools for upward mobility. Rastafarianism was on the rise in the late 60’s and early 70’s and increased the demand for marijuana. This in turn tightened the Mexican borders and stopped marijuana from entering the United States, which directly effected Jamaica’s economics. Most Jamaicans perceived ganja as a virtually harmless habit at worst, and medicinally and spiritually beneficial in general, and this does not seem to be a significant cause of moral conflict with Jamaican society. There are concerns that the perceived legitimacy of ganja and the ganja trade could affect the initial spread of cocaine in Jamaica (Broad & Feinberg 1995). Broad and Feinberg hope that their research on Jamaican society and the influences of ganja and cocaine will assist in introducing more effective social programs in substance abuse prevention and treatment.
Summary of Literature Findings

In summary, this literature states adolescent substance abuse is a serious issue that needs further research, reflection, and action. Understanding of adolescent substance abuse and the onset of initiation are also of high relevance for future prevention programming efforts. Contributing factors to adolescent substance use/abuse in addition to the causes of adolescent substance use/abuse are relevant to understanding, engaging and creating prevention-based programming for adolescents and possibly their families. The relationship of influence adolescents have with both family members and peers is crucial during adolescence and should be considered a key element to adolescent substance use/abuse as well as prevention programming. The substance abuse issues in Jamaica compared to those in the United States are similar in social growth and acceptance. It is important to consider cultural comparisons when working with minority populations.

This literature review focused on adolescent substance use/abuse, the onset of initiation and influences surrounding substance use/abuse. This review also focused on designing a prevention-based educational workshop with the input from of its participants. Family and peer relationships were studied and assessed to see the relationship between each participants and the impact of their exterior influences impact on the use/abuse of substances. The review was able to give some insight into adolescents in Jamaica and compared adolescents in the U.S. and Jamaica.
METHODS

Quantitative and Qualitative Methods

In this Senior Thesis research study the focus was on mixed methods, thus including both quantitative and qualitative methods. First a written survey was administered to collect quantitative data and then a qualitative in-person interview was conducted to collect qualitative data. Both methods seemed beneficial to this research on Adolescent Substance Abuse Prevention.

Quantitative Variables

A written survey was created (see Appendix 1) that asked various questions to the sample population. The variables this survey focused on were (1) alcohol and drug use among adolescents, (2) influences on adolescent alcohol and drug use in regards to family, friends, peer pressure and media, (3) interests for a proposed educational workshop focused on adolescent substance abuse prevention based topics, and (4) effect of drinking context or how likely an individual would be to drink in a particular situation (i.e., party, concert, etc.) or mood (i.e., angry, sad, happy, etc.).

Below these variables are displayed in a table, to provide further clarity of the quantitative variables that were the focus of this research study.

<table>
<thead>
<tr>
<th>Quantitative Variables</th>
<th>Written Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol and Drug Use</td>
<td>Yes or No Questions and UNCOPE Scale</td>
</tr>
<tr>
<td>Effect of Drinking Context</td>
<td>Drinking Context Scale (DCS) 1-5 Scale</td>
</tr>
<tr>
<td>Influences on Alcohol and Drug Use</td>
<td>Questions regarding family, friends, peer pressure, media, etc.</td>
</tr>
<tr>
<td>Interests for Educational Workshop</td>
<td>Yes or No Questions in Checklist Format</td>
</tr>
</tbody>
</table>
The UNCOPE standardized scale consists of six questions found in existing instruments and assorted research reports (Hoffman, 1995.) They provide a simple and quick means of identifying risk for abuse and dependence for alcohol and other drugs.

The standardized scale called the Drinking Context Scale (DCS) was included into the survey to assess the likeliness to drink in situations and in various moods (O’Hare, 2001). The DCS has three (3) subscales; the survey focused on only (2) of those subscales, because the third was directed towards using around dating/sexual experiences and that is not the focus of the research study. This scale was assessed by the total of each subscale per participant. “The DCS can be used as an initial screen to estimate the likelihood of adolescents drinking excessively in certain circumstances, an important consideration since the consequences of youthful problem drinking are highly dependent on context” (O’Hare, 2001).

Qualitative Variables

As part of this Senior Thesis research project, I was able to accompany my Senior Thesis Advisor on a planning trip to Jamaica. In Jamaica I interviewed substance abuse prevention specialist Ms. Shirley Platt in Savannah-la-mar, Jamaica. A half hour taped interview was conducted and asked a range planned open-ended questions (see Appendix II.) The main variables from that interview included the following: (1) Prevention workshops focused on alcohol and drug use for adolescents in Jamaica; (2) Substance abuse in Jamaica and its effects on substance abuse prevention work in substance abuse; and (3) Adolescent substance abuse in Jamaica and how it compared to the adolescent substance abuse found in the survey sample of American adolescent girls of predominately African descent. Almost all of the Jamaican youth Ms. Platt worked with were of African descent.
Below are these variables displayed in a table, to provide further clarity of the qualitative variables that were focused on for this research study.

**Table 2: Qualitative Variables and Means of Measurement**

<table>
<thead>
<tr>
<th>Qualitative Variables</th>
<th>Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention Workshop</td>
<td>Open-Ended Questions</td>
</tr>
<tr>
<td>Substance Abuse in Jamaica</td>
<td>Open-Ended Questions</td>
</tr>
<tr>
<td>Adolescent Substance Abuse</td>
<td>Open-Ended Questions</td>
</tr>
</tbody>
</table>

**Human Subjects**

An application was made to the College of Health and Human Services Human Subjects committee and all instruments, consent forms and data collection were approved (see Appendix III and IV.)

**SAMPLE**

**Girls Group**

Girls Group is a local Ann Arbor nonprofit that serves high school girls who have the potential to be first generation college students. Girls Group’s mission is dedicated to helping high school girls achieve emotional and economic security. Girls Group encourages these young women to graduate from high school, to envision themselves as first-generation college students, and to attend college. Programs and mentoring develop character, leadership, self-confidence, and social-conciousness, including the desire and ability to mentor others.

There are 30 high school participants in Girls Group: 16 first generation college students or “Girls Group Alumni” and the mothers of all the Girls Group participants are encouraged to be involved. The girls are predominately African American and
study? (3) I will need to collect the signed consent form from you if you choose to have your daughter to participate. What would be the best way to obtain that from you?

Girls Group was hosting a Mother/Daughter workshop around the time of following up with parents, so it was suggested to bring it there. Parents were informed that there would be blank consent forms that could be signed at the workshop. It was at this workshop that I was able to collect the majority of my consent forms.

After the recruitment phase of the survey procedure, a final total of 15 Girls Group participants participated in the research study. As mentioned before, Girls Group has a total of 30 participants. So the final sample was 15/30 Girls Group participants, or a 50% response rate. This was considered good, because not all of the 30 girls were active participants with regular attendance. There was a range of weekly participation levels within the 30 Girls Group members, and the 15 girls in the study tended to be regular weekly participants.

**DATA COLLECTION**

**Quantitative**

The survey was administered on two consecutive Friday discussion sessions, at the beginning of group for the first 10-15 minutes. Only those for whom parental consent was obtained were allowed to complete the survey. For the other Girls Group participants an alternative activity was provided. The alternative activity was a word search exercise about Girls Group that was created by the researcher.

**Qualitative**

The interview with Ms. Shirley Platt was conducted on March 2, 2011 in Savannah-la-mar, Jamaica. Ms. Platt works at the National Council for Drug Abuse as a
Field Officer who specializes in Adolescent Substance Abuse. Ms. Platt does 70% prevention based work and 30% treatment based work with adolescent clients. The contact between Ms. Platt and I was initially facilitated by my Senior Thesis advisor, Dr. Marilyn Wedenoja. We set up an appointment to meet with her over email. We then traveled to Jamaica and met with Ms. Platt at her office in Savannah-la-mar, Jamaica. Before beginning the interview verbal consent was obtained from Ms. Platt, and explained that the interview was voluntary, with no negative consequences if she decided to end it at any time. A voice recorder was used during our half hour interview. Eight open-ended questions were asked, as well as other prompting questions throughout the interview.

**FINDINGS**

**Quantitative**

Findings from the survey from the sample of 15 Girls Group participants are as follows. The survey was able to explore to what extent Girls Group participants had experimented with alcohol and other drugs. This data will then be used to design a prevention based educational workshop.

**Table 3: Alcohol and Drug Use (N=15)**

<table>
<thead>
<tr>
<th>Alcohol or Drug Use</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tried Alcohol or Drugs</td>
<td>73%</td>
</tr>
<tr>
<td>Tried Alcohol</td>
<td>66%</td>
</tr>
<tr>
<td>Tried Drugs</td>
<td>46%</td>
</tr>
<tr>
<td>Alcohol Use Now</td>
<td>46%</td>
</tr>
<tr>
<td>Drug Use Now</td>
<td>33%</td>
</tr>
</tbody>
</table>

From the above table you can see that 73% of the survey sample tried alcohol or drugs. 66% of Girls Group participants have tried alcohol and 46% have tried drugs.
Most reported using marijuana and one reported to using prescription drugs. In terms of current use, 46% of girls using alcohol and 33% reported to using drugs now. The only current drug reported being used was marijuana. The participants who reported currently using alcohol were then asked how frequently they drank. (See Graph 1 below)

**Graph 1: Frequency of Current Alcohol Use (N=15)**

![Graph showing frequency of alcohol use](image)

Of the participants who reported to currently drink alcohol, two (2) girls reported to using once a year, one (1) reported using once every 3 months, one (1) reported using once a month and a total of three (3) reported using once every other week.

**UNCOPE Scale**

The UNCOPE scale had a possible “yes” or “no” answer for each of the six questions. The higher total number indicated a higher potential for alcohol and drug abuse or dependence. “Yes” was scored with a one (1) and “no” was scored with a (0). The highest number each participant could total would be five (5).
Two (2) girls scored as high on the UNCOPE scale, with a total of five (5) “yes” answers scored. This indicated that these two participants had a higher potential for alcohol and drug abuse or dependence. The remaining thirteen (13) participants scored from 0-2, indicating a lower potential for alcohol and drug abuse or dependence according to the UNCOPE scale.

**Effects of Drinking Context**

The Drinking Context Scale (DCS) had two different subscales used in the ‘Girls Group Survey.’ The DCS determines the likelihood of adolescents excessive drinking in both setting and various emotions for coping. Both subscales had three (3) questions each. The Convivial Drinking subscale focused on settings such as party, concert or celebration. The Negative Coping subscale focused on coping with the emotions after a fight, feeling sad, or angry. Each question had a scale from 1-5 that the participants could choose to indicate the level identification with each situation.

According to the Convivial Drinking subscale the highest possible total participants could score was 15. The higher the number scored total from all three (3) questions indicated a higher potential of excessively drinking according to setting and circumstance. The answers varied from 12-3 among the Girls Group participants. There were four (4) participants that scored between 12-7, indicating a higher potential of excessive drinking. The other five (5) participants scored from 6-3, indicating a mild to low potential for excessive drinking. Six (6) participants did not complete the DCS because they did not report to currently drinking.

According to the Negative Coping subscale the highest possible total participants could score was again, 15. The higher number scored total from all three (3) questions
indicated a higher potential of excessively drinking according to dealing with feelings. The answers varied from 15-3 among the Girls Group participants. There was one (1) participant who scored the highest number possible, 15. This indicates the highest possible potential of excessive drinking. Eight (8) participants scored either a 3 or 4 indicating a lower risk of excessive drinking. Again, six (6) participants did not complete the DCS because they did not report to currently drinking.

Influences on Alcohol and Drug Use

The participants were asked, aside from family and friends, what other factors could contribute to adolescent substance use. The following influences were listed and the girls were able to check all that they thought applied. (See Table 4 below.)

<table>
<thead>
<tr>
<th>Influences</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Media</td>
<td>73%</td>
</tr>
<tr>
<td>TV</td>
<td>73%</td>
</tr>
<tr>
<td>Music</td>
<td>73%</td>
</tr>
<tr>
<td>Movies</td>
<td>60%</td>
</tr>
<tr>
<td>Advertisements</td>
<td>60%</td>
</tr>
<tr>
<td>Internet</td>
<td>53%</td>
</tr>
<tr>
<td>Video Games</td>
<td>33%</td>
</tr>
</tbody>
</table>

Table 4: Self-reported Influences on Alcohol and Drug Use (N=15)

These adolescent participants self-reported Media, TV and Music were the highest factors to influence adolescent substance use at 73%. Movies and advertisements were tied at 60%. Internet was reported by a little over half of the survey sample to report at 53%. Video games were last at 33%.
Interests for Educational Workshop

The participants were asked what topics would be of interest for prevention based educational workshop on adolescent substance use/abuse. (See Table 5 below.)

Table 5: Topics of Interest for an Educational Workshop (N=15)

<table>
<thead>
<tr>
<th>Educational Workshop</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Rape</td>
<td>86%</td>
</tr>
<tr>
<td>Alcohol Types</td>
<td>80%</td>
</tr>
<tr>
<td>Friends</td>
<td>80%</td>
</tr>
<tr>
<td>Peer Pressure</td>
<td>73%</td>
</tr>
<tr>
<td>Effects of AOD</td>
<td>66%</td>
</tr>
<tr>
<td>Media Influence</td>
<td>66%</td>
</tr>
<tr>
<td>Parents &amp; Family</td>
<td>66%</td>
</tr>
<tr>
<td>Sexual Assault</td>
<td>66%</td>
</tr>
<tr>
<td>Addiction Treatment</td>
<td>66%</td>
</tr>
<tr>
<td>Drug Types</td>
<td>60%</td>
</tr>
<tr>
<td>Dating</td>
<td>60%</td>
</tr>
<tr>
<td>AA/ Al-Anon</td>
<td>60%</td>
</tr>
<tr>
<td>Hereditary</td>
<td>46%</td>
</tr>
<tr>
<td>Disease Concept</td>
<td>46%</td>
</tr>
<tr>
<td>Recovery Community</td>
<td>46%</td>
</tr>
<tr>
<td>Legal Consequences</td>
<td>33%</td>
</tr>
</tbody>
</table>

"Date Rape" was reported as the highest topic and of most interest to be discussed during an educational workshop on substance abuse prevention, followed by "Alcohol Types" and "Friends", both at 80%. "Peer Pressure" at 73% was at high interest as well.

Quantitative Summary

In summary, a higher percent of participants used alcohol compared to drugs. A higher percent tried alcohol or drugs compared to current use. Media, TV and Music are some of the highest ranked influences of adolescent substance abuse. A total of five (5) participants tried alcohol at age 15. The highest number of girls that reported to drink once every other week was three (3). More than half of the girls reported that their friends
were using both alcohol and drugs. Girls reported a low percentage of peer pressure. More than half of the girls reported alcohol use within their families. Half reported alcohol or drug use within their families. Girls reported "Date Rape" as the topic of most interest for an Educational Workshop, followed by Alcohol Types and Friends.

Qualitative Findings

My findings from my Interview with Ms. Shirley Platt, National Council on Drug Abuse Field Officer are as follows:

Prevention Workshop

Ms. Plat was asked to explain what adolescent substance abuse prevention based workshops looked like in Jamaica and how she facilitated her workshops. Ms. Platt told me that she conducts interactive workshops that are more of a dialogue between her and her audience of participants. Ms. Platt states that she draws from them and finds what they need to know and what they already know and then begins to build and customize the workshop to what they need.

Ms. Platt stated that she begins by saying, "Let's talk about drugs. What is a drug?" From this point Ms. Platt will begin to assess where the adolescents she is working with are coming from. She will gather their definition of a drug and then proceed to give her definition of a drug, "A drug is anything that you put into your body that change how your mind or your body works." Then she will begin to ask the adolescents what are some different types of drugs? The youth will often suggest Ganja, which is a term for Marijuana in Jamaica. Or they might suggest Heroin. Ms. Platt will continue to encourage the youth my asking them some more basic drugs, something their father might use recreationally. She stated that they finally get to Alcohol and Cigarettes but
stated that, “Teenagers tend not to believe that alcohol and cigarettes are drugs.” She continues her workshop by going into particulars of drugs and the effects of those drugs.

Substance Abuse in Jamaica

Ms. Platt was hosting a parenting workshop to teach parents about substance abuse in Jamaica. Ms. Platt stated that, “The basis for the problems in Jamaica, to my mind, is parenting. You’ve got to start at the root.” She had no funding for the workshop but still felt it essential to host, so she asked a local church to donate a space for the workshop and they agreed. The first day of her parenting workshop the parents asked, “Where are the refreshments?” Ms. Platt stated that there were no funds for refreshments and would try to keep the workshop short in length. The church then asked for a donation toward the electric bill. Ms. Platt suggested having the next part of the workshop during the day so they would have sunlight and not need to use the lights. The following week she was supposed to hold the second part of the parenting workshop but the church doors were locked and no one showed up. Ms. Platt stated,

You need something to draw people. That is my main frustration, I don’t have the simple things I need like leaflets. The leaflets I do have are filled with text. The literacy in Jamaica is poor and the leaflet is of little no use to these parents. We need some cartoons or pictures designed something visual they can look at and understand, these leaflets are just a blur to them. (see Appendix VI)

When asking Ms. Platt about how the attitudes towards legalizing and decriminalizing ganja (i.e., marijuana) in Jamaica affect her work in adolescent substance
abuse, she told me about how the people in Jamaica act as if it is legal anyway. She went on to say,

You see them smoking on the street, you see police walking past them. I have yet to discover what actually motivates police to charge some people and not other because they will walk past one group of students smoking and say nothing and walk past another and pick people up, so I don’t know the rationale.

Adolescent Substance Abuse

Ms. Platt also spoke about focus groups in Jamaica. Focus groups are created to go into a community to better design a program that fits that particular environment. She will begin by asking students where they can buy drugs. Youth will give her various places that allow underage children to purchase alcohol, ganja, or cigarettes. She will ask if they can buy in their uniforms and they will say yes and that all they might have to say is they are buying it for their granddad.

When I asked Ms. Platt what the most prominent drug abused by adolescent in Jamaica, I expected her to say Marijuana but she did not, “Alcohol is the number one abused drug among adolescents and adults in Jamaica, then cigarettes.”

CROSS-CULTURAL COMPAIRISON

The Cross-Cultural Comparison among adolescents in Jamaica and adolescents in the U.S. from the survey sample was minimal, due to limited research. However it was observed that both adolescents in Jamaica and adolescents from Girls Group who
participated in the survey preferred drinking alcohol to using marijuana or other
recreational drugs.

**DISCUSSION**

**Limitations**

**Quantitative Methods**

In considering ways to improve this research, one would be to include nicotine
and cigarettes in the survey. In the written survey when questions about drug use were
asked, it did not include the use of cigarettes. It would have been helpful to observe this
compared to the survey samples reported use of alcohol and drug use to see if there was
any relationship.

Time was a major limitation in this research study. This research took place over
the course of a year in which the researcher was able to put together all forms,
documents, the survey, etc. With approval from the CHHS Human Subjects review
committee the researcher could then begin obtaining consent and administering surveys.
If time had not been limited, it could have been informative to further involve the parents.
Another survey could have been given to the parents, similar to the one given to their
daughters to look at the relationship and monitoring of adolescent behavior. Further
variables such as family closeness and the type of monitoring by parents to the
adolescents could have been asked as well. Comparisons could also be made of reports of
family use compared between then adolescent and the parent. Family-related factors
disproportionately affect girls’ substance use (Schinke et al., 2006). Negative parental
attitudes toward drugs correlate with girls’ abstinence from substance use, as do parental
control and supervision, strong family ties and positive social supports.
It would have also been beneficial to survey a group of adolescent girls that were similar to Girls Group but not participating in Girls Group, to assess if being a Girls Group participant would decrease the level of activity in risky behaviors.

A small sample size was observed in this research study. The majority of participants in this sample are from similar areas, Ann Arbor and Ypsilanti, Michigan, all in close proximity of each other. The majority of the participants also go to the same school, Pioneer High School in Ann Arbor, Michigan. Girls were also from Community High School, Skyline High School and Ypsilanti High School. Only 15 out of the 30 Girls Group participants were able to participate in the written survey. This data does not therefore speak on behalf of Girls Group or of all its participants. Further statistics could be collected through research, by administering the same survey to a larger sample population.

A further limitation was missing data on the written survey. Some participants skipped questions and therefore that data was unable to be used. The written survey data relied on self-report. Some would argue how accurate this data is, according to D’Amico and McCarthy (2006) young adolescents’ perceptions are better predictors of their behavior than are the models’ reports of the behavior.

**Qualitative Methods**

Again, time would be a major factor of limitation. It would have been beneficial if time allotted an observation of Ms. Shirley Platt doing an intake with an adolescent client. Or to observe an adolescent substance abuse workshop, facilitated by Ms. Shirley Platt in Jamaica.
It also would have been a great and more in-depth cross-cultural comparison if a survey could be given to a group of adolescent, high school girls in Jamaica, comparable to the U.S. sample. This would have been a direct comparison and been able to give more clear comparisons for further review.

Analysis of Findings

The purpose of this research study was to explore to what extent Girls Group participants have experimented with alcohol and other drugs and to also gather information in order to design a prevention-based educational workshop.

A survey sample of Girls Group assessed the level of alcohol and drug use and abuse. The information that was obtained will serve create substantially for creating a prevention-based educational workshop, in addition to future Girls Group programming.

First, we were able to learn more about the onset of alcohol and drug use for this sample. Adolescence marks a period of risk for the onset of drug use (Compton et al., 2005). Several factors contribute to substance use initiation and escalation during this important developmental period, including increased independence as youth transition between grades, sibling or parent substance use and peer influence (D’Amico & McCarthy, 2006). The literature also gave me a strong understanding about the possible relationship between family use and child use, and the potential it has on adolescent use and possible abuse and dependence. Parental substance dependence and abuse can have profound effects on children including child abuse and neglect. If a parent is abusing alcohol or drugs it directly affects the odds that the children will become substance dependent or abusers themselves (NSDUH Report, 2009).
Second, the survey also helped to examine the influence of friends as well as peer pressure in the participant’s interactions with alcohol and drugs. Adolescence is a period of development in which peer interactions begin to replace parent-adolescent relationships as primary influences on youth attitudes and behaviors (Nasim et al., 2007). Research suggests an association between peer influence and adolescent alcohol use behaviors. Another possible influence for early alcohol initiation was negative peer group affiliation (Nasim et al., 2007).

The written survey also provided the information regarding the level of use and abuse of substances in the sample population taken from Girls Group. The survey also provided an insight into what the participants believed were the strongest influences contributing to adolescent substance abuse. The participants were also able to give their ideas of relevant topics of interest to be focused on during prevention based educational workshop.

From reading many articles that focused on various types of prevention, various techniques were identified that will become helpful when constructing a workshop and further facilitating it for the Girls Group participants. I was able to compare and contrast differing prevention based programs from in school programming to after-school programming.

Third, from this research it was found that Girls Group is a population with low to mild substance use and would be an ideal candidate for a prevention-based educational workshop. Collaborative approaches where youth’s perspectives are considered on prevention programming, is now recommended for effective programming adaptation (Ozer, Wanis & Bazell, 2009).
Current use among this sample was low, alcohol (46%) and drugs (33%). Since more girls reported to using more alcohol than drugs, they were then asked how frequent that use occurred. The highest amount of girls (N=3) reported to drink once every other week. This data showed this was a good sample for prevention based workshop since there was not a high use of alcohol or drugs. UNCOPE confirmed this data by showing the level of risk as exceptionally low (16%).

Fourth, the Drinking Context Scale (DCS) (O’Hare, 2001) assessed the effects of drinking context, and it was divided into two different subscales. This sample scored (30%) in terms of the likelihood to excessively drink in particular situations, such as concerts, parties, etc. The second subscale was much lower (18%) for those who felt the likelihood to excessively drink when in particular moods, such as sad, angry, etc. This shows low to mild potential of the participants to engage in excessive drinking. The first subscale that focused on settings scored higher than that of the second subscale that focused on dealing with feelings. It would be interesting to further assess what coping skills were used since it seems that the majority of the sample does not turn to alcohol or drug to deal with emotions. The first subscale was most likely higher due to social or peer acceptance to drink in those particular settings. Again, it would need further assessment to see why participants drank in these particular situations.

Fifth, influences on alcohol and drug use were scored by asking each participant to check from a list provided, what they thought contributed most to adolescent alcohol and drug use. The girls scored Media, TV and Music as the highest influences contributing to adolescent alcohol and drug use (73%). In addition participants were asked about family and friends to gage their influence on the individual participant. Girls
also reported on family use of alcohol (73%) and drug use (53%) as well as family abuse of alcohol (53%). Parental substance dependence and abuse can have profound effects on children including child abuse and neglect. If a parent is abusing alcohol or drugs it directly affects the odds that the children will become substance dependent or abusers themselves (NSDUH Report, 2009). In regards to friends using substances, this was reported at a high rate for both alcohol (73%) and drugs (80%). Affiliating with negative peers is a risk factor for alcohol initiation (Nasim et al., 2007). However peer pressure to try drugs (20%) or alcohol (13%) was reported at a very low rate.

Sixth, interests for an Educational Workshop were scored in a similar way to that of influences. Girls were asked to check from a list of various topics, as many as they wished, related to alcohol and drug related topics. Participants scored Date Rape as the highest topic of interest (86%) to be discussed during an educational workshop. Alcohol Types (80%) and Friends (80%) came in as the next two highest-ranking topics to be explored. The high rate of interest in “Date Rape” could be due to lack of knowledge or understanding of what date rape is and its effects. Another might be that some girls have experienced date rape or have had friends or family members that have and would like to know more about it. The score remains high, indicating a need to educate the participants about date rape so they can be aware of its effects. “Alcohol Types” refers to the various types of alcohol and its effects. A high interest in this could show an interest in knowing what types of alcohol there are and their effects, again for preventive measures. A high rate of interest to discuss “Friends” could mean that the participants want to discuss influences of friends, negative peer groups and how to talk to friends about using or refusing alcohol or drugs. These results will help to form an effective prevention-based
educational workshop for Girls Group. It may also be able to offer future discussion
groups. It is imperative to provide multifaceted prevention approaches for adolescents
that target and correct misperceptions across multiple substances (D’Amico & McCarthy,
2006).

Seventh, in terms of the qualitative data, prevention workshops facilitated by Ms.
Shirley Platt were discussed during the interview. During this time Ms. Platt explained
that she begins her workshops with a dialogue with her audience. She asks them what a
drug is and then continues to give her definition of what a drug is. It is from this
foundation she begins to build and structure her workshop to fit the specific population
she is working with. She goes on further to ask what types of drugs the adolescents know
about and states that. She then focuses on the effects of drugs. Fiki (2007) also suggested
beginning by asking questions to the community, what is the history of drug use in the
community, what is the community approval of drug and alcohol use and proposed
solutions to the problem of drug and alcohol use.

Adolescent substance abuse prevention is Ms. Platt’s focus in her position at the
National Drug Abuse Council as Field Officer. She talked about doing one-on-one with
clients, prevention workshops and focus groups in the community. But the most shocking
information Ms. Platt gave about adolescent substance abuse was when I asked her what
was the most prominent drug abused by adolescents. Ms. Platt stated that alcohol, not
marijuana, was the most prominent abused drug in Jamaica by both adolescents and
adults. This observation is similar to what is found in the U.S.

One unexpected finding found during this research project was a relatively low
rate of “Peer Pressure” related to drugs (20%) and alcohol (13%) reported from the
participants but a strong interest to learn more about Peer Pressure (73%) in the educational workshop. This could mean that peer pressure was not reported accurately or it could mean that participants in this particular survey sample need more education on what peer pressure looks like. It may also suggest that membership in a group such as Girls Group provides a group of peers that are not pressuring them to use alcohol or other drugs.

CONCLUSION

In summary this research was able to explore the alcohol and drug use of the Girls Group sample of adolescent, African American, girls. From the data results it was assessed that this sample currently had a low to mild involvement in substance use, thus providing data that supported a prevention-based educational workshop. This workshop will be created and designed from this data and possibly lead to a further evaluation study on its effectiveness. Once adolescents start to learn new ways of interacting with their peers and environments those new patterns will become ingrained as youths successfully try out their learned skills and are rewarded for their successes. This will directly then transfer to youth’s early learning through middle adolescence and into young adulthood (Schinke, Schwinn & Fang, 2010). These prevention-based educational workshops will hopefully give these participants information on adolescent substance use and abuse that will in turn give them tools to create new patterns of dealing with alcohol and drugs, family influences and peer pressure.
REFERENCES


Girls Group Survey

Thank you for agreeing to participate in this survey. These surveys will be kept completely confidential. At anytime you may choose to not participate in this survey. You may also choose to not answer any question on the below survey.

Answer the following Questions using this key:

1. Strongly Agree
2. Agree
3. Not Sure
4. Disagree
5. Strongly Disagree

Girls Group:

1. Do you regularly attend weekly Friday discussion sessions?
   1: Strongly Agree
   2: Agree
   3: Not Sure
   4: Disagree
   5: Strongly Disagree

2. Do you attend weekend and evening activities?
   1: Strongly Agree
   2: Agree
   3: Not Sure
   4: Disagree
   5: Strongly Disagree

3. Do you participate in monthly volunteer opportunities?
   1: Strongly Agree
   2: Agree
   3: Not Sure
   4: Disagree
   5: Strongly Disagree

4. Do you spend one-on-one time with any Girls Group Mentor?
   1: Strongly Agree
   2: Agree
   3: Not Sure
   4: Disagree
   5: Strongly Disagree

5. Do you seek homework support or math tutoring?
   1: Strongly Agree
   2: Agree
   3: Not Sure
   4: Disagree
   5: Strongly Disagree

6. Have you participated in ACT and College Prep programs?
   1: Strongly Agree
   2: Agree
   3: Not Sure
   4: Disagree
   5: Strongly Disagree

7. Have you participated in the Leadership program?
   1: Strongly Agree
   2: Agree
   3: Not Sure
   4: Disagree
   5: Strongly Disagree

8. Do feel comfortable and able to be yourself at Girls Group?
   1: Strongly Agree
   2: Agree
   3: Not Sure
   4: Disagree
   5: Strongly Disagree

9. Do you trust the other participants of Girls Group?
   1: Strongly Agree
   2: Agree
   3: Not Sure
   4: Disagree
   5: Strongly Disagree

10. Do you trust the staff of Girls Group?
    1: Strongly Agree
    2: Agree
    3: Not Sure
    4: Disagree
    5: Strongly Disagree

11. Is Girls Group a support system in your life?
    1: Strongly Agree
    2: Agree
    3: Not Sure
    4: Disagree
    5: Strongly Disagree

12. Could you contact a mentor if you needed anything?
    1: Strongly Agree
    2: Agree
    3: Not Sure
    4: Disagree
    5: Strongly Disagree

13. Has Girls Group helped you in some area of your life?
    1: Strongly Agree
    2: Agree
    3: Not Sure
    4: Disagree
    5: Strongly Disagree

14. Do you enjoy being a member of Girls Group?
    1: Strongly Agree
    2: Agree
    3: Not Sure
    4: Disagree
    5: Strongly Disagree

15. Is Girls Group an essential program for adolescent girls?
    1: Strongly Agree
    2: Agree
    3: Not Sure
    4: Disagree
    5: Strongly Disagree

Alcohol and Drug Use:

1. Have you tried either alcohol or drugs? Yes No
   *If no, skip to Influence Section of the survey.

2. Have you ever drank alcohol? Yes No
   If Yes, what age were you when you first used?
   10 11 12 13 14 15 16 17 18

3. Have you ever felt drunk from drinking alcohol? Yes No
   If Yes, what age were you when you first used?
   10 11 12 13 14 15 16 17 18

4. Have you ever used drugs? Yes No
   If Yes, what age were you when you first used?
   10 11 12 13 14 15 16 17 18
3. Do you currently drink alcohol? Yes No
   If Yes, how often do you drink?
      [ ] Every day
      [ ] 2-3 times a week
      [ ] Once a week
      [ ] Once every other week
      [ ] Once a month
      [ ] Once every 3 months
      [ ] Once a year

4. Do you currently use drugs? Yes No
   If Yes, what drugs are you currently using?
      [ ] Marijuana (Or other variations)
      [ ] Hallucinogens (LSD, Mushrooms, etc.)
      [ ] Stimulants (Cocaine, Methamphetamines, Ritalin, etc.)
      [ ] Inhalants (Glue, Pain, Gas, Laughing Gas, Whippets, etc.)
      [ ] Opiates (Heroin, Opium, etc.)
      [ ] Prescription Drugs (Codeine, Oxycotton, etc.)

Influence:

1. Do any of your friends (who are similar in age) drink alcohol? Yes No
2. Do any of your friends (who are similar in age) use drugs? Yes No
3. Do your friends ‘peer pressure’ you to use alcohol? Yes No
4. Do your friends ‘peer pressure’ you to use drugs? Yes No
5. Do any of your family members drink alcohol? Yes No
6. Do you believe, any of your family members ‘abuse’ alcohol? Yes No
7. Do any of your family members use drugs? Yes No
8. What other factors might influence an adolescent to use alcohol or drugs? Check all that apply:
   _____ Media    _____ TV    _____ Movies    _____ Music    _____ Advertisements    _____ Video Games    _____ Internet

Attitudes:

1. How would you describe parent’s attitudes towards teens drinking alcohol?
   a. As long as it’s in my house
   b. As long as I know about it and know where you are
   c. Teens will do what they do
   d. I’d rather you not
   e. It is unacceptable
2. What are your parents’ attitudes towards teens using drugs?
   a. As long as it’s in my house
   b. As long as I know about it and know where you are
   c. Teens will do what they do
   d. I’d rather you not
   e. Unacceptable

3. What is your own attitude about teens drinking?
   a. It happens
   b. It’s cool
   c. It’s normal
   d. I don’t care
   e. I don’t like it

4. What is your own attitude about teens using drugs?
   a. It happens
   b. It’s cool
   c. It’s normal
   d. I don’t care
   e. I don’t like it

5. What is your attitude about alcohol and drugs in the media?
   a. It works
   b. It makes me want to try it
   c. I think it looks cool
   d. I don’t pay attention
   e. I don’t like it

6. Who would you turn to if you had a problem with alcohol or drugs?
   Circle all that apply:

   Mom          Friend       Church
   Dad          Cousin       Neighbor
   Aunt         Classmate    Mentor
   Uncle        Teacher      Other
UNCOPE:

1. In the past year have you ever drank or used drugs more than you meant to?
   Yes    No

2. Have you ever neglected some of your usual responsibilities because of using drugs or alcohol?
   Yes    No

3. Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?
   Yes    No

4. Has anyone objected to your drinking or drug use?
   Yes    No

5. Have you ever found yourself preoccupied with wanting to use alcohol or drugs?
   Yes    No

6. Have you ever used alcohol or drugs to relieve emotional discomfort, such as sadness, anger, or boredom?
   Yes    No

Drinking Context Scale (DCS):

Based on your personal experience, how would you RATE THE CHANCES that you might find yourself drinking excessively in the following circumstances? (Use the following scale to rate your responses.)

<table>
<thead>
<tr>
<th>Extremely High</th>
<th>High</th>
<th>Moderate</th>
<th>Low</th>
<th>Extremely Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

*If this doesn’t apply to you, leave it blank.

Convivial drinking

1. When I’m at a party, similar other get-together
   5      4      3      2      1
Interview Questions for Ms. Shirley Platt

1. When you do prevention workshops what do they look like?

2. What motivated you to specialize in adolescent substance abuse?

3. What does adolescent substance abuse prevention look like in Jamaica?

4. What are some of the rewards? Difficulties and challenges?

5. How do the attitudes of legalizing and decriminalizing marijuana effect your work as a substance abuse counselor?

6. How does the cultural acceptance of marijuana influence your work with young people?

7. Can you explain a typical work-day in your life?

8. What is the prominent drug of choice among adolescents in Jamaica?
Girls Group

“Building a Better Future, One Girl at a Time”

November 17, 2010

Human Subjects Committee
Eastern Michigan University

Letter of Approval for Heather Messina

Girls Group is an Ann Arbor nonprofit organization that serves high school girls with the potential to become first generation college students. Girls Group serves 30 high school girls, predominately African American. Heather Messina is the Program Director at Girls Group and has been working with Girls Group for three years. Heather knows the individuals and their mothers very well. Girls Group authorizes Heather to work with participants of Girls Group for her Senior Thesis.

Girls Group gives permission to administer a survey about alcohol and drug use, for purposes of prevention. Heather will be sent consent forms to all the mothers for signature. Heather will administer her survey during one or more Friday group sessions. Heather will then take the data collected and put together an educational workshop on alcohol and drug use. Heather will then pass out an evaluation after the workshop to assess what the girls took away from the day.

We strongly support Heather in her efforts to focus her Senior Thesis on Girls Group. Heather has expressed that her main goal is to show that Girls Group is a strong support system for many of these young women. We hope to use the data collected to help Girls Group continue in its efforts to be a strong positive motivator in these young women’s lives.

If you need any further information, please contact me at Sue@GirlsGroupA2.org or 734.994.6627.

Sincerely,

Sue Schooner
Executive Director
Girls Group

Girls Group • 2445 Newport Road • Ann Arbor, Michigan • 48103 • Sue@GirlsGroupA2.org
Date

Mother’s Name
Address

Dear Mother’s Name,

Thank you for supporting Girls Group over the years. We are writing to ask for your support once more. Our Program Director, Heather Messina, is a senior at Eastern Michigan University. She is studying Social Work and plans to graduate in April of 2011. Heather is an Honors student and is doing her Senior Honors Thesis. Heather has decided to do her Thesis with Girls Group. Heather has an interest in adolescent substance abuse and would like her thesis to focus on prevention.

Heather’s Senior Honors Thesis Proposal is to survey the Girls Group participants, with parental consent, about their involvement in Girls Group, attitudes towards alcohol and drugs, any use of alcohol and drugs, influences, etc. This survey will be completely voluntary and completely confidential. From the survey, Heather will then create an educational prevention workshop about avoiding adolescent alcohol and drug abuse. After the workshop there will be a brief evaluation to see what the girls learned from the workshop to judge its effectiveness.

The intention of this research is to help Girls Group evaluate its effectiveness in prevention programming. Girls Group is a support system, which helps young women engage in fewer risky behaviors.

Attached you will find a consent form for your signature. Please, contact Heather if you have any questions, at hmessina5@gmail.com or 734.272.7517 if you have any concerns.

Sincerely,

Sue Schooner
Executive Director
Girls Group

Heather Messina
Program Director
Girls Group
Verbal Assent Statement

I will announce my Honors Senior Thesis project at Girls Group. I will explain why the research is being done including benefits and risks. I will then send the parental consent form to the parents of each Girls Group participant. There will also be a detailed letter from Sue and I included to give the parents a clear understanding of the process. After the consent forms have been returned in the stamp addressed envelope I will administer the survey at a Girls Group Friday discussion session.

If the parent’s consent, the girls have the choice to participate or not. Anyone not participating will be given an alternate activity. Signing up on the sign-up sheet and filling out the survey will be the girl’s individual assent. They can stop and leave the room at any time while the survey is being administered. We will have someone available for the girls to talk with if they become distressed by any question on the survey.

If you have any further questions or concerns, please contact me at 734.272.7517 or hmessina5@gmail.com.
Consent Form

I _______________ consent to participate in Heather Messina’s Honors Senior Thesis research project. Which will include the following; returning my consent form, setting up an available time to be interviewed by Heather Messina and Dr. Marilyn Wedenoja either via phone call or Skype (Internet Camera), or a possible visit from Heather Messina and Dr. Marilyn Wedenoja. Such a visit would ideally include an interview, an observation of my work with adolescent substance abuse prevention, and any other information that might be suitable for this research project.

I understand that my participation is voluntary, and that there are no negative consequences for either choosing not to participate, or for stopping my participation at any time.

I understand that there will be no charges to me for the telephone or Skype call, and that all information will be kept confidential and reported out without identifying information.

If I have any questions or concerns, I can contact the thesis supervisor, Dr. Marilyn Wedenoja at Eastern Michigan University at mwedenoja@emich.edu or 734-487-3230.

____________________________ Signature

____________________________ Print Name

____________________________ Date
January 11, 2011

Heather Messina
c/o Marilyn Wedenoja
Eastern Michigan University
School of Social Work
Ypsilanti, Michigan 48197

Dear Heather Messina,

The CHHS Human Subjects Review Committee has reviewed the revisions to your proposal entitled: "Girls Group Survey on Adolescent Substance Use/Abuse for Prevention Based Educational Workshop" (CHHS 11-008).

The committee reviewed your proposal and its revisions and concluded that the risk to participants is minimal. Your study is approved by the committee.

Good luck in your research endeavors.

Sincerely,

[Signature]

Gretchen Dahl Reeves, Ph.D.
Co-Chair, CHHS Human Subjects Review Committee
Girls Group Parent Consent Form

This study is intended to assess Girls Group participants’ knowledge about, exposure to and attitudes towards alcohol and drugs, in order to prevent difficulties with substance abuse. This study will help Girls Group assess if, by your daughter participating in Girls Group, she might be less likely to engage in alcohol and drug activity as a teenager. This study will also help Girls Group to see if we need stronger prevention based programming and workshops concerning alcohol and drugs. If you agree to let your daughter participate in this study, she will be asked to fill out a 15 minute survey about her participation in Girls Group, attitudes towards alcohol and drug use, and possible influences related to use of drugs and alcohol. The data collected from the survey will be used to put together an educational workshop about substance abuse prevention.

Voluntary: Your permission in allowing your daughter to participate in this research study is voluntary. There would be no negative consequences to you or your daughter if you decide that she cannot participate, and you, or she, can stop participation at any time. Your decision will not affect your daughter’s membership in Girls Group.

Risks and Benefits: The risks are mild, because no names will be on the surveys. We will not be able to link any answers on the surveys to any specific person in Girls Group. Your daughter will be responding to questions about Girls Group, as well as about any experiences or attitudes regarding alcohol and drugs. A benefit of participating in this study will be that the information will be used to develop an educational workshop on the prevention of alcohol and drug abuse for adolescents.

Confidentiality: The surveys will be anonymous and have no identifying characteristics. In the event of publication of this research, no personally identifying information will be disclosed. To make sure your participation is confidential, please tell your daughter not to provide any personally identifying information on the questionnaire.

If you agree for your daughter to participate in this study, please sign this form and place it in the stamped envelope and put it in your mailbox as soon as possible. There is an extra form enclosed for you to keep.

Who to Contact with Questions: Questions about this research should be directed to Heather’s senior thesis advisor, Dr. Marilyn Wedenoja, Social Work Professor at Eastern Michigan University. She can be reached at mwedenoja@emich.edu or 734.487.3230. You may also contact Gretchen Dahl Reeves, Co-Chair CHHS Human Subjects Review Committee at greevcs@emich.edu.

I certify that I have read this form and give my permission for my daughter

___________________________ to participate in this study.

___________________________ Date

Parent’s Signature
How well do you know your child?

- Do you really spend time with your child?
- Do you really listen when your child speaks?
- Does your child know the difference between right and wrong?
- Is your child abusing drugs?
- Does your child know how to say no?
- Can your child select the best friends?
- Does your child know how to resist negative peer pressure?
- Do you keep close to your child?
- Do you know where he/she is at all times?

Research shows that parents have the greatest influence on their child. Wise words, attention, love and caring by a parent will help prevent drug abuse.
HELP YOUR CHILD STAY AWAY FROM DRUG ABUSE

Here are some tips to help your child keep away from drug abuse:

- Spend time with your child every day.
- Listen to your children; hear their concerns, they may be unimportant to you, but they mean the world to your child. Together you can work out a solution.
- Eat one meal a day together.
- Teach your child the difference between good and bad, e.g. taking things without permission is bad; asking permission to use other people's belongings is good.
- Always know where your child is.
- Make sure there is adult supervision.
- Know about drugs of abuse and how to recognise the signs and symptoms of drug abuse.
- Know your children's friends and their parents. Make sure they influence your child/children positively.
- Get all parents to work together in a group to support/protect the children.
- Do you smoke, drink or abuse drugs? Your child will follow your example! Parents are role models.
- Be a good role model for your child - behave in the way that you would like your child to behave.
- Set firm rules and regulations, and make sure they are obeyed, e.g. no parties without adults, all parties must be drug-free, return home at a certain time.
- Teach your child to say NO clearly and loudly.
- Get your child to spend free time constructively e.g. read, become a club member, join a sports club, do community work, join a religious institution, help the elderly or young children.
- Give each child responsibilities/regular chores in the home, e.g. washing the dishes and clothes, cleaning floors, kitchen and bathrooms.
- Make sure your child does homework, read and watch serious television programs, limit time watching television.
- Keep openness between your child and you.
- Praise your child for simple tasks and give rewards; this encourages improvement; praise the positive things that your child does, no matter how small.