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Identification of Parental Program Structures for Deterring Adolescent Drinking and Driving Volume I: Report on Focus Groups With Parents

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16. Abstract <p>The objective of this project was to determine the feasibility of developing programs to assist parents in preventing driving after drinking among their children. The project began with a literature review to learn what information about developing parent prevention programs was already available. Next, three focus groups were held with parents of adolescents in order to obtain information not in the literature. Finally, results from the first two activities were used to generate a list of possible topics and delivery systems for parent prevention programs, and opinions about these options were obtained from parents in a fourth focus group. Tentative conclusions from the three data sources included these: no rigorous evaluation data exist to show that parent prevention programs succeed or fail; parents believe youth drinking-driving is a very serious problem, but do not appear willing to spend much time participating in prevention efforts for their children; parents are interested in many kinds of prevention information, especially parenting skills (e.g., how to stimulate family discussions about drinking-driving). More detail about the literature review appears in a companion report: "Identification of Parental Program Structures for Detering Adolescent Drinking and Driving. Volume II: Literature Review."</p>			
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EXECUTIVE SUMMARY

Background

In the past, prevention activities for reducing youth drinking and driving tended to focus on youth themselves and to take place in educational settings. Recently, there has been more interest in involving the community as a whole in preventing youth drinking-driving (National Highway Traffic Safety Administration [NHTSA] and National Institute on Alcohol Abuse and Alcoholism [NIAAA], 1985). One segment of the community that is frequently mentioned as a potent force for preventing drinking-driving is parents (Harding et al., in press).

Objectives

In 1987, the National Highway Traffic Safety Administration, funded this study in order to determine the feasibility of developing programs to assist parents in preventing driving after drinking among their children. More specifically, this project was to investigate issues such as the willingness of parents to participate in such programs and the optimal age for parents to begin discussing drinking and driving with their children.

Ultimately, the project was to provide recommendations concerning the structure of parent prevention programs, e.g., how they should be delivered, their audience, and their content.

Methods

The project was conducted in three major stages:

1. The first step was to conduct a literature review for the purpose of learning what was already known about the most effective and acceptable ways to assist parents in preventing teen drinking-driving.
2. The second step was to conduct three focus groups with parents of adolescents in order to obtain information that was not available from the literature review.
3. For the third step, information collected from the focus groups was reviewed along with information from the literature in order to generate a list of possible topics and delivery systems for parent prevention programs. Then, a fourth focus group was conducted to learn how acceptable these programs elements were to parents.

Methods for literature review: Two methods were used to identify potentially relevant literature. First, NHTSA staff and approximately 20 knowledgeable colleagues (e.g., researchers interested in prevention and highway safety) were contacted. Second, five computerized databases that index articles and other materials were searched.

Emphasis was placed on examining: literature reviews, rather than individual articles; literature on alcohol use and driving after drinking; empirical, rather than theoretical literature; literature published in the past decade; and literature concerned with prevention programs in the United States versus other countries. Also, emphasis was placed on reporting on the literature, rather than critiquing studies in detail.

Methods for focus groups: Candidates for all four groups were recruited from Cambridge, Massachusetts and adjacent communities by word of mouth, by advertising in community newspapers, and by telephoning parents identified as having adolescent children from a Cambridge census list. Subjects were paid \$50 and reimbursed for travel expenses.

Candidates had to meet two conditions. First, they had to have two or more children living with them (at least half-time) who were 11 through 18 years of age (due to difficulty recruiting subjects, three parents were accepted who had only one child). Second, the subject's mate was not allowed to participate.

A total of 26 parents participated in the four focus groups. They were predominantly female, white, married, and drinkers. Their mean age was 43 years, and they came from a wide range of social classes as indicated by years of education and annual family income.

Topics discussed in the first three focus groups included:

- o Parents' perceptions of the youth drinking-driving problem, (e.g., whether parents approve of adolescent drinking).
- o The extent to which parents know about their children's drinking and drinking and driving.
- o Parents' views of their role in supervising their children in the areas of drinking and drinking-driving.
- o What assistance, if any, parents want in their efforts to reduce youth drinking and drinking-driving problems.
- o Whether parents have received information or programs to help them deal with adolescent drinking and driving and, if so, their opinions about the information/program.

- o How assistance in dealing with adolescent drinking-driving can best be provided to parents (e.g., what the content of programs should be and how they should be structured and delivered).

The protocol for the fourth focus group differed from the first three in two major respects. First, the discussion began with the same first two topics used in for the other groups, but the remainder of the meeting was devoted to discussing how the participants and other parents would react to programs containing specific types of information and delivery systems. Second, at the end of the meeting, parents were given an "Assessment Form" which asked them to score types of information and program delivery systems on a five point scale ranging from "not at all interested" to "very interested."

Caution must be exercised in generalizing from the focus group findings for several reasons. First, the participants were not chosen in a manner (e.g., randomly) which would ensure that they represent other parents. Second, we imposed selection criteria on candidates. Third, in some ways the characteristics of our subjects did not resemble those of the general population, even though we imposed no relevant restrictions, e.g., about 80% of our subjects were women. Last, the number of subjects involved was small, and some of the most important issues explored were raised only in the fourth group which consisted of six parents.

Findings

One of the most important general observations about the findings is that there was a great deal of consistency in the information drawn from the literature review, the first three focus groups, and the fourth group. This consistency lends weight to the validity of the findings.

The main body of this report presents findings from the literature and focus groups separately. Below, the findings from all three stages of the project are summarized together under headings that represent the key questions the project attempted to answer.

What evidence is there that prevention programs directed at youth drinking-driving, especially those involving parents, are feasible and effective? The literature search revealed that: (1) there are very few parent prevention programs aimed at reducing substance abuse among youth; (2) there has been little research on the effectiveness of those programs which do exist; (3) although there are many studies of prevention programs directed at adolescents, most are too flawed methodologically to allow clear conclusions to be drawn about program effectiveness, (4) limited

evidence indicates that youth prevention programs can have positive effects on knowledge and attitudes about alcohol, but not drinking behavior.

How do parents define the youth drinking-driving problem? For example, do they see it as a major social problem? Do they approve or disapprove of adolescent drinking and under what circumstances? Several studies have indicated that parents regard both drunk driving in general and teenage drinking and driving in particular as serious social problems. Parents in this study also regarded adolescent drinking-driving as a serious problem, but qualified this opinion in three ways. First, a minority of parents (chiefly those with older adolescents) felt that while driving after moderate drinking by adolescents should not be encouraged, it did not necessarily constitute a problem. Second, essentially all the parents characterized drinking-driving as only one of a number of important adolescent problems, and they specifically identified illicit drug use as a more serious issue. Third, parents believed adolescent drinking-driving was more of a problem for other families. Their belief that their children were less likely to be involved with drinking or drinking-driving may have been correct, but a review of findings from other studies suggests that parents tend to underestimate their children's alcohol use.

How do parents view their role in addressing youth drinking-driving problems? For example, do parents see themselves as responsible for preventing their children from drinking and/or from driving, or would they prefer to relegate prevention efforts to the schools or other agencies? The literature review provided very little information on this topic. Focus group data from three studies indicated that parents tend to feel (1) they have little influence on their adolescents' drinking behavior and (2) the assistance of the schools and other agencies outside the family is needed to impact adolescent drinking and drinking-driving.

Focus group data from this study were consistent with these findings. For example, participants expressed concern about not being able to monitor and control their children's drinking behavior as closely as they would like and they felt it would be difficult for them to detect whether their child had been drinking or drinking-driving. Parents in this study also tended to rely on the schools (and other agencies) to prevent adolescent substance abuse, including drinking-driving.

How receptive are youth to parental prevention efforts? For example, do adolescents share parental concerns about drinking and driving and look to adults for information and advice about drinking and driving? The literature review, the only source of information for this question, provided three types of evidence

suggesting that youth are receptive to parental prevention efforts. First, surveys indicated that adolescents tend to share adults' views that drinking and driving is a serious problem. Second, many correlational studies have indicated that parents' drinking and attitudes about drinking have a major impact on adolescent drinking. Third, in various studies, adolescents reported that parents do or can exert a strong influence on their drinking.

In what ways do parents try to influence their children's attitudes and behaviors? This includes issues such as: the kinds of models parent set, whether they discuss drinking and driving with their children, and whether they establish and enforce rules about drinking and driving. We located four studies which indicated that although many parents make efforts to influence and control their adolescents' drinking behaviors (e.g., by supervising parties or by discussing alcohol use), substantial minorities of parents make little or no attempt to do so.

The focus groups provided similar information. Almost all of the parents reported that they talk with their children about alcohol use and about drinking-driving, although about two-thirds indicated these discussions occurred only occasionally or rarely. With few exceptions, such as when adolescents obtain their drivers' license, family discussions about alcohol use were not preplanned; they occurred spontaneously in response to events such as an alcohol-related crash. Parents said they had rules forbidding their children to drink and drive or to have alcohol in a car, but few were able to articulate other family rules about alcohol use or the sanctions for violating them. Parents in this study were more likely than the literature indicated to verify that a party attended by their child would be chaperoned by an adult.

Who should be targeted by programs to reduce adolescent drinking-driving? Should programs deal only with parents or should the entire family be included? What should be the ages of the children? We located no evaluative studies to indicate which groups parent prevention programs should target. As will be discussed below (see Implications for program development, page 8) epidemiological data provided some clues about the ages at which parents should initiate prevention activities with their children.

What kinds of programs/assistance are appropriate? What kinds would parent accept and join? How long should programs be? What should the content be? How should the program be delivered -- should it rely on films, written materials, lectures, small training groups? Data from this and other studies indicate that, while parents are interested in preventing adolescent drinking-driving, most are not willing to participate in programs

which demand much of their time or effort. For example, fewer than half the parents in this study said they would be willing to attend a two hour meeting in their community for this purpose.

The types of program delivery systems which parents from the fourth focus group rated as most interesting tended to be those which required little effort on their part:

- o A short pamphlet mailed to the home to help parents deal with adolescent drinking and driving.
- o Information disseminated via television, especially through a regular network television show that would devote an episode or part of an episode to adolescent drinking-driving.
- o Short public service announcements of 30 seconds or a minute on television or radio during prime time (6 PM to 11 PM).
- o A telephone hotline which could provide advice for parents, and respond to questions about adolescent drinking-driving.

We found no studies which demonstrated what kinds of information should be included in parent (or youth) prevention programs. Types of prevention information in which parents from the fourth group expressed the most interest were:

- o Information about the size/seriousness of the drinking/driving problem for adolescents.
- o Information (especially visual information) that graphically describes the results of an alcohol-related crash.
- o Information about how to begin a family discussion about drinking and drinking and driving.
- o Information about how parents can determine whether their child is drinking or abusing alcohol.
- o Information about what parents should do if they suspect or discover that their child is drinking, drinking and driving, or abusing alcohol in other ways.
- o Information about alcohol treatment, counselling, and information services for adolescents and adults available in the local community.
- o Information about how parents can better supervise teenage parties.
- o Information about how to establish and enforce rules for adolescents concerning drinking/driving.

Conclusions and Recommendations

Implications for program development: Implications of the literature review and focus groups findings for developing programs to assist parents in preventing drinking-driving included the following:

- o The evaluation literature leaves open the question of whether parent prevention programs can be effective. Common sense and studies which show that parents influence adolescent alcohol use suggest that prevention programs that utilize parents may be effective.
- o Program designers must reconcile parents' preferences for programs that demand little time and effort with the fact that parents are interested in many types of information and some (e.g., parenting skills) may require more time to communicate than parents are willing to devote. One method for overcoming this problem that parents found acceptable would be to package information in a series of short installments.
- o Since adolescent drug use was a greater concern than drinking-driving among focus group parents, program developers may want to capitalize on this by including drug use and drugged driving in their programs.
- o An obstacle to involving parents in prevention is their tendency to believe that they have little influence on adolescent drinking behavior. Possible methods for countering these views include presenting research findings that show adolescents are receptive to parental influences.
- o A challenge for prevention programs will be to strike a balance between assuring parents they have the assistance and support of the schools and other agencies, while indicating that parents must play a role to help prevent adolescent drinking-driving, even when schools and other agencies appear to be doing a good job.
- o If prevention programs are to succeed in involving a broad range of parents, they must develop methods for undermining parents' tendency to underestimate their children's drinking and drinking-driving. One method would be to provide information about the true extent of adolescent drinking and drinking/driving in the relevant target community.

- o Epidemiological data suggest that programs should encourage parents to become active about prevention when their children are no older than ages 10 or 11. More parents may be encouraged to begin prevention efforts this early by disseminating information showing that large numbers of children begin drinking and riding with drinking drivers between ages 12 and 15.
- o Our focus groups and those from other studies indicated that family discussions about drinking or drinking-driving are rare and usually unplanned. Prevention programs should encourage parents to raise drinking-driving issues more regularly at times when they are prepared to deal with them.
- o Participants in the fourth group suggested information presented to parents should be made as relevant as possible to adolescent drinking. For example, information on the prevalence of alcohol-related crashes should spotlight crashes involving adolescents.
- o Results from the focus groups suggest that programs must take into account the fact that there are strong differences of opinion among parents about how to define problematic drinking and drinking-driving among teens.

Recommendations for future research: Given the non-representative nature of the sample and the small number of subjects in this study, it is important to do more research to determine how well the findings apply to other groups of parents.

Future research should also test parents' reactions to hypothetical programs based on the information, delivery systems, and types of spokespeople in which parents have expressed the most interest.

Other issues to be studied include the cost and practicality of implementing different types of programs. How likely is it, for example, that television producers, directors, etc. would be willing to incorporate prevention information for parents/adolescents in regular prime-time television shows?

There is also a clear need for carefully designed evaluation studies in order to determine whether parents prevention programs work: whether programs are implemented properly; whether parents learn from them and practice what they learn with their children (e.g., make clear rules about drinking-driving); and whether the parents' prevention efforts positively affect their children's knowledge, attitudes, and behavior concerning drinking and drinking-driving.

INTRODUCTION

Background

Although there have been significant reductions in alcohol-related crashes in recent years, drinking and driving by youth remains a serious problem. In 1987, for example, "youths under 21 comprised only 8% of the total driving population but accounted for 17% of alcohol-related fatal crashes" and driving after drinking "continues to be the number one killer of teenagers" (National Commission Against Drunk Driving, 1988, p. 1).

In response to this continuing problem, more emphasis has been placed on reducing alcohol-impaired driving among youth, and this has included a search for new approaches. In the past, most prevention activities tended to focus on youth themselves and to take place in educational settings. Now, there is growing interest in involving the community as whole in reducing youth drinking-driving (NHTSA and NIAAA, 1985), and one part of the community that is frequently mentioned as a potent force for preventing drinking-driving is parents (Harding et al., in press).

Objectives of the Project

In 1987, the National Highway Traffic Safety Administration, contracted with Harold Russell Associates, Inc., of Wakefield, Massachusetts, for a study ("Identification of Parental Program Structures for Deterring Adolescent Drinking and Driving"). The major objective of the project was to determine the feasibility of developing programs to assist parents in preventing driving after drinking among their children. The project was to investigate:

- o The feasibility of using parents to deter drinking and driving among adolescents.
- o The willingness of parents to participate in such programs.
- o The information required by parents to communicate effective DWI avoidance strategies to their children.
- o The optimal age for parents to begin discussing drinking and driving with their children.
- o The most effective and acceptable mechanisms for transmitting DWI avoidance information to parents.

Ultimately, the project was to provide recommendations concerning the structure of parent prevention programs, e.g., how they should be delivered, their audience, and their content.

Organization of this Report

The remainder of this report consists of three major sections. The first describes the methods used to carry out the project, the second section presents the findings, and the third discusses implications of the findings for designing parent prevention programs and recommends directions for future research.

Other Reports on this Project

Data for the project were collected in two ways: (1) through a literature review and (2) through focus groups conducted with parents of adolescents. Although this report discusses both components of the project, emphasis is placed on the focus groups. The literature review is discussed in greater detail in a separate volume: "Identification of Parental Program Structures for Deterring Adolescent Drinking and Driving. Volume II: Literature Review."

METHODS

Overview of the Approach Used

The project was conducted in three major stages:

1. The first step was to conduct a literature review for the purpose of learning (1) what was already known about the most effective and acceptable ways to assist parents in preventing their teens from driving after drinking; and (2) to identify key issues about which information was missing or inconclusive.
2. The next step in the project was to try and obtain some of the information that was not available from the literature review. To do this, three focus groups were conducted with parents of adolescents. The objectives for this stage of the study were to determine: (1) parents' attitudes and practices concerning adolescent drinking and drinking-driving, (2) parents' ideas about the types of programs that are needed to help parents prevent their children from drinking-driving, and (3) parents' willingness to participate in such programs.
3. For the third step, information collected from the phase two focus groups was reviewed together with information from the literature review in order to generate a list of specific elements of prevention/intervention programs that might interest parents. Then, a fourth focus group was conducted with parents of adolescents to learn how acceptable these program elements (types of information and delivery systems) were to parents.

In remainder of this section of the report, we will discuss the methods used for each stage in the project.

Methods for Literature Review

Two methods were used to identify potentially relevant literature. First, we contacted NHTSA staff and approximately 20 knowledgeable colleagues who were either involved in delivering substance prevention programs or were researchers interested in prevention and/or highway safety. Second, we searched five computerized databases that index articles and other materials: (1) Sociological Abstracts, searched for 1963 to late 1988; (2) Psychological Abstracts for 1967 through October 1988; (3) the Educational Resources Information Center for 1966 through November 1988; (4) the Harvard Online Library Information System, which lists books, periodicals, and other holdings in the Harvard

University Library system; and (5) an "in-house" database which focuses on alcohol and substance use and contains approximately six hundred entries.

Emphasis was placed on examining: literature reviews, rather than individual articles; literature on alcohol use and driving after drinking versus literature on substance abuse in general; empirical rather than theoretical literature; literature published in the last decade; and literature concerned with prevention in the United States versus other countries. While we attempted to identify studies which used the best methods, materials about some topics were so scarce that it was necessary to include studies with important methodological shortcomings. Although these shortcomings may be mentioned, for the most part this review reports on the literature rather than critiquing it in detail.

Methods for Focus Groups

In many respects, the methods used for the first three focus groups convened during the second stage of the project were the same as those used for the fourth focus group convened during the last stage. Therefore, the methods used for all the groups are presented in this section of the report and differences between this first three and the last focus group are pointed out as necessary.

Recruitment of candidates: Recruitment efforts centered on Cambridge, Massachusetts (a city adjacent to Boston) where the groups were held, and on communities adjacent to Cambridge.

Candidates for all four groups were recruited simultaneously using four methods:

1. Parents were solicited through the researchers' personal contacts.
2. Advertisements were run in a weekly newspaper distributed in Boston and Cambridge, Massachusetts (see Appendix A).
3. The names and addresses of parents who reported having adolescent children were extracted from annual census forms available through the Cambridge Election Commission. We then solicited those parents who we could reach by telephone.
4. Candidates with whom we spoke were asked to invite other parents to contact us.

In order to facilitate recruitment, subjects were offered \$50 to participate plus reimbursement for travel expenses.

Despite the monetary incentive, it proved very difficult to generate calls from interested parents, an experience which matches information from the literature review indicating that it can be difficult to recruit parents for prevention programs which require a substantial commitment of their time (see below page 21 and Harding et al., in press). Most subjects were recruited by calling names extracted from the census list, though it required about ten calls to locate one parent interested in participating.

Selection of participants: Candidates were screened by telephone. Calls were taken/made both during the day and evening.

Participants were required to meet two criteria:

1. They must have had two or more children living with them (at least half-time) who were 11 through 18 years of age.
2. They could not participate if their mate had been recruited.

The first criterion reflected our interest in learning how parents interact with their children concerning drinking throughout adolescence. Anecdotal evidence suggested that when their children are young, parental attitudes and practices may be very different (e.g., they may emphasize abstinence) than when their children grow older (e.g., parents may then emphasize responsible drinking).

The reason we chose the lower cutoff point of age eleven was that before this age comparatively few children have used alcohol within the past year (see discussion of literature review findings below, page 21). Another reason for selecting age 11 was that children this age are in grades five or six which provided us with an opportunity to learn how their parents viewed the role of elementary and/or middle schools as well as secondary schools in preventing alcohol use/abuse. The ceiling of 18 years of age was selected because this corresponds with the end of high school and a marked decline in direct parental control over children as they begin college or work.

The preference for selecting parents of two or more children reflected our desire to maximize the amount of information that could be obtained about parental attitudes and behavior toward adolescent drinking and driving. Parents with more children would be able to tell us more about how they deal with their children at different ages. In the end, because of difficulties we experienced in recruiting parents, we accepted three parents who had only one child.

The subject selection criterion which eliminated participation by mates reflects the fact that this study focused more on parental family practices than on the differences and similarities among

the mother and father of a single family. We assumed that one parent from a two-parent family could report reasonably well on the attitudes and practices of the other parent.

We also attempted to obtain a mix of parents in terms of (1) whether they drank alcohol or were abstinent and (2) their social class. To accomplish this, candidates were asked if they drank and how many year of schooling they had completed (a surrogate measure for social class). As screening progressed, we tracked how the membership of each group was developing along these dimensions and, when possible and appropriate, we delayed accepting some qualified candidates in the interest of achieving a more balanced groups.

Characteristics of the participants: We scheduled 10 to 12 subjects for each focus group and, to help ensure their attendance, we mailed them reminder letters several days before the meeting and telephoned them one or two days before. Nevertheless, as Table 1 indicates, only six or seven parents attended each meeting.

TABLE 1. NUMBER OF SUBJECTS BY GROUP

GROUP	NUMBER OF SUBJECTS
1	7
2	7
3	6
4	6

Group members were predominately female (19 of 26), white (20 white, six black), and married (21 of 26). They ranged in age from 37 to 56 years with a mean of 43 years (standard deviation = 5.52, no data = 1).¹

As Table 2 shows, most parents in the groups had two or three children (recall that we selected for parents with more than one adolescent). All the parents had at least one child between 11

1 Hereafter, "n" will be used to designate the number of subjects, as in $n = 26$; SD will indicate standard deviation; and ND = x will indicate that no data were not available for "x" number of subjects.

and 18 years of age, and all but three had two children in this age range. All the parents' children ranged in age from four to 26 years of age.

TABLE 2. NUMBER OF CHILDREN PER PARENT

NUMBER OF CHILDREN	FREQUENCY (NUMBER OF PARENTS) (a)
1	3
2	11
3	9
4	1
6	6

(a) The total number of parents is 26, data were missing for one.

As hoped, there was substantial variation in the participants' social class. They reported completing between six and 21 years of education. The mean was 14.6 (SD = 3.56). Family income was reported as follows:

TABLE 3. FAMILY INCOME

INCOME	NUMBER OF SUBJECTS
Under \$ 14,999	2
\$ 25,000 - \$ 29,999	4
\$ 30,000 - \$ 39,000	2
\$ 40,000 - \$ 49,000	5
\$ Over \$ 50,000	13

One subject was classified a blue collar worker, 22 as white collar, and two as homemakers (ND = 1).

It proved more difficult to recruit abstinent parents than drinkers, therefore most subjects in the final sample drank at least occasionally (22 of 26). Among the drinkers, the number of

times they drank in the past 30 days ranged from zero to 30. The average was ten occasions ($n = 22$, $SD = 4.69$). They usually drank 1.8 drinks on these occasions (the range was one to four drinks). Most of the drinkers ($n = 22$) had never driven in the past 12 months after having "too much to drink for safe drinking," but eight subjects said they had done so between one and three times.

Procedures: All four groups were conducted on weekday evenings from approximately 7:30 PM to 9:30 PM in a community center affiliated with a local hospital.

The first group was led by the two principal investigators for the project and observed by the Contract Officer's Technical Representative. Based on the experience of the first group, it was decided that the next two groups could be effectively conducted by one investigator. Because the last group employed a new protocol, two leaders were used again: a principal investigator and a research assistant. The same principal investigator was present for all groups in order to preserve continuity in the procedures and to facilitate data analysis.

All groups were audio taped and the group leaders made notes during the discussion. Nothing was observed to suggest that these procedures interfered with the discussion.

Protocol for the first three groups: At the outset of the group, we obtained information about the groups members' occupations, income, age, alcohol use and drinking-driving behavior, etc. The leader(s) also reviewed the purpose of the meeting, the confidential nature of the discussion, and encouraged participants to be truthful (see the protocol in Appendix B).

The following is a list of the major topics explored in the first three groups (see Appendix B):

- o Parents' perceptions of the youth drinking-driving problem, (e.g., whether parents approve of adolescent drinking, whether their children view drinking and drinking and driving as they do, the risks of accident and arrest for adolescents who drink and drive).
- o The extent to which parents know about their childrens' drinking and drinking and driving (e.g., whether they discuss drinking and driving with their children).
- o Parents' views of their role in supervising their children in the areas of drinking and drinking and driving (e.g., the relevant rules parents establish, whether parents supervise adolescent parties, etc.).

- o What assistance, if any, parents want in their efforts to reduce youth drinking and drinking-driving problems (e.g., the kinds of information parents feel they need).
- o Whether parents have received information or programs to help them deal with adolescent drinking and driving and, if so, their opinions about the information/program.
- o How assistance in dealing with adolescent drinking-driving can best be provided to parents (e.g., how programs should be delivered to parents, how much time parents would be willing to devote to programs, how parent participation should be solicited, etc.).

Protocol for the fourth group: The protocol for the fourth group differed from the first three (see Appendix C). In this group the discussion began with the same first two topics used in sessions one through three: parents' perceptions of the youth drinking-driving problem, and the extent to which parents know about their childrens' drinking and drinking-driving. Most of the evening, however, was devoted to discussing how the participants and other parents would respond to programs which contained specific types of information and were delivered in specific ways.

The fourth group also differed from the first three in two other respects. First, at the beginning of the meeting, participants filled out a questionnaire to collect basic demographic and descriptive information (see Appendix D). Second, at the end of the evening, parents were given an "Assessment Form" which asked them to score types of information and program delivery systems on a five point scale ranging from "not at all interested" to "very interested" (see Appendix E).

Data analysis: Analysis of questionnaire data (the background questionnaire or the assessment forms) collected from the fourth group was straightforward and consisted of generating descriptive statistics.

To analyze the group discussion, the audio tapes and the leaders' notes made during and after each session were reviewed to identify major themes. Responses to the same themes were compared within and across the four groups and, when relevant questionnaire data were available, these were compared to the themes in the group discussion.

Validity and generalizability of the data: Because the value of focus group data depends so much on how willing participants are to share their views, it is important to report that the participants in all the groups appeared to be quite frank and open about expressing their opinions. The parents often

volunteered personal information including revealing details about their own drinking habits and their family relationships. The fact that all the parents participated in the discussion without prompting by the leaders also indicates they felt comfortable sharing information.

Caution must be exercised in generalizing from the focus group findings for several reasons. First the participants were not chosen in a manner (e.g., randomly) which would ensure that they represent other parents. Second, we imposed selection criteria on candidates. For example, we gave preference to parents with more than one adolescent and chose parents from one small geographic area. Third, in some ways our subjects did not resemble the general population, even though we imposed no relevant restrictions. For example, about 80% of our subjects were females, and Hispanics and other minorities were not represented. Last, the number of subjects involved was small and some of the issues explored were raised only in the fourth group which consisted of six parents.

FINDINGS

This section of the report is divided into four major parts. The first three generally conform to the three stages of the project:

1. Part one summarizes the major findings of the literature review.
2. Part two summarizes the finding from the first three focus groups. However, it also incorporates some data from the fourth focus group. This was done because some similar topics were discussed in all three groups, and because the groups differed very little in their views about these issues.
3. Part three presents findings from the fourth focus group concerning parents' reactions to specific types of information that prevention programs might include and to different mechanisms for delivering programs.

The fourth part of this section summarizes what was learned about from all three sources.

Part 1: Findings from the Literature Review

Findings from the literature are summarized below according to the key questions that the entire project attempted to address. Greater detail and specific references for these findings can be found in Harding, et al. (in press) and some details will be discussed in the context of presenting findings from the focus groups.

What evidence is there that prevention programs directed at youth drinking and driving, especially those involving parents, are feasible and effective? Two of the most striking findings of our literature review were that there is: (1) a scarcity of parent prevention programs aimed at reducing substance abuse among youth and (2) little research on the effectiveness of those efforts which do exist. As Beck (1989) noted and the findings of this review supported, no evaluation has shown these programs to have a positive impact on substance abuse among the children of parents exposed to these efforts. Furthermore, we were able to locate only one evaluation of a parent prevention program specifically aimed at reducing adolescent drinking and driving (Atkin, 1986, 1989). That study suggested that information disseminated through mass media did stimulate more parental prevention activity (more discussions with teens, closer supervision of teens, etc.), however, it showed no substantive impact on teen drinking.

Given the paucity of information on parent prevention programs, we broadened our search to include substance abuse prevention programs aimed directly at youth. We found many evaluations of these programs have been done, but that rigorous evaluations are rare. It appears that many substance abuse prevention programs for youth have positive impacts on knowledge and that some impact attitudes favorably, but few to none impact drug using behavior.

How do parents define the youth drinking-driving problem?

Several studies employing surveys and focus groups have indicated that parents regard both drunk driving in general and teenage drinking and driving in particular as serious social problems. It also appears, however, that parents tend to underestimate the extent to which their own adolescents are a part of the problem. This finding is largely based on focus group and survey data which have indicated that parents' estimates of their teen's drinking or drinking-driving are substantially lower than what is shown by prevalence data collected from adolescents living in the same communities.

How do parents view their role in addressing youth drinking-driving problems?

We located little information on this topic. Three studies indicated that parents tend to feel (1) they have little influence on their adolescents' drinking behavior and (2) the assistance of the schools and other agencies outside the family is needed to impact adolescent drinking. No information was found concerning parents' feelings about their influence on younger children concerning substance use/abuse.

How receptive are youth to parental prevention efforts?

Although parents may not appreciate the fact that they can influence adolescent drinking, there is a good deal of evidence to indicate that youth are generally receptive to parental influences. Surveys indicated that youth tend to share adults' views that drinking-driving is a serious problem. Many correlational studies have indicated that parents' drinking and their attitudes about drinking have a major impact on adolescent drinking. Third, in various studies adolescents have reported that their parents do or can exert a strong influence on their drinking.

In what ways do parents try to influence their children's attitudes and behaviors? Information from four studies indicated that many parents make efforts to influence and control their adolescents' drinking behaviors, but substantial minorities of parents make little or no attempt to do so. This includes failing to supervise teen parties, to discuss drinking-driving on regular basis, and to formulate clear rules about their children's drinking.

Several investigators indicated that parents who are abusive drinkers, provide alcohol for teen parties, etc. may contribute to adolescent alcohol abuse.

Who should be targeted by programs to reduce adolescent driving-drinking problem? Although some progress has been made on identifying characteristics of adolescents at risk of abusing alcohol or of having alcohol-related crashes, the precursors that have been found are generally too broad to be of practical use in targeting prevention programs. The one exception may be the risk factor of having parents who abuse alcohol, but we found no evaluation research to indicate that targeting children of such families this would be a workable or effective means of preventing drinking or drinking-driving.

To our knowledge, no program evaluation exists that demonstrates the benefits of targeting young children. However, survey data make it clear that a substantial proportions of adolescents begin drinking (57% per NIDA 1988, pp. 76,81; and Rachal, et al., 1982) or riding with drinking drivers (17% per Klitzner, et al., 1985, p. 5) when they are 12 to 15 years old.

Epidemiological data also show that by mid to late adolescence drinking becomes normative behavior and driving after drinking and riding with intoxicated drivers become commonplace.

Should programs deal only with parents or should the entire family be involved? We found no evaluative evidence about whether programs should be delivered only to parents or to parents and their children together.

What kinds of programs/assistance are appropriate? (What kinds would parent accept and join? How long should programs be? What should the content be? How should the program be delivered). Focus group and survey data from several studies indicated that parents are interested in prevention programs, provided they do not require a substantial amount of time or effort. For example, two-thirds of parents in one study (Beck, 1989) indicated they would not willing to meet with other parents, but 70% would be willing to watch a "special show on T.V. about how parents can talk to children about alcohol."

We located no evaluation studies that would indicate what the content of parent prevention program should be, though many researchers and planners have made recommendations about the subjects that should be addressed. Among these subjects were the following: the extent and consequences of adolescent alcohol use; the potential for influencing adolescents through communication and role modeling (e.g., data showing that adolescent drinking behavior is influenced by parents); parenting skills, such as how to stimulate family discussions; identification of warning signs

that indicate drinking and drinking problems; information about the relationship between the amount of alcohol consumed and level of impairment; help with helping children cope with negative peer pressure; factual unbiased information about alcohol/drugs; information on local and national organizations that can assist families with prevention and treatment needs; and information about how to supervise teen parties.

Only a handful of the studies examined provided any evidence about appropriate delivery systems. For example, one survey found that parents will pay attention to prevention messages about adolescents in newspapers, radio PSAs, and pamphlets mailed to the home (Atkin, 1986). Another found that parents would be unlikely to pay attention to material brought home from school by their children (National PTA, undated).

Part 2: Findings from The First Three Focus Groups

The literature review did not provide much information about the issues the project hoped to address. As discussed above (see Overview of the Approach Used, page 11), the first three focus groups with parents provided a limited opportunity to collect more information about some of these issues.

As was also mentioned, while this section primarily concerns findings from the first three groups, some of the findings are also based on data from the fourth focus group which discussed some of the same issues.

Findings are presented concerning: parental attitudes toward children and adolescents drinking in the home, on adolescents drinking outside the home, and on adolescents drinking and driving; whether parents know if their children drink or drink and drive; parents' estimates of their children's drinking and drinking-driving; whether and when parents discuss drinking and drinking-driving with their children; family rules about drinking and drinking-driving; parents' concerns about teen parties; how serious a problem parents feel teen drinking-driving is; parents' reluctance to participate in lengthy prevention programs, and their views about the content of such programs.

Approval of introducing children to alcohol in the home: Virtually all of the parents approved of children sampling alcohol with their family. One group member said she introduced her children to alcohol at five or six years of age and most others endorsed the idea of introducing children to alcohol at a young age -- certainly well before they become adolescents. Family and religious celebrations were cited as appropriate times to let children sample small amounts of alcohol. Even alcohol abstinent parents indicated that introducing children to alcohol use in the same was acceptable behavior in families when parents drink.

One parent worried that early use of alcohol might "give children a taste for it" which might make them more vulnerable to alcohol abuse. The other participants, however, clearly endorsed the idea that introducing children to alcohol in the home would minimize the risks of abuse by removing its appeal as "forbidden fruit" (a phrase that was used in at least two of the groups).

The parents were more conservative when it came to adolescents drinking (versus sampling) alcohol in the home. About half the parents indicated their adolescents never drink with parental approval as part of meals, celebrations, or religious events; about half indicated they allow their teens to drink with the family at least occasionally.

Mixed opinions on adolescent drinking outside the home: The question of when adolescents should be allowed to drink without parental supervision revealed strong differences of opinion in the group.

On one side of the issue was a small minority of group members expressed the view that adolescents should not drink under any circumstances. To support their position, these parents pointed out that adolescents tend to be irresponsible and that it is illegal from them to drink. This group of parents felt that parents who accept the idea that adolescents will drink before age 21 are unnecessarily pessimistic and may unintentionally promote adolescent drinking.

The bulk of the participants adopted a less prohibitionist stance. These parents indicated that while they preferred that adolescents not drink without parental supervision until they are 21, they expected that most older adolescents will drink. Furthermore, most of these parents felt that moderate drinking by adolescents was not inevitably problematic. Their expectation that adolescents will drink was justified by several observations. First, many group members said their teens had reported that some of their friends drink at parties. These reports raised the question of when their own child would join in this activity. Parents tended to believe the issue was not whether their children would begin to drink with their peers, but when they would drink. They expect that their children will finally conform to group norm (of drinking) as they grow older. Another observation supporting the view that adolescents will drink came from many parents who recalled that they began drinking when they were adolescents. One father said he regarded moderate drinking by his 16 year old as "OK" noting that he began similar drinking at about the same age. Powerful support for the view that drinking is "inevitable" for most adolescents came from several parents with older adolescents (about 18 years of age) and/or with children in their twenties. These parents pointed out that, despite their wishes, their children had used alcohol while they were still under the legal drinking age.

Among the parents with adolescents who drank, most tacitly approved of the drinking provide it was moderate (perhaps two or three beers). A minority were more open about their approval and had, in effect, given their children permission to drink within limits.

General disapproval of adolescent drinking and driving: All the parents expressed a firm disapproval of adolescent drinking and driving. This stance was tied to their belief that it is "likely" that adolescents who have been drinking will be arrested for drunk driving or have an alcohol-related accident. Several parents offered the opinion that many adolescents drive poorly when they are sober and very poorly when they have been drinking. Others felt that adolescents "are new to drinking and new to driving and the combination of their inexperience is what makes this so dangerous." Some parents suggested that adolescents were more likely to have an alcohol-related crash because "kids like to drive fast cars fast."

Despite the unanimous feeling that drinking-driving should be actively discouraged, differences of opinion emerged when the leaders asked about drinking and driving in more detail. A minority of parents (chiefly those with older children) accepted that older adolescents will occasionally drink and drive, provided that small amounts of alcohol were consumed. For example, a mother of four children approved of her 18 year-old drinking and driving provided he drank "limited amounts," which she defined as 3 beers or less. Several parents pointed out that many adults normally drink and drive -- go out to dinner have a drink or two and drive home an hour later. Although these parents felt that the same behavior should not be encouraged among adolescents, they also felt that driving after moderate drinking was not necessarily a problem for older adolescents. The complexity of the issue was further underscored by comments about the difficulty of ascertaining how mature/responsible an adolescent may be. Some parents said that many adolescents cannot drink responsibly "like adults" and cannot be trusted to stop after one or two drinks before driving. Many parents took the position that although it might be acceptable/safe for an older adolescent to have one drink before driving, that parents should not promote this standard because it might encourage some adolescents to exceed reasonable limits. Some parents favored adopting a stricter rule (no drinking and driving), expecting that it may be broken from time to time (see the discussion of rules below).

Uncertainty about whether children drink or drink and drive: Initially, the participants indicated that they would know if their children had been drinking or drinking and driving, but questioning by the leader(s) indicated that frequently parents may not be

able to detect these behaviors. Parents described many obstacles to detecting adolescent drinking, including:

- o Children may drink without their parents' knowledge by waiting long enough to "sober up" before returning home.
- o Children may escape detection by staying overnight at a friend's house.
- o Adolescents, especially older adolescents, may return home after parents have retired for the night.
- o Parents are unlikely to know if their child (who may not have been drinking) accepted a ride home with someone who had been drinking. This was a special concern for parents of adolescent girls who are driven by their boyfriends.
- o Some parents felt they could not detect alcohol use even if they greet/screen their child when they return home. One mentioned the use of perfumes, colognes, and breath mints as ways to disguise the odor of alcohol.
- o A few parents with children in boarding schools expressed concern that they could easily drink without the school authorities detecting this.
- o About half the parents indicated their children were at least occasionally in situations where they could drink without the parents' knowledge. .

Despite such difficulties, the participants counselled vigilance. One recommended the approach used by a friend who always kisses her child when he returns home so she can "sniff" for alcohol. (Beck, et al. [1989] reported that several parents in four focus groups said they also smelled their teen's breath either covertly or by making a request.) Another parent said she had recently taken possession of her oldest son's house keys as a punishment and now he has to "buzz" her to be let into the apartment when he returns home at night. This change guarantees that she will check on his condition and she has resolved not to return his key even after the period of punishment has ended. Although these examples were extreme cases, there was general agreement that parents should always greet children returning home and at some point ask them about their experience ("How did your evening go?"). Participants felt this was not a common practice among other parents.

The next section raises the question of whether parents' trust in their children may be misplaced.

How parents estimate their teens' drinking behavior - "Not my kid": About half the parents indicated their teenagers did not drink without adult supervision. Parents also stated that their teenagers were not as likely to be involved with drinking or drinking and driving as their teenagers' peers or as teens who come from homes with "troubled" or "bad" families. The participants expressed a belief that troubled homes account in large part for adolescent drinking and drinking-driving and other problems. Several parents commented that (1) prevention programs should be targeted to these homes and (2) the parents in most need of prevention training were those who were least likely to come to training programs. Participants explicitly stated that they came to the focus group because they were "good" parents and that it was the "bad" parents that programs must reach to prevent adolescent alcohol abuse.

It may be that the parents who participated happened to be those whose children are less likely to drink. An alternative explanation is that the parents were simply underestimating their children's alcohol use, a hypothesis which is consistent with findings from the literature (see How do parents define the youth drinking-driving problem? page 20).

Parents discuss alcohol use and drinking-driving with their children: Almost all of the parents reported that they talk with their children about alcohol use and about drinking-driving. Although it was not clear exactly how often these discussions occurred, for most of the parents they are relatively rare events. About two-thirds indicated that such discussions occurred occasionally to rarely, the remaining parents indicated such discussions were more frequent.

Parents stated that discussions with their children about drinking or drinking-driving began before adolescence or during early adolescence. About half the said they had conversations about drinking before their children were age 12. Several parents said they spoke with their children before age 9. The youngest age reported was four.

One specific occasion that many parents mentioned for discussing drinking-driving was when children obtain their driver's license. This event prompted discussions about family rules concerning the use of a car, including drinking and driving. In general, however, discussions are not planned. Parents indicated that most discussions are spontaneous and arose in response to naturally occurring events: when there was an alcohol-related crash, when their children referred to a current school-based prevention program, etc.

The participants commented that they rely to a great extent on the schools and other sources (e.g., churches, youth clubs, etc.)

to provide alcohol prevention for their children. They indicated they were comfortable with this because they felt the programs these sources offered are generally very good. Some parents stated that because the schools provide such good information, what they had to say to their children about drinking-driving would be largely redundant and therefore was unnecessary.

Rules about drinking and driving are not always clear: Many parents said they had rules forbidding their children to drink and drive or to have alcohol in a car. Many also stated that it was important to let children know they would be punished if they violated these rules. Some participants argued that the punishment should be severe in order to convince adolescents that violations will not be tolerated. One parent offered as an illustration his policy that "you will lose your license for 6 months for drinking and driving" and assured the group he would enforce it without hesitation.

It is important to explain that this participant's ability to give an example of a rule was rare. Despite the fact that the parents supported the principle of having clear and stringent rules about alcohol use, few of them could articulate family rules and punishments when asked to do so. In an effort to explain this inability, several parents in each group pointed out that the questions of what rules to use is complicated by the "fact" that rules should be tailored to children of different ages. For example, some felt that an absolute prohibition of drinking and driving was appropriate for a sixteen year old who just began driving, but that it would be more realistic to accept that an eighteen year old could "have a beer or two" and still drive home safely. To show that rule making can be complicated, parents pointed to the mixed messages sent to adolescents: they are told not to drink and not to drink and drive, but young adults who may only be a few months older can legally drink and drive provided that they drink in moderation.

Concern about supervising adolescent parties and overnights: There was a good deal of disquiet among the parents about the risks of adolescent alcohol abuse in connection with parties and overnight stays with peers. (In surveys of parents of adolescents, Atkin [1986] also found parents were very concerned about teen age "drinking parties.")

Almost all the parents said they would and did call other parents to verify that these events would be chaperoned. The frequency of the calls was not discussed, but some parents commented that they were more likely to do this for younger adolescents. When asked by the leaders, parents provided examples of calls they had made.

Some parents pointed out that despite assurance from an adult host, the adolescent may still drink. This can happen because a

parent does not supervise closely enough. The uncertainty was enough for one mother to prohibit her adolescent daughter from staying overnight with friends. This mother had no problem with the friends staying at her home.

The parents' worries about adolescent gatherings reflected their sense that teenagers can be easily influenced by their peers and therefore cannot be always be trusted to behave as they should.

In the focus groups, there were disagreements about: whether or not parents should expect that most adolescents will drink; about tacit versus open approval of adolescent drinking; and about whether adolescents should be allowed to drive after drinking moderate amounts. In the context of planning or implementing prevention/intervention programs, these differences could emerge as major controversies. We saw some evidence for this in group discussions about whether parents should advise or instruct adolescents in how to drink more safely. Some parents felt that doing so was realistic and would help reduce alcohol abuse while others felt this was counterproductive and disloyal to the cause of preventing abuse.

Drinking and driving is one of many serious issues parents must address: All the parents regarded adolescent drinking and driving as a serious social problem. Participants were unaware of the exact scope of the problem, but felt it involved many adolescents and every parents knew of teenagers in their own communities who had died and/or been injured in alcohol-related crashes.

At the same time, parents stated that drinking/driving is only one of a number of issues that parents must deal with concerning adolescents. Other problems mentioned included drugs, pregnancy, AIDS, and delinquency and violence. There was general agreement that drug use is a more serious problem than drinking-driving or any of the other issues. This feeling was based on their view that drugs almost invariably do serious physical and psychological harm to adolescents who use them regularly and that even occasional users may suffer serious negative effects.

Reluctance of parents to participate in lengthy training/information programs: One of the clearest impressions that emerged from all the groups was that parents are unwilling to spend much time participating in programs to help them prevent their children from drinking and drinking-driving. Again and again, parents indicated that they were simply too busy to participate in programs which required repeated attendance. Parents also indicated they preferred programs that required very little effort on their part. For example, they preferred programs delivered in the home (e.g., via television) over programs that required them to attend a meeting in their own community.

In order to get a more precise idea about how much effort parents were willing to make, the leader(s) asked if they would attend a two hour evening meeting in their community. Fewer than half of the parents indicated that they would. About half said they would not attend a program even if it lasted only one hour. Parents explained that they were unwilling to attend simply because they were "too busy" working and parenting.

Few parents in the focus groups had been exposed to formal prevention programs. The few that had attended community meetings (usually sponsored by the schools), found the programs moderately interesting at best, and said they would not attend again. Many parents had been exposed to PSA's on television about drugs and had seen entertainment programs on television include drinking and driving in an episode. Parents found these approaches interesting and valuable.

To some extent parents' reluctance to participate in prevention programs is reflected in the difficulty we experienced in recruiting parents for the focus groups (see METHODS page 12). When discussing what incentive were needed to motivate parents to attend programs, one participant commented, "You paid us \$50 and travel expenses and you still didn't get everyone to show up -- it takes a lot."

Reactions to examples of types of prevention information: When asked about the types of information they would need/like to receive about preventing drinking and driving, most parents in the first three groups said very little. By and large, they were content with the information they already had and felt that any information they might need was widely available from many sources (e.g., books, magazines, brochures, school personnel). Some parents remarked that their children were already well informed by the schools and other sources and, therefore, were unlikely to require more information from them. Perhaps another reason parents felt they did not need information was because they viewed their children as being relatively immune to serious alcohol problems (see How parents estimate their teens' drinking behavior - "Not my kid", above, page 26).

Parents in the fourth focus group were much more enthusiastic about identifying informational needs when they were presented with clear examples to choose from. The next section will discuss their reactions.

Part 3: Findings from The Fourth Focus Group

As discussed above (see METHODS, page 11) information collected from the literature review and from the first three focus groups was used to create examples of the types of information and of

methods for delivering it that might be used in parent prevention programs. These examples were presented to parents in a fourth focus group in order to learn which, if any, were acceptable/appealing to parents. They were presented first by the leaders for group discussion, then again in a questionnaire which parents completed after the discussion.

The questionnaire afforded parents an opportunity to rate each example in light of the discussion and to respond privately. The instructions read:

For each of the following items circle the response that best describes how interested you would be in receiving the type of information described. If the item doesn't directly apply to you because your child is too young or for some other reason, answer the question based on how interested you think most parents would be.

A five point scale was used: "not at all interested, not interested, neutral, somewhat interested," and "very interested." The subjects evaluated each example twice: first for parents with young adolescents (defined as ages 13 or under) and then for older adolescents (ages 14 or older). The questionnaire appears in Appendix E.

Discussion about these examples is based both on group discussion and on responses to the questionnaire (n=6). The next section discusses the 18 examples concerning information. These appear underlined and have been numbered for later reference.

1. General information which describes the size/seriousness of the drunk driving problem such as, motor vehicle crashes...are the most common nonnatural form of death in the United States. The group gave this type of information a mixed response. Some felt the information might help stimulate parental concern about prevention, others felt information more specific to adolescent drinking and driving would be more useful. Scattered ratings on the questionnaire ranging from "not interested" to "very interested" mirrored the group discussion.

An interesting comment was made about the use of statistical information when discussing this and some later examples. Parents felt strongly that "numbers" were "hard to grasp" (e.g., "In 1986, 46,056 people died in traffic crashes...") and much preferred the use of percentage or of rates (e.g., there is one alcohol related fatality every 22 minutes) to convey information.

2. Information about the size/seriousness of the drinking/driving problem for adolescents. For example, more than 40% of all teenage (15-19 year old) deaths result from motor vehicle crashes. Parents felt this information was more valuable than the previous type because it deals with adolescents. One parent said it would be "an eye-opener to parents." Another described it as "hard hitting." The questionnaire ratings reflected the group's enthusiasm: all six parents indicated they or other parents would be "somewhat" or "very" interested," and these positive ratings were given for both parents of "younger" and "older" adolescents.

3. Information about the general potential dangers of alcohol. For example, about 20 percent of Americans 18 years or older (or about 18 million people) may be alcoholics or alcohol abusers. Questionnaire responses to this item ranged from neutral to very interested. The group indicated that this information might interest adults, but would not have much of an impact on adolescents since they tend to ignore long-term consequences of their actions and think very little about their health. Again, the group suggested that the value of the information could be enhanced by making it more specific to adolescents.

4. Information about how many adolescents use alcohol, such as: about 25% of 12 and 13 year-olds have used alcohol in the past year and about 11% in the past month. The group did not seem very interested in this item. The most positive comments were that the information "sounds realistic" and that "it would be good for all parents of younger and older children." On the questionnaire ratings ranged from "not interested" to "very interested."

5. Information about the effects of alcohol on driving. For example, at the legal limit for intoxication the chances of a driver having an accident are 6 times greater than when sober. Group opinion also varied on this item. Some parents thought it would be useful. Others indicated that they has heard this type of information many times. Their ratings ranges from "neutral" to "very interested." The entire group felt that information on the level of risk should be tied to a specific number of beers or drinks that can produce that level of impairment. They felt that this would increase the meaning of the information for both parents and adolescents.

6. Information that graphically describes the results of an alcohol-related crash. For example, information that shows the physical damage done to victims of an alcohol-related crash... photographs of victims at crash sites, hospital emergency rooms, etc. On the questionnaire, this item received one "neutral" rating on both the question concerning parents of younger children and the question about parents of older children. The

remaining ratings, however, were all either "somewhat interested" or "very interested." The discussion was positive in tone. Some parents felt graphic portrayals would help enliven "drier" statistical material. The group approved of the idea of using testimony by the victims of alcohol-related accidents. They recommended this be done using teenage victims whether the material was directed at parents or at adolescents. The participants felt that graphic photos of victims at crash sites would affect adolescents much more than adults, but could be of value to adults for use with their children.

7. Information about the impact of an accident and/or arrest on drinking drivers. For example, testimony by drunk drivers that survived crashes about the impact on the physical and mental health. This item received ratings of "neutral," "somewhat interested," and "very interested"; and there was a lack of clear support for this approach in the discussion. One of the examples presented to illustrate this approach type of information was information about penalties for drunk driving. Parents were critical of this. They felt threats about jail time and fines would not dissuade or energize parents because few teens actually receive severe punishments for drunk driving. Data challenging this belief (e.g., the percentage of teen DWI offenders receiving various penalties) was not presented to the group.

8. Information about how to begin a family discussion about drinking and drinking and driving. This was one of several item that might be labelled "training in parenting skills" which received the clear endorsement of the group. Comments indicated that parents need guidelines for how to initiate conversations about drunk-driving and accurate facts to use in the conversations. The ratings on the questionnaire were all "somewhat interested" or "very interested."

9. Information about how to tell if your child is drinking or abusing alcohol. For example, greet your child when they return home and look for slurred speech, the odor of alcohol, strange behavior, etc. In general, the group described this information as very useful. A need the group mentioned was that of detecting other drug use and being able to distinguish between alcohol and other drugs. The questionnaire ratings were either "somewhat interested" or "very interested" except for one rating of "neutral" given to both the item that asked about parents of "younger" and of "older" adolescents.

10. Information about what to do if you think or discover that your child is drinking without your permission, drinking and driving or abusing alcohol in other ways. For example, when should you ask if your child has been drinking/driving? The group was very positive about this item when applied to parents of older adolescents. They described it as "addressing the prob-

lem directly" and as being "head on." The questionnaire ratings for parents of older adolescents were all "very interested." When asked to rate this item for parents of younger adolescents the ratings dropped to include one "neutral" and one "not interested."

11. Information about alcohol treatment, counselling, and information services for adolescents and adults in your community. This idea also received strong approval for parents of older adolescents: one parent said this was like having a list of emergency numbers for fire and police and no parent should be without it. The ratings given for parents of older adolescents were all "somewhat" or "very interested." Ratings for parents of younger adolescents were less positive ranging from "not interested" to "very interested."

12. Information on how adolescents can resist peer pressure. For example, how to teach your child to say no without necessarily losing friends or being embarrassed. The group was ambivalent about this item: they felt this would be very valuable information, but doubted that adolescent could "just say no" without suffering social embarrassment and loss of friends. One parent warned that "the information [had] better be very convincing." The ratings which ranged from "not interested" to very "interested" seemed to reflect the group's ambivalence.

13. Information on how parents can supervise teenage parties. For example, greet each guests when they arrive and look for any signs of intoxication and do the same for each guest when they leave. We mentioned earlier that parents in the first three groups expressed considerable concern about proper supervision at parties and "overnights" (see above "Concern about Supervising Adolescent Parties and Overnights"). Parents in the fourth group shared this concern. They felt that information about how to better supervise teenage parties would be very useful because, as one parent put it, "lots of parents don't know how to parent." With the exception of one rating of "not interested," the questionnaire ratings indicate that parents of older adolescents would be "somewhat" or "very interested" in such information (one group member did not reply). Once again, the group rated this information as less applicable to parents of younger adolescents (ratings included two "neutral" responses).

14. Information on how to establish and enforce rules for adolescents about drinking/driving. All group members felt parents of with older or younger adolescents would be "somewhat" or "very" interested in this kind of information. Comments included the idea that such information would be especially "good for parents with their first teenager." The group also felt it was important for parents to review this information before they are faced with problem behaviors.

15. Information about responsible drinking - tips for avoiding drinking and driving. For example, information on how many drinks an adolescent can consume and still be able to drive safely. Earlier, we described the disagreement among parents in the first three groups over whether adolescents (especially older adolescents) should drink, drink and drive, etc. This related item about responsible drinking provoked the most disagreement observed in the fourth group. Some parents felt parents should be made aware of these tips so they could better instruct older adolescents in safer alcohol use. Other parents objected, feeling that this information would simply encourage more drinking and therefore expose adolescents to more risk. A proposal by one parent finally cooled the controversy: she suggested that the information should be passed along to parents who then could decide for themselves whether to share it with their children. The ratings reflected the differences in opinion; scores ranged between "not interested" and "very interested." One subject felt strongly enough that she wrote in "last word" on her questionnaire which read: "Information is fine for parents, but may not be appropriate for kids."

16. Information about how to set up a "contract for life." (This is a written agreement between a parent and child and promoted by SADD, Students Against Driving Drunk. The child agrees to call for advice and/or transportation if they are ever in a situation where they have been drinking or a friend or date who is driving them has been drinking.) The discussion contained little strong feeling about this suggestion. The rating scores ranged from "not interested" to "very interested."

17. Information about "dial-a-ride" or "safe-ride" programs that may be available in the area through which teenagers can get a safe-ride home with a sober driver. The ratings for this item were much the same as those for the previous one. The discussion, however, was more positive in tone. Parents felt that providing alternative transportation is a useful way to reduce driving after drinking among adolescents. They also agreed that adolescents who had been drinking were more likely to accept a safe ride home from a third party than they were to ask a parent for a ride home under a "contract for life."

18. Information about how to establish a parent-to-parent network for information/advice about adolescent drinking/driving. Networks could help parents identify "safe-houses" (homes where teenagers will not be served alcohol by adults and where parties will be supervised by adults). Parents comments conveyed the sense that while this idea was "OK" it was hardly a major contribution since parents could identify and call other parents as they needed. Like the parents who discussed supervision at parties in the first three groups, parents in this group reported that they make calls (at least sometimes) to check on supervision

without the aid of any network. The lack of interest in information about establishing parent networks was reflected in ratings that ranged from "not interested" to "somewhat interested."

At the end of the information section of the assessment questionnaire (see Appendix E), parents were asked to look back over all the types of information listed and choose "the most interesting, the second most interesting, and third most interesting." As Table 4 shows, their choice for any of these honors were quite scattered. Two types of information appeared most often (three times) in the subjects' lists of the three most interesting:

Item 2: Information about the size/seriousness of the drinking/driving problem for adolescents.

Item 5: Information about the effects of alcohol on driving.

TABLE 4. NUMBER OF SUBJECTS WHO SELECTED VARIOUS TYPES OF INFORMATION AS ONE OF THE THREE MOST INTERESTING

<u>NUMBER OF ITEM (a)</u>	<u>NUMBER OF SUBJECTS (b)</u>
1	1
2	3
3	1
5	3
6	2
7	1
8	1
9	1
10	1
11	1
12	1
14	2

(a) Items not listed were not selected as one of the three most interesting (items 4, 13, 15, 16, 17, 18).

(b) There were six subjects - each chose three items.

A final word about the information findings concerns the applicability of information to parents of older versus younger adolescents. As the discussion of specific items shows, the participants felt some items would be more interesting to parents of older or younger adolescents. The group, however, made some general remarks that indicate that the distinction may not be

critical. The argument was made that many parents of younger adolescents could benefit from information that seems more immediately relevant to other parents. Participants gave three reasons for this position. First, participants said that parents of young adolescents often interact with older adolescents outside their immediate family; usually the children of friends or relatives. Second, many parents have both older and younger children so the dichotomy posed by the questionnaire does not always apply. Third, some parents of younger teens would like to be prepared and forewarned about issues they will have to address as their children mature. In fact, some said that one reason they enjoyed the group meeting was the opportunity to learn from parents what they could expect for their adolescents in the future.

The following ten items about program delivery systems were presented in the same manner as the preceding item about types of information.

1. A one-hour evening meeting held in your community perhaps a church or school. Experts and knowledgeable people would present information about drinking and driving, or perhaps a film about drinking and driving would be shown, and parents could ask questions. The group's reaction to this approach was lukewarm. Some parents were interested, others said they were too busy to attend even one-time meetings unless they were extraordinarily interested in the topic. Some participants speculated that a meeting about drugs would be far more likely to interest parents. One subject suggested a meeting in which parents talked about their own experiences would be of more interest than one involving experts. The rating scores varied widely from "not interested" to "very interested."

2. A short pamphlet (maybe 5 to 10 pages) to help parents deal with adolescent drinking and driving. Assume the pamphlet is mailed directly to you at home. Like other delivery systems which asked little from the parents in terms of time, this approach was very well received. Parents said they would read this kind of information. They emphasized that such material should be carefully produced, e.g., have an attractive cover, be laid out well, be easy to read, and be brief. The group also suggested that it would be useful to mail out a series of pamphlets each dedicated to discussing particular issue. The ratings for this approach were all "somewhat" or "very interested."

3. A film or a speaker who comes to the place you work to make a short (30 minute) presentation during lunch break. Employees who are parents of adolescents are invited to come, but don't have to, and they can eat lunch while they listen. This idea had a few enthusiastic supporters in the earlier groups, but stirred little interest here. Parents commented that lunchtime is "pre-

cious" downtime for workers and that it would be hard to interest people in attending. Some parents felt that the approach might work if employers offered extra time for lunch to those attending the presentation. Questionnaire ratings were some of the lowest for any item ranging from "not at all interested to "neutral."

4. A half hour to one hour television or radio show presents information on how parents can deal with adolescent drinking and driving. This option was supported by the group. Two qualifying remarks were made. First it was suggested that one-half hour presentations were preferable to one hour presentations, or as one participant put it: "smaller doses are better." Second, there seemed to be a preference for television over radio. It appears that the families represented spent more time watching television than listening to radio. Also, parents felt television programs were more likely to be watched by the whole family and this would help promote family discussions of the issues the program raised. One parent was "neutral" about whether families of young adolescents would be interested in this approach for disseminating information. Otherwise, the ratings were all "somewhat" and "very interested."

5. A half hour to one hour television or radio show that also presents information on how parents can deal with drinking and driving, but uses a talk-show format, like the Donahue show or the Oprah Winfrey show. Experts and parents would present their experiences and the audience would ask questions. Some parents thought this type of show would be appealing, but most felt it was less appealing than other formats. One parent summed up the negative sentiment in the group with: "I wouldn't record it on my VCR." The ratings were similar to the item above except that one "neutral rating" was given to both parents of younger and of older adolescents.

6. A regular network television show that devotes an episode or a large part of an episode to adolescent drinking and driving. For example, it might show one of the Cosby children returning home after drinking and driving and how the parents respond. Of the three approaches using television, this approach was clearly the most appealing to the group. Parents felt that people would be exposed to useful information in a "painless" way. They also felt that children would also be most likely to watch regular network shows and this would lead to useful family discussions. The ratings on the questionnaire were predominately "very interested." Two ratings of "somewhat interested" were given. Parents made two suggestions about this approach. They felt the vehicle would have to be a highly rated "prime-time" show that appeals to adolescents. Second, the group pointed out that many parents would miss the show because of their busy schedules unless the special episode were advertised heavily and well in advance. It should be mentioned that most parents in this and the

other groups were aware of television shows that had incorporated alcohol and drug issues.

7. A half hour to one hour video tape you can get rent-free at video rental stores that presents information on drinking and driving. This idea received far less support than the previous approach. It was described as "OK." One parent suggested that a video tape could be made available at school libraries. Group members felt that some parents would take such a tape home if it were prominently displayed. On the other hand, the lack of enthusiasm for the approach suggested that parents would be more likely to spend their time watching an entertainment video they would have to pay for than a free one about drug use. Questionnaire ratings for this item were mixed ranging from "not interested" to "very interested."

8. Short public service announcements of 30 seconds or a minute on television or radio during prime-time (6 to 11 PM). Participants indicated that parents would be "somewhat" or "very interested" in such announcements. The group felt that the qualification that the advertisements appear in prime-time was important. Parents also commented that many of the ads they had seen on issues related to adolescents were very good and "stick in people's minds." Parents in this and the previous groups were able to cite specific ads that they had seen (all were about drug use) that they felt were effective.

9. Public service announcements presented at the beginning of rental video tapes of feature films. The group felt this would be less effective than presenting ads on television or radio. Consistent with this, the ratings for this item were lower than for the preceding approach. They ranged from "not interested" to "somewhat interested." The suggestion was made that the proposed ads might be more effective if the spokesperson in them was a well-known actor who also appeared in the movie on the tape.

10. A telephone hotline which could provide advice for parents, and respond to questions about adolescent drinking driving. This approach, which had been suggested by some parents in the earlier groups, received modest support in the final group. Two "neutral" ratings were given, and the rest were "somewhat" or "very interesting." Some parents welcomed the idea that they would have ready access to personalized expert advice. The group felt, however, that to be effective the hotline would have to overcome parents' tendency to call only in "emergencies" and crisis situations. Participants doubted that the hotline could come to be seen as a place to call about less urgent matters like what rules about drinking-driving work best and similar prevention issues.

Just as was done for information items, parents were asked to look back over all the methods for delivering programs, and to

choose "the most interesting, the second most interesting, and third most interesting." Table 5 shows, that the approaches that were chosen most often were:

Item 4: A half hour to one hour television or radio show presents information on how parents can deal with adolescent drinking and driving.

Item 6: A regular network television show that devotes an episode or a large part of an episode to adolescent drinking and driving.

TABLE 5. NUMBER OF SUBJECTS WHO SELECTED VARIOUS
METHODS FOR DELIVERING INFORMATION AS ONE
OF THE THREE MOST INTERESTING

<u>NUMBER OF ITEM</u>	<u>NUMBER OF SUBJECTS</u>
2	2
4	4
6	4
7	2
8	3
9	1
10	1

- (a) Items not listed were not selected as one of the three most interesting (items 1, 3, 5).
(b) There were six subjects - each chose three items.

Summary of Findings from the Literature Review and Focus Groups

One of the most important general observations about the findings is that there was a great deal of consistency in the information drawn from different sources. The findings were quite uniform across the four focus groups, and the findings from the literature review corresponded quite closely to those from the focus groups. This consistency lends weight to the validity of the findings.

The sections that follow summarize how much we were able to learn and what we learned from these sources. The headings used are the same key questions used to frame the discussion of findings from the literature review.

What evidence is there that prevention programs directed at youth drinking-driving, especially those involving parents, are feasible and effective? We searched the literature in order to identify effective programs that could be used to guide the development of new programs to reduce adolescent drinking-driving. The search revealed that: (1) there are very few parent prevention programs aimed at reducing substance abuse among youth; (2) there has been little evaluation research on the effectiveness of those programs which do exist; (3) although there are many studies of prevention programs directed at adolescents, most are too flawed to allow clear conclusions to be drawn about program effectiveness, (4) limited evidence indicates that youth prevention programs can have positive effects on knowledge and attitudes concerning substance use, but not behavior.

The most positive evidence about feasibility comes from the one evaluation study we located of a program specifically designed to help parents prevent teen drinking and drinking-driving (Atkin, 1986). The study indicated that parents increased their prevention efforts with their children (discussions about drinking, closer supervision of teens parties, etc.) following exposure to prevention information disseminated through mass media and mailed directly to them. No clear impact on youth behavior was found.

How do parents define the youth drinking-driving problem? For example, do they see it as a major social problem? Do they approve or disapprove of adolescent drinking and under what circumstances? The literature review identified several studies that have indicated that parents regard both drunk driving in general and teenage drinking and driving in particular as serious social problems. Parents in our focus groups also regarded adolescent drinking and driving as a serious problem and supported this outlook with a variety of comments such as: adolescents drive poorly when sober or intoxicated; adolescents who drink and drive are likely to be arrested or involved in crashes; and adolescents are immature and cannot be trusted to limit their drinking before they drive.

Although all the parents in this study felt adolescent drinking-driving is a serious social problem, this opinion was qualified in three ways. First, a minority of parents (chiefly those with older adolescents) were willing to accept the fact that their older children occasionally drink and drive, provided that they consume only small amounts of alcohol. These parents felt that driving after moderate drinking by adolescents should not be encouraged, but did not necessarily constitute a problem.

The second way in which parents qualified their opinion about the seriousness of adolescent drinking-driving concerns the importance they assigned to this versus other problems. Essentially all the parents characterized drinking-driving as only one of a

number of important adolescent problems and they specifically identified illicit drug use by adolescents as a more serious issue for them.

Third, while parents in our study felt that adolescent drinking-driving is a serious problem, they believed it is a problem that affects other families. They believed their children were less likely to be involved with drinking or drinking and driving than their teenagers' friends or than teens who come from homes with "troubled" or "bad" families. This belief may be correct, or these parent may be underestimating their children's drinking behavior. The latter explanation is supported by the fact that most of the parents said it was very difficult for them to detect drinking or drinking-driving among their teens. In addition, our review of findings from surveys and from other focus groups suggests that parents in general tend to underestimate their children's use.

How do parents view their role in addressing youth drinking-driving problems? For example, do parents see themselves as responsible for preventing their children from drinking and/or from driving or would they prefer to relegate prevention efforts to the schools or other agencies? The literature review provided very little information on this topic. Focus group data from three studies indicated that parents tend to feel that: (1) they have little influence on their adolescents' drinking behavior, and (2) the assistance of the schools and other agencies outside the family is needed to impact adolescent drinking and drinking-driving.

Focus group data from this study were consistent with these findings. Participants expressed concern about not being able to monitor and control their children's drinking behavior as closely as they would like. They felt that they would be able to detect if their child was seriously abusing alcohol, but spoke about many things that make it difficult for them to learn whether their child has drinking or drinking-driving. Parents also described teens as immature and easily swayed by peers to indulge in dangerous and proscribed behavior. The sense of the discussions was that parents do influence adolescents through training them about alcohol from a young age (e.g., let them sample alcohol in the home), through family rules about alcohol use, etc. However, as adolescents mature parents gradually lose direct control over their children and "must trust" that they will behave properly.

Like parents in other focus groups, parents in this study tended to feel that the schools (and other agencies) play a critical role in preventing adolescent substance abuse, including drinking-driving. Parents were comfortable relying on the schools because, in their opinion, the schools provide good prevention programs.

How receptive are youth to parental prevention efforts? For example, do adolescents share parental concerns about drinking and driving and look to adults for information and advice about drinking and driving? The literature review, which was the only source of information for this question, provided three types of evidence suggesting that youth are receptive to parental prevention efforts. First, surveys of youth indicated that they tend to share adults' views that drinking and driving is a serious problem. Second, many correlational studies have indicated that parents' drinking and attitudes about drinking have a major impact on adolescent drinking. Third, in various studies, adolescents have reported that parents do or can exert a strong influence on their drinking.

In what ways do parents try to influence their children's attitudes and behaviors? This includes issues such as: the kinds of models parent set, whether they discuss drinking and driving with their children, and whether they establish and enforce rules about drinking and driving. We located four studies which indicated that although many parents make efforts to influence and control their adolescents' drinking behaviors (e.g., by supervising parties or by discussing alcohol use), substantial minorities of parents make little or no attempt to do so.

The focus groups provided similar information. Almost all of the parents reported that they do talk with their children about alcohol use and about drinking-driving, although about two-thirds indicated these discussions occurred only occasionally to rarely. With few exceptions, such as when adolescents obtain a drivers' license, family discussions about alcohol use were not preplanned; they occurred spontaneously in response to events such as an alcohol-related crash. This finding is consistent with information from another focus group study which indicated most parents did not initiate discussions about substance use unless their children brought home materials from school, and "even then, many did not pay much attention to the materials, unless they were pointing out a crisis situation demanding immediate attention" (National PTA, undated).

Many parents said they had rules forbidding their children to drink and drive or to have alcohol in a car, but few could specify other family rules about alcohol use or the sanctions for violating them.

One issue for which data from the literature differ substantially from data collected during this study concerns parental efforts to verify that teen parties will be properly chaperoned. Two studies indicated that about 44% (Atkin, 1986) to 80% (Beck, 1989) asked their children or called other adults to verify that parents would be supervising teen parties. In contrast, almost all the our focus group parents said they would and did call

other parents to verify that these events would be chaperoned. They did not, however, always make these calls and were less likely to do so for older adolescents.

Who should be targeted by programs to reduce adolescent drinking-driving? Should programs deal only with parents or should the entire family be included? What should be the ages of the children? We located no evaluative studies to indicate which groups parent prevention programs should target. It seems logical that prevention efforts should begin before adolescents begin drinking or drinking-driving. If so, programs should be encouraging parents to begin prevention efforts when their children are no older than ages ten or 11, which many surveys show is just before substantial numbers of children begin to drink and to ride with intoxicated adolescents. Many of the parents in our focus groups indicated that they began discussing alcohol use when their children were quite young (about half began before age 12 and some began before their children were nine).

What kinds of programs/assistance are appropriate? What kinds would parent accept and join? How long should programs be? What should the content be? How should the program be delivered -- should it rely on films, written materials, lectures, small training groups? Data from this and other studies indicate that while parents are interested in preventing adolescent drinking-driving, most are not willing to participate in programs which demand much of their time or effort. For example, fewer than half the parents in this project said they would be willing to attend a two hour meeting in their community for this purpose. And, as Beck, et al. (1989) put it, "parent skill training programs that are brought to the participants are going to be much more successful than programs which require the participants to be brought to them."

The types of program delivery systems in which parents from our study were most interested (as indicated primarily by data collected in the fourth focus group) tended to be those which required little effort on their part:

- o A short pamphlet mailed to the home to help parents deal with adolescent drinking and driving.
- o Information disseminated via television, especially through a regular network television show that would devote an episode or part of an episode to adolescent drinking-driving.
- o Short public service announcements of 30 seconds or a minute on television or radio during prime time (6PM to 11 PM).
- o A telephone hotline which could provide advice for parents, and respond to questions about adolescent drinking-driving.

We found no studies which demonstrated what kinds of information should be included in parent (or youth) prevention programs. We did find that many planners and researchers have made recommendations about the topics programs should address and we tested parents interest in these and in other topics during the fourth focus group. Types of prevention information in which parents expressed the most interest included the following:

- o Information about the size/seriousness of the drinking/driving problem for adolescents.
- o Information (especially visual information) that graphically describes the results of an alcohol-related crash.
- o Information about how to begin a family discussion about drinking and drinking and driving.
- o Information about how parents can determine whether their child is drinking or abusing alcohol.
- o Information about what parents should do if they suspect or discover that their child is drinking, drinking and driving or abusing alcohol in other ways.
- o Information about alcohol treatment, counselling, and information services for adolescents and adults available in the local community.
- o Information about how parents can better supervise teenage parties.
- o Information about how to establish and enforce rules for adolescents concerning drinking/driving.

CONCLUSIONS AND RECOMMENDATIONS

This section will discuss (1) some implications of the findings for developing parent prevention programs, and (2) recommendations for future research.

Before proceeding, the reader should keep in mind that the findings which underlie the implications are based on limited data. While the literature review provided reasonably clear evidence about some of the issues the project considered, information on others was scant to non-existent. In addition, many of the studies that were available were not rigorous enough to draw firm conclusions. The other primary data source, the focus groups, also has serious limitations. For example, as pointed out earlier (see METHODS page 18) the number of subjects was small and they were not selected in a manner which would ensure they represent all parents.

Implications for Program Development

Those interested in developing parent prevention programs might be discouraged by the fact that the literature search did not locate studies demonstrating that such programs can prevent adolescent alcohol/substance abuse. On the other hand, developers should be encouraged to learn that we also did not find evaluation studies showing that prevention programs have failed. In other words, the evaluation literature leaves open the question of whether parent prevention programs can be effective. Common sense and studies which show that parents influence adolescent alcohol use suggest that prevention programs that utilize parents might succeed.

The possibility of establishing acceptable and effective parent prevention programs would be greater if the findings had shown that parents were more receptive to more complex and time consuming interventions. Nevertheless, there is still room for optimism in that parents identified some program delivery systems and types of information which they found acceptable. In addition evidence from one study (Atkin, 1986) indicated (1) that parents attended to information disseminated in ways that required little of their time and effort; and (2) increased their prevention activities after being exposed to this information.

One problem program designers face is how to reconcile the fact that parents prefer programs that demand little time and effort with the fact that parents are interested in many types of information and some (e.g. parenting skills) may require more time to communicate than parents are willing to devote. One method for overcoming this problem would be to package information in a

series of short installments. One example which parents found acceptable was a series of prevention pamphlets mailed to the home, each concentrating on a different topic. Another example they approved was a linked series of PSAs about how to supervise teenage parties; one dealing with screening teens as they arrive, another discussing communication with other parents, and so on. It is also possible that short programs may stimulate parental interest and increase their willingness to participate in more intensive programs.

Parent prevention programs begin with the important advantage that parents are already interested in preventing adolescent drinking and driving; they already regard this as a serious social problem. Program developers must remember, however, that parents viewed drinking and driving as only one of a number of important problems affecting adolescents. Alcohol abuse prevention programs, then, must compete for parents' attention. Since adolescent drug use was a greater concern among the parents we spoke with, program developers might want to capitalize on this by including drug use and drugged driving in their programs.

An obstacle to involving parents in prevention efforts is the their tendency to believe that they have relatively little influence on adolescent drinking behavior. Methods for countering these views could include presenting research findings that show that adolescents are receptive to parental influences and that there are strong associations between parental attitudes toward drinking and adolescent drinking behavior. This kind of information may also help promote more parental activity in the area of making and enforcing rules about drinking and drinking-driving.

Data from the focus groups and the literature review indicated that many parents rely on the schools to provide prevention services for their children. Another challenge for prevention programs will be to strike a balance between assuring parents they have the assistance and support of the schools and other agencies, while indicating that parents must play a role to help prevent adolescent drinking-driving, even when schools and other agencies appear to be doing a good job.

Both the literature and the focus groups suggested that parents tend to underestimate the extent to which their own children may be part of the problem. If prevention programs are to succeed in involving a broad range of parents, they must develop methods for undermining this tendency. At least three approaches might be helpful: (1) provide information about the true extent of adolescent drinking and drinking/driving in the relevant target community; (2) provide evidence from research studies that parents do tend to minimize their childrens' drinking behavior; (3) provide case studies (e.g., testimonials) and other information showing adolescents who drink and drink and drive come from

"good" homes as well as "bad" (parents told us much adolescent drinking-driving is accounted for by bad homes).

Epidemiological data suggest that programs should encourage parents to become active about prevention when their children are no older than ages 10 or 11. Fortunately, many parents we spoke with begin discussing drinking with their children at these or even earlier ages. More parents may be encouraged to become active about preventing drinking and drinking-driving earlier by disseminating information showing that these behaviors begin in early adolescence.

Our focus groups and those from other studies indicated that many discussions with adolescents about drinking or drinking-driving are unplanned, arise in response to naturally occurring events, and are rare. Taking advantage of such events to initiate a discussion is probably a good strategy, but prevention program should also encourage parents to raise drinking-driving issues more regularly at times when they are prepared to deal with them. Related to this, one of the topics parents in the fourth focus group favored for inclusion in programs was information about how to begin a family discussion about drinking and drinking-driving.

Parents indicated that discussions about drinking and driving arose when adolescents obtain their license. Prevention programs for parents might want to provide special materials for this occasion: rules to be considered, facts about the risks of alcohol-related crashes, etc. Programs could also provide special information for occasions when alcohol related crashes occur since we know from parents that these are times when families discuss drinking-driving and we know that many people know others who have been involved in such crashes.

Program designers should take notice of the fact that parents in the focus groups were interested in learning about parenting skills relevant to preventing drinking and drinking-driving: how to supervise teen parties, what to do when you discover your child has been drinking, how to make and enforce rules about drinking, and how to begin a family discussion about drinking.

As suggested by parents in the fourth group, information presented to parents (which they may pass on to adolescents) should be made as relevant as possible to adolescent drinking. For example, information on the prevalence of alcohol-related crashes should spotlight crashes involving adolescents, and graphic presentations of crashes should include adolescent victims. Program developers should also be guided by comments from parents that indicated a strong preference for numerical information about the prevalence/incidence of drinking-driving, etc. to be presented in the form of rates or percents rather than as raw numbers.

Results from the focus groups suggest that programs must take into account the fact that there are strong differences of opinion among parents about how to define problematic drinking and drinking-driving among teens. Some parents feel drinking or drinking-driving should always be prohibited, others feel that while these behaviors shouldn't be encouraged, they are not always problematic, especially for older adolescents. Prevention programs either face the task of converting one of these groups of parents to another point of view, or designing approaches that are acceptable to both the "abstinence" and "responsible use" camps. One possibility is for to present information relevant to both points of view and explain to parents that it is up to them to decide what information they should pass on to their children.

Related to the above item, is the question of whether prevention programs should tailor information to parents with children in different age groups. Parents in the focus groups clearly felt that certain types of information were more appropriate for parents with adolescents in younger or older age groups. But they also indicated that it was not absolutely necessary to create different programs according to age since many parents have children of different ages or interact with children of different ages. When possible, however, it makes sense to tailor programs to parents with children in specific age groups and then leave it to the parents to decide whether or not to participate. Types of information parents felt were more suited to older and to younger adolescents are identified in the discussion of the findings from the fourth focus group (see Part 3: Findings from The Fourth Focus Group, pages 29-35).

Recommendations for Future Research

Given the non-representative nature of the sample and the small number of subjects in this study, it is important to do more research to determine how well the findings presented here apply to other groups of parents (particularly parents who we excluded or failed to recruit in adequate numbers, such as males, parent who are abstinent from alcohol, minorities, etc.). It is especially important to attempt to replicate findings on parents' reactions to the types of information and distribution mechanisms which were explored in detail only with the six subjects in the fourth focus group. Parents should also be polled concerning their reactions to programs using different types of spokespeople (e.g., celebrities, doctors, other parents, etc.) -- an area of inquiry which we were unable to explore in any detail.

Once this has been accomplished, research can move on to test parents' reactions to hypothetical programs based on the information, delivery systems, and type of spokespeople in which parents

have expressed the most interest. For example, data might be collected on parents' reactions to the following type of program:

A popular half-hour situation comedy running on television devotes part of an episode to portraying how parents can use the occasion of a child getting a license to discuss drinking-driving. The dialogue between the parents and the adolescent can be utilized to disseminate information about the risks of having an alcohol related accident, options for getting home safely after drinking, rules and sanctions about driving after drinking, etc. In order to indicate that adolescents share many of the same concerns about drinking-driving as parents, prevention information can come from the adolescent character as well as from the parents. Younger members of the TV family can be included in the discussion by having the parents and/or their older sibling warn them against riding with an intoxicated drivers. Announcements about sources of supplementary prevention information could be made at the close of the episode.

Other avenues for research include:

- o What is the cost and practicality of implementing different types of programs? How likely is it, for example, that a program can be created and disseminated as part of a regular prime-time television show?.
- o How do youth react to prevention efforts of various kinds that involve parents?. Are there programs which both interest parents and which their children would accept if implemented by parents?
- o How can parent prevention programs be combined and coordinated with prevention efforts involving the schools, mass media, etc.?

There is also a clear need for carefully designed evaluation studies in order to determine whether parents prevention programs work: whether programs are implemented properly; whether parents learn from them and practice what they learn with their children (e.g., make clear rules about drinking-driving); and whether the parents' prevention efforts have a positive affect on their children's knowledge, attitudes, and behavior concerning drinking and drinking-driving.

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APPENDIX A
SAMPLE NEWSPAPER ADVERTISEMENT FOR SUBJECTS

WANTED:

Parents of Teenagers for research
on drinking and driving.

Earn \$50.00 for 2 hours
in the evening discussing
drinking/driving.

Please call: 492-2503 anytime

APPENDIX B:
PROTOCOL FOR GROUPS ONE, TWO AND THREE

Notes: The types of statements that might have been made by the group leader(s) appear in quotation marks. These are intended only as illustrations. The actual language used and the order of topics varied from group to group. Material in bold was added for the second and third focus groups.

PREPARATIONS

Welcome participants - check off on list. Arrange seating. Have people get coffee etc. Set up and turn on audio tape recorder.

INTRODUCTION - TRANSITION

"This meeting is part of a research project on drinking and driving that is funded by the National Highway Traffic Safety Administration."

"This evenings discussion concerns adolescent drinking and driving... what you think about it, how you as parents try to control adolescent drinking and driving, and what kinds of help or assistance parents may want. What you tell us this evening can make a difference. The results of this discussion will be used to help plan government policy; to help plan ways to reduce adolescent drinking and driving..."

The discussion is being tape recorded tonight so that we can review what is said at a later time. Only the research staff will have access to this tape, and as a precaution the tape will be destroyed when the study is finished. As we indicated earlier in the evening, everything you say will be treated as confidential. No one will be identified as an individual in any reports on the research. We also expect that everyone in the group will respect the confidence of the others. You can feel free to discuss what is said here outside the group, but you should not attribute specific remarks to specific individuals."

"I would like each person to introduce themselves using their first name and their reasons for volunteering. Let's begin with you..."

"This evening we will be asking for your opinions. We want you to express those opinions clearly. Please don't censor your opinions, just tell us what you think, whether it is positive, negative, or indifferent. There are no right or wrong answers."

"You may not all see things the same way, so have the courage of your convictions and do not let the other people in the group sway your views."

"Everyone does not need to answer every question, but we do expect to hear from each one of you several times during the discussion."

"Please do not have private conversations with one another during the group discussions."

"From time to time, we may make some notes to help us keep track of what is said during the discussion. However, do not become too concerned about what gets written down and what doesn't - we do not keep track of everything or even of every important thing."

"Any questions about how this is going to work?"

FOCUS GROUP DISCUSSION ITEMS

- (1) "What are your thoughts about adolescent drinking?" Probes:

"Is drinking o.k. in some situations and not in others?"

At what ages should young people begin drinking - with and then without adult supervision?

Do your children feel the same way that you do about drinking and drinking and driving?

Are your children different from other children you know when it comes to drinking and drinking and driving?

How likely do you think it is that a teenager would be stopped and arrested if s/he were driving home from Boston after having had 5 drinks in one hour? Rate the chances on a scale of 1 to 10 where 1 means no chance of getting stopped and 10 means they definitely would be stopped.

How likely is it that you would be stopped and arrested under the same circumstances [repeat scenario]?"

- (2) "How much do you know about your childrens' drinking?" Probes:

"How likely is it that you know if your children had been drinking without your permission?"

How would you know if they had been drinking?

How likely is that you would know if your children had been drinking and driving?

How would you know?

Do you discuss alcohol use and drinking/driving with your children? At what ages do/should parents start discussing these issues?

Do your children follow your advice?"

- (3) "What is and what should be your role in supervising your children with regard to drinking and drinking-driving?" Probes:

"Do you set rules regarding drinking and drinking-driving?
 What rules? How are they established and enforced?
 Do you encourage your children not to use alcohol?
 Do you supervise your kids' drinking at home? Are their
 friends ever present? What risks are involved?
 To what extent do you insist on chaperons when drinking is a
 possibility?
 Do you check with other parents about whether alcohol will
 be served at party your child will attend or about
 whether the party will be supervised?
 Do you and your spouse assume equal responsibility for deal-
 ing with your childrens' drinking/driving?"

- (4) "What assistance, if any, do you want in your efforts to
 reduce youth drinking and drinking-driving problems?"
 Probes:

"Do you feel you know how to address prevention with your
 own children?
 What kinds of information do you feel you need? Information
 about accident rates, adolescent drinking levels, the ef-
 fects of alcohol...?
 Do you want help in monitoring the activities of your chil-
 dren?
 Do you want help in discussing drinking-driving problems
 with your children?
 Do you want help in developing appropriate sanctions for
 when your children break rules?"

- (4a) "Have you ever received material on how to cope with adoles-
 cent drinking and driving, or a attended a program about
 this?" Probes:

[If yes] "What did you think about it? Was it good? Did you
 Learn a lot from it? What made you pay attention to it?"
 [If no] "Have you ever head about a program or about
 materials and decided not to get involved? If so, why?
 Why wasn't the program or the information appealing?"

- (5) "Have you ever received material on how to cope with other
 types of adolescent behavior, or a attended a program about
 this [if needed give examples like sex education]?" Probes:

[If yes] "What did you think about it? Was it good? Did you
 Learn a lot from it? What made you pay attention to it?"
 [If no] "Have you ever head about a program or about
 materials and decided not to get involved? If so, why?
 Why wasn't the program or the information appealing?"

- (6) "How should assistance in dealing with adolescent drinking
 and drinking-driving be provided to parents?" Probes:

"In what kinds of programs would you be willing to participate? How would the program be delivered (lecture, TV program, pamphlet...). What should the content be? How long should the program be?" May provide specific examples as needed: Would you be willing to attend a local 2 hour meeting to hear an expert discuss ways parents can help reduce adolescent drinking and driving? Additional examples to be reviewed are:

"A pamphlet that presents information about drinking/driving and suggestions about dealing with adolescents about drinking/driving."

"A one hour television "special" about parents' role in preventing adolescent drinking/driving."

"A free one hour videotape role in preventing adolescent drinking/driving."

"An evening presentation for parents held in your community that presents information about adolescent drinking/driving."

"An evening presentation in which parents of young adolescents (e.g., 10 year-olds) hear young adults (18-21 years old) describe their drinking/driving behavior when they were young adolescents."

"A telephone hotline that offers advice for parents about adolescent drinking and driving."

"A telephone network of parents for sharing advice and information about drinking/driving."

"What are the most efficient and effective methods for soliciting parental participation? Who should contact them and how?"

Should programs be directed only at parents or should they be directed at both parents and children?"

CLOSING

Ask participants if they have any questions about the session.
Thank, pay and dismiss participants.
Debrief.

APPENDIX C
PROTOCOL FOR GROUP FOUR

Notes: The types of statements that might have been made by the group leader(s) appear in quotation marks. These were intended only as illustrations. The actual language used and the order of topics varied from these guidelines.

PREPARATIONS

Welcome participants - check off on list and issue questionnaire. Collect questionnaires.
Have people get up and stretch, get coffee etc. Arrange new seating. Set up tape and turn on audio tape recorder.

INTRODUCTION - TRANSITION

"Thank you for being patient while we collected the written information from you. Now we will move on to a group discussion."

"This meeting is part of a research project on drinking and driving that is funded by the National Highway Traffic Safety Administration."

"This evenings discussion concerns adolescent drinking and driving... what you think about it, how you as parents try to control adolescent drinking and driving, and what kinds of help or assistance parents may want. What you tell us this evening can make a difference. The results of this discussion will be used to help plan government policy; to help plan ways to reduce adolescent drinking and driving..."

"The discussion is being tape recorded tonight so that we can review what is said at a later time. Only the research staff will have access to this tape, and as a precaution the tape will be destroyed when the study is finished. As we indicated earlier in the evening, everything you say will be treated as confidential. No one will be identified as an individual in any reports on the research. We also expect that everyone in the group will respect the confidence of the others. You can feel free to discuss what is said here outside the group, but you should not attribute specific remarks to specific individuals."

"I would like each person to introduce themselves using their first name and their reasons for volunteering. Let's begin with you..."

"This evening we will be asking for your opinions. We want you to express those opinions clearly. Please don't censor your opinions, just tell us what you think, whether it is positive, negative, or indifferent. There are no right or wrong answers."

"You may not all see things the same way, so have the courage of your convictions and do not let the other people in the group sway your views."

"Everyone does not need to answer every question, but we do expect to hear from each one of you several times during the discussion."

"Please do not have private conversations with one another during the group discussions."

"From time to time, we may make some notes to help us keep track of what is said during the discussion. However, do not become too concerned about what gets written down and what doesn't - we do not keep track of everything or even of every important thing."

"Any questions about how this is going to work?"

FOCUS GROUP OPENING DISCUSSION ITEMS

1. "What are your thoughts about adolescent drinking?" Probes:

"Is drinking o.k. in some situations and not in others?

At what ages should young people begin drinking - with and then without adult supervision?

Do your children feel the same way that you do about drinking and drinking and driving? For example at what ages do they drink?

Are your children different from other children you know when it comes to drinking and drinking and driving?

How serious a problem do you think teenage drinking and driving is? What are the chances that a teenager who has been drinking might get into an accident or be stopped by the police. Are the chances so small that you really don't have to worry about your child driving or riding with a teen who has been drinking?"

2. "How much do you know about your childrens' drinking?" Probes:

"How likely is it that you know if your children had been drinking without your permission?

How would you know if they had been drinking?

How likely is that you would know if your children had been drinking and driving?

How would you know?

Do you discuss alcohol use and drinking/driving with your children? At what ages do/should parents start discussing these issues?

Do your children follow your advice?"

INTRODUCTION TO DISCUSSION OF PROGRAM ELEMENTS

"The main goal of this project is to learn what kinds of programs might help parents deal with adolescent drinking and driving. For the remainder of the evening we are going to present some ideas about programs to you and ask for your opinions/reactions."

[Only if questioned by group concerning sources of ideas] "The ideas come from a variety of sources: from parents like yourselves, from research articles, from program planners, from government agencies."

"I am going to hand out a sheet with an outline of the topics we want you to consider for each idea. You can add to this list if you like, but we want to cover at least these topics." [Hand out sheet titled TOPICS TO BE DISCUSSED FOR EACH IDEA (see below).]

"The material above the dotted line indicates what we would like you to discuss for each idea. We want to know:"

"How interesting or useful the idea is to you? Is it something you would be interested in, something that you wouldn't be interested in, or it is something you have no opinion about one way or the other?"

"We want to know why you feel a idea is good or bad."

"We also want to know how interesting a program using the idea might be to other parents. You may not think an idea is interesting, but you may think that it would be interesting or useful for some kinds of parents."

"We also want to know whether you think the idea is more appropriate for parents of young adolescents, for parents of older adolescents, or whether it applies to parents of either younger or older adolescents. To simplify things we will define younger adolescents as those under 14, and older as 14 years old or older."

"You should keep in mind that these ideas concern programs for parents, not programs for adolescents." [Emphasize.]

"Also keep in mind that for now we want to discuss one idea at a time - you can compare the ideas as we go along, but we won't be comparing them all until later."

"If any of the program ideas are confusing or too vague - let me know and I will try to clarify things."

[NOTE: prompts for each idea are]:

- o "Would a program using this approach interest you or be useful to you? Would you go to such a program? Why or why not?"
- o "Would a program using this idea be interesting to other parents? What types of parents? Why or why not?"
- o "Would the idea be useful to parents of older adolescents, younger adolescent or both?"

"To begin, we are going to review some of the types of information that programs might present to parents. For now, don't worry about how the information is going to be presented. Try not to think about whether it would be presented in a pamphlet or a TV show, or a community meeting, and so on. Try to think only about whether the information would be interesting and useful to you and other parents?"

"There is nothing special about the order in which we are presenting these idea - the order is random."

DISCUSSION ITEMS FOR INFORMATION ELEMENTS

1. "General information which describes the size/seriousness of the drunk driving problem. For example:"

"Motor vehicle crashes cause more fatal injuries than any other types of accident and are the most common nonnatural form of death in the United States."

"In 1986, 46,056 people died in traffic crashes. About 52% of these were alcohol related (or about 23,987 deaths)."

"During the period 1982 through 1986, approximately 119,000 people lost their lives in alcohol-related traffic crashes. This is an average of one alcohol related fatality every 22 minutes."

2. "Information about the size/seriousness of the drinking/driving problem for adolescents. For example:

"For the same number of miles driven, drivers under 25 are one and one-half times more likely to be involved in alcohol-related traffic fatalities than older drivers."

"More than 40% of all teenage (15-19 year old) deaths result from motor vehicle crashes. More than half of these fatalities involve drinking. It is estimated that 3,538 teenagers died in alcohol-related crashes in 1986."

"About one forth of high school students say they have driven at least once or twice when they knew they were too drunk to drive and about one third say they rode cars driven by a heavily drinking driver at least once a month."

3. "Information about the general potential dangers of alcohol. For example:"

"Excessive alcohol use can cause disease of the nervous, gastrointestinal, and respiratory systems; heart and vascular disease; cancers, metabolic and immune systems disorders; endocrine disorders, nutritional deficiencies, as well as injuries from traffic and other accidents."

"Liver disease is the major health hazard on long term alcohol abuse and was the ninth leading cause of death in 1983."

"About 20 percent of Americans 18 years or older (or about 18 million people) may be alcoholics or alcohol abusers."

"In the United States the cost of alcohol abuse was almost \$117 billion in 1983, including nearly 71 billion attributed to lost employment and reduced productivity and 15 billion to health care costs."

4. "Information about how many adolescents use alcohol, such as:"

"About 25% of 12 and 13 year-olds have used alcohol in the past year and about 11% in the past month."

"About 5% of high school students drink alcohol every day."

"About 59 percent of all adolescents 13 to 18 years old use alcohol at least occasionally. Two-thirds say they began using alcohol before they were 16."

5. "Information about the effects of alcohol on driving. For example:"

"Information on how alcohol impairs the driver's ability to see; the skill and coordination requited to control the car; the ability to respond quickly to dangerous situations; the ability to make judgments about speed, distance, maneuvering room, etc."

"The risks of having an accident at different levels of intoxication. For example: at the legal limit for intoxication the chances of a driver having an accident are 6 times greater than when sober. This risk is even higher for adolescents who are inexperienced driver and inexperienced drinkers."

6. "Information that graphically describes the results of an alcohol-related crash. For example:"

"Information that shows the damage done to vehicles, such as a photograph showing a car mangled in a crash."

"Information that shows the physical damage done to victims of an alcohol-related crash, such as photographs of victims at crash sites, hospital emergency rooms, etc."

"Testimony by victims of the consequences of alcohol-related accidents...how seriously injured they were, how long it took them to recover physically and psychologically, how they feel about friends and family that may have been injured or killed in the crash, etc."

7. "Information about the impact of an accident and/or arrest on drinking drivers. For example:"

"Testimony by drunk drivers that survived crashes about the impact on the physical and mental health; the impact on their families employers etc, the costs of fines, legal fees, etc."

"Information about penalties for drunk driving: first arrest may result in a stiff fine, a jail sentence, suspension or revocation of your license, and or required attendance at a special school for drinking drivers. Costs to the driver for a legal fees, impoundment of the vehicle, fines, and other fees can be as high as several thousand dollars."

8. "Information about how to begin a family discussion about drinking and drinking and driving. For example:"

"Be clear about your own values and attitudes before you begin a discussion with your child."

"Explain why you want to discuss the topic."

"Plan to discuss a little at a time and to come back to the topic periodically."

9. "Information about how to tell if your child is drinking or abusing alcohol. For example:"
- "Greet your child when they return home and look for slurred speech, the odor of alcohol on, strange behavior, etc."
- "How to ask about what your child is doing outside the home."
- "Signs of alcohol use/abuse may include change in friends, a drop in school performance, secrecy about activities, liquor missing from the home, etc."
10. "Information about what to do if you think or discover that your child is drinking without your permission, drinking and driving or abusing alcohol in other ways. For example: "
- "When should you ask if your child has been drinking/driving?"
- "What should you do if you are not sure they are telling the truth? What to say when your child says "you don't trust me."
- "When your child comes home after drinking without your permission, should you 'strike while the iron is hot' and discuss the issue then and there? Is it better to postpone a discussion for a while until you plan how to respond."
11. "Information about alcohol treatment, counselling, and information services for adolescents and adults in your community."
- "What types of agencies exist, how much they cost, what services do they provide and how to contact them."
- "When and how to ask for help."
12. "Information on how adolescents can resist peer pressure. For example:"
- "How to teach your child to say no without necessarily losing friends or being embarrassed."
13. "Information on how parents can supervise teenage parties. For example:"
- "Greet each guests when they arrive and look for any signs of intoxication and do the same for each guest when they leave."

"Set a time limit in advance."

"Specify rules in advance: no alcohol, no smoking, no drugs, no leaving the party and returning, rooms off limits, etc."

14. "Information on how to establish and enforce rules for adolescents about drinking/driving. For example:"

"What rules work best at what ages: the rule for a 10 year-old may be "Don't drink without my permission," but the rule for an 18 year-old may be different: "Don't drink, but if you do, don't drink and drive."

"Should you tell adolescents exactly how they will be punished if they break a family rule, or is it best to leave things a little vague so you have more choices when they break a rule? "

15. "Information about responsible drinking - tips for avoiding drinking and driving. For example:"

"Drinking on a full stomach will result in lower concentration of alcohol in the blood than drinking on an empty stomach."

"Information on how many drinks an adolescent can consume and still be able to drive safely."

"Plan how you will get home safely before you begin to drink. For example, use a designated driver -- choose someone who will remain sober for the evening and will drive people who have been drinking home."

"If you have had too much to drink, wait before driving, call a cab, stay overnight, have a sober friend drive you home."

16. "Information about how to set up a 'contract for life.'"

"This is a written agreement between a parent and child. The child agrees to call for advice and/or transportation if they are ever in a situation where they have been drinking or a friend or date who is driving them has been drinking."

"The parents agreement reads: 'I agree to come and get you at any hour, any place, no questions asked and no argument at that time, or I will pay for a taxi to bring you home safely. I expect we would discuss this issue at a later time...I agree to seek safe, sober transportation home if I am ever in a situation where I have had too much to drink or a friend who is driving me has had too much to drink'" (SADD, undated).

17. "Information about 'dial-a-ride' or 'safe-ride' programs that may be available in the area through which teenagers can get a safe-ride home with a sober driver."

"Safe-ride programs provide alternative transportation home for drivers who have been drinking and their passengers. Usually there is not cost for this service. Some of these programs serve either adolescents or adults. There are safe-ride programs that are especially designed to serve teenager in which teenagers operate the program under adult supervision."

18. "Information about how to establish a parent-to-parent network for information/advise about adolescent drinking/driving."

"The network could list parents who are interested in and available to discuss teenage drinking/driving."

"Networks could help parents identify 'safe-houses.' These are homes where teenagers will not be served alcohol by adults and where parties will be supervised by adults."

"How to network with your child's friends' parents. For example, how to contact them about whether a party is being supervised."

19. "Before we move on I want to check and see if people can think of some other topics that I have omitted. Are there other types of information the group should consider?"

DISCUSSION ITEMS FOR DELIVERY SYSTEMS

"Now we are going to review some of the ways in which program materials could be delivered to parents. Don't worry about how what information the program will contain - think more about how it will be delivered."

"The bottom half of the handout [TOPICS TO BE DISCUSSED FOR EACH IDEA - see below] indicates the things we want to know about each item we will present. We want to know if it is a good way to reach parents? If you would pay attention to information presented in this way? If it would be too much trouble for you or take too long to get information this way? How would other parents might react? How many parents would be exposed to the information? What's good about the idea? What's bad about it? You can feel free to add other types of comments as well." [Note all these items can be used as prompts during the discussion.]

"Again, there is nothing special about the order in which we are presenting these idea - the order is random."

1. "A one-hour evening meeting held in your community perhaps a church or school. Experts and knowledgeable people would present information about drinking and driving, or perhaps a film about drinking and driving would be shown, and parents could ask questions. If you knew about it, how likely is it that you would go?"
2. "A short pamphlet (maybe 5 to 10 pages) to help parents deal with adolescent drinking and driving. Assume the pamphlet is mailed directly to you at home."
3. "A film or a speaker who comes to the place you work to make a short presentation during lunch break. Employees who are parents of adolescents are invited to come, but don't have to, and they can eat lunch while they listen. Assume the presentation would take about 30 minutes to an hour."
4. "A half hour to one hour television or radio show presents information on how parents can deal with adolescent drinking and driving." [Probe for preference concerning radio versus television.]
5. "A half hour to one hour television or radio show that also presents information on how parents can deal with drinking and driving, but uses a talk-show format, like the Donahue show or the Oprah Winfrey show. Experts and parents would present their experiences and the audience would ask questions." [Probe about the degree of preference for television over radio.]
6. "A regular network television show that devotes an episode or a large part of an episode to adolescent drinking and driving. For example, it might show one of the Cosby children returning home after drinking and driving and how the parents respond."
7. "A half hour to one hour video tape you can get rent free at video rental stores that presents information on drinking and driving."
8. "Short public service announcements of 30 seconds or a minute on television or radio during prime time (6 to 11 PM)." [Probe about the degree of preference for television over radio.]
9. "Public service announcements presented in short announcements on the front of video rental tapes."
10. "A telephone hotline which could provide advice for parents, and respond to questions about adolescent drinking driving." [Probe concerning whether parents would call for advice about prevention or only about treatment.]

11. "Are there other ways of reaching parents that might be appealing to parents; that the group should consider?"

Related General issues for group discussion:

"In general, how much time would you be willing to devote to getting information that might help you cope with adolescent drinking/driving? One hour during an evening, two hours, more?"
[Explore both the issue of how much time in a single setting and the idea of repeated exposure].

"How would you feel about receiving information while you are waiting for some other activity to occur. For example how would you feel about pamphlets or videos about drink driving being made available in your Doctor's office, at the supermarket checkout counter..."

"From what types of sources should information come? Examples: a government agency like the Department of Transportation, a local school, a local agency like the State Department of Motor Vehicles, police, celebrity spokespeople (sports stars, television personalities, etc.), an expert in the field such as a professor or scientist... What sources would be most convincing. Which one(s) would be most likely to get your attention?"

DISTRIBUTE RANKING SHEETS (see Appendix E)

"I am going to pass out some sheets that you can use to summarize how you feel about the various approaches we discussed this evening."

"Any questions about how to fill out the forms?"

CLOSING

Ask participants if they have any questions about the session.
Thank, pay and dismiss participants.
Debrief.

HANDOUT: TOPICS TO BE DISCUSSED FOR EACH IDEA

FOR THE TYPES OF INFORMATION

How interesting or useful the idea is to you? Is it something you would be interested in, something that you wouldn't be interested in, or is it something you have no opinion about one way or the other?.

Why do you feel the idea is interesting or not interesting?.

How interesting or useful do you think the idea would be for other parents?

Is the idea more appropriate for parents of young adolescents (13 years old or younger), for parents of older adolescents (14-18 years old or older), or does it apply to parents of either younger or older adolescents?

Keep in mind that these ideas concern programs for parents, not programs for adolescents.

FOR THE WAYS IN WHICH INFORMATION MIGHT BE DELIVERED

Is this a good way to reach parents?

Would you pay attention to information presented in this way?

Would it be too much trouble for you or take too long to get information this way?

How would other parents react?

How many parents would be exposed to the information? What's good about the idea?

APPENDIX D
QUESTIONNAIRE ADMINISTERED AT THE OUTSET OF GROUP FOUR

Notes: Quotation marks indicate material presented verbally by the leaders.

INSTRUCTIONS: "This questionnaire will help us describe the group of subjects who are participating in this evening's session. You do not have to answer any question that you do not wish to, but we would appreciate your answering as many items as you can. No one who participates this evening will be identified as an individual in any report concerning this study. If you have any questions about the questionnaire feel free to ask one of the researchers. When you complete the questionnaire, return it to a researcher."

Write in your first name only: _____

1. For each of your children, write down the age and sex:
- | AGE | SEX |
|-------|-----|
| ----- | |

3. At what age do you think adolescents typically start drinking alcohol while unsupervised by adults?

4. For each age below, estimate the percentage of all children that age who drink alcohol at least occasionally while unsupervised by adults.

AGE	PERCENT WHO DRINK

11 years old	
12 years old	
13 years old	
14 years old	
15 years old	
16 years old	
17 years old	
18 years old	

5. Of those adolescents who drive, what percent sometimes drive after drinking?

AGE	PERCENT WHO DRIVE AFTER DRINKING
-----	----------------------------------

16 years old	
17 years old	
18 years old	

6. What percent of adolescents sometimes ride with an adolescent driver who has been drinking?

AGE OF RIDER	PERCENT RIDING WITH INTOXICATED DRIVER
--------------	--

14 years old	
15 years old	
16 years old	
17 years old	
18 years old	

NOTE: ITEMS #6 THROUGH #13 APPLY TO CHILDREN WHO ARE 11 THROUGH 18 YEARS OLD AND ARE LIVING WITH YOU.

7. Do any of your children drink alcohol without the supervision of adults? (Circle One)

DEFINITELY NOT PROBABLY NOT DON'T KNOW PROBABLY DEFINITELY

8. Do any of your adolescent children sometimes ride with an adolescent driver who has been drinking? (Circle One)

DEFINITELY NOT PROBABLY NOT DON'T KNOW PROBABLY DEFINITELY

9. Do any of your adolescent children sometimes drive after drinking? (Circle One) (Skip this item if none of them drive.)

DEFINITELY NOT PROBABLY NOT DON'T KNOW PROBABLY DEFINITELY

10. Do your adolescents drink alcohol with your approval as part of meals, celebrations, or religious events? (Circle One)

NEVER SELDOM OCCASIONALLY FREQUENTLY

11. Do your adolescents ever drink alcohol with your approval when they are socializing with their friends (Do not include adult functions)? (Circle One)

NEVER SELDOM OCCASIONALLY FREQUENTLY

12. Do your adolescent children's friends sometimes drink alcohol without adult supervision? (Circle One)

DEFINITELY NOT PROBABLY NOT DON'T KNOW PROBABLY DEFINITELY

13. How often are your adolescent children in situations where they could drink alcohol without your knowledge? (Circle One)

NEVER SELDOM OCCASIONALLY FREQUENTLY

14. Do you try to find out if your adolescents use alcohol when you are not around? (Circle One)

NEVER SELDOM OCCASIONALLY FREQUENTLY

15. Do you discuss drinking alcohol with your children? (Circle One)

NEVER SELDOM OCCASIONALLY FREQUENTLY

If you have discussed drinking with any of your children please, write in how old each was when you first discussed drinking alcohol:

age of child _____
age of child _____
age of child _____
age of child _____

16. Do you discuss drinking-driving with your children? (Circle One)

NEVER SELDOM OCCASIONALLY FREQUENTLY

If you have discussed drinking-driving with any of your children, please write in how old each was when you first discussed drinking-driving:

age of child _____
age of child _____
age of child _____
age of child _____

17. Write in the kind of work you do. You do not have to name your employer.
-

18. What is your approximate yearly income? If you are married, include your spouses income.

Under \$ 14,999 ____
\$ 15,000 - \$ 19,999 ____
\$ 20,000 - \$ 24,999 ____
\$ 25,000 - \$ 29,999 ____
\$ 30,000 - \$ 39,000 ____
\$ 40,000 - \$ 49,000 ____
\$ Over \$ 50,000 ____

19. What is the highest number of school years you have completed?

_____ Years

20. Do you drink alcohol at least occasionally?

_____ Yes

_____ No

21. If your are married, does your spouse drink alcohol at least occasionally?

_____ Yes

_____ No

22. How many times in the last 30 days did you drink beer, wine, or liquor?

_____ Times

23. How many drinks could you (or someone a lot like you) drink in 1 hour and still be able to drive safely? Count 1 drink as equal to: 1 Beer, or 1 Glass of Wine, or 1 Mixed Drink containing 1 ounce of Liquor, or 1 Shot, that is, 1 ounce of Liquor.

_____ Drinks

24. How many times in the past 12 months have you driven after you have had too much to drink for safe driving?

_____ Times

25. On the average, about how many drinks did you have each time you drank during the last 30 days? Count 1 drink as equal to: 1 Beer, or 1 Glass of Wine, or 1 Mixed Drink containing 1 ounce of Liquor, or 1 Shot, that is, 1 ounce of Liquor.

_____ Drinks

26. Please write in your age:

_____ Years

27. Have any of your children ever been in an automobile accident when they were the driver and had been drinking or when they were the passenger of an adolescent driver who had been drinking?

_____ Yes

_____ No

28. How many hours per month would you be willing to spend in a program designed to help parents cope with adolescent drinking and driving (write in a zero if you would not be interested)?

_____ Hours

APPENDIX E
ASSESSMENT FORM FOR GROUP FOUR

Write in your first name only: _____

GENERAL INSTRUCTIONS:

This questionnaire will help us summarize how people feel about the different types of approaches we reviewed tonight.

You do not have to answer any question that you do not wish to, but we would appreciate your answering as many items as you can.

If you have any questions about the questionnaire feel free to ask one of the researchers. When you complete the questionnaire, return it to a researcher.

Remember, we are interested in how you feel about different types of programs for parents not programs for children.

You should be able to read through the items quickly because they are the same as those we discussed.

SECTION 1: TYPES OF INFORMATION PROGRAMS FOR PARENTS MIGHT CONTAIN

For each of the following items circle the response that best describes how interested you would be in receiving the type of information described. If the item doesn't directly apply to you because your child is too young or for some other reason, answer the question based on how interested you think most parents would be.

1. General information which describes the size/seriousness of the drunk driving problem. For example:

Motor vehicle crashes cause more fatal injuries than any other types of accident and are the most common nonnatural form of death in the United States.

In 1986, 46,056 people died in traffic crashes. About 52% of these were alcohol related (or about 23,987 deaths).

During the period 1982 through 1986, approximately 119,000 people lost their lives in alcohol-related traffic crashes. This is an average of one alcohol related fatality every 22 minutes.

How interested would you or other parents of young adolescents (ages 13 or under) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested interested

How interested would you or other parents of older adolescents (ages 14 or older) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested interested

2. Information about the size/seriousness of the drinking/driving problem for adolescents. For example:

For the same number of miles driven, drivers under 25 are one and one-half times more likely to be involved in alcohol-related traffic fatalities than older drivers.

More than 40% of all teenage (15-19 year old) deaths result from motor vehicle crashes. More than half of these fatalities involve drinking. It is estimated that 3,538 teenagers died in alcohol-related crashes in 1986.

About one fourth of high school students say they have driven at least once or twice when they knew they were too drunk to drive and about one third say they rode cars driven by a heavily drinking driver at least once a month.

How interested would you or other parents of young adolescents (ages 13 or under) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested interested

How interested would you or other parents of older adolescents (ages 14 or older) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested interested

3. Information about the general potential dangers of alcohol. For example:

Excessive alcohol use can cause disease of the nervous, gastrointestinal, and respiratory systems; heart and vascular disease; cancers, metabolic and immune systems disorders; endocrine disorders, nutritional deficiencies, as well as injuries from traffic and other accidents.

Liver disease is the major health hazard on long term alcohol abuse and was the ninth leading cause of death in 1983.

About 20 percent of Americans 18 years or older (or about 18 million people) may be alcoholics or alcohol abusers.

In the United States the cost of alcohol abuse was almost \$117 billion in 1983, including nearly 71 billion attributed to lost employment and reduced productivity and 15 billion to health care costs.

How interested would you or other parents of young adolescents (ages 13 or under) be in this? (Circle one.)

Not at all	Not	neutral	somewhat	very
interested	interested		interested	interested

How interested would you or other parents of older adolescents (ages 14 or older) be in this? (Circle one.)

Not at all	Not	neutral	somewhat	very
interested	interested		interested	interested

4. Information about how many adolescents use alcohol, such as:

About 25% of 12 and 13 year-olds have used alcohol in the past year and about 11% in the past month.

About 5% of high school students drink alcohol every day.

About 59 percent of all adolescents 13 to 18 years old use alcohol at least occasionally. Two-thirds say they began using alcohol before they were 16.

How interested would you or other parents of young adolescents (ages 13 or under) be in this? (Circle one.)

Not at all	Not	neutral	somewhat	very
interested	interested		interested	interested

How interested would you or other parents of older adolescents (ages 14 or older) be in this? (Circle one.)

Not at all	Not	neutral	somewhat	very
interested	interested		interested	interested

5. Information about the effects of alcohol on driving. For example:

Information on how alcohol impairs the driver's ability to see; the skill and coordination required to control the car; the ability to respond quickly to dangerous situations; the ability to make judgments about speed, distance, maneuvering room, etc.

The risks of having an accident at different levels of intoxication. For example: at the legal limit for intoxication the chances of a driver having an accident are 6 times greater than when sober. This risk is even higher for adolescents who are inexperienced driver and inexperienced drinkers.

How interested would you or other parents of young adolescents (ages 13 or under) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested

How interested would you or other parents of older adolescents (ages 14 or older) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested

6. Information that graphically describes the results of an alcohol-related crash. For example:

Information that shows the damage done to vehicles, such as a photograph showing a car mangled in a crash.

Information that shows the physical damage done to victims of an alcohol-related crash, such as photographs of victims at crash sites, hospital emergency rooms, etc.

Testimony by victims of the consequences of alcohol-related accidents...how seriously injured they were, how long it took them to recover physically and psychologically, how they feel about friends and family that may have been injured or killed in the crash, etc.

How interested would you or other parents of young adolescents (ages 13 or under) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested

How interested would you or other parents of older adolescents (ages 14 or older) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested

7. Information about the impact of an accident and/or arrest on drinking drivers. For example:

Testimony by drunk drivers that survived crashes about the impact on the physical and mental health; the impact on their families employers etc, the costs of fines, legal fees, etc.

Information about penalties for drunk driving: first arrest may result in a stiff fine, a jail sentence, suspension or revocation of your license, and or required attendance at a special school for drinking drivers. Costs to the driver for a legal fees, impoundment of the vehicle, fines, and other fees can be as high as several thousand dollars.

How interested would you or other parents of young adolescents (ages 13 or under) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested

How interested would you or other parents of older adolescents (ages 14 or older) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested

8. Information about how to begin a family discussion about drinking and drinking and driving. For example:

Be clear about your own values and attitudes before you begin a discussion with your child.

Explain why you want to discuss the topic.

Plan to discuss a little at a time and to come back to the topic periodically.

How interested would you or other parents of young adolescents (ages 13 or under) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested

How interested would you or other parents of older adolescents (ages 14 or older) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested

9. Information about how to tell if your child is drinking or abusing alcohol. For example:

Greet your child when they return home and look for slurred speech, the odor of alcohol on, strange behavior, etc.

How to ask about what your child is doing outside the home.

Signs of alcohol use/abuse may include change in friends, a drop in school performance, secrecy about activities, liquor missing from the home, etc.

How interested would you or other parents of young adolescents (ages 13 or under) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested

How interested would you or other parents of older adolescents (ages 14 or older) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested

10. Information about what to do if you think or discover that your child is drinking without your permission, drinking and driving or abusing alcohol in other ways. For example:

When should you ask if your child has been drinking/driving?

What should you do if you are not sure they are telling the truth? What to say when your child says "you don't trust me."

When your child comes home after drinking without your permission, should you "strike while the iron is hot" and discuss the issue then and there? Is it better to postpone a discussion for a while until you plan how to respond.

How interested would you or other parents of young adolescents (ages 13 or under) be in this? (Circle one.)

Not at all interested	Not interested	neutral	somewhat interested	very interested
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How interested would you or other parents of older adolescents (ages 14 or older) be in this? (Circle one.)

Not at all interested	Not interested	neutral	somewhat interested	very interested
--------------------------	-------------------	---------	------------------------	--------------------

11. Information about alcohol treatment, counselling, and information services for adolescents and adults in your community.

What types of agencies exist, how much they cost, what services do they provide and how to contact them.

When and how to ask for help.

How interested would you or other parents of young adolescents (ages 13 or under) be in this? (Circle one.)

Not at all interested	Not interested	neutral	somewhat interested	very interested
--------------------------	-------------------	---------	------------------------	--------------------

How interested would you or other parents of older adolescents (ages 14 or older) be in this? (Circle one.)

Not at all interested	Not interested	neutral	somewhat interested	very interested
--------------------------	-------------------	---------	------------------------	--------------------

12. Information on how adolescents can resist peer pressure.
For example:

How to teach your child to say no without necessarily losing friends or being embarrassed.

How interested would you or other parents of young adolescents (ages 13 or under) be in this? (Circle one.)

Not at all interested	Not interested	neutral	somewhat interested	very interested
--------------------------	-------------------	---------	------------------------	--------------------

How interested would you or other parents of older adolescents (ages 14 or older) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested interested

13. Information on how parents can supervise teenage parties.
For example:

Greet each guests when they arrive and look for any signs of intoxication and do the same for each guest when they leave.

Set a time limit in advance.

Specify rules in advance: no alcohol, no smoking, no drugs, no leaving the party and returning, rooms off limits, etc.

How interested would you or other parents of young adolescents (ages 13 or under) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested interested

How interested would you or other parents of older adolescents (ages 14 or older) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested interested

14. Information on how to establish and enforce rules for adolescents about drinking/driving. For example:

What rules work best at what ages: the rule for a 10 year-old may be "Don't drink without my permission," but the rule for an 18 year-old may be different: "Don't drink, but if you do, don't drink and drive."

Should you tell adolescents exactly how they will be punished if they break a family rule, or is it best to leave things a little vague so you have more choices when they break a rule?

How interested would you or other parents of young adolescents (ages 13 or under) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested interested

How interested would you or other parents of older adolescents (ages 14 or older) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested

15. Information about responsible drinking - tips for avoiding drinking and driving. For example:

Drinking on a full stomach will result in lower concentration of alcohol in the blood than drinking on an empty stomach.

Information on how many drinks an adolescent can consume and still be able to drive safely.

Plan how you will get home safely before you begin to drink. For example, use a designated driver -- choose someone who will remain sober for the evening and will drive people who have been drinking home.

If you have had too much to drink, wait before driving, call a cab, stay overnight, have a sober friend drive you home.

How interested would you or other parents of young adolescents (ages 13 or under) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested

How interested would you or other parents of older adolescents (ages 14 or older) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested

16. Information about how to set up a "contract for life."

This is a written agreement between a parent and child. The child agrees to call for advice and/or transportation if they are ever in a situation where they have been drinking or a friend or date who is driving them has been drinking.

The parents agreement reads: "I agree to come and get you at any hour, any place, no questions asked and no argument at that time, or I will pay for a taxi to bring you home safely. I expect we would discuss this issue at a later time...I agree to seek safe, sober transportation home if I am ever in a situation where I have had too much to drink or a friend who is driving me has had too much to drink."

How interested would you or other parents of young adolescents (ages 13 or under) be in this? (Circle one.)

Not at all	Not	neutral	somewhat	very
interested	interested		interested	interested

How interested would you or other parents of older adolescents (ages 14 or older) be in this? (Circle one.)

Not at all	Not	neutral	somewhat	very
interested	interested		interested	interested

- 17.. Information about "dial-a-ride" or "safe-ride" programs that may be available in the area through which teenagers can get a safe-ride home with a sober driver.

Safe-ride programs provide alternative transportation home for drivers who have been drinking and their passengers. Usually there is not cost for this service. Some of these programs serve either adolescents or adults. There are safe-ride programs that are especially designed to serve teenager in which teenagers operate the program under adult supervision.

How interested would you or other parents of young adolescents (ages 13 or under) be in this? (Circle one.)

Not at all	Not	neutral	somewhat	very
interested	interested		interested	interested

How interested would you or other parents of older adolescents (ages 14 or older) be in this? (Circle one.)

Not at all	Not	neutral	somewhat	very
interested	interested		interested	interested

18. Information about how to establish a parent-to-parent network for information/advise about adolescent drinking/driving.

The network could list parents who are interested in and available to discuss teenage drinking/driving.

Networks could help parents identify "safe-houses." These are homes where teenagers will not be served alcohol by adults and where parties will be supervised by adults.

How to network with your child's friends' parents. For example, how to contact them about whether a party is being supervised.

How interested would you or other parents of young adolescents (ages 13 or under) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested

How interested would you or other parents of older adolescents (ages 14 or older) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested

SECTION 2: THE MOST INTERESTING TYPES OF INFORMATION

Look back over section one (pages 2 - 13) and pick out the three items you liked better than all the rest. Write the number of the three items in order beginning with the one that in which you would be most interested, then the next most interesting, and last the third most interesting:

Most interesting: _____

Second most interesting: _____

Third most interesting: _____

SECTION 3: METHODS OF DELIVERING PROGRAMS FOR PARENTS

For each of the following items circle the one response that best describes how interested you would be in receiving information in that way. If the item doesn't directly apply to you because your child is too young or for some other reason, answer the question based on how interested you think most parents would be.

1. A one-hour evening meeting held in your community perhaps a church or school. Experts and knowledgeable people would present information about drinking and driving, or perhaps a film about drinking and driving would be shown, and parents could ask questions.

How interested would you or other parents of young adolescents (ages 13 or under) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested

How interested would you or other parents of older adolescents (ages 14 or older) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested interested

2. A short pamphlet (maybe 5 to 10 pages) to help parents deal with adolescent drinking and driving. Assume the pamphlet is mailed directly to you at home.

How interested would you or other parents of young adolescents (ages 13 or under) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested interested

How interested would you or other parents of older adolescents (ages 14 or older) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested interested

3. A film or a speaker who comes to the place you work to make a short presentation during lunch break. Employees who are parents of adolescents are invited to come, but don't have to, and they can eat lunch while they listen. Assume the presentation would take about 30 minutes to an hour.

How interested would you or other parents of young adolescents (ages 13 or under) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested interested

How interested would you or other parents of older adolescents (ages 14 or older) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested interested

4. A half hour to one hour television or radio show presents information on how parents can deal with adolescent drinking and driving.

How interested would you or other parents of young adolescents (ages 13 or under) be in this? (Circle one.)

Not at all	Not	neutral	somewhat	very
interested	interested		interested	interested

How interested would you or other parents of older adolescents (ages 14 or older) be in this? (Circle one.)

Not at all	Not	neutral	somewhat	very
interested	interested		interested	interested

5. A half hour to one hour television or radio show that also presents information on how parents can deal with drinking and driving, but uses a talk-show format, like the Donahue show or the Oprah Winfrey show. Experts and parents would present their experiences and the audience would ask questions.

How interested would you or other parents of young adolescents (ages 13 or under) be in this? (Circle one.)

Not at all	Not	neutral	somewhat	very
interested	interested		interested	interested

How interested would you or other parents of older adolescents (ages 14 or older) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested interested

6. A regular network television show that devotes an episode or a large part of an episode to adolescent drinking and driving. For example, it might show one of the Cosby children returning home after drinking and driving and how the parents respond.

How interested would you or other parents of young adolescents (ages 13 or under) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested interested

How interested would you or other parents of older adolescents (ages 14 or older) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested interested

7. A half hour to one hour video tape you can get rent free at video rental stores that presents information on drinking and driving.

How interested would you or other parents of young adolescents (ages 13 or under) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested interested

How interested would you or other parents of older adolescents (ages 14 or older) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested interested

8. Short public service announcements of 30 seconds or a minute on television or radio during prime time (6 to 11 PM).

How interested would you or other parents of young adolescents (ages 13 or under) be in this? (Circle one.)

Not at all Not neutral somewhat very
interested interested interested interested interested

How interested would you or other parents of older adolescents (ages 14 or older) be in this? (Circle one.)

Not at all	Not	neutral	somewhat	very
interested	interested		interested	interested

9. Public service announcements presented in short announcements on the front of video rental tapes.

How interested would you or other parents of young adolescents (ages 13 or under) be in this? (Circle one.)

Not at all	Not	neutral	somewhat	very
interested	interested		interested	interested

How interested would you or other parents of older adolescents (ages 14 or older) be in this? (Circle one.)

Not at all	Not	neutral	somewhat	very
interested	interested		interested	interested

10. A telephone hotline which could provide advice for parents, and respond to questions about adolescent drinking driving.

How interested would you or other parents of young adolescents (ages 13 or under) be in this? (Circle one.)

Not at all	Not	neutral	somewhat	very
interested	interested		interested	interested

How interested would you or other parents of older adolescents (ages 14 or older) be in this? (Circle one.)

Not at all	Not	neutral	somewhat	very
interested	interested		interested	interested
