

DOCUMENT RESUME

ED 327 776

CG 023 080

AUTHOR Gabriel, Roy M.; And Others
 TITLE A Consumer's Guide to Alcohol and Other Drug Surveys.
 INSTITUTION Northwest Regional Educational Lab., Portland, OR. Test Center.; Western Center for Drug-Free Schools and Communities.
 SPONS AGENCY Office of Educational Research and Improvement (ED), Washington, DC.
 PUB DATE Nov 90
 CONTRACT 400-86-0006
 NOTE 95p.; Cover pages are printed on dark-green paper. Addenda on confidentiality contain small print.
 PUB TYPE Guides - General (050)

EDRS PRICE MF01/PC04 Plus Postage.
 DESCRIPTORS *Alcohol Abuse; Data Interpretation; *Drug Abuse; Elementary Secondary Education; Evaluation Criteria; Information Utilization; *Psychometrics; Questionnaires; Relevance (Information Retrieval); Reliability; *School Surveys; *Student Behavior; Testing; Validity

ABSTRACT

This consumer's guide provides descriptive information about currently available surveys of student alcohol and other drug (AOD) use. Its purposes are to inform schools and communities about the instruments available to survey student AOD use, and to delineate the issues faced by educators while selecting or developing a survey instrument to assess use. After an introductory statement of purpose and a description of the process for selecting and reviewing survey instruments, Chapter 2 provides detailed descriptions of the content of the AOD use surveys reviewed, and discusses general content issues, such as substances to be included, attitudes, and other behaviors known to be related to AOD use. Chapter 3 addresses issues common to all AOD use survey tools, including psychometric issues such as reliability and validity, use issues guiding survey administration, and interpretation of results. Chapter 4 summarizes the principles and issues discussed throughout the guide in a rating scale recommended for use by local schools and communities. References are included, and the following items are appended: (1) sources searched for instruments and instruments considered but not included; (2) the survey review form; (3) abstracts of instruments featuring AOD use questions; (4) abstracts of other AOD survey instruments included in the guide; and (5) a guide to legal requirements for confidentiality of student records for school districts establishing policies and procedures for AOD-related student assistance programs. (TE)

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**A CONSUMER'S GUIDE TO
ALCOHOL AND OTHER DRUG SURVEYS**

Roy M. Gabriel
John A. Pollard
Western Center for Drug-Free Schools and Communities

Judith A. Arter
Test Center

Northwest Regional Educational Laboratory
101 S.W. Main, Suite 500
Portland, Oregon 97204
503-275-9562

November 1990

PREFACE

This Consumer's Guide is intended to provide descriptive information about currently available surveys of student alcohol and other drug (AOD) use. Surveys reviewed here do not receive a stamp of approval, nor are they "graded" along a continuum of quality. The "best" survey in any collection is necessarily a function of the user's purpose, unique characteristics of the target population and practical considerations such as cost, survey length, etc.

Although instruments included here were located through a systematic search procedure, these methods are never flawless. Other worthy AOD surveys are undoubtedly missing, and new instruments are always being developed. We invite readers of this Guide to send us other samples for future editions of this publication. Given a sufficient number of additional instruments, this Consumer's Guide will be updated periodically.

The authors of this Guide extend their thanks to the authors of the surveys reviewed here. Without their cooperation, a volume like this could never be produced. Finally, several of our colleagues provided helpful suggestions on earlier drafts. In particular, the external reviewers listed below made significant contributions:

Dr. Dennis Deck
Portland (OR) Public Schools

Dr. James Emshoff
Georgia State University

Mr. Spencer Sartorius
Montana Office of Public Instruction

Dr. John Swisher
Pennsylvania State University

Dr. Judy Thorne
Research Triangle Institute (NC)

To their efforts and ours in producing this Guide, we add the hope that the information contained here is instructive and helpful toward attaining drug-free schools and communities across the nation.

Judith A. Johnson, Director
Western Center for Drug-Free Schools and Communities

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1. INTRODUCTION

Purpose of This Guide

No single issue in schools and communities today commands the concern and urgency of the American public as the dangers of alcohol and other drug (AOD) use among our youth. Since 1986, the annual Gallup poll of the nation's citizens identified AOD use as the number one concern facing today's schools (Gallup, 1989). President Bush introducing his National Drug Control Strategy, asserted the "epidemic" pervasiveness of the problem and charged that the battle must be waged "everywhere--at every level of ... government and by every citizen in every community across the country" (The White House, 1990).

Since the passage of the Anti-Drug Abuse Act of 1986, schools and communities have had dramatically increased resources to take up this charge. A consequent rise in state initiatives and local program activities has been noted (e.g., Duerr, 1989, Gabriel, 1989), but the need still exists to assess the degree to which these or other efforts are having the desired impact--the reduction and elimination of alcohol and drug use.

National data are somewhat encouraging. The annual survey of high school seniors conducted by the Institute for Social Research at the University of Michigan indicates that AOD use has been steadily declining since 1985 (Johnston, O'Malley & Bachman, 1989). This is a useful national, and even regional, indicator, but does not shed much light on the situation and need in a given local school or community.

A survey of the local population is often seen as the most expedient means of obtaining the information, but a hastily conducted survey often leaves local decision makers and the public with an incomplete and dissatisfying picture. Issues of survey content (exactly what do you want to know?), sampling (who is the target population?) and analysis and reporting to various audiences (who wants to know what?) need to be addressed in the planning of a survey.

In fact, good models of locally conducted surveys are available. Commercial test publishers, independent research firms, and many educational organizations have taken up the challenge of constructing, validating and standardizing survey instruments designed to address these issues. Schools and communities are urged to review these examples before launching an expensive and time-consuming development project of their own. This Guide is designed to assist this effort by disseminating a list of available survey instruments, describing them using common terminology, and suggesting a process and criteria for their review.

The purpose of this Guide, then, is twofold. The first purpose is to inform schools and communities about the instruments available to survey student AOD use. The second purpose is to delineate the issues faced by educators while selecting or developing a survey instrument to assess use. By working through these issues and examining available models, local schools and communities may better decide whether to adopt/adapt an existing survey or embark upon the considerable task of constructing one themselves.

The Process For Selecting and Reviewing Instruments

Content. Although the primary focus of this Guide is AOD use instruments, instruments covering the related areas of AOD attitudes, AOD knowledge, and at-risk factors are also included.

Criteria For Inclusion. Instruments were identified from a number of sources (see **Appendix A**). Bibliographic searches of these sources yielded hundreds of instruments, from commercially developed and marketed surveys administered to hundreds of thousands of students, to questionnaires developed by local school principals used once to meet the pressing demands of the local school board and media. The expanse and variety of available surveys caused us to develop the following criteria for inclusion in this Guide:

1. The instrument was developed or revised since 1980:

2. The instrument is designed for surveying groups of students in a school setting, rather than as an individual diagnostic device in a clinical setting;
3. The instrument is currently available for use from the developer or publisher; and
4. The instrument is fairly easily accessible to users.

Exceptions to these criteria were made if a survey possessed special or unique characteristics of particular interest (e.g., Spanish translation). The AOD surveys selected through this process are listed in **Tables 1a and 1b**. **Table 1a** lists instruments featuring student use questions. These instruments might also contain **knowledge, attitude, and at-risk** questions. **Table 1b** lists instruments having no or little emphasis on use; these focus mainly on **knowledge, attitudes, and/or at-risk factors**. (Surveys that were considered but not included in the Guide are listed in **Appendix A**.)

Reviewing the Surveys Included in this Guide. All AOD use surveys (see **Table 1a**) were reviewed by the first two authors using a comprehensive, standard rating form developed for this purpose (see **Appendix B**). The form consisted of three major sections:

General information such as age/grade level appropriate for use, cost, additional services provided by the survey author (e.g. scoring, reporting, etc.), and where to write for further information.

Technical information including reliability, validity, and the availability of comparative data or user norms to facilitate interpretation.

Content, such as the AOD-related information provided by each survey, other use-related behaviors (attitudes, method/ease of access, perceived risk, friends' use, etc.) and relevant student background characteristics (age, ethnic origin, gender, family structure, etc.).

The review form included over 500 items of information. In reviewing the instruments, the authors agreed in their judgements more than 97% of the time. When there were differences in their judgments, the discrepancies were discussed and resolved. As a final validation, the completed review was sent to the survey author for his/her confirmation. Reviews of AOD use instruments are found in **Chapter 2** and **Appendix C**.

Other AOD surveys (those in **Table 1b**) were reviewed by the third author. Since these instruments were not the main focus of the Guide, the review process was not as detailed. However, all reviews were again sent to authors for comment. Reviews of other AOD surveys are found in **Appendix D**.

Table 1a

AOD Use Surveys Included in this Guide¹

Adolescent Health Survey
University of Minnesota
Minneapolis, MN

California Substance Use Survey
Southwest Regional Laboratory
Los Alamitos, CA

Drug Education Center Student Survey
Drug Education Center
Charlotte, NC

Drug Education Needs Assessment
Dept. of Health Education
Southern Illinois University
Carbondale, IL

High School Survey on Drugs
Chemical Awareness & Counseling Center
Warren, OH

I-SAY (Informational Survey About You)
National Computer Systems
Iowa City, IA

In-Touch Student Survey
Institute for Educational Research
Glen Ellyn, IL

Lewis-Clark State College Drug Questionnaires
Lewis-Clark State College
Lewiston, ID

Michigan AOD School Survey
Michigan Department of Education
Lansing, MI

Monitoring the Future Survey
University of Michigan
Institute for Social Research
Ann Arbor, MI

Patterns of Drug Use
Center for Alcohol & Addiction Studies
Anchorage, AK

PRIDE Questionnaire
National Parents' Research Institute for Drug Education
Atlanta, GA

Profiles of Student Life
The Search Institute
Minneapolis, MN

Substance Abuse Narcotics Education (SANE) Student Survey
Los Angeles County Office of Education
Downey, CA

STADUS (Student Alcohol and Drug Use)
Community Recovery Press
Greenfield, WI

Student Alcohol and Drug Use Survey
Northwest Regional Educational Laboratory
Portland, OR

Student Drug Survey
Texas Research Institute of Medical Sciences
Houston, TX

Survey of Drug Abuse
Maryland Dept. of Health & Mental Hygiene
Baltimore, MD

¹ Complete mailing address given in **Appendices C and D** of this Guide

Table 1b
Other AOD Instruments Included in this Guide

Alcohol Education Evaluation Instrument
Drug Education Center
Charlotte, NC

DEBT School and Substance Use Issues Attitude Scale
University of Oregon
Eugene, OR

Drug Attitude Scale
Addiction Research Foundation
Toronto, Ontario, Canada

Drug Education School Evaluation Instrument
Drug Education Center
Charlotte, NC

Hypothetical Drug Use Scale
School of Education, Barry University
Miami Shores, FL

Personal Experience Inventory
Western Psychological Services
Los Angeles, CA

Scholastic Drug and Alcohol Survey
Scholastic, Inc.
New York, NY

Self-Concept Attitudinal Inventory
Drug Education Center
Charlotte, NC

Student Attitudinal Inventory
Drug Education Center
Charlotte, NC

Content of the Guide

Chapters 2-4 address topics and issues relating specifically to AOD use instruments.

Chapter 2 discusses the content of the AOD use surveys reviewed. Detailed descriptions of content are presented as well as a general discussion of content issues. Such issues include: Which substances are to be included in a local survey? Are attitudes important? What about other behaviors known to be related to AOD use? Reading this chapter will help answer the question "What information do I want from a survey?"

In **Chapter 3** the authors address an array of issues common to all AOD use survey tools. These range from psychometric issues, such as reliability and validity, to use issues guiding the administration of the survey and interpretation of its results. Reading this chapter will help answer the question "What characteristics make up a high quality survey instrument?"

In **Chapter 4**, the collection of principles and issues discussed throughout this Guide are summarized in a rating scale recommended for use by local schools and communities as they face the task of selecting an instrument to use in assessing AOD use. This chapter will help to determine "What steps are needed to select the survey that best meets my needs?"

Appendix C provides a summary of the key characteristics of the use surveys in the form of single-page abstracts. Each survey's cost, length, appropriate age/grade levels and whom to contact for further information are among the descriptors included here. If the reader is interested in any particular AOD survey included in this Guide, this appendix will help answer "What are the basic features of this survey?"

Appendix D presents brief summaries of instruments related to use -- attitudes, knowledge, and at-risk factors.

2. CONTENT OF AOD USE SURVEYS

The specific content of the survey is probably the single most important factor in selecting an instrument. Clearly, if a survey does not ask the questions of interest--no matter how strong its technical characteristics or how fancy its reports--it will be of no use.

Describing the content of existing AOD use surveys is a complex task. The instruments reviewed here vary in the substances they include, the use-related issues they address (method/ease of access, age of first use, etc.) and the other "high risk" factors they include. This chapter details the content domain of the AOD use surveys and provides charts which contrast the use instruments reviewed in this Guide in terms of their coverage of this content.

Specific Substances Included on AOD Use Surveys

Interest in assessing the use, non-use and frequency of use of alcohol and other drugs typically involves specification of the particular alcohol or drugs involved. Asking questions about a generic notion of "drug use" will not provide school staff, parents and the community with the details they require to adequately understand the nature and scope of the problem they face or to seek resources and plan programs to deal with it.

In reviewing the surveys contained in this guide, the authors paid particular attention to the specific substances covered in their items. Items on the surveys will either ask a question about the generic category (e.g., "alcohol") or a specific substance within that category (e.g., "beer," "wine," "hard liquor," etc.). The extent to which specificity in the items is desired is entirely a function of the extent to which specificity in results is desired. That is, does the school want to differentiate between the frequency of use of hard liquor vs. beer vs. wine? If so, survey planners ought not to choose an instrument that asks students "How frequently have you used alcohol in the last six months?" Instead, this question needs to be asked for each of the substances listed in the "alcohol" category below: beer, wine and hard liquor.

The substances represented in the instruments in this Guide are classified as follows:

Alcohol	Stimulants
Beer	Amphetamines
Wine	Methamphetamines
Hard Liquor	
Tobacco	Depressants
Cigarettes	Percodan
Oral/Chewing	Barbiturates
	Tranquilizers
Marijuana	Valium
Marijuana	Inhalants
Hashish	Aerosols
	Glue
Cocaine	Gasoline
Crack	Opiates
Cocaine	Morphine
	Heroin
Hallucinogens	
Mushrooms	Steroids
LSD	Steroids
PCP	

In addition to this extensive list of substances, the authors noted specific inclusion of polydrug use, illustrated by questions on the frequency with which students used more than one of these substances on the same occasion. There was also the ubiquitous "other" category, where less common substances are represented (e.g., Darvon, prescription drugs, "designer" drugs).

Questions about frequency of use are often asked separately for these substances. Table 2 is a "content map" of the substances included in "frequency of use" questions on each of the instruments. Reviewing this chart will familiarize the reader with the breadth of coverage of each of the AOD use surveys included in this Guide.

Content Related to Frequency of AOD Use

Although the major emphasis of this Guide is instruments including questions on the frequency of use of alcohol and other drugs on the part of the respondent, content covering related behaviors and issues are also found on the instruments. These related areas include:

- Quantity of Use** - The amount of substance use is asked on many surveys, particularly with respect to alcohol. For example, the extent of "binge drinking" is a behavior of great interest which requires information not only on how often a student drinks (i.e., frequency) but also how many drinks he/she has had on a given occasion.
- Age of First Use** - The age at which the student took his/her first drink or first used an illicit drug is of key interest in many broad-based prevention efforts. Early intervention programs particularly seek to delay the "age of onset" of children's alcohol and other drug use.
- Method/Ease of Access** - The availability of alcohol and other drugs to students has been thought to be related to the likelihood of their use. Many surveys reviewed here asked questions such as "How difficult would it be for you to obtain drugs if you wanted to use them?" and "Where/from whom do you get drugs?"
- Location/Context of Use** - The place (school, home, while driving) where drugs are used is frequently asked in surveys of AOD use. Similarly, the social context (parties, athletic events, alone, with friends, with anyone) in which alcohol or drugs are used may also be of interest.
- Effects of AOD Use** - Questions eliciting knowledge or self-perception about the effects of alcohol and other drugs--physical, psychological and social--are frequently included, perhaps because they are desired outcomes of many school prevention programs. Such questions as "Taking drugs makes me feel more relaxed", and "I feel better about myself when I get high" are examples of items dealing with the effects of drug use.
- Attitudes Toward AOD Use** - Perceptions of the risk attached to AOD use, the extent to which any such use is seen as permissible, or the reasons why students participate in AOD use are all included in the category of students' attitudes toward use. There is great interest in this aspect of the alcohol and other drug use problem among today's youth. Many prevention programs seek to influence students' attitudes toward use. A clear "no use" message is required of school prevention curricula in the U.S. Department of Education's nationally disseminated guide for Alcohol and Drug Prevention curricula.
- Friends' Attitudes/Use** - The influence of peer attitudes and use is clearly demonstrated in the research literature (e.g., Brook, Nomura & Cohen, 1987). Many existing surveys ask students about the extent to which their friends think using drugs or alcohol is "fun" or "cool" or "part of growing up", with the intent to investigate this link between personal and peer use.

TABLE 2

Content Map of Alcohol and Drug Use Surveys

Frequency of Use by Specific Substances

SUBSTANCE	ALCOHOL				TOBACCO			MARIJUANA			COCAINE			OTHER DRUGS					STIMULANTS			DEPRESSANTS					NARCOTICS				OTHER								
	Beer	Wine	Liquor	Unspecified	Cigarettes	Yr/Chewing	Unspecified	Marijuana	Hashish	Unspecified	Cocaine	Crack	Unspecified	Gasoline	Glue	Aerocids	Others	Unspecified	LSD	PCP	Unspecified	Meth-amphetamine	Other	Unspecified	Percodan	Tranquilizers	Valium	Barbiturates	Unspecified	Heroin	Morphine	Other	Unspecified	Steroids	Unspecified (Inc. Ab)	Unspecified (Exc. Ab)	Polychug Use		
Adolescent Health Survey			X	X	X	X		X		X	X							X		X			X						X										
California Substance Use Survey	X	X	X					X	X			X						X	X			X				X		X					X					X	
Drug Education Center Survey (NC)				X	X	X		X				X						X		X		X				X								X					
Drug Education Needs Assessment				X	X	X		X		X		X						X				X						X											
High School Survey on Drugs (OH)				X	X			X		X								X		X		X				X		X											
ISAY				X	X	X		X		X	X							X		X			X																
In-Touch Student Survey				X	X			X				X						X											X										X
Lewis-Clark Drug Questionnaire				X		X			X	X		X						X		X			X																X

TABLE 2
Content Map of Alcohol and Drug Use Surveys
Frequency of Use by Specific Substances

SUBSTANCE	ALCOHOL				TOBACCO			MARIJUANA			COCAINE			ANALGESICS					HALLUCINOGENS			STIMULANTS			DEPRESSANTS					OPIATES				OTHER								
	Beer	Wine	Liquor	Unspecified	Cigarette	Oral/Chewing	Unspecified	Marijuana	Herb/Hash	Unspecified	Cocaine	Crack	Unspecified	Gasoline	Glue	Aerocols	Others	Unspecified	LSD	PCP	Unspecified	Methamphetamine	Other	Unspecified	Percodan	Tranquilizers	Valium	Barbiturates	Unspecified	Heroin	Morphine	Other	Unspecified	Steroids	Unspecified (1 or Abs)	Unspecified (Bad Abs)	Polydrug Use	Others				
Michigan AOD Survey				X	X	X			X	X	X							X	X	X			X		X			X	X	X			X		X							
Monitoring the Future Survey	X	X	X	X	X	X			X	X	X						X	X	X	X	X		X		X		X						X				X	X				
Patterns of Drug Use Survey (AK)				X	X		X			X								X		X			X		X			X														
PRIDE Questionnaire	X	X	X		X	X	X					X						X		X			X					X														
Profile of Student Life				X	X	X			X	X	X							X	X				X		X		X		X											X		
SANE Student Survey				X	X		X					X							X																							
STADUS				X					X			X								X			X						X												X	
Student Alcohol & Drug Use Survey (NWREL)	X	X	X		X	X			X		X									X								X						X				X	X			
Student Drug Survey (TX)				X	X				X		X									X			X					X													X	
Survey of Drug Abuse (MD)	X	X	X	X	X		X	X		X								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Family AOD Attitudes/Use - The influence of the home environment is clearly established as a powerful determinant of children's behavior, particularly in the area of AOD use. A dysfunctional family environment is seen as a primary risk factor in adolescent and younger children's use of alcohol and other drugs (Hawkins, et al., 1986). Many surveys probe the extent to which students' parents or siblings permit, condone and even promote experimentation or casual use of substances.

The extent to which information on these related issues are represented in the surveys included in this Guide is depicted in **Table 3**. This content map also stipulates the particular substances for which each of these issues is addressed (e.g., "quantity of use" or "attitudes" about specific substances).

Risk/Protective Factors

AOD use is often viewed as one of many kinds of destructive at-risk behaviors occurring to a discouraging degree in today's youth. Examples include school discipline problems, delinquency, driving while drinking or under the influence of substances, low attendance and poor academic performance. The opposite of these "at-risk" behaviors are positive behaviors which may counteract the tendency toward AOD use--so-called "protective factors" (e.g., Bernard, 1987). Examples of these are definitive school or career plans for the future, participation in extra-curricular activities, and organized social activities outside of the school setting.

A list of the risk and protective factors reviewed here is given below, along with a description or example, when necessary.

Current Academic Performance

School Attendance

School Discipline - vandalism, fighting, etc.

Future Plans - education or career

Extra-Curricular Activities - student council, athletics, school newspaper, etc.

Non-School Organized Activities - church activities, scouting, boys/girls clubs, etc.

Non-Organized Social Activities - watching TV, reading books, going shopping, attending concerts, etc.

Dating Habits - how often, in large groups or not

Driving Habits - how often during an average week, how often after drinking

Past Arrest/Delinquent Activities

The extent to which these risk and protective factors are represented by items on the use instruments reviewed in this Guide is summarized in **Table 4**.

Other AOD Prevention-Related Issues

In addition to issues related to frequency of use, risk factors and protective factors, the attention to school prevention strategies and the broader universe of health-related issues has spawned another domain of questions that are frequently asked on the instruments reviewed here. Many of these begin to touch on more sensitive or reactive issues. These include:

Participation in School Prevention/Intervention Programs - whether the student had participated in prevention activities at school, had seen a counselor about potential problems with AOD use, etc.

TABLE 3

CONTENT MAP OF ALCOHOL AND DRUG SURVEYS

Other Use-Related Measures

SURVEY NAME	QUANTITY	AGE OF FIRST USE	LOCATION/CONTEXT	METHOD/EASE OF ACCESS	EFFECTS	ATTITUDES	FRIENDS' USE	FRIENDS' ATTITUDES	PARENTS' ATTITUDES
Adolescent Health Survey	A	A		GEN		A	GEN		A, T, M, C
California Substance Use Survey	T	A, GEN	A, GEN	A, GEN	A, GEN	A, M, GEN	GEN	GEN	T, M, GEN
Drug Education Center Survey (NC)			A, GEN	M, GEN		M, GEN	GEN		
Drug Education Needs Assessment				A, T, M, C		A, T, M, C, S, D, OTH	A, T, M, C, S, D	A, T, M	A, T, M
High School Survey on Drugs (OH)		A, GEN				A, T, M, C, I, S, H, D, OTH, GEN	A, GEN		
I-SAY		A, T, M, C, H, S, D, O, I	A, T, M, C, H, J, D, I			A, T, M, C, H, S, D, O, I			
In-Touch Student Survey		A, H, T, D, M, O, C, I, OTH	OTH	A		A, T, M, C, I, H, D, O, OTH		GEN	
Lewis-Clark Drug Questionnaire		A, GEN		A, M, C, S, D, O	A, M, C	A, M, C	A, M, C	GEN	A, M, C, GEN

LEGEND

A = Alcohol	H = Hallucinogens
T = Tobacco	S = Stimulants
M = Marijuana	D = Depressants
Cocaine	O = Opiates
Inhalants	OTH = Other
General (any drug)	

TABLE 3

CONTENT MAP OF ALCOHOL AND DRUG SURVEYS

Other Use-Related Measures

SURVEY NAME	QUANTITY	AGE OF FIRST USE	LOCATION/CONTEXT	METHOD/EASE OF ACCESS	EFFECTS	ATTITUDES	FRIENDS' USE	FRIENDS' ATTITUDES	PARENTS' ATTITUDES
Michigan AOD Survey	A, T	A, T, M, C, I, H, S, D, O, OTH	A, G	A, T, M, C, H, S, O, GEN, D		A, T, M, C, H, S, O, OTH		A, T, M, C, H, S, O, GEN	
Monitoring the Future Survey	A, T	A, T, M, C, H, S, D, O, OTH	A, M, C, S, D, O	A, T, M, C, H, S, D, O, OTH		A, T, M, C, H, S, O, OTH	A, T, M, C, H, S, D, O, OTH	A, T, M, C, H, S, OTH	
Patterns of Drug Use Survey (AK)	T	A, T, M, C, I, H, S, D, O		GEN	A, T	A		A, T	
PRIDE Questionnaire		A, T, M, C, H, S, D, I	A, T, M, C, H, S, D, I	A, T, M, C, H, S, D, I	A, T, M, C, H, S, D, I	A, T, M, C, H, S, D, I	A, T, M, C, H, S, D, I		
Profiles of Student Life	A, T	A, T, M, C, I, H	A	A, M, C		A, T, M, C, GEN	A, T, M, C		A, GEN
SANE Student Survey				A, T, M, C, H	A, T, M, C, GEN	A, T, M, C, GEN	A, T, M, C		
STADUS									
Student Alcohol and Drug Use Survey (NWEA)	A	A	A, GEN	M, C, GEN	GEN	A, T, M, C, GEN	A, T, GEN		A, M
Student Drug Survey (TX)				GEN	GEN	M, GEN	M, GEN		A, T, GEN
Survey of Drug Abuse (MD)	A	A, T, M, C, I, H, S, D, O, OTH			A, M, H, S, D, O, GEN	A, T, M, C, H, S, D, O, GEN			

TABLE 4

CONTENT MAP OF ALCOHOL AND DRUG SURVEYS*Other Risk/Protective Factors*

SURVEY NAME	ACADEMIC PERFORMANCE	SCHOOL ATTENDANCE	SCHOOL DISCIPLINE	FUTURE PLAN	EXTRA CURRICULAR ACTIVITIES	NON-SCHOOL ORGANIZED ACTIVITIES	NON-ORGANIZED SOCIAL ACTIVITIES	DATING HABITS	DRIVING HABITS	PAST ARREST/ PROBATION/ DELINQUENT ACTIVITIES
Adolescent Health Survey	X	X					X	X	X	
California Substance Use Survey	X	X	X	X	X	X			X	X
Drug Education Center Survey (NC)	X	X	X		X	X	X		X	X
Drug Education Needs Assessment				X					X	
High School Survey on Drugs (OH)	X				X					
In-Touch Student Survey	X	X		X	X	X	X	X	X	
I-SAY	X	X	X		X	X	X		X	
Lewis-Clark Drug Questionnaire	X	X		X	X					
Michigan AOD Survey	X	X	X	X			X		X	

TABLE 4
CONTENT MAP OF ALCOHOL AND DRUG SURVEYS
Other Risk/Protective Factors

SURVEY NAME	ACADEMIC PERFORMANCE	SCHOOL ATTENDANCE	SCHOOL DISCIPLINE	FUTURE PLAN	EXTRA CURRICULAR ACTIVITIES	NON-SCHOOL ORGANIZED ACTIVITIES	NON-ORGANIZED SOCIAL ACTIVITIES	DATING HABITS	DRIVING HABITS	PAST ARREST/PROBATION/DELINQUENT ACTIVITIES
Monitoring the Future Survey	X	X	X	X	X	X	X	X	X	X
Patterns of Drug Use Survey (AK)	X	X								
PRIDE Questionnaire	X		X		X	X	X	X	X	
Profiles of Student Life	X			X	X	X	X		X	
SANE Student Survey										
STADUS	X				X					
Student Alcohol and Drug Survey (NWREL)		X	X	X	X	X	X			X
Student Drug Survey (TX)	X	X		X	X	X	X	X	X	X
Survey of Drug Abuse (MD)	X			X						

Recognition of Personal AOD Problem - whether the student feels he/she has a current problem with AOD use.

Reduction In Use - whether the student has experienced a recent reduction in his/her use of alcohol or drugs.

In Trouble Due to AOD Behavior - whether or not the student has ever been formally disciplined or in trouble for substance use or risk behaviors related to AOD use

Received Past AOD Treatment - whether or not the student has been referred and actually received treatment services for AOD use.

Awareness of Drug Problems In Significant Others - the student's perception of any friends or family members who are having a problem with AOD use. (This is different from earlier questions about whether he/she has friends that use alcohol or drugs).

Use of Needles - of increasing interest due to its connection with other health issues such as AIDS.

The extent to which these other prevention-related issues are represented on the surveys reviewed in this Guide is depicted in **Table 5**.

TABLE 5
CONTENT MAP OF ALCOHOL AND DRUG SURVEYS
Other Prevention-Related Issues

SURVEY NAME	PARTICIPATED IN SCHOOL PROGRAMS	RECOGNIZE PERSONAL AOD PROBLEMS	EXPERIENCED RECENT USE REDUCTION	IN TROUBLE DUE TO AOD BEHAVIOR	RECEIVED PAST AOD TREATMENT	AOD PROBLEMS IN SIGNIFICANT OTHERS	USE OF NEEDLES
Adolescent Health Survey	X				X	X	
California Substance Use Survey	X		X				
Drug Education Center Survey (NC)	X		X				X
Drug Education Needs Assessment	X					X	
High School Survey on Drugs (OH)		X				X	
In-Youth Student Survey	X	X				X	
I-SAY							
Lewis-Clark Drug Questionnaire							30
Michigan AOD Survey	X						X

TABLE 5

CONTENT MAP OF ALCOHOL AND DRUG SURVEYS*Other Prevention-Related Issues*

SURVEY NAME	PARTICIPATED IN SCHOOL PROGRAMS	RECOGNIZE PERSONAL AOD PROBLEMS	EXPERIENCED RECENT USE REDUCTION	IN TROUBLE DUE TO AOD BEHAVIOR	RECEIVED PAST AOD TREATMENT	AOD PROBLEMS IN SIGNIFICANT OTHERS	USE OF NEEDLES
Monitoring the Future Survey	X	X			X		X
Patterns of Drug Use Survey (AK)	X	X	X	X			
PRIDE Questionnaire							
Profiles of Student Life	X				X		
SANE Student Survey	X						
STADUS		X	X			X	
Student Alcohol and Drug Survey (NWREL)			X	X	X	X	X
Student Drug Survey (TX)				X			
Survey of Drug Abuse (MD)	X			X	X		

3. TECHNICAL ISSUES IN THE ASSESSMENT OF STUDENT AOD USE

This section of the Consumer's Guide presents a brief discussion of several technical issues pertinent to the assessment of AOD use. These include three psychometric properties of the instruments: reliability, validity and sensitivity. Also included are guidelines for survey administration and interpretation which, if not adhered to, can negate the results of even the most psychometrically sound instrument. This section is not intended to provide a comprehensive review of these issues, and the interested reader is referred to other sources (Cook and Campbell, 1979; Lipsey, 1990). Instead, this brief review is designed to remind the reader of the importance of these issues, and to illustrate how they apply to the development and use of student AOD use survey instruments.

Reliability

Reliability is a measure of an instrument's consistency--the extent to which it remains unaffected by influences unrelated to the student's use of alcohol and other drugs.

To give a concrete example illustrating the concept of reliability, suppose that you begin a diet and your goal is to lose ten pounds over the next two months. You will measure your progress with the use of your home bathroom scale. The bathroom scale is analogous to the AOD survey, in that it is an instrument used to measure a particular quantity of something--in this case, weight. For the bathroom scale, high reliability means that if you weighed yourself, got off the scale, and then weighed yourself again one minute later, the scale would show the same reading. Poor reliability would mean that the scale would show a different weight each time it was used.

The reliability of the scale could be adversely affected by the internal characteristics of the scale--perhaps it is getting rusty or part of the mechanism is getting out of adjustment. Reliability of the scale could also be affected by the "administration procedures" -- standing on different spots on the scale or weighing yourself at different times of the day.

Like the bathroom scale, reliability in a survey instrument is also due both to characteristics of the instrument itself and the way in which the instrument is administered. For example, the AOD survey instrument may not be properly constructed or may contain items that may be worded in such a way that they are interpreted differently from one time to another. Or the reliability of the survey may be affected by problems in the administration procedures used--such as not allowing enough time or failing to assure confidentiality of students' responses.

Low reliability creates serious problems for a survey instrument. Using the example of the bathroom scale again, suppose the first time you stepped on the scale it showed 185 pounds, on the second attempt 200 pounds, and on the third attempt 155 pounds. (Clearly it's time for a new scale!) If the mistakes are random (i.e., each mistake has an equal chance of being in one direction or the other), then you can assume that the average of the weight measurements (180 lbs.) is a good estimate of your true weight. The more measurements you take, the more confidence you can have that the calculated average weight will be close to your true weight. However, unless you are willing to take lots of measurements each day, so that you can calculate a very precise average, it's unlikely that you will be able to detect a small but important one pound change by the end of a week.

Again the considerations for reliability for AOD survey instruments are similar to those for the bathroom scale. The survey instrument must be accurate, and should incorporate as little error as possible so that there is confidence in estimates from a single administration. To the extent that the survey is not reliable, there is less confidence in the estimates of student AOD use. If reliability is low, it becomes difficult to detect the small to medium sized reductions in AOD use by students that a drug prevention/intervention program is likely to

produce. The survey may show no change or, worse, a slight increase in use when the actual result is a decrease.

Reliability is reported as a single number, ranging from 0.0 to 1.0 in value. A value of 0 indicates that the measure has no reliability--every measurement is completely random. A measure of 1.0 indicates that the instrument is perfectly reliable--exactly the same measured value will be obtained each time (assuming that the student's use level doesn't change).

Unfortunately, few of the AOD survey instruments reviewed here report their reliability. Often this is because it has never been calculated--an indication of the relative youth of this field of measurement. The authors of this guide recommend that, all things being equal, the AOD survey instrument chosen should be one that has at least documented its reliability.

The question arises as to what constitutes an acceptable level of reliability. When the survey results are to be interpreted only at a group level (e.g., determining the percent of sixth graders who have ever used alcohol), a reliability value of .7 to .8 would be considered very good. If individual student responses were to be interpreted (e.g., how often a given student has used marijuana in the past six months), demands for reliability would need to be much higher. Since this Guide concerns itself only with group-administered and interpreted surveys, the .7 to .8 range in reliability is the recommended standard.

Validity

Validity is the extent to which an instrument actually measures what it intends to measure. There are many forms of validity. In *Standards for Educational and Psychological Testing* (AERA, APA, NCME, 1985), a panel of measurement experts describes three types of validity:

Content-related Validity - the degree to which the items in the instrument represent the content domain of interest. This is often determined by a committee of experts who review the instrument in light of what is intended to be measured. In AOD surveys, a content valid instrument is one that includes items on all substances of interest, related "at-risk" behaviors of interest, and background characteristics thought to be relevant.

Criterion-related Validity - the degree to which the results of the instrument correspond to other measures which are intended to measure the same or similar things. These can be measures taken at the same time (concurrent validity) or separated by long periods of time (predictive validity). In AOD surveys this would be determined by correlating the results of the AOD survey with other direct measures of AOD use such as urinalysis or related indicators such as DUI arrests, AOD-related referrals, etc.

Construct-related Validity - the degree to which the instrument measures a psychological trait or value that cannot be directly verified. Creativity and self-esteem are two examples of these. A well-constructed theory is needed to link the intended measurement with a set of observable behaviors. These too are assessed through correlational analyses, and are only as useful as the theory that links them.

A validity-related issue which is of paramount importance in assessing AOD use is whether the level of use reported by the students is an accurate and honest representation of their actual use. Validity of self-report measures in sensitive areas such as this one is always a key concern. In fact, you will find one of the most often asked questions about your AOD survey will be "how do you know the students are telling the truth?"

Typically, there is no objective, absolute proof that students are responding honestly. However, the more sophisticated surveys use a variety of techniques to provide as strong inferential proof as possible. Some of these include:

- o Examining parallel items for consistency in responses. If a student answers "never" to a question on lifetime use of marijuana and "once or twice" to a question on use in the past thirty days, their responses to other questions can be doubted.
- o Student's reported use by their friends ought to correspond roughly to the self-reported use of all students.
- o Asking a question about use of a fictitious drug. If students indicate any level of use of a drug that doesn't exist (e.g., "derbisol," "sarvophan," etc.), their responses to other questions can be doubted).
- o Asking a direct question as to whether students have responded honestly to the items on the survey.

Ensuring anonymity and confidentiality of responses in the administration of the survey are also critical components in obtaining honest and accurate self-reported information. Recommended techniques are discussed in the "Survey Administration" section later in this Chapter.

In this Consumer's Guide the authors have reported all evidence the instruments' author(s) report that they have collected concerning a scale's validity. Unfortunately, most of the instruments reviewed here presented little empirical evidence of validity. Similar reviews of health-related surveys reached the same conclusion (Lamp, Price & Desmond, 1989). A few of the surveys reviewed here presented evidence on the scale's "face validity." Face validity generally means that the scale was examined by a panel of "experts" who judged that the scale was a good measure of student AOD use. While expert opinion is important in the development of a scale, and is a type of validity, it in itself is not sufficient to justify a claim for the scale's validity. To do this, there is no alternative but to use the scale in a variety of settings with a variety of populations and the assessment of other related characteristics to determine how the scale actually responds.

Sensitivity

Sensitivity is the degree to which an instrument is capable of measuring changes or differences in student AOD use that are of small magnitude but which still represent meaningful differences. To illustrate the issue of sensitivity, suppose that you want to measure your body temperature because you think you are coming down with a cold. The only thermometer you have in the house is a baking thermometer, where the temperature scale ranges from 0° to 500°. The baking thermometer may be reliable, and it may be a valid measure of temperature, but it is unlikely that it will be very sensitive to the 3° to 4° temperature range that is important to you. In other words, the baking thermometer is not a sensitive instrument to measure body temperature. The baking thermometer is not capable of measuring the small changes in temperature that are meaningful in the context of your needs.

In reviewing the instruments for this Guide, the authors took careful note of the sensitivity of their items, particularly those measuring frequency of use of various substances. For example, a typical question and its associated frequency scale is the following:

Question: How many times have you used beer, wine, or hard liquor in the past 12 months?				
0	1	2	3	4
Never	Only	Once	Once	Every
Used	Once or	per	per	Day or
	Twice	Month	Week	More

The sensitivity of this response scale can be examined by translating the response options to their equivalent number of occurrences per year:

"Never Used" (0) = 0 times per year

"Only Once or Twice" (1) = one to two times per year

"Once per Month" (2) = 12 times per year

"Once per Week" (3) = 52 times per year

"Every Day or More" (4) = 365+ times per year.

When put in these terms, it is easy to see that the scale will be sensitive to changes in low levels of student AOD use because it has small enough gradations in use level, but it will be insensitive to changes in the frequency of use for the more abusing students. For example, this scale will be able to detect when a student has moved from occasional experimentation (1-2 times per year) to abstinence (never used), or vice versa. However, if a student who is heavily abusing alcohol cuts down on drinking from using alcohol two days out of three to using alcohol one day out of three--which translates to approximately 120 fewer days per year that the student used alcohol--the original frequency scale still will be unlikely to detect such an enormous change in the level of use. The student would (correctly) select option 3 ("once per week") at both points in time. In short, the scale shown above is insensitive to changes of student use for those students who are using high levels of alcohol.

Unfortunately, this problem has not been resolved in many of the instruments reviewed in this Guide. For those persons who are particularly interested in assessing students who have high levels of use, the problems inherent in low sensitivity should be recognized, and appropriate caution should be used when interpreting results.

It is also apparent that the response options in the sample item above do not represent a linear scale -- the difference between choices 1 and 2 is not the same as between choices 3 and 4. This introduces additional complexity into the analysis of any data gathered using this scale. In particular, most statistical analyses make assumptions about the type of measurement scale used for the data, and many of these assumptions are not compatible with a scale of this type.

The sensitivity of AOD use items can also be seen in the question or stem, as well as the response options. In the example above, the frequency of use of interest was "in the past twelve months". Other periods of time represented in the surveys reviewed here include "in your lifetime", "in the past six months", and "in the past 30 days". Obviously, the same response option ("once or twice", "weekly", etc.) can imply different levels of use when extended over these differing periods of time. In choosing among available surveys, there are no universally appropriate levels of sensitivity. It is the user's decision as to what level of difference is deemed important.

In addition to their own needs for sensitivity, users of the selected survey must take care to ensure that its sensitivity closely matches that of other surveys with which its results will be compared. For example, a school district or community launching a local survey effort may want to compare its results with the statewide survey conducted annually by their state agency. Suppose that state survey has geared its questions to use during the past month, rather than the past year, using similar response options as the previous example:

Question: How many times have you used beer, wine, or hard liquor in the past month?

0	1	2	3	4
Never Used	Once or Twice	3-5 Times	6-10 times	Every Day or More

Translating these options into the amount of annual usage indicate:

"Never Used" (0) = 0 times per year

"Only Once or Twice" (1) = 12-24 times per year

"3-5 Times" (2) = 36-60 times per year

"6-10 Times" (3) = 72-120 times per year

"Every Day or More" (4) = 365+ times per year.

Trying to compare results from these surveys leaves some obvious gaps. The local survey, looking at use in the past year, has no way of detecting patterns of heavy use which is not quite daily use. In contrast, the state survey will not pick up low levels of use between abstinence and twelve times per year.

Summary. When dealing with sensitivity of an AOD survey, it is critical that the survey (a) detect levels of use as specifically as you need, and (b) is compatible with other surveys with which you wish to compare your results.

Issues in the Interpretation and Use of Surveys

Group Use. As emphasized in the introductory sections of this Guide, the instruments here are those designed to provide group-level data. Results can provide accurate information on the extent of the problem facing local schools and communities. They can provide some insight into planning local programs. And they can also be used to assess trends in use patterns over time. They are not intended to provide information on individual students.

Survey Administration. The construction of technically sound instruments requires considerable expertise, time and resources, as noted in the earlier discussion. The best of these conditions can be negated if the survey is not administered and interpreted properly.

In order to ensure the accuracy and comparability of results, explicit directions guiding the administration of the test or survey must be supplied and carefully followed. For example, what if a teacher allowed the entire class period of 50 minutes for a 25 item test of critical thinking skills that had a time limit of 30 minutes? Is it fair to compare these students' scores with those of the norm group who were given the 30 minutes? Or suppose the teacher encouraged students to make their best guess on items they weren't sure of when, in fact, the scoring procedure invoked a stringent penalty for guessing.

Surveying student alcohol and other drug use requires the same strict adherence to proper test administration procedures. The potential reactivity of AOD issues makes the administration conditions particularly important. It is critical that students respond honestly to these questions, even though they are asking about behaviors which have highly negative values associated with them.

As discussed earlier, introductory comments by the teacher or survey administrator can greatly contribute to the likelihood that students will respond honestly. Perhaps the single most necessary assurance the teacher or survey administrator can give is that the results will be completely confidential.

Techniques to reinforce this include:

- o Never requiring students to put their names, or any other personally identifying information on their survey or answer sheet;
- o Not circulating around the room while students are responding to the items;
- o Having someone other than the students' classroom or familiar teacher administer the survey; and
- o Allowing students to return their survey to the middle, rather than the top, of a stack of completed surveys when they finish.

Prior to the administration of the survey, a school or community must concern itself with obtaining parents' permission for students to participate in the survey. Federal guidelines governing confidentiality and consent are found in three major laws and regulations:

1. The Family Educational Rights and Privacy Act (FERPA) of 1976.
2. Student Rights in Research, Experimental Activities and Testing (the 1978 Hatch Amendment to the General Education Provisions Act).
3. Confidentiality of Alcohol and Drug Abuse Patient Records regulations issued by the Department of Health and Human Services, amended in 1987.

The relationship between these legislative provisions and data collection regarding students' use of alcohol and drugs is summarized in a brochure developed by the Western Center for Drug-Free Schools and Communities and is included as **Appendix E** of this Guide. In addition, most states have applicable laws and requirements.

Comparative Data. The need to compare the results of a local survey with those of another group of students like them is virtually inevitable. When presenting results like "18% of our tenth graders have used marijuana on at least a monthly basis over the past year", a typical reaction will be "Is that a lot? What does that tell me? How does that compare with tenth graders in other districts like ours, or the state as a whole, or the nation?"

Standards for comparisons such as these can be classified into three types:

1. Goals or standards set by local school or community groups
2. Results of this or similar surveys conducted in other populations
3. Results of this or a similar survey conducted previously in this population

Local Goals. Setting local goals or standards for reducing AOD use is an important step in a comprehensive prevention effort. These are useful comparative frames of reference when interpreting results of a local survey. However, these goals must be set with careful consideration given to typical use rates among students of a given age and unique contextual characteristics of the school or community. Setting a goal of zero use of beer or wine for high school students may be totally unrealistic in the short term, given national statistics and many local traditions such as end-of-school-year "keggers." This is not to say that such a goal

ought to be abandoned in the long run. Prevention programs are designed to target those events and community norms which perpetuate high rates of (in this example) alcohol use. The AOD survey, if properly selected and administered, will help shed light on the extent of the problem you are dealing with. As these results become available, they will sharpen the goal setting process and provide greater direction for school-community prevention efforts.

Results of Similar Surveys in Other Populations. Many of the surveys reviewed here have summarized the results of their surveys from previous applications, and make these results available to future users. (See the abstracts of all surveys reviewed in **Appendix C** of this Guide.) The representativeness of those data, in terms of the characteristics of the schools and students they include, is a key issue, however. Even if a given survey has been administered to 100,000 students in grades 6-12, if those students are primarily white, middle-class and located in the Northeast and Midwest portion of the United States, they may not be an appropriate comparison for a local student population with high minority concentration in the Western portion of the country. The authors advise users of this Guide to plan for appropriate comparison as the survey is being selected.

Previous Results in This Population. Finally, when a local survey is readministered at another point in time, comparisons in student use within the local population across the time period will provide the comparative data of greatest interest. As the survey becomes an institutionalized practice, these trends over time will become the focal point of interpretation. Even then, however, there will be interest in contrasting the local trends and changes with those in other populations ("Are the reductions in student use we are observing here comparable to those across the entire state, or are there some unique changes happening with our students?")

Interpretation Guidelines. The interpretation of differences in results requires careful guidance and consideration of both statistical and practical significance. Statistical significance is largely dependent upon the size of the sample being surveyed and the psychometric qualities of the instrument. The more reliable, valid, and sensitive the instrument, the more confident one can be that observed differences represent real differences in behavior and are not simply reflections of inaccuracy or imprecision of measurement. Practical significance has nothing to do with these technical characteristics. It is determined by the users' judgment as to what size of a difference is important enough to be concerned about.

For example, even if there is a statistically significant decline in "binge drinking" -- from 36% to 35% of twelfth grade students -- is this discrepancy large enough to conclude that there has been a meaningful (i.e., practically significant) change in behavior? Conversely, what appears to be a large difference -- a 10% increase in the number of eighth graders using marijuana at least monthly -- may not be statistically significant due to imprecision in the instrument or sampling procedure. Caution must be exercised to not interpret findings which are beyond the technical capabilities of the instrument to validly detect.

Comparisons that one can make in survey results will abound once these results become available. Examples include:

Student use rates of one substance vs. another (e.g., marijuana vs. cocaine)

Use of the same substance by students at different grade levels

Use of the same substance by students of different background characteristics (ethnic origin, religious preference, family structure, etc.)

All of these comparisons have associated standards of statistical and practical significance. Consult the technical manuals for specifications of the "standard error" of item and scale statistics to guide statistical significance decisions. Develop thresholds for practical significance before seeing the results through discussions with key stakeholders in the survey activity (local school and community personnel, parents, students, etc.).

4. HOW TO SELECT AN AOD SURVEY

In previous chapters of this Guide, the authors have identified key considerations and issues in the selection of an instrument used to survey young people on their use of alcohol and other drugs. In addition, a number of available surveys were reviewed and described in terms of these issues and key characteristics. Taken together, these make up the key ingredients needed to choose an AOD survey for your own use.

In this chapter of the Consumer's Guide, the authors offer a sample rating tool for the selection of a survey for your own use. The rating scale, shown in **Figure 1**, summarizes the key characteristics and criteria covered in the previous chapters. There are four general categories of these criteria:

Content - Does the survey ask the questions you need asked?

Technical Characteristics - Does the survey possess sufficient reliability, validity and sensitivity?

Utility - Is the survey manageable and useful, in terms of cost, time limit (length) and available support services?

Special Considerations - Does the survey include any special characteristics needed in your own context (e.g., Spanish translation)?

These criteria are listed down the left hand side of the rating scale in **Figure 1**. They are to be asked of each AOD survey being considered. The "candidate" surveys can be listed at the top of the scale, heading the columns to the right of the rating criteria. Each of the surveys under consideration can be rated on a scale such as 0 (Poor) to 3 (Excellent) on each of the criteria. By comparing these objective ratings for all instruments under consideration, a survey can be selected which best meets the important criteria discussed in this Guide.

Test or survey selection processes such as this work best when a cross-role team of interested school and community staff work together. A long list of AOD surveys, such as those covered in this Guide, can be screened down to a "short list" of three or four instruments the committee can analyze in detail. By studying **Tables 2-5** and the AOD use survey abstracts in **Appendix C**, for example, it is likely that several of the available surveys can be eliminated because they do not meet minimal requirements for your intended use.

Once the "short list" of instruments is obtained, the survey authors listed in the abstracts in the final chapter of this Guide can be contacted for specimen copies of the instrument and supporting technical and support service information on their survey. The committee can then begin the task of analyzing and rating each survey's characteristics using the rating scale in **Figure 1**.

When the ratings are completed, a total score across all criteria can be tallied and compared for the surveys being considered. Use of this total score for selection purposes assumes that each of the questions listed on the form are of equal importance, however. If this is not the case, the specific criteria of most importance can be compared across all surveys. For example, it may be that sufficient coverage of AOD use-related issues (Content question 1b) and affordable cost (Utility question 3b) far outweigh the other considerations. Examining the ratings on these two criteria alone may be all that is necessary.

Figure 1

Selecting a Survey of Student Alcohol and Other Drug Use Summary Rating Scale

- 0 = Poor
- 1 = Fair
- 2 = Good
- 3 = Excellent

Criteria for Selection

Name of Survey

() () ()

1. CONTENT

- a. The specific substances of interest are included.
- b. Other AOD use-related issues of interest are represented (e.g., age of first use, attitudes toward use, knowledge, etc.).
- c. Risk and protective factors of interest are included (e.g., discipline problems, school plans for the future, etc.).
- d. Student background characteristics of interest are included (gender, age, family structure, etc.).

2. TECHNICAL CHARACTERISTICS

- a. There is sufficient evidence of reliability of the instrument.
- b. There is sufficient evidence of validity of the instrument.
- c. The sensitivity of the items allows the desired specificity in determining the extent of AOD use.

**Selecting a Survey of Student Alcohol and Other Drug Use
Summary Rating Scale**

(Page Two)

- 0 = Poor
- 1 = Fair
- 2 = Good
- 3 = Excellent

Criteria for Selection

Name of Survey

() () ()

3. UTILITY

- a. The length of the instrument fits within time limitations for the survey administration.
- b. The cost of the survey and support services is within available budget.
- c. The support services available from the survey (e.g., scoring, reporting) are sufficient.
- d. User norms or comparative results are available for use in the interpretation of the survey results.

4. SPECIAL CONSIDERATIONS

- a. The survey can accommodate any special considerations in the local context (e.g., foreign language translation)?

TOTAL RATING:

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APPENDIX A

SOURCES SEARCHED FOR INSTRUMENTS

The search for instruments to review in this Guide tapped six major sources:

ERIC TM -- the Educational Research Information Clearinghouse, Tests and Measurement

Psychological Abstracts -- a compilation of research articles appearing in major professional journals in education, psychology and the social sciences.

Buros Mental Measurements Yearbook -- a periodic volume of critical reviews of newly published tests of achievement, attitudes and psychological traits.

ETS Test Clearinghouse -- a collection of available instruments maintained by the Educational Testing Service.

Test Publishers -- the test catalogues of 25 major commercial test publishers.

OERI Labs and Centers -- all regional laboratories and centers funded by the U.S. Department of Education's Office of Educational Research and Improvement.

INSTRUMENTS CONSIDERED BUT NOT INCLUDED

Instruments considered, but not included in the Guide are:

Adolescent Drinking Index (1990), Psychological Assessment Resources, Inc., P.O. Box 998, Odessa, FL 33556. This instrument is intended to be used to screen individuals for alcohol abuse.

American Drug and Alcohol Survey (1987). RMBSI, Inc., 2190 W. Drake Road, Suite 144, Ft. Collins, CO 80526. This instrument was not included at the request of the authors.

Great Falls CARE Student Alcohol and Drug Survey (undated). Great Falls Public Schools, 1100 Fourth St. South, Great Falls, MT. The authors requested that this instrument not be included.

Havre Alcohol and Other Drug Use Survey (1982). Havre Public Schools, Box 7791, Havre, MT, 59501. This was not included at the request of the authors who feel that other instruments are more comprehensive.

Midwest Regional Center Drug and Alcohol Survey (1988). Midwest Regional Center, 2001 N. Clybourn No. 302, Chicago, IL 60657. Permission for inclusion not obtained.

Teenage Cigarette Smoking Self Test and Discussion Guide (1982). U.S. Department of Health and Human Services, Public Health Service, Office on Smoking and Health, Park Building Room 118, 5600 Fisher's Lane, Rockville, MD 20857. This instrument was not included at the request of the author.

TWWA Scales, T. Lin (1980). Revision and validation of the TWWA Scales, *The International Journal of the Addictions*, 15(5), pp. 757-764. This instrument was judged as being intended primarily for clinical identification of those having problems with drugs.

APPENDIX B
SURVEY REVIEW FORM

TEST REVIEW FORM

Reviewer: _____ Date: _____

+++++

General Information:

Name of Instrument: _____

Author(s): _____

Publisher: _____

Publisher's Address: _____

Year Inst. Developed: _____

Last Revision: _____
(Score latest revision)

Copyright Protected: YES NO DK

Procedures Manual: YES NO DK

Technical Info. Avail.: YES NO DK

Cost of Instrument: State costs per student if possible, costs for manuals if separate, and standard costs for options if specified (Enter PD if Public Domain):

Grade Levels: Ver. 1: _____ Ver. 2: _____ Ver. 3: _____

(Note: Information in manual is primarily based upon Version 1. Enter NONE if Version No. doesn't exist.)

Are there significant differences between versions? YES NO DK

Readability Analysis: Ver. 1: _____ Ver. 2: _____ Ver. 3: _____
(Note: Enter NA for not available.)

Machine Scored: YES NO DK
ADD. COST

Scoring Serv. Included: YES NO DK
In Cost of Test ADD. COST

Report Service Included: YES NO DK
In Cost of Test ADD. COST

Reporting Levels: Classroom
(Circle all that apply) School Site
District

Number of Questions: _____

All Quest. Mult. Choice: YES NO DK

Testing Time: _____ min.

Other Languages: None Span. Oth.

Turnaround Time (In days): Data Report: _____

Narrative Report: _____

Psychometric Properties:

Reliability: YES NO DK

If Yes: Test-Retest Period: _____ Value: _____

Other Form (1): _____ Value _____

Other Form (2): _____ Value _____

Validity Studies: YES NO DK

If Yes: _____

INTERPETATION AND USE:

Comparative Data Avail.: YES NO DK

- If Yes, Subgroups:
- Sex
 - Age Groups
 - Ethnic Groups
 - Grade Levels
 - Geographic
 - Special Ed.
 - Other

Sum. Rating, Properties.: Bomb Poor Fair Good Excellent

**General Comments Regarding
Psychometric Properties:**

Content (1):

		Frequency of Use *	Quantity Ever Used	Age at First Use	Location	Social Context	Ease of Access	Psychological Effects	Social Effects	Knowledge of Effects	Attitudes	Use by Friends	Friends' Attitudes	Parents' Attitudes	
FREQUENCY RESPONSES															
Alcohol	Unspecified	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Alcohol, Beer	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Alcohol, Wine	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Alcohol, Liquor	-	-	-	-	-	-	-	-	-	-	-	-	-	
Tobacco	Unspecified	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Cigarettes	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Oral/Chewing	-	-	-	-	-	-	-	-	-	-	-	-	-	
Marijuana	Unspecified	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Marijuana	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Hashish	-	-	-	-	-	-	-	-	-	-	-	-	-	
Cocaine	Unspecified	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Cocaine	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Crack	-	-	-	-	-	-	-	-	-	-	-	-	-	
Inhalants	Unspecified	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Gasoline	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Glue	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Aerosols	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Other	-	-	-	-	-	-	-	-	-	-	-	-	-	

Indicate Type of Frequency Scale* --- --- --- --- --- --- --- --- --- ---
 Low (translate scale into days) High

Content (2):

		Frequency of Use Quantity Ever Used	Age at First Use	Location Social Context Ease of Access	Psychological Effects	Social Effects Knowledge of Effects Attitudes	Use by Friends Friends' Attitudes Parents' Attitudes
Hallucinogens	Unspecified	- - - -	-	- - - -	-	- - - -	- - - -
	LSD	- - - -	-	- - - -	-	- - - -	- - - -
	PCP	- - - -	-	- - - -	-	- - - -	- - - -
Stimulants	Unspecified	- - - -	-	- - - -	-	- - - -	- - - -
	Methamphetamine	- - - -	-	- - - -	-	- - - -	- - - -
	Other	- - - -	-	- - - -	-	- - - -	- - - -
Sedatives/ Hypnotics	Unspecified	- - - -	-	- - - -	-	- - - -	- - - -
	Percodan	- - - -	-	- - - -	-	- - - -	- - - -
	Tranquilizers, Unspec.	- - - -	-	- - - -	-	- - - -	- - - -
	Valium	- - - -	-	- - - -	-	- - - -	- - - -
	Barbiturates	- - - -	-	- - - -	-	- - - -	- - - -
Opiates	Unspecified	- - - -	-	- - - -	-	- - - -	- - - -
	Heroin	- - - -	-	- - - -	-	- - - -	- - - -
	Morphine	- - - -	-	- - - -	-	- - - -	- - - -
	Other	- - - -	-	- - - -	-	- - - -	- - - -
Steroids	Steroids	- - - -	-	- - - -	-	- - - -	- - - -
Other	Other (Inc. alc)	- - - -	-	- - - -	-	- - - -	- - - -
	Other (Excluding Alc.)	- - - -	-	- - - -	-	- - - -	- - - -
	Polydrug Use, Unspecif.	- - - -	-	- - - -	-	- - - -	- - - -
	Others (Please Specify)	- - - -	-	- - - -	-	- - - -	- - - -
	Names:	_____					

CONTENT (3):

Demographics	Sex	—
	Age	—
	Grade Level	—
	Ethnicity	—
	Country of Origin	—
	Family Structure	—
	Family SES Indicators (e.g., income, education)	—
	Length of Time at Current School	—
	Employment Status of Student	—

At-Risk Behavior/	Current Academic Performance	—
Risk Factors	Repeated a Grade	—
	School Plans in Future	—
	School Attendance	—
	School Discipline Problems	—
	Driving Habits	—
	Dating Habits	—
	Non-Organized Social Activities	—
	Extra-Curricular Activities	—
	Non-School Organized Activities	—
	Past Arrest/Probation/Delinquent Activities	—
	In Trouble Because of Past AOD Behavior	—

Other AOD Topics	Use of Needles	—
	Awareness of Drug Problems in Significant Others	—
	Received Past AOD Treatment	—
	Recognition of Personal AOD Problem	—
	Reduction in Previous Use	—
	Received School AOD Services	—

Other Topics	Honesty Check	—
	Psychological/Personality Traits	—
	Decision Making	—
	Refusal Skills	—
	Other	—

Summary:

Special Considerations:

Other Comments:



APPENDIX C

Instruments Featuring AOD Use Questions

This appendix contains short descriptions of all instruments having student AOD use questions as a major focus. The content of these instruments is also described in more detail in Chapter 2. All instruments are student self-report unless otherwise noted. ERIC references refer to the Educational Resources Information Center, a database of literature dealing with education. Most college libraries and many other organizations are able to search the ERIC database. Call 202-254-5500 for more information.

Title: **Adolescent Health Survey**

Author/Agency: Michael D. Resnick, Ph.D.

Address: University of Minnesota
Adolescent Health Program
Box 721, Mayo Building
420 Delaware St., S.E.
Minneapolis, MN 55455
612-626-2820

Year of latest Revision: 1987

Copyrighted: Yes

Cost: None specified, contractual arrangement through author

Grade Levels: 7-12

No. of Questions: 148

Frequency of Use Items

Stem(s): How often do you use...

Scoring Service: Yes

Response Options: Daily
Weekly
About Monthly
Less Than Monthly
Over A Year Ago
Never

Reporting Service: Yes

Reliability Data: Yes, see comments

Validity Data: Yes, see comments

**User Norms/
Comparative Data:** Yes, large group averages
(based on students to whom the survey has been given)

Content: This self-report survey is very comprehensive, covering a variety of topics including student attitudes toward AOD use, friend's use, parental attitudes, other at-risk and protective factors, and participation in school AOD programs.

Special Comments: The volatility of the content is more at issue with this instrument than in most other AOD use surveys reviewed here.

The author reports that reliability and validity information is available, but specific information was not provided.

Title: **Drug Education Needs Assessment in Rural Schools**

Author/Agency: Dr. Paul D. Sarvela

Address: Department of Health Education
College of Education
Southern Illinois University
Carbondale, IL 62901

**Year of Latest
Revision:** 1987

Copyrighted: No

Cost: Consult author

Grade Levels: K-3
4-8
9-12 (reviewed here)

No. of Questions: 73/45 min.

Frequency of Use Items

Scoring Service: No

Stem(s): Lifetime use

Reporting Service: No

Response Options: Never
Past Month
Past Year
Not in Past Year

Reliability Data: Yes, .69 (Gr. K-3)
.73 (Gr. 4-8)

Validity Data: Yes, content
validity

**User Norms/
Comparative Data:** Yes, averages for students
in this study

Content: In addition to frequency of use questions, this self-report survey covers ease of access to AOD, attitudes, friends' use and attitudes, parents' attitudes, future plans to use AOD, at risk factors, and past participation in school AOD education programs.

Special Comments: The Drug Education Needs Assessment was administered to students, parents, educators and community members in a small rural school. It is also in ERIC as ED 296 827.

Title: **High School Survey on Drugs**

Author/Agency: Dr. Pietro Pascale

Address: Chemical Awareness and Counseling Center
Youngstown State University
1353 E. Market Street
Warren, OH 44483

**Year of latest
Revision:** 1984

Copyrighted: Yes

Cost: None specified, consult author

Grade Levels: 9-12

No. of Questions: 72/15-18 min.

Frequency of Use Items

Scoring Service: No

Stem(s): How often do you use...

Reporting Service: No

Response Options: Daily
Weekly
Monthly
Occasionally
Experimented
Never Used

Reliability Data: Test-retest
 $r = .88$ (small
sample)

Validity Data: Face validity

**User Norms/
Comparative Data:** No

Content: In addition to frequency of use items, this self-report survey asks questions about attitude toward AOD, friends' use, at-risk and protective factors, and self-awareness of AOD problems.

Special Comments: This survey presented limited technical data and was not intended for distribution to other users. Contact the author for further information. The instrument is also in ERIC as ED 255 558.

Title: **I-SAY (Informational Survey About You)**

Author/Agency: National Computer Systems

Address: Information Services
2510 N. Dodge Street
Iowa City, IA 52245
800-553-5553

Year of Latest Revision: 1989

Copyrighted: Yes

Cost: Consult author

Grade Levels: 5-12 (A modified form is available for grades 3-5)

No. of Questions: 131/20-30 min.

Frequency of Use Items

Scoring Service: Yes

Stem(s): How often do you use...

Reporting Service: Yes

Response Options:

Reliability Data: No

Never
Once or twice a year
Once or twice a month
Weekends only
3 or more times a week
Daily

Validity Data: Content validity, see comments

User Norms/Comparative Data: Yes, contact author for specifics

Content: In addition to frequency of use items, this self-report instrument also covers age of first use, the location and context under which AOD are used, attitudes toward AOD, and at-risk and protective factors.

Special Comments: This survey, commercially produced and utilizing a panel of experts for content and technical specifications, is relatively new and only preliminary information was available at the time of this review. Reports are professionally produced and directions for administration and interpretation of results are provided. The authors allow users to add questions of their own choosing to the questionnaire. These are scored and reported along with the entire instrument.

Title: **In-Touch Task Force Student Survey**

Author/Agency: Dr. Gayla Nieminen

Address: Institute for Educational Research
793 N. Main St.
Glen Ellyn, IL 60137

Year of Latest Revision: 1987

Copyrighted: Unknown

Cost: Consult author

Grade Levels: 9-12

No. of Questions: 158/60 min.

Frequency of Use Items

Scoring Service: No

Stem(s): Use in past 6 mos.

Reporting Service: No

Response Options: Never

Reliability Data: No

Once or Twice

1-2 Times per Month

Only on Weekends

3 or More Times per Week

Validity Data: No

**User Norms/
Comparative Data:** Yes, averages for students
previously surveyed

Content: In addition to questions regarding AOD use, this self-report survey also asks about age of first use, the location/context under which AOD are used, ease of access to AOD, attitudes toward AOD, friends' attitudes, at-risk and protective factors, past participation in school AOD education programs, and recognition of AOD problems in oneself and significant others. The survey also assesses students' worries and concerns in a wide variety of related areas (e.g., personal appearance, dating, eating habits, etc.)

Special Comments: The In-Touch Task Force Student Survey was administered to more than 5,000 high school students in Glenbard (IL) school district in 1987. It is available in ERIC as ED 296 273).

Title: **Lewis-Clark State College Drug Questionnaire:
Student Drug Education Project**

Author/Agency: Ms. Liza Nagel, Director
Drug Education Project

Address: Lewis-Clark State College
8th Avenue & Sixth St.
301 Spalding Hall
Lewiston, ID 83501
208-746-2341

**Year of Latest
Revision:** 1988

Copyrighted: Unknown

Cost: None specified, consult author

Grade Levels: 7-12

No. of Questions: 250

Frequency of Use Items

Scoring Service: No

Stem(s): Use in past 6 months

Reporting Service: No

Response Options: Never

Reliability Data: No

A few times

Once a month

Once a week

Validity Data: No

One or more times

a day

**User Norms/
Comparative Data:** No

Content: In addition to frequency of AOD use questions, this self-report survey includes questions about age of first use, ease of access to AOD, knowledge of the effects of AOD, attitudes toward AOD, friends' use and attitudes, parents' attitudes, and at-risk and protective factors.

Special Comments: This survey is one of three companion surveys developed by the authors. The others are designed for parents and school personnel. Further information is available from the authors.

Title: **Michigan Alcohol and Other Drug Survey**

Author/Agency: Michigan Department of Education and
Lloyd D. Johnston, Ph.D.

Address: Institute for Social Research
University of Michigan
Ann Arbor, MI 48106-1248
313-763-5043

Contractor: c/o Dr. Stanley S. Rohm
The Kercher Center for Social Research
Western Michigan University
Kalamazoo, MI 49008

Year of Latest Revision: 1989

Copyrighted: No

Cost: None specified; by arrangement with the contractor

Grade Levels: 8, 10, 12

No. of Questions: 172

Frequency of Use Items

Scoring Service: Yes (standard report)	Stem(s): Use in lifetime Use in past 12 months Use in past 30 days
Reporting Service: Yes	
Reliability Data: Yes see comments	Response Option(s): Never 1-2 occasions 3-5 occasions 6-9 occasions 10-19 occasions 20-39 occasions 40 or more occasions
Validity Data: Yes see comments	
User Norm/ Comparative Data: Yes see comments	

Content: In addition to frequency of use questions, this self-report survey asks questions about age of first use, ease of access to AOD, attitudes toward AOD, friends' attitudes, at-risk and protective factors, and past participation in school AOD programs

Special Comments: This survey is derived from the national Monitoring the Future survey, also developed by Lloyd Johnson, for use in school district assessments throughout the state of Michigan. As such, it avails itself of much of the reliability and user norms data compiled as part of that national effort. It has been used in over 100 districts to date. The survey and its standard report of results are part of a larger package which also contains an inventory of school policies and practices, a guide for school policies and practices, and a guide for administrative action, entitled *What Next?*. These are to be used after the student survey is completed.

Title: **Monitoring the Future Survey**

Author/Agency: Lloyd D. Johnston, Ph.D.; Jerald G. Bochman, Ph.D.; and Patrick M. O'Malley, Ph.D.

Address: Institute for Social Research
University of Michigan
Ann Arbor, MI 48106-1248
313-763-5043

Year of Latest Revision: 1989

Copyrighted: No

Cost: None

Grade Levels: 8, 10, 12

No. of Questions: 299 per form

Frequency of Use Items

Scoring Service: No

Stem(s): Use in lifetime
Use in past 12 months

Reporting Service: No

Use in past 30 days

Reliability Data: Yes,
see comments

Response Options: Never
1-2 occasions
3-5 occasions
6-9 occasions
10-19 occasions
20-39 occasions
40 or more occasions

Validity: Yes, concurrent, content
and honesty checks; also
see comments

**User Norms/
Comparative Data:** Nationally representative
sample, N = 16,000/year/grade

Content: In addition to frequency of AOD use questions, these self-report surveys include questions about quantity of use, age of first use, ease of access, AOD attitudes, friends' attitudes, at-risk and protective factors, and previous participation in school AOD programs.

Special Comments: This survey, funded by the National Institute for Drug Abuse (NIDA), has been administered to a nationally representative sample of high school seniors each year since 1975. Nearly 300,000 seniors have taken the survey to date. Beginning in 1991, grade 8 and 10 students will be surveyed as well.

In all, there are six forms, each containing a common core of student background and AOD use items, and a variety of other scales measuring related attitudes, values and behaviors that are spread across the various forms. Hundreds of items make up this survey package. Often called the "High School Survey", this instrument is the authoritative source of national data on student alcohol and drug use. Its annual report, as well as occasional reports summarizing data over several years, may be obtained from NIDA or the National Clearinghouse free of charge. The authors do not commercially market the survey, but since the survey is federally funded, its items and scales are in the public domain and may be used by others to construct other surveys.

Indeed, many of the other surveys reviewed in this Guide have modelled their instruments after the Monitoring the Future survey.

For reliability information see O'Malley, et al., *Reliability and Consistency in Self-Reports of Drug Use*, *The International Journal of the Addictions*, 18, 1983, pp. 805-824. Various types of validity studies have been conducted -- see Johnson, et al., *Drugs and American High School Students*, DHHS Publication No. (ADM)85-1379, 1984. There are also a variety of nonesty checks build into the surveys.

Title: **Patterns of Drug Use: School Survey**

Author/Agency: Dr. Bernard Segal

Address: Center for Alcohol and Addiction Studies
University of Alaska, Anchorage
3211 Providence Drive
Anchorage, AK 99508

Year of Latest Revision: 1982-83

Copyrighted: Unknown

Cost: Consult author

Grade Levels: 7-12

No. of Questions: 141/30 min. **Frequency of Use Items**

Scoring Service: No **Stem(s):** (a) Current use
(b) Use in past year

Reporting Service: No **Response Options:** (a) Never
A few times per year
Once a month or less
2-3 times a month
Once a week
2-5 times a week

Reliability Data: No

Validity Data: No

**User Norms/
Comparative Data:** Yes, group averages based on the 3,724 students in the study (b) Never
Once or twice
3-5 times
6-9 times
10-19 times
20-39 times
40 or more times

Content: In addition to frequency of use questions, this self-report survey also has questions concerning quantity of use, age of first use, ease of access to AOD, knowledge about the effects of AOD, attitudes toward AOD, friends' attitudes, at-risk and protective factors, previous participation in a school AOD program, and recognition of a personal AOD problem.

Special Comments: The Patterns of Drug Use School Survey was administered to eight of the largest school districts in Alaska, comprising nearly two-thirds of the state's student population, in 1982-83. It features a number of questions asking students their reasons for using and not using alcohol and other drugs. It is also available in ERIC as ED 270 677.

Title: **The PRIDE Questionnaires**

Author/Agency: National Parents' Resource Institute for Drug Education
50 Hurt Plaza, Suite 210
Atlanta, GA 30303
800-241-7946

Year of Latest Revision: 1990

Copyrighted: Yes

Cost: \$.60 per student

Grade Levels: 6-12 (shorter version for grades 4-6 available)

No. of Questions: 108/15-20 min.

Frequency of Use Items

Scoring Service: Yes

Stem(s): Use within past year

Reporting Service: Yes

Response Options: None

Reliability Data: Test-retest
ave. $r = .87$
Internal consistency

Once
Six times
Once a month
Twice a month
Once a week
Three times a week
Daily

Validity Data: Content validity

**User Norms/
Comparative Data:** Yes, see comments

Content: In addition to frequency of use questions, this self-report survey includes questions on age of first use, location/context under which AOD are used, ease of access to AOD, attitudes toward AOD, friends' use, and at-risk and protective factors.

Special Comments: The PRIDE questionnaires have been administered in 42 states to more than 4,000,000 students in 4,000 school districts. The sample was not selected to be representative of any particular population, but represents the large client base of the PRIDE training. A nationally representative sampling is in progress (N = 250,000) and results will be available during the 1990-91 school year. Item by item scoring, including 50 pages of tables and charts, is included in the very low cost cited above. Additional reporting services, availing potential users of comparisons with the large user database of PRIDE clients is available for additional cost and through negotiations with the author. A Spanish translation is also available.

Title: **Profiles of Student Life**

Author/Agency: Dr. Peter L. Benson
Ms. Carolyn H. Eklun, Director
Survey Services

Address: Search Institute
122 W. Franklin, Suite 525
Minneapolis, MN 55404
612-870-9511

Year of Latest Revision: 1988

Copyrighted: Yes

Cost: \$1,400 for 800 students or fewer,
with full reporting services
\$1.25 per student over 800

Grade Levels: 6-12

No. of Questions: 117/40 min. **Frequency of Use Items**

Scoring Service: Yes **Stem(s):** Lifetime use
Use in last 12 months

Reporting Service: Yes Use in last 30 days
Use in last 2 weeks

Reliability Data: Yes, see comments

Validity Data: Yes, see comments **Response Options:** Zero
Once or twice
3-5 times
6-9 times

**User Norms/
Comparative Data:** Yes, averages on the
large number of students
previously surveyed 10-19 times
20-39 times
40 or more times

Content and Special Comments: The Search Institute's Profiles of Student Life consist of three related surveys. In addition to AOD knowledge, attitudes and behavior, the Profiles package includes separate surveys of sexuality and twenty forms of at-risk behaviors. Many of the student AOD use items were adopted from the Monitoring the Future survey and thus avail itself of the extensive reliability and validity evidence of that survey. Search Institute is also conducting a number of its own technical studies of its surveys, the results of which are expected in print during the 1990-91 school year.

Title: **SANE Student Survey**

Author/Agency: Dr. John S. Martols

Address: Los Angeles County Office of Education
9300 Imperial Highway
Downey, CA 90242
213-922-6111

Year of Latest Revision: 1988

Copyrighted: Yes

Cost: Consult Author

Grade Levels: 4-12

No. of Questions: 108

Frequency of Use Items

Scoring Service: Yes

Stem(s): Use in past 4 weeks

Reporting Service: Yes

Response Options: None
Once or twice
2-5 times
6 or more times

Reliability Data: No

Validity Data: Face validity
review by administration
& teachers

User Norms/Comparative Data: Yes, averages on the 50,000 or so students previously surveyed

Content: In addition to frequency of use items, this self-report survey asks questions about AOD knowledge, attitudes, self-esteem and decision-making.

Special Comments: This survey was developed specifically for use in a large inner city area. A Spanish translation is available. Because of the population surveyed, previous group averages might not be nationally representative.

Title: **STADUS: Student Alcohol/Drug Use Survey**

Author/Agency: Gary Anderson

Address: Available in the book:
When Chemicals Come To School
 Community Recovery Press
 P.O. Box 20979
 Greenfield, WI 53220
 414-679-5169

Year of Latest Revision: 1988

Copyrighted: Yes

Cost: Write to request permission to use

Grade Levels: Unknown

No. of Questions: 108

Frequency of Use Items

Scoring Service: No

Stem(s): Level of current use

Reporting Service: No

Response Options:

Never
 Did use, but quit
 Less than once a month
 1-4 times a month
 1-4 times a week
 1 or more times a day

Reliability Data: No

Validity Data: No

**User Norms/
 Comparative Data:** No

Content: In addition to frequency of use questions, this self-report survey also asks about a few at-risk and protective factors, and recognition of AOD problems in oneself and significant others.

Special Comments: The STADUS survey was developed by the author for a specific use, rather than widespread marketing. Thus, no user support (scoring or reporting services) or technical data (reliability, validity or norms) are provided. Instructions and criteria for scoring are provided in the book cited above.

Title: **Student Drug Survey**

Author/Agency: Dr. J. Ray Hays

Address: Texas Research Institute of Medical Sciences
1300 Moursund Ave.
Texas Medical Center
Houston, TX 77025
713-741-3823

Year of Latest Revision: 1975

Copyrighted: No

Cost: Consult author

Grade Levels: 7-12

No. of Questions: 88/45-60 min.

Frequency of Use Items

Scoring Service: No

Stem(s): Lifetime use
Use in past 6 mos.
Use in past 7 days

Reporting Service: No

Reliability Data: No

Response Options: Never
Once or Twice
3-5 times
6-9 times
10 or more times

Validity Data: Yes, concurrent

**User Norms/
Comparative Data:** Yes, averages for the
group studied

Content: In addition to frequency of use questions, this self-report survey asks about ease of access to AOD, attitudes toward AOD, friends' use of AOD, parents attitudes, and at-risk and protective factors.

Special Comments: The Student Drug Survey, administered to nearly 6,000 students in Houston Independent School District in 1975, is one of the few instruments with a Spanish version. Examination of validity consisted of looking at the relationship between self-report of drug use and other items on the survey.

Title: **Survey of Drug Abuse Among Maryland Adolescents**

Author/Agency: Richard L. Hamilton

Address: Maryland State Department of Health & Mental Hygiene
Drug Abuse Administration
201 W. Preston St.
Baltimore, MD 21201

Year of Latest Revision: 1984

Copyrighted: Unknown

Cost: Consult author

Grade Levels: 8, 10, 12

No. of Questions: 113/45 min.

Frequency of Use Items

Scoring Service: No

Stem(s): (a) Lifetime Use
(b) Use in past year

Reporting Service: No

Response Options: (a) Never
Have tried, but not currently using
Less than once a month
About once a month
About once a week
Several times a week
Once or more per day

Reliability Data: No

Validity Data: No

User Norms/Comparative Data: Yes, averages based on the 40,000 or so students previously surveyed; not necessarily nationally representative

(b) Never
Less than once a month
Once a month
Every other week
Once a week
2-3 days a week
4-6 days a week
Daily

Content: In addition to frequency of use questions, this self-report survey also asks about quantity of use, age of first use, knowledge of the effects of AOD, attitudes toward AOD, at-risk and protective factors, and past participation in a school AOD education programs.

Special Comments: The Survey of Drug Abuse was administered to more than 40,000 students in grades 8, 10, and 12 in 1984. This was the sixth statewide administration of the survey since 1973. Technical reports examine trends over time and present key recommendations based on survey findings. This instrument is also available in ERIC as ED 271 688.

APPENDIX D

Other AOD Survey Instruments

Appendix D contains descriptions of instruments that are related to AOD student use surveys. These instruments measure such things as **AOD attitudes, knowledge, intention to use AOD in the future, and at-risk and protective factors**. They may include some use questions, but the primary focus is on related areas. Included here are instruments intended more for clinical use than for use in the schools. All instruments are self-report unless otherwise noted.

AOD Survey Abstract

Title: **Alcohol Education Evaluation Instrument**

Author/Agency: Dr. Sehwan Kim, Irma Hoffman, Mary Ann Pike, John Stoner

Address: Drug Education Center
500 E. Morehead Street
Charlotte, NC 28202
704-375-3807

**Year of Latest
Revision:** 1988

Copyrighted: Yes

Cost: Call author for
current information

Grade Levels: 4-12

No. of Questions: 78/25 min.

Frequency of Use Items

Scoring Service: Yes

Stem(s): During the last semester...

Reporting Service: Yes

Response Options: 18 response options
ranging from none to 31
or more.

Reliability Data: Internal consistency
.87-.96 depending on
subscale. This is
excellent.

Validity Data: Yes, see comments

**User Norms/
Comparative Data:** Yes, see comments

Content: This self-report instrument provides seven scores: knowledge about the effects of alcohol, general attitude toward drinking alcohol, perceived rewards associated with drinking alcohol, attitude about health-related risks, total attitude, alcohol use, and intention to use alcohol in the future. There is only one use and one intention item.

Special Comments: This instrument was designed to evaluate the effectiveness of alcohol education, intervention and prevention programs. It takes about 25 minutes to give.

Attitude items were compiled from actual student statements. Final items for the scale were selected on the basis of pilot-testing. Knowledge items were selected based on their difficulty; all final items have correct response rates between 25% and 95%.

The three attitude subscales were established by observing how student responses to items grouped themselves (factor-analysis). Other validity studies included examining the relationship between subscales

and frequency of use; and the responses of users versus nonusers. This information is good. However, there may be a question as to the validity of self-report as a measure of use.

Student scores can be compared to the averages of those in the pilot sample by gender groups, ethnic groups, grade (4, 5 and 6), and religion. Sometimes the numbers of students in these groups is small (e.g., 350 students in all of grades 4, 5 and 6). It cannot be assumed that these "norm" groups represent the national population.

An article on the technical characteristics of the instrument is in the *Journal of Drug Education*, 14, 1984, pp. 331-346.

AOD Survey Abstract

Title: **DEBT School and Substance Use Issues Attitude Scale**

Author/Agency: Dr. Henry Fitzney
University of Oregon
College of Education
175 Education Building
Eugene, OR 97404

Availability: The authors have requested that requests not be directed toward their office. Copies can be obtained from the Test Center at NWREL.

Year of Latest Revision: 1988

Copyrighted: No

Cost: Districts may reproduce instrument for their own use.

Grade Levels: K-12

No. of Questions: 90

Frequency of Use Items

Scoring Service: No

Stem(s): No use items

Reporting Service: No

Response Options:

Reliability Data: Don't Know

Validity Data: Don't Know

**User Norms/
Comparative Data:** Averages for the group studied; not necessarily nationally representative

Content: This instrument was designed to assess the needs of teachers with respect to drug and alcohol education and problems in the schools. Teachers respond to questions about the adequacy of the educational response to alcohol and drug problems, the desired role of the schools in preventing drug problems, their attitude toward recovering students, their own alcohol and drug knowledge, the areas in which they want more training, and the potential for alcohol and drug problems among their own students.

Special Comments: There are two forms of the instrument. These forms consist of a total set of items divided up so that no teacher would have to respond to a lengthy questionnaire. Some questions are repeated across forms.

AOD Survey Abstract

Title: **Drug Attitude Scale**

Author/Agency: Michael Goodstadt, Gaynoll Cook, Simmie Magid,
Vallerie Gruson

Address: Addiction Research Foundation
33 Ruffell Street
Toronto, Ontario, Canada M5S 2S1
416-595-6144

**Year of Latest
Revision:** 1978

Copyrighted: By *International Journal of
Addictions* (see below)

Cost: Educators are invited to
make copies for their own use.

Grade Levels: 9-12

No. of Questions: 60 **Frequency of Use Items**

Scoring Service: No **Stem(s):** No use items

Reporting Service: No **Response Options:**

Reliability Data: Yes, see comments

Validity Data: Yes, see comments

**User Norms/
Comparative Data:** Yes, averages for the
group studied; not necessarily
nationally representative

Content: This self-report instrument was designed to assess student attitude toward drug use in general and toward nine particular substances: tranquilizers, barbiturates, heroin, opiates, speed, alcohol, cannabis, hallucinogens, tobacco.

Special Comments: Internal consistency reliability of the total score was .95; for subscales the median was .78. This indicates that the total score reliability was excellent, but that the reliabilities of some of the subscales were somewhat low.

Validity studies included the relationship between scores, self-report of use, and self-report of intention to use drugs in the future. The relationships were moderate indicating that attitude (as measured by this instrument) is somewhat related to use (as measured by self-report). The fact that the relationships weren't greater indicates either that self-report is not entirely accurate, that other things besides attitude contribute toward drug use, or that the instrument is not measuring the most important aspects of attitude.

This instrument and related technical information is in the *International Journal of Addictions*, 13, 1978, pp. 1307-1317.

AOD Survey Abstract

Title: **Personal Experience Inventory**

Author/Agency: Ken Winters, Ph.D., and George Henly, Ph.D.

Address: Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, CA 90025
213-478-2061

**Year of Latest
Revision:** 1988

Copyrighted: Yes

Cost: Kit of 10 answer booklets
and one manual: \$170.00.
10-99 answer booklets cost
\$14.25 each, plus 10% shipping
and handling; price includes computer
processing and reports. For cost
of other quantities, call 800-648-8857.

Grade Levels: 7-12

No. of Questions: 176/50-55 min.

Frequency of Use Items

Scoring Service: Yes

Stem(s): How often have you
used...to get high?

Reporting Service: Yes--Individual and
group numerical,
graphic and
narrative reports.

Response Options: Never
Once or twice
Sometimes
Often

Reliability Data: Yes, see comments

Stem(s): Lifetime use
Use in last 12 months
Use in last 3 months

Validity Data: Yes, see comments

**User Norms/
Comparative Data:** Yes, see comments

Response Options: Never
1 or 2 times
3 to 5 times
6 to 9 times
10 to 19 times
20 to 39 times
40 or more times

Content: This self-report instrument contains four major sections:

1. **Problem Severity Scales** -- personal involvement with chemicals, personal effects from drug use, perceived social benefits of drug use, personal consequences of drug use,

situations in which drugs are used, psychological benefits of drug use, social-recreational drug use, preoccupation with drugs, and loss of control.

2. **Psychosocial Scales** -- self-image, psychological disturbance, social isolation, rebelliousness, deviant behavior, absence of goals, spiritual isolation, peer chemical involvement, sibling chemical use, family pathology, and family estrangement.
3. **Drug Use, Frequency, Duration, and Age of Onset** for alcohol, marijuana, LSD, other psychedelics, cocaine, inhalants, amphetamines, quaaludes, barbiturates, tranquilizers, heroin, and other opiates.
4. **Problem Screens** for needed help in the areas of family chemical dependency, sexual abuse, physical abuse, eating disorder, suicide potential, and psychiatric referral.

In addition there are five validity scales designed to identify individuals whose responses may not be accurate. This includes both "defensiveness" items (things that everyone has done or experienced), and statistical checks between patterns of responses.

In terms of our categories, this instrument covers at-risk factors, social context for drug use, frequency of use, age at onset of use, attitudes, peer use, and family use.

Special Comments: This instrument was designed primarily to assist in the identification of problems associated with adolescent chemical involvement for kids suspected of AOD problems. Thus, it was designed more for individual clinical diagnosis than for use in the schools, although the authors note that some sections (which can be given independently) might be appropriate for school use.

The instrument has undergone extensive field-testing in both clinical and regular school populations. Internal consistency reliability is .81-.97 for the various subtests. This is very good. One month test-retest reliability for school populations is .42-.90, and for clinical populations .63-.96. Thus, some subtests fare better than others.

Validity studies include examining the relationship of PEI scores to other measures and parent report of behavior; looking at response differences between clinical and regular school populations; changes in scores due to AOD treatment programs, and statistical examination of the relationship between scales. This evidence is very good.

High school norms are based on a somewhat small (673 in grades 7-12), and geographically restricted (Minnesota and Saskatchewan) sample of students. These norms are not differentiated by gender or grade, which may be a problem for some users. Clinical norms are based on 1120 students aged 12-18 undergoing evaluation or treatment for chemical dependency. Clinical norms are available for gender (male, female) and age (12-15 and 16-18).

Administration takes about 50-55 minutes for adolescents aged 12-15, and about 45-50 minutes for adolescents aged 16-18. The publisher provides an eight hour turnaround time for reports. There are microcomputer support programs that enable local on-line testing and local scoring. There is lots of assistance with interpretation and use.

All in all, this appears to be a well-designed clinical instrument.

AOD Survey Abstract

Title: **Scholastic Drug and Alcohol Survey**

Author/Agency: Scholastic Inc.

Address: 730 Broadway
New York, NY 10003
212-505-3410

**Year of Latest
Revision:** 1989

Copyrighted: Don't Know

Cost: Don't Know

Grade Levels: 5-12

No. of Questions: 15

Frequency of Use Items

Scoring Service: No

Item(s): No use items

Reporting Service: No

Response Options:

Reliability Data: No

Validity Data: No

**User Norms/
Comparative Data:** Average scores
overall and by
grade. Based on 5,000
responses randomly
chosen from the 180,115
surveys returned. Not
necessarily nationally
representative.

Content: This self-report instrument asks student opinions on the personal seriousness of the drug problem, how advertising affects AOD use, what would work to stop student dealers, ease of personal access to drugs, whether there is an AOD program at their school, who should educate students about drugs, what they would do under various circumstances, and whether students should be tested for drug use.

Special Comments: This instrument was distributed through Scholastic classroom magazines and was broadcast on CNN in January, 1990. The response data, therefore, cannot be assumed to be representative of the total national student population. The materials include instructional ideas and resources for AOD programs.

AOD Survey Abstract

Title: **Self-Concept Attitudinal Inventory**

Author/Agency: Dr. Se'wan Kim, Dr. J.H. McLeod, Dr. C. Shantzis

Address: Drug Education Center
500 Morehead Street
Charlotte, NC 28202
704-375-3807

**Year of Latest
Revision:** 1990

Copyrighted: Yes

Cost: Call author for
current information.

Grade Levels: 3-12

No. of Questions: 50

Frequency of Use Items

Scoring Service: Yes

Item(s): No use items

Reporting Service: Yes

Response Options:

Reliability Data: Yes, see comments

Validity Data: Yes, see comments

**User Norms/
Comparative Data:** Yes, see comments

Content: This self-report instrument is intended to assess six attitudinal syndromes that are hypothesized to be closely related to student performance at school. These are student-teacher relationship, self-esteem, attitude toward school, basic social values, advanced social values, and the perception of family cohesiveness.

Special Comments: The purpose of this instrument is to assess the effectiveness of various drug abuse prevention programs or other preventive programs designed to enhance student performance at school. The instrument is based on recent observations that the areas covered by the instrument are related to adolescent AOD use. Based on 270 third graders, internal consistency reliability ranged from .74 to .87, depending on the subscale. This is fair-good.

One validity study entailed comparing scores on the six scales for 270 third graders identified as being high or low achievers based on math and spelling school records, and self-report of school performance. Higher achieving students did score higher on all six subscales of this instrument. Additionally, there was some improvement in scores after a nine-session drug prevention educational program that focuses on self-worth, healthy social skills and effective group cooperation. Finally, the pattern of scores with age were consistent with those observed on a similar instrument. This evidence is a good start. However,

there is no evidence of validity provided for grades other than grade 3, and no direct evidence of later prediction of AOD use.

There is comparative information, but no norms.

Related technical information is in the *Journal of Drug Education*, 20, 1990, pp. 127-136.

AOD Survey Abstract

Title: **Student Attitudinal Inventory**

Author/Agency: Dr. Sehwan Kim

Address: Drug Education Center
500 E. Morehead Street
Charlotte, NC 28202
704-375-3807

**Year of Latest
Revision:** 1988

Copyrighted: Yes

Cost: Call author for
current information.

Grade Levels: 5-12

No. of Questions: 92

Frequency of Use Items

Scoring Service: Yes

Item(s): No use items

Reporting Service: Yes

Response Options:

Reliability Data: Yes, see comments

Validity Data: Yes, see comments

**User Norms/
Comparative Data:** Yes, see comments

Content: This self-report measure assesses seven attitudinal syndromes thought to be related to student drug involvement. These include family cohesiveness, self-esteem, affinity between teachers and students, value of school, social attitude, and attitude toward drug experimentation and use. The final ten items ask about student perception of any drug abuse prevention programs they have been involved in.

Special Comments: The purpose of this instrument is to assess the effectiveness of drug abuse prevention programs. Internal consistency reliability ranged from .80 to .88, depending on subscale. This is good. Validity studies on the relationship between scores and self-report of use showed significant differences in responses between current drug users and nonusers. The evidence presented to support the instrument's use as a predictor of drug use is good. The only question is the accuracy of self-report as a valid measure of use.

Averages by grade level (about 2500 students per grade) for grades 5-12 are available for comparisons. This information cannot be assumed to be nationally representative.

Related technical information is in the *Journal of Primary Prevention*, 2, 1981, pp. 91-100.

APPENDIX E

CONFIDENTIALITY OF STUDENT RECORDS

CONFIDENTIALITY OF STUDENT RECORDS

**A Guide for School Districts
Establishing Policies and Procedures for
Alcohol and Other Drug Use Student Assistance Programs**

 **Western Center**
DRUG-FREE SCHOOLS AND COMMUNITIES



Northwest Regional Educational Laboratory
101 S.W. Main Street, Suite 500
Portland, Oregon 97204



**NWREL Center for the Advancement
of Pacific Education**
1164 Bishop Street, Suite 1409
Honolulu, Hawaii 96813



**Far West Laboratory for Educational
Research and Development**
1855 Folsom Street
San Francisco, California 94103



**The Southwest Regional
Educational Laboratory**
4665 Lampson Avenue
Los Alamitos, California 90270

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Dual Requirements: Confidentiality and Consent

The dual requirements of confidentiality and consent are closely allied issues which school districts face in maintaining student records necessary for the efficient and effective operation of their educational programs. A complicated set of federal and state laws and regulations apply. Some apply to most student records regardless of the source of funds supporting the program, the educational subject, whether it is part of the core curriculum or an experimental program, or the purpose for which information is gathered and used. Other laws and regulations apply specifically to alcohol and other drug use programs and activities, or specifically to experimental programs, or only to federally funded activities.

First, every school district should develop, adopt, and implement a clearly stated student record policy and procedures. Second, the staff, parents, and students should be informed about the policy and procedures, so that they understand requirements, their rights to access, and restrictions on such rights.

Third, in implementing a records system, district staff should examine carefully each set of laws and regulations to determine what student records are subject to them.

This guide was prepared to provide school districts with basic information for planning how to proceed in completing these tasks. Information is provided about the three primary federal requirements. Most states also have applicable laws with varying requirements.

Because the topic is legally complex, school districts are advised to seek legal counsel on issues of confidentiality and consent prior to developing a policy and procedures.

Applicable Federal Laws and Regulations

Requirements and restrictions on student records related to drug and alcohol and other drug use prevention and intervention activities are spelled out in three major federal laws and regulations.

1. The Family Educational Rights and Privacy Act (FERPA) requires that educational agencies provide information contained in student records to students who are 18 and parents of students who are not yet 18. Further, it precludes schools from disclosing this information to others, with certain exceptions.

2. Student Rights in Research, Experimental Activities, and Testing (the Hatch Amendment to the General Education Provisions Act) requires parental consent for a student to participate in programs involving psychiatric or psychological testing or treatment, or designed to reveal information pertaining to personal beliefs, behavior, or family relationships. It also gives parents the right to inspect instructional materials used in research or experimentation projects.

3. Confidentiality of Alcohol and Drug Abuse Patient Records regulations issued by the U.S. Department of Health and Human Services also apply to school based programs, providing for confidentiality.

Family Educational Rights and Privacy Act

The Family Educational Rights and Privacy Act regulations became effective in 1976. Basically, the law says federal funds may be withdrawn if an educational agency fails to provide parents or legal guardians access to their child's educational records. It also precludes schools from disclosing this information to others without the consent of parents or guardians. After the age of 18, they may exercise these rights on

their own behalf.

There are few exceptions to the requirement for prior consent before releasing information, usually requiring a court order or overriding state law.

If a parent, guardian, or student over age 18 reviews the information and believes it is misleading, inaccurate, or violates a student's protected rights, the information can be amended. A hearing may be held if there is disagreement.

In virtually all cases, the student assistance program records maintained by a school district are subject to FERPA requirements.

Student Rights in Research, Experimental Activities, and Testing (Hatch Amendment)

The General Education Provisions Act requires that instructional material in federally assisted research or experimentation projects designed to explore new or unproven teaching methods or techniques be available to the parents of participating students. Furthermore, no student can be required to participate if a parent submits a written objection.

The Hatch Amendment, passed in 1978 and regulated by the U.S. Department of Education since 1984, further requires parental consent before the student participates in programs involving psychiatric or psychological examination, testing, or treatment designed to reveal information pertaining to personal beliefs, behavior, or family relationships.

The regulations are sweeping in that they define psychiatric or psychological examination or treatment as including activities that are not directly related to academic instruction and are designed to obtain personal information, behavior, or attitudes.

They apply only to activities supported by funds provided by the U.S. Department of Education, not to all school activities.

Confidentiality of Alcohol and Drug Abuse Patient Records

These U.S. Department of Health and Human Services regulations, as amended in 1987, clearly apply to school based programs that deal with the referral of students for treatment for alcohol and other drug use. While the regulations apply to "federally assisted programs," this is generally assumed to include any organization receiving any federal assistance (including state pass-through funds).

While school programs rarely diagnose or treat students as alcohol or drug dependent, they do refer students who display certain signs and symptoms which may be characteristic of alcohol and other drug dependency to an assessment. While one could argue the school has made no such diagnosis of the use of alcohol or drug dependency, the mere fact of referring based on certain signs and symptoms associated with dependency could be considered as referring alcohol and drug dependent students.

In general, these regulations prohibit information to be disseminated to anyone about persons in an alcohol or drug related program, unless the student and parent consent. There is a court order, disclosure is made to medical personnel in an emergency, or the information is used for research or information of public health purpose.

Collection of Student Information

The only restriction on the collection of information from students is a provision of the Hatch Amendment requiring consent of an adult or emancipated student or the parent or guardian of a minor student. This provision only applies to federally funded activities which are part of a research or development project.

Release of Student Information

In general, prior consent of a student, parent, or both is required before a school can release "personally identifiable information", that is, when it is information about a specific, identified student.

Information which is not "personally identifiable" generally can be used for such purposes as research, program planning, and program evaluation, and reports of the results may be made available to the public.

Each of the three federal laws and regulations has specific exceptions which permit schools to release otherwise confidential

information without student or parent consent to certain persons and agencies for certain purposes. Examples include release of information to school employees, including teachers, who have a legitimate educational interest in the student, and transfer of records to another school where the student seeks to enroll. Specific provisions should be looked at carefully in these instances.

More specific provisions of each of these three sets of federal legal requirements are provided on the reverse side of this guide.

Frequently Asked Questions

Q What kind of notification needs to be provided to parents and when?

A A district must notify parents annually of the requirements under FERPA. If parents have a primary home language other than English, the district must effectively notify them. Notification typically is done by publication in the student handbook or at the beginning of the school year by mail.

Q What records are subject to confidentiality and consent requirements?

A Any record, in handwriting, print, tape, film, or other medium, maintained by the school or an agent of the school is covered except:

- A personal record made by an individual school staff member and kept in his or her personal possession, made available to no one other than the person's temporary substitute.
- An employment record used only in relation to a student's employment by the district.
- Alumni records containing information about a student after no longer attending the district.

Q Is parental consent required to conduct a survey of students' attitudes about and use of alcohol and other drugs to obtain information for planning a school prevention program, directed at all students, a non-identified?

A The only federal restrictions on gathering information from students are provisions of the so-called Hatch Amendment. These provisions only apply if funds provided by the U.S. Department of Education are used to conduct the survey, and not if state and local sources of funds are used. If parental consent is required before surveying students, the requirement applies regardless of how the information is to be used or reported.

Q Should certain records such as those related to student alcohol and other drug use assistance programs, be kept separate from other school records such as general academic records?

A Probably yes, which in any further complicate student recordkeeping systems and procedures. Different

confidentiality and consent requirements may apply to various alcohol and other drug use records maintained on students. The result may be three or more different "categories," depending on the combination of federal and state requirements which apply.

Q What information can be released to an individual, the press, or the public in general without prior parental consent?

A Information which is not "personally identifiable" can be released. Typically this is aggregated data in the form of program evaluation reports and schoolwide or subjectwide achievement reports. Likewise, "directory information" may be released including names, addresses, telephone numbers, major field of study, date and place of birth, participation in activities and sports, dates of attendance, degrees and awards received, most recent school previously attended, and photograph. However, names and other information about students participating in any alcohol and other drug use prevention, diagnosis, referral, or treatment activity are confidential and may not be disclosed without prior written consent.

Q Are there certain individuals or organizations that confidential information can be provided to without parental consent?

A Some of the specific parties to whom the law allows schools to disclose otherwise confidential student information are:

- School employees who have a need to know.
- Other schools to which a student is transferring.
- Certain "overturn of official" carrying out their functions.
- Appropriate parties in connection with financial aid to a student.
- Organizations doing studies for the school.
- Accrediting agencies.
- Persons who need to know in case of health and safety measures.

A school must keep a record of any such request and disclosure.

Federal Legal Requirements for Confidentiality and Access to Alcohol and Other Drug Use Student Records

Family Educational Rights and Privacy Act (FERPA)

Student Rights in Research and Testing

Confidentiality of Alcohol and Drug Abuse Patient Records

(Hatch Amendment to General Education Provisions Act) 341 CFR Parts 75, 76, and 98

42 CFR Part 2

Agencies and Programs Covered

All educational agencies receiving funds from the U.S. Department of Education are subject to these requirements. Therefore, virtually all school districts must comply.

Research or experimentation projects, which are supported by funds from the U.S. Department of Education, to explore new or unproved teaching methods or techniques, are subject to these requirements.

Any program which is federally assisted, directly or indirectly, to provide alcohol or other drug use diagnosis, treatment, or referral for treatment is subject to these requirements.

Who Has Rights and Can Give Consent

A student who is 18 or older, or the parent of a student who is not yet 18, can exercise the rights and give required consent.

An adult or emancipated minor student, or the parent or guardian of an unemancipated minor student, can exercise the rights and give required consent.

A student who has reached the age of majority under applicable state law, or the age of 18 if none is specified, or if a minor acting alone has the legal capacity to obtain treatment, can exercise the rights and give the required consent. Both the student and parent must give consent for a minor if state law requires the parent's consent to obtain alcohol or drug use treatment.

Policy Requirements

A school district must adopt, make available copies, and annually notify students and parents of a policy of

- Informing them of their rights
- Not disclosing personally identifiable information from student records without their prior written consent
- Maintaining the record of disclosures of personally identifiable information
- Providing them an opportunity to seek the correction of records

Each program must adopt written procedures which regulate and control access to records, which must be maintained in a secure room or container.

At the time of admission to a program, a student must be informed that records are confidential and be provided a written summary of the law and regulations.

Right to Inspect Records

A school district must permit a student or parent to inspect and obtain a copy of student records within a reasonable time (no more than 45 days after requested).

Parents have the right to inspect all instructional material, including teacher's manuals, films, tapes, or other supplementary material, which will be used in any research or experimentation project.

A student may have access to his or her own records, including the opportunity to copy them.

Right to Amend Records

A student or parent who believes that information contained in the records is inaccurate or misleading or violates the privacy of other rights, may request the records be amended. If a school district decides to refuse, it must inform the student or parent and advise them of the right to a hearing. The hearing must be held within a reasonable time, and the student or parent must be given advance notice. The hearing may be conducted by any party not having a direct interest in the outcome, and the student or parent must have the opportunity to present

evidence with representation or assistance, including an attorney. Based on evidence presented at the hearing, the school district may decide the information is inaccurate and amend the record, or decide the information is accurate and inform the student or parent, who may place comments in the records.

Right to Confidentiality

A school district must obtain the written consent of the student or parent before disclosing personally identifiable information from student records except:

- To other school officials, including teachers, having legitimate educational interests
- To officials of another school where the student seeks to enroll
- To the U.S. Comptroller General, U.S. Secretary of Education, or state educational authorities
- In connection with a student's application for financial aid
- To state and local officials, if authorized by a state statute
- To organizations conducting studies, developing tests, administering student aid programs, and improving instruction
- To accrediting organizations concerning their functions
- To parents of a dependent student, as defined in the Internal Revenue Code
- To comply with a court order or subpoena
- To appropriate parties in a health or safety emergency

A school district must keep a record of each request and disclosure.

"Directory information" can be disclosed from student records without student or parent consent, including the student's name, address, telephone number, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, the most recent previous educational agency attended, and other similar information.

Excluded from the definition of "education records" are those in the sole possession of a teacher or other school personnel who create them, if they are not accessible to others.

A school district must obtain the written consent of a student or parent before submitting a student to psychiatric or psychological examination, testing, or treatment where the primary purpose is to reveal information concerning:

- Political affiliations
- Mental and psychological problems potentially embarrassing to the student or family
- Sex behavior and attitudes
- Illegal, antisocial, self-incriminating, and demeaning behavior
- Legally recognized, privileged, and analogous relationships, such as those of lawyers, physicians, and ministers
- Income, other than that required by law to determine eligibility for participation in a program, or for receiving financial assistance under a program

Records of the identity, diagnosis, prognosis, or treatment of any student in connection with any alcohol or other drug use prevention activity are confidential and may not be disclosed without the student's or parent's written consent, except:

- To medical personnel for purposes of treating the student in an emergency
- To qualified personnel conducting scientific research, management audits, financial audits, or program evaluations who do not identify individual students

Students Records Policies and Procedures

A school district, at a minimum, must adopt a written policy in compliance with the Family Education Rights and Privacy Act (FERPA), if it receives any funds from the U.S. Department of Education. Districts are strongly encouraged to go beyond this minimum requirement and adopt a policy and procedures which take into consideration other federal laws and regulations and state legal requirements. At the same time, schools will want to keep requirements for the maintenance of student records as simple as possible, and their use efficient and convenient for legitimate and valuable educational purposes.

The following "model" is provided to assist district personnel in developing student records policies and procedures.

Section One: Definitions

For purposes of this policy, the district may wish to define such terms as:

- Student
- Eligible Student
- Parent and Guardian
- Education Records

Section Two: Notification

A provision providing for annual notification of parents of their rights is required. The method of notification must consider parents who have a primary or home language other than English. The method of notification must be specified, such as publication in the student handbook or direct mailing to homes.

Section Three: Collection of Information From Students

The programs and information should be specified which are subject to the requirement of advance parental consent before collection, as well as the method of obtaining consent.

Section Four: Inspection of Education Records

Parents or eligible students must have the opportunity to inspect and review a student's education records upon request. Optional methods for doing so may be specified.

The parents or eligible students should submit a request to a specified school official, identifying as precisely as possible the records requested.

The school official needs to arrange access promptly and notify the parent or eligible student when and where the records may be inspected. Access must be given within 45 days of the request.

A parent or eligible student may not inspect or review the portion of a record pertaining to other students.

Section Five: Inspection of Student Assistance Program Records

Special provisions should be spelled out related to confidentiality of alcohol and other drug use records.

Section Six: Inspection of Instruction Materials

Programs and materials should be specified which are subject

to the request of parent inspection, as well as the procedure for responding.

Section Seven: Refusal to Provide Copies

Although the school may not refuse a request to inspect and review a record, it may specify circumstances where a copy of the record will not be provided to parents: for example, if the record includes answers to a standardized test.

Section Eight: Fees for Copies of Records

The fee for copies must be specified, but the actual fee is optional. The district may not charge for search and retrieval of records; it may charge for copying time and postage.

Section Nine: Type, Locations, and Custodians of Education Records

A list should be provided of the types of records maintained by the district, such as:

- Cumulative School Records
- Health Records
- Speech Therapy Records
- Psychological Records
- Student Assistance Program Records
- School Transportation Records
- Test Records

The location of each and the custodian (school principal, health director, psychologist, pupil transportation director, etc.) also should be listed.

Section Ten: Disclosure of Education Records

A provision is required specifying exceptions to confidentiality; that is, under what circumstances, and to what individuals and agencies, will information be disclosed without parental consent.

Section Eleven: Records of Request for Disclosure

Provision must be included for maintaining a record of requests for information disclosure including the individual or agency making the request, what information was requested, and whether the request was granted.

Section Twelve: Directory Information

If the district decides to exercise the option of disclosing directory information, items which are to be made available should be specified.

Section Thirteen: Correction of Education Records

Provision must be made for the correction of records. Procedures should cover the method of requesting, options for the district in responding, and methods for arranging and conducting a hearing, issuing a written decision, and amending records.

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- Developing and disseminating effective educational products and procedures
- Conducting research on educational needs and problems
- Providing technical assistance in educational problem solving
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Educational Service District 101
Spokane (Washington)

Northwest Regional Educational Laboratory
101 S.W. Main Street, Suite 500
Portland, Oregon 97204
(503) 275-9500
GTE: NWREL LAB FAX: (503) 275-9489