

# Minding My Own Business: Community Attitudes Towards Underage Drinking

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## Abstract

Underage drinking is a widespread national problem that requires continuous attention from different agencies and groups in the community. This project was funded by a 50-member local coalition that included groups such as researchers, faith-based organizations, law enforcement, parents, schools, community college, university, local businesses, drug rehabilitation centers, and neighborhood crime watch. The goals of the project were (a) to determine the attitude towards underage drinking among residents and (b) to identify possible solutions to addressing the problem of underage drinking. A purposeful, convenient sample was used to recruit participants for six focus groups. The focus groups consisted of five adult groups and one teen group. The study used a socio-ecological model to develop the interview guide and as a framework for analyzing the data. Some of the major themes identified include (a) kids will be kids, (b) alcohol is a rite of passage, (c) the community is tolerant of underage drinking, (d) parents are a large part of the problem, (e) no one wants to get involved, and (f) the college town environment adds to the problem. The findings suggest that the socio-ecological model is an appropriate framework for assessing community's attitudes towards underage drinking and for planning future prevention programs and interventions. Recommendations for the coalition are provided.

## Introduction

Underage drinking is a leading public health and safety problem in the United States. Research shows that over 4 million youth ages 12-17 drink monthly, youth under the age of 21 drink approximately 25% of the alcohol consumed each year, and approximately 5,000 teens and young adults die as a result of underage drinking (Johnston, O'Malley, Bachman, & Schlenberg, 2008; Spoth, Greenberg, & Turrisi, 2008). Deaths are due primarily to motor vehicle crashes, homicides, suicide, and other injuries (Centers for Disease Control and Prevention [CDC], 2010; Hingson & Kenkel, 2004; National Highway Traffic Safety Administration, 2003). The dangers of underage drinking also extend to areas such as school failure and experimenting with high risk sexual

behavior (Johnston et al., 2008; Hingson & Kenkel, 2004; Spoth et al., 2008).

Despite the risk of death and serious injury, alcohol is still the drug of choice for most American youth and underage drinking is more widespread than ever before (Johnston et al., 2008; National Center on Addiction and Substance Abuse [NCASA], 2003). More youth drink alcohol than smoke cigarettes or use illegal drugs (Johnston et al., 2008). According to data from the 2009 *Monitoring the Future* survey, 72% of 12th graders have tried alcohol at least once and 44% were current users (U.S. Department of Health and Human Services [DHHS], 2010). Alcohol use was also high among 8th graders, with 39% having tried it at least once and 16% defined current users. Students often drink to the point of getting drunk, with 18% of 8th graders, 41% of 10th graders, and 55% of 12th graders getting drunk at least once in their lifetime. Another concern among this population is binge drinking (five or more drinks in a row)—with 10% of 8th graders, 22% of 10th graders, and 26% of 12th graders doing so at least once during the past two weeks (Johnston et al., 2008).

Preventing and reducing underage drinking is now a national priority and it has become increasingly clear that the issue cannot be successfully addressed by focusing solely on youth. Underage drinking occurs within the context of a society in which alcohol use is a normative behavior and glamorized images about alcohol are pervasive (DHHS, 2006, 2007; Holder, 2004/2005). There are several major societal obstacles to reducing underage drinking including (a) the large amount of money invested in alcohol advertising, (b) lack of parental involvement, (c) easy access from a variety of sources, and (d) lax enforcement of existing laws (NCASA, 2003). However, one of the biggest obstacles is that it is more difficult to convey a prevention message about alcohol use, compared to a substance like tobacco (Flynn et al., 2006; NCASA, 2003). For example, the message for smoking and illegal drug use is a definitive no for all segments of the population (children, teens and adults). On the other hand, the alcohol message for children and youth is not until you're 21 and the messages for adults are drink in moderation, drink responsibly, and don't drink and drive (NCASA, 2003).

Researchers are increasingly using theoretical models and frameworks to develop and implement prevention programs that target high risk behaviors such as underage drinking. Although several health education and health promotion models/frameworks exist to plan, implement, and evaluate programs, the socio-ecological model takes a holistic approach in doing so (McLeroy, Bibeau, Steckler, & Glanz, 1988). The socio-ecological model outlines the interwoven relationship between individuals and their environment. Thus, health behaviors like underage drinking and other high-risk activities can be viewed as part of a larger social system

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and any changes in these behaviors require changes in the entire system (Cottrell, Girvan, & McKenzie, 2006). While youths must take responsibility for their drinking, their degree of success is still determined to a large extent by the social environment, e.g. community norms and values, regulations, and policies. Thus, an effective approach to preventing and reducing underage drinking must be comprehensive and needs to target efforts at all levels of society—individual (intrapersonal), interpersonal processes and primary groups, organizational (institutional), community, and public policy (DHHS, 2007; Johnston et al., 2008; McLeroy et al., 1988; Spoth et al., 2008).

Community action is essential to preventing problems associated with underage drinking, especially those related to heavy alcohol or binge drinking. The rationale behind targeting communities rather than adolescents is compelling and is based on the fact that the community in which adolescents live, play, and go to school often allows for easy access to alcohol (Holder, 2004/2005). The federal government has increased funding to local communities to prevent and reduce underage drinking (DHHS, 2006). Some local coalitions have used their funding to better understand their communities by collect qualitative data. This project was funded by a 50-member local coalition that included groups such as researchers, faith-based organizations, law enforcement, parents, schools, community college, university, local businesses, drug rehabilitation centers, and neighborhood crime watch. The goals of the project were (a) to determine the attitude towards underage drinking among residents and (b) to identify possible solutions to addressing the problem of underage drinking.

### Methods

The project was commissioned by the coalition in 2008 and was approved by the Institutional Review Board (IRB) at the researchers' institution. This study relied on the qualitative methodology of focus groups. Knowledge, attitudes, beliefs, and behaviors towards underage drinking and substance abuse cannot be effectively measured and quantified solely with quantitative survey data (Kreuger, 1994; Kreuger & Morgan, 1997). Focus groups provide one way of investigating these issues by allowing participants to critique, comment, explain, and share their experiences, opinions, and attitudes on the issues in question. Interaction among participants in the groups also generates discussions that provide a deeper understanding of these issues. Thus, qualitative research methods like focus groups can be used to identify problems, plan implement and implement programs, and assess outcomes (Morgan, 1988; Morse & Field, 1995).

While, focus groups can yield rich insights into the attitudes, experiences, and perceptions of a target population, the data are not meant to be manipulated with standard statistical analyses. (Kreuger, 1994; Kreuger & Morgan, 1997). However, the purpose of focus group interviews is not to generalize across the state and nation. Program

administrators, educators, and local coalitions are interested in assessing the views and needs of their constituency, knowing how well particular programs and policies work, and determining how to change, adjust, and move forward with their agenda (Morgan, 1988; Morse & Field, 1995). Transferability is one concept that can be used in qualitative research, but when attempting to replicate a study, researchers must carefully consider whether the results can transfer to another environment (Krueger & Morgan, 1997).

### Participants

A purposeful, convenient sample was used to recruit participants for six focus groups. One pilot group was done and was not used in the data analysis. Based on the team's extensive experience with focus group research and general focus group protocols, it was estimated that data saturation (no emergence of new data) would take place with six groups (Kreuger, 1994; Kreuger & Morgan, 1997). Based on a review of the literature, input from experts in the field, and insights from coalition members, the six groups consisted of (a) high school students, (b) parents, (c) self-identified substance abusers, (d) residents of rural communities, (e) residents of low-income housing communities, and (f) representatives from faith-based organizations. Focus groups were composed of 7-11 individuals. Forty-six participants were included in the adult groups and seven were in the student group. Forty-one percent were males ( $n = 19$ ) and 59% were females ( $n = 27$ ). The mean age for adult participants was 42.43 years. Participants primarily self-identified themselves as Black/African American (66%), White/Caucasian (30%), and Hispanic/Latino (4%). With regards to the educational levels of the adults, 9% did not finish high school, 37% were high school graduates, 26% had some college education, and 28% had college degrees.

### Procedure

Participants were recruited through key community contacts such as school counselors, leaders of neighborhood watch groups, clergy, drug court groups, and coalition members. Written consent was obtained from participants and parental consent was obtained for the students. Each participant was provided with a \$25 gift card. The lead author, who is an experienced focus group moderator, conducted the focus groups. They were conducted in community centers and on the campus of a local high school and lasted an average of one and one-half hours. Developing a focus group guide is necessary to ensure the specific study objectives are met (Kruger, 1994; Stewart & Shamdasani, 1990). The focus group discussion guide (Table 1) was developed based on a literature review in the areas of focus group research, factors that affect underage drinking, characteristics of underage drinkers, parental and community attitudes towards underage drinking, and the application of the socio-ecological model to high risk behaviors. The discussion guide was submitted to the coalition for review. The discussions were audio taped on

Table 1

*Focus Group Guide*

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1. Why do underage kids drink?
    - a. Do you think for the same reasons that adults do? Why do you say that?
    - b. What types of kids are less likely to participate in underage drinking?
  2. How would you describe underage drinking in the county?
    - a. Do you think there is a problem? Why do you say that?
    - b. Where in the county do you believe that there is a big problem with underage drinking? Where else?
    - c. Why do you think the usage is higher there?
    - d. What evidence do you see of that?
    - e. Do you think there is a problem in your neighborhood? Why do you say that?
  3. How would you describe the community's attitude towards underage drinking?
    - a. Why do you say that?
    - b. Are we tolerant of it?
  4. What are some possible solutions to preventing underage drinking in the county?
    - a. What is currently working?
    - b. What would you like to see?
    - c. What would definitely not work in your neighborhood?
  5. Which organizations in the community do you think should be responsible for providing alcohol and drug prevention programs?
    - a. What about schools? Are they doing a good job? What else could they be doing?
    - b. What about churches? Are they doing a good job? What else could they be doing?
  6. What types of programs are there in the county to educate residents on the dangers of alcohol and substance abuse?
    - a. Can you name any possible barriers that might prevent residents from utilizing these programs?
    - b. Can you specifically name 2 or 3 community agencies that currently provide alcohol and drug prevention programs?
    - c. How did you hear about these prevention programs?
    - d. How effective do you believe these programs are?
  7. Are there any additional services or programs needed in your community or neighborhood to prevent alcohol and substance abuse?
    - a. What types of programs would work best for children and teens?
    - b. What would work types of programs would work best in rural areas?
  8. The goal of this discussion was to examine the community's attitude towards underage drinking.
    - a. Have we missed anything?
    - b. Would you like to make any additional comments?
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a digital tape recorder and notes were typed in on a portable computer by a research assistant. The digital audiotapes were then uploaded to the computer. The audiotape was used to fill in areas that might have been missed by the typist and also satisfied requirements of the IRB.

### **Data Analysis**

This study used deductive theory, which draws from previous knowledge and research, to make inferences about the data. Data were analyzed with QSR NUDIST software (Version 4, Sage Publications, Inc., Thousand Oaks, California). The software removes many of the manual tasks associated with analysis, like classifying, sorting, and arranging information so that the researcher has more time to explore trends, test theories, and arrive at answers to questions. A codebook was developed and thematic analysis was used to search and identify the data for common trends

and themes throughout the data (Morgan, 1988; Morse & Field, 1995). Inter-coder reliability among the team members was approximately 0.95 and used the technique outlined by Neuendorf (2002). Select verbatim quotes that captured participants' sentiments, views, and opinions are included in the text. The transcripts were also edited to delete certain extraneous and often repetitive utterances (e.g., ah, umm, uh, etc.). However, grammar or word usage was not altered.

### **Results**

Data themes were organized based on the five levels of the socio-ecological model. Health educators must determine who will be the target for health education/promotion messages, programs, and interventions since the channels and strategies will vary accordingly (McLeroy et al., 1988; Minkler & Wallenstein, 2003).

## **Individual (Intrapersonal)**

### **Kids will be kids.**

Several participants noted that adolescence is a developmental stage and many of the behaviors that are often labeled as negative, are a result of trying to find one's self. "One of the reasons why they do it is because they're not allowed to. They just think that it's more fun to do stuff that they're not allowed to do." "They want to see what they can get away with." "They drink to be drinking. They don't need a reason. They just trying to be grown."

### **Kids often drink for many of the same reason as adults.**

There was agreement that adolescents and adults often drink for some of the same reasons. These reasons include being stressed, depressed, and being unable to cope with problems. "Kids may go and drink if they get a bad grade, adults may go and drink if they can't pay their bills."

### **All kids are susceptible to underage drinking, but...**

There was consensus that all adolescents are vulnerable to underage drinking. One student commented, "Every kid has tried something. Either they've tried drinking or they've tried smoking, or tried a pill. You really can't answer which kid will do this or which kid will do that." However, some participants stated that adolescents who are very focused on their future and have high self-esteem are less likely to participate in underage drinking and other high risk activities. There were some mixed views on the influence of family incomes. Some participants said that low income families had more negative health behaviors that increased the risk for drinking. However, several offered a different view. "The poor kids don't have the money to get drunk. It's all about access and finance." Some low income parents commented that they were more concerned with marijuana use than drinking.

There were mixed views on the influence of religious homes. Some felt that religion provided a protective factor. "Kids who are like real deep into church with their parents and they feel that drinking is a sin or whatever you want to call it, and they just don't do it." Others said that religion may confine kids and make them want to "break out."

### **Hard to detect the extent of underage drinking.**

Some participants remarked that the problem of underage drinking may be much higher than estimated. They believed that parents cannot keep up with their children's deceptive practices and that children will always be one step ahead of their parents. "They live double lives." "They pour beer in the soda cans and they put it in their coffee cup."

## **Interpersonal Processes and Primary Groups**

### **Rite of Passage.**

Many participants reported that drinking is a rite of passage to adulthood and that underage drinking is viewed as a societal norm. Many parents believed that underage drinking is inevitable. "They see it as a rite of passage." There is also peer pressure to drink. "Sometimes drinking is part of their initiation into a group." "They do a lot of competitive drinking."

### **Parents are a big contributing factor.**

Participants repeatedly pointed out that some parents have no problem with underage drinking and actually buy it for their children. "The rich people have graduation parties for a bunch of 18 year olds every year." "They will even drive them home, or let them sleep over." "They think that their kids deserve it." In addition, participants said some parents believe that since they drank during their teen years and later became successful their kids will also do well in later life.

Alcohol is very easy to access and on any given day, it is present in many homes and is often left out in the open. "I'm underage and I'll tell you what we drink—whatever we get our hands on." "Kids see their parents drinking and having a good time and they are often looking for an opportunity to try it." Participants agreed that parents send mixed messages to their children. "How are you going to talk to your kids about drinking and have beer chilling in the fridge?" Older siblings also provide alcohol. According to one teen, "I have an older brother that's 21 and he buys beer, liquor, or anything for me and my friends."

## **Organizational (Institutional)**

### **Mixed views on the roles of schools.**

Many participants believed schools already play a major role in alcohol and substance abuse education and prevention. However, others questioned whether schools had the time to be doing more. "They are so focused on testing that they can't think about anything else." "They don't even have time to teach them their ABCs much less do drug education." High school students were skeptical about the effects of school-based programs on underage drinking and substance abuse. "They think that by showing us these PSAs that kids aren't going to drink and do drugs. They think that by having someone say, 'don't do drugs or don't hurt yourself,' that kids won't try it [laughter]." "We filter out a lot of the information we hear at school because we've heard the same thing so many times. It no longer has an impact."

### **Faith-based organizations are not visible.**

Most participants agreed that faith-based organizations in the community were not active in alcohol and substance

abuse prevention efforts. This was also acknowledged by those in the clergy focus group. Several participants remarked that churches were too “focused on saving souls and not on saving the community.” Others pointed out that some churches believe that some neighborhoods are beyond help. A few expressed distrust of faith-based organizations. “They judge people.” The youth had a hard time relating some pastors. A teen commented, “Our pastor is ancient and he doesn’t talk to kids about stuff like that.” A member of the clergy remarked, “After the benediction is over and the lights are off that’s it until next week. We have failed a lot of our children and we need to do a lot more.”

Most members of the clergy came from the religious tradition where abstention from alcohol was taught. One commented, “From a Biblical perspective, alcohol is not the issue. It’s the lack of self-discipline that’s the issue.” Many noted that several religions serve alcohol at communion and that alcohol is used in the Bible. “The Bible talks about alcohol and to do everything in moderation. So kids even get mixed messages in church. If they know their Bibles, they know that it doesn’t talk about an age limit.” A member of the clergy group stated that adolescents should not be taught that alcohol is evil. “We need to educate teens on the appropriate and inappropriate use of alcohol.”

## **Community**

### **Community sends mixed messages.**

Most participants pointed out that American society also sends mixed messages. “We tell them to do as I say, not as I do.” “Kids know that there are getting mixed messages and that’s why they don’t listen.” In addition, participants also reiterated that society has no strict definition of adult. Some did not agree with 21 being the legal age for drinking. “If they can get married, go to the military, and drive a car why can’t they drink?” A few fleeting comments were made about the glamorization of alcohol in the media. “A lot of TV shows show people partying, drinking, and having a good time.”

### **Underage drinking is perceived as a big problem in the county.**

Participants described underage drinking as a “big problem,” in the county. On a scale from 1 to 5, with 5 being a “huge problem,” the participants gave an average score of 4.5. The biggest problem was believed to be among high school juniors, seniors, and college freshmen. Participants pointed out that the city has a lot of bars that cater primarily to college students. However, high school college students often sneak in and “pretty girls have no problems getting in.” Participants reported that the extent of the drinking problem can be measured in several ways including: the number of tickets given for drinking under the influence, the number of alcohol-related accidents, and the number of date-rapes among teens. In addition, high school students noted that many classmates brag openly on Monday mornings about

getting “wasted” over the weekend. Some participants felt that 18-and-over clubs should be banned since teens who attend them are obviously exposed to alcohol.

### **Alcohol use is more visible in lower income neighborhoods.**

Some participants pointed out that alcohol use is more visible in low income areas. A major contributor was the large number of convenience stores in those neighborhoods. “There are a lot of convenience stores in the poor areas.” “Some of those teenagers stand outside and pay an adult to go in the store and buy them what they want” [agreement from others]. Some adults reported seeing teens drinking publicly. “I confiscated some gin last night from four kids.” Others reported that bootleg (illegal) liquor was common. “In the black community we have a lot of what they call ‘bootleg houses’ where they cheap liquor.” “There are at least two or three houses nearby.”

### **The community is tolerant of underage drinking.**

Participants believed that there was an overall attitude of tolerance for underage drinking in the county as well as in the nation. While many expressed concerns about the problem, they believed that many communities “pay lip service” to the zero tolerance laws because drinking was a rite of passage into adulthood. “Many people cut older kids some slack.” Some participants emphasized that the issue should be on delaying the age at which they start drinking, not on abstinence. “We did it, they are doing it, and there kids will do it too.” “Many people who drank as kids grow up to be successful, productive members of the community.”

### **No one wants to get involved.**

Some participants noted that people often exhibit tolerance by not getting involved. “If I see some kids drinking, I’m gonna say ‘that’s their business.’ Now that’s the truth. It ain’t affecting me yet, so I ain’t really out there trying to be an activist.” “If their parents aren’t involved, why should I?” “Nobody’s willing to get involved. They’re not willing to put themselves out there to do anything about it.” “It’s a hard job to get involved and a lot of people don’t have the patience to really put themselves out there.” Others pointed out that the police usually do not do anything if it is reported.

Many participants agreed that the concept of the “village” is gone from many communities. “Back in the day, anyone could discipline you and talk to you and your parents were grateful, but today the child and the parent will cuss you out if you try to say anything.” “We don’t know our neighbors like we used to so you just look the other way.”

### **Few activities exist for children and youth.**

The overall perception was that the town caters

only to college students and does not invest in youth programs. Some stated that there were some good sports programs, but they were predominantly concentrated in the more affluent, white neighborhoods. In addition, most of these programs require transportation and a fee. The situation was said to be dire in the rural areas.

[police] know where the high school graduation parties are, but they don't do anything about them." The police were accused of often looking the other way, especially in upper income neighborhoods. Most agreed that underage drinking was not a high priority for law enforcement, compared to illegal drug use.

## Public Policy

### Penalty for underage drinking.

One of the many touted successes was the establishment of the national drinking age at 21. However, some participants in the present study did not agree with that law. None of the participants could name the penalty for underage drinkers or for the contributory penalties for adults. Although they could not articulate what the current penalties were, some believed that the penalties were not severe enough to deter teens from drinking. One young adult in the "user" focus group commented, "I got in trouble so many times that I had my dad's lawyer on speed dial. I never went to jail, but I was sent to drug court this time."

A few adults remarked that the biggest issue was enforcing the existing laws, not making new ones. "They

## Discussion and Implications

The high prevalence of underage drinking and its related consequences strongly suggests a need for interventions based on a socio-ecological model. In the present study, the socio-ecological model provided a good fit for the data. However, it may not always be feasible to address the problem at all levels at the same time. Thus, program planners must determine whom to target with their limited resources—adolescents, parents, peer groups, schools, neighborhoods, policy makers, etc.—realizing that they are not mutually exclusive. Participants made several recommendations for preventing underage drinking that were incorporated using the ecological model (Table 2).

Health promotion programs and the media have traditionally targeted adolescents with a primarily "just say no" message (NCASA, 2003). This approach often ignored

Table 2

### *Recommendations for Preventing Underage Drinking Using the Ecological Model*

#### Individual (Intrapersonal)

- Individual characteristics such as knowledge, attitudes, and behavior that influence a youth's decision to drink.
- Interventions include: Provide activities that teens may choose to participate in to keep them busy, educate youths on state laws and fines for underage drinking, teach resistance skills using role play.

#### Interpersonal processes and primary groups

- Formal and informal social support systems such as family members and peers.
- Possible interventions include: Educate parents and older siblings on modeling appropriate, educate parents on the legal consequences of contributing alcohol to minors, encourage parents to lock up liquor cabinets to prohibit their children from accessing it, develop a cadre of peer counselors, develop new social norms.

#### Organizational (Institutional)

- Social institutions such as schools and churches that determine societal norms and values.
- Possible interventions include: Add mandatory alcohol classes as part of the school curriculum; develop a cadre of peer counselors; develop new social norms; involve the local churches in prevention efforts, especially in providing activities for youth.

#### Community

- The relationships between organizations and institutions such as friendship networks and neighborhoods.
- Possible interventions include: Provide transportation to youth sports centers for those in areas that do not have recreation centers as well as to individuals in rural communities, form community coalitions to help support the prevention of underage alcohol use by modifying community drinking environments (house parties, bootleg houses, and convenience stores), support the local law enforcement agencies through neighborhood watch, educate community about the laws and fines for underage drinking and contributing alcohol to minor.

#### Public Policy

- Local, state, and national laws and policies.
- Possible interventions include: Increase the severity of underage drinking penalties, increase the enforcement of existing laws, and change all clubs to only permit persons 21 or older to enter.

the realities of puberty, which is associated with continued brain growth, increased independence, and risk taking. Thus, just being an adolescent in and of itself is a major risk factor and all adolescents are susceptible to alcohol use and binge drinking. Researchers are urged to factor biological changes into their program interventions (Spoth et al., 2008).

School-based programs are one of the most common channels used to educate adolescents on the dangers of alcohol, drugs and other high-risk behaviors. The current programs have gone beyond ineffective scare tactics to focus on setting new norms, addressing social pressures to drink, teaching resistance skills, and training peer counselors (DHHS, 2007; National Institute on Alcohol Abuse and Alcoholism, 2004/2005; Spoth et al., 2008). The participants in this study did not believe that schools were very effective at helping to reduce underage drinking. In addition they cited the under-funding of schools as another obstacle. A meta-analysis of alcohol prevention programs reported that school-based alcohol prevention interventions have had only modest effects and the effects appeared to diminish with long-term follow-up (Spoth et al., 2008).

Participants in the current study indicated alcohol prevention programs should primarily target parents since they are responsible for modeling appropriate behavior and adolescents often report that they have easy access to alcohol at home. Several studies have documented parents' ability to influence whether or not their children drink (Barnes, Reifman, Farrell, & Dintcheff, 2000; Koutakis, Stattin, & Kerr, 2008; Pritchard & McDonald, 2006). Two of the most salient points revealed by the participants were: (a) many parents believed that their adolescents would participate in underage drinking and (b) parents often justified giving alcohol to their children for "special occasions." Research indicate that parents who set clear rules against drinking, consistently enforce those rules, and monitor their children's behavior are less likely to have children who participate in underage drinking (Spoth et al., 2008; Spoth, Redmond, Shin, & Azevedo, 2004). The national trend has been to use intervention models that focus on strengthening the family. This model focuses primarily on family economic success, family support systems, and thriving nurturing communities (Caspe & Lopez, 2006).

Health education and health promotion programs are increasingly being implemented in faith-based organizations (Markens, Fox, Taub, & Lilbert, 2002). Most participants in this study reported that faith-based organizations in the local community were not very active in sponsoring activities for adolescents. It is important to point out here that the clergy often serve as a gatekeeper in many communities. Thus, any successful program that desires to partner with faith-based organizations should endeavor to have the support of the clergy (McNamara, 2006). Empirical research is needed to determine how certain organizational structures and clergy may help or impede community-based health programs (James, 2004).

Community coalitions must make concerted efforts to reduce opportunities for underage drinking by targeting environmental influences that provide easy access to adolescents. In this study, participants identified environmental influences such as the high density of convenient stores, bars, and bootleg/shot houses in low-income neighborhoods. Strategies that focus on changing the community environment could have a significant and lasting impact on adolescent drinking behavior (Holder, 2005).

Research indicates that the most effective strategies for reducing underage drinking have been to develop and enforce policies and laws such as raising the price of alcohol, increasing penalties for violating minimum legal drinking age, enforcing zero-tolerance laws, and determining which establishment can sell alcohol and what time they can do so (Babor, Caetano, & Casswell, 2003; DHHS, 2006; Flynn et al., 2006). Participants in this study believed there were already enough laws in existence, but pointed out that the problem was one of enforcing them. Community coalitions have a huge, but important, task if they decide to devote resources towards enhancing the relationship between law enforcement and the average citizen, especially in high-risk neighborhoods where there is significant mistrust of law enforcement agencies.

The participants in the study painted a dire picture of underage drinking in their community. They expressed skepticism mixed with hope and believed that community coalitions should put most of their resources into educating parents and targeting environmental influences. The research team recommended that the coalition (a) develop educational toolkits for different target groups such as parents, faith-based youth group leaders, and after school program coordinators; (b) develop a media campaign targeted at different groups; and (c) develop a seminar series on alcohol and substance abuse prevention. These can be hosted at community centers, faith-based institutions, etc. These resources and community prevention interventions should use a mix of evidence-based program components and policy strategies. Future research is needed on the role of community coalitions in preventing and minimizing high risk behaviors in youth, the consistency of enforcing zero tolerance laws in all areas of the community, and the influence of community structure on underage drinking.

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## 2010 Eta Sigma Gamma Awards

*Honor Awards:* **James Price** and the **National Commission for Health Education Credentialing, Inc.**

*Distinguished Service Award:* **Amos Aduroja**

*W. E. Shaller Presidential Citation:* **Susan Wooley** and **Rebecca Smith**

*Founders' Award:* **Sara Mitchell**

*Gamman of the Year Award:* **Megan Temme**

*McGovern Award:* **Brittany Rosen**

*Chapter Excellence Award:* **Gamma Rho Chapter**

*Service Activity of the Year Award:* **Eta Chapter**

*Faculty Sponsor-of-the Year Award:* **Carol Cox**

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