

Needham Coalition for Youth Substance Abuse Prevention

Spring 2015 Parent Survey
of Norms, Attitudes, and Behaviors

2015

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SUMMARY OF FINDINGS

Demographics

- A total of 686 parents who have at least one child in grades 6-12 provided valid responses to the parent survey. Results are generalizable only to those individuals who took part in the survey and may not reflect the perceptions, attitudes, or behaviors of other members of the Needham community. According to the MA Department of Education, there were 2,919 students enrolled in Needham public schools during the 2014-2015 academic year. Assuming some parents may have multiple children in grades 6-12, this survey likely captured 25% to 33% of all parents of Needham public school students in grades 6-12.

Communication about Underage Drinking and Substance Use

- Family Dinners – 66.7% of respondents reported that they ate dinner at home with their child on 5 or more of the past 7 days. [Page 6]
- Attitudes about the Effectiveness of Parent-Child Communication – 91.7% of parents believe they can have an influence on whether their child uses alcohol or drugs. [Page 7]
- Parent-Child Communication about Underage Drinking and Substance Use – 88.0% of respondents have communicated their family's guidelines and expectations around youth alcohol and drug use to their child, 83.4% have talked to their child at least once about illegal drugs other than marijuana and inhalants, 41.7% have talked to their child at least once about electronic tobacco products, 57.3% have talked to their child in the past 30 days about the potential negative consequences associated with alcohol use, 48.5% have talked to their child in the past 30 days about the potential negative consequences associated with using marijuana, 43.7% have talked to their child in the past 30 days about the potential negative consequences associated with tobacco use, and 24.1% have talked to their child in the past 30 days about the potential negative consequences associated with the non-medical use of prescription drugs. [Page 8]
- Communicating with Child about Safety Strategies – Almost all parents (85.7%) have discussed one or more strategies with their child about alcohol and other drug use and how to protect themselves in a potentially unsafe situation. [Page 10]
- Communicating with Other Parents – 63.4% of survey respondents report that they have talked with the parents of their child's close friends to share and compare parental philosophies and standards regarding alcohol and drugs. [Page 12]

Attitudes and Beliefs about Underage Drinking and Substance Use

- Parent Attitudes about Underage Drinking and Youth Marijuana Use – 76.7% of parents believe youth drinking is never a good thing. A larger proportion of parents (94.8%) believe youth marijuana use is never a good thing. [Page 13]

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- Attitudes about Youth Using Alcohol or Marijuana at Home – 80.1% of parents *disagree* that it is okay to allow underage alcohol use at home and 96.1% *disagree* that it is okay to allow youth marijuana use at home. [Page 15]
- Attitudes about Receiving Calls from Other Parents – 91.0% of parents would like other parents to call them to see whether or not a parent will be home before allowing their child to come over for a social gathering. [Page 16]
- Attitudes about Police Involvement in Underage Drinking Situations – 99.1% of parents think that police should take action against teens caught drinking alcohol. The action endorsed by the majority of parents (96.2%) was contacting the teens' parents. [Page 16]
- Parent Beliefs about the Non-Medical Use of Prescription Drugs – 26.5% of parents think that the non-medical use of prescription drugs is a problem among youth in Needham. The majority of parents (65.5%) had *no opinion* about this issue. [Page 18]
- Parental Disapproval of Youth Substance Use – Almost all respondents (97.4%) think it would be *very wrong* for their child to use prescription drugs not prescribed to them, 95.9% think it would be *very wrong* for their child to have 1 or 2 drinks of an alcoholic beverage nearly every day, 80.9% think it would be *very wrong* for their child to smoke tobacco, 76.4% think it would be *very wrong* for their child to smoke marijuana, and 48.7% think it would be *very wrong* for their child to drink alcohol occasionally. [Page 19]
- Parent Beliefs about Community Substance Use Norms – 41.5% of parents think that many parents set a bad example for their children by their own excessive alcohol use, 33.8% think too many parents in Needham either provide alcohol for their children or turn a blind eye to underage alcohol use, and 27.5% think too many parents in Needham turn a blind eye to youth marijuana use. [Page 19].
- Beliefs about Why Some Parents Allow Underage Drinking – Respondents were most likely to believe that other parents may allow underage youth to drink alcohol in their home so the youth don't drink and drive (24.2%) or so the drinking is supervised (22.5%). [Page 21].
- Parent Attitudes about School-Based Substance Abuse Prevention – 92.4% of parent respondents think that schools should provide education programs for students their child's age that are designed to help prevent and reduce underage drinking and substance use. One-third (36.0%) feel that substance abuse awareness and prevention curricula should be delivered in 4-5th grade, 70.4% feel it should be delivered in 6th grade, 88.1% feel it should be delivered in 7-8th grade, 81.8% feel it should be delivered in 9-10th grade, and 74.5% feel it should be delivered in 11-12th grade. [Page 22]
- Effective Ways/Places to Reach Parents with Prevention Messages – The largest proportion of respondents indicated that the most effective ways to reach Needham parents with

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prevention messages are through the parent newsletter from the school (82.6%), PTC e-mail/newsletter (73.0%), the school's website (61.6%), doctor's offices (57.4%), print newspapers (46.4%), and Facebook or Twitter (36.7%). [Page 24]

Perceptions of Underage Drinking and Substance Use

- Parent Perception of Substance Use and Related Issues in Needham – Parents over-estimate the percentage of Needham youth in grades 6-8 and grades 9-12 who drank alcohol in the past 30 days, binge drank in the past 30 days, rode with a drinking driver in the past 30 days, used marijuana in the past 30 days, used illegal drugs other than marijuana in the past 30 days, and ever used prescription drugs without a doctor's prescription. On average, parents over-estimated each of these behaviors by approximately 11% at the middle grades level and 12% at the high school level in comparison to data from the 2014 MetroWest Adolescent Health Survey conducted in Needham Public Schools. [Page 24]
- Parent Perception of Usual Source of Alcohol Among Underage Drinkers – Parents believe that the most common source of alcohol among 6-8th graders is from home without parental knowledge (63.9%), from a party (15.2%), and from someone they know over 21 giving it to them or buying it for them (9.6%). At the high school level, parents believe the most common source of alcohol is from home without parental knowledge (34.7%), from a party (27.2%), and from someone they know over 21 giving it to them or buying it for them (23.0%). [Page 26]
- Parent Perception of Usual Source of Prescription Drugs Among Non-Medical Users – Parents believe that the most common source of prescription drugs for non-medical use among 6-8th graders is from home without parental knowledge (59.3%) and from a friend (26.5%). Among 9-12th graders, parents believe the most common source of Rx drugs is from home without parental knowledge (52.0%) and from a friend (29.2%). [Page 27]
- Parent Perception of Other Parents' Attitudes and Behaviors – Respondents believe that 14.3% of the parents of 6-8th graders knowingly allow their child to attend parties where underage drinking occurs, think that 10.5% knowingly allow their child to attend parties where marijuana use occurs, believe that 31.5% call to make sure a parent will be present when their child goes to a social gathering at another house, and believe that 47.7% of 6-8th grade parents would like to be called if their own child was hosting a gathering to ensure that an adult will be present. At the high school level, respondents believe that 36.7% of the parents of 9-12th graders knowingly allow their child to attend parties where underage drinking occurs, think that 29.1% knowingly allow their child to attend parties where marijuana use occurs, believe that 19.7% call to make sure a parent will be present when their child goes to a social gathering at another house, and believe that 41.1% of 9-12th grade parents would like to be called if their own child was hosting a gathering to ensure that an adult will be present. [Page 28]

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Behaviors Associated with Underage Drinking and Substance Use Prevention

- Means Restriction – 91.8% of parents keep alcohol in their home and 76.9% have prescription drugs in their home. Among those who keep alcohol in their home, 58.6% actively monitor or take stock of the alcohol and 11.6% secure or lock-up the alcohol. Among those with prescription medication in their home, 53.5% actively monitor or take stock of it and 11.8% secure or lock-up their prescription drugs. [Page 29]
- Parties and Gatherings – 81.9% of parents report that they never knowingly allow their child to attend parties where underage drinking occurs and 88.0% never knowingly allow their child to attend parties where marijuana use occurs. In contrast, 67.2% report that they at least occasionally allow their child to have friends over when there are no parents at home. This latter item is simply intended to assess the occurrence of unsupervised gatherings of friends and does not imply the child is having a party or that they or their friends are engaging in substance use. [Page 29]
- Calling Other Parents – 42.9% of parents report that they call other parents either *most of the time* or *all of the time* to make sure a parent will be home before they let their child attend a gathering at another house. An additional 29.3% make the call *sometimes*, 14.5% *rarely* call, and 13.3% *never* make the call. [Page 31]
- Parental Monitoring (While Child is with Friends) – 66.0% of parents report that they monitor the activity of their child and his/her friends by walking through the area in which they are congregating and visually assessing for signs of substance use either *most of the time* or *all of the time* when their child has friends over the house, 97.4% require their child to tell them with whom and where they will be when they are out with friends, and 81.2% check-in with their child by phone or text message either *most of the time* or *all of the time* while they are out with friends. [Page 32]
- Parental Monitoring (After Child is Out with Friends) – Only 1.7% of parents report that they are asleep either *most of the time* or *all of the time* when their child returns from being out with friends, 60.7% visually assess their child for signs of substance use either *most of the time* or *all of the time* when their child returns home from being out with friends, and 92.6% engage their child in a conversation to learn about their activities either *most of the time* or *all of the time* when their child returns home from being out with friends. [Page 33]
- Actions Parents Support When Other Parents Violate Underage Drinking Laws – If parents learned that another parent was allowing teens to drink alcohol at their home, 76.5% indicated that they would discuss it with their child, 59.6% would prohibit their child from going to that house, and 48.1% indicated that the action they would take depends on how well they know the other parents. [Page 34].

BACKGROUND AND METHODS

The Needham Coalition for Youth Substance Abuse Prevention (NCYSAP) and the Needham Public Health Department conducted a survey of parents/guardians¹ of students in grades 6-12 to learn more about their beliefs, perceptions, and behaviors regarding underage drinking and youth substance use. The survey asked questions in four broad domains: (1) communication about underage drinking and youth substance use, (2) attitudes and beliefs, (3) perceptions of the prevalence of underage drinking and youth substance use, and (4) parenting behaviors.

The anonymous survey, which consisted of 62 discrete questions, was administered as an online questionnaire during the six-week period between April 14, 2015 and May 25, 2015. In order to take part in the survey, parents had to: (a) have at least one child in grades 6-12 in school in Needham (regardless of residence) or (b) be a Needham resident with at least one child in grades 6-12 in a school outside of Needham. Individuals without a child in grades 6-12 and those who were not Needham residents and didn't have a child in grades 6-12 in Needham schools were not eligible to participate.

This was the third time that the survey was implemented – it was also administered in 2011 and 2013. Reports on the earlier surveys are available under separate cover. When possible, limited comparisons have been made in this report to data from the 2011 and 2013 administrations of the parent/guardian survey.

Validity and Reliability

One of the challenges associated with survey research is the potential for error in the data. This can stem from multiple sources such as the same respondent submitting multiple surveys, poor question wording, lack of appropriate response options that accurately reflect the experiences of all potential respondents, frivolity, and misinterpretation of the underlying meaning of a question. The likelihood of encountering these potential sources of error can vary depending on the method used to collect the data. The single largest source of potential error associated with online data collection is lack of knowledge about *who* actually responds to the survey (e.g., did one respondent complete multiple surveys, was the respondent really a parent, and was the respondent really a Needham parent). While we cannot ever know with absolute certainty, short of having respondents complete the survey under controlled conditions (e.g., having parents come and complete the survey at a school computer lab), there are several steps that can be taken to increase our confidence in the results. For example:

1. Using clear and unambiguous language in the instructions – prominently indicating who the intended target audience is (i.e., parents of 6th-12th graders) and indicating what the questions are about (i.e., beliefs, perceptions, and parenting behaviors related to underage drinking and youth substance use).

¹ The terms “parents,” “guardians,” and “caregivers” are used interchangeably throughout this report.

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2. Data screening – using visual and statistical screening to identify and remove cases in which the respondent provided obviously frivolous responses (i.e., always choosing the same or extreme response options for every item).
3. Identical case analysis – statistically identifying all duplicate records to minimize the chances that the same person submitted multiple surveys and/or the chances that the survey was accidentally submitted multiple times.

While these are not failsafe methods, they do help to ensure a clean dataset that minimizes the chances that there are gross errors present in the final set of data. Each of these steps was taken during the administration and analysis of the Needham Parent Survey.

Ideally, the development of survey items, such as those used in the Needham Parent Survey, should be an iterative process. Items should be field-tested with a subset of representatives from the intended target population and psychometric analyses should be conducted to help build the case that the survey items are both valid and reliable. Under real world, non-laboratory conditions, this is often difficult to accomplish. To help guard against this potential for error, survey items should be based either in whole, or in part, on items that have been used successfully in other research projects and in other settings. The Needham survey met this condition for the majority of items in the parent survey.

There always remains the possibility that some participants may not feel they can accurately respond to a given item. This can be addressed in two ways: (1) instructing respondents to select the *best* possible answer for any given item and (2) instructing respondents to skip any items that they either cannot or do not feel comfortable answering. During the analysis phase, issues with specific items can be identified based on the pattern of missing responses. If, for example, 25% of respondents did not answer one of the items, this should be noted as part of the results and this item should be modified in any future surveys. Similarly, if a subset of participants (e.g., the parents of 6th graders) were significantly more likely than other respondents to skip an item, this should be noted in the results and this item should be examined to determine whether and how it should be modified in the future. As shown on Page 4 of this report, a missing values analysis failed to detect any systemic issues.

By striking a balance of design, logical, and statistical controls, as was the case with the Needham Parent Survey, we can minimize the odds of large-scale error creeping into the survey and maximize our confidence in the results.

Analysis Plan

Descriptive statistics are presented for each item in the survey (i.e., the number and percentage of all respondents that answered each response option for each item in the questionnaire). All items were also analyzed to examine the presence or absence of differences based on the age of the respondents' oldest 6-12th grade child. The results of these analyses may help Needham better plan and target prevention activities and prevention messaging by understanding

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whether an issue exists among the parents of some age groups and not others. Limited comparisons were also made to the spring 2011 and 2013 Needham parent surveys and to the 2014 MetroWest Adolescent Health Survey of Needham Public Schools students. It is possible to examine the data by residence of the parent and by whether or not the child attended public school, but the number of non-Needham residents and non-public school students is so small that these analyses would not constitute an appropriate point of comparison.

Analytical Sample

A total of 836 individuals visited the survey webpage during the six week period that it was open. One-hundred and fifty (150) of these individuals (18% of those who visited) were removed from the final analytical sample. The reason for removal of these cases is as follows:

- 51 individuals were automatically disqualified because they answered, “No” to the screening question, “Do you currently have any children in grades 6-12?”
- 41 individuals were removed because they did not answer any questions other than the first screening question (“Do you currently have any children in grades 6-12?”).
- 54 individuals were removed from the sample because they only answered the first series of questions about residence and school.
- 4 individuals were removed because they did not identify the age of their oldest child in grades 6-12 so their responses could not be grouped with similar individuals.

The final analytical sample consisted of 686 parents/guardians who currently have at least one child in grade 6-12. The age of the respondents’ oldest child in grades 6-12 is as follows:

	6 th	7 th	8 th	9 th	10 th	11 th	12 th
Final Sample	9.6% (66)	13.4% (92)	15.2% (104)	16.0% (110)	15.6% (107)	14.1% (97)	16.0% (110)

Results are generalizable only to those parents who took part in the survey and may not reflect the perceptions, attitudes, or parenting behaviors of other members of the Needham community. According to the MA Department of Education, there were 2,919 public school students enrolled in Needham schools in grades 6-12 during the 2014-2015 academic year. Assuming that some parents may have multiple children in grades 6-12 and assuming that only one parent responded per household, this survey likely captured between 25% and 33% of all households with at least one 6-12th grader attending Needham public schools.

Note: The 2015 survey came very close to the ideal of having roughly 14% of parent/guardian respondents indicate that their oldest child was in each of the seven grade levels from 6-12. The survey responses are fairly well balanced, with no single grade level being

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disproportionately weighted as a result of the number of respondents whose oldest child is in one grade or the other. The 2011 survey also came very close to approaching this ideal. Respondents to the 2013 survey were much more likely to have a child in high school. Despite the fact that parents whose oldest child was in high school may have other younger children attending middle school, the majority of respondents in 2013 were responding with their high school-aged child in mind. The 2013 results may have looked different if more parents whose oldest child was in middle school had responded to the survey. As a result, caution should be exercised when interpreting trends in items from 2013 to 2015. The 2015 data are more likely to be similar to the 2011 data simply by virtue of the fact that the respondent samples were more similar in these two years than the 2013 sample. Any observed differences between 2013 and 2015 may be due to differences in the sample rather than due to any real change in attitudes, perceptions, or behaviors over time.

Missing Values Analysis

A missing values analysis was conducted to: (1) identify any items that were skipped by a large number of respondents and (2) assess whether or not respondents differed in their likelihood of answering a question based on the age of their oldest child.

On average, each question in the survey was answered by 94% of respondents. This ranged from a low of 86% to a high of 100%. None of the questions were answered by fewer than 587 of the 686 individuals who took part in the survey. The items with the largest proportion of missing responses were Q30b (a sliding-scale question that asked respondents to estimate how many other parents knowingly allow their children to attend parties where marijuana use occurs), Q32 (a check-one question that asked respondents where youth who misuse prescription drugs obtain these drugs), Q30a (a sliding-scale question that asked respondents to estimate how many other parents knowingly allow their children to attend parties where underage drinking occurs), Q37 (a check-one question that asked how often parents monitor the activities of their child when they have friends over), and Q36 (a check-one question that asked whether those who have prescription medication in their home take steps to lock-up these medications). The percentage of respondents who did not answer these questions was 14%, 12%, 12%, 12%, and 12%, respectively. The pattern of missing responses does not suggest that there were issues with the wording or relevance of any specific items. These five questions appeared in different sections of the survey and addressed different topics. Rather, the pattern of missing responses appears to be a function of survey length. Questions at the end of the survey were more likely to be skipped than those at the beginning of the survey. On average, each question at the beginning was answered by 97% of individuals who took part in the survey. Each question at the end was answered by an average of 92% of individuals who took part in the survey. If this survey is administered in the future, consideration should be given to the potential negative consequences associated with lengthening the survey instrument beyond its current form.

The missing values analysis also assessed the number of items skipped by the age of the respondents' oldest 6-12th grade child. The purpose of this analysis was to identify whether or

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not all items were equally applicable across respondents independent of the age of their oldest 6th-12th grade child. A one-way analysis of variance (ANOVA) was conducted to determine whether or not respondents in these different groups skipped more questions on average than their peers. The average number of skipped items across all respondents was 4 out of 62 (6% of all items). Overall, there were no significant differences in the average number of items that were skipped based on the age of the respondents' oldest child. On average, parents of 6th graders skipped 6 items, parents of 7th graders skipped 5 items, parents of 8th graders skipped 5 items, parents of 9th graders skipped 3 items, parents of 10th graders skipped 4 items, parents of 11th graders skipped 3 items, and parents of 12th graders skipped 4 items. These differences were not significant.

For the purposes of the current assessment, the effects of missing data appear to be minimal.

FINDINGS – RESPONDENT DEMOGRAPHICS

As described earlier, the survey was open to both residents of Needham and to parents who live outside of Needham but have a child in grades 6-12 in public or private school in Needham. Almost all of the respondents (95.9%) reported that they currently live in Needham. Ninety-five percent (94.6%) of respondents reported that their oldest child in grades 6-12 attends school in Needham. Five percent (4.8%) of respondents reported that their oldest child in grades 6-12 attends school outside of Needham. Ninety-four percent (94.3%) reported that their oldest child in grades 6-12 attends public school.

As demonstrated in Table 1, the vast majority of respondents were Needham residents whose oldest child in grades 6-12 attended the Needham Public School System. Apart from sections of this report that explore specific sub-group differences, the results should be interpreted with this parent demographic in mind (i.e., Needham resident parents of public middle and high school students). Information on the age breakdown of the respondents' oldest child in grades 6-12 was reported earlier on Page 3 of this report.

Table 1: Respondent Demographic Summary Table

School System	Live in Needham?			TOTAL
	No	Yes	Unknown	
Needham Schools	2.6% (18)	91.4% (627)	0.6% (4)	94.6% (649)
Schools Outside of Needham	0.6% (4)	4.2% (29)	0.0% (0)	4.8% (33)
Unknown	0.0% (0)	0.3% (2)	0.3% (2)	0.6% (4)
TOTAL	3.2% (22)	95.9% (658)	0.9% (6)	100.0% (686)

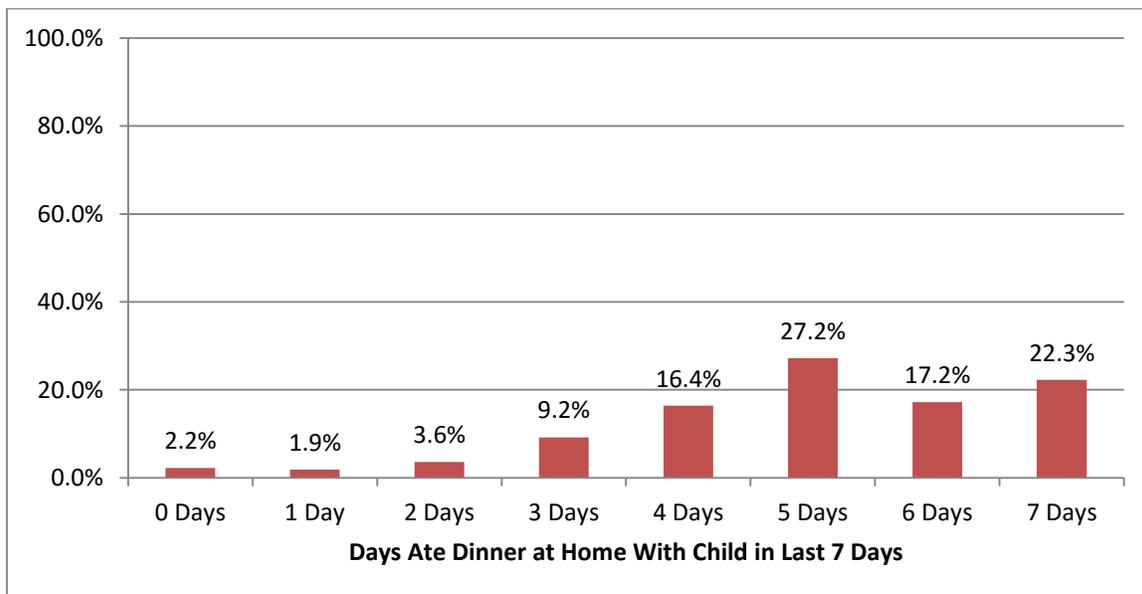
FINDINGS – COMMUNICATION ABOUT UNDERAGE DRINKING AND SUBSTANCE USE

The first 11 questions in the survey asked about different types of communication the respondent may have had with their child and/or other parents. All items in this section asked the respondent to answer the question with their oldest 6-12th grade child in mind.

Communication – Family Dinners

Research has demonstrated a relationship between parental engagement and youth substance use. In one study by the Center on Addiction and Substance Abuse, children in families who ate dinner together at least five times a week were less likely than their peers to engage in substance use (CASA, 2005)². The first question in the survey asked respondents, “During the past 7 days, on how many days did you eat dinner at home with your child?” As shown in Figure 1, two-thirds of respondents (66.7%) reported that they ate dinner at home with their child on 5 or more of the past 7 days. The average across the entire sample was 4.98 days.

Figure 1: Days Ate Dinner at Home with Child in Last 7 Days (n=676; mean=4.98)



Age/Grade. Results from a one-way analysis of variance (ANOVA) found a significant difference in the average number of days parents report eating dinner at home with their child based on the age of the respondent’s oldest child, $F(6,669) = 5.21, p \leq .001$. A Tukey post-hoc test revealed that parents whose oldest child was in 12th grade reported eating dinner at home with their child fewer days than parents whose oldest child was in grades 6-9. The mean number of days parents reported eating dinner at home with their child by grade/age were: 6th (5.58 days), 7th (5.11), 8th (5.17), 9th (5.16), 10th (4.88), 11th (4.92), 12th (4.29). On average, parents whose oldest child was in 6th grade reported eating dinner at home with their child an average

² Center on Addiction and Substance Abuse (CASA). (2005). *The importance of family dinners II*. New York, NY: Author. Accessed online at: <http://casafamilyday.org/familyday/files/themes/familyday/pdf/Family-Dinners-II.pdf>

of 6 of the past 7 days. Parents whose oldest child was in grades 7-11 reported eating dinner at home with their child an average of 5 of the past 7 days. Parents whose oldest child was in 12th grade reported eating dinner at home with their child an average of 4 days a week.

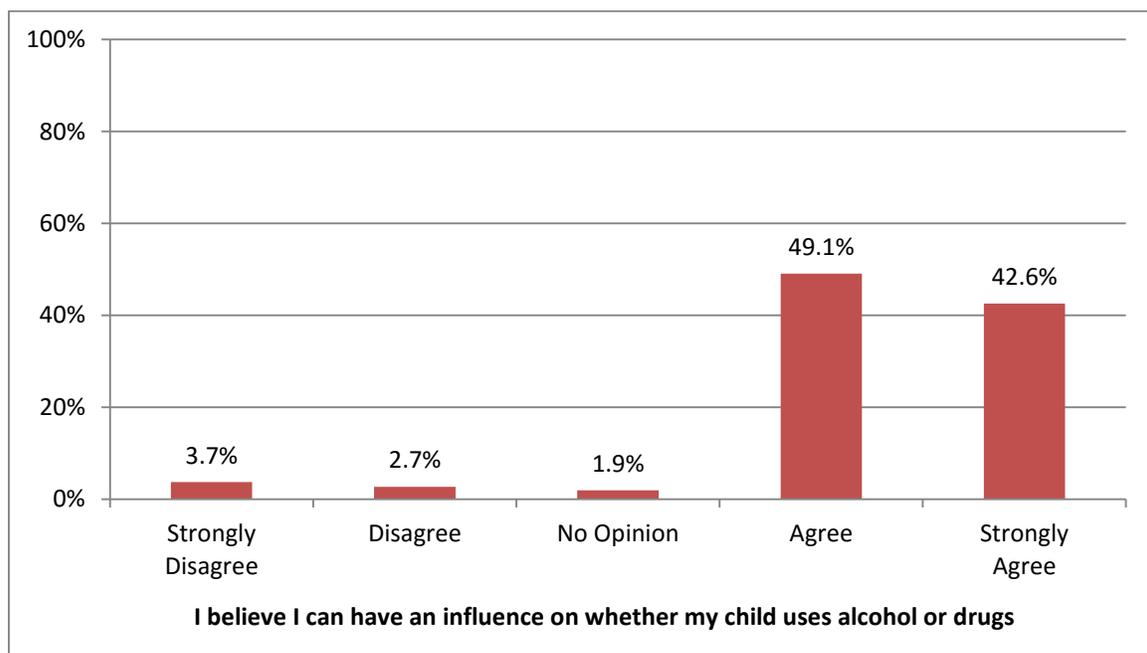
Trend. This question was added to the parent survey for the first time in 2013. The proportion of parents who reported that they ate dinner at home with their child on 5 or more of the past 7 days was 64.2% in 2013 (mean = 4.80 days). This is similar to the findings from the 2015 survey (66.7%; mean = 4.98 days).

Communication – Attitudes about the Effectiveness of Parent-Child Communication

The questionnaire asked about parents' attitudes regarding the effectiveness of talking to their child about alcohol and drug use. Respondents were asked to disagree or agree with the following statement, "I believe that I can have an influence on whether my child uses alcohol or drugs." The response options for this item were: *strongly disagree*, *disagree*, *no opinion*, *agree*, and *strongly agree*.

As shown in Figure 2, the majority of respondents (91.7%) *agreed* or *strongly agreed* with this statement and felt that they can have an influence on whether their child uses alcohol or drugs.

Figure 2: Attitudes about the Effectiveness of Parent-Child Communication (n=674)



Age/Grade. Results from a one-way ANOVA found a significant difference in parents' belief that they can have an influence on whether their child uses alcohol or drugs based on the age of their oldest child, $F(6,667) = 3.88, p \leq .001$. A Tukey post-hoc test revealed that parents whose oldest child was in 7th grade and 12th grade were less likely to believe that they can have an influence on their child than parents whose oldest child was in 6th grade. The percentage of

parents who indicated that they *agree* or *strongly agree* with this statement was: 6th grade (95%), 7th (84%), 8th (95%), 9th (93%), 10th (93%), 11th (96%), 12th (86%). It is notable that parents whose oldest child is in 7th grade were more similar in their beliefs to parents whose oldest child is in 12th grade than to their closer age-group peers. Given that these numbers rebound in the current sample among parents whose oldest child is in grades 8-11, it is possible that this is a one-time cohort effect. If this survey is repeated in 2017, it would be interesting to see if this cohort (which would be parents of 9th graders at that point) are still below their peers in their belief that they can have an influence on whether their child uses alcohol or drugs.

Trend. The wording of the perceived parental influence item in 2015 was changed from the wording that was used in the 2011 and 2013 surveys. As a result, this item is not comparable across survey implementations.

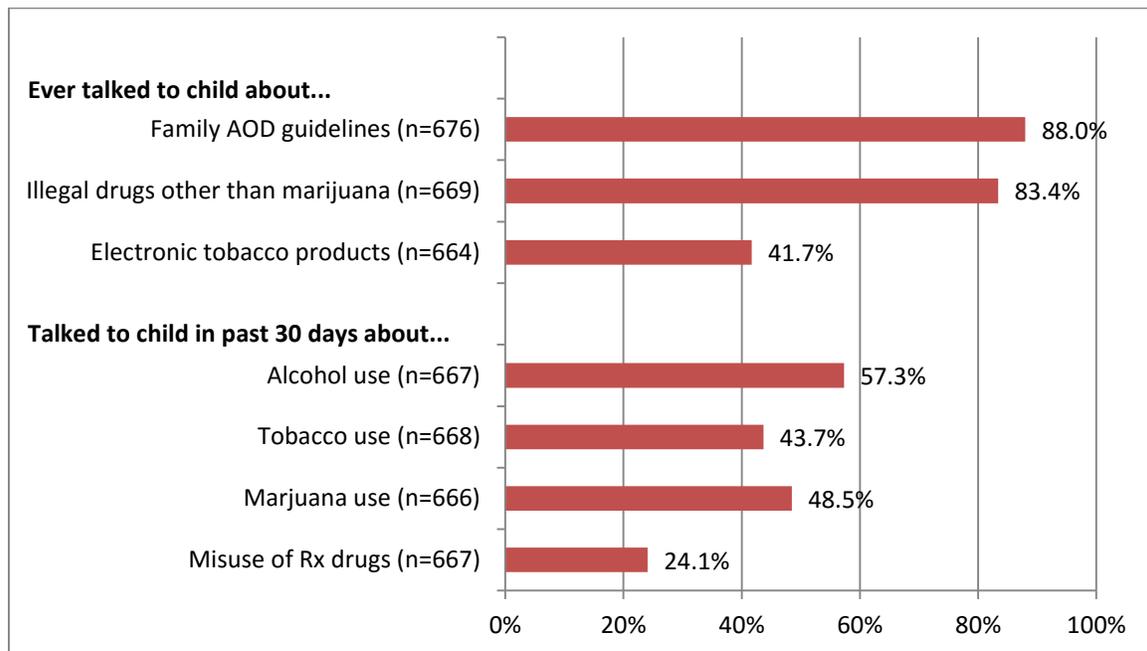
Communication – Parent-Child Communication about Underage Drinking and Substance Use

Seven items in the survey explored parent-child communication about underage drinking and substance use: (a) “Have you communicated your family’s guidelines and expectations around youth alcohol and drug use to your child,” (b) “Have you ever talked to your child about the potential negative consequences associated with using illegal drugs other than marijuana or inhalants (such as cocaine, heroin, methamphetamines, ecstasy, and other illegal drugs),” (c) “Have you ever talked to your child about the potential negative consequences associated with using *electronic* tobacco products (such as e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, or hookah pens),” (d) “During the past 30 days have you talked to your child about the potential negative consequences associated with underage alcohol use,” (e) “During the past 30 days have you talked to your child about the potential negative consequences associated with using tobacco products such as cigarettes or smokeless tobacco,” (f) “During the past 30 days have you talked to your child about the potential negative consequences associated with using marijuana,” and (g) “During the past 30 days have you talked to your child about the potential negative consequences associated with using prescription drugs that were not prescribed to them?”

As shown in Figure 3, a large proportion of respondents (88.0%) reported that they have communicated their family’s guidelines and expectations around youth alcohol and drug use to their child, most respondents (83.4%) have talked to their child at least once about the potential negative consequences associated with using illegal drugs other than marijuana and inhalants, and 41.7% have talked to their child at least once about electronic tobacco products.

During the 30 days prior to the survey, over half of the respondents (57.3%) reported having talked to their child about the potential negative consequences associated with underage alcohol use, roughly half talked to their child about marijuana use (48.5%) and tobacco use (43.7%), and approximately one-quarter talked to their child about using prescription (Rx) drugs that were not prescribed to them (24.1%).

Figure 3: Parent-Child Communication about Underage Drinking and Substance Use



Age/Grade. Results of a chi-square analysis indicate that there was a statistically significant difference in reports of parents ever having communicated their family’s guidelines and expectations around youth alcohol use and drug use to their child based on the age of the respondent’s oldest child, $\chi^2(6, N=676) = 96.53, p \leq .001$. Examination of the standardized residuals indicate that these conversations were more common among parents with older children: (6th grade: 63%; 7th: 69%; 8th: 88%, 9th: 95%, 10th: 96%, 11th: 95%, 12th: 98%). Specifically, 8th grade parents were significantly more likely to report having had this conversation than parents of 6th and 7th graders, and parents of youth in grades 9-12 were significantly more likely to report having had this conversation than middle grades parents.

This same general pattern emerged when examining the proportion of parents who report that they ever talked to their child about using illegal drugs other than marijuana or inhalants, $\chi^2(6, N=669) = 51.60, p \leq .001$ – (6th: 58%, 7th: 72%, 8th: 84%, 9th: 95%, 10th: 90%, 11th: 87%, 12th: 85%) and using electronic tobacco products, $\chi^2(6, N=664) = 21.83, p \leq .001$ – (6th: 26%, 7th: 32%, 8th: 34%, 9th: 51%, 10th: 51%, 11th: 45%, 12th: 45%). In contrast to the earlier item, reports of ever talking to their child about illegal drug use and electronic tobacco products both peaked among parents of 9th and 10th graders (versus among parents of 11th and 12th graders). Given that these two items ask about ever having had these conversations, it appears that the group of parents whose oldest child entered high school during the 2014-2015 academic year were more likely to have engaged in these conversations than their peers with older children who came before them.

Reports of having talked with their child during the 30 days prior to the survey about underage alcohol use and marijuana use both increased significantly with age/grade of the respondent’s

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oldest child – underage alcohol use, $\chi^2(6, N=667) = 23.78, p \leq .001$ – (6th: 35%, 7th: 47%, 8th: 57%, 9th: 58%, 10th: 67%, 11th: 63%, 12th: 64%); marijuana use, $\chi^2(6, N=666) = 35.61, p \leq .001$ – (6th: 24%, 7th: 33%, 8th: 47%, 9th: 56%, 10th: 58%, 11th: 52%, 12th: 59%).

Reports of having talked with their child during the 30 days prior to the survey about using tobacco products (6th: 52%, 7th: 41%, 8th: 52%, 9th: 47%, 10th: 44%, 11th: 42%, 12th: 31%) and using prescription drugs that were not prescribed to them (6th: 16%, 7th: 17%, 8th: 26%, 9th: 24%, 10th: 32%, 11th: 24%, 12th: 27%) did not differ significantly by the age/grade of the respondent's oldest child.

Trend. Four of the items in this section were asked during prior administrations of the parent survey. The proportion of respondents who reported ever having communicated their family's guidelines and expectations around youth alcohol use and drug use to their child was 91.9% in 2011, 93.9% in 2013, and 88.0% in 2015. The questions about whether the respondent talked to their child during the 30 days prior to the survey about the potential negative consequences associated with underage alcohol use, marijuana use, and using prescription drugs that were not prescribed to them were also asked in 2013 (but not in 2011) – talked about underage alcohol use: 63.6% (2013), 57.3% (2015); talked about using marijuana: 47.7% (2013), 48.5% (2015); and talked about misusing prescription drugs 23.1% (2013), 24.1% (2015). In general, these four items were all similar over time.

Communication – Communicating with Child about Safety Strategies

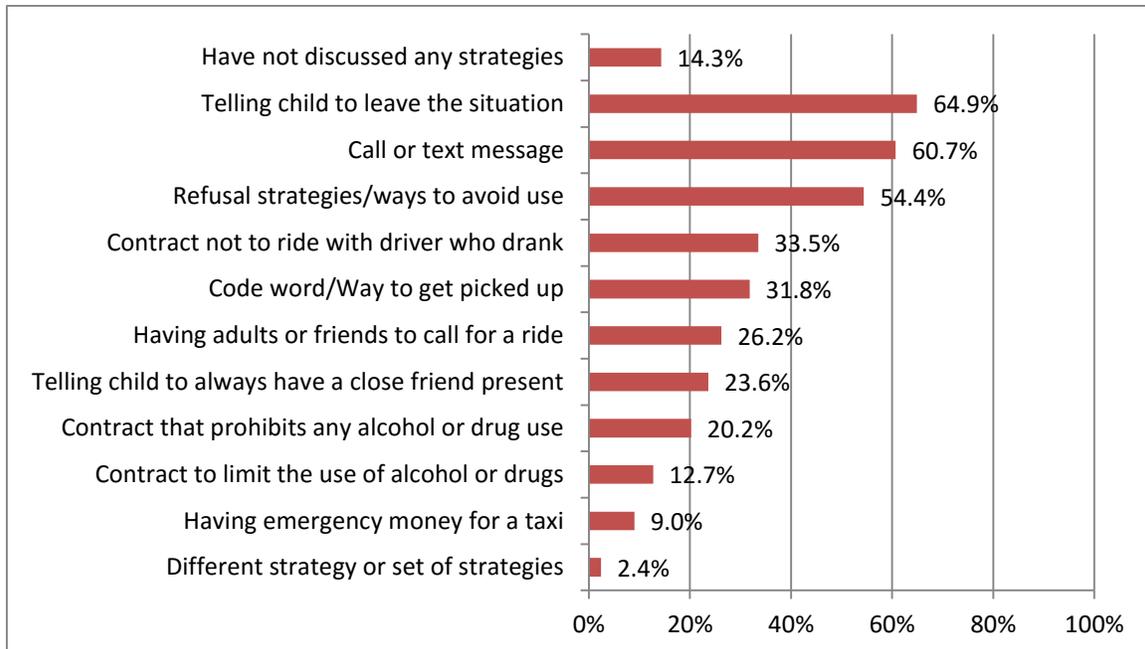
Parents were asked to indicate which, if any strategies, they and their child have discussed about alcohol and other drug use and how to protect themselves in a potentially unsafe situation. Eighty-six percent of parents (85.7%) reported that they have discussed one or more safety strategies with their child.

As shown in Figure 4, the largest proportion of parents (64.9%) have instructed their child to leave a potentially unsafe situation, 60.7% have discussed calling or text messaging if they encounter a potentially unsafe situation, 54.4% have talked to their child about refusal strategies and ways to avoid use of alcohol or other drugs, 33.5% have a written or verbal contract with their child to not ride in a vehicle driven by someone who has been drinking or using drugs, 31.8% have discussed using a code word or some other way to signal the need for assistance, 26.2% have talked to their child about having another adult or friends who they can call for a ride, 23.6% have told their child to always have a close friend present with them, 20.2% have a written or verbal contract with their child that prohibits alcohol or drug use, 12.7% of parents have a written or verbal contract with their child that limits alcohol or other drug use, 9.0% have told their child to have emergency money for a taxi, and 2.4% have discussed other strategies with their child.

Parents who reported that they discussed *a different strategy* with their child (2.4%) were asked to describe this strategy. Other safety strategies identified by parents included: warning their child about the potential negative consequences of use (5 respondents), instructing their child to avoid the situation to begin with (3), emphasizing faith and prayer (2), encouraging

their child to have friends who don't use (2), encouraging their child to engage in alternative activities like sports (1), and instructing their child to not accept drinks from others (1).

Figure 4: Safety Strategies Parents Have Discussed with their Child (n=669)



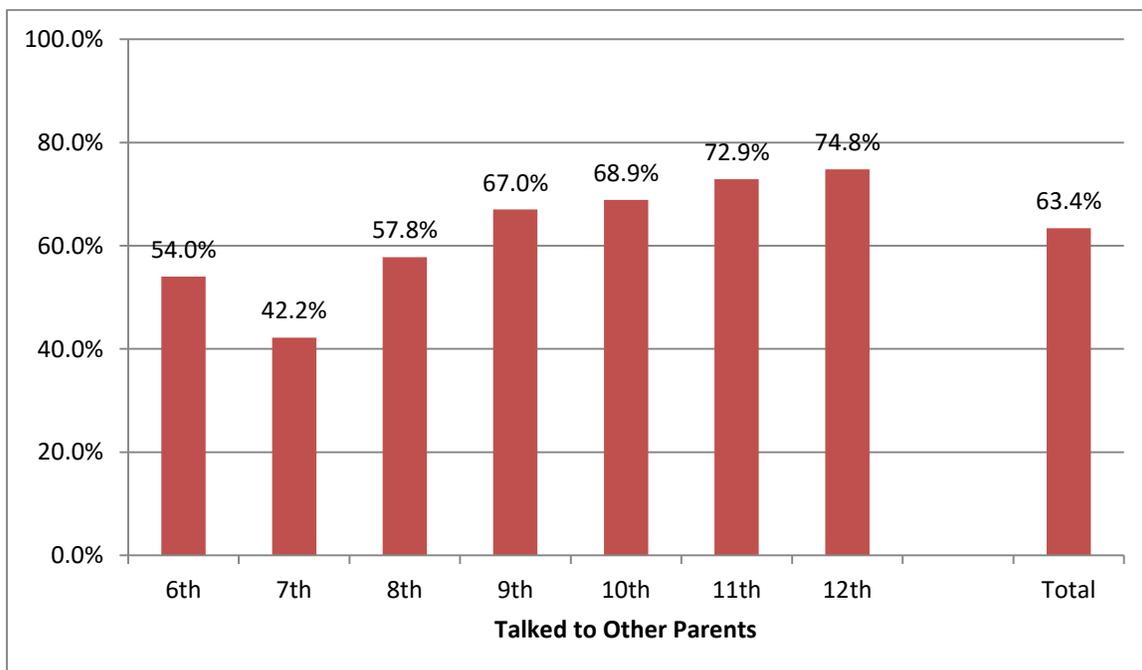
Age/Grade. There was a significant increase by age/grade of the respondents' oldest child and the likelihood of having discussed any safety strategies, $\chi^2(6, N=669) = 76.39, p \leq .001$, (6th: 64%, 7th: 66%, 8th: 85%, 9th: 94%, 10th: 91%, 11th: 95%, 12th: 94%). In general, the likelihood of parents/guardians discussing each of the different strategies with their child increased with the age/grade of the child: leave the potentially unsafe situation, $\chi^2(6, N=669) = 24.48, p \leq .001$, (6th: 48%, 7th: 50%, 8th: 70%, 9th: 73%, 10th: 70%, 11th: 63%, 12th: 72%); call or text message, $\chi^2(6, N=669) = 63.55, p \leq .001$, (6th: 37%, 7th: 34%, 8th: 55%, 9th: 71%, 10th: 70%, 11th: 73%, 12th: 73%); refusal strategies and ways to avoid use, $\chi^2(6, N=669) = 27.55, p \leq .001$, (6th: 33%, 7th: 43%, 8th: 61%, 9th: 65%, 10th: 60%, 11th: 62%, 12th: 48%); contract to not ride in a vehicle driven by someone who has been drinking or using drugs, $\chi^2(6, N=669) = 73.09, p \leq .001$, (6th: 6%, 7th: 14%, 8th: 28%, 9th: 29%, 10th: 39%, 11th: 56%, 12th: 50%); using a code word or some other way to signal the need for assistance, $\chi^2(6, N=669) = 27.77, p \leq .001$, (6th: 13%, 7th: 20%, 8th: 33%, 9th: 40%, 10th: 42%, 11th: 39%, 12th: 28%); having another adult or friends to call for a ride, $\chi^2(6, N=669) = 20.94, p \leq .01$, (6th: 13%, 7th: 13%, 8th: 25%, 9th: 28%, 10th: 31%, 11th: 31%, 12th: 36%); always having a close friend present with them, $\chi^2(6, N=669) = 15.74, p \leq .05$, (6th: 14%, 7th: 13%, 8th: 18%, 9th: 28%, 10th: 30%, 11th: 27%, 12th: 29%); contract that prohibits alcohol or drug use, $\chi^2(6, N=669) = 19.94, p \leq .01$, (6th: 6%, 7th: 17%, 8th: 17%, 9th: 31%, 10th: 21%, 11th: 27%, 12th: 17%); contract that limits alcohol or other drug use, $\chi^2(6, N=669) = 63.02, p \leq .001$, (6th: 0%, 7th: 1%, 8th: 6%, 9th: 9%, 10th: 12%, 11th: 25%, 12th: 28%); and having emergency money for a taxi, $\chi^2(6, N=669) = 17.13, p \leq .01$, (6th: 3%, 7th: 3%, 8th: 12%, 9th: 7%, 10th: 8%, 11th: 18%, 12th: 9%).

Trend. The proportion of parents who reported that they discussed any safety strategies with their child has been stable from 2011 (85.4%), to 2013 (88.5%), to 2015 (85.7%). Changes over time for the individual strategies (where data are available) are as follows: leave the potentially unsafe situation (trend data not available); calling or text messaging (2013: 70.5%, 2015: 60.7%); refusal strategies and ways to avoid use (2013: 54.9%, 2015: 54.4%); contract to not ride in a vehicle driven by someone who has been drinking or using drugs (2011: 36.2%, 2013: 44.2%, 2015: 33.5%); using a code word or some other way to signal the need for assistance (2011: 41.3%, 34.9%, 31.8%); having another adult or friends to call for a ride (trend data not available); always have a close friend present with them (trend data not available); contract that prohibits alcohol or drug use (2013: 23.9%, 2015: 20.2%); contract that limits alcohol or other drug use (2011: 10.1%, 2013: 20.1%, 2015: 12.7%); and having emergency money for a taxi (trend data not available). Caution should be used when making year-to-year comparisons due to differences in the sample and differences in the list of strategies over time.

Communication – Communicating with Other Parents

Respondents were asked, “Have you ever talked with the parents/guardians of your child’s close friends to share and compare parental philosophies and standards regarding alcohol and drugs?” As shown in Figure 5, approximately two-thirds (63.4%) reported that they have ever talked with other parents about alcohol and drug standards and parenting.

Figure 5: Talked with Other Parents about Alcohol and Drug Standards and Parenting (n=673)



Age/Grade. Results from a chi-square analysis found a significant difference in reports of talking to other parents based on the age/grade of the respondent’s oldest child, $\chi^2(6, N=673) = 32.86, p \leq .001$, (6th: 54%, 7th: 42%, 8th: 58%, 9th: 67%, 10th: 69%, 11th: 73%, 12th: 75%). In

general, reports of talking to other parents increased based on the age/grade of the respondent's oldest child.

Trend. The question that asked about whether or not the respondent ever talked with parents of their child's close friends to share and compare parental philosophies and standards regarding alcohol and drugs was also asked in the 2011 and 2013 surveys. The percentage of parents who reported talking to other parents was stable between 2011 and 2015 (2011: 65.2%, 2013: 63.4%, 2015: 63.4%). The percentages in 2013 and 2015 were identical.

FINDINGS – ATTITUDES AND BELIEFS ABOUT UNDERAGE DRINKING AND SUBSTANCE USE

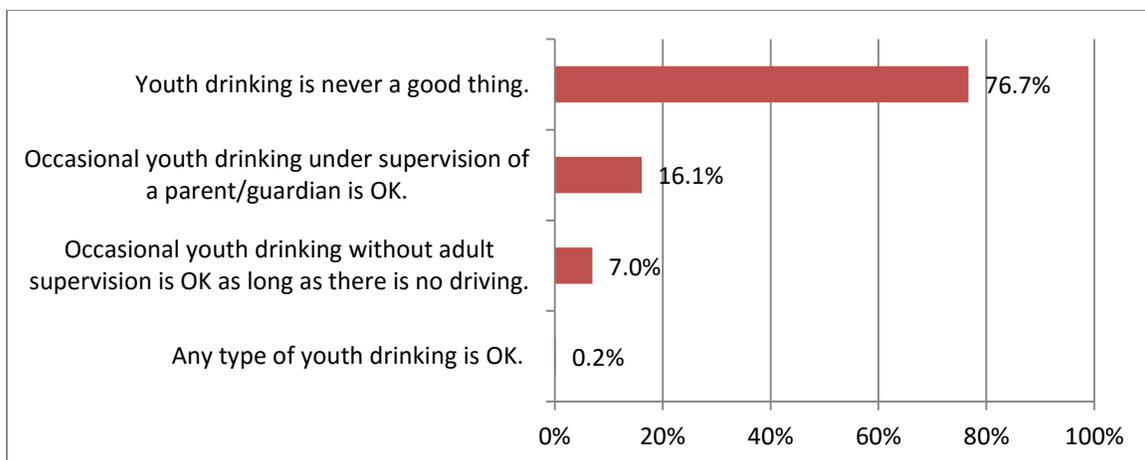
A series of 19 items asked about respondents' beliefs about underage drinking and youth substance use. As with the first section on Communication, all items in this section asked the respondent to answer the question with their oldest 6-12th grade child in mind.

Attitudes and Beliefs – Parent Attitudes about Underage Drinking and Youth Marijuana Use

A parallel set of items were used to assess parents' beliefs about underage drinking and youth marijuana use. The two items asked parents to indicate which of four response options *best* represent their own belief about underage alcohol use and youth marijuana use.

As shown in Figure 6, over three-quarters of respondents (76.7%) indicated they personally believe youth drinking is never a good thing and 16.1% believe that occasional youth drinking under supervision of a parent/guardian is OK. Far fewer respondents believe occasional youth drinking without adult supervision is OK as long as there is no driving involved (7.0%) or that any type of youth drinking is OK (0.2%).

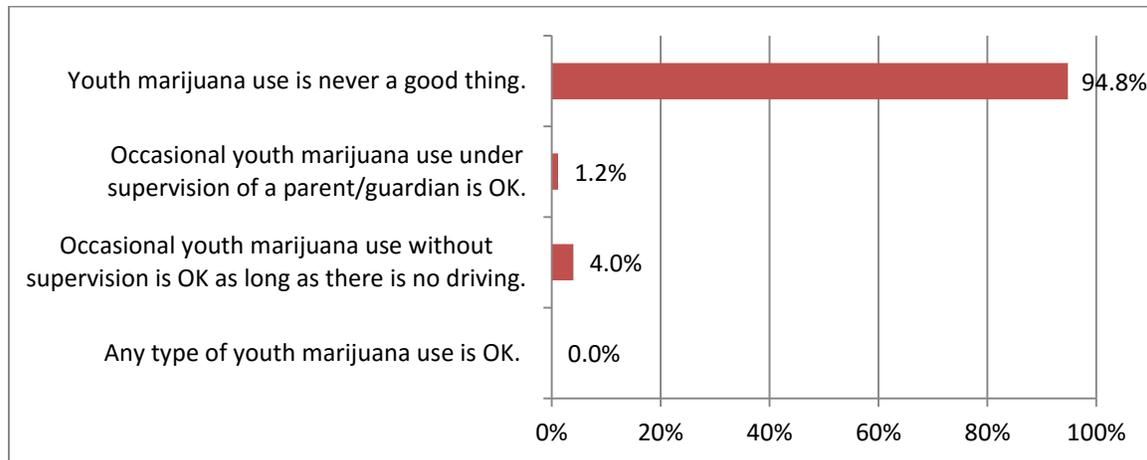
Figure 6: Parental Attitudes About Underage Alcohol Use (n=658)



As shown in Figure 7, almost all parents (94.8%) indicated that they personally believe youth marijuana use is never a good thing. Four percent (4.0%) believe that occasional youth marijuana use without adult supervision is OK as long as there is no driving involved and 1.2%

believe that occasional youth marijuana use under supervision of a parent/guardian is OK. None of the respondents believe that any type of youth marijuana use is OK.

Figure 7: Parental Attitudes About Youth Marijuana Use (n=658)



Age/Grade. Differences by the grade of the respondents' oldest child were examined for both items by dichotomizing the question into two categories: (1) respondents who believe that underage alcohol use/youth marijuana use is never a good thing and (2) respondents who believe that some form of underage alcohol use/youth marijuana use is OK. Results of chi-square analyses indicate that parents of 11th and 12th graders were significantly more likely than their peers to believe that there are conditions under which youth drinking is OK, $\chi^2(6, N=658) = 23.33, p \leq .001$, (6th: 23%, 7th: 13%, 8th: 20%, 9th: 18%, 10th: 21%, 11th: 30%, 12th: 38%). In contrast, there were no differences by age/grade of the respondent's oldest child in their belief that there are conditions under which youth marijuana use is OK (6th: 8%, 7th: 2%, 8th: 4%, 9th: 5%, 10th: 3%, 11th: 7%, 12th: 9%).

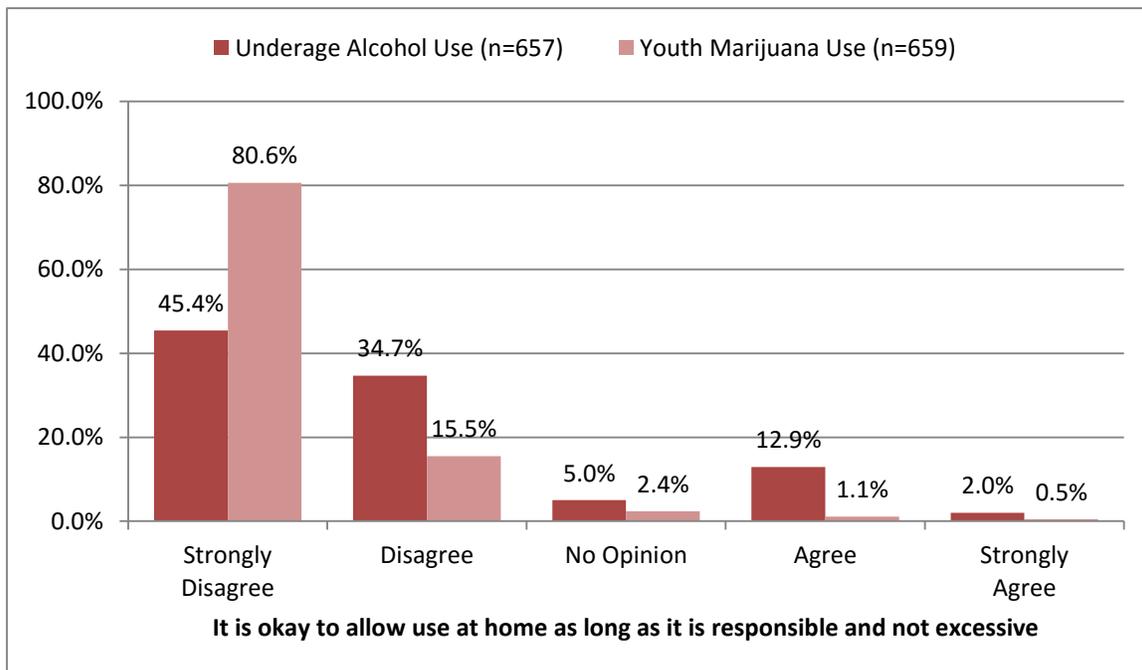
Trend. These two items both appeared in the 2011 and 2013 parent surveys. The proportion of parents/guardians reporting that underage drinking is never a good thing was 81.6% in 2011, 73.1% in 2013, and 76.7% in 2015. The proportion of parents/guardians reporting that youth marijuana use is never a good thing was 94.7% in 2011, 92.7% in 2013, and 94.8% in 2015. As noted earlier in this report, the observed differences may be due to changes in the demographics of the samples – particularly for the 2013 data point.

Attitudes and Beliefs – Attitudes about Youth Using Alcohol or Marijuana at Home

Whereas the last set of questions asked parents to identify the statement that *best* represents their overall view of underage drinking and youth marijuana use, two follow-up items asked parents to rate their agreement with the following question, "I think it is okay to allow [underage alcohol use/youth marijuana use] at home as long as it is responsible and not excessive. The response options for this item were: *strongly disagree, disagree, no opinion, agree, and strongly agree.*

As shown in Figure 8, eighty percent of respondents (80.1%) either *disagree* or *strongly disagree* that it is okay to allow underage alcohol use at home as long as it is responsible and not excessive and 96.1% *disagree* or *strongly disagree* that it is okay to allow youth marijuana use at home. Almost two times as many parents *strongly disagree* that it is okay to allow youth marijuana use compared to underage alcohol use.

Figure 8: Attitudes about Youth Using Alcohol or Marijuana at Home



Age/Grade. There were no significant differences by age/grade of the respondents' oldest child in the propensity of parents to disagree or agree with these two statements.

Trend. These two items were also asked in the 2013 parent survey. In 2013, 80.2% of respondents either *disagreed* or *strongly disagreed* that it is okay to allow underage alcohol use at home as long as it is responsible and not excessive – the percentage in 2015 was 80.1%. In 2013, 95.9% of respondents either *disagreed* or *strongly disagreed* that it is okay to allow youth marijuana use at home as long as it is responsible and not excessive – the percentage in 2015 was 96.1%. Results across these two time points were nearly identical.

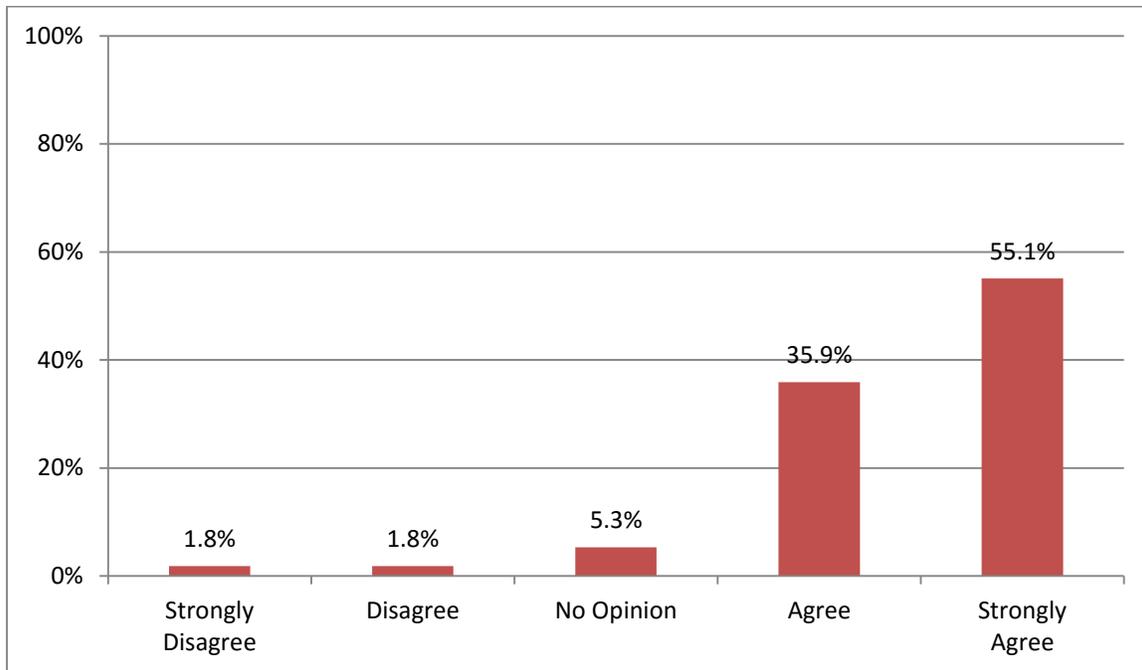
Attitudes and Beliefs – Attitudes about Receiving Calls from Other Parents

Respondents were asked to rate their level of agreement with the following statement, “I would like other parents/guardians to call me to see if I will be home if their child is coming to my home for a social gathering.” The response options for this item were: *strongly disagree*, *disagree*, *no opinion*, *agree*, and *strongly agree*.

As shown in Figure 9, almost all parents (91.0%) either *agree* or *strongly agree* that they would like other parents to call to see whether or not an adult will be home if the other parent's child

is coming over for a social gathering. Five percent of respondents (5.3%) had *no opinion*, 1.8% indicated that they *disagree*, and 1.8% reported that they *strongly disagree*.

Figure 9: I Would Like Other Parents to Call Me if Their Child is Coming to My House (n=655)



Age/Grade. There were no significant differences by age/grade of the respondents' oldest child in the propensity of parents to disagree or agree with this statement.

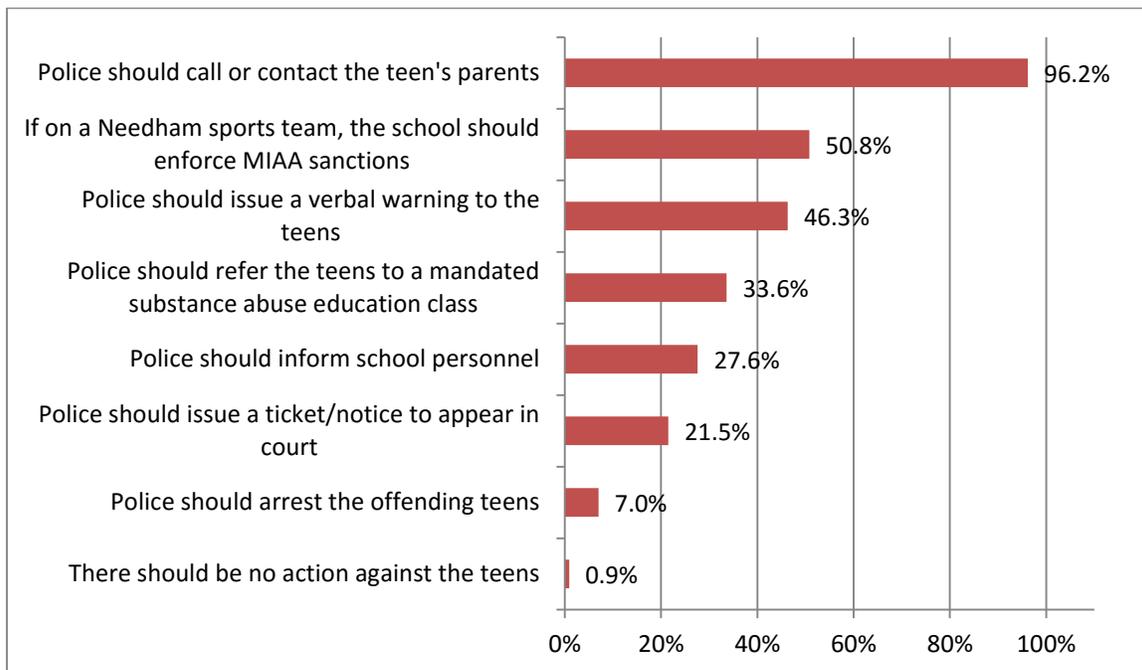
Trend. The results for this item were nearly identical between the 2011 parent survey (89.0% *agree/strongly agree*), the 2013 parent survey (92.2%), and the 2015 parent survey (91.0%).

Attitudes and Beliefs – Attitudes about Police Involvement in Underage Drinking Situations

Respondents were asked to indicate what law enforcement action(s), if any, they would support if the police became aware that Needham teens were drinking alcohol.

As shown in Figure 10, almost all respondents (96.2%) think police should contact the teens' parents, half (50.8%) think the school should enforce MIAA sanctions if the student is on a Needham sports team, and 46.3% feel that the police should issue a verbal warning to the teens. Roughly one-third of respondents think that police should refer the teens to a mandated substance abuse education class (33.6%), 27.6% think police should inform school personnel, and 21.5% think police should issue a ticket/notice to appear in court. Only 7.0% think the police should arrest the offending teens and less than one percent of respondents (0.9%) think that there should be no action against the teens.

Figure 10: Action(s) Parents Would Support if Needham Teens Were Caught Drinking (n=655)



Age/Grade. Three of the actions listed in this question differed significantly based on the age/grade of the respondent's oldest child. Parents of 6th graders were more likely than their peers to endorse informing school personnel, $\chi^2(6, N=655) = 18.54, p \leq .01$, (6th: 48%, 7th: 30%, 8th: 28%, 9th: 28%, 10th: 25%, 11th: 25%, 12th: 18%). Parents of 9th graders were less likely to endorse issuing a verbal warning to the teens than their peers, $\chi^2(6, N=655) = 14.16, p \leq .05$, (6th: 46%, 7th: 49%, 8th: 49%, 9th: 31%, 10th: 45%, 11th: 54%, 12th: 52%). Parents of 7th and 12th graders were less likely to endorse enforcing MIAA sanctions if the student is on a Needham sports team, $\chi^2(6, N=655) = 16.79, p \leq .01$, (6th: 60%, 7th: 40%, 8th: 48%, 9th: 61%, 10th: 53%, 11th: 56%, 12th: 40%).

Trend. The proportion of respondents endorsing each of these actions by police varied between 2011, 2013, and 2015: contact the teens' parents, (2011: 95.0%, 2013: 97.7%, 2015: 96.2%), enforce MIAA sanctions if the student is on a Needham sports team, (56.3%, 58.2%, 50.8%), issue a verbal warning to the teens (37.8%, 37.9%, 46.3%), refer the teens to a mandated substance abuse education class (39.4%, 39.3%, 33.6%), inform school personnel (34.0%, 30.0%, 27.6%), issue a ticket/notice to appear in court (24.8%, 26.0%, 21.5%), arrest the offending teens (9.0%, 12.6%, 7.0%), and take no action against the teens (0.2%, 0.8%, 0.9%). In general, there was more support for a verbal warning and less support for some of the other punitive actions; with the exception of contacting the teens' parents, which was stable.

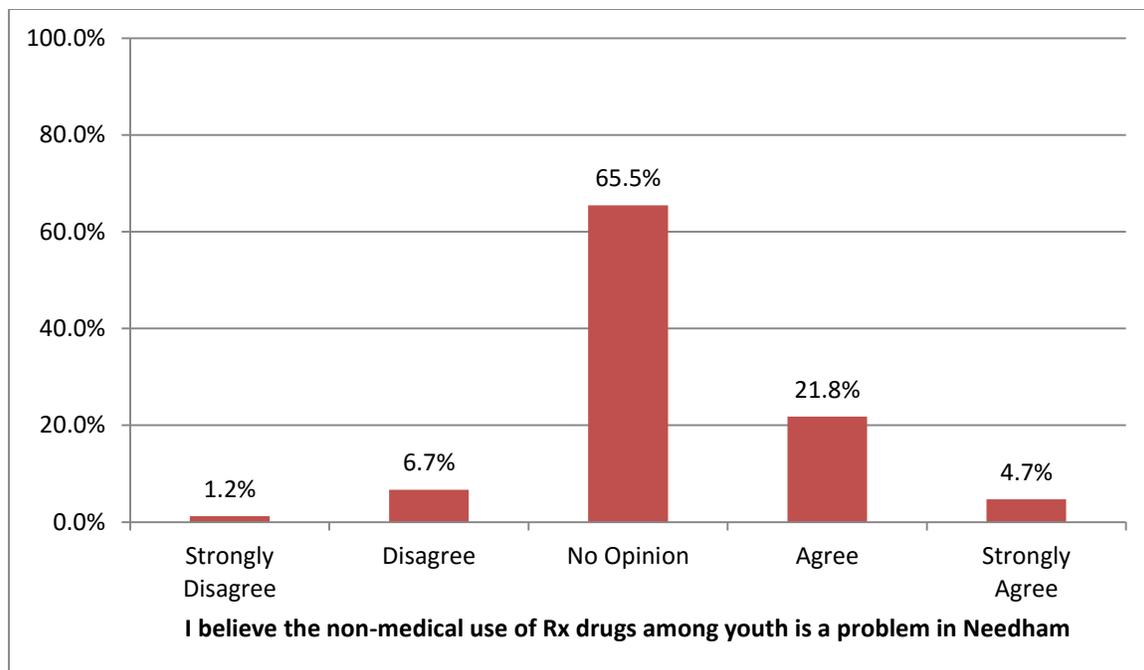
Attitudes and Beliefs – Parent Beliefs about the Non-Medical Use of Prescription Drugs

In addition to questions about underage alcohol use and youth marijuana use, respondents were asked about non-medical use of prescription drugs. Respondents were asked to rate their level of agreement with the following item, "I believe the illegal use of prescription medications

among youth is a problem in Needham.” The response options for this item were: *strongly disagree*, *disagree*, *no opinion*, *agree*, and *strongly agree*.

As shown in Figure 11, roughly one-quarter of respondents (26.5%) reported they *agree* or *strongly agree* that non-medical use of prescription drugs among youth in Needham is a problem. Almost two-thirds (65.5%) reported that they had *no opinion* on this issue.

Figure 11: Parent Beliefs about the Non-Medical Use of Prescription Drugs (n=656)



Age/Grade. There were no significant differences by age/grade of the respondents’ oldest child in the propensity of parents to disagree or agree with this statement.

Trend. The proportion of respondents who indicated that they *agree* or *strongly agree* that non-medical use of prescription drugs among youth is a problem in Needham decreased steadily from 2011 (39.6%), to 2013 (32.6%), to 2015 (26.5%). The proportion of respondents who indicated that they have *no opinion* increased from 2011 (47.8%), to 2013 (58.9%), to 2015 (65.5%). Given that this question does not seem to vary by age of the respondent’s oldest child, the difference in samples alone is not likely the only factor that explains the observed difference over time.

Attitudes and Beliefs – Parental Disapproval of Youth Substance Use

A series of five questions assessed parental disapproval of youth substance use. Respondents were asked to indicate how wrong they think it would be for their child to: (a) smoke tobacco, (b) drink alcohol occasionally, (c) have one or two drinks of an alcoholic beverage nearly every day, (d) smoke marijuana, and (e) use prescription drugs not prescribed to them. The response options for these items were: *not at all wrong*, *a little bit wrong*, *wrong*, and *very wrong*.

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As shown in Table 2, almost all respondents (97.4%) think it would be *very wrong* for their child to use prescription drugs not prescribed to them, 95.9% think it would be *very wrong* for their child to have 1 or 2 alcoholic drinks nearly every day, 80.9% think it would be *very wrong* for their child to smoke tobacco, 76.4% think it would be *very wrong* for their child to smoke marijuana, and 48.7% think it would be *very wrong* for their child to drink alcohol occasionally.

Table 2: Parental Disapproval of Youth Substance Use

	How wrong do you think it would be for your child to...				Mean (1-4)
	Not At All Wrong	A Little Bit Wrong	Wrong	Very Wrong	
Smoke tobacco (n=659)	0.3% (2)	1.1% (7)	17.8% (117)	80.9% (533)	3.79
Drink alcohol occasionally (n=655)	4.1% (27)	15.1% (99)	32.1% (210)	48.7% (319)	3.25
Have 1 or 2 alcoholic drinks nearly every day (n=659)	0.3% (2)	0.2% (1)	3.6% (24)	95.9% (632)	3.95
Smoke marijuana (n=658)	0.6% (4)	4.1% (27)	18.8% (124)	76.4% (503)	3.71
Use prescription drugs not prescribed to them (n=658)	0.5% (3)	0.2% (1)	2.0% (13)	97.4% (641)	3.96

Age/Grade. Respondents whose oldest child was in 11th grade or 12th grade expressed significantly less disapproval than their peers for their child drinking alcohol occasionally. The percentage of respondents who indicated that occasional alcohol use was *very wrong* was: (6th grade: 70%, 7th: 68%, 8th: 55%, 9th: 55%, 10th: 44%, 11th: 38%, 12th: 20%). Respondents whose oldest child was in 12th grade expressed significantly less disapproval than their peers for their child smoking marijuana. The percentage of respondents who indicated that their child smoking marijuana was *very wrong* was: (6th grade: 85%, 7th: 88%, 8th: 80%, 9th: 83%, 10th: 69%, 11th: 73%, 12th: 61%).

Trend. These items were not asked in the 2011 parent survey. Four of the five items were asked during the 2013 survey. Respondents were equally likely in 2013 and 2015 to report that their child having 1 or 2 alcoholic drinks nearly every day is *very wrong* (2013: 96.3%, 2015: 95.9%) and using prescription drugs not prescribed to them is *very wrong* (2013: 98.3%, 2015: 97.4%). Respondents were less likely in 2015 than 2013 to report that their child smoking tobacco is *very wrong* (2013: 85.5%, 2015: 80.9%) and smoking marijuana is *very wrong* (2013: 83.7%, 2015: 76.4%).

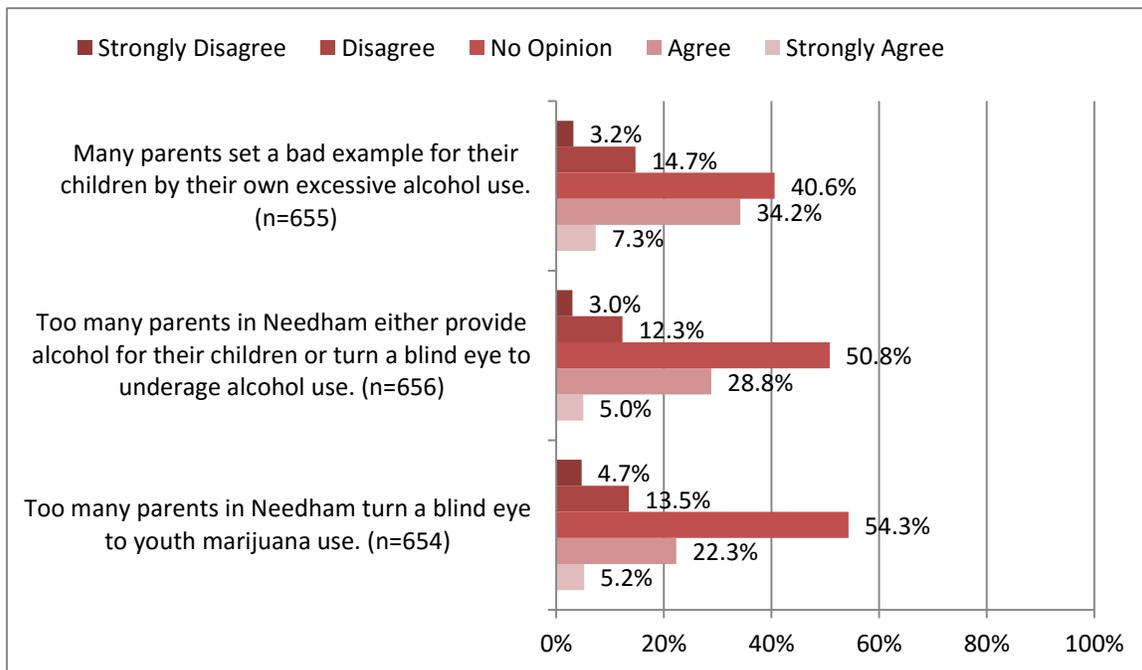
Attitudes and Beliefs – Parent Beliefs about Community Substance Use Norms

Three questions examined parents' beliefs about community substance use norms.

Forty-two percent of respondents (41.5%) either *agree* or *strongly agree* that many parents set a bad example for their children by their own excessive alcohol use. Thirty-four percent

(33.8%) either *agree* or *strongly agree* that too many parents in Needham either provide alcohol for their children or turn a blind eye to underage alcohol use. Twenty-eight percent (27.5%) either *agree* or *strongly agree* that too many parents in Needham turn a blind eye to youth marijuana use. As shown in Figure 12, the largest proportion of respondents indicated that they have *no opinion* on these issues.

Figure 12: Parent Beliefs about Community Substance Use Norms



Age/Grade. There was no difference in these questions based on the age of the respondent's oldest child.

Trend. Respondents in 2015 were more similar in their beliefs to respondents to the 2011 survey than the 2013 survey. The percentage of respondents who *agreed* or *strongly agreed* that many parents set a bad example for their children by their own excessive alcohol use was 41.6% in 2011, 75.8% in 2013, and 41.5% in 2015. The percentage of respondents who *agreed* or *strongly agreed* that too many parents either provide alcohol for their children or turn a blind eye to underage alcohol use was 41.5% in 2011, 45.4% in 2013, and 33.8% in 2015. The percentage of respondents who *agreed* or *strongly agreed* that too many parents in Needham turn a blind eye to youth marijuana use was 31.7% in 2011, 34.9% in 2013, and 27.5% in 2015.

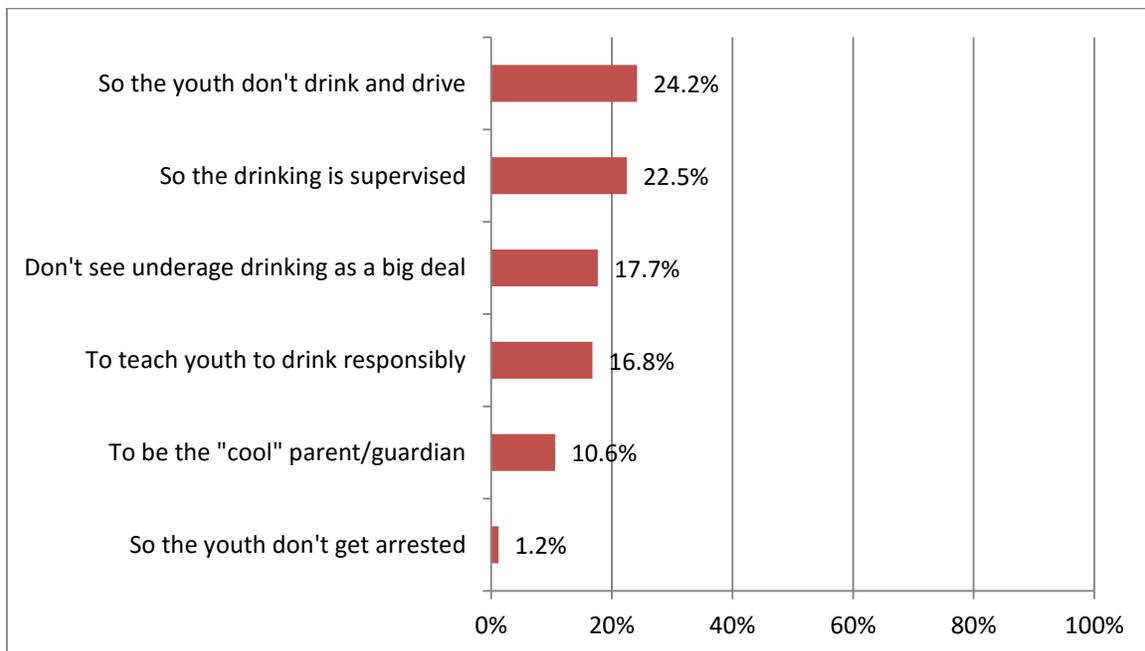
Since these items tend not to vary significantly by age of the respondents' oldest child, it is difficult to dismiss this finding as simply being due to differences in the samples – although this remains the most plausible explanation. It is, of course, possible that the observed changes in beliefs about community norms assessed in these items actually reflect that fewer parents are turning a blind eye to underage alcohol and marijuana use.

Attitudes and Beliefs – Beliefs about Why Some Other Parents Allow Underage Drinking

Respondents were asked to identify the *main* reason they think some parents may allow their own children and other children to drink alcohol in their home. As shown in Figure 13, respondents were most likely to believe that other parents may allow their and other children to drink alcohol in their home so the youth don't drink and drive (24.2%) or so the drinking is supervised (22.5%). An additional 17.7% believe it's because these parents don't see underage drinking as being a big deal, 16.8% think it's to teach youth to drink responsibly, 10.6 think it's to be perceived as being the "cool" parent/guardian, and 1.2 think it's so the youth don't get arrested. A sub-set of respondents thought it was for a different reason (6.9%)

The respondents who reported a different reason were asked to describe what the reason may be for other parents to allow their and other children to drink alcohol in their home. Of those who provided a comment, the majority felt that it was a combination of all of the factors on the list. Several respondents felt that it was to demystify the experience (especially for seniors about to head off to college), and other respondents indicated that they simply don't know why some parents allow this to occur.

Figure 13: Beliefs about Why Some Parents Allow Children to Drink Alcohol at Home (n=649)



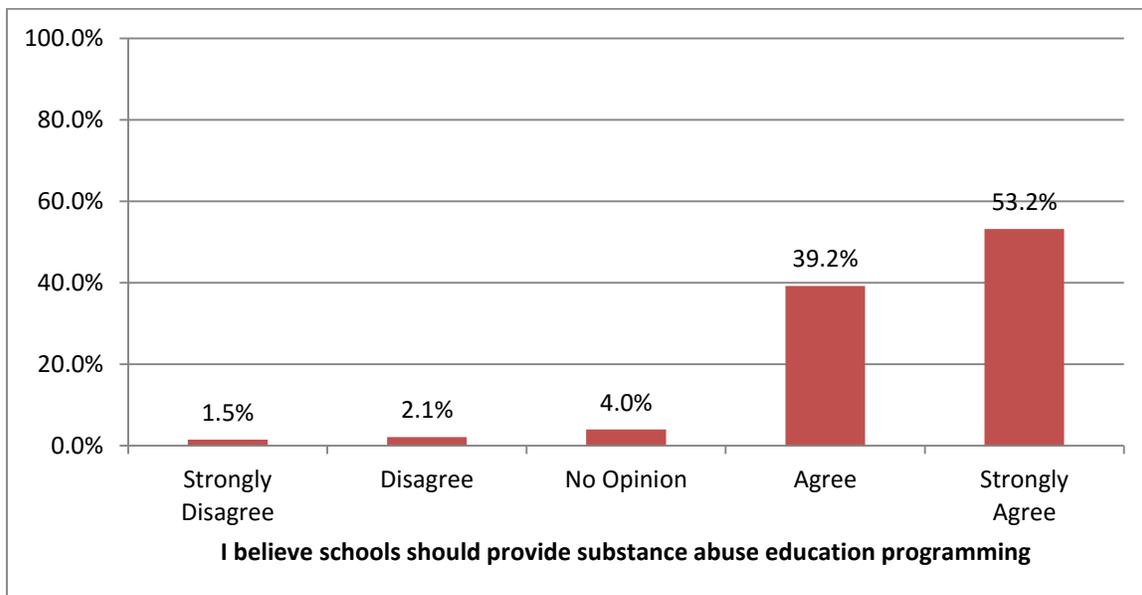
Age/Grade. There was no difference in answers to this question based on the age of the respondent's oldest child.

Trend. Two of the response options used in this question were added in 2015 in response to write-in findings from earlier years (e.g., because parents don't see underage drinking as being a big deal). As a result of these two additions, this item cannot be directly compared to the 2011 and 2013 data.

Attitudes and Beliefs – Parent Attitudes about School-Based Substance Abuse Prevention

Two questions assessed whether or not respondents feel that schools should provide substance abuse prevention programs and the grade(s) at which this content should be delivered. As shown in Figure 14, almost all respondents (92.4%) reported they *agree* or *strongly agree* that schools should provide education programs for students their child’s age that are designed to help prevent and reduce underage drinking and substance abuse.

Figure 14: Parent Attitudes about School-Based Substance Abuse Prevention (n=656)

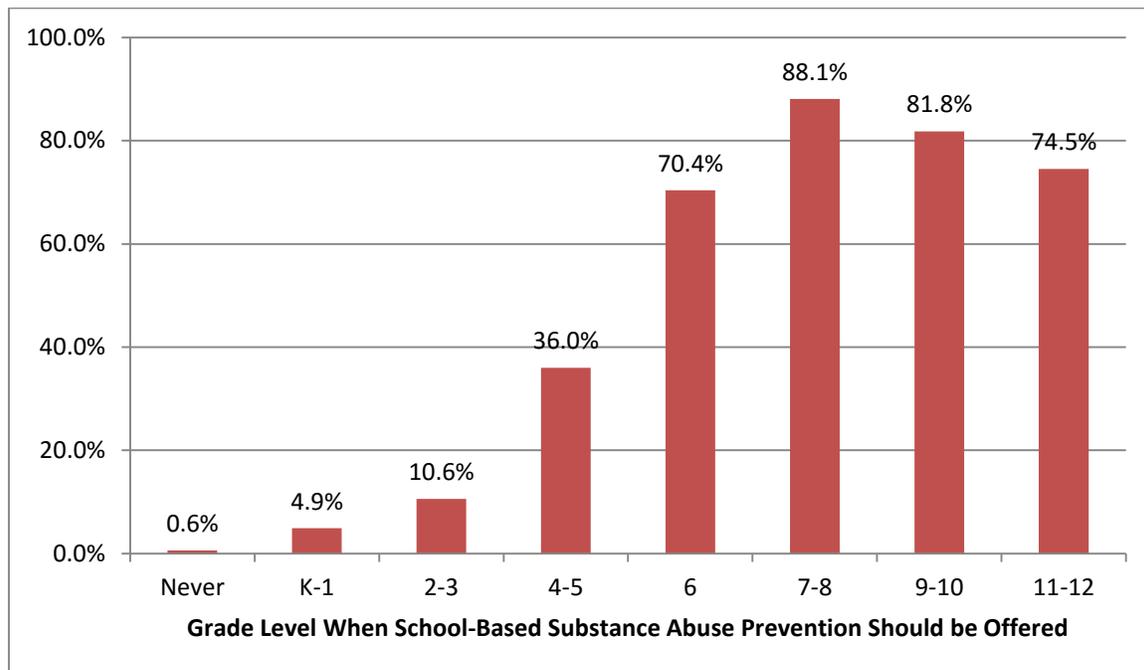


Age/Grade. There was no difference in answers to this question based on the age of the respondent’s oldest child.

Trend. This question also appeared in the 2011 and 2013 parent surveys. There has been little change over time in the percentage of respondents who *agree* or *strongly agree* that schools should provide education programs for students their child’s age that are designed to help prevent and reduce substance abuse – 2011: 89.2%, 2013: 93.2%, 2015: 92.4%.

The second question in this part of the survey asked respondents to indicate the grade level(s) in which schools should provide evidence-based, age/developmentally appropriate substance abuse awareness and prevention curricula through health classes. As shown in Figure 15, a little over a third (36.0%) felt that substance abuse prevention content should be delivered during grades 4-5, over two-thirds (70.4%) felt that it should be delivered in grade 6, the largest proportion (88.1%) felt that it should be delivered in grades 7-8, over three-quarters (81.8%) felt it should be delivered in grades 9-10, and 74.5% felt it should be delivered in grades 11-12.

Figure 15: Grade(s) When Substance Abuse Prevention Should be Delivered at School (n=658)



Attitudes and Beliefs – Effective Ways/Places to Reach Parents with Prevention Messages

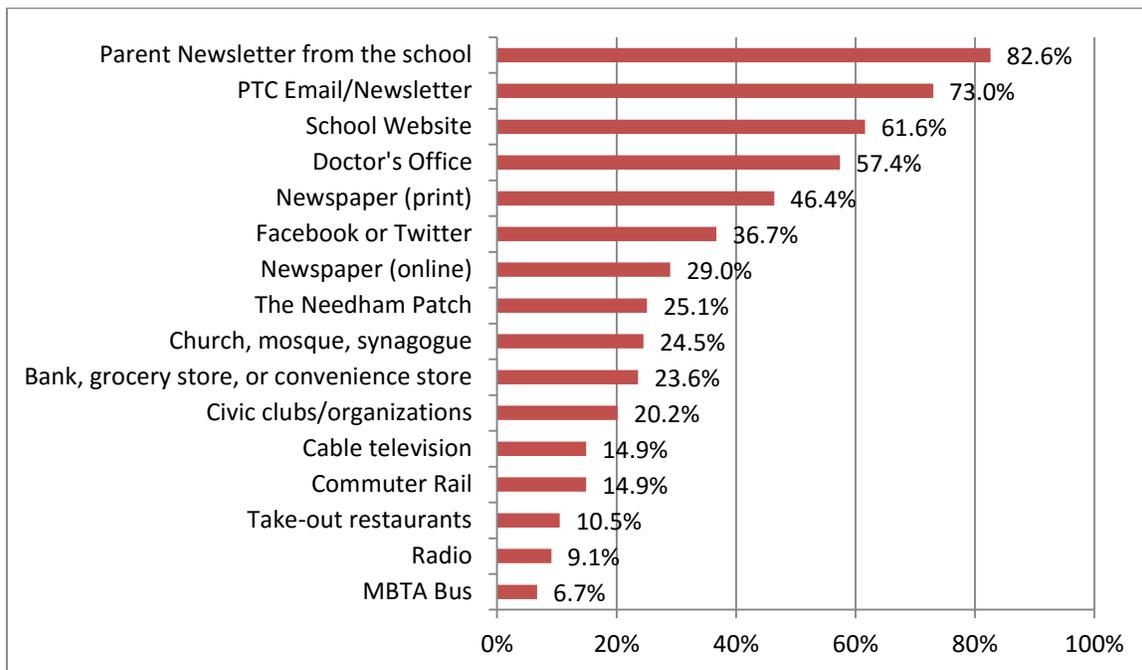
Respondents were provided with a list of 16 different options and were asked to identify what they feel are effective ways/places to reach Needham parents with prevention messages.

As shown in Figure 16, the largest proportions of respondents indicated that the most effective ways to reach Needham parents with prevention messages are through the parent newsletter from the school (82.6%), PTC Email/Newsletter (73.0%), the school website (61.6%), doctor's offices (57.4%), print newspaper (46.4%), and Facebook or Twitter (36.7%). Sources that were identified by fewer respondents included: online newspapers (29.0%); the Needham Patch (25.1%); in a church, mosque, or synagogue (24.5%); in a bank, grocery store, or convenience store (23.6%); and in civic clubs/organizations (20.2%). The sources identified by the smallest number of parents were cable television (14.9%), the commuter rail (14.9%), take-out restaurants (10.5%), radio (9.1%), and the MBTA bus (6.7%).

Age/Grade. There was no difference in the answers to this question based on the age of the respondent's oldest child.

Trend. This question also appeared in the 2011 and 2013 parent surveys. There were few differences between the 2011 and 2013 survey with the exception of the percentage of respondents who identified the Needham Patch – which doubled from 15.7% in 2011 to 32.3% in 2013. The only sources that moved by 5% or more between 2013 and 2015 were: print newspaper (-8%); church, mosque, or synagogue (-5%); the Needham Patch (-5%); the school website (-5%); and PTC Email/Newsletter (+7%).

Figure 16: Effective Ways/Places to Reach Needham Parents with Prevention Messages (n=645)



FINDINGS – PERCEPTIONS OF UNDERAGE DRINKING AND SUBSTANCE USE

A series of 5 multi-part items in the survey asked about respondents' perceptions of what actually occurs in Needham around underage drinking, youth substance use, and related issues.

Perceptions – Parent Perception of Substance Use and Related Issues in Needham

Parents were asked to estimate the percentage of Needham students in 6-8th grade and 9-12th grade who engage in substance use and related issues. Respondents were only asked to estimate use among the age group of their oldest child (i.e., parents of 6-8th graders estimated use for 6-8th graders and parents of 9-12th graders estimated use among 9-12th graders).

Table 3 shows parents' average estimate of how many 6-8th graders engaged in each of these behaviors and the actual percentage of 7-8th graders who reported engaging in these behaviors in the 2014 MetroWest Adolescent Health Survey conducted in the Needham Public Schools. Similarly, the table shows parents' estimate of these behaviors among 9-12th graders and actual data from the MetroWest survey for this age group.

Parents over-estimated the occurrence of each of these behaviors for which comparative data are available. On average, parents tended to over-estimate each of these behaviors by approximately 11% at the middle grades level and 12% at the high school level. The largest over-estimate was for perception of how many 9-12th graders used marijuana in the last 30 days. Parents of 9th-12th graders were 19% off in their estimate (41% estimated vs. 22% actual). Parents of 9th-12th graders were most accurate in their estimate of binge drinking in the past 30 days – parents of 9th-12th graders were only 5% off (25% estimated vs. 20% actual).

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Table 3: Parent Perception of Substance Use and Related Issues in Needham

Estimate % of Needham Students Who...	6-8 th Grade (Estimate)	7-8 th Grade (Actual 2014)	9 th -12 th Grade (Estimate)	9 th -12 th Grade (Actual 2014)
Drank at least one drink of alcohol (not including religious ceremonies) in the last 30 days	18.4%	1.9%	48.4%	35.0%
Drank 5 or more drinks of alcohol in a row (within a couple of hours) in the last 30 days	8.8%	0.4%	25.1%	19.7%
Rode in a car or other vehicle driven by someone who had been using alcohol in the last 30 days	20.0%	N/A	25.0%	16.3%
Used marijuana in the last 30 days	11.8%	0.8%	40.7%	21.8%
Use any illegal drug other than marijuana or inhalants in the last 30 days	6.4%	N/A	18.9%	N/A
Ever used a prescription drug without a doctor's prescription	9.6%	0.8%	20.6%	6.7%

Note. There are several important limitations to point out with regard to this set of analyses. The MetroWest Adolescent Health Survey took place during October-November 2014 and the parent survey took place during April-May 2015. Given that use of substances tends to increase with age/grade, actual use may have been slightly higher during the time when parents took part in the survey. This difference may over-exaggerate the gap between actual and perceived use (i.e., the gap between estimated and actual may be smaller than it appears). On the opposite side, parents of 6th-8th graders were asked to estimate these behaviors among 6-8th graders but the MetroWest Adolescent Health Survey only surveys 7th-8th graders in this age group. Had the parent survey asked respondents to only estimate use among 7th-8th graders (excluding 6th graders), their estimates may have been higher (i.e., the gap between estimated and actual may be larger than it appears).

Perceptions – Parent Perception of Usual Source of Alcohol among Underage Drinkers

Parents were asked to identify what they think was the most usual source of alcohol among youth their child's age who drank alcohol in the last 30 days. The question wording was, "Among Needham youth my child's age who drank alcohol in the last 30 days (not including religious ceremonies), I believe they usually acquired the alcohol..." Since respondents were asked about youth their child's age, these data are presented separately for parents whose oldest child is in 6-8th grade and parents whose oldest child is in 9-12th grade.

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As shown in Table 4, respondents whose oldest child is in 6-8th grade believe that the top three sources of alcohol among 6-8th graders who drank in the past 30 days were from home without parental knowledge (63.9%), from a party (15.2%), and from someone they know over 21 giving it to them or buying it for them (9.6%). Respondents whose oldest child is in 9-12th grade believe that the top three sources of alcohol among 9-12th graders who drank alcohol in the past 30 days were from home without parental knowledge (34.7%), from a party (27.2%), and from someone they know over 21 giving it to them or buying it for them (23.0%).

Parents of both 6-8th graders and 9-12th graders identified the same three most usual sources. The only difference was that parents of 6-8th graders were two times as likely to identify home as the source (without parental knowledge) and parents of 9th-12th graders were two times as likely to identify a party or someone they know over 21 as the source.

Very few parents believe that youth who drank alcohol in the past 30 days usually got it from home with parental knowledge, by purchasing it from a commercial source, asking a stranger to buy it, purchasing it online, or some other way.

Table 4: Parent Perception of Usual Source of Alcohol among Underage Drinkers

Among youth my child's age who drank alcohol in the last 30 days, I believe they usually acquired it...	6-8 th Grade (Parent Estimate)	9-12 th Grade (Parent Estimate)
From a party	15.2%	27.2%
From an underage friend (not at a party)	3.9%	9.4%
From home with parental knowledge	4.8%	2.1%
From home without parental knowledge	63.9%	34.7%
By him/herself from a store, tavern, bar, or public event (like a concert or sporting event)	0.4%	0.5%
From someone they know over 21 giving it to them or buying it for them	9.6%	23.0%
From asking a stranger to buy it	0.0%	1.0%
Having a friend purchase it or purchasing it themselves online	0.4%	1.3%
Some other way	1.7%	0.8%

Perceptions – Parent Perception of Usual Source of Rx Drugs among Non-Medical Users

Parents were asked to identify what they think was the most usual source of prescription drugs among youth their child's age who used them non-medically. The question wording was, "Among Needham youth my child's age who ever used prescription drugs without a doctor's prescription, I believe they usually acquired them..." Since respondents were asked about youth their child's age, these data are presented separately for parents whose oldest child is in 6-8th grade and parents whose oldest child is in 9-12th grade.

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As shown in Table 5, respondents whose oldest child is in 6-8th grade believe that the top two sources of prescription drugs among 6-8th graders who ever used them non-medically were from home without parental knowledge (59.3%) and from a friend (26.5%). Respondents whose oldest child is in 9-12th grade believe that the top two sources of prescription drugs among 9-12th graders who ever used them non-medically were from home without parental knowledge (52.0%) and from a friend (29.2%).

Parents of both 6-8th graders and 9-12th graders identified the same most usual sources. Very few parents believe that youth who ever used prescription drugs non-medically usually got them by purchasing them on the Internet or some other way.

Table 5: Parent Perception of Usual Source of Rx Drugs among Non-Medical Users

Among youth my child's age who ever used Rx drugs without a prescription, I believe they usually acquired them...	6-8 th Grade (Parent Estimate)	9-12 th Grade (Parent Estimate)
From a friend	26.5%	29.2%
From home without parental knowledge	59.3%	52.0%
From someone else without them knowing	10.6%	9.8%
Purchasing them on the Internet	0.4%	1.9%
Purchasing them someplace else	1.3%	5.6%
Some other way	1.8%	1.6%

Perceptions – Parent Perception of Other Parents' Attitudes and Behaviors

Parents were asked to estimate the percentage of parents at their child's school who they think have certain attitudes and engage in certain behaviors. Since respondents were asked about parents at their child's school, these data are presented separately for parents whose oldest child is in 6-8th grade and parents whose oldest child is in 9-12th grade.

As shown in Table 6, respondents whose oldest child is in 6-8th grade think that 14.3% of other 6-8th grade parents knowingly allow their child to attend parties where underage drinking occurs, think that 10.5% of other 6-8th grade parents knowingly allow their child to attend parties where marijuana use occurs, think that 31.5% of other 6-8th grade parents call to make sure a parent will be present before allowing their child to go to another home for a social gathering, and think that 47.7% of other 6-8th grade parents would like to receive a call (from other parents) if their own child is hosting a social gathering.

Respondents whose oldest child is in 9-12th grade think that 36.7% of other 9-12th grade parents knowingly allow their child to attend parties where underage drinking occurs, think that 29.1% of other 9-12th grade parents knowingly allow their child to attend parties where marijuana use occurs, think that 19.7% of other 9-12th grade parents call to make sure a parent will be present before allowing their child to go to another home for a social gathering, and think that 41.1% of other 9-12th grade parents would like to receive a call (from other parents) if their own child is hosting a social gathering.

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Table 6: Parent Perception of Other Parents' Attitudes and Behaviors

What % of PARENTS at your child's school do you think...	Parents of 6-8 th Graders Estimate of Other 6-8 th Grade Parents	Parents of 9-12 th Graders Estimate of Other 9-12 th Grade Parents
Knowingly allow their children to attend parties where underage drinking occurs?	14.3%	36.7%
Knowingly allow their child to attend parties where marijuana use occurs?	10.5%	29.1%
Call to make sure that a parent is home before they allow their child to go to another home for a social gathering?	31.5%	19.7%
Want to receive a call (from other parents) if their own child is hosting a social gathering?	47.7%	41.1%

FINDINGS – BEHAVIORS ASSOCIATED WITH SUBSTANCE USE PREVENTION

The final set of 15 questions assessed parents' behaviors associated with preventing underage drinking and youth substance use.

Behaviors – Means Restriction

Four questions in the survey examined the extent to which parents: (a) actively monitor or take stock of any alcohol or prescription medications present in their home and (b) secure or lock-up any alcohol or prescription medications present in their home.

Eight percent of parents (8.2%) indicated that they do not keep any alcohol in their home and 23.1% reported that there are no prescription medications in their home.

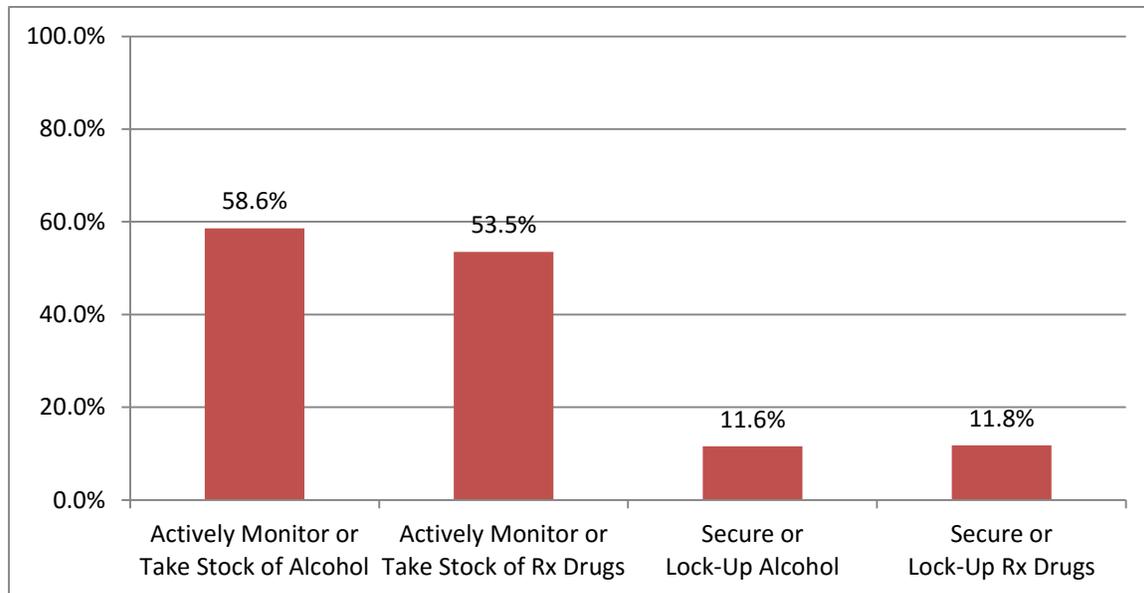
As shown in Figure 17, among the 91.8% of parents who keep alcohol in their home, 58.6% report that they actively monitor or take stock of the alcohol and 11.6% report that they secure or lock-up the alcohol. Among the 76.9% of parents who have prescription drugs in their home, 53.5% report that they actively monitor or take stock of the prescription drugs and 11.8% report that they secure or lock-up the prescription drugs.

Age/Grade. Parents whose oldest child was in grades 9-12 were significantly more likely than parents whose oldest child was in grades 6-8 to report that they: (a) actively monitor or take stock of any alcohol present in the home, $\chi^2(1, N=560) = 36.76, p \leq .001$, (6th-8th: 43%, 9th-12th: 69%); (b) actively monitor or take stock of any prescription medication present in the home, $\chi^2(1, N=469) = 10.38, p \leq .001$, (6th-8th: 44%, 9th-12th: 60%); and (c) secure or lock up any alcohol present in the home, $\chi^2(1, N=560) = 16.23, p \leq .001$, (6th-8th: 5%, 9th-12th: 16%). There was no

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difference by age/grade of the respondent's oldest child in the propensity to secure or lock up any prescription medication present in the home.

Figure 17: Alcohol and Prescription Drug Means Restriction Efforts



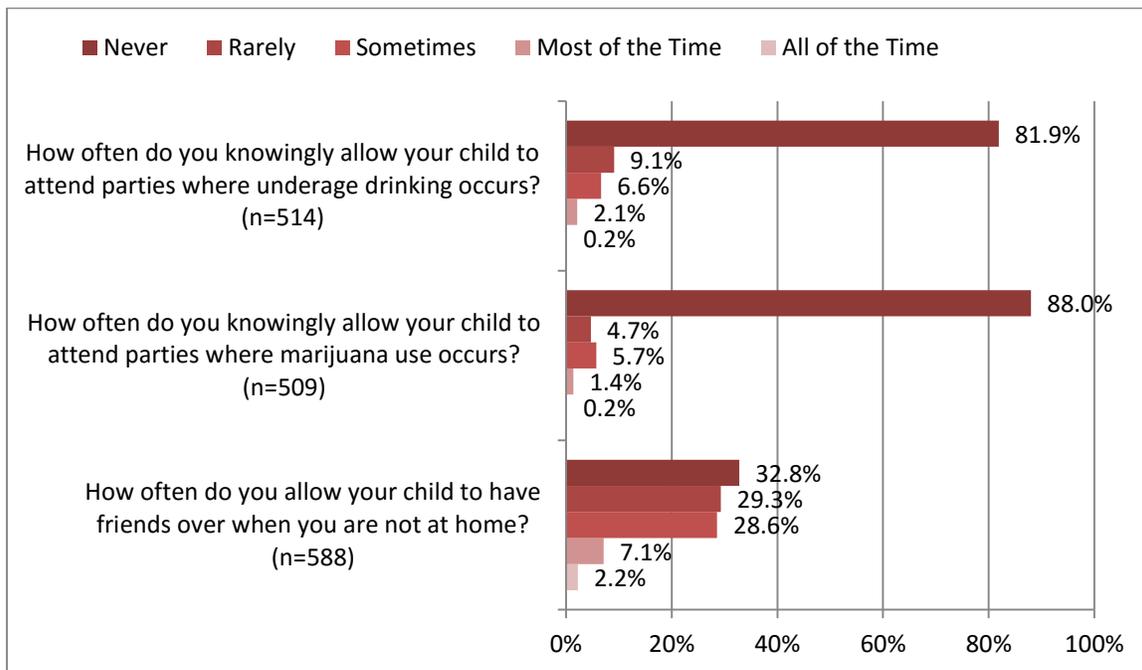
Trend. Each of these items were fairly stable from 2011 to 2015. The percentage of respondents who reported that they actively monitor or take stock of alcohol present in their home was 55.0% in 2011, 61.5% in 2013, and 58.6% in 2015. Similarly, the percentage of respondents who reported that they actively monitor or take stock of prescription medication present in their home was 56.8% in 2011, 55.3% in 2013, and 53.5% in 2015. The percentage of respondents who reported that they secure or lock up alcohol present in their home was 13.9% in 2011, 12.8% in 2013, and 11.6% in 2015. The percentage of respondents who reported that they secure or lock up prescription medication present in their home was 13.5% in 2011, 16.2% in 2013, and 11.8% in 2015. Minor fluctuations in these data likely reflect changes in the composition of the sample from year-to-year given that these items vary by age/grade of the respondents' oldest child.

Behaviors – Parties and Gatherings

Three questions in the survey asked about parents knowingly allowing their child to attend parties and allowing their child to have friends over when there are no parents at home.

As shown in Figure 18, the majority of parents (81.9%) report that they *never* knowingly allow their child to attend parties where underage drinking occurs and 88.0% report that they *never* knowingly allow their child to attend parties where marijuana use occurs. In contrast, two-thirds (67.2%) reported that they at least *occasionally* allow their child to have friends over when there are no parents at home. It should be noted that this is not meant to imply that the child is having a party or that they or their friends are engaging in substance use. This latter item is simply intended to assess the occurrence of unsupervised gatherings of friends.

Figure 18: Parties and Gatherings



Age/Grade. Parents whose oldest child is in grades 9-12 were significantly more likely than parents whose oldest child is in grades 6-8 to report that they have knowingly allowed their child to attend parties where underage drinking occurred, $\chi^2(6, N=514) = 75.04, p \leq .001$, (6th: 3%, 7th: 2%, 8th: 5%, 9th: 10%, 10th: 20%, 11th: 28%, 12th: 44%). Parents whose oldest child is in grades 9-12 were also significantly more likely than parents whose oldest child is in grades 6-8 to report that they have knowingly allowed their child to attend parties where marijuana use occurred, $\chi^2(6, N=509) = 51.86, p \leq .001$, (6th: 0%, 7th: 0%, 8th: 4%, 9th: 5%, 10th: 17%, 11th: 16%, 12th: 29%). Parents whose oldest child is in grades 8-12 were significantly more likely than parents whose oldest child is in grades 6-7 to report that they have allowed their child to have friends over when no adults are at home, $\chi^2(6, N=588) = 18.77, p \leq .01$, (6th: 53%, 7th: 51%, 8th: 73%, 9th: 76%, 10th: 72%, 11th: 68%, 12th: 66%).

Trend. The percentage of respondents who reported that they never knowingly allow their child to attend parties where underage drinking occurs varied slightly from 2011 (88.2%), to 2013 (78.0%), to 2015 (81.9%). The percentage of respondents who reported that they never knowingly allow their child to attend parties where marijuana use occurs was 84.7% in 2013 and 88.0% in 2015 – this item was not asked in 2011. The percentage of respondents who reported that they never allow their child to have friends over when no adult is home was 25.9% in 2013 and 32.8% in 2015 – this item was not asked in 2011.

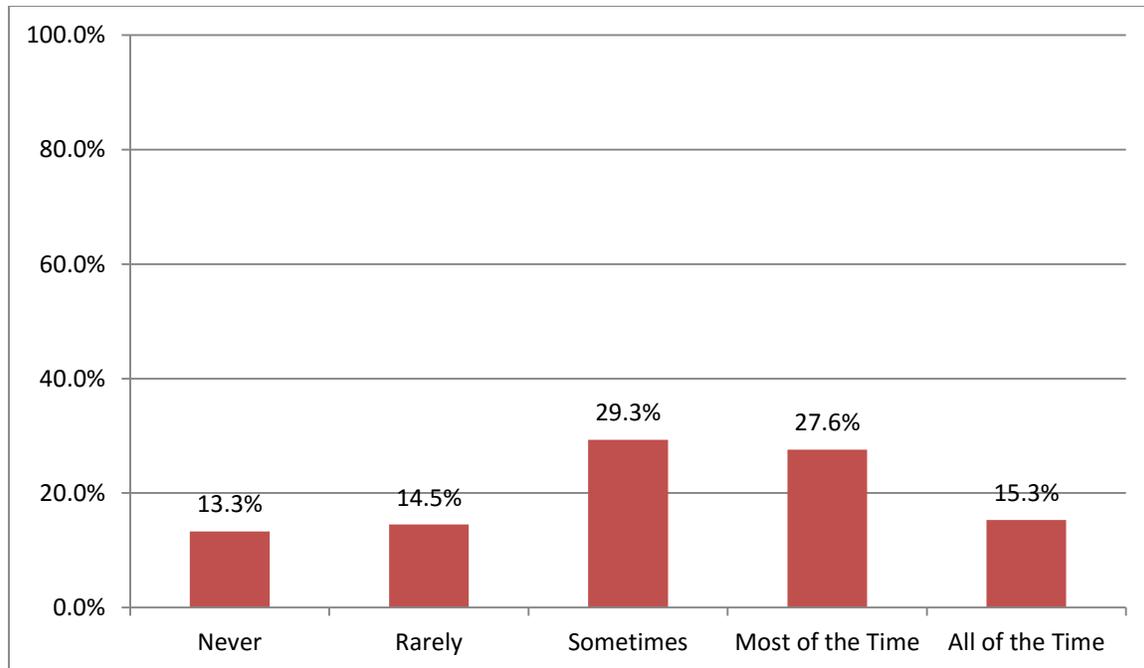
Behaviors – Calling Other Parents

Another item in the survey assessed the frequency of parents calling other parents prior to allowing their child to attend a social gathering. This question asked, “How often do you call

other parents to make sure they will be home before you allow your child to go to their house for a social gathering?"

Among those parents who allow their child to go to social gatherings (90.3%), over one-third (42.9%) report that they call other parents either *most of the time* or *all of the time* to make sure a parent will be home. An additional 29.3% of parents report that they make the call *sometimes*, 14.5% *rarely* call, and 13.3% *never* make the call (see Figure 19).

Figure 19: Frequency of Calling Other Parents (n=550)



Age/Grade. Differences by the age/grade of the respondents' oldest child were examined by recoding the response options into three categories: (1) *never/rarely*, (2) *sometimes*, and (3) *most/all of the time*. In general, reports of calling *most/all of the time* decreased significantly with age/grade of the respondents' oldest child, $\chi^2(12, N=550) = 68.43, p \leq .001$, (6th: 81%, 7th: 58%, 8th: 52%, 9th: 46%, 10th: 36%, 11th: 31%, 12th: 21%). Over three-quarters of 6th grade parents (81%) reported that they call *most of the time/all of the time* compared to one-fifth (21%) of parents of 12th graders.

Trend. The percentage of respondents who reported that they call other parents *most of the time* or *all of the time* was 58.9% in 2011, 38.0% in 2013, and 42.9% in 2015. While the decline from 2011 to 2013 was most likely due to differences in the samples, it is not clear why the 2015 percentage is so far below the 2011 percentage.

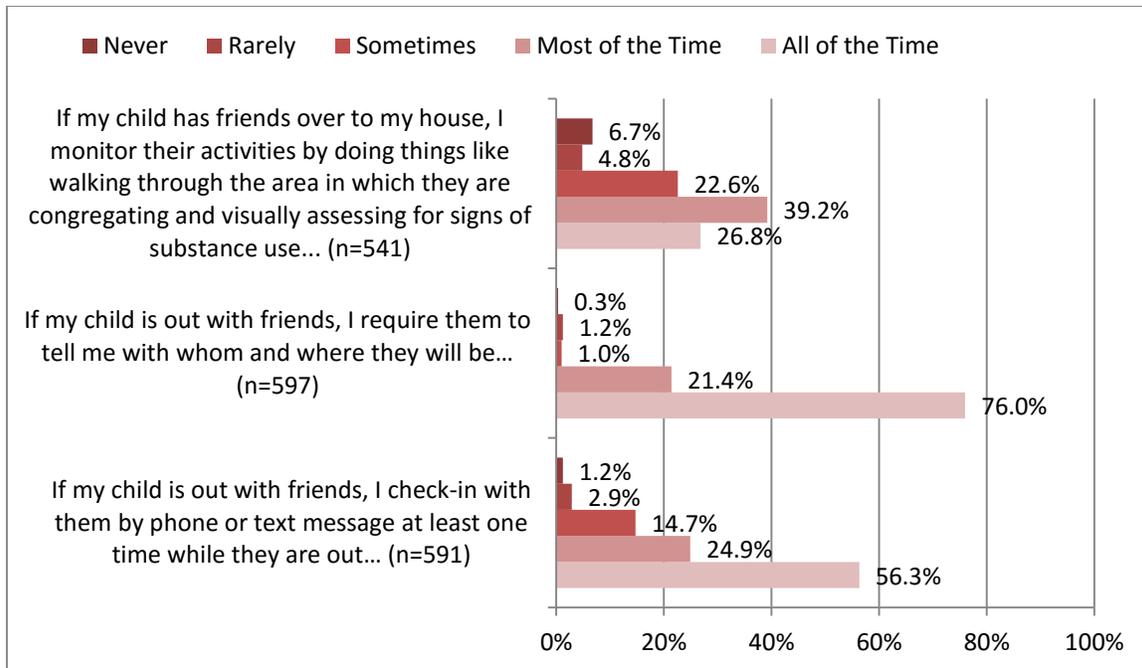
Behaviors – Parental Monitoring (While Child is with Friends)

Parents were asked three questions related to parental monitoring when their child is engaged in a social activity with friends. As shown in Figure 20, two-thirds of parents (66.0%) reported

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that they monitor the activity of their child and his/her friends by walking through the area in which they are congregating and visually assessing for signs of substance use either *most of the time* or *all of the time* when their child has friends over the house. Almost all of the respondents (97.4%) reported that they require their child to tell them with whom and where they will be either *most of the time* or *all of the time* if they are out with friends. The majority of respondents (81.2%) reported that they check-in with their child by phone or text message either *most of the time* or *all of the time* while they are out with friends.

Figure 20: Parental Monitoring (While Child is with Friends)



Age/Grade. There were no significant differences in these three items based on the age/grade of the respondent's oldest child.

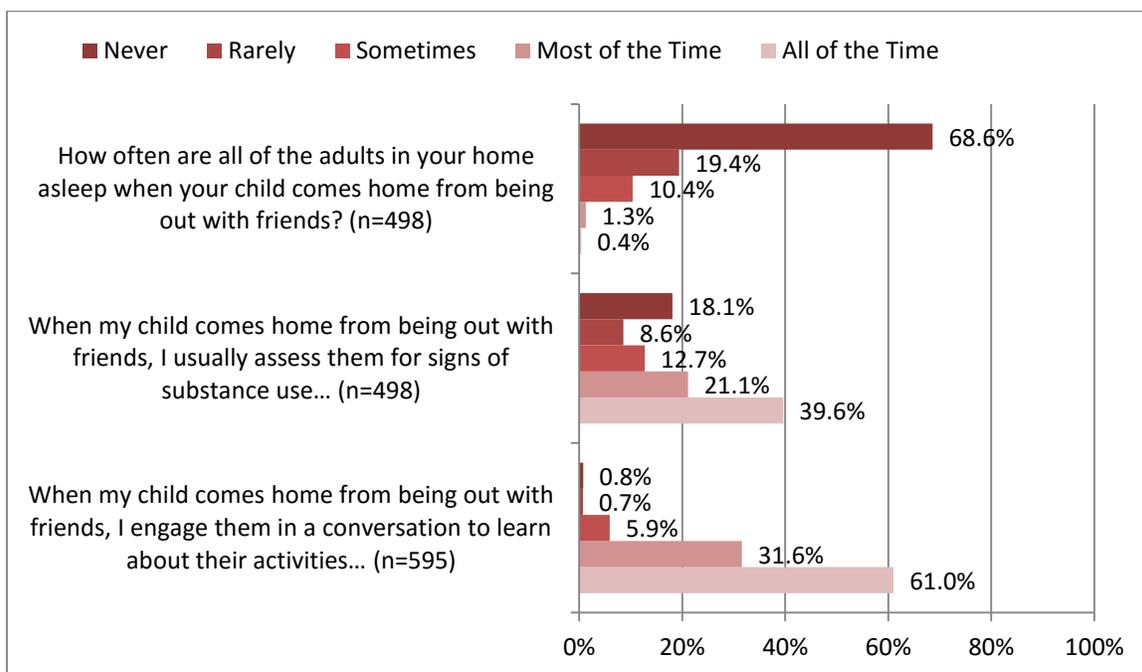
Trend. The percentage of respondents who reported that they monitor the activity of their child and his/her friends by walking through the area in which they are congregating and visually assessing for signs of substance use either *most of the time* or *all of the time* when their child has friends over the house was 66.2% in 2013 and 66.0% in 2015. Almost all of the respondents in 2013 (96.9%) and 2015 (97.4%) reported that they require their child to tell them with whom and where they will be either *most of the time* or *all of the time* if they are out with friends. The majority of respondents in 2013 (81.0%) and 2015 (81.2%) reported that they check-in with their child by phone or text message either *most of the time* or *all of the time* while they are out with friends. These three items were nearly identical between 2013 and 2015 – the questions were not asked in 2011.

Behaviors – Parental Monitoring (After Child is Out with Friends)

A second series of questions asked parents about parental monitoring behavior after their child returns home from being out with friends.

As shown in Figure 21, only 1.7% of parents reported that they are asleep either *most of the time* or *all of the time* when their child returns home from being out with friends. Over half of parents (60.7%) report that they visually assess their child for signs of substance use (e.g., bloodshot eyes, pupil dilation, coherence of speech, physical coordination, odor) either *most of the time* or *all of the time* when their child returns home from being out with friends. Almost all respondents (92.6%) report that they engage their child in a conversation to learn about their activities either *most of the time* or *all of the time* when their child returns home from being out with friends.

Figure 21: Parental Monitoring (After Child is Out with Friends)



Age/Grade. Parent reports of being asleep at least occasionally when their child returns home from being out with friends (6th: 0%, 7th: 3%, 8th: 5%, 9th: 10%, 10th: 12%, 11th: 15%, 12th: 29%) and assessing their child *most of the time/all of the time* for signs of substance use when they return home from being out with friends (6th: 41%, 7th: 44%, 8th: 41%, 9th: 61%, 10th: 80%, 11th: 65%, 12th: 73%) both increased significantly with the age of the respondent's oldest child.

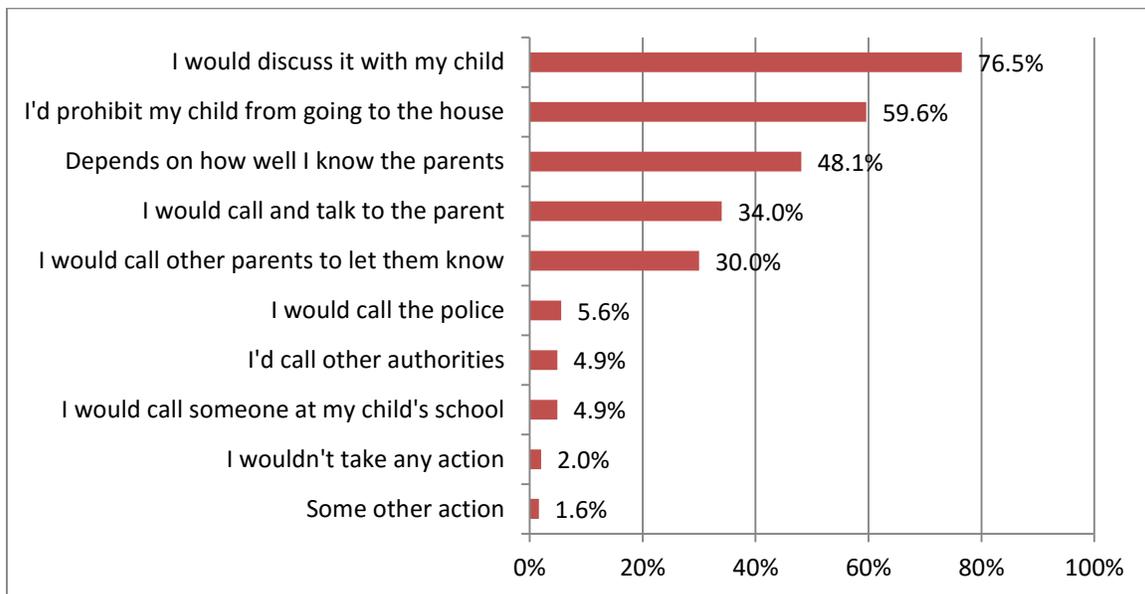
Trend. The percentage of respondents who reported that they are asleep either *most of the time* or *all of the time* when their child returns home from being out with friends was 3.2% in 2013 and 1.7% in 2015. Over half of parents in 2013 (57.7%) and 2015 (60.7%) reported that they visually assess their child for signs of substance use (e.g., bloodshot eyes, pupil dilation, coherence of speech, physical coordination, odor) either *most of the time* or *all of the time*

when their child returns home from being out with friends. Almost all respondents in 2013 (90.2%) and 2015 (92.6%) report that they engage their child in a conversation to learn about their activities either *most of the time* or *all of the time* when their child returns home from being out with friends. These three items were nearly identical between 2013 and 2015 – the questions were not asked in 2011.

Behaviors – Actions Parents Support When Other Parents Violate Underage Drinking Laws

Parents were asked what they would do, if anything, if they learned that another parent of a child at their child’s school was allowing teens to drink at their home. As shown in Figure 22, 76.5% of parents report that they would discuss it with their child if they became aware that another parent was allowing teens to drink at their home, 59.6% would prohibit their child from going to that house, 48.1% indicated that the action(s) they would take depend on how well they know the other parents, 34.0% would call and talk to the other parent, 30.0% would call other parents to let them know, 5.6% would call the police, 4.9% would call other authorities such as the Needham Youth Commission, 4.9% would call someone at the school, 2.0% would not take any action, and 1.6% would take some other action.

Figure 22: Parent Action(s) if Other Parents Were Allowing Youth to Drink Alcohol (n=609)



Age/Grade. The percentage of parents who reported that they would call someone at the school (6th: 13%, 7th: 8%, 8th: 4%, 9th: 4%, 10th: 3%, 11th: 6%, 12th: 1%), call other parents to let them know (6th: 40%, 7th: 41%, 8th: 36%, 9th: 32%, 10th: 26%, 11th: 20%, 12th: 21%), and prohibit their child from going to that house (6th: 73%, 7th: 72%, 8th: 68%, 9th: 60%, 10th: 59%, 11th: 58%, 12th: 36%) each decreased with the age/grade of the respondent’s oldest child.

Trend. Four of the response options used were added in 2015. As a result of these additions, this item cannot be directly compared to the 2011 and 2013 data.

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CROSS-WALK OF ITEMS SIMILAR TO THOSE IN THE STUDENT SURVEY

Several of the items that appeared in the 2015 parent survey are roughly parallel to questions that appeared in the 2014 MetroWest Adolescent Health Survey. The table identifies common items in each respective survey. These are not perfect comparisons. Please refer to the original question wording in each instrument to avoid inappropriate statements.

Question	Parents of 6-8 th Graders	7-8 th Graders (2014)	Parents of 9-12 th Graders	9-12 th Graders (2014)
Ate dinner at home with family on 5 or more of the past 7 days	73.3% (Q6)	88.1% (Q99)	62.7% (Q6)	72.2% (Q133)
Parents feel it is very wrong for child to smoke tobacco	84.1% (Q17a)	91.0% (Q112a)	78.9% (Q17a)	73.8% (Q150a)
Parents feel it is very wrong for child to have 1 or 2 alcoholic drinks nearly every day	97.2% (Q17c)	87.0% (Q112b)	95.1% (Q17c)	76.1% (Q150b)
Parents feel it is very wrong for child to smoke marijuana	84.0% (Q17d)	92.8% (Q112c)	71.8% (Q17d)	68.2% (Q150c)
Parents feel it is very wrong for child to use Rx drugs not prescribed to them	96.8% (Q17e)	93.9% (Q112d)	97.8% (Q17e)	85.3% (Q150d)
Drank at least one drink of alcohol (not including religious ceremonies) in the last 30 days	18.4% (Q28a)	1.9% (Q56)	48.4% (Q28a)	35.0% (Q56)
Drank 5 or more drinks of alcohol in a row (within a couple of hours) in the last 30 days	8.8% (Q28b)	0.4% (Q58)	25.1% (Q28b)	19.7% (Q58)
Rode in a car or other vehicle driven by someone who had been using alcohol in the last 30 days	20.0% (Q28c)	N/A	25.0% (Q28c)	16.3% (Q13)
Used marijuana in the last 30 days	11.8% (Q28d)	0.8% (Q65)	40.7% (Q28d)	21.8% (Q69)
Ever used a prescription drug without a doctor's prescription	9.6% (Q29)	0.8% (Q70)	20.6% (Q29)	6.7% (Q83)
Source of prescription drugs – friend	26.5% (Q32)	N/A	29.2% (Q32)	58% (Q85)
Source of prescription drugs – home without parental knowledge	59.3% (Q32)	N/A	52.0% (Q32)	9% (Q85)
Source of prescription drugs – someone else without knowledge	10.6% (Q32)	N/A	9.8% (Q32)	7% (Q85)
Source of prescription drugs – internet	0.4% (Q32)	N/A	1.9% (Q32)	2% (Q85)
Source of prescription drugs – someplace else	1.3% (Q32)	N/A	5.6% (Q32)	3% (Q85)
Source prescription drugs – some other way	1.8% (Q32)	N/A	1.6% (Q32)	21% (Q85)

**APPENDIX A:
Spring 2015 Survey Instrument**

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Needham Coalition for Youth Substance Abuse Prevention Parent/Guardian Survey of Norms, Attitudes, and Behaviors

Dear Parent/Guardian,

The Needham Coalition for Youth Substance Abuse Prevention (NCYSAP) and the Needham Public Health Department are conducting a survey of parents/guardians of 6th - 12th graders. The purpose of this survey is to help us learn more about parent/guardian beliefs and perceptions regarding underage drinking and substance use. Your candid feedback will enable us to structure and implement targeted prevention initiatives to enhance the health and safety of Needham youth. The results of this survey will be shared with you through our website and during the next academic year through health promotion activities and community-wide messaging.

It should only take about 10-12 minutes to answer the questions.

This survey is anonymous. Your responses cannot be traced to you. The data are being handled by Social Science Research and Evaluation, Inc., a non-profit research firm in Burlington, MA. No one will know how you answered the items in this survey. Please answer the questions based on what you actually think and do. Completing the survey is voluntary. You may skip any question you choose not to answer.

Thank you very much for your time and support.

Carol Read
cread@needhamma.gov

Background Information

These first questions will help determine your eligibility to participate and will help us describe which groups of parents/guardians took part in the survey.

1. Do you currently live in Needham? (choose *one*)
 No Yes
2. Do you **currently** have any children in grades 6-12?* (this question is required)
 No [**Note:** these individuals are sent to the disqualification page at the very end of the survey]
 Yes [**Note:** these individuals are sent to Question #3]

Think about your oldest child in grades 6-12.

3. What grade is this child currently in?* (this question is required)
 6th grade 7th grade 8th grade 9th grade 10th grade 11th grade 12th grade
4. Does this child attend school in Needham? (choose *one*)
 No Yes
5. Does this child attend public school? (choose *one*)
 No Yes

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Communication

This first series of questions asks about different types of communication you may have had with your child and/or with other parents/guardians. Please think about your oldest child in 6th-12th grade when answering these items.

6. During the past 7 days, on how many days did you eat dinner at home with your child? (choose *one*)

- | | | |
|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 3 days | <input type="checkbox"/> 6 days |
| <input type="checkbox"/> 1 day | <input type="checkbox"/> 4 days | <input type="checkbox"/> 7 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 5 days | |

7. Have you communicated your family's guidelines and expectations around youth alcohol and drug use to your child? (choose *one*)

- No Yes

8. During the past 30 days, have you talked to your child about the potential negative consequences associated with... (choose *one* per row)

	No	Yes
underage alcohol use?	<input type="checkbox"/>	<input type="checkbox"/>
using tobacco products such as cigarettes or smokeless tobacco?	<input type="checkbox"/>	<input type="checkbox"/>
using marijuana?	<input type="checkbox"/>	<input type="checkbox"/>
using prescription drugs that were not prescribed to them?	<input type="checkbox"/>	<input type="checkbox"/>

9. Have you ever talked to your child about the potential negative consequences associated with... (choose *one* per row)

	No	Yes
using illegal drugs other than marijuana or inhalants (such as cocaine, heroin, methamphetamines, ecstasy, and other illegal drugs)?	<input type="checkbox"/>	<input type="checkbox"/>
using <i>electronic</i> tobacco products (such as e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, or hookah pens)?	<input type="checkbox"/>	<input type="checkbox"/>

10. Have you ever talked with the parents/guardians of your child's close friends to share and compare parental philosophies and standards regarding alcohol and drugs? (choose *one*)

- No Yes

11. I believe that I can have an influence on whether my child uses alcohol or drugs. (choose *one*)

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Strongly Disagree | <input type="checkbox"/> No Opinion | <input type="checkbox"/> Strongly Agree |
| <input type="checkbox"/> Disagree | <input type="checkbox"/> Agree | |

12. Which of the following strategies, if any, have you and your child discussed about alcohol and drug use and how to protect themselves in a potentially unsafe situation? (choose all that apply)

- We have not discussed any strategies
- A verbal or written contract with your child not to ride in any vehicle driven by someone who has been drinking or using drugs
- A verbal or written contract with your child to limit the use of alcohol or drugs
- A verbal or written contract with your child that prohibits any alcohol or drug use
- Call or text message
- Code word/ Way to get picked up without having to explain
- Having emergency money for a taxi
- Having other adults or friends to call for a ride
- Refusal strategies / Ways to avoid alcohol or drug use
- Telling your child to always have a close friend present
- Telling your child to leave the situation
- A different strategy or set of strategies (type-in): _____

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Attitudes and Beliefs

These questions ask about your attitudes and beliefs about youth substance use. Please think about your oldest child in 6th-12th grade when answering these items.

13. Which of the following statements *best* represents your own belief about underage alcohol use? (choose *one*)

- Youth drinking is never a good thing
- Occasional youth drinking under supervision of a parent/guardian is OK
- Occasional youth drinking without adult supervision is OK as long as there is no driving involved
- Any type of youth drinking is OK.

14. Which of the following statements *best* represents your own belief about youth marijuana use? (choose *one*)

- Youth marijuana use is never a good thing
- Occasional youth marijuana use under supervision of a parent/guardian is OK
- Occasional youth marijuana use without adult supervision is OK as long as there is no driving involved
- Any type of youth marijuana use is OK

15. I think it is OK to allow underage alcohol use at home as long as it is responsible and not excessive. (choose *one*)

- Strongly Disagree
- Disagree
- No Opinion
- Agree
- Strongly Agree

16. I think it is OK to allow youth marijuana use at home as long as it is responsible and not excessive. (choose *one*)

- Strongly Disagree
- Disagree
- No Opinion
- Agree
- Strongly Agree

17. How wrong do you think it would be for your child to... (choose *one* per row)

	Not At All Wrong	A Little Bit Wrong	Wrong	Very Wrong
smoke tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
drink alcohol occasionally?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
have one or two drinks of an alcoholic beverage nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
use prescription drugs not prescribed to them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Many parents/guardians in Needham set a bad example for their children by their own excessive alcohol use.

(choose *one*)

- Strongly Disagree
- Disagree
- No Opinion
- Agree
- Strongly Agree

19. Too many parents/guardians in Needham either provide alcohol for their children or turn a blind eye to underage alcohol use. (choose *one*)

- Strongly Disagree
- Disagree
- No Opinion
- Agree
- Strongly Agree

20. Too many parents/guardians in Needham turn a blind eye to youth marijuana use. (choose *one*)

- Strongly Disagree
- Disagree
- No Opinion
- Agree
- Strongly Agree

21. I believe the illegal use of prescription medications among youth is a problem in Needham. (choose *one*)

- Strongly Disagree
- Disagree
- No Opinion
- Agree
- Strongly Agree

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22. I believe schools should provide education programs for students my child's age that are designed to help prevent and reduce underage drinking and substance abuse. (choose *one*)

- Strongly Disagree No Opinion Strongly Agree
 Disagree Agree

23. In which grade levels should schools provide evidence-based, age/developmentally appropriate substance abuse awareness and prevention curricula through health classes? (choose all that apply)

- Never 4th-5th grade 9th-10th grade
 K-1st grade 6th grade 11th-12th grade
 2nd-3rd grade 7th-8th grade

24. What are some effective ways / places to reach parents/guardians like you with prevention messages?

(choose all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Bank, grocery store, or convenience store | <input type="checkbox"/> Facebook or Twitter | <input type="checkbox"/> Parent Newsletter from the school |
| <input type="checkbox"/> Cable television | <input type="checkbox"/> Commuter Rail | <input type="checkbox"/> PTC Email/Newsletter |
| <input type="checkbox"/> Church, mosque, or synagogue | <input type="checkbox"/> MBTA Bus | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Doctor's Office | <input type="checkbox"/> Newspaper (online) | <input type="checkbox"/> School Website |
| <input type="checkbox"/> Civic clubs/organizations | <input type="checkbox"/> Newspaper (print) | <input type="checkbox"/> Take-out restaurants |
| | <input type="checkbox"/> The Needham Patch | |

25. If the police became aware that Needham teens were drinking alcohol, what action(s) would you support regarding the teens? (choose all that apply)

- There should be no action against the teens
 Police should issue a verbal warning to the teens
 Police should call or contact the teens' parents
 Police should issue a ticket/notice to appear in court
 Police should arrest the offending teens
 Police should inform school personnel
 If on a Needham sports team, the school should enforce MIAA sanctions
 Police should refer the teens to a mandated substance abuse education class

26. What is the main reason you think some parents/guardians may allow their and other children to drink alcohol in their home? (choose *one*)

- So the youth don't drink and drive
 So the drinking is supervised
 So the youth don't get arrested
 To teach youth to drink responsibly
 To be perceived as being the "cool" parent/guardian
 They don't view underage drinking as being a big deal
 Other (type-in): _____

27. I would like other parents/guardians to call me to see if I will be home if their child is coming to my house for a social gathering. (choose *one*)

- Strongly Disagree No Opinion Strongly Agree
 Disagree Agree

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Perceptions

These questions ask about your perceptions about what actually occurs in Needham.

[Note: Question #28 and #29 are based on the answer to Question #5. If the oldest child is in grades 6-8 the questions asks about grades 6-8. If the oldest child is in grades 9-12 the questions ask about grades 9-12]

28. Estimate the percentage of Needham students in [grade range] who did each of the following during the last 30 days by moving the slider to choose a percentage between 0% and 100%.

	Grade Range
% who drank at least one drink of alcohol (not including for religious ceremonies) in the last 30 days	[sliding scale]
% who drank 5 or more drinks of alcohol in a row (within a couple of hours) in the last 30 days	[sliding scale]
% who rode in a car or other vehicle driven by someone who had been drinking alcohol in the last 30 days	[sliding scale]
% who used marijuana in the last 30 days	[sliding scale]
% who used any illegal drug <u>other than</u> marijuana or inhalants (such as cocaine, heroin, methamphetamines, ecstasy, and other illegal drugs) in the last 30 days	[sliding scale]

29. Estimate the percentage of Needham students in [grade range] who did each of the following during the last 30 days by moving the slider to choose a percentage between 0% and 100%.

	Grade Range
% who ever used a prescription drug without a doctor's prescription	[sliding scale]

30. What percentage of parents at your child's school do you think...

	% of Parents
% who knowingly allow their children to attend parties where underage drinking occurs?	[sliding scale]
% who knowingly allow their child to attend parties where marijuana use occurs?	[sliding scale]
% who call to make sure that a parent/guardian is home before they allow their child to go to another home for a social gathering?	[sliding scale]
% who want to receive a call (from other parents/guardians) if their own child is hosting a social gathering?	[sliding scale]

31. Among Needham youth my child's age who drank alcohol in the last 30 days (not including for religious ceremonies), I believe they usually acquired the alcohol: (choose *one*)

<input type="checkbox"/>	From a party
<input type="checkbox"/>	From an underage friend (not at a party)
<input type="checkbox"/>	From home <u>with</u> parental knowledge
<input type="checkbox"/>	From home <u>without</u> parental knowledge
<input type="checkbox"/>	By him/herself from a store, tavern, bar, or public event (like a concert or sporting event)
<input type="checkbox"/>	From someone they know <u>over 21</u> giving it to them or buying it for them
<input type="checkbox"/>	From asking a stranger to buy it
<input type="checkbox"/>	Having a friend purchase it or purchasing it themselves <u>online</u>
<input type="checkbox"/>	Some other way

32. Among Needham youth my child's age who ever used prescription drugs without a doctor's prescription, I believe they usually acquired them: (choose *one*)

<input type="checkbox"/>	From a friend
<input type="checkbox"/>	From home <u>without</u> parental knowledge
<input type="checkbox"/>	From someone else <u>without</u> them knowing
<input type="checkbox"/>	Purchasing them on the Internet
<input type="checkbox"/>	Purchasing them someplace else
<input type="checkbox"/>	Some other way

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Behaviors

These questions ask about things that you currently do. Remember, your answers are anonymous and cannot be linked back to you.

[Note: Question #34 only appears if the answer to #33 is "Yes" or "No." Question #36 only appears if the answer to question #35 is "Yes" or "No."]

33. Do you actively monitor or take stock of any alcohol present in your home? (choose one)

There is no alcohol in my home Yes No

34. Do you secure or lock-up any alcohol present in your home? (choose one)

Yes No

35. Do you actively monitor or take stock of any prescription medications in your home? (choose one)

There are no prescription medications in my home Yes No

36. Do you secure or lock-up prescription medications in your home? (choose one)

Yes No

37. How often do you or any other adults in your home do the following... (choose one per row)

	Not Applicable	Never	Rarely	Sometimes	Most of the Time	All of the Time
knowingly allow your child to attend parties where underage drinking occurs?	<input type="checkbox"/>					
knowingly allow your child to attend parties where marijuana use occurs?	<input type="checkbox"/>					
call other parents/guardians to make sure they will be home before allowing your child to go to their house for a social gathering?	<input type="checkbox"/>					
allow your child to have friends over when you or another adult are not at home?	<input type="checkbox"/>					
monitor the activities of your child and their friends in your home by doing things like walking through the area in which they are congregating and visually assessing for signs of substance use?	<input type="checkbox"/>					
	Not Applicable	Never	Rarely	Sometimes	Most of the Time	All of the Time
require your child to tell you with whom and where they will be if they go out with friends?	<input type="checkbox"/>					
check-in by phone or text message at least one time when your child is out with friends?	<input type="checkbox"/>					
visually assess your child for signs of substance use (e.g., bloodshot eyes, pupil dilation, coherence of speech, physical coordination, odor) when they come home from being out with friends	<input type="checkbox"/>					
engage your child in a conversation to learn about their activities when they return home from being out with friends	<input type="checkbox"/>					

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38. How often are all of the adults in your home asleep when your child comes home from being out with friends? (choose *one*)

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> Most of the time |
| <input type="checkbox"/> Rarely | <input type="checkbox"/> All of the time |
| <input type="checkbox"/> Sometimes | |

39. If you became aware that another parent/guardian of a student at your child's school was allowing teens to drink alcohol in their home, what action(s) would you take? (choose all that apply)

- I wouldn't take any action
- My response would depend on how well I know the other parents/guardians and the circumstances
- I would call the police
- I would call someone at my child's school
- I would call other authorities (e.g., Needham Youth Commission)
- I would call and talk to the parent/guardian
- I would call other parents/guardians to let them know
- I would discuss it with my child
- I would prohibit my child from going to that home
- Other (type-in): _____

End of Survey

Thank you for your participation. If you have any questions about this survey, please contact:

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You may now close this window. Please visit the NCYSAP webpage at www.needhamma.gov/index.aspx?nid=2489.

Disqualification Page – For those who answered “No” to Question #1

You have indicated that you do not currently have any children in grades 6-12.

In an effort to better target prevention initiatives to enhance youth health and safety, this survey is currently only open to parents with at least one child in grades 6-12.

We appreciate your interest. Thank you for visiting.

You may close this window now.

If you are interested in this issue, you may want to visit the NCYSAP website at <http://www.needhamma.gov/index.aspx?nid=2489>.