The Wisconsin Drinking Culture: Perceptions and Drinking Patterns of High School Students

by

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This study compared the correlation between the Wisconsin drinking culture and high school perceptions of drinking as well as their past and current drinking patterns. The participants of the study were high school aged youth, 15-18, from the Elk Mound School District in the fall semester of 2009. All participants completed the Youth Drinking Behavior and Perception Survey developed by the researcher. It was determined that high school students in Elk Mound, Wisconsin have experimented with alcohol, but the majority does not use alcohol frequently or in excess. It was also determined that students perceive underage drinking as being inappropriate and that those who use are “very un-cool”. It was shown that they do not feel pressured to drink and that parents have the greatest influence on their views of teenage drinking.
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Chapter I: Introduction

The National Institute on Alcohol Abuse and Alcoholism (NIAAA, 2004) stated that the drug of choice for young people is alcohol; teens use alcohol more frequently and heavily than any of the other illicit drugs combined. Early adolescence is a risky time when experimentation and alcohol use tends to begin. Not only does alcohol affect their brain and their bodies, teens do not have the adequate judgment or coping skills to use alcohol, which can result in severe problems.

The NIAAA (2004) listed several problems that can occur when teens use alcohol. These problems consist of the fact that alcohol-related traffic crashes are a major cause of death among teens. Alcohol use is also linked with youthful deaths by drowning, suicide, and homicide. Teens who drink alcohol are more likely to become sexually active at earlier ages, are more likely to have sexual intercourse more often, and are more likely to have unprotected sex than teens who do not drink. Teens who drink alcohol are also more likely than others to be victims of violent crime, including rape, aggravated assault, and robbery. They are also more likely to have problems with school work and school conduct. Adolescents who drink alcohol are four times more likely to develop alcohol dependence than someone who waits until adulthood.

Although most children under the age of fourteen have not begun to drink, research stated that 76.6% of U.S. high school seniors in 2003 had tried alcohol, 47.5% had consumed alcohol in the previous 30 days, and 3.2% reported daily alcohol use (Johnston, O’Malley, Bachman, & Schulenberg, 2004). Episodes of high levels of alcohol consumption are relatively common in this age group. The 2003 Monitoring the Future study found that nearly one third of the United States high school graduating class of 2003 reported drinking five or more drinks in a row within
the two weeks prior to the survey (Johnston et al., 2004). The 2007 Youth Risk Behavior Survey found that among high school students, during the past 30 days, 45% drank some amount of alcohol, 26% binge drank, 11% drove after drinking alcohol, and 29% rode with a driver who had been drinking alcohol (Centers for Disease Control and Prevention, 2006). The National Survey of Drug Use and Health (2009) stated that between 2002 and 2007, adolescents who drank in the past month declined from 17.6% to 15.9%, but that alcohol abuse and dependence in the past year among youth remained stable between those years.

Even though most children under the age of fourteen do not drink alcohol, the Adolescent Alcohol Use Statistics from the 2000 National Household Survey of Drug Abuse stated that 11.1% of children have used alcohol by the age of fourteen, 6.0% have admitted binge drinking, and 1% consumed alcohol heavily. The prevalence of alcohol usage escalates as adolescents grow older, from 2.4% at the age of twelve to a peak of 55.6% for persons twenty years old. The prevalence of binge alcohol use and heavy alcohol use also increase as youth grow older, from 1% to 38.5% for binge alcohol use and from 0.1% to 14.2% for heavy alcohol use (Substance Abuse and Mental Health Services Administration, 2001).

It is also important to note that alcohol usage continues to increase as students enter college; Wechsler, Lee, Kuo and Lee (2000) discussed that 41% of freshmen in college who reported not binge drinking in high school began that behavior shortly after arriving on campus, while 46% said they now drink more than in high school; and 54% of the freshmen binged within the first week at college. It is shown that much of the peer influence on college drinking behavior had occurred in high school—that students were not influenced directly to drink by preselected college friends, but rather they selected their college friends based on alcohol and drug use (Strano, Cuomo, & Venable, 2004).
Another issue related to the problem of underage drinking is that of youth perceptions of alcohol use and abuse among their peers. Brown, Teufel, Birch, Raj, Izenberg, Lyness and Kancherla (2007) indicated that children and adolescents tend to overestimate the extent of alcohol use and other risky behaviors among their peers, and that they tend to perceive their friends as more similar to themselves than they actually are in terms of these behaviors. Brown and colleagues also stated that youth tend to select friends based on similar risky behavior, and if they over- or underestimate their peer’s risky behaviors, they tend to adjust their own to maintain the similarity. This study’s findings reported that more than half of the twelve and thirteen year olds surveyed indicated that they believed that half or more of their peers have experimented with drinking.

Although the United States has encountered a severe underage drinking problem, Wisconsin is among one of the leaders of underage drinking. Approximately 295,000 underage youth in Wisconsin drink each year (Centers for Disease Control and Prevention, 2006). The Kids Count Data Center (2008) indicated that nationally, in 2005-2006, 10% of youth aged twelve to seventeen engaged in binge drinking, and that in the state of Wisconsin, that number rose to 12%. The good news is that the rate of binge drinkers aged twelve to seventeen has dropped from 16% in 2003-2004 in the state of Wisconsin, whereas the rate has remained relatively stable nationally from 2002-2006.

In 2005, according to self-reports by Wisconsin students in grades 9-12, 24% had their first drink of alcohol, other than a few sips, before age 13; 49% had at least one drink of alcohol on one or more occasion in the past 30 days; 31% binge drank in the past 30 days; 4% had at least one drink of alcohol on school property on one or more of the past 30 days (CDC, 2006). According to Miller, Levy, Spicer, and Taylor (2006), in 2005, underage drinkers consumed
16.8% of all alcohol sold in Wisconsin, totaling $488 million in sales. These sales provided profits of $236 million to the alcohol industry.

Statement of the Problem

Wisconsin’s drinking culture and social norms have been widely known and Wisconsin’s underage drinking problem has been an issue for decades. The legislation on alcohol use in the state has been an issue for decades as well. This study aims to see if there is a relationship between the Wisconsin drinking culture and social norms and adolescent perceptions, as well as their use of alcohol.

Purpose of the Study

The purpose of this investigation is to determine whether the Wisconsin drinking culture has an impact on high school youth perceptions and use of alcohol through the use of a survey at Elk Mound High School in Wisconsin. Data will be collected during the Fall, 2009.

Research Questions

The research questions of the current study include:

1. What are high school students’ current drinking behaviors?
2. What are high school students’ past drinking behaviors?
3. What are high school students’ perceptions of drinking norms?

Definition of Terms

For clarity of understanding, the following terms are defined:

Adolescence (synonyms used include: teen, youth): “the transitional period between puberty and adulthood in human development, extending mainly over the teen years and terminating legally when the age of majority [18] is reached” (Merriam-Webster’s Collegiate Dictionary, 2005, n.p).
**Binge drinking:** five or more drinks on the same occasion at least once in the last 30 days (Substance Abuse and Mental Health Services Administration, 2001).

**Culture:** “the behaviors and beliefs characteristic of a particular social, ethnic, or age group” (Merriam-Webster’s Collegiate Dictionary, 2005, n.p).

**Drink:** 12 grams of alcohol; 12 ounces of beer; 5 ounces of wine; 1.5 ounces of 80-proof liquor (American Psychological Association, 2000).

**Heavy drinking:** five or more drinks on the same occasion five different days in the past 30 days (Substance Abuse and Mental Health Services Administration, 2001).

**Minor:** A person who is under 18 years of age (Wisconsin Department of Revenue, 2008).

**Moderate drinking:** four to fourteen drinks per week for men; three to seven drinks per week for women (American Psychological Association, 2000).

**Assumptions**

The current study includes several assumptions and include that the participants of the study will answer the survey questions openly and honestly, the participants have been exposed to the Wisconsin drinking culture, the participants will want to participate in the study and their parents will give consent to do so, and participants are between ninth and twelfth grade.

**Limitations**

The current study includes several limitations and they include that the responses to the survey about perceptions, current, and past drinking behavior are self-reports and no reliability checks were made; the study was conducted at a rural school district in western Wisconsin, therefore, no generalizations can be made to other school districts in Wisconsin; and the survey
used in the current study was created by the researcher. Effort was made to create a valid and reliable instrument; however, no tests of validity or reliability were performed.
Chapter II: Literature Review

This chapter will discuss alcohol abuse and dependence and rates of incidence among adolescents and youth. In addition, issues related to the Wisconsin drinking culture and social norms will be discussed, including national and state laws. This chapter will conclude with a discussion of adolescent drinking patterns as well as a report of findings from adolescents and their perceptions of peer alcohol consumption.

Alcohol Abuse and Dependence

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) defined alcohol abuse as:

A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:

Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household).

Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use).

Recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct).

Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights). (American Psychiatric Association, 2000, p. 182-183)
The DSM-IV stated that, "most often, abuse is diagnosed in individuals who recently began using alcohol. Over time, abuse may progress to dependence. However, some alcohol users abuse alcohol for long periods without developing dependence" (American Psychiatric Association, 2000, p. 181). Dependence is defined as:

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

1. Tolerance, as defined by either of the following:
   - a need for markedly increased amounts of the substance to achieve intoxication or desired effect
   - markedly diminished effect with continued use of the same amount of substance

2. Withdrawal, as manifested by either of the following:
   - the characteristic withdrawal syndrome for the substance
   - the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms

3. The substance is often taken in larger amounts or over a longer period than was intended.

4. There is a persistent desire or unsuccessful efforts to cut down or control substance use.

5. A great deal of time is spent in activities to obtain the substance, use the substance, or recover from its effects.

6. Important social, occupational or recreational activities are given up or reduced because of substance use.
7. The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., continued drinking despite recognition that an ulcer was made worse by alcohol consumption). (American Psychological Association, 2000, p. 181)

The 2000 National Household Survey of Drug Abuse indicated that the rates for illicit drug, alcohol dependence, or abuse varied by age. The rate was 0.9% at age twelve, and the rates increased with age until age 21 (22.8%). It was also estimated that 3.1 million people aged twelve or older received some kind of treatment for problems associated with illicit drugs or alcohol (approximately 1.4% of the population). Of these people receiving treatment, 1 million people received treatment for problems related to alcohol and not illicit drugs (Substance Abuse and Mental Health Administration, 2001).

Young people who begin drinking before age 15 are four times more likely to develop alcohol dependence and are two and a half times more likely to become abusers of alcohol than those who begin drinking at age 21 (Grant & Dawson, 1997). In 2004, according to the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (2004), 1,409 youth 12 to 20 years old were admitted for alcohol treatment in Wisconsin, accounting for 8% of all treatment admissions for alcohol abuse in the State.

Young, Corley, Stallings, Rhee, Crowley, and Hewitt (2002) found that substance use is a developmental phenomenon that increases steadily and almost linearly from early adolescence to late adolescence based on the significant age trends that were found. The rates in this study compared to many previous studies discussed in that adolescent substance use has risen over the past decade. Young and colleagues found that alcohol use prevalence ranged from 28% among
twelve year-olds to nearly 90% among eighteen year-olds. These results indicate substantial exposure to alcohol in adolescence.

Young and colleagues (2002) also found that experimentation in adolescence is more common that substance use *disorders*. It was discovered that approximately 25% of adolescents aged eighteen met DSM-IV abuse criteria for one substance and reduced slightly for more substances. These substances include tobacco, marijuana, and alcohol; alcohol was found to be the most commonly abused substance in the full sample (aged 12-18). A smaller proportion of adolescents met DSM-IV criteria for dependence on alcohol (3.5%) than on marijuana (4.3%). It was also revealed that rates of abuse and dependence were similar in early and middle adolescence as compared to late adolescence for females; however, it is more common for males to meet DSM-IV criteria for alcohol diagnoses in late adolescence.

*The Wisconsin Drinking Culture*

Underage drinking has long been viewed as a problem in Wisconsin and other midwestern states. The Alcoholism and Drug Abuse Weekly (2008) stated that Wisconsin is the most “alcohol-saturated state” in the nation, and is defended by the statistics, which show that Wisconsin has the highest rate of binge and heavy drinkers, the second highest rate of underage drinking, and the fourth highest alcohol sales per capita.

Underage drinking cost the citizens of Wisconsin $1.2 billion in 2005. These costs included medical care, work loss, and pain and suffering associated with the multiple problems resulting from the use of alcohol by youth (Miller et. al, 2006). This translated to a cost of $2,048 per year for each youth in the State. Wisconsin ranked 32nd highest among the 50 states for the cost per youth of underage drinking. Excluding pain and suffering from these costs, the direct costs of underage drinking incurred through medical care and loss of work cost Wisconsin $379
million each year. Youth violence and traffic crashes attributable to alcohol use by underage youth in Wisconsin represented the largest costs for the State.

According to the Wisconsin Department of Transportation (n.d.), teen drivers are overrepresented in traffic crashes. Only 6% of all Wisconsin-licensed drivers are ages 16-19, but drivers in this age group account for 16% of all drivers involved in crashes. The Wisconsin Department of Transportation (2008) states that in 2007, traffic crashes claimed the lives of 91 teens ages 16-19, which eerily compares to years past (88 in 2006; 98 in 2005; 85 in 2004; 113 in 2003; and 109 in 2002). Compared to drivers in other age groups, teen drivers have more crashes involving high risk factors. These drivers accounted for 12% of all drivers in crashes. They also accounted for 8% of all drivers in crashes who were listed as had been drinking and 10.4% of those suspected of using other drugs.

Juvenile arrests also affect the state drastically in that they accounted for 30% of all arrests for liquor law violations in the state in 1999, or 15, 114 arrests (Wisconsin Statistical Analysis Center, 2000). In 2008, the Wisconsin Office of Justice Assistance found that driving while intoxicated accounted for 65 arrests occurring per 100,000 males and 26 per 100,000 females, while liquor law violations was second for juvenile arrest rates and accounted for 877 arrests per 100,000 males and 620 arrests per 100,000 females. The total amount of juvenile driving while intoxicated arrests was 581 in 2008, and the total amount of juvenile liquor law violations computed to be 9,754 in 2008. This research shows that in a decade the total amount of arrests have declined, but it is still considered to be a considerable problem in the state of Wisconsin.

Parent approval of underage drinking is also a considerable issue in the state of Wisconsin and specifically for problem drinking in teenagers. Arata, Stafford, and Tims (2003)
studied the variables associated with problem drinking in teenagers and they found that problem drinkers were more likely to have parents who approved of underage drinking and had more permissive parents than their moderate drinker and nondrinker peers. It was also discovered that problem and moderate drinkers reported greater parental consumption of alcohol and less parental monitoring. This study shows the importance of the parental role, modeling, and supervision are in the decision for teenagers to drink and the extent of the drinking that is engaged in among teenagers.

The drinking laws of Wisconsin are just as unique as the social norms of drinking alcohol in the state. According to the U.S. Department of Transportation (2001), the National Minimum Drinking Age Act of 1984 required all states to raise their minimum purchase and public possession of alcohol to the age of 21. Any states that did not comply with the Act faced a reduction in highway funds under the Federal Highway Aid Act. It has been determined that all states are in compliance with this Act. The national age 21 drinking law required states to prohibit purchase and public possession of alcoholic beverages; it did not require prohibition of minors from drinking alcoholic beverages, however.

The term “public possession” does not apply to possession for:

…an established religious purpose, when accompanied by a parent, spouse, or legal guardian age 21 or older; medical purposes when prescribed or administered by a licensed physician, pharmacist, dentist, nurse, hospital, or medical institution; in private clubs or establishments; and in the course of lawful employment by a duly licensed manufacturer, wholesaler, or retailer. (U.S. Department of Transportation, 2001, p. vii)

Article XXI of the United States Constitution, according to the U.S. Department of Transportation (2001), granted states the right to regulate alcohol distribution and sales. Each
state’s laws are unique, but each state allows communities to regulate alcohol access to minors through local ordinances and law enforcement. State laws address youth-related violations separately and these include:

1. Sales to minors. Prohibits vendors or any other persons from selling, giving, or otherwise providing alcohol to minors; 2. Purchase. Prohibits or limits minors from obtaining alcohol from vendors or other sources; 3. Possession. Generally prohibits or limits minors from carrying or handling alcohol. Some state laws contain various exemptions, such as handling alcohol in the course of employment and possession with parental possession; 4. Consumption. Prohibits or limits minors’ drinking of alcoholic beverages; and 5. Misrepresentation of age. Provides for penalties against minors who present false identification or otherwise represent themselves as being of legal purchase age. (U.S. Department of Transportation, 2001, p. vii)

According to the Alcohol Policy Information System (2008), although all states prohibit minors from possessing and, in most cases, purchasing and consuming alcoholic beverages, and prohibit adults from furnishing alcoholic beverages to minors, these prohibitions are subject to a number of exceptions that vary from state to state. This is particularly the case regarding the underage consumption of alcohol and underage possession of alcohol policy topics when addressing questions related to the circumstances when underage drinkers may legally possess or consume alcohol.

There are several loopholes in many states’ laws that permit underage drinking. The U.S. Department of Transportation (2001) discussed that although no states permit vendors to sell to minors, some states do not prohibit minors from purchasing alcohol, which one would think that these are the same thing. Some states allow minors to possess alcohol under certain conditions
and many states do not specifically prohibit consumption by minors. In addition, some states allow minors to sell or serve alcohol without adult supervision and most states do not prohibit minors from entering drinking establishments.

For example, in the state of Wisconsin, it is illegal for minors to consume alcohol except when a parent or guardian is present and gives consent or by consent of a legal-aged spouse. Wisconsin is one of five states where a parent, guardian, or legal-aged spouse can furnish alcohol to minors, as well as for religious, educational, or medical purposes (Alcohol Policy Information System, 2008).

The Wisconsin Department of Revenue (2008) stated that persons under age 21 may be on licensed premises, and can be sold and allowed to drink alcohol beverages, if they are with their parents, guardians, or spouses, as long as those persons are of legal drinking age; but this is at the discretion of the licensee. It is believed that this legislation has resulted in an increase in tolerance of underage drinking in the state of Wisconsin, as well as many other factors.

*Adolescent Drinking Patterns*

As stated previously, although the United States has encountered a severe underage drinking problem, Wisconsin is among one of the leaders of underage drinking. Approximately 295,000 underage youth in Wisconsin drink each year (Centers for Disease Control and Prevention, 2006). The Kids Count Data Center (2008) indicated that nationally, in 2005-2006, 10% of youth aged twelve to seventeen engaged in binge drinking, and that in the state of Wisconsin, that number rose to 12%. The good news is that the rate of binge drinkers aged twelve to seventeen has dropped from 16% in 2003-2004 in the state of Wisconsin, whereas the rate has remained relatively stable nationally from 2002-2006.
In 2005, according to self-reports by Wisconsin students in grades 9-12, 24% had their first drink of alcohol, other than a few sips, before age 13; 49% had at least one drink of alcohol on one or more occasion in the past 30 days; 31% binge drank in the past 30 days; 4% had at least one drink of alcohol on school property on one or more of the past 30 days (CDC, 2006). According to Miller and colleagues (2006), in 2005, underage drinkers consumed 16.8% of all alcohol sold in Wisconsin, totaling $488 million in sales. These sales provided profits of $236 million to the alcohol industry.

The Wisconsin Department of Public Instruction completes a Youth Risk Behavior Survey every two years since 1991 to gain a better reflection of youth’s risky behavior in the state of Wisconsin. In the 2001 survey, the Wisconsin Department of Public Instruction (2002) discovered that 21% of high school students had never drank alcohol, 16% had their first drink before the age of 10, 12% between the ages of 11 and 12, 28% between the ages of 13 and 14, and 23% had their first drink at the age of 15 or older. It was also found that 54% of students reported having at least one alcoholic beverage in the last 30 days. Seventeen percent of these students (or 9% of all students) reported drinking alcohol on ten or more separate days in the past thirty days.

When it comes to binge drinking, the Wisconsin DPI (2002) reported that 63% of current drinkers (or 34% of all students) have admitted to binge drinking at least one time in the past 30 days; 33% of current drinkers (18% of all students) reported binge drinking one or two days in the past 30; 26% of current drinkers (14% of all students) reported binge drinking between 3 to 9 days in the past 30; and 6% of current drinkers (3% of all students) reported binge drinking on 10 or more occasions in the past 30 days.
The difference between male and female alcohol use in the state of Wisconsin is not very significant, however, the Wisconsin DPI (2002) discovered that male students (37%) were more likely to report binge drinking than female students (31%). The difference in alcohol use by grade level is significant, however. It was found that the percentage of students who reported drinking alcohol and the frequency of participating in that behavior increased significantly as the grade level increased. Amongst 9th graders, 31% reported that they never drank alcohol, compared to 12th graders in which 12% reported never drinking alcohol. Forty-three percent of 9th graders admitted to drinking alcohol at least once in the past 30 days as compared to 68% of 12th graders. Twenty-four percent of 9th graders reported binge drinking at least once in the past 30 days, whereas 48% of 12th graders made the same report.

Locally, the Menomonie Student Survey (2007) aimed to reduce root causes of substance abuse by enhancing protective factors such as mental health status, caring relationships, opportunities for participation, and high expectation. This research wanted to determine the relationship between how students responded to the items and their use of alcohol, tobacco, and other drugs in the past twelve months.

The 2007 Menomonie Student Survey found that alcohol is the most commonly used drug among Menomonie students and at even higher rates for girls than boys. It was also found that one in five boys and girls in grade seven has used alcohol is the last year, and this number increases to 53% of boys and 66% of girls by grade twelve. Of these students surveyed, over 21% of twelfth grade boys and girls reported that they had done frequent binge drinking in the past year. It was also discovered that the most common age of onset for alcohol, tobacco, and other drugs is from 12-15 years of age, although the results of the survey also showed that some use occurred at age 8 or less.
Driving “under the influence” was also discussed in the 2007 Menomonie Student Survey, and it was found that girls more often than boys reported driving at least one time while under the influence or while drinking (up to 19% of grade 12 girls and 15% of grade 12 boys), but boys more frequently said they had done this three or more times (from 9-10% of grade 11 and 12 boys).

Longitudinally from 2002 to 2007, student alcohol use in grades 9-12 in Menomonie has remained consistent over the years, but some evidence has been shown that male use is decreasing slightly and female use is increasing (Menomonie Student Survey, 2007). The perception of risk is increasing as well. Each year the survey has shown that a greater percent of students perceive a “high risk” to themselves in using alcohol and other drugs; however alcohol has continued to have the least perceived risk over other chemicals.

In the Wisconsin DPI Youth Risk Behavior Survey (2001) found a significant increase from 1993 to 2001 among students who reported drinking alcohol at least once in the 30 days prior to the survey. Forty-eight percent participated in drinking alcohol at least once in the 30 days prior to the survey in 1993 compared to 54% of students participating in the same activity in 2001. There was also found to be a significant increase in the percentage of students who reported binge drinking in the 30 days prior to the survey. In 1993, 29% of students admitted to binge drinking compared to 34% of students in 2001.

Adolescent Perceptions

According to Brown and colleagues (2007), their study adds significantly to the literature on early adolescent alcohol use, in that it confirms reports that alcohol use is related to adolescent alcohol beliefs, attitudes, and availability. They found that more extreme beliefs regarding the appropriateness of underage alcohol consumption and greater alcohol availability
predicted greater alcohol use. Jenkins (2001) studied rural adolescents and the difficulties in resisting drugs and alcohol, and found that roughly one-third of the groups indicated that the difficulty in resisting was due to the desire to be accepted by their peers. The findings of this study tell us that the reasons for refusal difficulty are connected to a need for peer acceptance and inclusion, desire to have fun for pleasure accessibility, and curiosity.

Nationally, the Monitoring the Future Survey in 2003 found that the majority of 12th graders have viewed binge drinking on weekends as not carrying a great risk (Johnston, O’Malley, Bachman, & Schulenberg, 2004). The most recent statistics show that there was a fair-sized increase between 1982 and 1992 from 36% to 49%; however the perceived risk increased, according to the study, because of the drunk driving campaigns of the 1980s. In the previous Monitoring the Future Survey in 2002, they found that only 37.7% of 10th graders disapprove of trying one or two drinks, with 69.2% disapproving of drinking five or more drinks once or twice each weekend (Johnston, O’Malley, & Bachman, 2002). These results show that the majority of 10th graders disapprove of frequent binge drinking, however, it also shows that approximately one out of three 10th graders do not disapprove of frequent binge drinking.

The same study found that there was a parallel between perceived risk of binge drinking on weekends and disapproval of this activity (Johnston, O’Malley, Bachman, & Schulenberg, 2004). Such drinking, as well as the drunk-driving behavior associated with it, has become unacceptable in the peer group, however, these rates of disapproval and perceived risk for binge drinking are higher in the lower grades than in grade 12.

Brown et al, (2007) revealed that children and adolescents tend to overestimate the extent of alcohol use among their peers. The results of their study show that more than 25% of adolescents believe that half or more of their peers have had more than one sip of alcohol.
However, 89% of the youth surveyed said drinking at their age is never “OK”, 86% said that drinking as a teen is never “OK”, and 87% said that teens who drink are very “un-cool” (pg. 36). Ott and Doyle (2005), contrarily, found that the majority of their participants were accurate in the prevalence of alcohol use among their peers. Seventy-three percent of the students surveyed indicated that they thought 50% or fewer of their peers used alcohol in the last 30 days and 74% indicated that they thought that 75% or fewer of their peers had ever used alcohol. These results were compared to a previously completed Youth Risk Behavior Survey results and were quite accurate in that 36% of their peers used alcohol in the past 30 days and 71% of their peers indicated that they have ever used alcohol.

Arata and colleagues (2003) discussed the positive expectations of teenagers regarding the effects of alcohol (due to parent and peer behaviors). They found that contrary to adolescents’ expectations, there are actually many negative effects of alcohol, and what was found to be most negative was simply, having a bad time.

The perceived availability of alcohol among 8th, 10th, and 12th graders has been very high and mostly steady in the 1990s. A staggering statistic is that among 12th graders, the availability has remained at a very high level of 95% (Johnston, O’Malley, Bachman, & Schulenberg, 2004). Brown and colleagues (2007) asked the question, “How often have you been offered alcohol?” to youth aged 9-13, and approximately 71% said “never”, 18% said “once or twice, but not very often”, 5% said “a few times a year”, and 6% said “several time[s] a month” (pg. 37). These same youth were also asked, “Who offers you alcohol the most?”, and besides the answer “no one”, the majority of youth (12.1%) suggested that it was “adults I know” that supplied them with alcohol.
Locally, a group of students was surveyed in a nearby town, about 10 miles West of Elk Mound, and it was discovered that generally, younger students perceive more risk or harm in using alcohol, tobacco, and most other drugs that do older students, and generally boys perceive less risk or harm in using than girls do—especially at the higher grade levels (Menomonie Student Survey, 2007). Overall, in the 2007 Menomonie Student Survey, it was found that there is a least perceived risk for the use of alcohol (only 38% of students see alcohol use as a “high risk”). Alcohol is seem as the least perceived risk as compared to tobacco (58% said “high risk”), marijuana (64%, “high risk”) and prescription drugs not prescribed to them (66%, “high risk”).

This same study had asked students about student perceptions of parental disapproval and similar results were found compared to the high risk substances. Overall, 54% of the students said their parents would “strongly disapprove” of their using alcohol (Menomonie Student Survey, 2007). However, only 32% of grade 12 girls and 37% of grade 12 boys said their parents would “strongly disapprove” of their using alcohol.
Chapter III: Methodology

This chapter will discuss how the sample was selected, as well as a description of the sample, and the instruments being used. Data collection procedures and data analysis procedures will also be discussed. The chapter will conclude with the methodological limitations.

Subject Selection and Description of Sample

The principal was contacted initially and needed to approve of the study and timeline before students were contacted. All high school (ninth through twelfth grade) students in the Elk Mound School District were visited to discuss the research and were requested to participate approximately one week prior to data collection. The students who are minors received a parental consent form to have their parent sign and bring back the day of the data collection. According to the Elk Mound School District policies all students that are no longer considered minors are still required to have parental consent to participate in the study. A copy of the letter and consent form given to the parents and the students are located in Appendix A and B.

According to the Wisconsin Department of Public Instruction (2008), in the 2008-2009 school year, there are 1,094 students enrolled in the Elk Mound School District and of these students there are 307 high school students. Both male and female students are asked to participate in the study; the high school has 44.6% female and 55.4% male students.

Instrumentation

Demographic data was collected regarding the student’s age, gender, and current year in school. The survey consisted of items developed by the researcher for the purposes of this study and was constructed using different research instruments (Brown et. al, 2007; De Haan & Boljevac, 2009; Wisconsin Department of Public Instruction, 2002). Survey questions that were formulated were used to assess use of alcohol, perceptions of underage alcohol use, perceptions
of peer norms, and perceived availability. An original survey was designed, since none of the available instruments met the needs of the study completely, and because of this, there were no measures of reliability or validity available. A copy of the survey is located in Appendix B.

Data Collection

Permission was sought by the Elk Mound counselor, principal, and superintendent of the high school building during the Fall semester of 2009. Once permission was granted, the researcher presented the intent of the study and consent forms were handed out to each student (grades 9-12). The forms needed to be signed by both the student and their parent or guardian. In the weeks following, the consent forms were gathered and those students who were given written consent were asked to fill out the survey. Those students who did not have consent to participate were asked to stay seated in their desks and were asked to read or work on homework. All surveys were filled out on the same school day, throughout the day, and were given by the researcher. Participants were also be notified prior to filling out the survey that all information will remain anonymous, and at no time would faculty, staff, or administration have access to individual surveys.

Data Analysis

The researcher tabulated the scores and the scores were then analyzed using frequencies and descriptive statistics. Frequencies for onset of adolescent alcohol use, current alcohol use, and perceptions of underage alcohol use were also calculated. The number of males and females, age, and grade were also summated.

Limitations

A limitation of the current study’s methodology is that the sample is from only one small, rural community in western Wisconsin. Students who forgot the written consent form were not
able to participate in the study. Also, the study required active, rather than passive, consent which limited the amount of active participants in the study. Another limitation is that the instrument was developed by the researcher and therefore has no measures of validity or reliability.
Chapter IV: Results

The purpose of this study was to identify high school student’s current and past drinking behaviors as well as the student’s perceptions regarding underage alcohol use. This chapter will present the results of the Youth Drinking Behavior and Perception Survey. The demographic information will be reported first, followed by the frequency data collected on each of the research questions.

Demographic Information

The convenience sample for this study consisted of 34 high school students in grades 9-12 at Elk Mound High School in Elk Mound, Wisconsin. The student sample was made up of 14.7% (n = 5) freshman, 17.6% (n = 6) sophomores, 38.2% (n = 13) juniors, and 29.4% (n = 10) seniors. The high school students that participated made up of 73.5% (n = 25) females and 26.5% (n = 9) males. The subjects ranged in age from 15 to 18, with a mean age of 16.2.

Research Questions

Question 1: What are high school students’ current drinking behaviors?

The sample of subjects that indicated that they currently drink alcohol (n = 23) 10 subjects (43%) indicated that they “never” drink on weekends, 9 subjects (39%) indicated that they “rarely” drink on weekends, 2 subjects (9%) indicated that they “sometimes” drink on weekends, 1 subject (4%) indicated that they “often” drink on weekends, and 1 subject (4%) indicated that they “almost always” drink on weekends.

When surveying “how many days in the past 30 days did you drink?” (n = 22), 18 subjects (82%) indicated that they drank 0 times in the past 30 days, 2 subjects (9%) indicated that they drank 1 time in the last 30 days, 1 subject (4.5%) indicated that they drank 1-2 times in the last 30 days, and 1 subject (4.5%) indicated that they drank 3-4 times in the past 30 days.
The participants were also asked “how often do you drink more than just a sip of alcohol?” (n = 22) and 7 subjects (32%) indicated that they “never” drink more than a sip of alcohol, 1 subject (4.5%) indicated that they “tried drinking once” more than a sip of alcohol, 12 subjects (54.5%) indicated that they drink more than a sip of alcohol “once in a while, but not very much”, 1 (4.5%) subject indicated that they drink more than a sip of alcohol “every month, but not every week”, and 1 subject (4.5%) indicated that they drink more than a sip of alcohol “almost every week”.

Of those who responded and indicated that they drink (n = 21), the average amount of drinks (one drink = 12 oz. beer, 4 oz. glass of wine, 1.5 oz. hard liquor) consumed was 1.8; 3 subjects (14%) indicated that they consume 0-1 drinks on average, 8 subjects (38%) indicated that they consume 1-2 drinks on average, 5 subjects (23%) indicated that they consume 3-4 drinks on average, 2 subjects (10%) indicated that they consume 4-5 drinks on average, 1 subject (5%) indicated that they consume 6-7 drinks on average, and 2 subjects (10%) indicated that they consume 8-9 drinks on average.

The high school students that participated in the current study were asked about how often they are offered alcohol and who offers alcohol the most. All of the subjects (n = 34) responded to the question of how often they are offered alcohol and 10 subjects (29%) indicated that they are “never” offered alcohol, 20 subjects (59%) indicated they were offered alcohol “once or twice, but not very often”, 1 subject (3%) indicated they were offered alcohol “every month, but not every week”, and 3 subjects (9%) indicated that they were offered alcohol “about every week”.

When surveyed about who offers alcohol the most (n = 32) 7 subjects (22%) indicated that “no one” offers alcohol the most, 8 subjects indicated that “kids my age” offer alcohol the
most, 4 subjects indicated that it was “older kids” that offer alcohol the most, 11 subjects (34%) indicated that “adults I know” offer alcohol the most, and 2 subjects (6%) indicated that “someone else” offers alcohol the most.

Question 2: What are high school students’ past drinking behaviors?

When examining the total sample (n = 34), 23 subjects (67.6%) have had an alcoholic beverage at some point in their lives and 11 subjects (32.3%) have never drank alcohol. Of those subjects who have drank alcohol, 26.5% (n = 9) indicated that they have been intoxicated. The average age that the subjects had their first drink is 14.4; according to those who responded (n = 21), the age of onset of adolescent alcohol use, 1 subject (4.8%) indicated having their first drink at the age of 10, 1 subject (4.8%) indicated having their first drink at the age of 12, 5 subjects (23.8%) indicated having their first drink at age 13, 3 subjects (14.3%) indicated having their first drink at age 14, 5 subjects (23.8%) indicated having their first drink at the age of 15, 4 subjects (19%) indicated having their first drink at age 16, and 2 subjects (9.5%) indicated having their first drink at age 17.

Those in the sample that indicated that they have drank in the past (n = 22), 8 subjects (36%) indicated that they have had more than three alcoholic beverages in the same day and 14 subjects (64%) indicated that they have never had more than three alcoholic beverages in the same day. Of those who have had more than three drinks in the same day the mean age that they first had more than three drinks in the same day was 15 years old (n = 8).

Question 3: What are high school students’ perceptions of drinking norms?

The sample was examined regarding the perceived alcohol use by their peers (n = 34) and perceptions of those peers who drink under the legal drinking age in Wisconsin (n = 32). The sample was also examined regarding perceptions of drinking alcohol underage (n = 34), why
kids drink underage (n = 29), whether they feel pressured to drink (n = 34), and how to prevent underage drinking (n = 31).

When asked about how many kids their age have had more than a sip of alcohol it was found that 3 subjects (9%) reported “almost no one”, 10 subjects (29%) reported “some”, 4 subjects (12%) reported “about half”, 10 subjects (29%) reported “many”, and 7 subjects (21%) reported “almost everyone”.

It was discovered that 1 subject (3%) indicated that drinking alcohol at their age is “always OK”, 2 subjects (6%) indicated that it is “OK most of the time”, 18 subjects (53%) indicated that it is “hardly ever OK”, and 13 subjects (38%) indicated it is “never OK” to drink alcohol at their age. When surveyed about drinking alcohol while a teenager in high school, no subjects (0%) said that it is “always OK”, 3 subjects (9%) said that it is “OK most of the time”, 15 subjects (44%) said it is “hardly ever OK”, and 16 subjects (47%) said it is “never OK”.

Results show that 2 subjects (6%) believed that teens who drink alcohol are “very cool”, 1 subject (3%) believed that teens who drink alcohol are “sort of cool”, 10 subjects (31%) believed that teens who drink alcohol are “sort of un-cool”, and 19 subjects (59%) believed that teens who drink alcohol are “very un-cool”.

When asked what the main reasons are that kids try alcohol 11 subjects (38%) believed it was because “other kids are doing it”, 2 subjects (7%) believed is was because “they want to be like adults who drink alcohol”, 8 subjects (28%) believed that kids try alcohol because “they just want to see what it is like”, 3 subjects (10%) believed it was because “they have nothing else to do”, and 5 subjects (17%) believed that kids try alcohol because “they think it will make them cool”.
Students were asked whether they feel pressure to drink alcohol \((n = 34)\) and 21 participants stated “never”, 7 participants stated “rarely”, 4 participants stated “sometimes”, 1 participant stated “often”, and 1 participant stated that they “almost always” feel pressured to drink alcohol.

Students were also surveyed to see what they thought are the best ways to keep kids from drinking alcohol \((n = 31)\) and the majority of students (39%) thought that giving them other fun things to do instead would be the best way to keep kids from drinking. Next, 10 students (32%) believed having people with alcohol problems talk to them would prevent kids from drinking alcohol; 7 students (23%) thought that the best way to keep kids from drinking alcohol would be to let them learn from their own experiences; 2 students (6%) thought that a nurse or doctor should talk to them, and no students thought that the best way to keep kids from drinking alcohol would be to teach lessons at school.

Lastly, students were asked to rank from 1-7 what has had the most influence on their views about teenage drinking. Peers were ranked as having the most influence \((M = 2.82)\), followed by parents \((M = 3.18)\), then school \((M = 3.97)\), television shows \((M = 4.29)\), other influences \((M = 4.38)\), movies \((M = 4.41)\), and lastly, television commercials \((M = 4.79)\).

If students indicated that other influences had the most influence on their views of teenage drinking, they were asked to indicate what those other influences might be. Responses were as follows: “relatives at parties”, “other friends”, “other adults that I know”, “books”, “friends”, “emotional problems”, “people who have had bad experiences with alcohol, ex: car accident and someone died”, “other media”, “religion”, “depression”, “myself (my views, etc)”, “my beliefs”, “other family”, and “relatives”.
Chapter V: Discussion, Conclusions, and Recommendations

This chapter will include a discussion of the results of the study as well as conclusions that can be derived from those results. The chapter will conclude with some recommendations for further research.

Discussion

The results of the present study show that the majority of students have consumed alcohol at some point in their lives, but a majority of these students indicate that they have never been intoxicated or drunk. It was also shown that a majority of students do not consume alcohol on a regular basis or in large quantities. The results show that most students do not drink on weekends or have consumed more than a sip of alcohol more often than on an occasional basis. Johnston, O’Malley, Bachman, and Schulenberg (2004) has shown similar results in that a large proportion of high school seniors have consumed alcohol, however, a small proportion of those high school seniors have indicated that they have binge drank. The results of this study also concur with past research in that the average age that students have consumed their first beverage is around the age of fourteen (Substance Abuse and Mental Health Services Administration, 2001).

The results from the current study also show that the majority of students are offered alcohol “once or twice, but not very often” and are offered alcohol most often by adults that they know. However, the majority do not feel that they are pressured to drink alcohol. Arata, Stafford, and Tims (2003) also found that problem drinkers were more likely to have parents who approved of underage drinking and had more permissive parents than their moderate drinker and nondrinker peers. This could indicate why students are offered alcohol by adults that they know more often than by their peers or other sources.
Brown, Teufel, Birch, Raj, Izenberg, Lyness and Kancherla (2007) indicated that children and adolescents tend to overestimate the extent of alcohol use and other risky behaviors among their peers. The current study found that the majority of students believed that “some” or “many” kids their age have had more than just a sip of alcohol. These findings could indicate that students may have a realistic perception of their peers past drinking behaviors; however, there was no indication in the current study of perceptions of whether their peers currently drink and how much they consume.

The present study also found that the majority of students do not view underage drinking as something positive. The students indicated that it is “hardly ever OK” to drink alcohol at their age, it is “never OK” to drink alcohol while a teenager in high school, and that they believe that teens who drink alcohol are “very un-cool”. Brown, Teufel, Birch, Raj, Izenberg, Lyness, and Kancherla, (2007) shows that more than 25% of adolescents believe that half or more of their peers have had more than one sip of alcohol. However, 89% of the youth surveyed said drinking at their age is never “OK”, 86% said that drinking as a teen is never “OK”, and 87% said that teens who drink are very “un-cool”. Ott and Doyle (2005), contrarily, found that the majority of their participants were accurate in the prevalence of alcohol use among their peers. Seventy-three percent of the students surveyed indicated that they thought 50% or fewer of their peers used alcohol in the last 30 days and 74% indicated that they thought that 75% or fewer of their peers had ever used alcohol. These results were compared to a previously completed Youth Risk Behavior Survey results and were quite accurate in that 36% of their peers used alcohol in the past 30 days and 71% of their peers indicated that they have ever used alcohol.
Conclusions

Although the sample size was small, the results of the Youth Drinking Behavior and Perception Survey regarding high school student’s past and current drinking behaviors as well as perceptions of underage drinking concur with most of the previous research conducted.

It was found that students at the high school level do experiment with alcohol, however, of the students that completed the survey, a minority of students use alcohol on a regular basis and in large quantities. Students are engaging in illegal activity with alcohol, but as the results show, most students do not believe that it is appropriate to be drinking alcohol at their age and that they perceive their peers that do drink as being “very un-cool”.

Most students believe that offering them other fun things to do instead of drinking alcohol would be the best way to keep kids from drinking alcohol. The students also indicated that their parents have provided them with the most influence on their views about teenage drinking. More research should be conducted on this topic to see if the parental influence is positive or negative in relation to the student views about teenage drinking considering most students are offered alcohol by adults they know.

Recommendations

It is recommended that further research be done on the topic of the Wisconsin drinking culture by surveying high school students from around the state to determine where underage adolescent drinking is of more concern and if it is of equal frequency around the state. Further research could also be done by surveying younger student’s perceptions of drinking alcohol and of underage alcohol use.

It is believed that more research could be done to determine whether Wisconsin has a greater underage drinking problem than other states as well as if the underage drinking behavior
is a result of the perceived tolerance of underage drinking in Wisconsin or if it is a result of high risk taking during the adolescent years. There are many unanswered questions regarding the drinking culture in the state of Wisconsin, but it can be determined that underage drinking is a major problem in the state as well as other communities.

Adding a measure of parental drinking habits and patterns as well as a measure of community perceptions and beliefs surrounding underage drinking would be a great addition to future research. These measures could be important in determining if there is a correlation between parental drinking habits and patterns and adolescent drinking. A community perception measure could be important in determining what the surrounding community tolerates and supports.

Although the study collected valuable information and used questions from multiple sources to design the instrument, it lacked in a few areas. If replicated, it would be necessary for the researcher to survey a larger sample size, samples from various regions in the state, and a wider range of grade levels, including middle school aged students. A sample that is more representative of all subgroups in the school would have been useful as well.
References


http://datacenter.kidscount.org/data/bystate/stateprofile.aspx?state=WI&cat=2136&loc=51&dt=1%2c3%2c2%2c4


National Institute on Alcohol Abuse and Alcoholism. (2004). *Make a difference: Talk to your child about alcohol*. Retrieved February 17, 2009, from:

http://pubs.niaaa.nih.gov/publications/MakeADiff_HTML/MakeAdiff.pdf


Office of Applied Studies, Substance Abuse and Mental Health Services Administration. (2004). Treatment episode data set (TEDS). *Substance abuse treatment by primary substance of
abuse, according to sex, age, race, and ethnicity. Retrieved April 27, 2009, from:
www.dasis.samhsa.gov/tds04/index.htm

Changing substance use misperceptions in five urban high schools. The High School
Journal, Feb/Mar, 45-55.


Substance Abuse and Mental Health Services Administration. (2001). Summary of findings from
the 2000 National Household Survey on Drug Abuse. Retrieved March 17, 2009, from:
http://cspinet.org/booze/FactSheets/NHSDA2000.htm

prevention: Public policy. (ERIC Document Reproduction Service No. ED 474 121)


Wisconsin Department of Public Instruction. (2002). Wisconsin youth risk behavior survey,

April 7, 2009, from:
http://data.dpi.state.wi.us/data/graphshell.asp?fullkey=11164503ZZZZ&CompareTo=PRI
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Appendix A: Letter to Parents

November 12, 2009

Dear Parents,

My name is Tracy Klein, and I am currently pursuing my Master’s Degree in School Counseling at UW-Stout. At this time I am the school counseling intern at Elk Mound High School working with the school’s guidance counselor, Hugh Goodrich.

I am hoping to enlist your help in a project that I am doing to complete my School Counseling degree. Attached to this letter is a consent form to allow your child to participate in completing a survey about perceptions of underage drinking as well as their current, if any, participation in underage drinking.

All of the information that you need about the study is enclosed in the consent form attached to this letter, and I hope that you will assist me in collecting the data that I need for the study. Not only will you be helping me with my final project, but this data can be used to help Elk Mound High School, the School District, as well as the local community to help assist in the efforts to reduce underage drinking and its implications.

Please take a look at the consent form. All information will remain anonymous, and at no time would faculty, staff, or administration have access to individual surveys. Participants names will in no way be identified from their survey form and the consent forms will be filed separately from other research forms.

Your child’s participation in this study is entirely voluntary. You may choose not to participate without any adverse consequences to you, at any time during the survey administration. Should you choose to participate and later wish to withdraw from the study, you may discontinue your participation at this time without incurring adverse consequences.

If you agree to let your child participate in the study please sign the attached consent form and have your child sign it as well. The survey will be administered on Thursday, November 19, 2009. Please have your child deliver the signed consent form to the guidance office on or before this date.

Thank you for your assistance,

Tracy Klein
School Counseling Intern
kleint@my.uwstout.edu
Appendix B: Consent to Participate in UW-Stout Approved Research

Consent to Participate In UW-Stout Approved Research

Title: The Wisconsin Drinking Culture: Perceptions and Drinking Patterns of High School Students

Investigator: Tracy Klein
kleint@my.uwstout.edu
(920) 265-9347

Research Sponsor: Kevin Doll
121 Home Economics Building
(715) 232-2793

Description:
The purpose of this investigation is to determine whether the Wisconsin drinking culture has an impact on high school youth perceptions and use of alcohol. The research is intended to determine what high school students’ current and past drinking behaviors are as well as their perceptions of drinking norms locally, statewide, and nationally.

Risks and Benefits:
The survey will contain questions about drinking behaviors and perceptions of underage youth. This may be seen to some as too personal and could cause some discomfort. Discomfort may also be seen because some answers may implicate illegal behavior. Participants will be reassured that all answers will remain anonymous to help minimize discomfort. Participant discomfort will be reduced by allowing the participants to opt out of taking the survey as well as answering specific questions on the survey. Precautions have been taken to ensure there is anonymity in the survey. Participants are reminded they may omit any questions on the survey. All surveys will be put together in one group and shuffled before reading to maintain anonymity. The research outcomes will aid the school district, region, and possibly legislation by providing better insight to the student population, their drinking habits, and perceptions of underage drinking behaviors.

Special Populations:
Subjects asked to participate in the study are typically minors (under the age of 18). A parent or guardian consent is required for a minor to participate in the study. School policy states that students 18 and older must still have a parent or guardian’s signature to participate. A signature line is located at the bottom of this form to consent for the minor to participate.

Time Commitment and Payment:
The survey will take approximately 10-15 minutes to complete. Participants will not be paid for their participation.

Confidentiality:
All information will remain anonymous, and at no time would faculty, staff, or administration have access to individual surveys. Participants names will in no way be identified from their survey form and the consent forms will be filed separately from other research forms.

Right to Withdrawal:
Your participation in this study is entirely voluntary. You may choose not to participate without any adverse consequences to you, at any time during the survey administration. Should you choose to
participate and later wish to withdraw from the study, you may discontinue your participation at this time without incurring adverse consequences.

**IRB Approval:**
This study has been reviewed and approved by The University of Wisconsin-Stout's Institutional Review Board (IRB). The IRB has determined that this study meets the ethical obligations required by federal law and University policies. If you have questions or concerns regarding this study please contact the Investigator or Advisor. If you have any questions, concerns, or reports regarding your rights as a research subject, please contact the IRB Administrator.

**Investigator:**
*Tracy Klein*
kleint@my.uwstout.edu
(920) 265-9347

**Advisor:**
*Kevin Doll*
*121 Home Economics Bldg.*
(715) 232-2793
715-232-2477
foxwells@uwstout.edu

**IRB Administrator:**
*Sue Foxwell, Director, Research Services*
*152 Vocational Rehabilitation Bldg.*
*UW-Stout*
*Menomonie, WI 54751*

**Statement of Consent:**
By signing this consent form you agree to participate in the project entitled, *The Wisconsin Drinking Culture: Perceptions and Drinking Patterns of High School Students.*

________________________________________
Signature

________________________________________
Signature of parent or guardian

__________
Date

__________
Date
Counseling Services:

*If you feel you are in need of any alcohol or drug related services please contact these Chippewa Valley Help Organizations.*

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<td>Red Cedar Clinic - Mayo Health, Menomonie</td>
<td>715-233-7891</td>
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<td>Systems Counseling, Eau Claire</td>
<td>715-832-5454</td>
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Appendix C: Youth Drinking Behavior and Perception Survey

This research has been approved by the UW-Stout IRB as required by the Code of Federal Regulations Title 45 Part 46.

Youth Drinking Behavior and Perception Survey

Part 1: Demographic Information
Age: __________

Gender: (Please circle one) Male Female

Grade: (Please check one)
- Freshman (9th)
- Sophomore (10th)
- Junior (11th)
- Senior (12th)

Part 2: Behaviors (Please check the box OR fill in the blank).
1. Have you ever had an alcoholic beverage?
   - Yes
   - No

2. Have you ever been intoxicated (drunk)?
   - Yes
   - No

*If you answer ‘NO’ to Questions 1 and 2, you may skip questions 3-9 and continue with Question 10 on the next page.*

3. How old were you when you had your first drink? (One drink = 12 oz. beer, 4oz. glass of wine, 1.5 oz. hard liquor) __________

4. How often do you drink on weekends?
   - Never
   - Rarely
   - Sometimes
   - Often
   - Almost Always

5. How many days in the past 30 days did you drink (beer, wine, hard liquor)? __________

6. When you had alcohol, on average, how much did you usually drink? (One drink = 12 oz. beer, 4oz. glass of wine, 1.5 oz. hard liquor)
   - 1-2 drinks
   - 3-4 drinks
   - 4-5 drinks
   - 6-7 drinks
   - 8-9 drinks
   - 10 or more drinks

7. Have you ever had more than three alcoholic beverages in the same day?
   - Yes
   - No

8. How old were you the first time that you had more than three alcoholic beverages in the same day? _______

9. How often do you drink more than just a sip of alcohol?
   - Never
   - I tried drinking once
   - Once in a while, but not very much
   - Every month, but not every week
   - About every week
10. How often have you been offered alcohol?
   □ Never
   □ Once or twice, but not very often
   □ Every month, but not every week
   □ About every week

11. Who offers alcohol the most?
   □ No one
   □ Kids my age
   □ Older kids
   □ Adults I know
   □ Someone else

**Part 3: Perceptions**

1. About how many kids your age have had more than just a sip of alcohol?
   □ Almost no one
   □ Some
   □ About half
   □ Many
   □ Almost everyone

2. Drinking alcohol at my age is:
   □ Always OK
   □ OK most of the time
   □ Hardly ever OK
   □ Never OK

3. Drinking alcohol while a teenager in high school is:
   □ Always OK
   □ OK most of the time
   □ Hardly ever OK
   □ Never OK

4. Teens who drink alcohol are:
   □ Very cool
   □ Sort of cool
   □ Sort of un-cool
   □ Very un-cool

5. Of the following choices, what is the main reasons kids try alcohol?
   □ Other kids are doing it
   □ They want to be like adults who drink alcohol
   □ They just want to see what it is like
   □ They have nothing else to do
   □ They think it will make them cool

6. Do you feel pressure to drink alcohol?
   □ Never
   □ Rarely
   □ Sometimes
   □ Often
   □ Almost Always

7. Of the following choices, what is the best way to keep kids from drinking alcohol?
   □ Have their nurse or doctor talk to them
   □ Teach lessons at school
   □ Have people with alcohol problems talk to them
   □ Let them learn from their own experiences
   □ Give them other fun things to do instead

8. Which of the following would you say has had the most influence on your views about teenage drinking?
   - Rank the following 1 - 7.
   - Enter 1 for the most influential, 2 for the second most influential, 3 for the third most influential, 4 for the fourth influential, 5 for the fifth influential, 6 for the sixth influential, and 7 for the least influential.
   - ____ Parents
   - ____ Peers
   - ____ School
   - ____ Television commercials
   - ____ Television shows
   - ____ Movies
   - ____ Other (please list below)