A SURVEY OF AVAILABILITY, RANGE AND USAGE OF ALCOHOL EDUCATION RESOURCES IN NEWFOUNDLAND AND LABRADOR JUNIOR HIGH SCHOOLS

AUDREY E. ATKINS

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A SURVEY OF AVAILABILITY, RANGE AND USAGE OF ALCOHOL EDUCATION RESOURCES IN NEWFOUNDLAND AND LABRADOR JUNIOR HIGH SCHOOLS.

By

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Abstract

Alcohol has been reported as the drug most commonly used by students in Newfoundland and Labrador Schools. Alcohol consumption is occurring with students in both urban and rural areas. This study sought to examine the range of resources in Newfoundland and Labrador junior high schools that are aimed at educating children about alcohol and at preventing alcohol abuse. It also looked at the methods that the schools were using to deal with alcohol-related problems which adolescents are experiencing and at the priority assigned to alcohol education in urban, as contrasted to rural areas.

A 23 item questionnaire was developed by the author and completed by 84 educators from 30 rural and 16 urban junior high schools. The results indicated that most schools are equipped with alcohol education resources. Using videos dealing with alcohol issues was frequently listed as one of the main prevention methods. Overall, the amount of time spent on alcohol education was typically one to three hours throughout the school year. The results indicate that the alcohol education program in most schools has not been given the special attention that is deemed by the author to be needed. A comprehensive list of resource materials that might be used in alcohol education prevention programs was developed.

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CHAPTER ONE

INTRODUCTION

Adolescent alcohol use is a major concern confronting educators today. School-based educational approaches are prevalent among the various methods used to address illegal alcohol use and related problems in adolescents. Teenage alcohol use is a complicated phenomenon that has many parameters, only some of which school interventions can influence.

Purpose and Rationale

The purpose of this study was to obtain a description of the availability, range and usage of alcohol education resources in rural and urban junior high schools in Newfoundland and Labrador. A number of factors combine to make such a study a worthwhile endeavour.

There is evidence that the use of alcohol, tobacco, and cannabis provide a "gateway" to the use of other drugs (Berdiansky, Brownlee, & Joy, 1988; Bloch, Crockett & Vicary, 1991; Caliguri, 1992; Carlson, 1994; Goodstadt, 1989; James, Moore, & McCulley-Gregersen, 1996; Johnson, Pentz, Weber, Dwyer, Baer, MacKinnon, & Hansen, 1990). While experimentation with these "gateway drugs" does not automatically mean later involvement with other drugs, their use

usually precedes it. Berdiansky (1991) found that awareness of the dangers and health risks of specific substances correspond to lower usage rates for the specific drugs. Knowing this fact emphasizes the importance of alcohol information being presented in the schools.

Adolescent alcohol abuse has become a major social concern and recent surveys indicate that there is good reason to be concerned. One study of alcohol and other drugs use by Canadian youth (Eliany, Wortley & Adalf, 1992) found that drinkers from the Atlantic provinces may be at greater risk of experiencing negative consequences of drinking than are other youth. The study stated that, "although young drinkers from Atlantic provinces tend to drink less frequently than their counterparts from other regions, on occasions when they do drink, they tend to consume more alcohol" (p.6). This same study stated those current drinkers 15 to 24 years of age from Atlantic provinces consume an average of 4.3 drinks (one drink equaling one bottle of beer or glass of draft; one glass of wine or wine cooler; one straight or mixed drink with 44 ml of hard liquor) per week, compared with Canadian youth who drink an average of 3.3 drinks per week. Coggans and McKellar (1995) reported that alcohol use per se need not be a problem, even for young people. Problems arise from over-indulgence either in terms of too much alcohol during any one drinking session or from too frequent

consumption.

Royal Canadian Mounted Police (RCMP) and Alcohol and Drug Dependency (ADD) (1991) reported in their survey of students' alcohol and other drugs use that close to one out of ten (8.4%) males and one in twenty (4.8%) females reported drinking, on average, 3 or more times each week in the preceding month. Spurrell (1996) reported that alcohol is the most commonly used drug by Newfoundland and Labrador students with 56% of students reporting alcohol use at some point in the 12 months previous to the student drug use survey. In this study more than 28% reported getting drunk in the previous four weeks and approximately one-third of the students reported having five or more drinks on one occasion during that time. This survey included students in grades 7, 9, 10, and 12, with 27.1% of students in grade seven. Mitic (1989) found that approximately one in four of junior high school students imbibes sufficient quantities of alcohol to report recent states of intoxication. He stated that, "when 13.5% of rural junior males surveyed report experiencing states of drunkenness on a regular basis (7+ times in the previous 12-month period) it becomes clear that this behavior is no longer indicative of mere experimentation with alcohol's mood-altering qualities" (p.11).

Smart, Adlaf and Walsh (1993) found in their survey of students who were

under the legal drinking age of 19 years, that 57% drank alcohol. Of those, 29% were drunk in the past 4 weeks and about 1% drank daily. Even among those in Grade 7 (aged 13) and Grade 9 (aged 15) 32% and 52%, respectively drank alcohol. Gibbons, Wylie, Echterling and French (1986) reported that the young age at which students begin drinking indicates that junior high schools may be a more important socializing environment than high school because most students have had their first drink well before high school. Furthermore, the findings of Burrell (1992) indicated that by the time the majority of students enter college they are already consumers of alcohol. Burrell suggested that supportive activities be initiated much earlier than high school, even before junior high school. These statistics support the need for alcohol education programs aimed at the school aged population.

Alcohol use and abuse by adolescents are associated with a broad range of high-risk behaviors that can have profound health, economic and social consequences (Boyd, Howard, & Zucker, 1995). James et al. (1996) stated, "dependence on drugs can lead to accidents or the contraction of HIV/AIDS as a result of impaired ability and judgment. Overdoses of drugs and combinations of drugs can lead to heart and liver damage. Moreover, addiction to drugs can lead to numerous health problems ranging in severity from mental confusion and

muscle rigidity to heart attacks and liver damage" (p.140). The results from James et al. study indicated that for drug using students an average of 91 percent used alcohol. McMurrin and Hollin (1993) confirmed these findings by reporting that, "excessive drinking is one of the factors most consistently associated with physical and mental health problems; with absenteeism from work; with suicide; with family violence and family disharmony and breakdown; with traffic accidents and fatalities; and with crime" (p.5). Ramsay, Tanney, Tierney, and Lang (1994) noted that those with a history of chronic alcohol abuse are six times more likely to die by suicide than the general population. In addition, Smart and Mann (1990) found correlations between rates of suicide and rates of alcohol consumption and alcohol problems. As Bloch et al. (1991) stated, "preventing or delaying alcohol use may help limit other forms of substance use at later ages and may help promote healthy development" (p.363).

James, Hutchison, Moore and Smith (1995) also reported that academic failure, behavioral problems, absenteeism, delinquency, and teenage pregnancy are all correlated to later problems with substance abuse in children and adolescents. Similarly, Boyd et al. (1995) reported that adolescents who use or abuse alcohol have an increased risk of behaviors that may include drinking and driving, participation in deviant peer groups, abuse of other drugs, unprotected

sexual intercourse, interpersonal violence, destruction of private property, and poor school performance. A number of studies have found strong relationships among adolescents' involvements in drug use, sexual intercourse, and delinquency (Barnes, 1984; Fagan Weis, & Cheng, 1990; Rosenbaum & Kandel, 1990). Spurrell (1996) found that nearly 29% of grade 7 students have had sex when they had not intended because they were under the influence of either drugs or alcohol. Farrell, Danish, and Howard (1992) reported that the measures of the frequency of cigarette use, alcohol use, marijuana use, delinquency, and sexual intercourse were positively correlated with each other and negatively correlated with measures of conventional behavior, including school attendance and grade point average. Farrell et al. (1992) found that more than 60 percent of seventh and ninth graders reported that they had sexual intercourse when they were drunk.

A study by Smart, Adlaf, and Walsh (1996) has shown that delinquency, drug use and alcohol use are related among youth. Similarly, Kingery, Pruitt and Hurley (1992) reported that the drug user, compared with nonusers, fought more, took more risks that predisposed them to assault, and were assaulted more, both at school and outside school supervision. Dembo, Williams, Wothke, and Scheidler (1994) have also found youths' friends' troubled behavior and their own alcohol/other drug use and involvement in delinquent behavior to be

interconnected. Smith, Canter and Robin (1989) support the research that increased delinquent behavior is associated with increased alcohol consumption.

The RCMP and ADD (1991) study reported that of the males they surveyed, one quarter (24.5%) reported that drinking had led to destructive behavior, and approximately one tenth (9.2 %) reported that this behavior occurred three or more times. Mitic (1989) also reported, "a variety of negative consequences may be experienced by student drinkers, including disruptions in personal relationships, problems with authority figures, impaired academic performance, and more frequently drunkenness" (p.6). Similarly, Milgram (1993) stated that, "teenage drunkenness may be a symptom of problem drinking, a warning sign of future alcoholism, a reflection of social norms, and/or an expression of youthful boisterousness" (p.54). Milgram further stated that, "acute consequences of adolescent drinking include drunkenness, motor vehicle accidents, trouble with the law, difficulties with teachers and conflicts with family and friends" (p.54). These studies reported that alcohol consumption may lead to negative consequences which underscores the importance of an alcohol education program in our school system.

A study by Werch, Gorman and Marty (1987), like previous studies, indicated that most young people drink alcohol and, of these individuals, a

sizeable number experience alcohol-related problems. Werch et al. (1987) stated that alcohol problems, as well as, drinking and driving and school problems, increased significantly even when young people drank moderately. Fournet, Estes, Martin and Robertson (1990) found that between one-third and two-thirds of the students of driving age indicted that they have driven under the influence of drugs or alcohol. Similarly, Sarvela, Pape, Odulana and Barjracharya (1990) found that more than 40% of the senior high school students in the sample reported driving after drinking or using drugs at least once in the past 6 months.

Spurrell (1996) reported that despite advertising and promotions against drinking and driving, it appears that approximately 28% of youth are still putting their lives at risk by becoming a passenger with a driver who is under the influence of alcohol. Sarvela et al. (1990) also reported that more than 20% of the seventh grade sample indicated that they had ridden in a car with a driver who had been drinking at least once in the past 6 months, and almost 50% of 12th grade sample reported having done the same. Smith and Hill (1994) found similar results in that 18% of respondents reported that they had ridden in an automobile when the driver had been drinking and that one-third of this group reported that it had happened more than once or twice.

Alcohol has been implicated in 47 percent of motor vehicle fatalities and

about 20 percent of injuries (Augustyn & Simons-Morton, 1995). Their study reported that if we are to reduce the problem of adolescent drinking and driving we must improve the quality of curriculum offerings with the additional components of parent education, school, and community. As Milgram (1996) concluded, "the statistics on youthful drinking provides a realistic base for alcohol education programs for this population" (p.364).

In the past it was assumed that rural students would have fewer alcohol problems. Mitic (1989) stated that, "rural areas, which once may have been havens, insulated from the problems associated with urban life, are no longer immune to the problems experienced by adolescents who abuse alcohol" (p.12). Studies (Bloch et al., 1991; Gibbons et al., 1986; Swaim, Beauvais, Edwards & Oetting, 1986) have demonstrated that the prevalence of alcohol use among rural adolescents is quite high. Rural and urban students now display similar patterns of alcohol use and there is a tendency for rural students to be heavier drinkers than urban students (Forney, Forney, Davis, Hoose, Cafferty & Allen, 1984; Hahn, 1982). Farrell, Anchors, Danish and Howard (1992) stated that, "the results of this study and other recent studies of a rural drug (including alcohol) use underscores the importance of increased research and prevention efforts directed at rural communities" (p.326).

Mann, Smart, Anglin and Adlaf (1995) found that among young people, prevalence of alcohol use declined after increases in primary prevention. Also, that the proportion of fatally injured drivers who had been drinking declined, as did the proportion of first offenders among convicted drinking drivers, following major primary prevention efforts. Mann et al. (1995) have reported that trend data suggest that targeted prevention is associated with substantial declines in each case (reduced prevalence of drinking by young people, a reduced incidence of alcohol in fatally-injured drivers, and reduced cirrhosis mortality). Smart, Adalf, and Walsh (1994) also reported that there was a very large decline in the proportions of students reporting drinking and driving from 53% of students in 1979 to only 20% in 1991 after an increase in alcohol education programs.

According to the survey of the RCMP and ADD (1991) fewer than half (41.9%) of the students in grades nine and ten reported having had any drug education in school that year. The remainder reported that they either did not receive any drug education in the previous year or did not recall any. More than 72% of all students reported that throughout their schooling they had five or fewer classes about drugs. Slightly more than 15% said they had not had more than ten classes dealing with drugs. Spurrell (1996) found that more than 26% of the students reported that they could not recall attending any classes that dealt with

the use of alcohol. A large percentage of students (25.8%) also did not recall having any classes dealing with such topics as decision-making, handling peer pressure, being assertive, or developing refusal skills. Nearly 38% of students reported having attended one or two such classes, 17.7% recalled attending three or four classes, 19% of students said they had attended five or more classes dealing with these topics. The Alcohol and Drug Dependency Commission (ADDC) (1989) in Newfoundland recommended that the Department of Education provide 40 hours per year of classroom time, in grades seven and eight, to ensure that adequate time be spent on comprehensive instruction in alcohol education. The extent to which such program recommendations have been implemented is unclear.

In the current study a survey was designed to obtain information concerning the amount of time spent on alcohol education in the past school year and the available support systems (peer programs, community agencies) in the schools and communities. The survey also explored the availability of components such as community involvements (parents, guest speakers, local organizations, law enforcement agencies), access to resources (videos, pamphlets, computer-based information) and the available sources of information for educators' use. Alcohol consumption is a major problem that can be addressed in

schools. Information about the current alcohol education programs and resources in Newfoundland and Labrador schools is limited. For the above reasons the following research questions will be investigated in this study:

1. What resources pertaining to alcohol education are available to educators?
2. Do counsellors use resources more than non-counsellors?
3. What percentage of educators have taken part in a workshop or inservice training in dealing with alcohol issues in the past school year?
4. What sources does an educator usually have available from which to obtain alcohol education information?
5. How much time is spent on alcohol education prevention programs during the school year?
6. What types of support systems are available to students in the school and within the community?
7. Are the support systems different for urban and rural areas?
8. What community resource representatives are visiting the schools?
9. What alcohol education resources are being used?
10. Are educators aware of the available resources?

CHAPTER TWO

REVIEW OF THE LITERATURE

A number of authors have stressed the need to expand the base of alcohol prevention programs in schools so as to involve the broader community. These authors stress the involvement of media, local government, family, and local organizations. They have also advocated a number of different prevention methods. This chapter will discuss alcohol education programs; factors that need to be considered when planning effective programs; and the available sources of alcohol education.

Alcohol Education Programs

Finding effective means for preventing alcohol problems has been the subject of much discussion over the years. Eliany and Rush (1992) stated that, "it is quite clear that programs based only on the knowledge/attitudes/behaviour model lack empirical support" (p.11). However, as Horan, Kerns, and Olson (1988) stated the failure of information-based programming to receive favorable review may be due to implementation inadequacies rather than deficiencies in the conceptual basis of the approach. Considerable emphasis has been given to programs based on strengthening skills for resisting peer pressures to use alcohol

(Hansen, Graham, Wolkenstein, Lundy, Pearson, Flay, & Johnson, 1988; Pentz, Dwyer, MacKinnon, Flay, Hansen, Wang, & Anderson, 1989; Pruitt, Kingery, Mirzaee, Heuberger & Hurley, 1991). A meta analysis performed by Tobler (1986) revealed that curricular programs utilizing peer techniques were superior for improving all the outcomes tested: knowledge, attitudes and behavior, and for all types of drugs. Studies (Mirzaee, Kingery, Pruitt, Heuberger, & Hurley, 1991; Novacek, Raskin, & Hogan, 1991) have shown that the use of peers has been an important contributor to the success of school based programs. Similarly, Newcomb, Fahy and Shager (1990) reported that, "peer oriented programs were beneficial for the general population of teenagers, whereas the alternative approach was most successful for the high risk groups who were most likely to become substance abusers" (p.54).

Pruitt et al. (1991) supported the contention that drug (including alcohol) abuse prevention efforts that focus on peer influence may be more effective than mere knowledge transfer programs. Their study suggested that peer interventions that focus more on altering perceptions concerning the number of friends who actually use drugs are likely to be more effective than programs which focus on increasing the amount of drug information shared among friends. In addition, their study suggested that students who publicly claim to be drug free may serve

as models to convince classmates to avoid drug use. Newcomb and Bentler (1989) also found those peer programs which included the enhancement of social skills and assertiveness reduced alcohol and drug use or prevented the initiation of alcohol and drug use for the typical teenager, including actual behavior. Furthermore, the study of Johnson and Johnson (1996) found that fourth and seventh graders believed that adolescents drink because of peer pressure, not to satisfy personal needs or to experiment. Their findings suggested that adolescents possess an increasing number of beliefs that reveal how socially risky it can be to refuse a drink when offered. Sarvela and McClendon (1988) found that their data strongly suggested that health education programs in the future should focus on peer alcohol and drug use and the associated peer pressure.

An effective school-based alcohol education program is one that is communicable to many learners and one that the teachers feel comfortable presenting. The principal objective of an alcohol education program is to prepare youth to understand and appropriately use the available data on alcohol and alcoholism. Milgram (1987) stated:

> to increase program effectiveness, the atmosphere for alcohol/drug education should be open and foster discussion. In this environment, a variety of techniques can be employed. Role-plays, debates, discussion,

> etc. are effective methods to enable students to clarify their individual positions regarding use. Decision-making skills, refusal skills (experiential exercises in saying no), assertiveness training in dealing with situations and the use of positive peer pressure are techniques which are presently combined with alcohol/drug specific content in educational efforts. (p.50)

Smith and Hill (1994) stated that based on research findings, they have identified several key strategies for alcohol and drug prevention:

> First, in order to be effective, programs must be implemented with young children. Second, peer educator approaches are effective due to the fact that peer influence is a powerful determinant in a child's decision to use alcohol or drugs. Third, parental involvement in program planning and implementation is viewed beneficial. In fact, the results of one study indicated that parental failure to communicate strong disapproval of drugs was the strongest predicator of youth drug use. (p.61)

Smart et al. (1993) have examined the trends in self-reported alcohol use and exposure to alcohol education from 1979 to 1991 in Ontario, Canada. Their findings showed a strong correlation between declining alcohol use and increased levels of drug education. The findings of Smart (1989) suggested that "alcohol education may have an impact on overall levels of drinking, probably on students

decisions about whether to start drinking or not. There is also a clear suggestion that the impact is on younger students and lighter drinkers" (p.192). Smart et al. (1993) stated that the content and presentation of drug education programs have become more sophisticated and there appears to be more use of videos, comics, and computer-based presentations with themes of interest to young people (A list of recent videos and programs that are available at the Community Health Addiction Center, which maintains to be a very valuable source of alcohol information in Newfoundland and Labrador Schools, is included in Appendix A).

Mann et al. (1995) have also found that targeted prevention has been associated with a substantial reduction in the measure of the problem which it most directly affects. Mann et al. defined the various forms of prevention as follows:

> Primary prevention consists of measures taken to prevent the initial development of alcohol problems, by preventing alcohol use or restricting it to low levels. Secondary prevention involves special measures to reduce problems for people at an early stage and prevent problems for people at a high risk for developing such problems. Tertiary prevention measures involve efforts to treat or rehabilitate individuals whose excessive alcohol consumption has created relatively serious difficulties (e.g., health, legal,

family problems). These three forms of prevention we consider to be targeted prevention, since they are aimed at specific groups in society. (p.124)

James et al. (1995) stated that, "the continuation of school-based alcohol and other drug prevention and an intervention program is both necessary and likely to be effective" (p.49). Goodstadt (1986) recommended that programs be targeted to specific sub-populations based upon need and potential efficacy. However, a study by Johnson et al. (1990) demonstrated that comprehensive community prevention programs can also have a significant impact on the reduction of drug use and that high risk and low risk participants benefitted about the same from those programs. Programs that have multiple components (e.g., social skills development, peer resistance training) have been more successful in preventing the onset of drug use, especially when the programs are presented in the elementary and early middle or junior high (Hansen et al., 1988).

"Giving young people information about drugs does make them, at least in the short term, more knowledgeable about drugs. However, the information anyone has about drugs or a specific drug is only one of the factors that influence a decision to experiment with that drug, to begin to use it regularly or to increase the frequency of use or the amount used" (Pickens, 1985, p.35). Pickens stated

that studies suggest that variables like age, parent attitudes, and peer use are more influential in decisions of these kinds than the level of information an individual has. Webster, Hunter, and Keats (1994) also reported that, "in relation to substance use, adolescents are influenced by what their friends do and what their parents think, and that these influences affect their own thoughts about whether they would enjoy using the substance" (p.651). Brochu and Souliere (1988) confirmed that there are other factors that may be interacting with alcohol and drug education programs and that these factors may be important in determining the ability of a program to modify attitudes towards various drugs. Inquiry into these factors may prove highly beneficial in further understanding the predispositions and causes of drug abuse (Blau, Gillespie, Felner, & Evans, 1988).

Several studies (Bloch et al., 1991; Farrell, 1993; Gibbons, et al., 1986; Martin & Pritchard, 1991) have researched risk factors such as age, gender, academic achievement, religiousity, socioeconomic status, participation in extra-curricular activities and deviant behavior. Farrell (1993) stated that, "the more risk factors adolescents are exposed to, the greater the likelihood they will initiate drug use" (p.458). Farrell, Anchors et al. (1992) stated that, "interventions designed to prevent adolescent drug use could be used more efficiently if they could be targeted toward youth at greatest risk for drug use" (p.325).

According to Johnson et al. (1990) the major risk factors for drug abuse in adolescence may be classified into three categories: behavioral, social and demographic. Johnson et al. stated that, "the strongest social predictors have been use by adolescents' parents and friends, and the most consistent demographic predictors have been age and gender" (p.447). In an attempt to identify more effective programs for addressing adolescent alcohol use these predictors should be considered.

The Peer Factor

Smith et al. (1989) stated that, "the strongest source of direct influence on a teenager's drinking may come from his or her close peer group" (p.139). Peer influence appears to be a strong force in the decision to use drugs (Farrell & Danish, 1993; Farrell & White, 1998; Kingery et al., 1992). In many studies the observations that the type of individual with whom one associates and the role models that one chooses for emulation will affect one's alcohol and drug use has been strongly supported (Barnes & Farrell, 1992; Lassey & Carlson, 1980; Napier, Bachtel, Carter, 1983; Napier, Goe, & Bachtel, 1984; Pruitt et al., 1991; Sarvela & McClendon, 1988). "The school years are a time when children and adolescents make significant moves into the society outside their families, and students come to rely increasingly on themselves and their peers" (Bangert-Drowns 1988, p.244).

Ary, Tildesley, Hops, and Andrews (1993) found strong effects for both peer modeling and peer attitude, and that the influence of modeling was somewhat stronger than that of attitude.

The work of Barnes and Windle (1987) for example stated that, "empirical data has shown that adolescents who value peer opinions, as opposed to those of their parents, for important life decisions and values are at a high risk for alcohol abuse, and other problem behavior" (p.13). Educators need to take into consideration the large effect that peer influence can have on adolescent alcohol use. They should also take into account that programs should have multiple components (eg., social skills development, peer resistance training) and should be introduced in early middle or junior high school (Colley & Cinelli, 1992; Hansen et al., 1988).

The Parent Factor

Parent attitudes toward adolescent alcohol use have been found to be a strong factor in predicting later adolescent alcohol use (Ary et al., 1993; Beck, Scaffa, Swift, & Ko, 1995; Smith & Hill, 1994). According to Ary et al. parents can influence the future use of alcohol by their children by communicating their attitudes about adolescent alcohol use and by modeling nonuse of alcohol. In addition, Mitic (1989) found that a belief of parents that the adolescents will

overcome alcohol abuse as they become mature has contributed to the incidence of alcohol abuse.

Barnes, Farrell, and Cairnes (1986) found that parental behavior regarding alcohol use is a good predictor of alcohol use by their adolescent children. Such findings are logical since children typically use their parents as role models and attempt to emulate their parents' behaviors. Stevens, Mott and Youells (1996) found that 10-15% of adolescents who were having problems with alcohol in high school all had family adult role models who encouraged early use and provided access to alcohol at home. "Parental abuse of alcohol and other drugs has a tremendous impact on the behaviors of young people, particularly their own abuse of alcohol and other drugs. The cycle continues in a seemingly never-ending path of destruction" (Schmidt, 1994, p.514). Halebsky (1987) noted that research does support the hypothesis that adolescents model their parents' use of alcohol. "The fact that 28% of fifth grade students are aware of friends who have problems because of parental drinking indicates that the modeling effect begins well before the onset of the teen years" (Fournet et al., 1990, p.88). Stevens et al. (1996) felt that they failed to reach the adolescents in schools because these adolescents had begun drinking earlier than their prevention programs had predicted. Stevens et al. also stated that they failed to reach these young people because they came from

homes where adult models tolerated or encouraged preadolescent and young adolescent initiation and escalating use of alcohol. Furthermore, families with alcohol, other drug and mental health problems, and involvement in crime tend to raise children who later come to experience these problems as well (Barnes et al., 1986; Halebsky, 1987; Hawkins, Lishner, Catalano, & Howard, 1985; Kandel & Andrews, 1987).

Recent research by Barnes and Farrell (1992) has shown a significant relationship between levels of parental monitoring and support and the prevalence of adolescent problem behaviors which include drinking. Lassey and Carlson (1980) reported that the drinking behavior of parents, closeness of relationship with parents, and communication with parents are strongly related to drinking patterns of both eighth and twelfth graders among rural youth. Dishon and Loeber (1985) also found that low parental monitoring has an indirect effect on adolescent substance use by increasing the likelihood that the youngsters spends time with deviant peers. Dishon and Loeber concluded that adolescent delinquency and drug use are outcomes of disrupted family processes and exposure to deviant peers. The results of the study of Farrell and White (1998) indicted that, "peer pressure and peer drug models were related to drug use, but that the strength of this relationship was moderated by family structure and

mother-adolescent distress" (p.255). Farrell and White suggested that the presence of a father or stepfather, or a strong mother-adolescent relationship may help adolescents to resist peer influences. Their findings underscore the need to consider the possible influence of family structure on adolescents' drug use.

The above cited studies show the tremendous effect that parents' attitude towards adolescent alcohol use, parents' drinking behavior, and parental monitoring and support can have on their adolescent's alcohol use. Intervention strategies which focus on enhancing parents' communication of positive attitudes regarding adolescent alcohol use may significantly reduce alcohol consumption among adolescents. As Kozicki (1986) stated, "the single most significant influence on the development of a human organism is parents" (p.3).

The Age Factor

A 1996 study by James et al. supports earlier research showing that drug use among adolescents is age related. Findings suggest that children are beginning to experiment with drugs at an earlier age (Blau et al., 1988; Gibbons, et al., 1986; Hubbard, Brownlee, & Anderson, 1988; Newcomb et al., 1990). Cooley, Henriksen, Nelson, and Thompson (1995) stated that, "alcohol continues to be the drug of choice among students. Students are now using alcohol at an earlier age with most students taking their first drink at the age of 13" (p.72).

Sarvela and McClendon (1987, 1988) found that alcohol use begins at an earlier age in rural areas than it does in the United States as a whole. Yu and Willford (1992) stated that, "the early onset of alcohol use affects the current use of alcohol and other drugs; the impact is the strongest when the onset is initiated in a posited critical age period between 13 and 16" (p.1313). Gibbons et al. (1986) confirmed this finding and noted young people's alcohol consumption patterns as they progress through school. They reported that young people are more likely to have their first drink in junior high, to drink more often, and when they do drink, to drink larger quantities. Consistent with these findings, Bloch et al. (1991) presented data which indicated that eleventh graders get drunk more frequently than ninth graders. Such information supports the need for an effective alcohol education program in the junior high school grades in both rural and urban schools.

Boyd et al. (1995) stated, "because for most individuals, drinking practices are initiated during adolescence and because the prevalence of problem drinking is very high in this age group, the potential gains from intervention activities that target adolescents are also especially great" (p.2). However, the data reported by Nagel, McDougall and Granby (1996) suggested that education aimed at the prevention of hard liquor and beer use by males and wine use by females should

be initiated at fourth grade. Educating students on the nature and effects of alcohol, and on the responsible use of this drug may curtail abuse at a later age. Berdiansky (1991) stated that alcohol prevention programs would be more successful with youth who have just begun or are considering experimenting with alcohol than they would be with older adolescents with a lengthy record of alcohol consumption. The implications from the study of Pisano and Rooney (1988) suggested that prior to the sixth grade, curriculum may capitalize on the teacher's influence. Beyond the sixth grade, and through high school, additional and more intensive programs are needed to bolster the weak influence of the curriculum to help prevent the problems associated with alcohol and drug abuse.

James et al. (1995) stated:

> alcohol and other drug prevention and intervention programs must begin early, before children are presented with opportunities to experiment with drugs. Children and adolescents must be taught the resistance skills needed to protect themselves against social pressures. Prevention and intervention programs must expand beyond school to include families and communities. (p.49)

The Gender Factor

Spurrell (1996) showed that approximately 40% of males reported having

more than one drink in the previous 4 weeks whereas only 28.8% of females indicated the same. Other studies (Eliany et al., 1992; Forney et al., 1984; Kozicki, 1986; Martin & Pritchard, 1991; Newcomb et al., 1990; Spurrell, 1996; Werch et al., 1987) also reported that males drink more than females. Gleaton and Smith (1981) reported that in both urban and rural community schools the males exceed females in drug use on weekly and daily basis in almost all drug categories. Gibbons et al. (1986) found that male adolescents are at higher risk for problem drinking in part because alcohol plays an important role in the socialization process of young males. Research findings by Windle (1989) on gender difference in repeated runaways has found that males consumed more alcohol and reported more alcohol problems than females for each of the three runaway categories.

Although most researchers agree that males tend to report higher levels of use and more frequent use than do females, recent research has found a non-significant difference in the frequency of boys and girls who consume alcohol (Bloch et al., 1991; Smart, et al., 1993; Vitaro & Dobkin, 1996). Smart et al. (1994) stated, "the narrowing of the gender differences in drinking and drinking problems suggests that in future both educational and counseling programs should be focused as much on females as on male students" (p.341).

Sources of Alcohol Education Information

Students receive their information on alcohol education from various sources. Listed below are several sources which have had an impact.

Schools

Of the various means to prevent alcohol-related problems among adolescents, school-based educational approaches are very prevalent (James et al., 1996; Kline & Canter, 1994). Moskowitz (1989) stated that, "because education has been the predominant approach to prevention, most prevention programs have been school-based" (p.67). Schools appear to have been delegated this responsibility, which may imply they can do the job and/or are in the best position to accomplish it (Callahan, Benton & Bradley, 1995). Callahan et al. (1995) reported that schools have the potential to reach more people than any other organization in society, and have a captive audience for approximately 12 years. In a 4-H youth survey, school was found to be the primary source of information about alcohol and drugs (Smith & Hill, 1994). Almost 80% of the 4-H members indicated that they would like more educational programs on the effects of alcohol and other drugs. The results of a study by Weisheit, Hopkins, Kearney, and Mauss (1984) indicated that, "although the drinking adolescent is less attached to the school and expresses fewer positive attitudes toward alcohol education, these

factors do not necessarily lead the adolescent to tune out prevention efforts" (p.33). Such a finding supports the need to have an effective alcohol education program for all students.

Schools, through educational programs that aim to regulate the onset of alcohol problems, are of major importance (Weisheit et al., 1984). Beck et al. (1995) reported that the best means of delivering prevention materials to parents seems to be through television, school (parents of teens and pre-teens only), and direct mail pamphlets. The direct mail pamphlets were successful because the information was of local relevance and made the problem of teen drinking in that community more likely to be accepted. Mayton II, Nagel, and Parker (1990) reported that, "straightforward factual information about how drugs and alcohol affect the mind, body, and social life were strongly discouraging of personal use for the adolescents" (p.313). However, the factual information had to come from credible sources. Their study reported that when addicted people went to schools and described how their drug habits had torn their life apart, it had a major impact on the students. Their study also showed that pleas and urges from various celebrities not to use drugs or alcohol were the least effective strategy.

"Nearly unanimously, schools were recommended as the most appropriate site for prevention education" (Callahan et al., 1995, p.42). Gibbons et al. (1986)

stated that, "due to the frequent lack of financial resources and few treatment services in rural areas, the school must play an important role in addressing prevention issues. Consequently, an educational approach, based in the school, offers the most potential for prevention" (p.899). Sarvela, Newcomb and Littlefield (1988) noted that, "schools have a significant role in the prevention of drug and alcohol abuse in rural areas" (p.30).

Parents

Mayton II et al. (1990) found that many adolescents regarded their parents (58.6%) and their teachers (31.5%) as credible sources of information on alcohol and other drugs. In the study of Barnes et al. (1986) it was found that they have noted parental support/nurturing as a key factor in preventing alcohol abuse. Socialization factors such as high parental support and moderate parental control may have a significant effect in deterring the development of problem drinking or other problem behaviors in adolescents (Barnes, 1984). The family can be a valuable provider of drug and alcohol information (Mirzaee et al., 1991; Sarvela et al., 1988). Yu and Williford (1992) stated that, "efforts should be enhanced to utilize the elementary and junior high school environment as a focal point for mounting effective education and prevention programs; the involvement of family should be regarded as an important component of effective programming"

(p.1321). Organizations and individuals working with youth should provide parents with the skills necessary to communicate to their children by using quality drug and alcohol education (Mirzaee et al., 1991). Mirzaee et al. stated that parents should become involved in drug and alcohol education activities. When students receive consistent parallel messages from home, school, and community, early intervention strategies are strengthened (Gonet, 1994).

Teachers

Teachers were cited frequently by students as important sources of drug and alcohol information (Mayton II et al., 1990; Mirzaee et al., 1991; Sarvela et al., 1988). Mirzaee et al. (1991) stated that, "school-based drug education programs are likely to be more effective if they utilize the efforts of all teachers, giving students maximum exposure to drug education in the school" (p.104). Recent research indicates that 40-50 hours per year of Health teaching time directed to alcohol usage results in significantly more positive health attitudes and practices among students than when less time is allocated (ADDC, 1989). Teachers need assistance, training, and support in their effort to educate students about alcohol and drugs (ADDC, 1989; McLaughlin & Vacha, 1993; Mirazee et al., 1991; Newman, Mohr, Badger, & Gillespie, 1984). James et al. (1995) stated that the need for and potential value of well-trained school personnel at

elementary and secondary school level is great, both in terms of personal knowledge for school staff and concerning student education. Similarly, Lohrmann and Fors (1986) stated that, "curriculum development and distribution are the necessary first stages of drug education but training programs to prepare teachers to implement curricula are also essential" (p.336).

Community

Mayton II et al. (1990) recommended that, "doctors, nurses, law enforcement officers, and clergy should be strongly encouraged to take a more active role in community education efforts since adolescents view them as credible sources of drug and alcohol information" (p.317). The position taken by Schmidt (1994) is that any successful program against drug abuse offered by a community requires the cooperative efforts of helping professionals in settings such as schools and government agencies. Professionals including law enforcement officials, health professionals, and recreational specialists should be involved. Ary et al. (1993) reported that a comprehensive community-based intervention that mobilize the entire community in intervention efforts directed at each component of the adolescent social context (e.g., family, school, community environment, and media) may be required. Similarly, Mitic (1989) stated that addressing the widespread phenomenon of alcohol use among adolescents

demands the coordinated efforts of youth, parents, schools, and community organizations. It involves a call for health professionals to take leadership and advocacy roles in supporting public policies related to responsible alcohol use among all segments of society.

James et al. (1995) reported that prevention and intervention programs must expand beyond the school to include families and communities. Bloch et al. (1991) also reported that influences that increase or decrease the probability that youth will use substances are found at all levels of society including the family, the school and the community. Bloch et al. further stated that, "the responsibility for focused attention to alcohol use among rural teenagers should lie not only with the formal educational system but also with other community institutions" (p.373). As Fullerton (1983) stated, "all members of the community who wish to enhance the quality of their health and life must strive to increase their knowledge and understanding of alcohol/drug use" (p.14). Fullerton reported, as well, that the well-being of our children warrants the effort and cooperation required to implement and maintain alcohol/drug education in our schools and communities.

The most widely recognized community strategy for informing students about alcohol abuse is mass media (Augustyn & Simons-Morton, 1995). Drinkers in rural areas cited the media most frequently (18.8%) as their source of

information concerning alcohol and other drugs (Sarvela et al., 1988). Major media sources include television, radio, newspapers, and magazines. In another study of rural youth, Mirzaee et al. (1991) found that, "television was perceived to be a major source of drug information for all categories of drugs for adolescent students surveyed" (p.102). Printed media (magazines or newspaper) were also perceived to be important providers of drug information to youngsters. Augustyn and Simons-Morton (1995) reported that adding a mass media message to curriculum approaches has been found nearly to double the effectiveness of either of the approaches alone. Because participation in mass media is a personal choice, the change may be longer lasting. Augustyn and Simons-Morton stated that, "while a curriculum plus additional components (e.g., parent education, school environment, and community) may be difficult to organize and fund, if we are to reduce the problem of drinking and drinking and driving we must improve the quality of curriculum offerings and augment their effects with school, parent, and community components" (p.54). Furthermore, Augustyn and Simons-Morton noted that curricula alone can only influence a limited number of the factors which predispose and enable use and abuse.

As Milgram (1996) reported, "the many significant groups (e.g., business, churches, civic groups) which make up a community require information on

alcohol use and problems related to use" (p.363). Consequently, the community's understanding of the situation will motivate the various groups to sponsor awareness programs and recreational activities for their young people. Milgram noted that the school's position on alcohol/drugs and dependency must evolve from and with the community as community support is essential if the educational programs are to be effective. Milgram further stated, "the bridge between the school and the community enables the flow of alcohol/drug information; provides information on the range and patterns of adolescent alcohol/drug use; and motivates discussion of prevention strategies" (p.364). In addition, Perry and Jessor (1985) reported that steps must also be taken to ensure community support is consistent enough over time to make a variety of school-based and non-school based programs available and accessible to all pre-adolescents and adolescents.

School Counsellors

When social, personal, and behavioral concerns impose on a student's development, school counsellors are there to intervene. The counselor can provide direct counselling services to improve the self-esteem of children at risk for alcohol use and abuse, serve as a liaison between the schools and other community agencies dealing with similar goals to reduce alcohol abuse, enhance peer and cross-age counselling, tutoring, and modeling programs, become a strong

proponent of alcohol abuse prevention in the schools, and to assist parents in learning how to help their children and in interacting successfully with the school system (McLaughlin & Vacha, 1993). Schmidt (1994) stated that, "although the counseling literature promotes an educational and preventive role for school counsellors, there is some indication that students do not perceive counselors as a viable source of information" (p.515). Schmidt also stated that school counsellors can take an important role by directly or indirectly providing accurate information to students about alcohol and other drug abuse. To do this, they must find the most effective and efficient avenues to reach students in their schools. They also need to coordinate information with health educators and other teachers in the school. Similarly, Gerler and Moorhead (1988) noted that counsellors need to have recent information about the wide range of prevention and intervention services to enable them, to consult with parents, school administrators and professionals in community agencies.

CHAPTER THREE

METHODOLOGY

Development of the Questionnaire

To gather information on the nature of alcohol education resources in Newfoundland and Labrador schools a questionnaire was developed. The questionnaire was based on a review of the literature on alcohol education resources and on information derived from consultations with teachers and counsellors. The librarian at the Community Health Addictions Center in St. John's, Newfoundland was also consulted about the most recent alcohol education resources available. Information was also obtained from a review of the health and family life textbooks used in junior high school classes in the Province. Early drafts of the questionnaire were reviewed by several educators who were asked to comment on the appropriateness of its contents, the clarity of the questions, and to make suggestions which might improve the instrument.

The resultant instrument collected information on:

- Demographics of the schools
- Alcohol education resources available in the school (i.e.,videos, pamphlets, magazines)
- Alcohol education resources readily available from community

organizations and other sources

- The usage of alcohol education resources by educators
- The range of potentially available alcohol education resources not directly available in the schools and communities
- The resources educators would like to acquire.

The questionnaire consisted of 23 items. Information was also requested on availability of potential support systems in the school and the community and the usage of alcohol education information. Two open-ended questions invited the respondents to provide additional comments on resources they would like to require and to list resources that their schools utilizes that was not identified on the questionnaire. A copy of the questionnaire can be found in Appendix B.

Sample

One hundred and seventy-two questionnaires were mailed to 46 junior high schools. Eighty-four questionnaires were completed. Forty schools received four questionnaires and six of the smaller schools whose population was less than 100 received two questionnaires. The researcher attempted to have two rural and two urban communities from each of the ten school districts in the Province. Contacts at the schools were asked to have appropriate persons (i.e., counselors, principal,

vice-principals and teachers who taught the alcohol education program) complete the questionnaires sent to their schools. The size of the communities determined the rural and urban component of the study, communities in which five thousand or more people resided were considered urban and communities with fewer than five thousand were considered rural (House, 1989). Due to the fact that there are more rural communities than urban in Newfoundland, there were 30 rural communities surveyed compared with 16 urban communities. Copies of the research questionnaire were distributed to the schools along with a letter outlining the purpose of the study. After the ethic review recommendations, a letter was faxed to the school boards asking them if their schools would be willing to participate (Appendix C). Two weeks following the mailing of the questionnaire, the researcher e-mailed each school to thank those who had responded and to remind those educators who may have forgotten about the questionnaire.

Analysis of Data

Descriptive statistics including frequencies and means were calculated for each item. Cross tabulation using Chi square and analysis of variance were used to determine if there were significant differences between variables. No comparisons between school districts on availability, range and usage of alcohol

education resources were carried out due to low response rates. A comparison of availability, range, and usage of alcohol education resources with reference to rural and urban communities was performed. The SPSS/PC release 6.1 computer program was employed for all statistical analysis (Norusis, & SPSS Inc.,1993).

CHAPTER FOUR

RESULTS

This chapter presents an analysis of the data gathered to investigate (a) the availability of alcohol education resources in Newfoundland and Labrador junior high schools; (b) the range of resources and support systems available to address alcohol problems in the schools and communities; (c) the usage of alcohol education information by the educators in their schools; (d) the usage of these resources in rural as compared to urban junior high schools.

Profile of the sample

In this survey, 38.2% of respondents identified their settings as rural and 60.6% identified theirs as urban with 1.2% not offering this information. Of the 84 educators who responded to this survey, there were teachers (35%), counsellors (22%), administrators (11%), physical education teachers (10%), librarians (4%), and unspecified others (18%).

Different resources in the schools

According to the survey virtually all schools have within them resources which can be considered to be potentially related to alcohol education. All

schools (100%) had a library and 89.3% had an information shelf which contained materials deemed by the respondents to be related to alcohol education information. Also, potential access to electronic information was widely available via CD Rom (94%) and Internet access (63.1%).

Most schools had a guidance counsellor (94%) and a resource person (86.7%) on their staff (see Table 1). A comparison of rural and urban areas showed that there was a significant difference in availability of a resource person in rural (68.8%) and urban areas (98.0%) (χ^2=14.67, p<.05). A comparison of rural and urban areas did not show a significant difference in the availability of a guidance counsellor in rural (87.5%) and urban (98.0%) schools.

Table 1

The Percentage of Support Professionals Available in Rural and Urban Areas

Educator	(%) Total/Yes	(%) Rural	(%) Urban
Resource Person	86.7	68.8	98.0*
Guidance Counsellor	94.0	87.5	98.0

*Note. p<.05

The educators indicated if they had received a workshop or inservice training on alcohol education in this past school year. Of the total population, approximately eighty-eight percent (88.1%) responded that they had not. A

comparison of the two groups showed no significant difference between rural (84%) and urban (90.2%) with access to training (see Table 2). In addition to workshops and inservice training, the educators reported that they received information from various other sources including Department of Health, Community Health Addictions Center and Department of Education (see Table 3).

Table 2

Availability of Workshops or Inservice Training

(%) Total/ No	(%) Rural / No	(%) Urban/ No
88.1	84.0	90.2

Table 3

Reported Sources of Alcohol Education Information

Sources	(%) Yes
Department of Health	41.7
Community Health Addictions Center	35.7
Department of Education	14.3
Other	15.5
No Information	27.4

Note: Because the Community Health Addiction Center is supported by Department of Health it is possible that 77.4% received information from the Department of Health.

The educators listed where it was in the curriculum that alcohol education was presented. They indicated that Health (94%) and Family Life (54.8%) were the main courses in which information about alcohol was disseminated. Alcohol information was also offered in additional courses including Science (19%), English (4.8%) and Social Studies (4.8%). Many educators (22.6%) indicated that alcohol related information was offered in "other" unspecified courses. Six percent (6%) of those educators indicated Religion was the other subject area in which alcohol education was presented. Alcohol information was offered in an average of 2.3 subject areas for rural areas, and 1.8 subject areas for urban areas. This difference was non-significant.

The educators were asked to indicate the amount of time they spent on alcohol education in the past school year, either as part of class work, or in special presentations. Over one-third of the educators (36.5%) listed 1-3 hours, 24.3% of educators listed 3-5 five hours, 18.9% listed more than 6 hours, 9.5% listed less than 60 minutes, and 10.8% listed having spent no time. Table 4 shows the percentages of rural and urban educators by the amount of time spent on alcohol education. Rural and urban educators did not differ significantly in time spent informing students about alcohol problems.

Table 4

Amount of Time Spent on Alcohol Education

Time	% Total	% Rural	% Urban
None	10.8	10.7	10.9
Less than 60 mins.	9.5	14.3	6.5
1- 3 hours	36.5	50	28.3
3-5 hours	24.3	17.9	28.3
More than 6 hrs.	18.9	7.1	26.1

When asked if they had personally given individual counselling to students with personal alcohol problems, 29.8% of educators indicated " yes." Fourteen percent (14.3%) of educators saw students fewer than five times, 7.1% saw students five- ten times, and 6% saw students more than ten times. A comparison between rural (21.9%) and urban educators (35.3%) indicated no significant differences in their involvement in counselling for personal problems related to alcohol use. When asked if they had given counselling to students with family-related problems, 40.5% of the educators indicated " yes." Almost one-quarter of the educators (23.4%) had counselled students for family-related concerns less than five times, 10.7% counselled students five- ten times, and 4.8% counselled students more than ten times. There was no significant difference between rural

educators (40.6%) and urban educators (41.2%) in their provision of counselling students with family-related problems.

Educators were asked to identify if there were any support groups in their schools that would benefit students with alcohol- related problems. A number of individuals (30.5%) indicated that there were. A comparison showed that both rural (37.5%) and urban (26%) educators indicated support systems present within their schools. This difference was statistically non-significant. The support groups that were listed by the educators were: Youth Peer Group (28.6%), Peer Counselling Group (28.6%), Guidance Counselling (21.4), Crisis Management Group (7.1), Group Counselling (7.1%), Allied Youth (3.6%), and Students against Drunk Driving (SADD) (3.6%).

Educators were to identify if there were any support systems in the community. Approximately two-thirds (65.8%) indicated that there were. A comparison of educators from rural and urban areas showed a significant difference did exist ($\chi^2 = 15.18$, $p<.05$) with only 40.6% of rural educators indicating the presence of community support systems compared to 83% of urban educators (see Table 5). In addition to those listed in table five, 12 other support groups were named by educators. These encompassed a broad range of services, frequently unique to the region in which the educator resided. Groups specified as

offering services included: Shantymen, Labrador Friendship Center, Melville Hospital, Social Services, Children of Alcoholics, Department of Health, Church Sponsored Groups, Youth Counsel, Students against Drunk Driving (SADD), Family Resource, Health Care, and Royal Canadian Mounted Police (RCMP).

Table 5

Support Systems Reported in the Community

Support Resource	(%)Yes	(%) Rural	(%) Urban
Total	65.8	40.6	83 *
Al-anon	37.3	33.3	38.5
Ala-Teen	17.6	0	23.1
Labrador Innuit Health Commission	7.8	33.3	0
Addiction Center/Services	7.8	0	10.3
Church Sponsored Groups	3.9	8.3	0

Note: $p<.05$

Also, with reference to community support systems, the educators were to list which community resource representatives had visited their school to speak on alcohol education issues. Educators indicated that they had been spoken to by law enforcement officers (42.9%), Public Health Nurses (40.5%), and Community Health Addiction Center Counsellors (26.2%). Twenty-five per-cent (25.0%) said no one had been to their school to speak about alcohol issues. Educators (51.7%)

in the rural areas listed the Community Health Additions Counsellors which was statistically significant ($\chi^2 = 12.22$, $p<.05$) (see Table 6). Just over one-half of the educators (52.6%) indicated that one resource person visited their school, whereas, 21.4% indicated two resource people. In the rural areas educators had an average of 2.0 community resource people visit their schools in a school year, whereas, in the urban areas this was reduced to 1.5 resource persons per school. This difference was statistically significant ($F=8.095$, $p<.001$) (see Table 7). In addition to the resource persons listed in table seven, nine other resource persons were named by educators. The other resource persons included a reformed addict, local college students doing a presentation, an allied youth representative, a peer counsellor, representatives and invited guests from alcohol anonymous (AA), an Addiction Drug Dependency counsellor, a pharmacist, and an Educational Psychologist.

Table 6

Resource Persons Visiting the Schools

Resource Person	(%)Total	(%)Rural	(%)Urban
Law enforcement (RCMP, RNC)	42.9	55.2	42.6
Public Health Nurse	40.5	51.7	39.6
Community Health Addictions	26.2	51.7	14.6*
Private Club(Lions, Rotary, etc.)	4.8	10.3	2.1
Medical Doctor	1.2	3.4	0
Other	19	13.8	24.5
No one has been to my School	25	23.3	28.6

Note: $p<.05$

Table 7

Number of Resource Persons Visiting the Schools

Source	df	SS	MS	F	p
Between Groups	1	6.1633	6.1633	8.0951	0.0057
Within Groups	78	59.3867	.7614		
Total	79	65.5500			

Group	Count	Mean	SD
Rural	30	2.0333	.9643
Urban	50	1.4600	.8134
Total	80	1.6750	.9109

When asked if their students saw a video in this past school year on alcohol issues, 76.2% of the educators indicated "yes." There was no significant difference between rural (90%) and urban (75%) educators. When asked if their students had access to pamphlets on alcohol education 95% of the educators indicated "yes." Access to pamphlets did not differ between rural (96.8%) and urban (93.9%) schools.

Educators were to indicate, assisted by a provided list, which videos were available at their schools. Table 8 shows the percentages of educators who listed the videos that were available. Educators listed the names of other videos, some of which were: "Alcohol, Drugs, and Kids"; "Choices: Alcohol, Drugs, and Youth"; "Children of Alcoholic"; Drinking and Driving"; " Power of Choice Series"; " Open Flame"; Nightmare on Drug Street"; " You Drink... You Drive... You Die"; " The Crown Prince"; and " Stay Alert/ All Star." Rural educators indicated that the students at their school had viewed an average of 2.5 videos in the past school year, whereas urban educators reported an average 1.6 videos. Rural educators reported significantly more pertinent videos on alcohol education than did urban educators ($F = 7.1755$, $p < .001$) (see Table 9). Of those responding, 56% circled one video as being available, 13% circled two videos as being available, 13% circled three videos, and 6% circled five videos.

Table 8

Available Videos in the Schools

Name of Video	(%) Yes
Degrassi: Talks Alcohol	64.3%
I don't Know	19.0%
Young People and Alcohol	16.7%
Speak Up, Speak Out: Learning to Say No to Drugs	14.3%
Dare to be Different: Resisting Drug-Related Peer Pressure	11.9%
Working it Out	9.5%
No videos	10.7%

Table 9

Number of Videos available in Rural and Urban Schools

Source	df	SS	MS	F	p
Between Groups	1	13.5270	13.5270	7.1755	0.0090
Within Groups	77	145.1566	1.8852		
Total	78	158.6835			

Group	Count	Mean	SD
Rural	31	2.4516	1.8945
Urban	48	1.6042	.8930
Total	79	1.9367	1.4263

Educators were asked to indicate if their schools had any packaged program material. More than forty percent (42.3%) indicated "yes." Twenty-five percent (25%) of urban and 14.3% of rural educators listed teacher-made packages as a program. Fourteen percent (14.3%) of rural and 0% of urban educators listed "Increasing your Odds" and "Tuning into Health" as programs their school has. A comparison showed that 50% of rural and 37.5% of urban educators affirmed availability of relevant classroom material. This difference was also non-significant. Table 10 list where such resources were available.

Table 10

Offices where Programs are Available

Office Name	(%) Yes / Rural	(%) Yes / Urban
In Guidance Suite	42.9	50
At the School Board	0	25
At the Addiction Center	14.3	0

When asked what resources they would like to see their school acquire the educators indicated they would in general like more videos (36%), some specified certain videos (16%). Other educators listed that they would like more guest speakers (4%), and inservice training (4%). Educators also indicated they would

like to have an updated list of available resources (6%). Individual educators wrote down other types of information or support they would like included in their resources such as a catalogue of organized material, visits by an addiction counsellor, a social worker, youth forums, other resource persons, more Canadian content videos, and more printed material were mentioned. Six percent (6%) were uncertain about what resources they would desire.

When asked to list any other published alcohol related resources not mentioned above that their school uses, 15% of educators replied that they were uncertain. Other educators indicated that they had SADD materials (10%), other videos (10%), and the program "Skills for Adolescence" (5%). Individual educators wrote down other types of published resources including "Over the Line" (Health and Welfare Canada), "The Power of Choice Video", "Power Health", and " Peer Drug Education" from the Drug Dependency Services. Such region-specific resources as visit by a Labrador Innuit Alcohol and Drug Addiction Worker were also named.

CHAPTER FIVE

DISCUSSION AND CONCLUSIONS

The educators who participated in this study indicated that, in their schools there were both materials and the means for accessing alcohol education resources. All indicated that they had a library, a high percentage indicated that they had CD Rom, and over half indicated that they had Internet access. All educators felt they were able to readily gain information on alcohol education, if they chose. The data from this survey indicated that there are more non-counsellors than counsellors presenting the alcohol education information to the students.

Most rural and urban schools had guidance counsellors, and just over half of rural educators reported they had the use of a resource person. Rural schools have significantly less access to resource people who have specialized knowledge pertaining to alcohol use and dependency.

Over three-quarters of the educators indicated that they did not take part in either a workshop or inservice training this past school year even though Lohrmann and Fors (1989) stated that it is in a school's best interest to provide inservice training to the teachers. The importance of inservice training cannot be overlooked because it helps educators to become better prepared.

Educators indicated that most of the alcohol education information offered in urban areas was presented in either Health or Family Life courses. In rural areas, alcohol education tended to be presented in either science, social studies, English or religion courses. Given the typical demands on class time in these academic courses, it is likely that little time is available or devoted to the delivery of alcohol education information.

In the year prior to the data collection, 20% of the educators said they had spent less than 60 minutes on alcohol education. This figure corresponds to findings of the recent Student Drug Use Survey (Spurrell, 1996) which stated that more than 26% of students reported not attending any classes about the use of alcohol. In the Student Drug Use Survey, 55.7% of respondents said they spent four or fewer classes on topics relating to alcohol. This number corresponds to the data from this survey that found 36.5% of educators reported that they spent one hour to three hours on alcohol education.

The comparison of rural and urban areas that was completed in this survey indicated that rural and urban areas did not differ significantly in the amount of time spent on alcohol education. This is a very important finding, considering that studies show rural students drink as much or more than urban students. Smart et al. (1993) reported that there is a substantial drop in reported alcohol use when

there is an increase in exposure to alcohol education programs. In this survey, less than 20% of the educators indicated that they had spent more than 6 hours of classroom time on alcohol education. These results indicate that the alcohol problems of youth are not being adequately addressed.

Educators have multiple sources from which they can receive alcohol education information. These sources include the Department of Education, the Department of Health, the Community of Health Addiction Center, and various organized groups such as SADD and Al-Anon. Over one-quarter of the educators did not receive any information at all over the preceding school year and less than a quarter indicated that they received alcohol-related information from the Department of Education. Considering that the Community Health Center is indirectly associated with the Department of Health, this survey found that there is a possibility that over three-quarters received information from this one department. Community Health Addiction Centers are located in eight of the ten regions in Newfoundland and Labrador and this study showed that these centers are being used by many educators.

Rural and urban educators indicated that they had support systems within the schools. It appears, in both rural and urban areas, that peer youth groups are being implemented. According to Pruitt et al. (1991) peer educator approaches

are effective and their effectiveness is due to the fact that peer influence is a powerful determinant in a child's decision to use alcohol or drugs. Both rural and urban educators indicated that they have support groups in the community. Fewer than half of the rural school educators indicated there were support systems in their community, whereas over three-quarters of the urban school educators indicated there were support systems in their community. The support groups associated with Al-Anon and Al-Teen were prominent in both areas. In the Labrador district there were different support groups such as the Labrador Innuit Health Commission, Labrador Friends and the Melville Hospital. In other rural areas throughout Newfoundland there were support groups such as Shantymen, SADD, and organized church- sponsored groups.

The findings of this survey indicate that educators give more counselling to individual students with family-related alcohol problems than individual counselling regarding alcohol use. As one educator said, "these issues must be addressed at the community level, students do not perceive a personal problem when drinking in the community is the norm and adults are willing to supply." As Bloch et al. (1991) pointed out, other community institutions must pay attention to alcohol use among rural teenagers and not just the school system.

This survey found that rural areas had an average of two community

resource persons offering alcohol-related information during that year at their schools, whereas urban regions had an average of 1.5 resource persons. One quarter of the educators reported that no one had been to their school. The community health addiction counsellors were listed as visiting more often by educators from rural areas and Law Enforcement agencies (RCMP, RNC) were reported most often as visiting both rural and urban schools. Two of the educators indicated that a recovered alcoholic had visited their school. An educator reported that students from a local community college had visited their school and did a play on alcohol abuse. Another educator indicated that senior students were trained in a peer drug education program and that these senior students visited junior high students for three sessions. It was considered positive in the study by Mayton II et al. (1990) when schools are having recovered addicts visit because they are considered to have a major influence on students' subsequent alcohol use. Also, having older students visit the schools to perform plays on alcohol abuse and being involved in youth forums appear to indicate that some of our educators are aware of the major impact that peer influences can have on other students. Educators have available multiple resources, but it appears only some educators are using them.

More than fifty percent of the educators indicated that their school owned

the video "Degrassi Talks Alcohol." It is a concern that 19% of the respondents listed they did not know what videos were available. Over three-quarters of the educators indicated that their students had seen at least one video on alcohol education and almost all said their students had access to pamphlets. It is deemed positive that schools are, at least at a low level, supplementing their curriculum by including alcohol-related materials. Augustyn and Simons-Morton (1995) argue that additional components need to be added to the curriculum in order to maximize the potential for having a program that will meet the alcohol usage related needs of all adolescents.

As for usage of classroom programs, educators reported that they have programs in their guidance suites and within their school boards. Unfortunately, they were often unable to list the names of these resources. Several educators listed that their schools need to have a list of the most recent material. Other educators felt that they did not have time to avail themselves of the current list of resources they had. It appears that educators are having a difficult time in becoming and remaining knowledgeable about their alcohol education resources.

Rural areas reported having ready access to more classroom programs than urban areas. Some of these accessible materials were teacher-made materials. This survey showed that, in most areas of the Province, rural schools have as

much, or more, resources than urban schools. The problem, it seems, is that they do not have the time to use their resources.

Throughout this survey there were instances where there was an inconsistency in the responses given by educators. Educators in the same school, for example, would list several video names that their school had available whereas, another educator in the same school would report that they had one video or did not know of any resources.

In summary, this study found that, for Newfoundland and Labrador Junior High Schools:

1. alcohol education resources (libraries, Internet access, magazines, CD-Rom) appear to be in most schools.
2. very few educators have received any educational inservice training or workshop on alcohol education within the year prior to this survey.
3. non-counsellors are introducing alcohol education information in the schools. They usually present this information in health and family life courses.
4. the Department of Health/Community Health Addictions Center provided useful information on alcohol education to the majority of schools. However, 27.4% of the educators reported they had received no

information on alcohol education in the past school year.

5. there are more support systems in communities in urban areas than in rural areas.

6. there were more than 25% of educators who listed youth peer group and peer counselling as support systems in their school.

7. the resource organizations listed as visiting the schools the most were the law enforcement agencies. Twenty-five percent (25%) said no one had been to their school to speak about alcohol issues.

8. the amount of time spent on alcohol education in the schools for the year surveyed was typically between 1-3 hours. However, 20% of the educators reported they had spent less than 60 minutes on an alcohol education program in the past school year.

9. most students had access to pamphlets offering information on alcohol.

10. more than three quarters of students according to the educators viewed a video on alcohol education in the year prior to this data collection.

Recommendations

Based on the results of this survey and the literature reviewed the following recommendations are offered:

1. It is recommended that educators be offered assistance, training, and support in their effort to educate students about alcohol and drugs. This may be accomplished by having inservice training workshops that are available through the community health addiction centers or through the Department of Education.
2. The Department of Education, teacher training institutions or school boards should make an effort to help educators become aware of recent alcohol education resources at their schools, school boards, and in community health addiction centers.
3. It is recommended that educators should be informed about the importance of having peer educator approaches in the alcohol education programs.
4. It is recommended that youth, schools, parents, health professionals, law enforcements, and community organizations work together to provide an effective alcohol education program for all students.
5. Based on the literature reviewed, parents were cited as an important source of alcohol and drug information. It is recommended that parents be given access to workshops which will motivate them to provide current and reliable information concerning alcohol and drug use to their children. These workshops could be sponsored by youth-related organizations,

community health addiction centers, church groups, or parent-teacher organizations.

6. Given the early ages at which alcohol usage often begins and given the apparent absence of alcohol education prevention programs currently offered in our schools, it is recommended that programs be introduced at elementary and junior high school grades in both rural and urban areas to address this situation.

7. Based on the literature reviewed it is recommended that role of counsellors be examined to determine why they are not considered a viable source of information.

8. Based on the data gathered it appears that there is a need for the Department of Education to review and evaluate the alcohol education prevention programs that are offered in the schools to determine their effectiveness and availability to students. Even though information is available to varying degrees in most schools it appears that the information is not being adequately offered to students. It is recommended, given the magnitude of alcohol-related problems that exist in this province and on the relative lack of attention paid to alcohol education, that a review of the Department's mandate, objectives and support for alcohol education

programs be conducted.

Limitations of the study

There are limitations in this study that should be noted.

1. First, the number of respondents from rural areas was not large. Hence the results may not truly represent the availability, range and usage of alcohol education resources in the rural areas. Additional data on rural areas is needed.
2. Another limitation of this study is that the respondents completed the questionnaire at the end of the year and may not have had the time to review the alcohol education resources adequately that are available to their schools. If the questionnaire were to be administered again, an optimal time might be about one or two months before the end of the school year or at the beginning of the school year.
3. This study did not address the reasons why teachers and schools do not place a greater emphasis on the alcohol education programs. Additional research into the reasons parents and teachers have not or are not able to assign a greater priority to alcohol education programs is needed.
4. Based on the literature review, it is not clear which of the current resources

are best or whether additional or different materials are needed for use with urban and rural population.

5. A future qualitative study could explore questions as to why certain information sources are effective and others are not as well. Additional information is needed about what kinds of alcohol abuse topics students might like to learn about. Additional research aimed at answering these and related questions are needed.

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APPENDIX A

Videos for Youth:

"Without Warning"(1997)
This video is about two young, healthy teenage students who had been drinking and had passed out. Friends and parents thought they would sleep it off but next morning both were dead.

"My Story"(1991)
This video is a visual aid for a play, which can be acted out by students. The play is about a typical Canadian teenager, Jane. She tells the story of her personal encounter with alcohol and other drugs. Script available.

"Straight Talk: Alternative Activities to Substance Abuse"(1991)
This is a Canadian production showing dramatizations of young people using alcohol and other drugs to solve their problems. It shows how to deal with peer pressure and what other activities young people can do besides alcohol and other drugs.

" Degrassi Talks: Alcohol (1990)
Kids talk to kids about drinking... about being a teenager alcoholic...about what can happen when you drink and drive... about being a victim of a drunk driver.

"Hooked? Not Me (1990)
This video uses a variety of dramatized situations involving three adolescents who are hooked on alcohol, pot, and cocaine. Addresses the problems of denial and ignorance. Included on-screen test designed to help youth determine if they have a drug problem.

"Power of Choice : Drugs and Alcohol- Part 1 and 2 (1990)
This series explores the act of making positive choices in a complicated world. Michael Pritchard uses stand-up comedy as a way of meeting students on their own terms and encouraging them to honestly look at their lives and the choices they make. Each video can be used separately.

"Young People and Alcohol (1990)
This program helps young people examine the choices, make sensible decisions and develop healthy attitudes towards drinking.

"If Someone in Your Family Drinks (1987)
This video helps students who may be growing up in an alcoholic family system to understand the situation and see how it affects their behavior. It recommends specific things they can do to make things better for themselves.

"Alcohol Drugs and Kids"(1986)
This video is about four teens who share their experiences about drinking or using drugs and the reasons why they started. Other counsellors in a drug and alcohol rehab unit discuss peer pressure, self-esteem, and related problems.

Videos for Parents/Families

"Reflections from the Heart of a Child"(1996)
This video vividly portrays the impact of chemical dependency on the family as three young lives are ravaged by a father's alcoholism and a mother's inability to cope. A listing of helpful resources follows the dramatic presentation.

"Criss Cross (1995)
This video can be used with a mixed teen/ parent audience as a bridge to help both sides understand the others viewpoint on substance abuse and to stimulate dialogue. Created by Claudia Black, the program uses role playing to enhance the possibility of communication on this difficult subject.

"Working it Out" (1993)
This video looks at a Canadian family and the problems that occur between parents and children when the issue of drinking is discussed.

"Family and Alcohol Dependence ,The (1991)
This video shows how alcohol abuse profoundly affects not only the drinker, but also his or her family. This program describes the impact of alcohol abuse on the drinker's relationships, with their spouses, parents and children.

"Maggie's Secrets"(1991)
This video gives a realistic depiction of children growing up with alcoholic parents. John and his teenage sister Maggie experience both shame and despair as they try to cope with their parents chronic drinking and their father's frequent absences. Maggie's grades begin to fail and a concerned teacher confronts Maggie and she finally talks.

"Picking up the Pieces"(1990)
This video shows how a woman's alcoholism affects herself, her husband and her teenaged daughter. This video shows how family members can take on different roles to support the alcoholic's substance abuse. It also shows they are not to blame and that help is available.

"Co-Dependents"(1989)
This video portrays a wife's confusion with living with an alcoholic and how she tries to hold the family together.

"How to Tell if Your Kid is on Drugs and What to do about it"(1987)
This video is geared towards parents to help them identify the signs of drug abuse. Includes the 4 L's: Learn about drugs; Look for warning signs; Lead - Be a good role model ; Love - how to handle the situation if you find your child is on drugs.

"Alcohol and the Family: The Breaking Point(1985)
This video realistically portrays the problems many families face when one member is an alcoholic.

"My Kid is Driving Me Crazy"
A two part series dealing with the problem of denial by parents in Part 1 and the road to recovery in Part II - clearly shows that abuse of alcohol/drugs by adolescents is a "family problem".

Videos / Programs for Teachers/Communities

Community Action Video (1996)
This program consists of a manual and video which covers the community action process. It shows how to carry out the steps of initiating contact, forming a community planning committee, gathering information, expanding the planning committee and building a coalition.

Peer Drug Education Program (1994)
This program is to prevent or delay the onset of alcohol or other drug use with senior high school students as the leaders. Senior high students can be effective communicators of drug education to junior high students due to their attractiveness to and familiarity with these younger students. These students have the potential to be credible and trustworthy sources of information.

"Our Move"(1992)
This video which looks at student's options in relation to alcohol and drug use. Five recovering students and their parents describe the stages of addiction.

Community Action Pack (1991)
A program developed by Health and Welfare which focuses on building a healthy community. Modules include: Acting for Community Health; Assessing

Community Needs; Making Plans; Finding Resources; Managing Relationships; Making it Happen; Evaluating.

Togther we can make a Difference(1991)
A Canadian program including five modules which focus on community mobilization to prevent alcohol and other drug problems. The modules include: Preparing the ground; Planning the Garden; Organizing the Workers; Planting the Seeds; Weeding and Maintenance.

Youth and Drugs, 1991 (Health and Welfare Canada)
This program will provide professionals with improved effectively with adolescents who are developing problems as a result of drugs and alcohol. It has five units with workbooks- 4 dramatized case studies and 5 videos. Unite I- Adolescent Development, Unit 2- Drugs and their Use, Unit 3- Identification, Unit 4- Assessment, Unit 5- Intervention and Treatment.

" Motivating Adolescents to Recover" (1990)
A video series consisting of four programs based on a workshop facilitated by Tammy L. Bell, who specializes in the area of adolescent. The program consists of : The Pre-Treatment Process, Motivational Structures, Adolescent Perception and Pre-Treatment Program Development.

"Victory Over Alcohol"(1989)
This is about Jean and Veryl Rosenbaum well-known therapists and recovered alcoholics, interviewing real people who have successfully battled alcoholism. They offer encouragement, advice and hope for a healthy productive future.

Skills for Adolescents (1988)
This program is a series of 95 sequential, skill-building sessions for grades 6-8 that can be adapted to a variety of settings and formats, including mini-courses, semester courses, and courses spanning on one, two, and three years. The 45-minute sessions are arranged in seven units, each with a distinct theme.

Tuning In To Health: Alcohol and Other Drug Decisions (1986)
This program is intended as a practical, comprehensive package on drug education for teachers at the primary and middle year school levels.

Healthy Communities: A Newfoundland Perspective
The stories of three Newfoundland communities are given on how the members mobilized their communities to take action.

Teen Action
This program is a student-centred alcohol and drug education resource that promotes learning, decision-making skills and social competence for today's youth. Teen Action's

program structure deals with issues such as enhancing teenage Self- Awareness and Acceptance, Relating to Others, and Life Careers. The seven 45 -minutes lessons are pre-tested, factually-accurate and easy to implement in Grade 7 and 8 .

Books:

Ackerman, R. & Michaels, J. A. (1990). Children of Alcoholics. A biblography and Resource Guide. Health Communications, Inc.

Hawkins, J.D., Catalano, R.F., & Miller J.(1992). Communities that Care: Action for Drug Abuse Prevention. Jassey-Bass. Inc. Publishers, 350 Samsome Street; San. Fran. California 94104.

Jackson, T.(1993).Activities that Teach. Library of Congress Cataloging-in - Publication. Red Rock Publishing.

Skit Book. Creative Prevention for Schools. Stars: Students taking a Right Stand. (1991). P.O. Box 8936 Chattanooga, Tennessee 37411

Wilmes. D.J.(1988). Parenting for Prevention: How to Raise a Child to Say No to Alcohol and Drugs. Johnson Institute Books.

APPENDIX B

Alcohol Education Resources Survey

Name of School_____ **Name of Community**_____

Your Teaching Position_____

The information gathered from this questionnaire will be kept **confidential** and will be used for research purposes. You have the right to omit answering any questions.

Please circle the correct number to the right, in some questions you are asked to list material.

1. How many students are enrolled in your school: **1 2 3 4 5**
(1) Less than 100 (2) 100-150 (3) 150-300 (4) 300-500
(5) more than 500

2. The population within 15 kilometres is approximately:
(1) < 1000 (2) 1000-1500 (3) 1500-3500 **1 2 3 4 5**
(4) 3500-5000 (5) 5000-7000 (6) 7500- 10,000 **6 7 8**
(7) 10- 15,000 (8) > 15,000

3. Number of classes at the grade seven level:
(1) no grade seven classes (2) one class (3) two classes **1 2 3 4 5**
(4) three or more (5) five or more

4. Number of classes at the grade eight level:
(1) no grade eight classes (2) one class (3) two classes **1 2 3 4 5**
(4) three or more (5) five or more

5. Number of classes at the grade nine level **1 2 3 4 5**
(1) no grade nine classes (2) one class (3) two classes
(4) three or more (5) five or more

6. Circle the resources that you have in your school that are accessible to students in grades 7 - 9: **1 2 3 4 5**
(1) A library
(2) Magazines
(3) An information shelf (for Pamphlets) in the library or one of the offices
(4) Cd-Rom Access
(5) Internet access

7. Does your school have someone designated as a full or part time resource person (i.e., responsible for books, pamphlets). **1 2**
(1) yes (2) no

8. Does your school have someone designated as a full or part time guidance counselor? **1 2**
(1) yes (2) no

9. Where in your current curriculum is alcohol education information presented? **1 2 3 4 5 6**
(1) Health (2) Science (3) Social Studies (4) English
(5) Family Life (6) other

10. How much time has a student in your class, as part of class work or special presentation spent on alcohol education in this past year? **1 2 3 4 5**
(1) None (2) less than 60 minutes (3) 1 hr- 3 hr.
(4) 3 hr - 5 hrs (5) more than 6 hours.

11. Have you received any workshops or in-service instruction relating to alcohol issues in this past year? **1 2**
(1) yes (2) no

12. Did you receive any alcohol information in this past year from the: **1 2 3 4 5**
(1) Dept. of Health (2) Dept. of Education
(3) Community Health Addictions Centre
(4) I received no information.
(5) Other source , please list_____

13. Have you offered individual counseling or support to students with personal alcohol problems? **1 2**
(1) yes (2) no
If yes, how often? **1 2 3**
(1) less than five times (2) 5-10 times (3) over 10

14. Have you offered individual counseling or support to students with family-related alcohol problems? **1 2**
(1) yes (2) no

If yes , how often? **1 2 3**
(1) less than five times (2) 5-10 times (3) over 10

15. Are there any support groups in your school that would benefit students experiencing either personal or family alcohol education **1 2**
(1) yes (2) no
If yes, please list_____

16. Are there any support groups in your community that would benefit students with alcohol problems? **1 2**
(1) yes (2) no
If yes, please list_____

17. Circle below the community resource person(s) who has been to your school this past year speaking on alcohol education issues: **1 2 3 4 5 6 7**
(1) Law Enforcement (RCMP, RNC)
(2) Public Health Nurse
(3) Medical Doctor
(4) Community Health Addictions
(5) Private Service Club (i.e. Lions, Rotary)
(6) No one has been to my school
(7) Other, specify _____

18. Did any of the students you have contact with see a video on alcohol issues? **1 2**

(1) yes (2) no

19. Did any of your students have access to pamphlets on alcohol education? **1 2**

(1) yes (2) no

20. Does your school have any "classroom ready" support material that you could readily use? **1 2**
(1) yes (2) no
If yes, please list_____

21. Which of the following videos are available at your school: **1 2 3 4**
1. Degrassi: Talks Alcohol
2. Working it out **5 6 7 8**
3. Where's Shelly
4. Criss Cross **9 10 11 12**
5. Young People and Alcohol
6. My Father's Son **13 14 15 16**
7. Speak up, Speak out: Learning to say no to Drugs
8. Dare to be different : Resisting Drug-Related Peer Pressure
9. Addictions: The Problems, the Solutions
10. Healthy Communities: A Newfoundland Perspective
11. Hooked? Not Me
12. Like Father, like Son
13. How to Tell if a Kid is on Drugs and What to do about it
14. Don't have any
15. Don't know
16. Other, please list _____

22. Identify any sources or resources related to alcohol education that you would like to see your school require_____

23. List any other alcohol related resources/sources not mentioned above that your school uses:

APPENDIX C

Memorial
University of Newfoundland

Faculty of Education

June 2, 1997

Dear Audrey,

After reviewing your submission, the Ethics Review Committee would like to point out some modifications that need to be made in order that your letters of consent conform to the guidelines of the University and Faculty.

The letter addressed to principals seems fine provided that you:
- identify the name and number of your supervisor
- state that the study has been approved by the Ethics Review Committee
- results are available if requested

The letter to teachers is unsatisfactory. However, if you use the same letter for teachers as for principals (modified as per above) then you will have no problems.

Typically, however, approval from the School Board is also necessary for research to be undertaken. Thus, you will need to obtain permission from the School Board as well.

We wish you all the best in your research.

Sincerely,

T. Seifert
Ethics Review Committee

cc: Dr. G. Jeffery

St. John's, NF, Canada A1B 3X8 • Fax: (709) 737-2345 • Telex: 016-4101

Windsor Collegiate
Box 2005
Grand Falls-Windsor, NF A2B 1K2

June 2, 1997

Dear Mr. Roop:

Alcohol usage is a major problem for many junior high school students. As a graduate student in Educational Psychology at Memorial University of Newfoundland, I am seeking your assistance. I am conducting research on the availability, range and classroom use, in Newfoundland and Labrador Junior High Schools (grades 7-9), of education resources related to the consumption of alcohol. As part of this research I am asking teachers (who teach classes related to alcohol information), guidance counselors, and resource people to complete this questionnaire about the availability and use of alcohol related information in your school.

I am asking if you would encourage some members of your staff to complete the enclosed questionnaire. I am seeking information from your school counselor(s), resource person(s) and, if possible, those who teach classes in "health" or "family life". If you could contact these teachers and pass along my questionnaire it would be truly appreciated. (Please make extra copies if needed).

The questionnaire should take 20 minutes, or less, to complete. All information gathered in this study is confidential and only used for research purposes. Your participation is completely voluntary and you may omit answering any questions. The results of the study will be found in my thesis report or available upon request.

If you have any questions or concerns please do not hesitate to contact me at home, 834-8830 or by email at "aatkins@morgan.ucs.mun.ca". If you have any concerns of an ethical or related nature please contact Dr. L. Phillips, Associate Dean of Graduate Studies, or my supervisor, Dr. Gary Jeffery, at 709-737-7654. This study has been approved by the Ethics Review Committee of Memorial University. Please send the completed questionnaire to: Audrey Atkins, P.O. Box 607, Kelligrews, NF, A0A 2T0. If you wish, completed questionnaire may be sent by FAX to 709-834-8830.

It would be much appreciated if you could get the completed questionnaire back to me by mid June or as soon thereafter as possible.

Thank you for taking the time and effort in assisting me in gaining this important and needed information.

Sincerely

Audrey Atkins
Master of Education Candidate

June 2, 1997

P.O. Box 89
Flower's Cove, NF
A0K 2N0

Dear Mr. Parsons:

Please accept this letter of request to survey four junior high schools in your district. I am conducting a survey on the availability, range and classroom use, in Newfoundland and Labrador Junior High Schools (grades 7-9), of education resources related to the consumption of alcohol. As part of this research I am asking teachers, guidance counselors, and resource people to complete the enclosed questionnaire about the availability and use of alcohol related information in their junior high schools.

All information gathered in this study is confidential and only used for research purposes. Educator's participation is voluntary and they may omit answering any questions. The results of the study will be found in my thesis report or available upon request.

Considering the school year is almost over this questionnaire will be placed in the mail tomorrow. I will fax the schools to inform them to refrain from completing the questionnaire if I am not given permission to conduct this survey. This study has been approved by the Ethics Review Committee of Memorial University. If you have any concerns of an ethical or related nature please contact Dr. L. Philips, Associate Dean of Graduate Studies or my supervisor, Dr. Gary Jeffery, at 737- 7654.

Please contact me when you have reached your decision by fax or phone to 709-834-8830 or mail to: Audrey Atkins, P.O. Box 607, Kelligrews, NF, A0A 2T0. I await your reply and will contact the schools if necessary.

Sincerely,

Audrey Atkins
Master of Education Candidate