



Monadnock Voices for Prevention
 NH Strategic Prevention Framework (SPF) Region G
 Data Workbook for Prioritizing Risk and Protective Factors

**Understanding Underage and Binge Drinking in the
 Monadnock Region**

WHAT WE'RE ASKING OF YOU

The Strategic Prevention Framework is a process for gathering local input in order to determine the importance of a problem, and develop appropriate interventions for our region of the State. Today we will share with you data from a variety of sources, and we'll ask you to consider how that data might point to priorities for addressing this issue in your communities.

WHO ARE THE PARTICIPATING COMMUNITIES?

Monadnock Voices for Prevention includes 32 towns in the southwest portion of NH, with four participating coalitions. Because we understand that the coalitions are interested in data specific to their catchment areas, we will typically present descriptive data for the entire Monadnock Region, followed by a breakdown by coalition where possible. In so doing, we emphasize that two of the coalitions--CAST and HPC--serve single towns (Winchester and Hinsdale, respectively), so their data is out of scale with that of the two more regional coalitions.

Creating Positive Change (CPC)

| | | |
|-------------|-------------|--------------|
| Antrim | Greenville | Peterborough |
| Bennington | Hancock | Rindge |
| Dublin | Jaffrey | Sharon |
| Francestown | Mason | Temple |
| Greenfield | New Ipswich | |

Monadnock Alcohol and Drug Abuse Coalition (MADAC)

| | | |
|--------------|----------|--------------|
| Chesterfield | Marlow | Sullivan |
| Fitzwilliam | Nelson | Surry |
| Gilsum | Richmond | Swanzey |
| Harrisville | Roxbury | Troy |
| Keene | Stoddard | Westmoreland |
| Marlborough | | |

Communities and Schools Together (CAST)

Winchester

Hinsdale Prevention Coalition (HPC)

Hinsdale

WHAT KINDS OF DATA WILL WE BE WORKING WITH?

We imagined ourselves to be assembling a puzzle that would collectively offer a portrait of underage and binge drinking in our region: how much of it is happening?, how much is it regarded as a problem?, by whom?, what are some of the contributing factors?—these are the kinds of questions we set out to address. Among our goals was to capture multiple perspectives on the issue; we assumed that no one source was in possession of all of the puzzle pieces. We first identified data that was already publically available or that we could request from others, then made strategic choices concerning gaps in that data that we could address with our resources (time and staffing).

A complication of this method is that puzzle pieces gathered from different sources don't always fit readily together. Our counterparts at the State level, for example, have issued a report describing large differences in estimated rates of alcohol use by NH youth in the same age range, emerging from two different survey methods (YRBS and NSDUH, described below). One method involves completion of a questionnaire in school, and the other involves responding to an interview in one's home. Both methods ask very similar questions, and both promise privacy and anonymity. The results for high school students differ by 15-20 percentage points. The point we wish to highlight is that there are few definitive answers to be had, and many more snapshots, from multiple vantage points, which we must reconcile as best we can. We invite you to join us in assembling this puzzle—how do the various pieces fit together, what have we learned, what more do we want to know to help us address this problem, and most importantly, how do we take this information and begin to use it to develop strategies to effect this issue in the future?

Publically Available Data

Youth Risk Behavior Survey (YRBS)

Self-reports of high-school-aged youth developed by the Centers for Disease Control as a way to monitor health-related behaviors among the nation's high school youth. The YRBS is administered anonymously to students in grades 9-12, every other year in participating communities. We'll be focusing specifically on alcohol use, in the communities in our region that administered the YRBS in 2007.

National Survey on Drug Use and Health (NSDUH)

Self-reports of persons aged 12 through adulthood. Survey conducted annually, with a randomly selected sample of 70,000 persons throughout the country, administered by an interviewer in the respondent's home. For this measure, we cannot extract data for our region specifically, but we can examine trends for NH as a whole, over time and across age groups, for youth and young adults.

Southwestern Community Services / Monadnock United Way Community Assessment, 2006-2007

As part of strategic planning, SCS and MUW undertook a needs assessment of human services in Cheshire, Sullivan, and western Hillsborough Counties from 2003 through 2007. Two components of this assessment are particularly relevant to our purposes. The first is a survey of heads of human service programs, identifying services offered and effectiveness of agencies in meeting community needs. The second is a survey of 144 "community leaders," concerning "how well communities in the region are meeting a variety of human service needs."

Other publically available sources

- U.S. Census (population and demographic data)
- NH Department of Education (school district profiles)
- NH Liquor Commission (alcohol licenses and enforcement actions)
- Center for Disease Control and Prevention’s Behavioral Risk Surveillance System (BRFSS; indicators of health and access to health care, by State and County).

Data Obtained by Request

Law Enforcement Statistics

Obtained from local police departments and the Cheshire County Jail.

Data Directly Collected by MVP

MVP Surveys

We’ve undertaken several surveys over the past 6 months with residents and service providers across our region:

- **Parent Social Norms**
- **Youth Social Norms**
- **Young Adult Social Norms**
- **Law Enforcement Survey**
- **Educator Survey**

Direct Observations

We visited dozens of alcohol retail outlets, bars, and restaurants, to observe marketing practices.

Interviews

Structured and less formal conversations over the past 6 months with hundreds of youth, young adults, parents, educators, law enforcement officials, health care providers, and other community members. Surveys and interviews occurred in the environments in which people live, work, and play.

In what follows, we’ll first offer some indicators of how serious the problem is in our region. Then we’ll present data organized around six risk factors that have been shown to influence underage and binge drinking:

- 1. Retail Access/Availability**
- 2. Social Access/Availability**
- 3. Enforcement**
- 4. Perception of Risk**
- 5. Social Norms**
- 6. Alcohol Pricing and Promotion**

HOW MUCH UNDERAGE AND BINGE DRINKING IS HAPPENING IN OUR REGION?

Summary of Findings

- ***Rates of alcohol consumption in NH exceed national averages.***

Alcohol consumption among 12-17 year-olds in NH has declined slightly over the past few years to just above the national average, while usage among young adults (aged 18-25) has consistently exceeded national levels (NSDUH; see Figure 1, below). Similar patterns--NH exceeding national levels, particularly among young adults--are apparent at each level of alcohol consumption queried (any, heavy, binge).

- ***Region G is not less alcohol troubled than the State as a whole.***

Region G rates of heavy and binge drinking, and of substance-related hospital treatment, are comparable to NH averages (BRFSS; see Tables 1 and 2).

- ***Alcohol is easy for underage youth to obtain.***

- 78% of the youth we surveyed, and a nearly identical proportion of the much larger sample who took the YRBS, report that it is easy for youth to obtain alcohol.
- Police were unanimous in their opinion that it is “fairly easy” or “very easy” for underage drinkers to obtain alcohol.

- ***Usage is episodic, and often heavy.***

All of our data sources (YRBS, BRFSS, our own youth survey, and the NSDUH) consistently indicate that about half of high school age youth have consumed alcohol in the past 30 days, and about one quarter report binge drinking (see regional YRBS data in Figure 3, below). Fully half of young adults (18-25) in NH report binge drinking in the past 30 days (NSDUH; see Figure 4, below)

- ***Some indicators suggest that the problem is getting worse over time.***

- 9 of 12 police departments surveyed indicated that underage drinking is a growing problem in their communities, and all but one indicated that it warrants more attention than it is currently receiving.
- In Region G, both outpatient and inpatient alcohol treatment and prevention services are perceived as meeting less of the need over time (Southwestern Community Services / Monadnock United Way Community Assessment; see Tables 3 and 4, below)
- Rates of alcohol dependence among young adults in NH appear to be increasing, relative to national levels, over the past four years (NSDUH; see Figure 5, below).



Tables and Figures

Figures 1 & 2: Comparing alcohol consumption among youth and young adults in NH vs. nationally

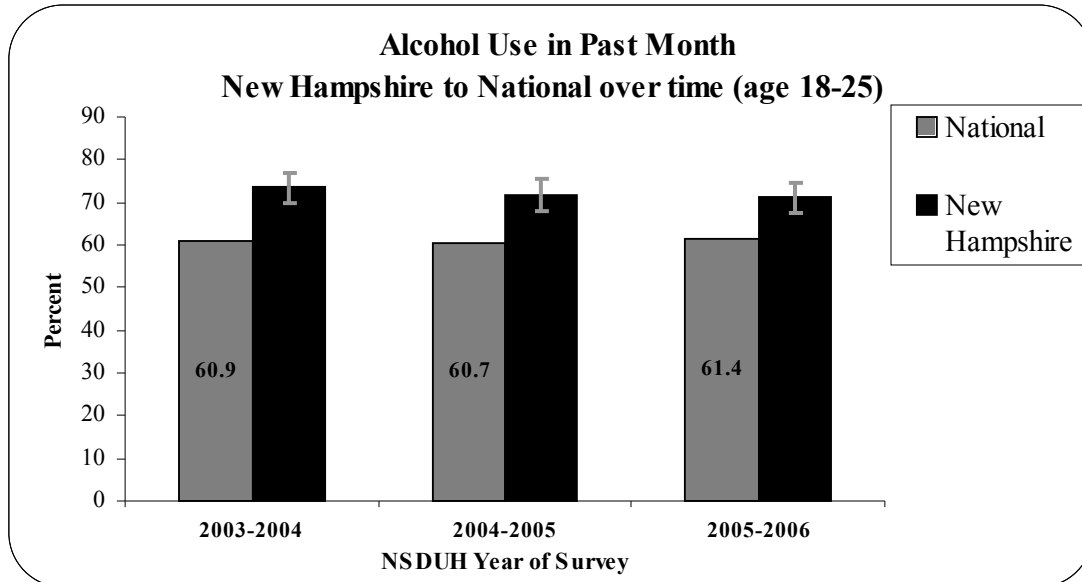
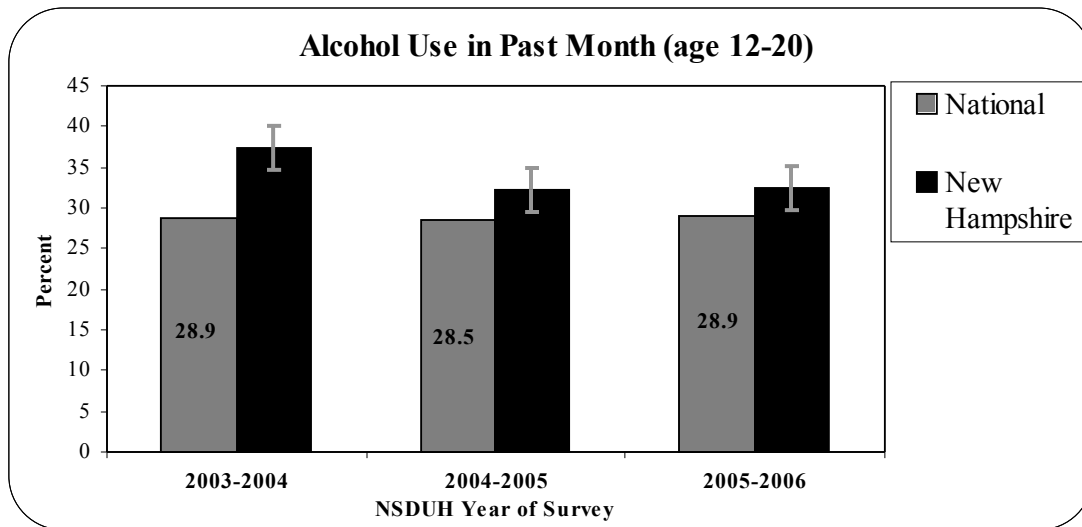


Table 1: Percentage of residents who report drinking at Heavy and Binge levels
(NH Behavioral Risk Factor Surveillance System, 2006)

| Geographic Area | Heavy Drinkers | Binge Drinkers |
|---------------------|----------------|----------------|
| Cheshire County | 7.2% | 12.9% |
| Hillsborough County | 5.5% | Not available |
| New Hampshire | 5.7% | 14.7% |

Note. Heavy drinking = more than 2 drinks per day for past 30 days; Binge Drinking = 5 or more drinks on one occasion in past 30 days



Table 2: Substance-related hospitalization rates, per 100,000 residents

(NH Behavioral Risk Factor Surveillance System, 2005)

| Geographic Area | Ambulatory Care (ER) | Inpatient Care |
|---------------------|----------------------|----------------|
| Cheshire County | 640.3 | 495.1 |
| Hillsborough County | 683.1 | 535.4 |
| New Hampshire | 625.9 | 441.9 |

Figure 3: H.S. student reports of alcohol use on the 2007 YRBS

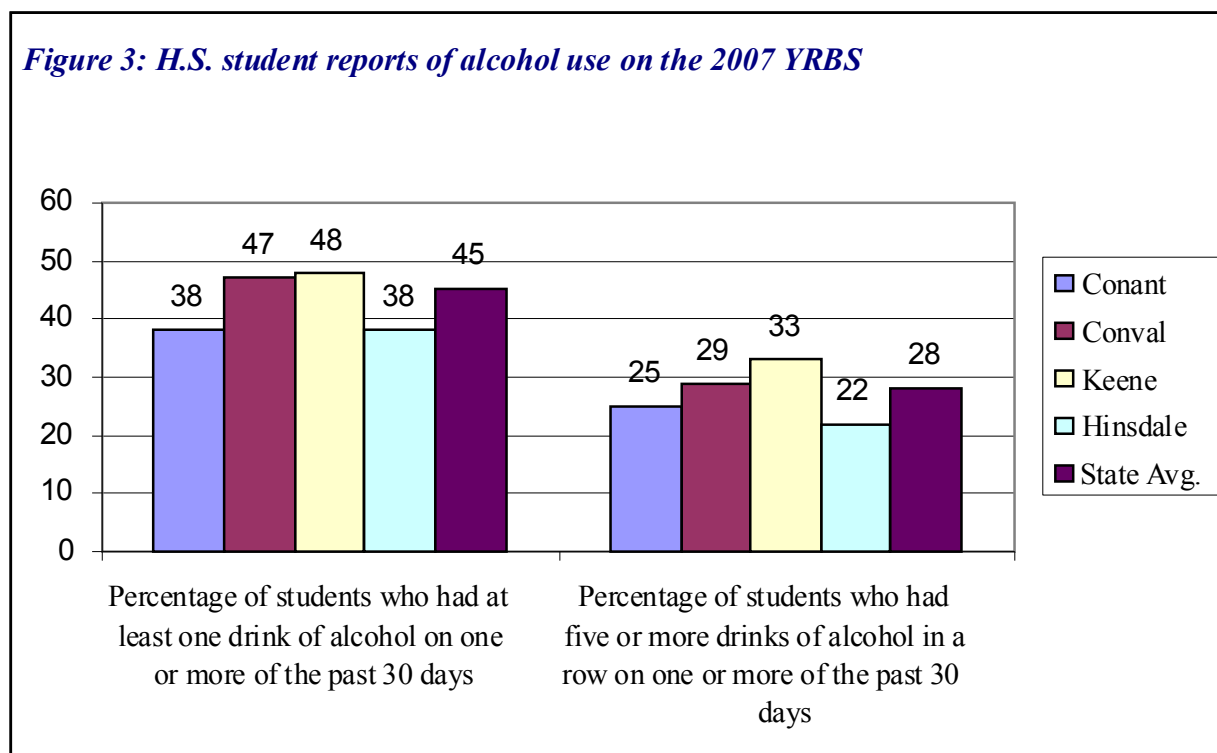


Figure 4: Binge drinking among different age groups

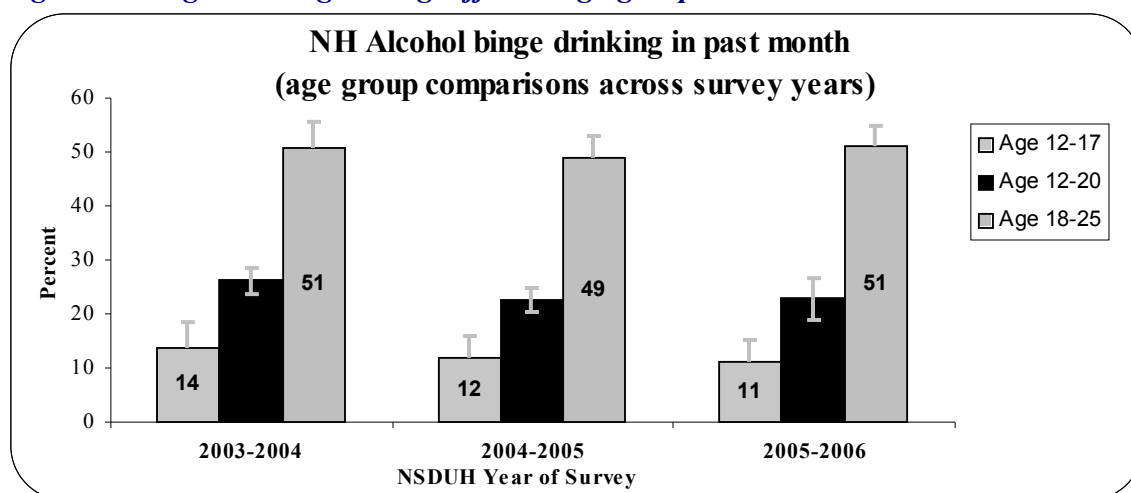


Table 3. Southwestern Community Services/Monadnock United Way Community Assessment, 2006-2007

Human service agency heads reporting that their agency is (1) providing each of the following services; and (2) meeting the need in their community with that service. **Availability of services, in relation to need, appears to be declining across this period.**

| Human Service Need | # Of agencies providing service | # Of agencies reporting they meet need |
|---------------------------------|---------------------------------|--|
| Inpatient alcohol treatment | in 2003: 4 in 2007: 0 | in 2003: 0 in 2007: 0 |
| Outpatient alcohol treatment | in 2003: 7 in 2007: 6 | in 2003: 2 in 2007: 0 |
| Youth substance abuse treatment | in 2003: 6 in 2007: 6 | in 2003: 1 in 2007: 0 |

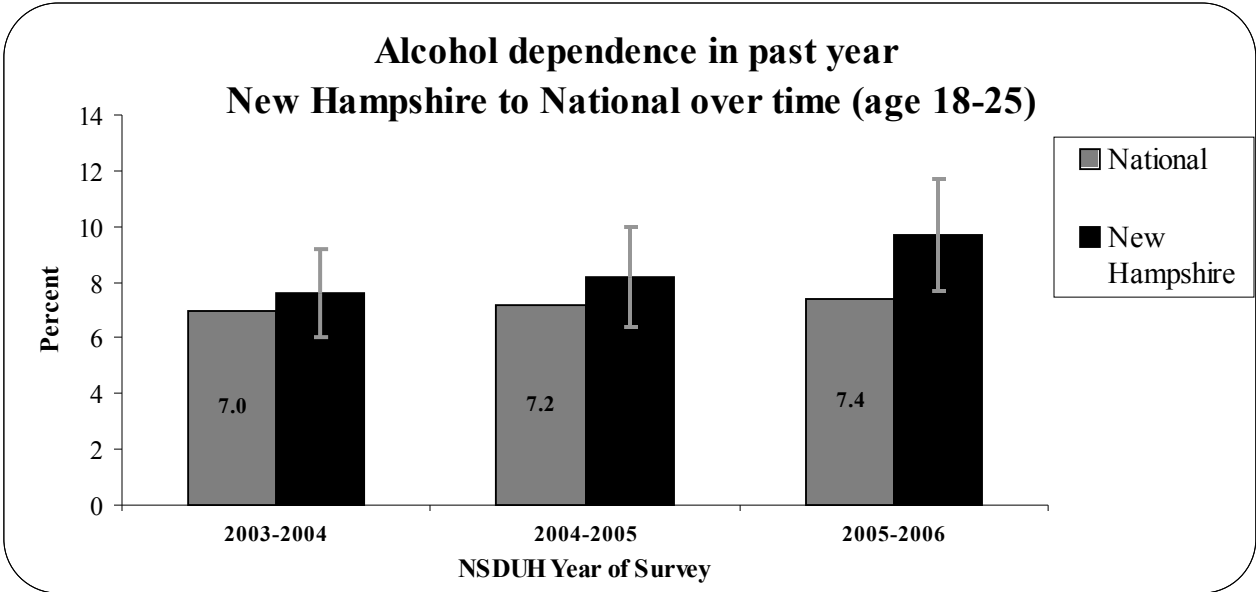
Table 4. Southwestern Community Services /Monadnock United Way Community Assessment, 2006-2007

Percentage of **community leaders** in Cheshire and western Hillsborough County who, when asked to identify service needs that are “met poorly” in their communities, list the following among their responses. **Perceived need is escalating across this period.**

| Human Service Need | % Respondents who listed this need in 2003 | % Respondents who listed this need in 2007 |
|---------------------------------|--|--|
| Inpatient alcohol treatment | 29% | 39% |
| Outpatient alcohol treatment | 22% | 35% |
| Youth substance abuse treatment | 28% | 36% |



Figure 5: Rates of alcohol dependence among young adults in NH and the nation



RISK/PROTECTIVE FACTOR 1: RETAIL ACCESS/AVAILABILITY

*Access/availability of alcohol or illegal drugs led to increases in use. (Hawkins et al, 1995)
Without access/availability, there can be no use and associated problems. Research has shown that when alcohol or other drugs are inexpensive, convenient, and easily accessible, people are more likely to use them. (Birckmayer et al, 2004).*

Retail availability refers to how available alcohol is in our community and how easy it is to obtain. To explore the status of retail availability in our community, we are going to examine four areas that affect the availability of alcohol:

- Liquor Permits per capita
- Retail access in the community
- Restaurant & Bar access
- Alcohol Law Enforcement

Summary of Findings

- **Region G has 222 businesses licensed to distribute alcohol**, including 1 wholesale distributor, 79 restaurants, 9 state liquor stores, 7 veteran's clubs, and 6 sports facilities (country clubs, ski area, pool halls). **About half of the establishments are licensed for on-premise consumption.**
- **Compared to NH as a whole, we have a lower density of liquor licenses per capita** (2.4 licenses per 1000 residents in Region G; 3.4 per 1000 for all of NH; see Table 1, below, for further detail).
- **Of the 222 licensed establishments in our region, 26, or 11.7%, had been cited for at least one violation** (10 for more than one). Across the entire State, 12.15% of licensees have been cited for violations within the same time period (see Table 2, below, for a list of violations). **About 25% of these violations address underage drinking, and another 11% address excessive drinking.** A listing of all violations can be found in Appendix A.
- **Fewer than 5% of underage youth report purchasing alcohol directly** (YRBS; see Table 2, below); **most are getting it from persons who are legally able to purchase.**



Qualitative Impressions and Observations



- “The moms come in complaining of food prices, and then the dads come in to buy the beer.” – convenience store sales clerk
- Retail Store and Restaurant employees perceive Liquor Violation penalties as severe.
- We witnessed the ripple effect of sales clerks all over town being familiar with fines paid by one establishment.
- Outlets will call each other if compliance checks are suspected.
- Those who sell and serve alcohol want to promote responsible drinking.
- Some managers have helped MVP gather social norm surveys from their customers and employees.
- At least two area establishments provide incentives to their bouncers to scan for fake ids and refuse entry.

Tables and Figures

Retail Access, Table 1: License density (by population)

| Coalition | Off-premise | On-premise | # Licenses | Population | Licenses per 1000 |
|-------------|-------------|------------|------------|------------|-------------------|
| CPC | 39 | 42 | 81 | 36329 | 2.2 |
| MADAC | 60 | 60 | 120 | 47568 | 2.5 |
| CAST | 7 | 5 | 12 | 4144 | 2.9 |
| HPC | 6 | 3 | 9 | 4082 | 2.2 |
| Region G | 112 | 110 | 222 | 92123 | 2.4 |
| State of NH | | | 4528 | 1,314,895 | 3.4 |



Retail Access, Table 2: Student reports of alcohol purchases from the 2007 YRBS

| | Conant | Conval | Keene | Hinsdale | State Avg. |
|---|---------------|---------------|--------------|-----------------|-------------------|
| Among students who reported getting alcohol for use, the percentage who usually got the alcohol by buying it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station during the past 30 days | 2 | 3 | 3 | 2 | 4 |



RISK/PROTECTIVE FACTOR 2: SOCIAL ACCESS/AVAILABILITY

Surveys and focus groups of persons under the minimum legal drinking age have indicated that the majority of alcohol consumed by youth is obtained through social sources, such as parents and friends, at underage parties, and at home. (Birckmayer et al, 2004). Availability of alcohol or illegal drugs led to the increase in use (Hawkins et al, 1995).

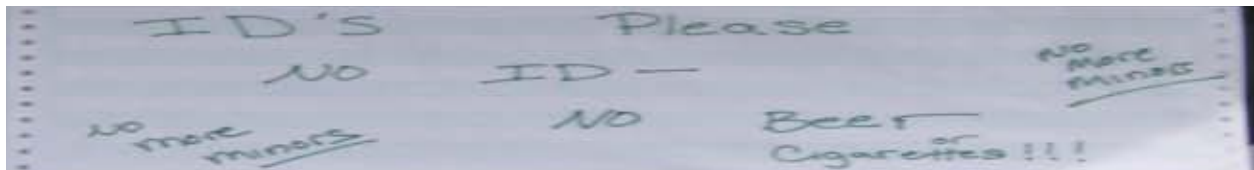
Social access/availability includes obtaining alcohol from friends, associates, and family members, but it also refers to the availability of alcohol gatherings such as parties and other social events where the alcohol is provided as part of the event. To explore the status of social access/availability in our community/region, we are going to look at the following areas that affect social access/availability of alcohol:

- Provision of alcohol to minors
- Lack of awareness about penalties for providing alcohol to minors
- Availability of unsupervised and other drinking locations

Summary of Findings

- Parent and Youth reports concur that by far the **dominant strategy for underage youth to obtain alcohol is asking a friend or sibling to buy it for them** (see table).
- Youth reports:
 - **Females appear about equally at risk for consuming alcohol as males, but males are more likely than females to purchase or otherwise obtain alcohol** (with corresponding risk of punishment), whereas **females are more likely to be offered alcohol**. (YRBS)
 - **Alcohol use doubles across the high school years:** approximately twice as many 12th graders as 9th graders endorsed any given level of alcohol use on the YRBS.
 - **74% of youth we surveyed believe that adults supplying alcohol to youth are unlikely to be caught by police.**

Qualitative Impressions and Observations



- One town police department without alcohol-related arrests notes in the Town Report that a swimming hole parking lot is a “popular party spot ... families are being displaced by younger people with alcohol.” The Police Department is “hoping for town ordinances to assist in curbing this situation.”
- There are reportedly fundraisers for youth programs that serve alcohol to event attendees.
- Two members of one community pointed out the “stills” where “anyone of any age” could purchase “cheap” booze.

Tables and Figures

Social Access/Availability, Table 1: Parent and youth perceptions of how youth obtain alcohol

| “In your opinion, how do youth under 21 obtain alcohol?” | Proportion of Parents identifying each of the following means | Proportion of Youth identifying each of the following means |
|--|---|---|
| From parents’ home | 63% | 39% |
| From liquor stores | 14% | 26% |
| Using false ID | 46% | 39% |
| Asking adult stranger to buy for them | 47% | 22% |
| Asking older friend/sibling to buy for them | 88% | 78% |
| Stealing alcohol | 33% | 35% |



RISK/PROTECTIVE FACTOR 3: ENFORCEMENT

As the actual and/or perceived likelihood of being detected and arrested or cited for law violations increases, so does compliance. Studies that look at efforts to enforce youth access and specific types of use policies have found that increased enforcement is related to changes in use and related problems. (Birckmayer et al, 2004).

The next risk/protective factor has to do with enforcement. To understand how enforcement affects underage drinking and/or binge drinking in our region, we gathered data on the following topics:

- Parental attempts to enforce rules around their children's alcohol use
- Views on underage drinking and binge drinking with young adults from a law enforcement perspective
- Number of impaired driving cases

Summary of Findings

- **Parents** who responded to our survey **reported assertive involvement in preventing alcohol use by their children** (see Table 1, below).
- Police reports: **A third of police departments in our region specifically identified insufficient staffing as an obstacle to addressing underage and binge drinking.**
- We were able to obtain **DWI arrest data** from most of our region's towns. Rates of these arrests, **on a per capita basis, vary widely** (see Table 3, below); **it's not clear to what extent this represents differences in the magnitude of the problem, versus resources allocated to enforcement.**
- Cheshire County Dept. of Corrections
 - **Half of all inmates assessed at the CCDOC since 2001 met the criteria for alcohol abuse or dependence** (see Table 4, below).
 - **About 7% of all offenses for which CCDOC inmates are incarcerated were alcohol specific** (Table 5). **A great many more offenses are provoked or exacerbated by alcohol use.**



Qualitative Impressions and Observations



- “They [social clubs] police themselves pretty well; but there are the chronic users.”
- Arrest data from 32 towns comes in 32 ways.
- Alcohol-related arrest data numbers are low across the board; an individual charged with multiple offenses is recorded only once by the primary offence.
- Driving While Intoxicated (DWI) arrest numbers were gathered from town reports, web pages, town and state police departments. Like “shooting fish,” DWI’s are easy to catch when it’s a priority. One town has had 3 morning arrests just this year; that town is one of few with a fully-staffed police department.
- For towns without police departments, we rely on State Troop B and C data for enforcement actions.
- Youngsters post party locations on the internet, sometimes blatantly advertising drugs and alcohol. Police have successfully intervened. Parents act both alarmed and grateful.
- Police Dept. ‘survey fatigue’ level is high. Seeking alternative data collection methods is not only effective, but respectful of their time.
- The fact that a relationship with the Dept. of Safety was forged at the State level has opened the door for MVP. Police officers, all with more work to do than they could possibly accomplish, say they are ready to assist Region G when our prevention strategies take form.
- The wording of the “minor in possession” legislation is reportedly difficult to enforce.
- Police officers seek community and parent support.
- Liquor-licensed establishments are generally willing to be part of a solution.



Tables and Figures

Enforcement, Table 1: Parental attitudes and household rules

| Parent Survey (N=72) | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|-----------------------|--------------|-----------------|--------------------------|
| It is important to consistently enforce a curfew for youth under the age of 18. | 63% | 25% | 11% | 1% |
| Parents can have a strong influence on their child's decision to use alcohol. | 76% | 22% | 1% | 0% |

| Parent Survey | Yes | No |
|--|------------|-----------|
| Does your family have clear rules around alcohol and drug use? | 97% | 1% |
| Do children under the age of 18 in your home have a curfew? | 79% | 10% |
| If you saw your child's friend drinking would you tell his/her parents about it? | 86% | 8% |



Enforcement, Table 2: Police resources and policies. *

| Police Survey (13 responding departments) Percentage of responding departments who . . . | | CPC | MADAC | HPC | Region G overall |
|--|-------------|------------|--------------|------------|-------------------------|
| Employ a School Resource Officer | | 0 | 33 | 0 | 17 |
| Teach DARE | | 20 | 33 | 100 | 33 |
| Conduct annual compliance checks with licensed providers of alcohol | | 20 | 17 | 100 | 25 |
| Receive Enforcement of Underage Drinking Law funding | | 20 | 33 | 0 | 25 |
| Run Sobriety Checkpoint roadblocks | | 0 | 17 | 100 | 17 |
| Enforce the party host liability law when underage drinking parties are discovered | Rarely | | 17 | | 8 |
| | Sometimes | 20 | 17 | 100 | 25 |
| | Often | 80 | 66 | | 67 |
| | No response | | | | |
| Disseminate information about the Buyers Beware program | Rarely | 80 | 67 | | 67 |
| | Sometimes | | 33 | | 17 |
| | Often | 20 | | | 8 |
| | No response | | | 100 | 8 |



| | | | | | |
|--|-------------|-----|----|-----|----|
| Help ensure server training to alcohol retailers | Rarely | 100 | 33 | 100 | 67 |
| | Sometimes | | | | |
| | Often | | | | |
| | No response | | 67 | | 33 |



Enforcement, Table 3: DWI arrests (Municipal plus State Police) by Region/Town

| Region/Town | DWI Arrests | Population | DWI's per 1000 pop |
|-------------------------|-------------|--------------|--------------------|
| CPC Region | 152 | 36329 | 4.18 |
| Antrim | 11 | 2449 | 4.49 |
| Bennington | 13 | 1401 | 9.28 |
| Dublin | 4 | 1476 | 2.71 |
| Francestown | | 1480 | |
| Greenfield | | 1657 | |
| Greenville + Temple | 10 | 3521 | 2.84 |
| Hancock | 9 | 1739 | 5.18 |
| Jaffrey | 33 | 5476 | 6.03 |
| Mason | | 1147 | |
| New Ipswich | 16 | 4289 | 3.73 |
| Peterborough | 41 | 5883 | 6.97 |
| Rindge | 13 | 5451 | 2.38 |
| Sharon | 1 | 360 | 2.78 |
| MADAC | 245 | 47568 | 5.15 |
| Chesterfield | 15 | 3452 | 4.35 |
| Fitzwilliam | 6 | 2141 | 2.80 |
| Gilsum | 3 | 777 | 3.86 |
| Harrisville | 2 | 1075 | 1.86 |
| Keene | 143 | 22563 | 6.34 |
| Marlborough | 41 | 2009 | 20.41 |
| Marlow | 2 | 747 | 2.68 |
| Nelson | 2 | 634 | 3.15 |
| Richmond | 1 | 1077 | 0.93 |
| Roxbury | | 237 | |
| Stoddard | 3 | 928 | 3.23 |
| Sullivan | 1 | 746 | 1.34 |
| Surry | 0 | 673 | 0 |
| Swanzey | 20 | 6800 | 2.94 |
| Troy | 1 | 1962 | 0.51 |
| Westmoreland | 5 | 1747 | 2.86 |
| CAST | 33 | 4144 | 7.96 |
| Winchester | 33 | 4144 | 7.96 |
| HPC | 44 | 4082 | 10.78 |
| Hinsdale | 44 | 4082 | 10.78 |
| Region G overall | 474 | 92123 | 5.15 |



Enforcement, Table 4: Cheshire County Department of Corrections estimates of substance abuse and alcohol abuse disorders among 1466 inmates assessed between 2001-2007*

| Type of disorder | Number with disorder | % with disorder |
|--|-----------------------------|------------------------|
| Drug abuse/dependence | 821 | 56% |
| Alcohol abuse/dependence | 718 | 49% |
| Combined drug and/or alcohol abuse or dependence | 1100 | 75% |

Enforcement, Table 5: Cheshire County Department of Corrections (CCDOC) estimates of alcohol-specific offenses in 2007*

| Alcohol-specific offense | Number of offenses | Rate of Alcohol-specific offenses per 1000 offenses |
|-----------------------------------|---------------------------|--|
| Unlawful Poss. of Alcohol | 19 | 9.1 |
| Driving While Intoxicated | 36 | 17.2 |
| Prohibited Sales Alcohol | 4 | 1.9 |
| Misrepresentation of Age | 1 | 0.5 |
| Open container, transport alcohol | 9 | 4.3 |
| DWI – Sub | 51 | 24.4 |
| Aggravated DWI | 23 | 11.0 |
| Total alcohol-specific offenses | 143 | 68.3 |

**** Represents a gross underestimate of the involvement of alcohol in offenses at CCDOC; that data is not available***



RISK/PROTECTIVE FACTOR 4: PERCEPTION OF RISK

Research has established that low perception of harm from alcohol and other drug use is a risk factor for use (Henry et al. 2005). Initiation into substance use is preceded by values favorable to its use (Hawkins, et al 1992).

To understand how perception of risk affects underage drinking and/or binge drinking in our region, we gathered data on the following topics:

- Perceived risk of arrest and/or other penalties relating to alcohol use
- Perceived health and safety risks of alcohol use

Summary of Findings

- Youth reports:
 - **74% of youth believe that adults supplying alcohol to youth are unlikely to be caught by police.**
 - Table 1, below, shows students' estimates of risk for various levels of alcohol use, from the YRBS.
 - When separated by sex (not shown below), **30 – 50% more females than males rated any rate of alcohol use as “at great risk of harming [oneself].” Sex differences in rates of reported use, however, did not parallel sex differences in estimates of risk.**

Qualitative Impressions and Observations



- Young adults have embraced the “designated driver” model.
- One 17 year old pointed out how easy it is to carry alcohol to school and sporting events in a water bottle. She did not believe she would be “caught”.
- Per some interviewed bus drivers and youth, young people discuss parties and illegal activities on buses and at school frequently with “no fear” that they will get in trouble. Statement-“No one is going to tell my parents what I did”!
“They don’t care...”



Tables and Figures

Perceptions of Risk, Table 1: High-school-aged Youth Perceptions Concerning Different Levels of Consumption.

| | Conant | Conval | Keene | Hinsdale |
|---|---------------|---------------|--------------|-----------------|
| Percentage of students who think people are at great risk harming themselves, physically or in other ways, if they try one or two drinks of an alcoholic beverage | 10% | 6% | 7% | 7% |
| Percentage of students who think people are at great risk harming themselves, physically or in other ways, if they take one or two drinks of an alcoholic beverage nearly every day | 33% | 29% | 29% | 25% |
| Percentage of students who think people are at great risk harming themselves, physically or in other ways, if they take four or five drinks of an alcoholic beverage nearly every day | 71% | 64% | 68% | 59% |
| Percentage of students who think people are at great risk harming themselves, physically or in other ways, if they take four or five drinks of an alcoholic beverage each weekend | 41% | 36% | 37% | 39% |



RISK/PROTECTIVE FACTOR 5: SOCIAL NORMS

Social norms and influences were classified into wider social norms, peer influence, and respect and image. Wider social norms referred to the perceived acceptance and normality of binge drinking. Binge drinking was seen as a common pastime for most young people of equivalent age, and it was widely believed that all teenagers drink as part of the natural transition to adulthood. The influence of the peer group was commonly reported as a leading motivation behind young people's binge drinking, but responses were notably mixed (Coleman and Cater, 2005).

To understand how social norms affect underage drinking and/or binge drinking in our region, we surveyed parents, youth, and young adults concerning the following topics:

- Acceptance of alcohol use by parents, workplaces and other points of authority
- Alcohol as a "Rite of Passage"
- Multigenerational alcohol use
- Youth perception of the acceptability of alcohol
- Cultural acceptability
- Availability in homes

Summary of Findings

- Parent Reports
 - Just under **30% of parents we surveyed regard underage alcohol use as “just part of growing up;”** the remainder disagreed with this statement (see Table 1).
- Youth (aged 12-18) Reports
 - Almost **40% of youth surveyed believe that alcohol use is “just part of growing up”** (see Table 2), and **about the same proportion believe that underage drinking is okay “if it doesn’t interfere with schoolwork or other responsibilities.”**
 - Nevertheless, **more than a quarter of youth surveyed stated that they were concerned about drinking in their communities.**
- Young Adult (aged 18-34) Reports
 - **72% of young adults reported beginning drinking before age 18**
 - **85% stated that getting drunk “is okay” (though 65% stipulated that it shouldn’t interfere with work or other responsibilities; see Table 3).**
 - **50% report usually consuming 5 or more drinks “when [they] party”.**
 - **Nearly 30% party more than one night a week.**
 - **Nearly 1 in 5 have missed work, more than half have “done something I later regretted,” and 1 in 5 have been injured as a direct result of drinking or other drug use.**
 - **On the other hand:**
 - **Nearly 30% report that they usually or always chose NOT to drink alcohol when socializing over the past year.**
 - **65% usually or always use a designated driver.**
 - **31% usually or always act as a designated driver.**

Qualitative Impressions and Observations



- One parent said: Vodka entering school via H2O bottles. Had to make several phone calls to school and bus company before enough action was taken so the kid knew s/he was being watched.
- With a 10-page survey and a promise of a few dollars, we left clipboards at gas stations, ball games, music stores, convenience stores, summer camps... Got back over 30 surveys in 2 weeks.
- Young Adult: How much do I drink weekly, you ask??? Well, I need to take a break every once in a while.

Tables and Figures

Social Norms, Table 1: Parent opinions about youth alcohol use.

| Parent Survey | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|----------------|-------|----------|-------------------|
| It is OK for youth under the age of 21 to drink at parties if they don't drive. | 3% | 6% | 36% | 54% |
| Occasional underage drinking is OK if it doesn't interfere with schoolwork or other responsibilities. | 1% | 11% | 33% | 53% |
| Underage drinking is just part of growing up. | 0% | 29% | 35% | 34% |

Social Norms, Table 2: Youth opinions about alcohol use.

| Youth Survey | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|----------------|-------|----------|-------------------|
| It is OK for youth under the age of 21 to drink at parties if they don't drive. | 4% | 22% | 39% | 35% |
| Occasional underage drinking is OK if it doesn't interfere with schoolwork or other responsibilities. | 13% | 30% | 48% | 0% |
| Underage drinking is just part of growing up. | 9% | 30% | 44% | 13% |
| I am concerned about drinking in my community. | 4% | 22% | 61% | 9% |

Social Norms, Table 3: Young Adult (aged 18-34) opinions about alcohol use.

| Percentage of persons aged 18-34 endorsing each of the following opinions | |
|--|-----|
| Drinking is never a good thing to do | 3% |
| Drinking is all right but a person should not get drunk | 9% |
| Occasionally getting drunk is okay as long as it doesn't interfere with work or other responsibilities | 66% |
| Occasionally getting drunk is okay even if it does interfere with work or other responsibilities | 9% |
| Frequently getting drunk is okay if that's what the person wants to do. | 9% |



RISK/PROTECTIVE FACTOR 6: **ALCOHOL PRICING AND PROMOTION**

Research has reported high recall of alcohol advertising among youth, and investigations of youth also indicate that expectancies related to the effects of alcohol and intentions to drink can be positively influenced by advertising. Increased exposure to alcohol ads is associated with increased consumption and with heavy or hazardous drinking (Birckmayer et al, 2004). Alcohol advertisements that were rated by youth as more likeable were also endorsed with greater intention to purchase the brand and products promoted. These findings are consistent with marketing research indicating that likeable advertisements are more affective and persuasive, and that liking of advertisements is one factor that affects attitudes toward brand and product (Chen, Grube et al, 2005).

The next risk/protective factor has to do with alcohol pricing and promotion. We gathered data on the drink and container pricing and promotion from consumers, restaurants, bars and retail outlets in our region including:

- Promotions
- Advertising
- Store Display/Set-up
- Policies

Summary of Findings

- **Majority of both parents and youth we surveyed agree that advertising influences a young person's decision to drink alcohol** (see Tables 1 and 2, below).
- **Parents were more likely to object to the level of alcohol advertising in their communities.**
- **Over half the retail establishments we visited were offering products tailored to the youth market segment**—sweet (Alco-pops), inexpensive (low priced wine and single containers of beer), or both.
- **Over a quarter of the establishments we visited did not have signs posted indicating that they would not sell to minors.** (see Table 3, below).

Qualitative Impressions and Observations





- ID carding practices vary widely across stores. Many post signs; some don't.
- Some sales clerks must be 21 to sell alcohol.
- A music store cards customers purchasing "beer pong" tables, or hats with bottle openers built into their visors.
- Some card when selling [cigarette] lighters.
- NH driver's licenses are now issued in a distinct vertical format to drivers under 21.
- Some establishments "train" staff to offer drinks before, during and after the meal.
- Some restaurants highlighted that they want to be known for their food-not as a drinking establishment. Although alcohol is available there corporate training policies, advertising and displays supported this statement.

Alcohol Pricing and Promotion, Table 1: Parent Estimates of Advertising Influence on Youth Consumption

| Parent Survey | Strongly Agree | Agree | Disagree | Strongly Disagree |
|--|----------------|-------|----------|-------------------|
| There is too much alcohol advertising in stores in my community. | 35% | 28% | 32% | 1% |
| Alcohol advertising influences a young person's decision to drink. | 36% | 36% | 24% | 4% |

Alcohol Pricing and Promotion, Table 2: Youth Estimates of Advertising Influence on Youth Consumption

| Youth Survey | Strongly Agree | Agree | Disagree | Strongly Disagree |
|--|----------------|-------|----------|-------------------|
| There is too much alcohol advertising in | 17% | 30% | 44% | 9% |



stores in my community.

Alcohol advertising influences a young person's decision to drink. 22% 30% 26% 22%

Alcohol Pricing and Promotion, Table 3: Marketing Practices Targeting High Risk Audience
(direct observation of subsample of businesses—mostly convenience stores--across the Region)

| | Yes | No | Unknown |
|---|------------|-----------|----------------|
| Sell Alco-pops (pre-mixed, sweet drinks)? | 26 (81%) | 4 | 2 |
| Sell single units? | 18 (56%) | 11 | 2 |
| Sell wine for <\$5? | 19 (59%) | 9 | 3 |
| “No Sales to Minors” signs posted? | 22 (69%) | 8 | 1 |



Appendix A: Liquor License Violations, 2006-early 2008

| Business Name | License Type | Town | Violations* |
|-------------------------------------|----------------------------|---------|--|
| Rednecks Bar & Grill | Restaurant | Antrim | 1: Drinking after serving hour, 179:17, 2007 2: Refilled legal bottles, 179:4, 2008 |
| VFW Social Club | Veterans Club | Jaffrey | 1: Designated person in charge unclear, 179:23, 2007 |
| American Legion Post 11 | Veterans Club | Jaffrey | 1: Served intoxicated person, 179:5, 2 nd offense |
| Penuche's Ale House | Restaurant | Keene | 1: Drinking after serving hour, 179:17, 2008 |
| Cheshire Village Pizza | Restaurant | Keene | 1: Failed compliance check, 179:5, 2007 |
| Railroad Tavern | Restaurant | Keene | 1: Consumed alc. in unapproved area, 179:27, 2008 2: Consumed in unapproved area, 179:27 Warning |
| Luca's Mediterranean Café | Restaurant | Keene | 1: Failed compliance check, 179:5, 2007 |
| Rick's Bar and Grille | Restaurant | Keene | 1&2: Food/Alco. sales ratio low, 178:21, 178:3, 2008 |
| McCue's Billiards and Sports Lounge | Sports Recreation Facility | Keene | 1: Consumed in unapproved area, 179:27, Warning 2: Disorderly, 179:51, 2007 |
| VFW Keene Post 799 | Veterans Club | Keene | 1: Person in charge unclear, 179:23, 2007 |
| Kali's Sports Pub | Restaurant | Keene | 1: Violated advertising restrictions, 179:31, Warning Out of business as of July 2008 |
| Gino's Bar and Grill | Restaurant | Keene | 1: Employee drinking while working, 179:2 |
| Marco Polo | Restaurant | Keene | 1: Failed compliance check, 179:5 |
| Lab'n Lager Food and Spirits | Restaurant | Keene | 1: Failed food sales/alcohol ratio, 178:22, 2007 |
| Fraternal Order of the Eagles 1 | Social Club | Keene | 1: Sold to underage person; 179:5, 2007 2: Allowed loitering, 179:50 3: Guest failed to sign in, 501:05, Warning |



| | | | |
|------------------------------|-----------------------|--------------|--|
| Loyal Order of Moose | Social Club | Keene | 1: Financial reports not filed, 178:22, 2008 2: Purchased from unlicensed wholesaler, 179:32 |
| Clarke Distributors Inc | Wholesale Distributor | Keene | 1: Did not report overdue account, 179:13, 2006 2: Did not report overdue account, 179:13, 2006 3: Oversized banner, 175:4, 2006 |
| Romy's Market | Combination | Keene | 1: Served underage person, 179:5, 2008 2: Failed compliance check, 179:5, 2007 |
| Cumberland Farms 5425 | Combination | Keene | 1: Served intoxicated person, 179:5, 2006 |
| Upper Washington St Market | Combination | Keene | 1: Failed compliance check, 179:5, 2007 |
| Harlow's Deli & Café | Restaurant | Peterborough | 1&2: Served intoxicated person, 179:5, 2006 |
| Aqua Bistro | Restaurant | Peterborough | 1: Employee drinking, 179:2, 2006** 2: Person in charge unclear, 179:23, 2006 |
| Yen Yen | Restaurant | Peterborough | 1: Served intoxicated person, 179:5, 2006 |
| NR Fogg & Son Inc | Combination | Rindge | 1: Failed compliance check, 179:5, 2008 |
| Cha's Gem Shop & Convenience | Combination | Winchester | 1: Sold to underage person, 179:5, 2006 |
| Big S Discount Store | Combination | Winchester | 1: Grocery value < \$3000, 175:1, 2007 |

**Violation consequences usually include a fine (\$250 - \$2000), suspension of license (3-day), penalty points assessed, and/or mandatory attendance at educational workshops.*

***Establishment no longer allows free drinks to be given to employees.*



Appendix B: General Indicators of Health-Related Risk in Our Communities

In order to provide additional insight into the socioeconomic, healthcare, and alcohol use and abuse context in our area, we gathered additional data that was available in the public domain about income, health insurance access, and emergency room utilization in and around the Monadnock Region.

Results and Findings

- **Compared to NH as a whole, Cheshire County residents tend to have lower incomes, higher rates of poverty, and less access to health insurance.**
- **Across NH, those under age 18 experience the greatest barriers to accessing health care**
- **All Region G high schools have substance abuse prevention programs**
- **2 of 6 High Schools in our region have School Resource Officers**
- **Alcohol-related high school suspensions vary widely (from 0 per 1000 to almost 17 per 1000) within the region.**
- **Region G's hospital utilization rate for substance related problems approximates the state median; however, the rate varies quite widely within the region.**

Tables and Figures

Other Assessment Data, Table 1. U.S. Census Bureau's small area income and poverty estimates (2003)

| Economic Information | Cheshire County | New Hampshire |
|-------------------------------|-----------------|---------------|
| Median income | \$45,179 | \$52,409 |
| Percent in poverty (all ages) | 7.2% | 6.4% |
| Percent in poverty (<18) | 8.7% | 7.8% |

Other Assessment Data, Table 2. NH Behavioral Risk Factor Surveillance System's health insurance and health access estimates (2004)

| Health Care Barriers | 18-24 year olds | All ages |
|---------------------------------|-----------------|----------|
| Percent uninsured | 29.2% | 12% |
| Percent cost as barrier | 19.5% | 10.6% |
| Percent no health care provider | Not available | 12.4% |





Other Assessment Data, Table 3. NH Behavioral Risk Factor Surveillance System's 2006 health insurance rates

| Type of estimate | Cheshire County | Hillsborough Co. | New Hampshire |
|------------------|-----------------|------------------|---------------|
| Uninsured rate | 14% | 9% | 11% |

Other Assessment Data, Table 5. 2006-2007 alcohol related safety data from Region G High Schools. (Source: NH Dept. of Education website)

| High School | Substance abuse prevention? | School Resource Officer? | Rate of alcohol-related suspensions |
|-------------|-----------------------------|--------------------------|-------------------------------------|
| Conval | Yes | No | 10.4 per 1000 |
| Hinsdale | Yes | No | 16.4 per 1000 |
| Conant | Yes | No | 0.0 per 1000 |
| Keene | Yes | Yes (40 hours) | 16.8 per 1000 |
| Mascenic | Yes | No | 0.0 per 1000 |
| Monadnock | Yes | Yes (40 hours) | 6.0 per 1000 |

Other Assessment Data, Table 8. UNH's Office of Disability's (Antal, 2008) 2004-2006 age distribution of substance abuse related hospital visits

| Age Group | Ambulatory Care | Inpatient Care | Specialty Care |
|-----------|-----------------|----------------|----------------|
| N | 19,948 | 7,516 | 2,613 |
| 0 to 14 | 3.7% | 1.3% | 0.4% |
| 15 to 29 | 35.9% | 18.5% | 24.3% |
| 30 to 49 | 42.9% | 47.8% | 55.4% |
| 50 to 64 | 14.0% | 23.3% | 18.3% |
| 65+ | 3.5% | 9.2% | 1.7% |

