

**REPORT OF THE FISCAL YEAR 2003-2004  
EVALUATION OF THE SOUTHSIDE DRUG FREE  
COMMUNITIES GRANT ADMINISTERED BY  
THE SPARTANBURG PUBLIC SAFETY DEPARTMENT**

**OCTOBER 1, 2004**

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## **EXECUTIVE SUMMARY**

The City of Spartanburg received a US Department of Justice Office of Juvenile Justice and Delinquency Prevention Drug Free Communities Support Program grant beginning October 1, 2003. The targeted area is the Southside community of the city, which includes the Highland Community, Crescent Hills Apartments, Forest Park and Spartanburg County's Arkwright Community. This area has many pressing health and safety issues including high rates of alcohol, tobacco and other drug abuse (ATOD). There are approximately 6,200 residents in this area of 3.12 square miles.

The strategic goals of the grant are to: reduce substance abuse by implementing the research-based, best practice program to improve family discipline and supervision, reduce family management problems and improve bonding, reduce substance abuse by developing youth leadership opportunities that focus on improving protective factors, reduce substance abuse by disseminating user-friendly information about the dangers of ATOD use, and; strengthen interagency collaboration by working to expand the coalition and implement environmental policies that require broad-based representation. The expected outcomes of implementing this strategic plan include: a larger, stronger community coalition, more knowledgeable citizens and youth who are committed to healthy lifestyles, and reduced ATOD use. There are seven specific objectives for the grant.

There are four parts to the methodology for the evaluation. The first two of these are aimed at gathering data on the implementation of the strategic plan and the goals and objectives. The third is to use the data to reach conclusions and make recommendations. The fourth is to provide regular updates to the Grant Coordinator, Youth Council, Youth Council Coordinator, the Collaboration members and the Project Coordinator to support them on continuously improving the implementation of the grant.

There are seven conclusions in this report, all of which indicate a strong start for the grant with some objectives being met ahead of schedule. This is a complex grant, involving numerous partners and multiple interventions. Implementation therefore took considerable time. However, all elements of the grant are now in place, with the exception of beginning the parenting classes.

Four recommendations are made. These are: that the program continue to carry out the implementation of the grant as planned; that the environmental and other prevention efforts pay particular attention to use of wine by youth; that the influence of parents, siblings, religion and consequences of being caught be emphasized in prevention efforts, since these have the dual influence on ATOD use and school performance; and, that the parenting classes be started as soon as possible.

## **INTRODUCTION**

The City of Spartanburg received a US Department of Justice Office of Juvenile Justice and Delinquency Prevention Drug Free Communities Support Program grant beginning October 1, 2003. This grant was developed by the Spartanburg Youth Council. The Youth Council has served as the Policy and Prevention Board for a Title V Juvenile Justice Grant and the Policy Board for the community's Juvenile Accountability Block Grant. The Youth Council has addressed the area of alcohol, tobacco and other drug abuse as a problem in the targeted area for this grant and the county in general.

The targeted area is the Southside community of the city, which includes the Highland Community, Crescent Hills Apartments, Forest Park, and Spartanburg County's Arkwright Community. This area includes three Public Housing projects and two subsidized apartment complexes that have a number of Section 8 rental assistance units. This area has many pressing health and safety issues including high rates of alcohol, tobacco and other drug abuse (ATOD). There are approximately 6,200 residents in this area of 3.12 square miles.

Two other grants are coordinated with the Drug Free Communities Grant in the Southside Community. The first is a Weed & Seed Grant to control violent crime and drug-related crime and then provide a safe environment free of crime and drug use. The second is a Title II, Part B Juvenile Justice and Delinquency Prevention Act Grant that is designed to allow the Weed & Seed community to improve school performance and community activities of community youth. The combination of the three grants provides a powerful attempt to make major, lasting changes for the residents. The three projects complement one another and together can accomplish more than each individually can accomplish. There is full cooperation and inter-support among the three projects.

The City of Spartanburg acts as the fiscal agent for the grant funding. The Spartanburg Public Safety Department has responsibility for the fiscal accounting (along with the Finance Department) and provides the Grant Coordinator. The Spartanburg Youth Council implements planning and supports a Collaboration that is a powerful coalition of organizations serving Spartanburg County. The Spartanburg Alcohol and Drug Abuse Commission provides direct prevention, education, youth development, and intervention services. A key part of the project is developing and implementing environmental strategies to change the environment in which ATOD use and abuse can take place. In total, the grant partners provide strong leadership, coordination, strategic planning, resources and collaboration for the project.

### **Project Goals and Objectives**

The Spartanburg Youth Council is implementing a strategic plan to:

- Reduce substance abuse by implementing the research-based, best practice program to improve family discipline and supervision, reduce family management problems and improve bonding;

- Reduce substance abuse by developing youth leadership opportunities that focus on improving protective factors;
- Reduce substance abuse by disseminating user-friendly information about the dangers of ATOD use; and,
- Strengthen interagency collaboration by working to expand the coalition and implement environmental policies that require broad-based representation.

The expected outcomes of implementing this strategic plan include: a larger, stronger community coalition, more knowledgeable citizens and youth who are committed to healthy lifestyles, and reduced ATOD use.

The broad goals of the program are:

- To reduce substance abuse among youth, and, over time, among adults by addressing the factors in the Southside community that serve to increase the risk of substance abuse and the factors that serve to minimize the risk of substance abuse.
- To establish and strengthen collaboration among communities, federal, state, local and nonprofit agencies to support community efforts to prevent and reduce substance abuse among youth.

To achieve these goals, the following objectives have been established:

- To increase by 10% the perceived risk of harm in the use of alcohol (currently 21.8% for slight risk), tobacco (currently 21.5% for slight risk), and marijuana (24.3% for slight risk) in targeted middle school youth aged 12-14 by the year 2006.
- To reduce by 10% the frequency of use of alcohol and tobacco in the last 30 days among targeted middle school youth aged 12-14 by the year 2006. Baseline is the following: tobacco, 1.3 % of eighth graders smoke ½ pack or more per day; alcohol 4.4 % of eighth graders drink two drinks per occasion.
- To increase by 10% the perception of disapproval of peers and adults who use alcohol, tobacco and marijuana by the year 2006. Among eighth graders, 35.4% think tobacco use is wrong, 27.6% think alcohol use is wrong, and 15% think marijuana use is wrong.
- To increase by one year the age of initiation of first use of alcohol and tobacco among targeted youth by the 2006. The baseline will be established through surveys of participants.
- To improve the level of collaboration among community and government by recruiting additional partners (individuals, organizations, agencies and especially businesses) seeking additional funding sources and enhancing the intergovernmental coordination and collaboration on youth substance abuse issues. The baseline will be based on a list of new participants.
- To increase citizen participation to 300 hours of volunteer time in substance abuse prevention efforts through coalition efforts aimed at increasing community awareness, concern and action.
- To enhance prevention planning and prevention efforts by incorporating best practice programs and policies.

# METHODOLOGY

## Philosophy of Evaluation Approach

SWS is using an action research approach to conduct this evaluation. As described by Greenwood and Levin in *Introduction to Action Research*, action research involves the professional researcher working with the members of an organization and community to improve a situation. Action research (or, in this case, evaluation) means that information developed by the evaluator is used by the organization and community to change their activities and objectives as they go along to make it more likely that the goals of the program will be achieved. In action research, the evaluator is part of the process. In traditional evaluation, the evaluator stands outside of the process. While SWS will provide an objective final report, it will also provide on-going information, particularly on best practice issues and on-going surveys that will allow the program to make positive changes during the grant period.

## Parts of the Methodology

There are four parts to the methodology for the evaluation. The first two of these are aimed at gathering data on the implementation of the strategic plan and the goals and objectives. The third is to use the data to reach conclusions and make recommendations. The fourth is to provide regular updates to the Grant Coordinator, Youth Council, Youth Council Coordinator, the Collaboration members, and the Project Coordinator to support them on continuously improving the implementation of the grant.

- Part 1 – Determine how completely the Project Design, including the implementation of the strategies in the design, and the Strategic Plan of the Youth Council are carried out.
- Part 2 – Measure the progress made towards meeting the goals and objectives of the grant.
- Part 3 – Develop an evaluation report.
- Part 4 – Provide on-going feedback to the grant coordinator and grant partners of information gathered to support them in continuously improving the implementation of the grant.

## Part 1 – Determine How Completely the Project Design Was Carried Out

The proposal for the grant includes a project design, implementation strategies in the design, and plans of the Youth Council. The grant writers believed that the design, strategies, and plans were the best ways to meet the goals and objectives, and, ultimately, to achieve the outcomes. Carrying out this process is also important to building a sense of community and bringing the different groups working in the community together as a team. All of these are significant to achieve the overall goals of the grant.

Learning how this process went, and learning the lessons about what worked best and what might work better next time, is essential to the evaluation. To determine these, a series of individual interviews were conducted with the Coalition and Youth Council members, people working in the grant activities, administrators, and others who have knowledge of the implementation of the grant.

There are four specific strategies in the Project Design. The strategies and the methods used to measure their implementation by SWS are as follows.

**Strategy 1.** Reduce substance abuse by implementing the research-based, best practice program to improve family discipline and supervision, reduce family management problems, and improve bonding.

The project planned on two mechanisms to carry out this strategy. The first mechanism is providing parenting classes to families in the community. The second is providing an alcohol, tobacco and drug education curriculum to the middle school children in the community.

The Parenting Program has not yet gotten underway due to personnel turnover. The alcohol, tobacco and drug curriculum chosen is ALERT. It has been implemented in the community. The evaluation will describe the implementation of the intervention and report pre- and post-intervention test scores.

**Strategy 2.** Reduce substance abuse by developing youth leadership opportunities that focus on improving protective factors.

The project has implemented a Youth Council in the community to carry out this strategy. The evaluation will describe the implementation of the Youth Council and what it has accomplished to this point.

**Strategy 3.** Reduce substance abuse by disseminating user-friendly information about the dangers of ATOD use.

The Project is disseminating materials available in the Spartanburg Alcohol and Drug Abuse Commission (SADAC) resource center to the community. The evaluation will describe the implementation of the distribution of materials.

**Strategy 4.** Strengthen interagency collaboration by working to expand the coalition and implement environmental policies that require broad-based representation.

The project has established an advisory committee that includes community agencies, but also includes other organizations such as businesses and the faith community. The SADAC has conducted an Environmental Scan of the community and is now developing interventions based on that scan. The scan will be repeated each year of the project to measure progress. The evaluation will report the findings of the scan.

## **Part 2 – Measure the Progress Made Towards Meeting the Goals and Objectives**

There are seven specific objectives that are designed to carry out the two goals of the grant. Four of these are related to the first goal, reducing ATOD use. Three are related to the second goal, supporting community prevention efforts through stronger collaboration. The measurement of the objectives can be divided into three types – quantitative, qualitative, and a combination of the two. The quantitative are ones that can be counted. These include the first four objectives which are based on measurements of ATOD use by young people. There is one qualitative measure, incorporating best practice programs and policies. There are two combinations. These are, to improve the level of collaboration and increasing citizen participation. In both of these cases, there can be a count of increased numbers of organizations, individuals and hours of volunteer time provided. But the quality of the collaboration and citizen participation is just as important as the quantity.

The quantitative outcomes were measured by replicating the relevant portions of the South Carolina Survey 2001-2002 Spartanburg County School District #7, with additions to cover age of initiation. This required the cooperation of the School District and was conducted in Carver Junior High School, where the great majority of the targeted children attend school. The measures were then compared to the baseline information from 2001-2002. It should be pointed out that in the 2001-2002 survey, only the ninth graders participated in the cohort. Therefore, the ninth graders were over-sampled. The survey will be repeated each year of the grant and the appropriate cohorts compared to one another.

To gather the quantitative part of the two combination objectives, SWS worked with the Grant Coordinator and the grant partners to find the best means for counting collaborative efforts and volunteer time. Whenever possible, existing data was utilized.

For qualitative outcomes, a series of interviews with grant partners, people working on grant activities, volunteers, and administrators were held. In addition, minutes, notes, agreements, and other written materials were reviewed.

## **Part 3- Develop an Evaluation Report.**

There are five parts to developing the evaluation report. 1) A database was developed into which all of the quantitative data gathered was placed. 2) Statistical methods were used to analyze the database and qualitative methods used to examine the qualitative data, creating a description of the project, its successes and its weaknesses. 3) The findings of the analysis were reduced to charts, tables and written form that is understandable and usable. 4) Written conclusions were drawn from the findings and reported. 5) Written recommendations were developed and reported.

The final report includes a description of the grant and its goals and objectives; the findings; the conclusions; and the recommendations.

## **IMPLEMENTATION FINDINGS**

The Drug-Free Communities Grant was funded beginning October 1, 2003, but minimal project activities were undertaken until dedicated staff was hired in April and May of 2004. Therefore, project staff had less than six months to complete projected goals for one year's activities. In addition, the award of the contract to conduct the evaluations did not occur until April 2004. SWS was therefore unable to influence the gathering of data, design of instruments, and related tasks until the project was two-thirds complete for the year. This timing placed some limitations on the evaluation, which will be stated below. However, the program personnel were very cooperative and willing to support SWS in completing this evaluation.

One staff was employed by the City to work directly with the Youth Coalition and to conduct the parenting classes. A Youth Prevention Specialist was employed by the Spartanburg Alcohol and Drug Abuse Commission to provide programs to youth, including conducting alcohol and drug education classes and coordinating a Southside youth leadership group. The Prevention Specialist and other staff from SADAC were to conduct environmental assessments regarding conditions affecting alcohol, tobacco and drug use; to conduct merchant education (the TIPS program) regarding sale of alcohol and tobacco to minors; and to assist Public Safety in conducting compliance checks regarding sales to minors.

The parenting education initiative was not executed during the first grant year due to turnover in the position of the staff responsible for the program. A "best practices" parenting curriculum was selected, but was not implemented. The curriculum chosen was "Families That Care - Guiding Good Choices," a nationally recognized, research-based parenting curriculum developed by prevention experts Hawkins and Catalano.

Shortly after staff was hired, there was an initial meeting of the Youth Coalition Subcommittee on June 3, 2004. Twenty-five individuals were named to serve on the Coalition and sixteen attended the initial meeting. Membership in the Youth Coalition subcommittee consisted of representatives from agencies, businesses and the faith community. There were few designated representatives on the Coalition specifically representing the Southside. Some of the service agencies and organizations provide services in the Southside. One youth representative and two ministers were identified as being from the Southside.

Public relations material about the Youth Coalition has been prepared by the Mayor's office, consisting initially of a power point presentation. The Coalition group has discussed the merits of having a logo and developing other promotional methods to alert the community of the initiative.

The Youth Coalition Coordinator and Prevention Coordinator worked with Public Safety officers to sponsor a meeting, a Rap Session, on June 28, 2004 with youth from the Southside. The purpose of the meeting was to obtain input from Southside youth about their perspective on what was needed in the neighborhood. Eleven young people from the Southside community participated.

The City plans to fill the coordinator position during the coming year and carry forward plans to provide parenting education classes in the Safe Havens areas. Space has been donated as in-kind contribution by the four Safe Haven neighborhood centers.

Cooperation and mutual support among coalition partners to promote the success of the project has been demonstrated in several ways: The four Safe Havens have furnished space for youth prevention classes conducted by SADAC. The Safe Havens gathered and maintained data needed by the Drug-Free Communities projects and by two other related projects (Weed and Seed and the Formula Grant). SADAC has furnished alcohol and drug educational materials to Public Safety officers for distribution at community events and health fairs. Spartanburg School District 7 and the administration of Carver Middle School have provided access to students at Carver for a school survey. The District 7 Office of Student Services has assisted with data for several aspects of the project.

The SADAC developed the following specific goals for their part of the project:

Goal 1: To reduce access to alcohol/tobacco by reducing the sales and service to underage youth by changing the Southside Community environment in which these products are sold or served.

Objective: To provide two merchant education training sessions involving 20 individuals by implementing TIPS as part of a total merchant education package by 9/30/04.

Implementation Status: Although the project got started late in the year, staff worked quickly to implement as many of the planned activities as possible. SADAC staff conducted an environmental scan in July 2004, including structured observation of the alcohol and tobacco outlets in the Southside community. While doing the scans, SADAC staff interviewed some of the owners, managers and employees. Once the individuals completed the surveys, they were given a lanyard with a tag that said, "Get out your ID if you plan on buying Alcohol or Tobacco." SADAC staff also gave out stickers for the coolers and cash register with the same slogan. The intent was to raise awareness regarding merchant responsibility in reducing underage sales. The next steps will be to give the merchants feedback on the results of the survey and to schedule TIPS training for these businesses in Fall 2004. Results of merchant education activities will be include in next year's report.

Goal 2: To reduce ATOD use among youth by addressing the factors in the Southside Community that serve to minimize the risk of ATOD use.

Objective: To coordinate and implement six prevention activities (two meetings and one activity per month for two months) for the Southside community youth ages 11-14 by 9/30/04.

Implementation Status: SADAC hired a Prevention Coordinator in May 2004. The Coordinator immediately began scheduling classes and activities to meet the objective. The Safe Havens contributed classroom space as an in-kind contribution and assisted the staff in identifying children in the target group to participate in alcohol and drug prevention activities. Coordination between the coalition members went smoothly.

The Prevention Coordinator conducted Project ALERT curriculum classes in three of the four Safe Havens starting in mid-June 2004 and completed the first round of classes in mid-to-late September 2004. Project ALERT is a nationally recognized "best practices" program developed by the Rand Corporation to deter alcohol and drug experimentation and use. ALERT classes were conducted at Bethlehem Center, Crescent Hills, and Community Baptist Church. A fourth class, originally scheduled for CC Woodson Community Center, was discontinued due to low attendance, competing activities at the center swimming pool, and demolition of many of the homes in the area as part of a housing redevelopment project. The redevelopment resulted in many families moving out of the area. All participating youth from summers classes at the three active sites were administered a pre-test to assess knowledge and attitudes. ALERT summer classes were not concluded until the end of the grant period; therefore, post-test data could not be obtained in time to be included in this year's report. Post-test data will be obtained for those students and will be included in next year's evaluation. ALERT pre-test data is presented in another section of this report.

During the next year, SADAC plans to deliver ALERT classes to middle-school age students in afterschool programs located in the four Safe Havens. Verbal agreements are in place for three of the centers. Negotiations are underway between SADAC and the Housing Authority for a Memorandum of Agreement between the organizations for delivery of ALERT classes in the CC Woodson Community Center. Under this agreement, the Housing Authority will assist SADAC in recruitment of students and provision of space for classes. This development is particularly noteworthy because the ALERT classes originally planned for the summer program at this location were cancelled due to several factors. This geographic area is of particular interest because it is in the HOPE 6 housing redevelopment area.

Goal 3: To reduce ATOD use among youth by addressing the factors in the Southside Community that serve to minimize the risk of ATOD use.

Objective: To coordinate and implement youth leadership activities for Southside Youth Advisory Board consisting of youth ages 11-14 by 9/30/04.

Implementation Status: The SADAC has sponsored an innovative Youth Leadership group for more than ten years; therefore, the organization has institutional knowledge about how to nourish leadership among community youth. The Prevention Coordinator for the current project is modeling the Southside Youth Leadership Board on this successful example, using similar methods for recruitment, training, and support. The Prevention Coordinator has selected three youth representatives from each of the Safe Havens to serve on the Southside Youth Leadership Board. Since June, the Board has met twice per month and members participated in an orientation session on July 27-28. They have participated in educational and leadership development activities and will have exposure to the ALERT curriculum, beginning in the fall of 2004. Members will serve as peer mentors and leaders for youth prevention activities in the Southside during the coming year. Southside Youth Leadership Board members have been administered specialized pre-tests regarding their attitudes, knowledge, and behavior regarding alcohol and drug use. Post-tests will be administered at a future date to assess the extent to which their participation in youth leadership has affected their responses. This quantitative data will be presented elsewhere in this report.

In addition to the activities listed above, SADAC carried out other environmental activities to raise awareness of the community conditions that contribute to alcohol, tobacco and drug use. A "baseline" survey of the number of signs and billboards in the community that promote alcohol and tobacco use was conducted by SADAC. The target area for the count was defined as inside the Southside project boundaries and within 3 miles on main arteries going into the neighborhood. It was found that there are 14 billboards in and around the neighborhood. Of these 14 billboards, four have historically been alcohol-related (Budweiser, Coors). One of the four, specifically in the design, typically targets minorities. In addition to billboards, there are other smaller paper alcohol and tobacco promotion signs posted in places such as bus stops and stores. No count of these was obtained.

A goal is to have more positive signage in the community, such as anti-smoking or anti-drug messages or youth development messages. SADAC plans to have youth groups involved in billboard design and to erect positive signs on donated space. During the current year, negotiations were begun with a billboard company regarding such a donation, but action in this matter has not yet been taken. Getting donated billboard space for positive signage is a goal for the coming year.

## **FINDINGS: PROGRESS TOWARD ACHIEVING OBJECTIVES**

Evaluation of the progress toward achieving the objectives was conducted in four steps. Objectives one through four are evaluated utilizing a ATOD survey conducted in Carver Junior High. The ATOD survey also provides insight into other important factors that may influence the success of the project. Objectives five and six are evaluated by reviewing the activities of the Youth Coalition Subcommittee and the Youth Council. Baseline data is presented for objective seven in the form of pre-tests for the project ALERT classes and the initial environmental surveys.

### **Reducing Substance Abuse**

The level of substance abuse among the youth in the Southside community is evaluated utilizing an alcohol, tobacco, and drug abuse survey conducted in September 2004 at the Carver Junior High School. There were ten questions on this survey, which computed to 66 different variables. In addition, the survey asked for six demographic variables. A copy of the survey is included in Appendix One. Due to the length of this survey, some of the variables are summarized and only the most pertinent are discussed. For those questions that are not discussed and for those for which the frequencies are not presented, frequency distributions can be found in Appendix Two. Students who did not respond to a question are not included in the analysis of that particular question.

In order to analyze progress made toward objectives one through three, responses to the 2004 Survey are compared to responses given on the 2001-2002 South Carolina ATOD Survey. Only those responses from 7<sup>th</sup> through 9<sup>th</sup> graders in Spartanburg County are included. It must be noted, however, that due to the way the data was presented to the evaluator, all figures from this survey are estimates. In addition, the 2001-2002 Survey and the 2004 Survey do not cover the same students and the characteristics of the two groups are slightly different.

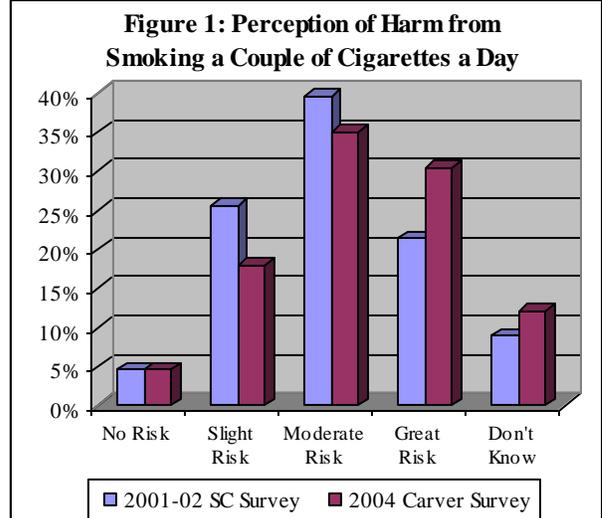
#### **Objective 1: Increase the Perceived Risk of Harm**

This objective states: “to increase by 10% the perceived risk of harm in the use of alcohol, tobacco and marijuana in targeted middle school youth aged 12 to 14 by the year 2006.” Eight questions on the 2004 Survey of students at Carver Junior High ask students to state the extent they feel people harm themselves if they smoke or use tobacco, drink alcohol, and use marijuana. These same eight questions were asked on the 2001-2002 South Carolina Survey.

The first question in this series asks, “How much do people risk harming themselves (physically and in other ways) if they smoke a couple of cigarettes a day?” The percentage of students who stated that there is “No Risk” in this activity remained at 4.6%. The percentage of students who stated that there is “Slight Risk” in this activity decreased from 25.6% to 17.9%. The percentage of students who stated that there is “Moderate Risk” decreased from 39.6% to 35%. The percentage of students who stated that there is “Great Risk” in this activity increased from 21.3%

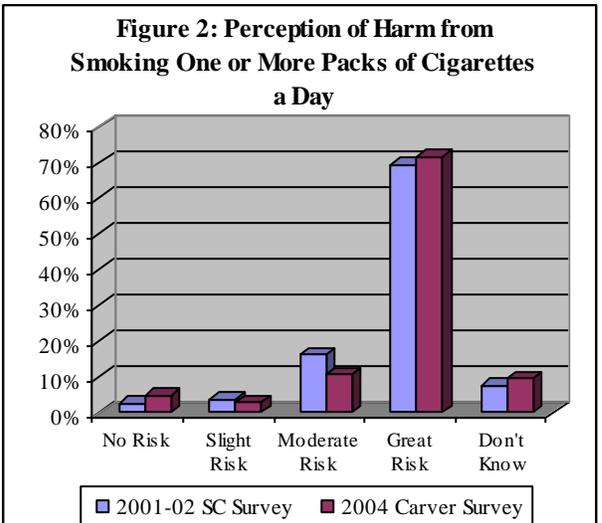
to 30.4%. The percentage of students who did not know how much risk is associated with this activity increased from 9% to 12.1%. (See Table 1 and Figure 1.)

<b>Table 1: Perception of Harm from Smoking a Couple of Cigarettes a Day</b>				
	<b>2001-02 Survey</b>		<b>2004 Survey</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
No Risk	181	4.6%	11	4.6%
Slight Risk	1016	25.6%	43	17.9%
Moderate Risk	1572	39.6%	84	35.0%
Great Risk	848	21.3%	73	30.4%
Don't Know	356	9.0%	29	12.1%
<b>Total</b>	<b>3973</b>	<b>100.0%</b>	<b>240</b>	<b>100.0%</b>



The second question in this series asks, “How much do people risk harming themselves (physically and in other ways) if they smoke one or more packs of cigarettes per day?” The percentage of students who stated that there is “No Risk” in this activity increased slightly from 2.7% to 5%. The percentage of students who stated that there is “Slight Risk” in this activity decreased from 3.9% to 2.9%. The percentage of students who stated that there is “Moderate Risk” decreased from 16.2% to 10.8%. The percentage of students who stated that there is “Great Risk” in this activity increased from 69.6% to 71.8%. The percentage of students who did not know how much risk is associated with this activity increased from 7.7% to 9.5%. (See Table 2 and Figure 2.)

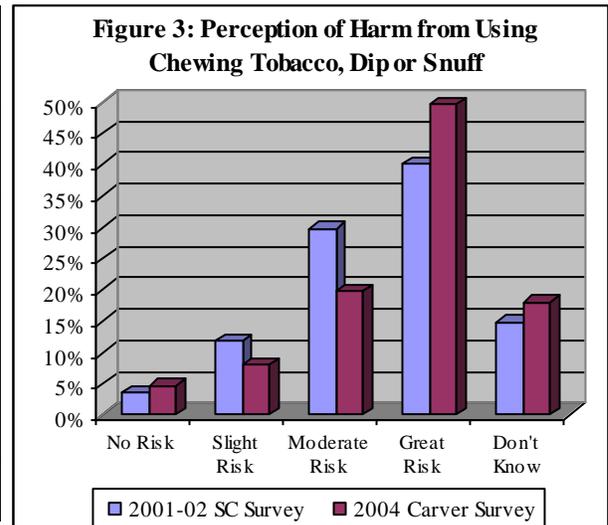
<b>Table 2: Perception of Harm from Smoking One or More Packs of Cigarettes a Day</b>				
	<b>2001-02 Survey</b>		<b>2004 Survey</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
No Risk	108	2.7%	12	5.0%
Slight Risk	153	3.9%	7	2.9%
Moderate Risk	643	16.2%	26	10.8%
Great Risk	2764	69.6%	173	71.8%
Don't Know	305	7.7%	23	9.5%
<b>Total</b>	<b>3973</b>	<b>100.0%</b>	<b>241</b>	<b>100.0%</b>



The third question in this series asks, “How much do people risk harming themselves (physically and in other ways) if they use chewing tobacco, dip or snuff regularly?” The percentage of students who stated that there is “No Risk” in this activity remained about the same at 3.5% and

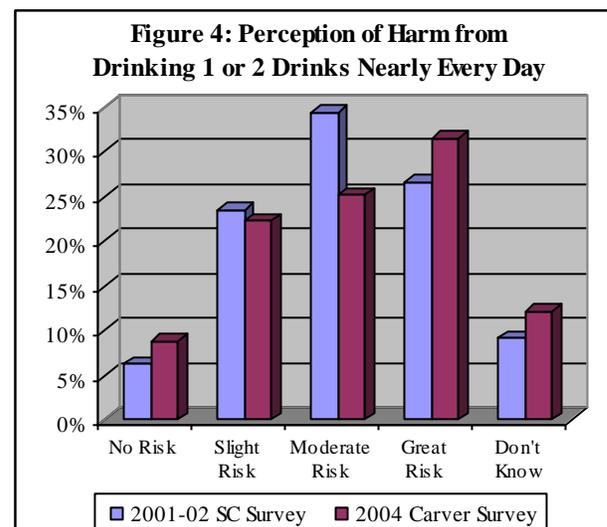
4.6%. The percentage of students who stated that there is “Slight Risk” in this activity decreased from 11.8% to 8%. The percentage of students who stated that there is “Moderate Risk” decreased from 29.8% to 19.7%. The percentage of students who stated that there is “Great Risk” in this activity increased from 40.1% to 49.6%. The percentage of students who did not know how much risk is associated with this activity increased from 14.8% to 18.1%. (See Table 3 and Figure 3.)

<b>Table 3: Perception of Harm from Using Chewing Tobacco, Dip or Snuff</b>				
	<b>2001-02 Survey</b>		<b>2004 Survey</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
No Risk	140	3.5%	11	4.6%
Slight Risk	467	11.8%	19	8.0%
Moderate Risk	1184	29.8%	47	19.7%
Great Risk	1593	40.1%	118	49.6%
Don't Know	589	14.8%	43	18.1%
<b>Total</b>	<b>3973</b>	<b>100.0%</b>	<b>238</b>	<b>100.0%</b>



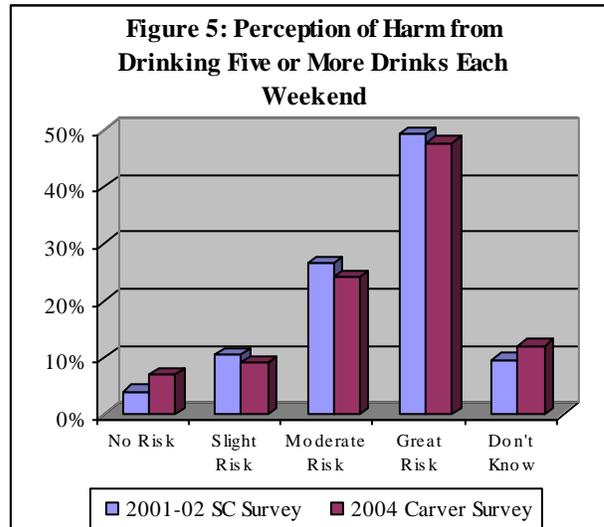
The fourth question in this series asks, “How much do people risk harming themselves (physically and in other ways) if they drink one or two drinks nearly every day?” The percentage of students who stated that there is “No Risk” in this activity increased from 6.3% to 8.8%. The percentage of students who stated that there is “Slight Risk” in this activity remained about the same at 23.5% and 22.3%. The percentage of students who stated that there is “Moderate Risk” decreased from 34.4% to 25.2%. The percentage of students who stated that there is “Great Risk” in this activity increased from 26.7% to 31.5%. The percentage of students who did not know how much risk is associated with this activity increased from 9.2% to 12.2%. (See Table 4 and Figure 4.)

<b>Table 4: Perception of Harm from Drinking One or Two Drinks Nearly Every Day</b>				
	<b>2001-02 Survey</b>		<b>2004 Survey</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
No Risk	250	6.3%	21	8.8%
Slight Risk	933	23.5%	53	22.3%
Moderate Risk	1367	34.4%	60	25.2%
Great Risk	1059	26.7%	75	31.5%
Don't Know	364	9.2%	29	12.2%
<b>Total</b>	<b>3973</b>	<b>100.0%</b>	<b>238</b>	<b>100.0%</b>



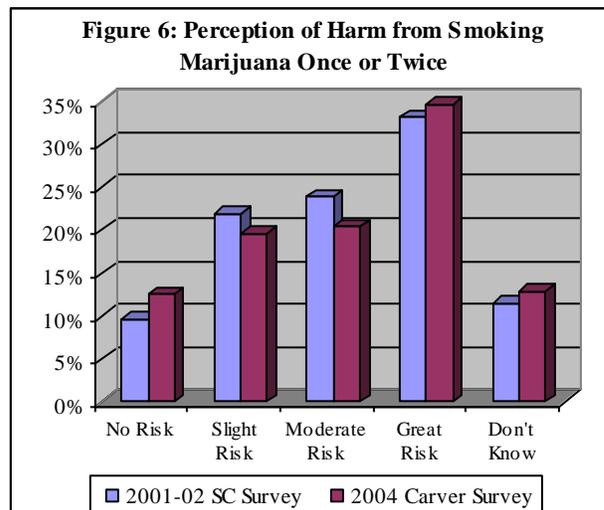
The fifth question in this series asks, “How much do people risk harming themselves (physically and in other ways) if they drink five or more drinks each weekend?” The percentage of students who stated that there is “No Risk” in this activity increased from 4.1% to 7.1%. The percentage of students who stated that there is “Slight Risk” in this activity decreased from 10.5% to 9.1%. The percentage of students who stated that there is “Moderate Risk” decreased from 26.5% to 24.1%. The percentage of students who stated that there is “Great Risk” in this activity decreased from 49.3% to 47.7%. The percentage of students who did not know how much risk is associated with this activity increased from 9.6% to 12.0%. (See Table 5 and Figure 5.)

<b>Table 5: Perception of Harm from Drinking Five or More Drinks Each Weekend</b>				
	<b>2001-02 Survey</b>		<b>2004 Survey</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
No Risk	164	4.1%	17	7.1%
Slight Risk	416	10.5%	22	9.1%
Moderate Risk	1052	26.5%	58	24.1%
Great Risk	1959	49.3%	115	47.7%
Don't Know	382	9.6%	29	12.0%
<b>Total</b>	<b>3973</b>	<b>100.0%</b>	<b>241</b>	<b>100.0%</b>



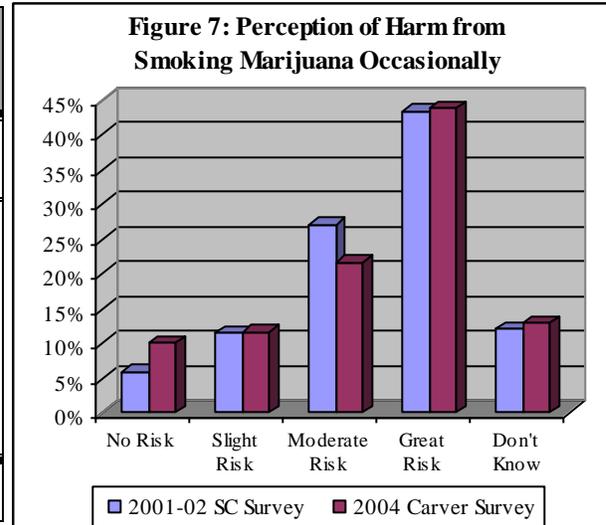
The sixth question in this series asks, “How much do people risk harming themselves (physically and in other ways) if they smoke marijuana once or twice?” The percentage of students who stated that there is “No Risk” in this activity increased from 9.6% to 12.5%. The percentage of students who stated that there is “Slight Risk” decreased from 21.9% to 19.6%. The percentage of students who stated that there is “Moderate Risk” decreased from 23.9% to 20.4%. The percentage of students who stated that there is “Great Risk” in this activity increased slightly from 33.1% to 34.6%. The percentage of students who did not know how much risk is associated with this activity increased slightly from 11.5% to 12.9%. (See Table 6 and Figure 6.)

<b>Table 6: Perception of Harm from Smoking Marijuana Once or Twice</b>				
	<b>2001-02 Survey</b>		<b>2004 Survey</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
No Risk	383	9.6%	30	12.5%
Slight Risk	869	21.9%	47	19.6%
Moderate Risk	948	23.9%	49	20.4%
Great Risk	1316	33.1%	83	34.6%
Don't Know	457	11.5%	31	12.9%
<b>Total</b>	<b>3973</b>	<b>100.0%</b>	<b>240</b>	<b>100.0%</b>



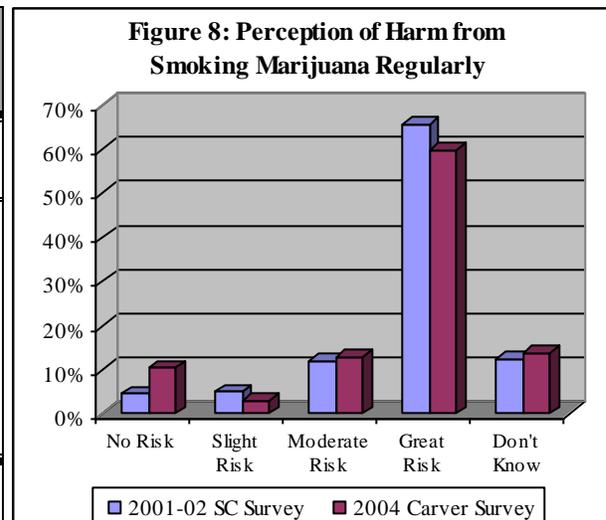
The seventh question in this series asks, “How much do people risk harming themselves (physically and in other ways) if they smoke marijuana occasionally?” The percentage of students who stated that there is “No Risk” in this activity increased from 5.9% to 10%. The percentage of students who stated that there is “Slight Risk” remained about the same at 11.6% and 11.7%. The percentage of students who stated that there is “Moderate Risk” decreased from 27.1% to 21.7%. The percentage of students who stated that there is “Great Risk” remained about the same at 43.4% and 43.8%. The percentage of students who did not know remained about the same at 12.1% and 12.9%. (See Table 7 and Figure 7.)

<b>Table 7: Perception of Harm from Smoking Marijuana Occasionally</b>				
	<b>2001-02 Survey</b>		<b>2004 Survey</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
No Risk	233	5.9%	24	10.0%
Slight Risk	459	11.6%	28	11.7%
Moderate Risk	1076	27.1%	52	21.7%
Great Risk	1725	43.4%	105	43.8%
Don't Know	480	12.1%	31	12.9%
<b>Total</b>	<b>3973</b>	<b>100.0%</b>	<b>240</b>	<b>100.0%</b>



The eighth question in this series asks, “How much do people risk harming themselves (physically and in other ways) if they smoke marijuana regularly?” The percentage of students who stated that there is “No Risk” in this increased from 4.7% to 10.5%. The percentage of students who stated that there is “Slight Risk” in this activity decreased from 5.1% to 2.9%. The percentage of students who stated that there is “Moderate Risk” remained about the same at 12.1% and 13%. The percentage of students who stated that there is “Great Risk” in this activity decreased from 65.7% to 59.8%. The percentage of students who did not know how much risk is associated with this activity increased from 12.6% to 13.8%. (See Table 8 and Figure 8.)

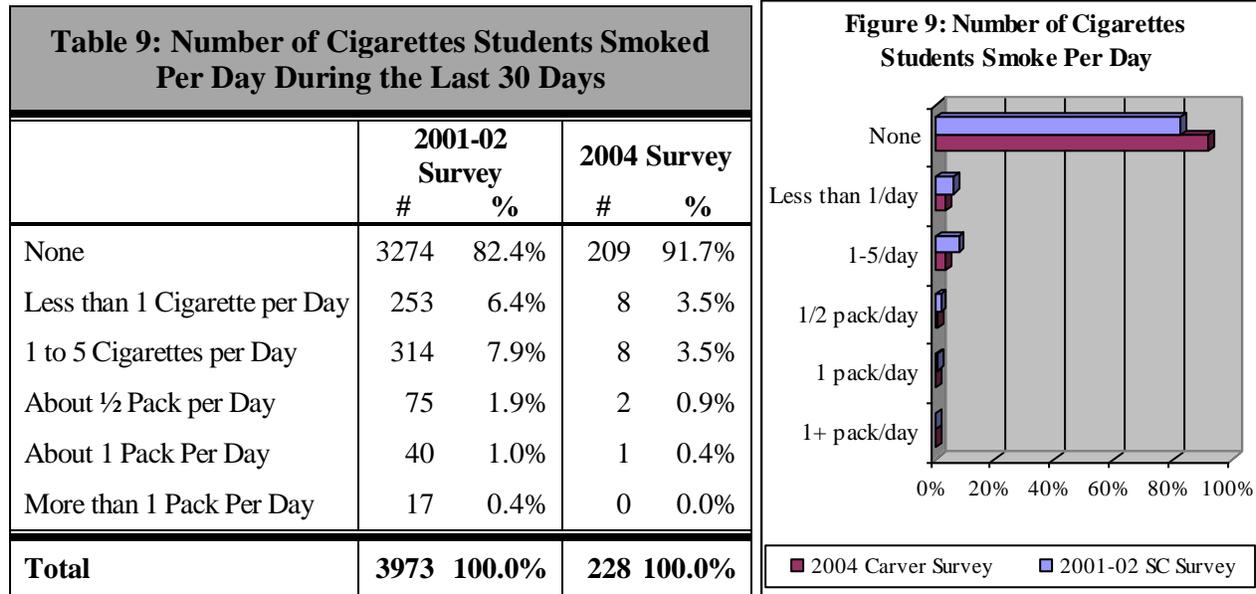
<b>Table 8: Perception of Harm from Smoking Marijuana Regularly</b>				
	<b>2001-02 Survey</b>		<b>2004 Survey</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
No Risk	185	4.7%	25	10.5%
Slight Risk	201	5.1%	7	2.9%
Moderate Risk	479	12.1%	31	13.0%
Great Risk	2609	65.7%	143	59.8%
Don't Know	499	12.6%	33	13.8%
<b>Total</b>	<b>3973</b>	<b>100.0%</b>	<b>239</b>	<b>100.0%</b>



## Objective 2: Reduce the Frequency of Use

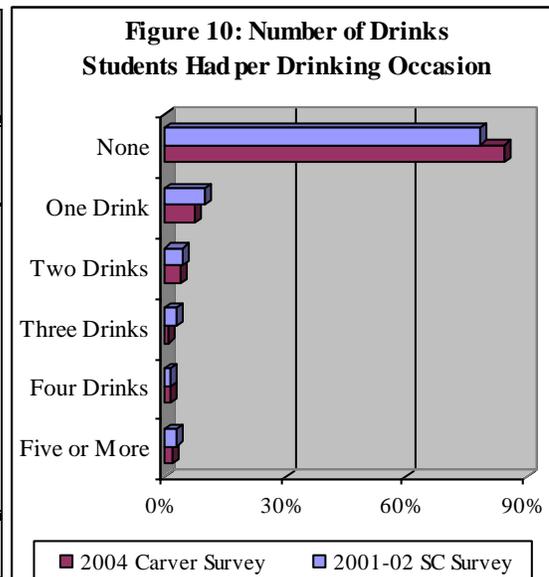
This objective states: “to reduce by 10% the frequency of use of alcohol and tobacco in the last 30 days among targeted middle school youth aged 12 to 14 by the year 2006.” Two questions on the 2004 Survey of students at Carver Junior High ask students to state to the amount that they smoke or drank during the previous 30 days. These same two questions were asked on the 2001-2002 South Carolina Survey.

The first question in this series asks, “On the days that you smoked cigarettes in the past 30 days, about how many cigarettes did you usually smoke per day?” The percentage of students who stated that they did not smoke any cigarettes during the last 30 days increased from 82.4% to 91.7%. The percentage of students who stated that they smoke less than one cigarette per day to one to five cigarettes per day decreased from 14.3% to 7%. The percentage of students who stated that they smoke a half a pack a day or more also decreased from 3.3% to 1.3%. (See Table 9 and Figure 9.)



The second question in this series asks, “In the past 30 days, on the days that you drank beer, malt liquor, wine coolers, wine or hard liquor, how many drinks did you usually have on each drinking occasion?” The percentage of students who stated that they did not have any drinks during the past 30 days increased from 78.5% to 84.7%. The percentage of students who had one or two drinks per occasion decreased from 14.3% to 11.3%. The percentage of students who stated that they had three to four drinks per occasion during the last 30 days decreased from 4.1% to 2.2%. The percentage of students who stated that they have five or more drinks per occasion decreased from 3% to 1.7%. (See Table 10 and Figure 10.)

<b>Table 10: Number of Drinks Students Had per Drinking Occasion During the Past 30 Days</b>				
	<b>2001-02 Survey</b>		<b>2004 Survey</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
None	3118	78.5%	194	84.7%
One Drink	395	9.9%	17	7.4%
Two Drinks	176	4.4%	9	3.9%
Three Drinks	112	2.8%	2	0.9%
Four Drinks	52	1.3%	3	1.3%
Five or More Drinks	120	3.0%	4	1.7%
<b>Total</b>	<b>3973</b>	<b>100.0%</b>	<b>229</b>	<b>100.0%</b>

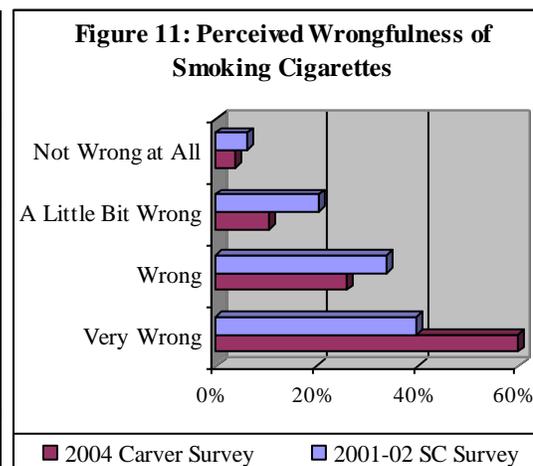


### Objective 3: Increase the Perception of Disapproval

This objective states: “to increase by 10% the perception of disapproval of peers and adults who use alcohol, tobacco and marijuana by the year 2006.” Four questions on the 2004 Survey of students at Carver Junior High ask students to express their perception of how wrong it is for someone their age to smoke or use tobacco, drink, and use marijuana. These same four questions were asked on the 2001-2002 South Carolina Survey.

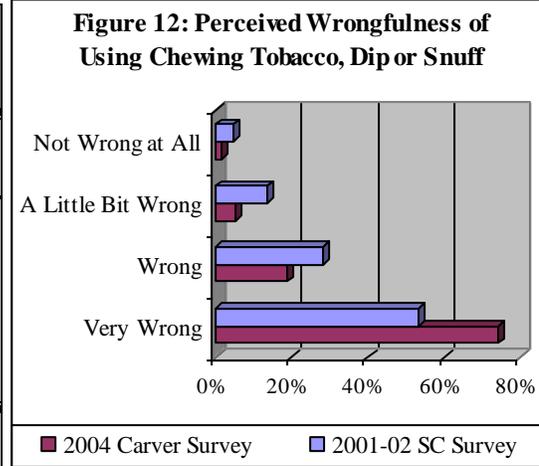
The first question in this series asks, “How wrong do you think it is for someone your age to smoke cigarettes?” The percentage of students who feel that this is “not wrong at all” decreased from 6.2% to 3.7%, and the percentage who feel that this is only “a little bit wrong” decreased from 20.4% to 10.6%. In addition, the percentage of students who stated that smoking cigarettes is either wrong or very wrong increased from 73.4% to 85.7%. (See Table 11 and Figure 11.)

<b>Table 11: Perceived Wrongfulness of Smoking Cigarettes</b>				
	<b>2001-02 Survey</b>		<b>2004 Survey</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
Not Wrong at All	247	6.2%	8	3.7%
A Little Bit Wrong	810	20.4%	23	10.6%
Wrong	1335	33.6%	56	25.8%
Very Wrong	1581	39.8%	130	59.9%
<b>Total</b>	<b>3973</b>	<b>100.0%</b>	<b>217</b>	<b>100.0%</b>



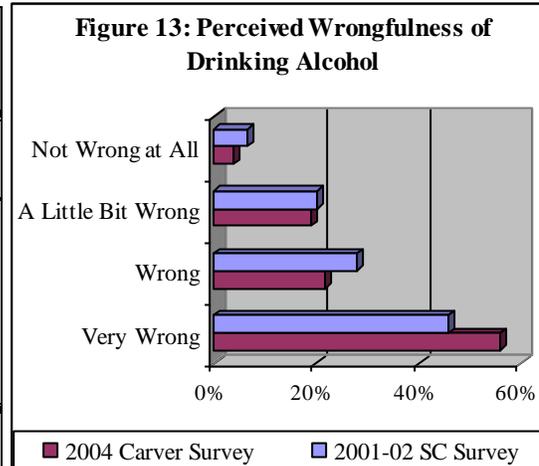
The second question in this series asks, “How wrong do you think it is for someone your age to use chewing tobacco, dip or snuff?” The percentage of students who feel that this is “not wrong at all” decreased from 4.6% to 1.8%, the percentage who feel that this is only “a little bit wrong” decreased from 13.9% to 5.5%, and the percentage of students who feel that this is “wrong” decreased from 28.2% to 18.7%. The percentage of students who stated that using chewing tobacco, dip or snuff is very wrong increased from 53.3% to 74%. (See Table 12 and Figure 12.)

<b>Table 12: Perceived Wrongfulness of Using Chewing Tobacco, Dip or Snuff</b>				
	<b>2001-02 Survey</b>		<b>2004 Survey</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
Not Wrong at All	181	4.6%	4	1.8%
A Little Bit Wrong	553	13.9%	12	5.5%
Wrong	1122	28.2%	41	18.7%
Very Wrong	2117	53.3%	162	74.0%
<b>Total</b>	<b>3973</b>	<b>100.0%</b>	<b>219</b>	<b>100.0%</b>



The first question in this series asks, “How wrong do you think it is for someone your age to drink beer, malt liquor, wine or liquor?” The percentage of students who feel that this is “not wrong at all” decreased from 6.5% to 3.7%, the percentage who feel that this is only “a little bit wrong” decreased from 20% to 18.8%, and the percentage of students who feel that this is “wrong” decreased from 27.7% to 21.6%. The percentage of students who stated that drinking alcohol is very wrong increased from 45.7% to 56%. (See Table 13 and Figure 13.)

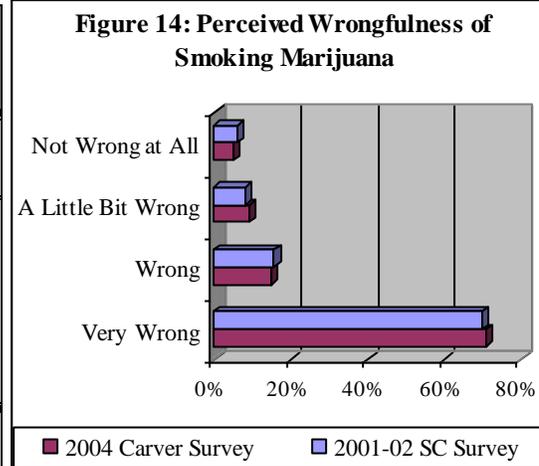
<b>Table 13: Perceived Wrongfulness of Drinking Beer, Malt Liquor, Wine or Liquor</b>				
	<b>2001-02 Survey</b>		<b>2004 Survey</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
Not Wrong at All	260	6.5%	8	3.7%
A Little Bit Wrong	794	20.0%	41	18.8%
Wrong	1102	27.7%	47	21.6%
Very Wrong	1817	45.7%	122	56.0%
<b>Total</b>	<b>3973</b>	<b>100.0%</b>	<b>218</b>	<b>100.0%</b>



The first question in this series asks, “How wrong do you think it is for someone your age to smoke cigarettes?” The responses to 2001-2002 Survey are very similar to the responses to the 2004 Survey. Approximately 14.4% of respondents in 2001 felt that smoking marijuana is “not wrong at all” or only “a little bit wrong” compared to 5% who felt that way in 2004. Similarly,

85.7% of respondents in 2001 felt that smoking marijuana is “wrong” or “very wrong” compared to 85.9% who felt that way in 2004. (See Table 14 and Figure 14.)

<b>Table 14: Perceived Wrongfulness of Smoking Marijuana</b>				
	<b>2001-02 Survey</b>		<b>2004 Survey</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
Not Wrong at All	241	6.1%	11	5.0%
A Little Bit Wrong	328	8.3%	20	9.1%
Wrong	622	15.7%	33	15.1%
Very Wrong	2782	70.0%	155	70.8%
<b>Total</b>	<b>3973</b>	<b>100.0%</b>	<b>219</b>	<b>100.0%</b>



#### **Objective 4: Increase the Age of Initiation**

This objective states: “to increase by one year the age of initiation of first use of alcohol and tobacco among targeted youth by the year 2006.” Nine questions on the 2004 Survey of students at Carver Junior High ask students to select at what age they first smoked or used tobacco, drank alcohol, and smoked marijuana. These same nine questions were asked on the 2001-2002 South Carolina Survey; however, the responses were not reported in the South Carolina Survey report provided to the evaluators. For these nine questions, a response of “10 or younger” is coded as a 1, a response of “11 years old” is coded as 2, a response of “12 years old” is coded as 3, a response of “13 years old” is coded as 4, a response of “14 years old” is coded as 5, a response of “15 years old” is coded as 6, a response of “16 years old” is coded as 7, a response of “17 years old” is coded as 8, and a response of “18 or older” is coded as 9.

The first question in this series asks, “How old were you when you first smoked cigarettes (more than a few puffs)?” Of the 241 students who responded, 78.8% stated that they have never smoked cigarettes. Of those who have smoked cigarettes, the average age of their first use was between 11 and 12 years old (mean=2.59, n=51, SD=1.63). (See Table 15 and Figure 15.)

The second question in this series asks, “How old were you when you first smoked cigars (more than a few puffs)?” Of the 239 students who responded, 90% stated that they have never smoked cigars. Of those who have smoked cigars, the average age of their first use was almost 12 years old (mean=2.96, n=24, SD=1.68). (See Table 15 and Figure 15.)

The third question in this series asks, “How old were you when you first used chewing tobacco, dip, snuff, or plug?” Of the 241 students who responded, 97.5% stated that they have never used chewing tobacco, dip, snuff, or plug. Of those who have used tobacco, the average age of their first use was just over 13 years old (mean=4.17, n=6, SD=2.86). (See Table 15 and Figure 15.)

The fourth question in this series asks, “How old were you when you first smoked flavored cigarettes?” Of the 233 students who responded, 88.8% stated that they have never smoked flavored cigarettes. Of those who have smoked flavored cigarettes, the average age of their first use was between 12 and 13 years old (mean=3.46, n=26, SD=1.39). (See Table 15 and Figure 15.)

The fifth question in this series asks, “How old were you when you first drank beer or malt liquor (more than a few sips)?” Of the 240 students who responded, 76.3% stated that they have never drunk beer or malt liquor. Of those who have, the average age of their first use was almost 12 years old (mean=2.77, n=57, SD=1.76). (See Table 15 and Figure 15.)

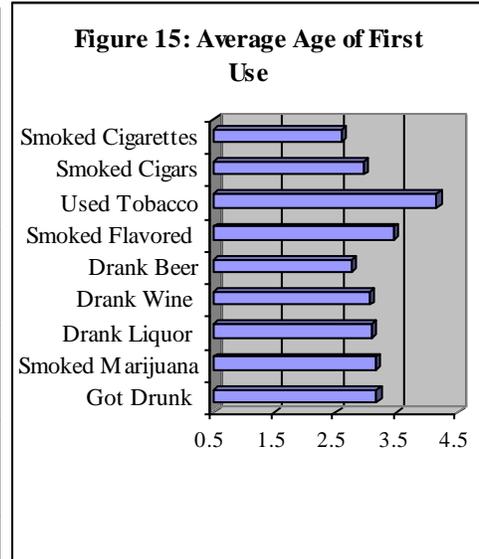
The sixth question in this series asks, “How old were you when you first drank wine or wine coolers (more than a few sips)?” Of the 240 students who responded, 68.3% stated that they have never drunk wine or wine coolers. Of those who have, the average age of their first use was just over 12 years old (mean=3.05, n=76, SD=1.64). (See Table 15 and Figure 15.)

The seventh question in this series asks, “How old were you when you first drank liquor or mixed drinks (more than a few sips)?” Of the 238 students who responded, 79.8% stated that they have never drunk liquor or mixed drinks. Of those who have, the average age of their first use was just over 12 years old (mean=3.10, n=48, SD=1.55). (See Table 15 and Figure 15.)

The eighth question in this series asks, “How old were you when you first smoked marijuana?” Of the 238 students who responded, 84% stated that they have never smoked marijuana. Of those who have smoked marijuana, the average age of their first use was just over 12 years old (mean=3.16, n=38, SD=1.41). (See Table 15 and Figure 15.)

The ninth question in this series asks, “How old were you when you first got drunk or very high on any type of alcohol?” Of the 240 students who responded, 87.9% stated that they have never gotten drunk or very high on any type of alcohol. Of those who have, the average age of their first use was just over 12 years old (mean=3.17, n=29, SD=1.49). (See Table 15 and Figure 15.)

	Mean	N	Min	Max	SD
Smoked Cigarettes	2.59	51	1	7	1.63
Smoked Cigars	2.96	24	1	6	1.68
Used Chewing Tobacco	4.17	6	1	9	2.86
Smoked Flavored Cigarettes	3.46	26	1	6	1.39
Drank Beer or Malt Liquor	2.77	57	1	9	1.76
Drank Wine or Wine Coolers	3.05	76	1	9	1.64
Drank Liquor or Mixed Drinks	3.10	48	1	6	1.55
Smoked Marijuana	3.16	38	1	6	1.41
Got Drunk on Alcohol	3.17	29	1	5	1.49



## **Other Important Information Concerning ATOD Use**

The 2004 Survey asked some important questions of students that may help the program achieve its goals. The responses to these questions are presented to provide a baseline for comparison in following years.

### **Ease in Obtaining ATOD**

Fourteen questions on the 2004 Survey of students at Carver Junior High ask students to select how easy it would be for them to obtain cigarettes, tobacco, alcohol, marijuana and other drugs, and a fake ID. For these questions, a response of “very easy” is coded as 5, “fairly easy” is coded as 4, “fairly difficult” is coded as 3, “very difficult” is coded as 2, and “almost impossible” is coded as 1.

The first question in this series asks, “If you wanted to, how easy would it be for you to get cigarettes?” Of the 241 who responded, the average response was approximately “Fairly Difficult” (mean=2.74, SD=1.59). (See Table 16 and Figure 16.) The ability to obtain cigarettes is highly significantly correlated with age ( $r=0.278$ ,  $n=231$ ,  $p=0.000$ ). Therefore, the older the students get, the easier it is for them to obtain cigarettes.

The second question in this series asks, “If you wanted to, how easy would it be for you to get chewing tobacco, dip or snuff?” Of the 241 who responded, the average response was approximately “Very Difficult” (mean=1.82, SD=1.26). (See Table 16 and Figure 16.) The ability to obtain tobacco products is highly significantly correlated with age ( $r=0.229$ ,  $n=231$ ,  $p=0.000$ ). Therefore, the older the students get, the easier it is for them to obtain chewing tobacco, dip, or snuff.

The third question in this series asks, “If you wanted to, how easy would it be for you to get beer or malt liquor?” Of the 237 who responded, the average response was between “Fairly Difficult” and “Very Difficult” (mean=2.53, SD=1.56). (See Table 16 and Figure 16.) The ability to obtain beer is highly significantly correlated with age ( $r=0.370$ ,  $n=229$ ,  $p=0.000$ ). Therefore, the older the students get, the easier it is for them to obtain beer.

The fourth question in this series asks, “If you wanted to, how easy would it be for you to get wine or wine coolers?” Of the 236 who responded, the average response was approximately “Fairly Difficult” (mean=2.74, SD=1.60). (See Table 16 and Figure 16.) The ability to obtain wine is highly significantly correlated with age ( $r=0.353$ ,  $n=227$ ,  $p=0.000$ ). Therefore, the older the students get, the easier it is for them to obtain wine or wine coolers.

The fifth question in this series asks, “If you wanted to, how easy would it be for you to get liquor or mixed drinks?” Of the 235 who responded, the average response was between “Fairly Difficult” and “Very Difficult” (mean=2.52, SD=1.55). (See Table 16 and Figure 16.) The ability to obtain liquor is highly significantly correlated with age ( $r=0.327$ ,  $n=225$ ,  $p=0.000$ ). Therefore, the older the students get, the easier it is for them to obtain liquor.

The sixth question in this series asks, “If you wanted to, how easy would it be for you to get marijuana?” Of the 237 who responded, the average response was approximately “Very Difficult” (mean=2.22, SD=1.57). (See Table 16 and Figure 16.) The ability to obtain marijuana is highly significantly correlated with age ( $r=0.314$ ,  $n=227$ ,  $p=0.000$ ). Therefore, the older the students get, the easier it is for them to obtain marijuana.

The seventh question in this series asks, “If you wanted to, how easy would it be for you to get powder cocaine?” Of the 239 who responded, the average response was between “Very Difficult” and “Almost Impossible” (mean=1.55, SD=1.14). (See Table 16 and Figure 16.)

The eighth question in this series asks, “If you wanted to, how easy would it be for you to get crack cocaine?” Of the 238 who responded, the average response was between “Very Difficult” and “Almost Impossible” (mean=1.55, SD=1.13). (See Table 16 and Figure 16.)

The ninth question in this series asks, “If you wanted to, how easy would it be for you to get LSD (acid)?” Of the 238 who responded, the average response was between “Very Difficult” and “Almost Impossible” (mean=1.45, SD=0.97). (See Table 16 and Figure 16.)

The tenth question in this series asks, “If you wanted to, how easy would it be for you to get inhalants (aerosols, poppers, nitrous oxide)?” Of the 239 who responded, the average response was between “Very Difficult” and “Almost Impossible” (mean=1.62, SD=1.19). (See Table 16 and Figure 16.)

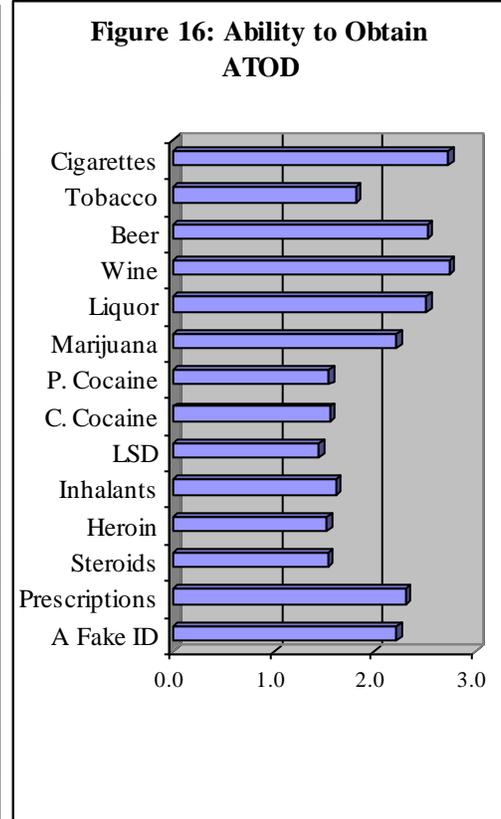
The eleventh question in this series asks, “If you wanted to, how easy would it be for you to get heroin?” Of the 236 who responded, the average response was between “Very Difficult” and “Almost Impossible” (mean=1.53, SD=1.10). (See Table 16 and Figure 16.)

The twelfth question in this series asks, “If you wanted to, how easy would it be for you to get steroids?” Of the 238 who responded, the average response was between “Very Difficult” and “Almost Impossible” (mean=1.54, SD=1.12). (See Table 16 and Figure 16.)

The thirteenth question in this series asks, “If you wanted to, how easy would it be for you to get other people’s prescription drugs?” Of the 235 who responded, the average response was between “Fairly Difficult” and “Very Difficult” (mean=2.31, SD=1.59). (See Table 16 and Figure 16.) The ability to obtain other people’s prescriptions is highly significantly correlated with age ( $r=0.255$ ,  $n=225$ ,  $p=0.000$ ). Therefore, the older the students get, the easier it is for them to obtain other people’s prescription drugs.

The fourteen question in this series asks, “If you wanted to, how easy would it be for you to get a fake ID?” Of the 239 who responded, the average response was approximately “Very Difficult” (mean=2.22, SD=1.48). (See Table 16 and Figure 16.) The ability to obtain a fake ID is highly significantly correlated with age ( $r=0.275$ ,  $n=229$ ,  $p=0.000$ ). Therefore, the older the students get, the easier it is for them to obtain liquor.

<b>Table 16: Ability to Obtain Alcohol, Tobacco, Marijuana, and a Fake ID</b>					
	Mean	N	Min	Max	SD
Cigarettes	2.74	241	1	5	1.59
Chewing Tobacco, Dip, Snuff	1.82	241	1	5	1.25
Beer or Malt Liquor	2.53	237	1	5	1.55
Wine or Wine Coolers	2.74	236	1	5	1.60
Liquor or Mixed Drinks	2.52	235	1	5	1.55
Marijuana	2.22	237	1	5	1.57
Powder Cocaine	1.55	239	1	5	1.14
Crack Cocaine	1.55	238	1	5	1.13
LSD (acid)	1.45	238	1	5	0.97
Inhalants	1.62	239	1	5	1.19
Heroin	1.53	236	1	5	1.10
Steroids	1.54	238	1	5	1.12
Other People's Prescriptions	2.31	235	1	5	1.59
A Fake ID	2.22	239	1	5	1.48



## Influences

Ten questions on the 2004 Survey of students at Carver Junior High ask students to select the extent to which several people and things influence youth to use or not to use alcohol, tobacco or other drugs. For these questions, a response of “great influence” is coded as 5, “a lot of influence” is coded as 4, “moderate influence” is coded as 3, “little influence” is coded as 2, and “no influence” is coded as 1.

The first question in this series asks, “To what extent do [parents] influence youth your age to use or not to use alcohol, tobacco or other drugs?” Of the 232 who responded, the average response was approximately “moderate influence” (mean=3.03, SD=1.78). (See Table 17 and Figure 17.) The level of influence parents have is directly correlated with what the respondent recorded as their usual grade average ( $r=0.217$ ,  $n=212$ ,  $p=0.001$ ). Therefore, the more influence parents have over the students’ use (or lack of use) of alcohol, tobacco or other drugs, the higher the students’ usual grade average will be.

The second question in this series asks, “To what extent do [brothers or sisters] influence youth your age to use or not to use alcohol, tobacco or other drugs?” Of the 231 who responded, the average response was approximately “moderate influence” (mean=2.73, SD=1.69). (See Table 17 and Figure 17.) The level of influence siblings have is directly correlated with what the

respondent recorded as their usual grade average ( $r=0.196$ ,  $n=211$ ,  $p=0.004$ ). Therefore, the more influence brothers or sisters have over the students' use (or lack of use) of alcohol, tobacco or other drugs, the higher the students' usual grade average will be.

The third question in this series asks, "To what extent do [friends] influence youth your age to use or not to use alcohol, tobacco or other drugs?" Of the 232 who responded, the average response was approximately "moderate influence" (mean=2.70, SD=1.57). (See Table 17 and Figure 17.)

The fourth question in this series asks, "To what extent do [teachers] influence youth your age to use or not to use alcohol, tobacco or other drugs?" Of the 232 who responded, the average response was approximately "moderate influence" (mean=2.75, SD=1.73). (See Table 17 and Figure 17.)

The fifth question in this series asks, "To what extent do [religious beliefs] influence youth your age to use or not to use alcohol, tobacco or other drugs?" Of the 233 who responded, the average response was approximately "moderate influence" (mean=2.67, SD=1.74). (See Table 17 and Figure 17.) The level of influence religious beliefs have is directly correlated with what the respondent recorded as their usual grade average ( $r=0.250$ ,  $n=212$ ,  $p=0.000$ ). Therefore, the more influenced students are by their religious beliefs to use (or not use) alcohol, tobacco or other drugs, the higher their grade average will be.

The sixth question in this series asks, "To what extent [does the fear of being caught by law enforcement] influence youth your age to use or not to use alcohol, tobacco or other drugs?" Of the 232 who responded, the average response was approximately "moderate influence" (mean=2.78, SD=1.75). (See Table 17 and Figure 17.) The level of influence the fear of being caught has on youth is directly correlated with what the respondent recorded as their usual grade average ( $r=0.241$ ,  $n=211$ ,  $p=0.000$ ). Therefore, the more students' fear being caught using alcohol, tobacco or other drugs, the higher the students' usual grade average will be.

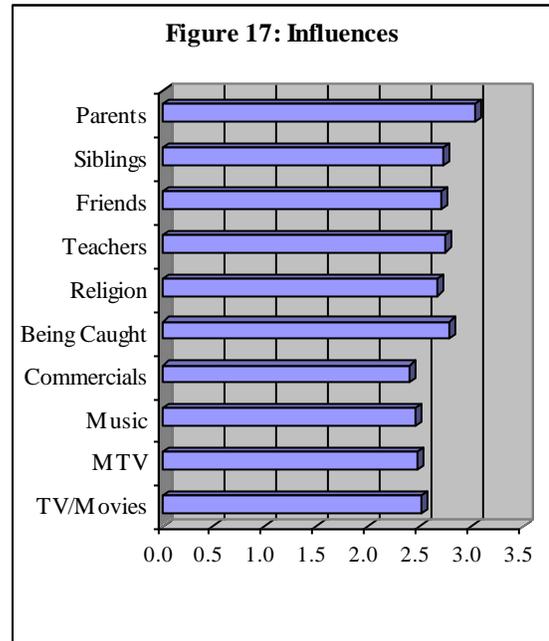
The seventh question in this series asks, "To what extent do [commercials/advertisements] influence youth your age to use or not to use alcohol, tobacco or other drugs?" Of the 232 who responded, the average response was between "little influence" and "moderate influence" (mean=2.40, SD=1.58). (See Table 17 and Figure 17.)

The eighth question in this series asks, "To what extent [does music] influence youth your age to use or not to use alcohol, tobacco or other drugs?" Of the 232 who responded, the average response was between "little influence" and "moderate influence" (mean=2.45, SD=1.62). (See Table 17 and Figure 17.)

The ninth question in this series asks, "To what extent do [music videos/MTV] influence youth your age to use or not to use alcohol, tobacco or other drugs?" Of the 233 who responded, the average response was between "little influence" and "moderate influence" (mean=2.48, SD=1.65). (See Table 17 and Figure 17.)

The tenth question in this series asks, “To what extent do [television/movies] influence youth your age to use or not to use alcohol, tobacco or other drugs?” Of the 232 who responded, the average response was between “little influence” and “moderate influence” (mean=2.51, SD=1.64). (See Table 17 and Figure 17.)

	Mean	N	Min	Max	SD
Parents	3.03	232	1	5	1.77
Brothers or Sisters	2.73	231	1	5	1.69
Friends	2.70	232	1	5	1.57
Teachers	2.75	232	1	5	1.73
Religious Beliefs	2.67	233	1	5	1.74
Fear of Being Caught	2.78	232	1	5	1.75
Commercials/Ads	2.40	232	1	5	1.58
Music	2.45	232	1	5	1.62
Music Videos/MTV	2.48	233	1	5	1.65
Television/Movies	2.51	232	1	5	1.64



## Establish and Strengthen Collaboration to Prevent Substance Abuse

The progress toward establishing and strengthening collaboration to prevent substance abuse is evaluated by reviewing the progress made by each program or organization that has been implemented and/or used to further the activities proposed by the grant.

### Objective 5: Participation in the Youth Coalition

This objective stated: “to improve the level of collaboration among community and government by recruiting additional partners (individuals, organizations, agencies, and especially businesses) seeking additional funding sources and enhancing the intergovernmental coordination and collaboration on youth substance abuse issues. The baseline will be based on a list of new participants.”

The Youth Coalition is a subcommittee of the Youth Council created to improve the lives of youth, families, and local communities throughout Spartanburg through education, public awareness and collaboration. Their responsibilities include providing recommendations for change, providing guidance on community issues, identifying issues, identifying existing resources, and identifying needed resources. The Youth Coalition is scheduled to meet on a

quarterly basis. Their first meeting was held on June 3, 2004 with seventeen people in attendance. Those in attendance represented thirteen organizations, including: the Spartanburg Alcohol and Drug Abuse Commission (SADAC), the Spartanburg Public Safety Department, Piedmont Community Actions, Girl Scouts, Fox Carolina, the Safe Havens, Urban League of the Upstate, the Department of Public Safety, the Spartanburg School District 7, Provisions, the Health Resource Center, the South Carolina Department of Social Services, and the South Carolina Department of Health and Environmental Control. One community volunteer also participated in the meeting.

There are several other organizations that have joined the coalition, but did not have a representative present at the first meeting. These organizations include: the Boys and Girls Club of Spartanburg, the National Guard, Mt. Zion Baptist Church, Mt. Moriah Baptist Church, Majority Baptist Church, and Restoration Church. In addition, two youths from the Southside community are members of the coalition and did attend the first meeting.

### **Objective 6: Increase Citizen Participation**

This objective states: “to increase citizen participation to 300 hours of volunteer time in substance abuse prevention efforts through coalition efforts aimed at increasing community awareness, concern and action.”

The Spartanburg Mayor’s Youth Council is a group of representatives from organizations in the community that impact on youth whose purpose is to develop and coordinate services for youth in the community. This group met ten times between September 2003 and August 2004 for an average of one and a half hours each time. The two meetings in 2003 were attended by 22 people 26 times (an average of 1.18 times per person) for a total of 39 hours. The eight meetings in 2004 were attended by 77 people 182 times (an average of 2.36 times per person) for a total of 273 hours. Therefore, hours for participation in the Mayor’s Youth Council totaled 312 hours during the grant period. In addition, seventeen people attended the meeting for the Youth Coalition, which lasted approximately one hour. Therefore, the total amount of time spent in coalition efforts during the grant period equals 329 hours.

### **Objective 7: Enhance Prevention Planning and Prevention Efforts**

This objective states: “to enhance prevention planning and prevention efforts by incorporating best practice programs and policies.” There are four best practice programs that are being implemented in the Southside Community. These programs are the parenting program, the Youth Advisory Board, Project Alert, and the Tobacco Information and Prevention Source (TIPS) program.

## **Parenting Program**

The nationally recognized, research-based parenting curriculum titled “Families That Care – Guiding Good Choices” was chosen as the curriculum for the parenting program. The curriculum is designed to provide parents with vital life skills in order to help prevent their children from using alcohol, tobacco and drugs. However due to personnel turnover, it has not yet been implemented. A pre- and post-test which evaluates progress made during the program is included in the curriculum. The results from these surveys will be reviewed at the end of the first set of classes to determine if the curriculum has had any impact on the parents.

## **Youth Advisory Board**

The Youth Advisory Board is made up of four youths from each of the four Safe Havens located in the Southside Community: Bethlehem Center, CC Woodson Recreational Center, Community Baptist, and Crescent Hills. The Board meets twice a month to participate in activities such as team building, leadership and basic prevention of underage alcohol, tobacco, and other drug use. A pre-test has been administered to the Youth Advisory Board to gauge their use of drugs and alcohol and to determine what influences them to use or not use drugs and alcohol. This pre-test will be reviewed and compared to the post-test following the end of the next grant period. A copy of the survey can be found in Appendix Three. A survey has also been developed to determine what the participants’ parents think about their child’s participation and how it has impacted them. A copy of this survey is also included in Appendix Three.

## **Project ALERT**

Project ALERT is designed to deter alcohol and drug experimentation and use and is nationally recognized as a “best practice” program. The program utilizes a pre- and post-survey to determine changes that have occurred in the participants as a result of the program. Due to the timing of the program, post-tests have not yet been administered to the participants. Therefore, key questions from the pre-test are presented to provide a baseline for analysis next year. A copy of the survey can be found in Appendix Four.

The ALERT survey has 59 questions with sub-questions that compute to 107 different variables. Therefore, for purposes of this analysis, only the most pertinent responses are presented. Frequency distributions for those questions that are not presented in this section can be found in Appendix Five. It must be noted that a few respondents answered some of the questions in a contradictory manner. These issues will be addressed during comparison with the post-test data.

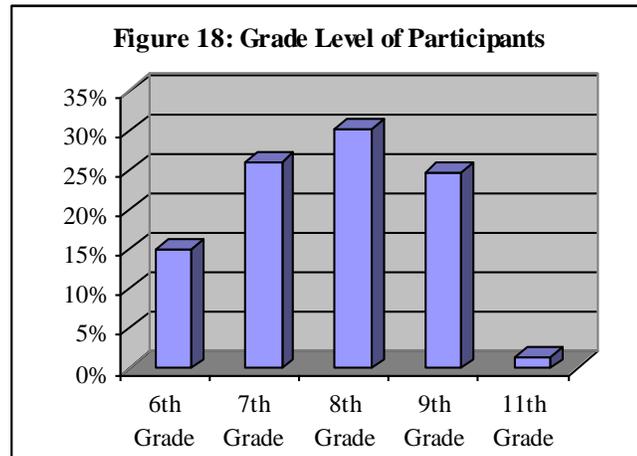
## Participant Demographics

Project ALERT serves middle-school age students in the Southside Community. During the grant period, programs were begun with a total of 76 youth. Of these, 14 youths participated in the class at Bethlehem Center, two groups (one with 10 and one with 13 youths) participated in the class at Crescent Hills Apartments, 12 youths participated in the group at Community

Baptist, and 27 participated in the group at the Southside Learning Center. Surveys were only available for 73 of these youths.

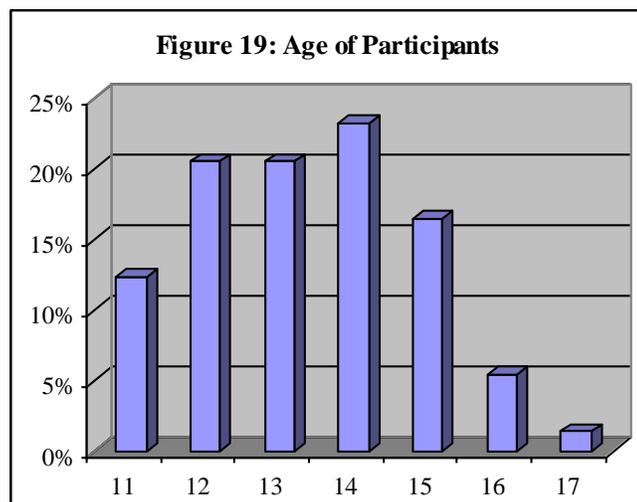
Of these 73 youths, 15.1% reported that they are in the 6<sup>th</sup> grade, 26% reported that they are in the 7<sup>th</sup> grade, 30.1% reported that they are in the 8<sup>th</sup> grade, 24.7% reported that they are in the 9<sup>th</sup> grade, and one youth (1.4%) reported being in the 11<sup>th</sup> grade. Two youths (2.7%) did not respond. (See Table 18 and Figure 18.)

<b>Table 18: Grade Level of Participants</b>		
	#	%
6th Grade	11	15.1%
7th Grade	19	26.0%
8th Grade	22	30.1%
9th Grade	18	24.7%
11th Grade	1	1.4%
No Response	2	2.7%
<b>Total</b>	<b>73</b>	<b>100.0%</b>



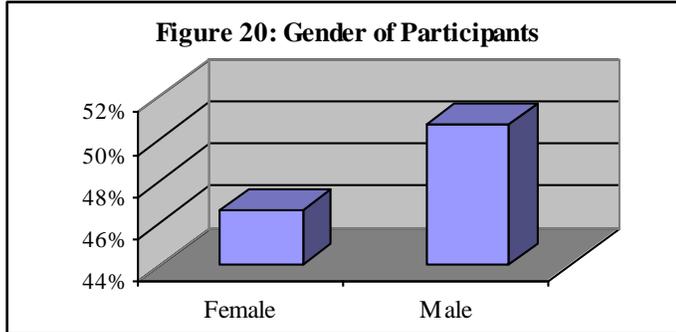
Of these 73 youths, 12.3% reported that they are 11 years old, 20.5% reported that they are 12 years old, 20.5% reported that they are 13 years old, 23.3% reported that they are 14 years old, 16.4% reported that they are 15 years old, 5.5% reported that they are 16 years old, and one youth (1.4%) reported being 17 years old. (See Table 19 and Figure 19.)

<b>Table 19: Age of Participants</b>		
	#	%
11 years old	9	12.3%
12 years old	15	20.5%
13 years old	15	20.5%
14 years old	17	23.3%
15 years old	12	16.4%
16 years old	4	5.5%
17 years old	1	1.4%
<b>Total</b>	<b>73</b>	<b>100.0%</b>



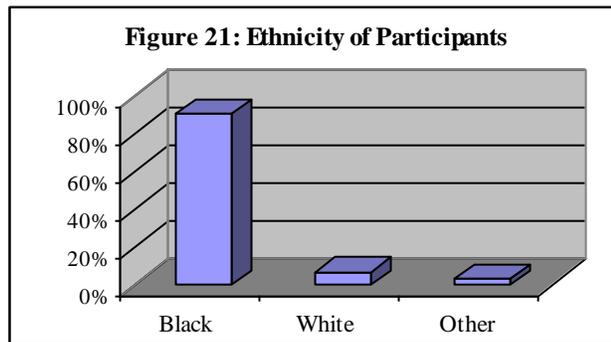
Of these 73 youths, 46.6% are female and 50.7% are male. The remaining 2.7% did not respond. (See Table 20 and Figure 20.)

<b>Table 20: Gender of Participants</b>		
	#	%
Female	34	46.6%
Male	37	50.7%
No Response	2	2.7%
<b>Total</b>	<b>73</b>	<b>100.0%</b>



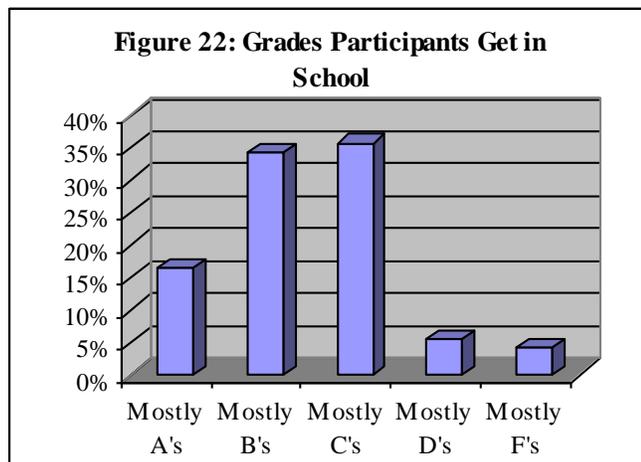
Of these 73 youths, 90.4% reported being Black or African American and 6.8% reported being White or Caucasian. The remaining 2.7% stated that they were another ethnicity. Of these two, only one wrote in their ethnicity, which was Black and American Indian. (See Table 21 and Figure 21.)

<b>Table 21: Ethnicity of Participants</b>		
	#	%
Black or African American	66	90.4%
White or Caucasian	5	6.8%
Other	2	2.7%
<b>Total</b>	<b>73</b>	<b>100.0%</b>



This question asked participants, “What grades do you get in school?” Of the 73 youths, 16.4% stated that they make mostly A’s, 34.2% stated that they make mostly B’s, 35.6% stated that they make mostly C’s, 5.5% stated that they make mostly D’s, and 4.1% stated that they make mostly F’s. The remaining 4.1% did not respond. (See Table 22 and Figure 22.)

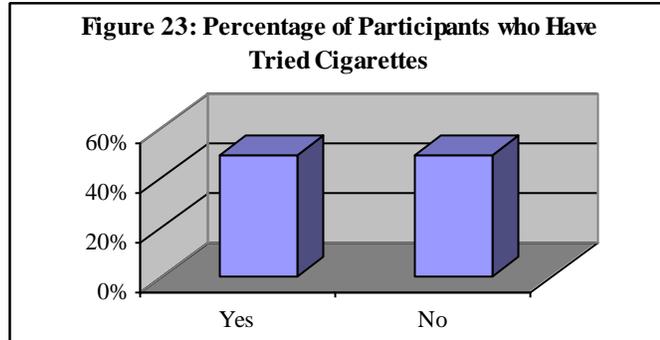
<b>Table 22: Grades Participants Get in School</b>		
	#	%
Mostly A's	12	16.4%
Mostly B's	25	34.2%
Mostly C's	26	35.6%
Mostly D's	4	5.5%
Mostly F's	3	4.1%
No Response	3	4.1%
<b>Total</b>	<b>73</b>	<b>100.0%</b>



Participants' Use of Cigarettes

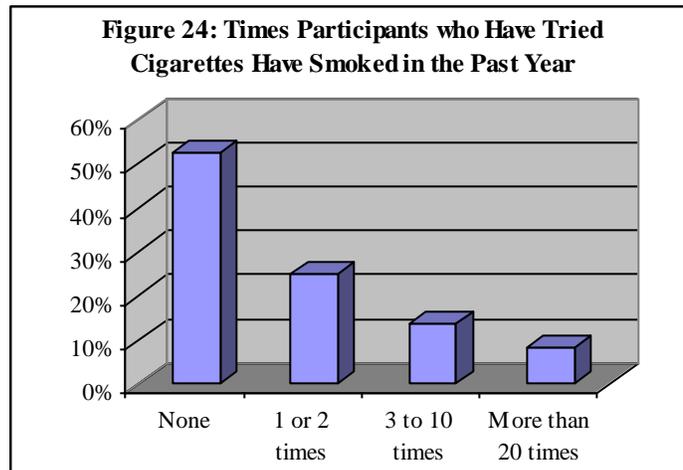
Participants were asked, "Have you ever smoked a cigarette – even just a few puffs?" Of the 73 youths who participated in the program, 49.3% said yes and 49.3% said no. The remaining 1.4% did not respond. (See Table 23 and Figure 23.)

<b>Table 23: Participants Who have Smoked</b>		
	#	%
Yes	36	49.3%
No	36	49.3%
No Response	1	1.4%
<b>Total</b>	<b>73</b>	<b>100.0%</b>



Participants were asked, "How many times have you smoked a cigarette in the last year?" Of the 36 who stated that they have tried cigarettes, 52.8% stated that they have not smoked any in the past year, 25% stated that they have smoked one or two times, 13.9% stated that they have smoked three to ten times, and 8.3% stated that they have smoked more than 20 times in the past year. (See Table 24 and Figure 24.)

<b>Table 24: Number of Times Participants Have Smoked in the Past Year</b>		
	#	%
None	19	52.8%
1 or 2 times	9	25.0%
3 to 10 times	5	13.9%
More than 20 times	3	8.3%
<b>Total</b>	<b>36</b>	<b>100.0%</b>

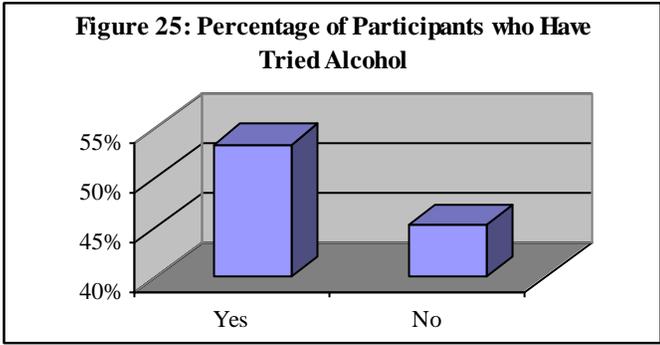


Of the 36 participants who stated that they have smoked before, only 29 answered the question "How old were you when you first smoked a cigarette?" The average response to this question was 10.76 years old (n=29, SD=2.31).

Participants' Use of Alcohol

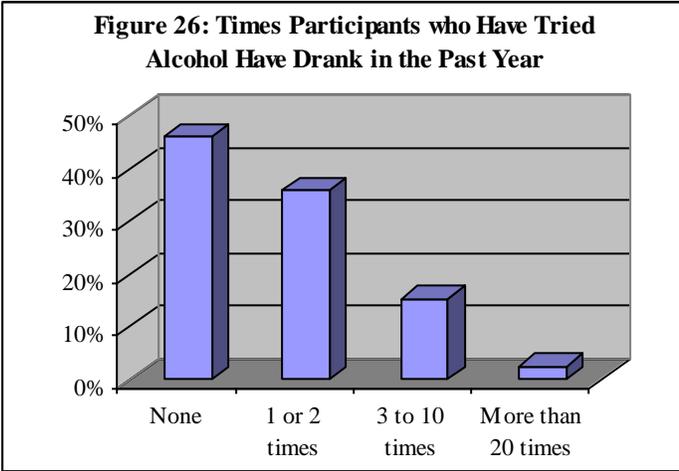
Participants were asked, "Have you ever had even a few sips of alcohol? Do not include wine at religious services." Of the 73 youths who participated in the program, 53.4% said yes and 45.2% said no. The remaining 1.4% did not respond. (See Table 25 and Figure 25.)

<b>Table 25: Participants Who have Tried Alcohol</b>		
	#	%
Yes	39	53.4%
No	33	45.2%
No Response	1	1.4%
<b>Total</b>	<b>73</b>	<b>100.0%</b>



Participants were asked, “How many times have you had any alcohol in the last year? Do not include wine at religious services.” Of the 39 who stated that they have tried alcohol, 46.2% stated that they have not had any alcohol in the past year, 35.9% stated that they have drunk alcohol one or two times, 15.4% stated that they have had alcohol three to ten times, and 2.6% stated that they have drunk alcohol more than 20 times in the past year. (See Table 26 and Figure 26.)

<b>Table 26: Number of Times Participants Have Drunk Alcohol in the Past Year</b>		
	#	%
None	18	46.2%
1 or 2 times	14	35.9%
3 to 10 times	6	15.4%
More than 20 times	1	2.6%
<b>Total</b>	<b>39</b>	<b>100.0%</b>

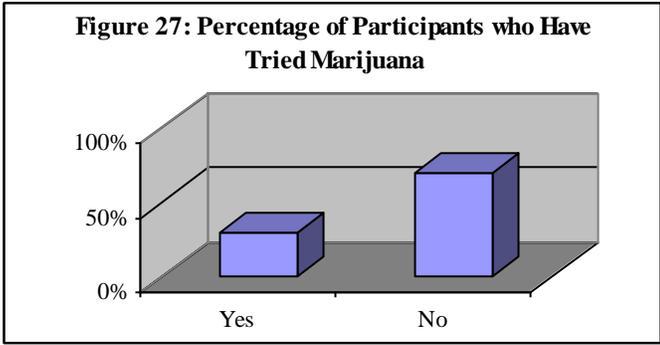


Of the 39 participants who stated that they drank alcohol before, only 28 answered the question “How old were you when you first drank any alcohol?” The average response to this question was 9.68 years old (n=28, SD=3.21).

Participants’ Use of Marijuana

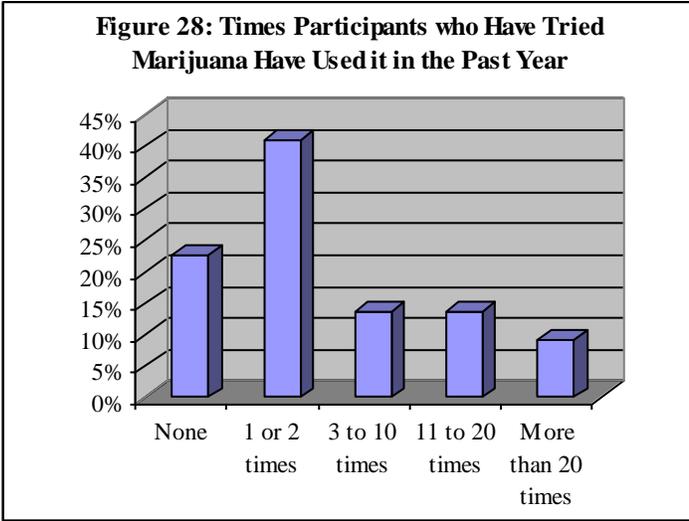
Participants were asked, “Have you ever tried marijuana?” Of the 73 youths who participated in the program, 30.1% said yes and 69.9% said no. (See Table 27 and Figure 27.)

<b>Table 27: Participants Who have Tried Marijuana</b>		
	#	%
Yes	22	30.1%
No	51	69.9%
No Response	0	0.0%
<b>Total</b>	<b>73</b>	<b>100.0%</b>



Participants were asked, “How many times have you used marijuana in the last year?” Of the 22 who stated that they have tried marijuana, 12.8% stated that they have not used marijuana in the past year, 40.9% stated that they have used marijuana one or two times, 13.6% stated that they have used marijuana three to ten times, 13.6% stated that they have used marijuana 11 to 20 times, and 9.1% stated that they have used marijuana more than 20 times in the past year. (See Table 28 and Figure 28.)

<b>Table 28: Number of Times Participants Have Used Marijuana in the Past Year</b>		
	#	%
None	5	22.7%
1 or 2 times	9	40.9%
3 to 10 times	3	13.6%
11 to 20 times	3	13.6%
More than 20 times	2	9.1%
<b>Total</b>	<b>22</b>	<b>100.0%</b>



Of the 22 participants who stated that they have used marijuana before, only 18 answered the question “How old were you when you first tried marijuana?” The average response to this question was 12.11 years old (n=18, SD=2.14).

**TIPS – Environmental Modification**

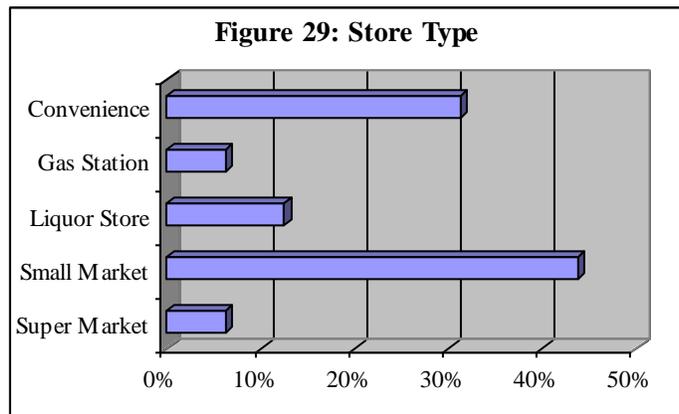
The Tobacco Information and Prevention Source (TIPS) program is a merchant education program designed to change environmental policies toward underage alcohol and tobacco sales. The program utilizes an environmental survey to determine the state of environmental policies and to encourage merchants to participate in changing them.

There are two parts to this survey. The first part is an environmental scan conducted by staff at SADAC. In conducting this scan, staff answered several questions about the characteristics of the store, counted the number of promotional and anti-use signs, and stated whether certain things were present in the store. The second part of the survey is an alcohol and tobacco questionnaire that was administered to store clerks. This questionnaire asked store clerks for their opinions on several matters concerning the sale of alcohol and tobacco, particularly to minors. Copies of the environmental scan and the store clerk questionnaire can be found in Appendix Six. Only the most pertinent sections of these surveys are included in this analysis. Frequency counts for all remaining questions can be found in Appendix Seven.

Environmental Scan

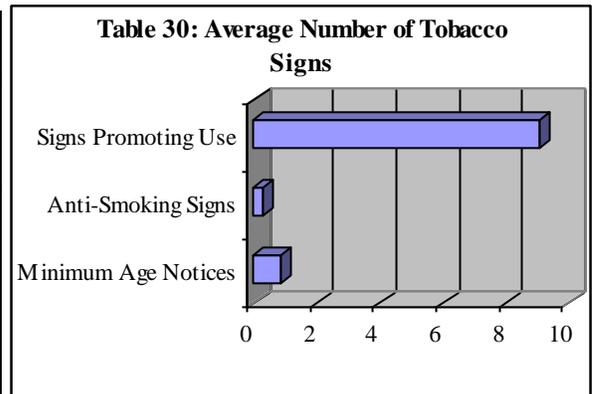
A total of 16 stores in the Weed & Seed area were scanned. Of these, 14 sell tobacco products and 14 sell alcohol products. The most common type of store surveyed was the small market store (43.8%). Another 31.3% of stores were chain convenience stores, 12.5% were liquor stores, one store was a gas station, and one store was a supermarket. (See Table 29 and Figure 29.)

	#	%
Chain Convenience Store	5	31.3%
Gas Station	1	6.3%
Liquor Store	2	12.5%
Small Market	7	43.8%
Supermarket	1	6.3%
<b>Total</b>	<b>16</b>	<b>100.0%</b>



The fourteen stores that sell tobacco products have an average of 9.07 signs that promote tobacco products (min=0, max=23, SD=6.46). This average includes store-made signs or advertisements, professional signs or advertisements, and other promotions or advertisements. These fourteen stores also have an average of 0.29 anti-smoking ads (min=0, max=2, SD=0.73) and an average of 0.86 minimum age notices posted (min=0, max=2, SD=0.77). (See Table 30 and Figure 30.)

	Signs Promoting Tobacco Use	Anti-Smoking Signs	Minimum Age Notices
<b>Mean</b>	<b>9.07</b>	<b>0.29</b>	<b>0.86</b>
N	14	14	14
Min	0	0	0
Max	23	2	2
SD	6.46	0.73	0.77

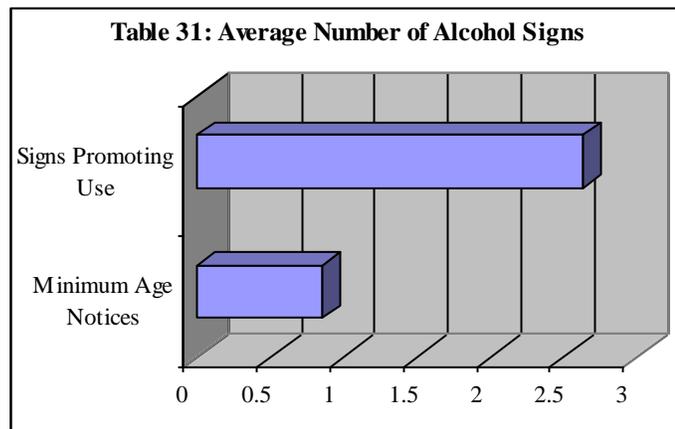


The number of minimum age notices per store is significantly related to the total number of ads promoting tobacco products ( $r=0.589$ ,  $n=14$ ,  $p=0.027$ ). Therefore, as the total number of promotional ads increase, the number of minimum age notices also increases. It must be noted, however, that the maximum number of minimum age notices is two; therefore, in all likelihood, the stores with two minimum age notices have a larger number of promotional signs and the stores with zero or one minimum age notices have a fewer number of promotional signs.

The number of minimum age notices is also significantly related to the total number of anti-smoking signs ( $r=0.629$ ,  $n=14$ ,  $p=0.016$ ). Therefore, as the total number of anti-smoking signs increase, the number of minimum age notices also increases. Again, it must be noted that the maximum number of minimum age notices is two and the maximum number of anti-smoking ads is two; therefore, in all likelihood, the stores with two minimum age notices have two anti-smoking ads and stores with zero or one minimum age notices have zero or one anti-smoking signs.

The fourteen stores that sell alcohol have an average of 2.64 signs that promote alcohol sales (min=0, max=7, SD=2.56). This average includes store-made signs or advertisements, professional signs or advertisements, and other promotions or advertisements. These fourteen stores also have an average of 0.86 minimum age notices posted (min=0, max=2, SD=0.77). (See Table 31 and Figure 31.)

<b>Table 31: Average Number of Alcohol Signs</b>		
	Signs Promoting Alcohol	Minimum Age Notices
<b>Mean</b>	<b>2.64</b>	<b>0.86</b>
N	14	14
Min	0	0
Max	7	2
SD	2.56	0.77



The number of minimum age notices per store has a negative linear relationship with the total number of ads promoting alcohol; however, this relationship is not statistically significant ( $r=-0.461$ ,  $n=14$ ,  $p=0.097$ ). Therefore, it is possible that as the total number of promotional ads increase, the number of minimum age notices decrease. It must be noted, however, that because the relationship is not statistically significant, and only a small number of stores were scanned, it is difficult to determine if this relationship exists or if it occurs only by chance.

#### Store Clerk Questionnaire

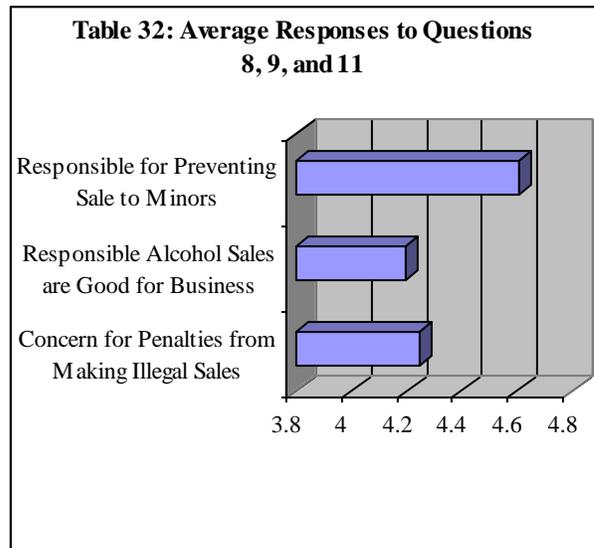
A total of 25 store clerks were surveyed. The average age of these clerks was 40.04 years old (min=20, max=62,  $n=23$ ,  $SD=11.5$ ) and the average number of years they have been employed at the store they were surveyed at was 6.55 years (min=0, max=20,  $n=22$ ,  $SD=6.88$ ).

Store clerks were asked to state the degree to which they agreed or disagreed with the following statement, “It is my responsibility to make sure that minors do not have access to alcohol and tobacco.” The average response to this question was 4.61 (n=23, SD=0.94), which is between somewhat agree and strongly agree. (See Table 32 and Figure 32.) Responses to this question are significantly related to the age of the store clerk (r=0.446, n=22, p=0.037). This is also true for the number of years the clerk has worked at the store (r=0.475, n=21, p=0.029). Therefore, clerks who are older in age and who have worked at the store for a longer period of time are more likely to agree with this statement.

Store clerks were asked to state the degree to which they agreed or disagreed with the following statement, “Responsible alcohol sales are good for business.” The average response to this question was 4.20 (n=25, SD=1.26), which is slightly more than somewhat agree. (See Table 32 and Figure 32.) Responses to this question are significantly related to the age of the store clerk (r=0.493, n=23, p=0.017). Therefore, clerks who are older in age are more likely to agree with this statement.

Store clerks were asked to state the degree to which they agreed or disagreed with the following question, “Are you concerned that making an illegal sale may lead to a penalty against you?” The average response to this question was 4.25 (n=24, SD=1.29), which is slightly more than somewhat agree. (See Table 32 and Figure 32.) Responses to this question are significantly related to the age of the store clerk (r=0.466, n=23, p=0.025). Therefore, clerks who are older in age are more likely to agree with this statement.

<b>Table 32: Average Responses to Questions 8, 9, and 11</b>			
	Responsible for Preventing Sale to Minors	Responsible Alcohol Sales are Good for Business	Concern for Penalties from Making Illegal Sales
<b>Mean</b>	<b>4.61</b>	<b>4.20</b>	<b>4.25</b>
N	23	25	24
Min	1	1	1
Max	5	5	5
SD	0.94	1.26	1.29



## CONCLUSIONS

1. This is a complex grant, involving numerous partners and multiple interventions. Implementation therefore took considerable time. However, all elements of the grant are now in place, with the exception of beginning the parenting classes.
2. All of the objectives of the program for 2006 (those regarding use of alcohol, tobacco and drugs in the targeted youth population) either remained the same or improved during the first year of the grant. The perceived risk of harm remained essentially the same. The number of youth not smoking tobacco increased by 9.3%, the number of youth not drinking increased by 6.2%. The perceived wrongfulness of smoking increased by 12.3%, the perceived wrongfulness of using smokeless tobacco increased by 11.2%, the perceived wrongfulness of drinking increased by 4.2%, and the perceived wrongfulness of smoking marijuana remained the same.
3. The findings from the survey conducted at Carver Junior High School could not be compared to the 2001-2002 South Carolina Survey due to lack of specific data in the 2001-2002 survey. However, it is clear from the responses to the 2004 survey that the great majority of the youth do not use alcohol, tobacco or other drugs. This is particularly interesting in that there was an over-sampling of ninth graders in order to include as many students as feasible who had taken part in the 2001-2002 survey. Of the students, 78.8% had never smoked cigarettes, 76.3% had never drank beer or malt liquor, 68.3% had never drank wine, 79.8% had never drank liquor, 84% had never smoked marijuana, and 87.9% had never gotten drunk on alcohol. The mean age for initiation into tobacco use was reported as between 11 and 12 years old, the mean age for alcohol use was 12 years old, and the mean age for marijuana use was 12 years old.
4. Students reported that it was fairly to very difficult for them to obtain tobacco products. The older the respondent, the easier it is for them to obtain tobacco products. The same is true for alcohol. Obtaining marijuana was reported as being very difficult and obtaining all other drugs was reported as being very difficult to almost impossible. However, respondents reported that getting other people's prescription drugs was fairly to very difficult and getting a fake id was very difficult. In all cases, the older the respondent, the easier they reported it was to obtain ATOD's.
5. The greatest influences on use of ATOD's are parents. Fear of being caught is the second greatest influence, followed closely by siblings, friends, teachers, and religion. Interestingly, the students reported that commercials, music, MTV and tv/movies do not have as great an influence as the other factors reported on. There also is a relationship between grades and the influence of parents, siblings, religion and fear of being caught.
6. The objectives of implementation of best practices, increased citizen participation, and improvement in the level of collaboration are all well underway with baselines established for comparison next year.
7. The objective of 300 hours of volunteer time in prevention efforts was met.

## **RECOMMENDATIONS**

1. That the program continue to carry out the implementation of the grant as planned.
2. That the environmental and other prevention efforts pay particular attention to use of wine by youth.
3. That the influence of parents, siblings, religion, and consequences of being caught be emphasized in prevention efforts, since these have the dual influence on ATOD use and school performance.
4. That the parenting classes be started as soon as possible.

**APPENDIX ONE:**

**THE 2004 SURVEY OF STUDENTS  
AT CARVER JUNIOR HIGH**

**APPENDIX TWO:**

**FREQUENCY DISTRIBUTIONS**

**FOR THE 2004 SURVEY**

**APPENDIX THREE:**

**YOUTH ADVISORY BOARD SURVEY  
AND YAB PARENT SURVEY**

**APPENDIX FOUR:**  
**PROJECT ALERT SURVEY**

**APPENDIX FIVE:**

**FREQUENCY DISTRIBUTIONS FROM QUESTIONS  
ON THE PROJECT ALERT SURVEY**

**APPENDIX SIX:**

**ENVIRONMENTAL SCAN AND  
STORE CLERK QUESTIONNAIRE**

**APPENDIX SEVEN:**

**FREQUENCY DISTRIBUTIONS FROM ENVIRONMENTAL  
SCAN AND STORE CLERK QUESTIONNAIRE**