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Norms and Attitudes Related to Alcohol Usage and Driving: A Review of the Relevant Literature. Volume IV: Report of Focus Groups

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A D D E N D U M

Recognizing the magnitude and complexity of the alcohol-impaired driving problem, the National Highway Traffic Safety Administration reexamined its alcohol program and, in 1981, developed an Alcohol Highway Safety Program Plan calling for an integrated problem solving effort at all levels of government and society. The plan emphasizes six major points:

1. General Deterrence (short term): programs oriented toward deterring the majority of drunk drivers who are never arrested (rather than "treating" the few who are) for short term impact.
2. Community Focus: program emphasis and responsibility is placed at the local level.
3. Systems Approach: integration of the coordinating, enforcement, prosecution, adjudication, education/treatment, public information/education, and licensing functions at the local and State level, as appropriate.
4. Financial Self-Sufficiency: assessing fines, court costs, treatment tuition fees, etc., to convicted offenders to defray the costs of local and community programs.
5. Citizen Support: generating community and citizen support for comprehensive community programs (to provide a political base for increased countermeasure activity).
6. Prevention (long term): efforts toward changing societal attitudes toward drinking and driving through long-term prevention/education programs.

This report addresses the final point--development of programs for preventing alcohol-impaired driving. It is felt that achievement of long-term reductions in the magnitude of the drinking/driving problem necessitates the establishment of societal norms emphasizing individual responsibility and making alcohol-impaired driving unacceptable behavior. The intent of this report is to provide a foundation for developing prevention programs to achieve such long-term reductions in alcohol-impaired driving. The literatures on health prevention programs and on attitudes related to alcohol-usage and driving were reviewed as the first step in identifying promising approaches for preventing alcohol-impaired driving.

This report, in four volumes, summarizes (1) information available on attitudes related to alcohol-usage and driving, (2) factors associated with "successful" prevention programs, and (3) data on perceptions of the drinking/driving problem and its possible solutions collected through individual interviews and focus groups.

This report will be most useful to individuals interested in planning, designing, and developing programs to prevent alcohol-impaired driving, for it provides information about the issues which should be addressed when designing such programs. This report is not intended for use by program implementers, as it does not provide information on already-developed and tested drunk-driving prevention programs, nor does it provide detailed outlines on how to establish such programs.

State and local program designers/developers, health professionals and educators interested in drinking-driving programs may each find this report of interest. Those interested in changing attitudes about drinking and driving and in issues associated with attitude-change programs should find Volume I useful. Information about "success" factors associated with public health prevention programs (e.g., smoking, hypertension, substance abuse) can be found in Volume II. In designing drunk-driving prevention programs, this information can be used to avoid some of the pitfalls of previous health prevention efforts. Volumes III and IV contain information, collected through individual interviews and focus groups, on the drunk-driving problem and its possibilities for solution. While these data are based on small, selected samples and are not generalizable, they do provide insight into the magnitude and complexity of the drinking-driving problem. These two volumes may be of particular interest to persons working with youth programs, school-based programs and/or parent-child programs. Finally, a short, summary booklet outlining issues associated with, and providing suggestions for, developing drinking-driving prevention programs is included as part of this report. While this booklet is helpful in providing a short overview of suggestions for developing programs to prevent alcohol-impaired driving, users of this report are encouraged to refer to the appropriate volume containing the more complete background and empirical information when designing their drinking/driving prevention programs.

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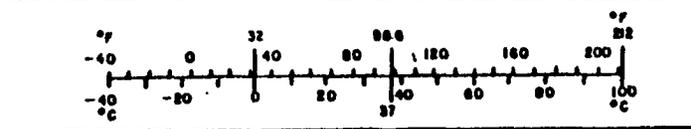
METRIC CONVERSION FACTORS

Approximate Conversions to Metric Measures

| Symbol | When You Know | Multiply by | To Find | Symbol |
|----------------------------|------------------------|----------------------------|---------------------|-----------------|
| LENGTH | | | | |
| in | inches | 2.5 | centimeters | cm |
| ft | feet | 30 | centimeters | cm |
| yd | yards | 0.9 | meters | m |
| mi | miles | 1.6 | kilometers | km |
| AREA | | | | |
| in ² | square inches | 6.5 | square centimeters | cm ² |
| ft ² | square feet | 0.93 | square meters | m ² |
| yd ² | square yards | 0.8 | square meters | m ² |
| mi ² | square miles | 2.6 | square kilometers | km ² |
| | acres | 0.4 | hectares | ha |
| MASS (weight) | | | | |
| oz | ounces | 28 | grams | g |
| lb | pounds | 0.45 | kilograms | kg |
| | short tons (2000 lb) | 0.9 | tonnes | t |
| VOLUME | | | | |
| teaspoon | teaspoons | 5 | milliliters | ml |
| tablespoon | tablespoons | 15 | milliliters | ml |
| fluid ounce | fluid ounces | 30 | milliliters | ml |
| cup | cups | 0.24 | liters | l |
| pint | pints | 0.47 | liters | l |
| quart | quarts | 0.95 | liters | l |
| gallon | gallons | 3.8 | liters | l |
| ft ³ | cubic feet | 0.03 | cubic meters | m ³ |
| yd ³ | cubic yards | 0.76 | cubic meters | m ³ |
| TEMPERATURE (exact) | | | | |
| °F | Fahrenheit temperature | 5/9 (after subtracting 32) | Celsius temperature | °C |

Approximate Conversions from Metric Measures

| Symbol | When You Know | Multiply by | To Find | Symbol |
|----------------------------|-----------------------------------|-------------------|------------------------|-----------------|
| LENGTH | | | | |
| mm | millimeters | 0.04 | inches | in |
| cm | centimeters | 0.4 | inches | in |
| m | meters | 3.3 | feet | ft |
| km | kilometers | 1.1 | yards | yd |
| | | 0.6 | miles | mi |
| AREA | | | | |
| cm ² | square centimeters | 0.16 | square inches | in ² |
| m ² | square meters | 1.2 | square yards | yd ² |
| km ² | square kilometers | 0.4 | square miles | mi ² |
| ha | hectares (10,000 m ²) | 2.5 | acres | |
| MASS (weight) | | | | |
| g | grams | 0.035 | ounces | oz |
| kg | kilograms | 2.2 | pounds | lb |
| t | tonnes (1000 kg) | 1.1 | short tons | |
| VOLUME | | | | |
| ml | milliliters | 0.03 | fluid ounces | fl oz |
| l | liters | 2.1 | pints | pt |
| l | liters | 1.06 | quarts | qt |
| l | liters | 0.26 | gallons | gal |
| m ³ | cubic meters | 36 | cubic feet | ft ³ |
| m ³ | cubic meters | 1.3 | cubic yards | yd ³ |
| TEMPERATURE (exact) | | | | |
| °C | Celsius temperature | 9/5 (then add 32) | Fahrenheit temperature | °F |



* 1 in = 2.54 (exactly). For other exact conversions and more detailed tables, use NBS Misc. Publ. 286, Units of Weight and Measure, Price \$2.25, SD Catalog No. C13.10-286.

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PREFACE

The following research was conducted under NHTSA contract #DTNH 22-81-C-07385 Norms and Attitudes Related to Alcohol Usage and Driving: A Review of the Relevant Literature. The purpose of this project was to provide a foundation for the development of prevention activities and programs to deter people from drinking and driving. Components of the project include: conducting a review of the literature; performing a meta-analysis of primary prevention studies; conducting individual interviews and focus groups; and developing a booklet of suggestions for developing prevention programs to reduce the incidence of alcohol-impaired driving.

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SECTION I

INTRODUCTION

In order to identify potential DWI* prevention strategies, Creative Associates has been studying norms and attitudes related to alcohol use and driving. One component of this investigation of drinking and driving** has been the conduct of focus groups, the results of which are presented in this report. Last in a series of research strategies, the focus groups were undertaken to expand on and explore in greater depth some of the findings, questions, and conclusions resulting from prior research. Components of the earlier studies were a literature review (Volume I), meta-analysis of primary prevention programs (Volume II), and individual interviews (Volume III).

Three focus groups were conducted to obtain the data reported in this document. Two groups were comprised of parents of teenaged drivers; one group contained adult males over the age of 30.

Rationale for the Selection of the Focus Group for Parents of Teenagers

As a result of a series of individual interviews conducted by Creative Associates with teenagers and young adults, parents of teenagers were identified as an important population to examine. One of the most striking results of the earlier interviews was the number of respondents who identified their parents as an influence on their drinking and driving behavior. This was as frequently the case with young adults, who no longer lived at home, as it was with the adolescents who still did so. Equally striking, however, was the impression that few, if any, parents overtly exercised this influence. Moreover, no respondents reported having had discussions on preventing drunk driving with their parents. Coupled with attitude theory (indicating that home and parents are important influences on attitude formation and behaviors) and with the statistical fact that teenaged drivers have the greatest risk for DWI accidents, the findings strongly suggested that the parent-teenage child relationship as it relates to drinking and driving should be explored in greater depth. Therefore, parents of teenaged drivers were identified as one population for inclusion in the focus groups.

Rationale for the Selection of the Focus Group for Adult Males

The results of research on drinking and driving conducted by Automated Services, Inc., McLean, Virginia, served as the basis for identification of a

*"DWI" or "Driving while intoxicated": Driving while legally intoxicated.

**"Drinking and driving": Driving soon enough after drinking so that alcohol is effecting the driver to some extent.

second population for the focus groups. Automated Services conducted ten individual interviews with three target groups, one of them being "mature adults," ages 33 and up. The results of these interviews suggested the following about mature adults. They:

- Needed more education regarding the concept of impairment;
- Rejected the idea of pre-planning (i.e., one person volunteers not to drink so that he/she can drive others home);
- Monitored their drinking when they knew they had to drive;
- Rejected the possibility of preventing friends who have had too much to drink from driving.

These results, coupled with the statistical evidence that males between the ages of 20 and 50 have the highest incidence of involvement with DWI, suggested that mature adult males would be an appropriate population for further exploration related to the prevention of DWI. Therefore, adult males, between the ages of 30 and 50, were identified as a second population for the focus groups.

SECTION II

METHODOLOGY

This section describes the sampling procedures and criteria for selection of participants. It also includes a discussion of interview instruments and the procedures used in their administration.

Sample

Participants for focus groups were recruited on a non-random basis. Time constraints, immediacy of participant availability and ease of access to a pool of potential participants were factors that influenced the strategies used to obtain group members.

Parents

A large, private, Catholic supported, boys high school in the Washington, DC suburban area was identified as the source for the parents. It was selected because:

- o Project staff had contacts within the school guidance department;
- o The guidance department expressed interest in the project; secured administration approval for cooperation and agreed to mail 85 recruitment letters (See Appendix A: Recruitment Letter) to parents of teenaged drivers, selected from the school's directory;
- o It was planning a comprehensive alcohol/drug education program for the coming year.

In addition, the school administration agreed to provide written support for the project in the recruitment letter. Further support was demonstrated through provision of space on school premises to conduct the focus group meetings.

In order to protect the confidentiality and privacy of the parents, school staff addressed and mailed the recruitment letters and project staff were not informed as to the identities of the recipients. The letters invited parents to voluntarily participate in one of two, two-hour group discussions that would address the issue of teenage drinking and driving. Parents were screened by staff members on the basis of stated criteria during initial phone contact (See Appendix B: Telephone Screening for Parents). It was desired that two groups of no more than sixteen persons total be formed. Screening criteria included the requirements that the subjects:

- o Be parents of at least one teenager;
- o Have at least one teenager that drives and lives at home.

After the final screening was completed, the parent sample contained fifteen subjects, ten females and five males. They ranged in age from 39 years to 59 years and were on the average 48.5 years old. All subjects reported having completed some post-secondary education as follows: post Master's (1), Master's (4), post Bachelor's (1), Bachelor's (7), Associate (1), and some college (1).

Of the fifteen persons six were homemakers and the remainder represented one of each of the following occupations: secretary, legislative aide, engineer, research analyst, teacher, office manager, program manager, and pharmacist. One subject was unidentified as to occupation.

All members of the parent sample were drivers who began driving between the ages of 16 and 24. Eighteen was the average age to begin driving. In addition, all members reported that they began drinking between the ages of 17 and 26. The average age to start regular drinking* was 20.7 years. At least one teenaged driver was living at the home of participating parents.

Adult Males

A large office building, housing Creative Associates, was used as the source of the adult male participants. This building was selected because it contains several offices that employ a large number of males in the targeted age group. Access to Creative Associates also facilitated recruitment. Subjects were offered a \$40.00 honorarium as an incentive to participate.

Posters were used to recruit the adult males (See Appendix C: Recruitment Poster). A group of no more than eight persons was desired. During initial telephone contact the subjects were screened by staff members on the basis of stated criteria (See Appendix D: Telephone Screening for Adult Males). Screening criteria included:

- Age, 30-50 years;
- Licensed to drive;
- Consumption of alcoholic beverages to some extent.

After the final screening was completed, the adult male sample contained eight subjects who ranged from 30 to 44 years of age, 35.9 years old being the average. They represented the following occupations: accountant (3), architect (1), journalist (1), administrative officer (1), advertising copy

*"Regular drinking": Social drinking without obtaining or needing parental permission.

editor (1), and medical student (1). One person had attended "some" college, three held Bachelor's degrees, one held a Master's degree, one held a Ph.D., and one was attending the third year of medical school.

All the subjects in this group were licensed drivers who began driving between the ages of 15 and 18, 15.8 years old on the average. They all reported that they drank alcoholic beverages to some extent and began the practice between the ages of 16 and 23, 18.6 years old on the average.

Focus Group Summary

The selection of the research sample produced three focus groups. Parent Group #1 contained nine persons and Parent Group #2 contained six persons. The third group of adult males numbered eight persons.

Instruments

The focus groups were conducted using protocols developed for each population. Project staff, including the project director and clinical staff who would lead the groups, were involved in the development of these protocols. Questions were designed to generate thinking, discussion and brainstorming, in addition to obtaining specific information and allowing participants to speak freely about their attitudes, beliefs, opinions, and behaviors. The group leadership experience of the clinically trained staff served as the foundation for the development and ordering of these questions.

The protocols were designed to serve as guides to ensure that all areas of exploration were addressed. They were not meant to be used rigidly and the expertise of the clinical staff was relied upon to stimulate group cohesion, process and discussion and to explore for new or unexpected ideas and information.

Copies of the protocols used with each population are attached as Appendices E: Parents Focus Groups and F: Adult Males Focus Group.

Protocol for Parents

The following questions identify the major areas of exploration in the protocol for parents.

- Do parents have sufficient information to discuss DWI with their teenagers?
- Do parents see themselves as having an influence on their teenager's drinking and driving behavior?
- What do parents see as societal factors that encourage teenage drinking and driving?
- What do parents see as societal factors that discourage teenage drinking and driving?

- What influence does parental behavior have on teenagers' drinking and driving behavior?
- What can parents do to help prevent their teenagers from DWI?
- What support, aids or help do parents need in order to help prevent their teenagers from DWI?
- What successful approaches have parents used to prevent their teenagers from DWI?
- What unsuccessful approaches have parents used to try to prevent their teenagers from DWI?
- In the broadest sense, what do parents think can be done to prevent teenage DWI?

Protocol for Adult Males

The following questions identify the major areas of exploration in the protocol for adult males.

- How do adult males define impairment?
- What are some adult male attitudes towards DWI and what are some of the societal influences that lead to and sustain these attitudes?
- Do adult males see DWI as a significant problem?
- How likely do adult males think it is that DWI offenders will be apprehended and prosecuted?
- What do adult males see as the consequences of being charged with DWI?
- If adult males consider DWI a problem, who do they think is responsible for solving the problem?
- How do adult males think the DWI problem can be solved?
- What actions to solve the DWI problem are adult males willing to take on their own?
- How do adult males respond to specific suggested prevention strategies?

Procedures

The three groups were led by two clinically trained project staff, both Master's level social workers with significant experience in leading groups. These staff members co-led both groups; one led the discussion while the other took notes. At the conclusion of each group a discussion was held to review the group process, major themes raised, specific responses given and perception of the overall experience.

A summary of the major points raised in each group was completed by the staff member who had the primary responsibility for note-taking for that group. The summaries were based on the post-group discussions, notes taken during the groups and tapes of the actual discussions. Each summary was reviewed for accuracy and agreement by the staff member who had the primary responsibility for conducting the group. Finally, population profiles were developed from demographic questionnaires filled out by each participant at the beginning of each group.

Procedures for Parent Groups

The parents groups were conducted on two separate weekday evenings in the cooperating school and lasted approximately two hours each. Prior to the start of each group, participants were asked to sign a consent form (See Appendix G: Consent Form) and to fill out a brief demographic questionnaire (See Appendix H: Demographic Questions).

Both groups were audio taped and neither group leader reported feeling that the taping interfered with the group process or individual responses.

Volunteers were placed in either Group #1 or Group #2 depending on their availability. Therefore, it is not known if any parents in Group #1 knew any of the parents in Group #2. It is possible that parents from Group #1 may have biased parents in Group #2 by talking with them between the group meetings. The likelihood of this having happened, however, was minimal since the names of participating parents were not shared with anyone outside of project staff. Group #2 did include the wife of a participant in Group #1. This husband and wife, however, were asked specifically not to discuss their individual experiences until both had taken part in their respective groups.

Based on observation and the professional judgment of the facilitators, the two groups of parents differed markedly in tone. Group #1 maintained an emotional distance from the teenage drinking and driving issue and for the most part handled the discussions in an involved, personal, but objective fashion. Group #2 maintained far less emotional distance from the issue and as a result the discussions were less objective, more personal in nature, and reflected a greater degree of parental frustration, resignation, and negativity.

These differences in group process may be accounted for by the fact that the members of Group #1 more often reported some degree of optimism and success in dealing with teenage drinking and driving; no one reported any serious drinking-driving incidents having occurred among their teenagers. The

members of Group #2, however, more often reported pessimism and failure in dealing with teenage drinking and driving. Three members reported having had teenagers arrested for DWI and two members reported having had teenagers who were alcoholics.

One should not conclude that the parents in Group #1 experienced fewer problems than did the parents in Group #2. While this is possible, it is equally possible that the norms established by Group #2 allowed for greater expression of negative personal experiences than the norms established by Group #1. However, despite these dramatic differences in the tone and content of the two groups, the results of the discussions in terms of factors influencing teenage drinking and driving and support systems suggested by parents were remarkably similar.

Procedures for Adult Males Group

The adult males group was conducted on a weekday evening in Creative Associates' offices and lasted for two full hours. Prior to the start of the group each participant was asked to sign a consent form (Appendix G) and to fill out a brief demographic questionnaire (Appendix H). At the conclusion of the group, participants received the \$40.00 honorarium (See Appendix I: Receipt for Payment).

The group was audio taped and neither group leader reported feeling that the taping interfered with group process or individual responses.

Four participants in the group did not know any of the other participants; two participants came from a common work place and knew each other; two other participants also came from a common work place and knew each other. These relationship dynamics may have had some effect on the group process, but they did not appear to interfere with the conducting of the focus group.

Data Analysis

The data obtained from the three focus group discussions were analyzed separately for each group and by two population groups, parents and adult males. The findings are reported in the section that follows.

SECTION III

FINDINGS

Data from the focus groups have been analyzed and reported separately for each of the three groups. In addition, the data from the two groups of parents have been combined and analyzed. For each group the findings are summarized and then discussed.

Parents Group #1 - Findings

The six females and three males in the first parents group considered teenage drinking and driving an extremely serious problem. Several members stated that in the past they did not even consider the fact that their teenagers might be drinking or drinking and driving. Subsequent incidents and behaviors, (e.g. discovering that their teenagers were in fact drinking heavily and driving afterwards) however, have lead them to wonder how they could have "been so blind."

Regarding the possibility that their teenagers might drive after drinking, three opinions prevailed in the group. One set of parents knew their teenagers drove after drinking, were extremely concerned about it, but felt there was little they could do about it. Another set of parents believed their teenagers drove after drinking, but were hopeful that their children used good judgment when they did so. These parents hoped that their teenagers did not drive when they were seriously impaired. Only one group member did not believe that her adolescents were likely to drink and drive.

The Teenage View of DWI

Parents discussed their teenagers and their perceptions of teenage views on drinking and driving.

- Several group members felt teenagers do not see DWI as a problem.
- Several members felt teenagers do see DWI as a problem.
- One member felt that teenagers are concerned about the drinking and driving issue but do not show or express their concern.
- Several members believed that teenagers see "getting caught" or "being picked up" for DWI as the "problem."

Impairment

Group members discussed the concept of impairment and shared their perceptions of the teenagers' view of impairment. The responses were mixed and indicated a difficulty with defining impairment.

Ways Parents Exercise Influence

Group members listed strategies parents have used for influencing teenage drinking and driving behavior. Members did not always identify which of these strategies were successful or unsuccessful but the implication was that parents felt these strategies had some deterring value.

- o Most members reported trying to model appropriate behavior regarding both drinking and driving.
 - Several members felt that strong role modeling was the most effective tool parents had.
- o Several members mentioned "teaching appropriate values" as the key to controlling not just teenage DWI but other problem behaviors as well.
- o Several members reported having discussions with their teenagers about the issue.
- o Several members reported trying to communicate to their teenagers that they could drink and have a good time without necessarily abusing alcohol.
- o One member mentioned that very strict limit setting had been a successful approach (e.g., "If you are caught drinking and driving you lose use of the car; no excuses, exceptions or qualifications").
- o Another member reported that telling teenagers that alcohol was not good for them had been a successful approach.

Factors That Encourage Teenage Drinking and Driving

The group talked at length about the factors they believed encouraged teenage drinking and driving.

- o All members felt that the following were strong influences encouraging teenage drinking and driving:
 - Easy access to alcohol by all teenagers, especially those who are still under age.
 - The quantity and quality of beer advertisements perpetuating a belief that no activity is complete without a beer.
 - The media in general.
 - The adolescent stage of life during which experimentation is common and a sense of invincibility pervades.
- o Most members felt that peer pressure was an extremely strong influence on teenage drinking and driving.

- Several members mentioned inappropriate parental role modeling (usually on the part of parents other than themselves):
 - Cocktails every night after work.
 - Parents who allow and even provide alcohol at parties for teenagers.
- Several members mentioned societal norms and practices as well as our general cultural climate.
 - Parties are held where getting drunk rather than being sociable is the goal.
 - Society has not made DWI an issue, and until recently there has been little to no public support for stronger anti-DWI laws or against lax enforcement of existing laws.
 - There is no acceptable alternative to alcohol as a party drink for teenagers (Perrier has caught on for adults, but it has not yet become acceptable for teenagers).
 - Society has created overly diverse, impersonal communities and institutions where people do not know one another.
 - There are few recreational alternatives other than parties available to teenagers.

Factors That Discourage Teenage Drinking and Driving

Parents identified some factors that discourage teenage drinking and driving.

- All members felt that sports and other activities that keep teenagers busy and tired were extremely important.
 - School and church were noted as two important sources of these activities.
- Several parents mentioned scare tactics such as experiences in hospital emergency rooms and local "lock-ups."
- Coaches of team sports were mentioned by several parents as strong influences.
 - One member, however, mentioned that drinking is a popular activity among team members.

Parental Supports Needed

Parents identified supports they believed to be necessary in order to deal more effectively with teenage drinking and driving. Throughout the session, participants expressed strong feelings that parents need help in dealing with this problem. They tended to agree that parents carry the primary

responsibility for combatting the problem, but they believed that other social institutions shared this responsibility. The supports sought by parents in Group #1 included legal/public policy, public awareness, education, and general supports.

- Legal/Public Policy issues were spoken about the most strongly:
 - Tighter and more consistent laws.
 - Speedy trials.
 - Certain, immediate, known and more stringent consequences.
 - Public support for programs and movements like SADD (Students Against Drunk Driving) and MADD (Mothers Against Drunk Driving).
- Public Awareness supports involved mass media campaigns that would:
 - Increase public awareness of the DWI problem.
 - Advertise DWI crackdowns and strong enforcement campaigns.
 - Provide greater coverage of DWI accidents.
 - Counter the current advertising that has created a permissive atmosphere regarding drinking and drinking and driving. (A campaign similar to that of the Surgeon General's campaign against smoking was mentioned; however, at least one member questioned the effectiveness of this type of campaign.)
 - Foster and create a new social climate in which drunkenness and drinking and driving are considered unacceptable, and in which saying "no" to alcohol is seen as acceptable.
- Education:
 - All members felt the schools carried a large share of the responsibility to educate young people about alcohol and drinking and driving.
 - Most members felt education about alcohol should begin in grammar school.
 - One member suggested an anti-alcohol, "brainwashing" campaign in the second grade.
 - Several members expressed a need for parent education that addresses how to talk effectively with teenagers about impairment.
- General:
 - Several members mentioned the need for informal support groups to help parents deal with teenage DWI.
 - Other members suggested the need for programs that involve teenagers in an active way with the DWI problem and/or with the victims of DWI accidents.
 - Churches, the courts, and the police were all mentioned as institutions/agencies that could be more supportive of parents.

Parents Group #1 - Discussion of Findings

While all parents in this group saw teenage DWI as a serious problem, individuals were mixed as to whether or not teenagers also saw DWI as a problem. The consensus seemed to be that teenagers identified the problem as "getting caught."

All parents felt that teenagers needed to understand the concept of alcohol impairment to be able to make sound decisions about driving after drinking. However, as the concept was considered complex and having so many variables, parents felt ill equipped to discuss impairment with their teenagers.

All parents recognized that they and their behaviors influence the behaviors of their teenaged children. However, most felt some degree of helplessness and powerlessness in dealing with their teenagers' drinking and driving. In addition, most felt that no matter how much they tried they were unable to counter competing outside influences without outside support and help.

Parents cited many factors encouraging teenage drinking and driving and few discouraging it. A majority of factors cited as encouraging drinking and driving included influences over which parents have little control (e.g., our cultural climate, beer advertisements, under-age sale of liquor).

A tremendous variety of approaches had been used by group members in an effort to influence their teenagers' behaviors. Techniques that worked for some members had failed for others and vice versa. All members said they tried to practice good role modeling. The implications of the mixed success of these efforts seemed to be that no one approach works all the time. Individual style, personality, and relationship between parents and teenager were important aspects in the success or failure of any technique. Due to these unique parent-child variables, it appeared that teenage drunk driving seemed unrelated to any specific parental efforts, values or caring.

In summary, these parents felt that prevention of teenage DWI would require a massive, multi-dimensional, coordinated effort. They believed that parents alone are unable to control the problem and that it must be attacked simultaneously at many societal levels. They suggested a variety of societal supports that could aid parents in their efforts to combat teenage DWI, but did not address what they could contribute to a multi-dimensional effort. The societal supports cited by parents suggested that these parents, and others like them, would be responsive to a variety of efforts by schools, community groups, police and courts, as well as to increased government involvement through legal measures, programs and public education.

Parents Group #2 - Findings

Comprised of four females and two males, this group of parents expressed acute awareness of the range of severe problems related to teenage drinking and driving. Based on personal experience, group members were knowledgeable

about the impact of these problems on the lives of adolescents and their families. Three group members stated that their teenagers had been arrested for DWI. Two members had children who are alcoholics. One child had entered treatment and the other child had thus far refused to acknowledge the problem despite behaviors that clearly suggested a drinking problem. Noted by the parent, these behaviors included blacking out, inability to go to work, and arrests for DWI.

One parent who was having a problem with one child, expressed confidence that the problem would not occur with the other children in the family.

The Teenage View of DWI

Since the majority of this group was experiencing problems with their teenagers around alcohol and/or DWI, the group did not directly discuss their teenagers' views of DWI. Rather, they focused on the specific problems generated by their teenagers. It was apparent, however, that the parents believed that most teenagers see "getting caught" or "being picked up" for DWI as the "problem."

Impairment

Group members discussed the concept of impairment and the teenagers' view of impairment.

- The majority of the group was aware that the degree of impairment varied with the amount of alcohol consumed, size, weight, etc.
- Despite the fact that the group was asked about perceptions of impairment from a personal perspective, the majority of the comments focused on teenagers' perceptions of impairment.
 - One member felt that since teenagers had no sense of their own mortality (as evidenced by the variety of risks they take) they had no awareness of impairment as a concept.
 - Others felt that until adolescents have had actual experience with drinking and driving it is unlikely that they will understand the concept of impairment.
- One member attributed his moderate approach to drinking and his ability to judge impairment to his early exposure to alcohol within his family context. He therefore expressed puzzlement at his teenager's lack of a similar response to this same exposure.

Parental Influence

The group discussed parental influence on the drinking and driving behavior of teenagers and analyzed the effects of their own efforts to influence their children.

- o With one exception, the members did not indicate an awareness of any potential for significant parental influence on their teenager's behaviors.
 - The one exception identified several approaches that had been used that indicated he could influence his teenager's behavior (these approaches involved strict limit setting and non-negotiable rules).
- o Even those members whose teenagers were not described as drinking drivers were not confident about their ability to influence their teenagers' behaviors.
- o At least two members appeared convinced that nothing other than the severest monitoring and restrictive actions had any effect.
- o While one member emphasized that the key to a positive influence was a demonstration of trust, another member insisted that no teenagers were trustworthy.
- o Most members expressed feelings that ranged from confusion to frustration to cynicism about the trustworthiness of teenagers and about the issue of teenage drinking and driving.

Ways Parents Exercise Influence

Group members cited strategies parents have used for influencing teenage drinking and driving behavior.

- o Group members were able to describe a variety of approaches (cited below) that had been used in an attempt to influence their teenagers' behaviors.
 - It was implied that these approaches had been tried with forethought, consistency, and genuine concern (even by the most cynical parent).
 - There was also some allusion to cooperation by the other parental partner in the implementation of these approaches.
- o There was no consistency regarding the success or failure of any parental efforts. What worked for some parents did not work for others and vice versa.
- o The differences in the results of similar efforts suggested that factors other than the effort itself must be taken into account when considering strategies to help parents exercise influence over their teenagers.

- Factors that came to light included family drinking history, family dynamics, parental style, and the uniqueness of the individual teenager.
- Approaches included:
 - Emphasizing earning the right to drive by having a job before driving can begin.
 - Establishing an understanding that any violation of a rule regarding drinking or driving will result in the loss of driving privileges.
 - Controlling the use of the car.
 - Demonstrating trust by establishing it around issues other than drinking or driving.
 - Assuring that teenagers have money to call home should they need a ride and not "hassling" them if they do so.
 - Putting pressure on schools to monitor situations where drinking has been known to occur.
 - Participating in parent support groups such as Al Anon and Tough Love.
 - Confronting other parents who provide/allow alcohol at parties.
 - Modeling appropriate behavior regarding the use of alternatives when parents have been drinking.
 - Modeling moderation and abstinence (e.g., giving up alcohol during the Lenten season).
 - Encouraging participation in SADD.

Factors that Encourage Teenage Drinking and Driving

Parents had no trouble citing factors that encourage teenage drinking and driving. Factors were:

- Laxity of law enforcement.
- Lack of standardization of consequences for drinking and driving violations.
- Influences of the mass media.
- Parents who "don't care."
- "Suburban spread" that creates pressures to let teenagers drive before they are mature enough to do so.
- Teenagers in the same neighborhood and sometimes even in the same family that frequently attend schools in different parts of the metropolitan area. (This results in families no longer knowing each other and being unable to reinforce appropriate standards of behavior.)

Factors that Discourage Teenage Drinking and Driving

As a whole, the group was less able to cite factors that discourage teenage drinking and driving as compared to the ease with which encouraging factors were cited.

- One member mentioned groups such as SADD, PANDA (Parents Against Drug Abuse), MADD and Al Anon.
- Another member mentioned rehabilitation programs such as ASAP.
- Several members felt that additional sports programs at school could discourage the acceptance of drinking and subsequent driving after drinking.

Parental Supports Needed

Parents identified supports they believed necessary for dealing more effectively with teenage drinking and driving. Throughout the meeting all members made repeated reference to the need for supports in exercising influence over their children. The supports sought by parents in Group #2 included the legal process, schools/education, and government/institutions.

- The legal process was cited most frequently as a source of support. Comments included:
 - Stricter laws.
 - More consistent enforcement of laws.
 - Speedier judicial processes.
 - Modification of DWI laws to be more applicable to teenagers and thereby more likely to be enforced.
 - Implementation of the use of "junior driver's licenses" (those which limit teenage driving to certain hours/times of the day).
 - Raising the drinking and the driving ages on a regional basis ("regional basis" was stipulated because of the multiple political jurisdictions in such close proximity to the Washington, DC metropolitan area).
 - Establishing laws that hold parents accountable (a criminal offense) for allowing alcohol at parties where teenagers are allowed to drink.
- Schools and the educational process were believed to be important in assisting in addressing the DWI problem. Suggested remedies included:
 - Stricter monitoring of social and sports events.
 - More effectively integrating issues related to drinking and driving into the overall educational system.
 - Developing educational programs that are directed at younger children.

- Creating a social environment that emphasizes a sense of responsibility for others ("you are your brothers keeper"). One parent felt that in such an environment "squealing" would become more socially acceptable.
- Policies or programs that should be the responsibility of the government or other institutions included:
 - Public information and education campaigns.
 - Alcohol testing programs that allow individuals to experience and observe their own impairment.
 - Better control of and use of the media to reduce the sanctioning of drinking and to emphasize the social, legal and personal consequences of drinking.

Parents Group #2 - Discussion of Findings

The parents in this group were all concerned about the issue of teenage DWI and with varying degrees of intensity saw it as a problem. Their responses and suggestions reflected family problems and tended to evidence greater cynicism and frustration than did those from the first group of parents. There appeared to be a relationship between the intensity of expressed concern with teenage drinking and driving and personal experiences with the problem. Those who did not acknowledge having personal experiences with the problem were more likely to speak in the abstract using generalities; those who admitted to personal experiences were more concrete and specific.

There was general agreement that teenagers needed to understand the symptoms and implications of impairment. However, some parents expressed frustration over how to effectively communicate information regarding impairment to their children.

The parents generally acknowledged that parents do exercise some influence over their teenagers' behaviors and, with the exception of one parent, were eager to identify ways to make that influence work more effectively. This group was generally critical of the lack of support from the legal system and from the community at large in enforcing whatever limits they had set for their teenagers.

The group listed a variety of techniques that had been used to address the DWI problem and acknowledged that some of these had been more effective with one or two children and less effective with others. There was general agreement that the suggested techniques had value, but that parents needed additional supports in making them work effectively with a child who is resistant to them.

As a group, the parents identified several factors that encourage drinking and driving and only a few that discourage drinking and driving. These factors, whether cited as encouraging or discouraging drinking and driving, all seemed outside the control of parents and reflect the extreme degree of helplessness and powerlessness that these parents were experiencing in dealing

with the problem. Parents were able to identify many supports that they needed to deal more effectively with their own teenagers, and seemed quite willing to accept the involvement of government in establishing programs and policies to address the problem.

In summary, these parents were clearly concerned about the problem of teenage DWI, were reasonably knowledgeable about factors that contributed to the problem and were able to identify a variety of techniques that had been used to address the problem. They all expressed some degree of frustration with the lack of success in curbing the problem, either on a personal or a societal level, and expressed need for increased support from the community. This suggested that they, and others like them, would be responsive to a variety of supportive and preventive measures such as: grass roots parents' groups; increased government involvement through programs and legal measures; increased public education by schools, community groups and the mass media; and a stronger monitoring role by school administrators and teachers.

Combined Discussion of Findings from Parents Groups #1 and #2

The parents in both groups saw teenage DWI as a serious problem and several (Group #2) had experienced serious problems with their own teenagers regarding alcohol use and DWI. Without exception, the parents expressed an openness to help and support in dealing with the problem with their teenagers. Many felt isolated, frustrated, helpless and powerless about the problem. Some seemed to have the feeling that they were "in this alone." In fact, the overwhelming majority felt that the teenage drinking/driving problem could not be handled by parents alone; it needed to be attacked on many levels by all of our societal institutions simultaneously. It is interesting that neither group suggested ways that organized parent groups might be able to influence the factors that contribute to the problem. This suggests that parents may feel the problem is out of their control and they no longer perceive themselves as effective controlling influences.

All of the parents recognized influences in our society that both encourage and discourage teenage DWI. In both groups, however, more encouraging influences were noted than discouraging influences. Both groups identified lax law enforcement; the mass media; parents who do not try to control (or even encourage) the use of alcohol by teenagers; large, impersonal institutions; and sprawling suburban communities as major influences encouraging teenage drinking and driving. Similarly, both groups identified the schools and activities that keep teenagers active and tired (sports in particular) as major discouraging influences (or at the very least as influences that have a great deal of potential to discourage drinking and driving). Most parents expressed frustration at their inability to counter the effects of many of the encouraging influences. Most also felt that the majority of these influences were such that individual parents could not impact on them to any significant degree (for example; the "large, impersonal institutions").

Most parents believed they understood the concept of impairment and expressed an ability to judge effectively their own degree of impairment in relationship to driving. Most parents also believed, however, that teenagers

did not understand the concept of impairment and that teens had little or no ability to judge effectively when they were too impaired to drive. Simultaneously, the majority expressed a great deal of frustration and concern regarding how to communicate with their teenagers about impairment. Most of them did not feel comfortable discussing impairment because they were unsure of the "facts." This either prevented most parents from raising the issue or led to ineffective discussions.

Both groups were clear in terms of the supports they felt parents needed in order to deal more effectively with teenage DWI. Most parents felt stricter, more consistent laws, increased enforcement of existing laws and speedier trials would be of great help.

The majority also felt that schools shared in the responsibility of educating children about alcohol use and drinking and driving. They felt educational programs addressing these issues should begin in early grammar school and be better integrated into the overall educational system.

The majority also felt that some control of the mass media or a counter attack on the images it has created needs to take place. They felt increased public awareness and educational campaigns were necessary to counter the current perceived social sanctioning of drinking and driving. They also felt that these campaigns should try to foster a new social climate that emphasizes personal responsibility and non-support of alcohol use and driving.

Other supports for which a majority expressed a need included greater public support of programs like SADD, MADD, PANDA and Al Anon; and support groups for parents to help them deal with the issue of teenage DWI more effectively. One item that was seldom mentioned directly but was clearly being addressed was the need for parent-education programs that would educate parents about alcohol, alcohol use and driving, and how to talk with teenagers about the concept of impairment.

In summary, parents clearly recognized that teenage DWI is a serious problem and that they alone could not combat it. They felt isolated and unsupported. As a result they seemed very open to, and accepting of, any help that they could get to deal with the problem. They seemed ready to support any and all efforts that would address the problem and strongly believed that potential solutions had to be made on a multi-dimensional level.

Comparison of the Findings of the Parents Groups to the Findings of the Individual Interviews (Volume III)

Student Activist Programs

The results of the individual interviews suggest that organizations like SADD (Students Against Drunk Driving) can have a significant impact on deterring drinking and driving among adolescents. Parents also seemed aware of the potential benefits from programs like SADD and felt the community should support them. These results suggest that, given the proper conditions, community support for student-led and inspired anti-drinking/driving organizations would have solid parental backing and the potential for decreasing teenage DWI.

Information/Impairment

In the individual interviews it was found that participants had little factual information about the effects of drinking and drinking and driving. Most participants were only able to measure their degree of impairment when it was extreme. Parents tended to verify this finding by suggesting that teenagers did not appreciate the seriousness of drinking and driving. In addition, the majority of parents expressed frustration regarding how to communicate with their teenagers about impairment. Therefore, they either did not discuss it or felt ineffective when they did.

These findings suggest that there is a need for parental education on the facts about drinking and driving, the concept of impairment, how to measure impairment and equally importantly, how to communicate this information to teenagers.

School/Education Programs

Parents strongly felt that the schools should be playing a more active role in educating teenagers about drinking and drinking and driving. However, the results of the interviews with adolescents suggested that traditional classroom educational programs that address drinking and driving have been of little value in influencing drinking and driving behavior. This suggests that if schools face increasing pressure to provide more educational programs on the subject, indepth evaluation of the content and methodology of existing programs will be necessary. (It is interesting to note that the meta-analysis - Volume II of this project - found that school-based educational programs alone were the least likely setting for successful primary prevention programs.)

Parental Influence

Whereas, the results of the individual interviews suggested that young people view parents as a significant influence on their drinking and driving behavior, parent participants, for the most part, felt powerless and impotent in dealing with their teenagers' drinking and driving. Based on the theoretical literature on human development and parenting of adolescents, both of these radically different perspectives are valid. The nature of adolescence is to want parental guidance while at the same time minimizing, devaluing, and resisting parental authority. As a result, parents of an adolescent feel angry, frustrated, helpless, and impotent, while at the same time responsible.

Therefore, parents need to know that despite these feelings their guidance is influential. In addition, parents need to recognize that they can influence teenage drinking and driving in their community. This can be accomplished by tactics such as pressure on local merchants and on the local Alcohol Beverage Control Commission to reduce the sale of alcohol to minors.

Adult Males Group - Findings

Adult males discussed drinking and driving, impairment, and their attitudes towards these issues. They provided perceptions concerning the problem drinker and discussed their attitudes regarding the legal aspects of drinking and driving, and approaches and techniques for prevention. They listed factors that encourage and discourage DWI and identified consequences related to drinking and driving.

Impairment

Subjects were divided in their ability to define impairment and to judge an impaired condition. One subgroup said it was not possible to define or judge impairment because the effect of alcohol on the body depends upon too many variables, such as weight and food consumption. It was suggested that a drinker usually does not know he is impaired until "after the fact." Another subgroup said it was possible to judge impairment based upon personal drinking experience. All but one member of the group reported having driven while impaired.

Regardless of the ability to judge their impairment, most of the subjects said that they had changed their drinking and driving habits in order to ensure that they do not currently drive while impaired. To prevent DWI, they reported having developed the following habits:

- Confine heaviest drinking to own home.
- Plan to have someone else drive.
- Stay overnight when excessive drinking occurs.
- Pull over to the side of the road to "sleep it off."

The Problem Drinking Driver

With two exceptions, the group tended to associate the "chronic drinker" as the problem drinking driver. This perception persisted even though the comment, "It only takes one time to kill someone," was made several times by at least one group member. Continually the problem drinking driver and the chronic drinker were equated, and participants believed the menace or problem to be someone other than themselves.

Legal Aspects/Consequences

Among group members there was general consensus that more conscientious enforcement of existing laws was necessary in order to reduce the number of intoxicated drivers. However, there was disagreement on whether legal consequences should be applied differentially for "chronic" drinkers or "casual" drinkers. Some members felt that laws should be applied evenly for both kinds of drinkers. Others, who tended to identify with the casual

drinkers, felt that allowances should be made for the person who has had only one or no previous arrests.

Factors That Encourage Drinking and Driving

The group identified the following factors that encourage drinking and driving:

- Legal consequences that are too lenient and unevenly applied.
- Attitudes among the general public that all social encounters should include drinking.
- College environments that promote drinking at a time in life when individuals have few responsibilities.
- Careers, such as the military, in which employees must face long stretches of boredom.
- Alternatives to driving after drinking are often inconvenient.
- Lack of social sanctions against drinking too much.

Factors That Discourage Drinking and Driving

The group identified the following factors that discourage drinking and driving:

- Responsibilities of work and family that limit drinking to weekends.
- Concerns about the impact of excessive drinking or a DWI arrest on one's career.
- Fears of getting caught and dealing with legal consequences.
- Fears of damaging the car.
- Personal experiences. (One group member witnessed a horrible accident and strongly identified with the driver who had been beheaded.)

Consequences of Drinking and Driving

Participants discussed their perceptions of the consequences associated with drinking and driving.

- One group member expressed concerns about the impact of heavy drinking or DWI arrests on opportunities for career advancement.

- Several group members indicated that concern about risk (to self or others) was not usually a deciding factor in their own drinking and driving behaviors.
- A few members reported that friends and co-workers tended to be very tolerant of excessive drinking and would be sympathetic to a person arrested for DWI.
- There was general consensus that intervention with friends to prevent driving while intoxicated was not currently socially acceptable.
 - Friends were seen as being offended if their judgment or driving capacity was questioned.

Preventive Approaches

Group members examined their attitudes regarding approaches to the prevention of DWI.

- Some group members felt that public policies were needed to control the drinking/driving problem and to influence attitudes and behavior. They felt the government should:
 - Establish more public awareness and educational programs.
 - Research and publicize alternatives to driving after drinking.
 - Treat chronic drinking as a public health problem and establish treatment programs for chronic drinkers.
- At least two group members opposed a suggestion that the government should be more responsible for the problem than individuals. They compared government intervention to control DWI with government intervention to control the use of guns. They felt that the DWI problem could best be addressed by:
 - Increasing public awareness regarding legal limits on alcohol consumption and driving.
 - Encouraging individual responsibility for moderate behavior.
- There was mixed reaction to the suggestion of increasing the legal consequences for driving while intoxicated.
 - At least two members felt increases should be severe.
 - One member felt that increases in penalties should discriminate between the casual and chronic drinker.
 - Three others felt that increases in penalties should be applied evenly to all persons.
 - Two members felt that increases in penalties would not be necessary if current laws were properly enforced.

Specific Prevention Techniques

In addition to the assessment of general prevention strategies, the group discussed specific prevention techniques.

- Some members expressed the need to have clues, cues or techniques available that could be used to assess their degree of impairment before they attempted to drive.
 - Breathalyzers and video games in public drinking places were suggested examples.
- Other group members questioned the value of having breathalyzers, video games or similar devices in bars.
 - They suggested that because a drinker's judgment would already be impaired it was likely that he would ignore the results of these devices and drive anyway.
 - One member suggested that he would resent a machine telling him when he had had too much to drink to drive.
- The majority of the group agreed that stronger enforcement of DWI laws was necessary; however, no consensus was developed regarding how stronger enforcement could be most fairly and effectively implemented.
- There was general agreement that a high likelihood of being pulled over for a "spot-check" would make people think more about driving after drinking.
 - It was not clear whether frequent spot checks would actually prevent people from driving after drinking but there was a clear implication that these checks would encourage greater self monitoring.
- The group was not able to reach any consensus around the question of severe increases in punishment for DWI convictions.
 - All discussions that addressed this issue brought the group back to the question of whether to treat chronic drinkers/chronic offenders and casual drinkers/first offenders similarly or differently. The group was never able to reach a consensus on this question.
- After some discussion a general consensus developed that increased public awareness and a greater public consciousness might induce people to intervene with impaired individuals and make these individuals more responsive to this intervention.

- A few group members felt that publishing the names of the "drunk drivers of the week" on the front page of a local newspaper would have a preventive effect.
 - Others disputed the value of this saying that unless there were social or job related consequences that accompanied this, it would have little effect.
- There was general agreement that "pre-planning" was a reasonable approach to be used.
 - Most members described situations in which they had used this approach.
 - Planning approaches included limiting the number of drinks, not drinking, making arrangements to ride with someone else, and staying overnight.
- There was limited discussion of such things as interlock systems, dial-a-ride and posted signs ("DWI Is Illegal").
 - Interlock systems and dial-a-ride were referred to as too inconvenient.
 - Signs were referred to as having value only as part of a more extensive public awareness program.

Adult Males Group - Discussion of Findings

All participants in the adult males group indicated that they considered driving while under the influence of alcohol a serious problem. They stated that their primary motivations for attending the meeting were a sense of responsibility to learn more about the problem and to share their views on some possible solutions. They felt that because they all had some experience with drinking and, with one exception, some experience with drinking and driving, they were qualified to discuss the problem.

Group members were mixed in their ability to judge their own levels of impairment. While some claimed they clearly knew when they had had too much to drink to drive, others were unable to judge their own impairment levels. Concern was expressed about the difficulty in judging impairment, and the group viewed this difficulty as a real problem.

With one or two exceptions, the group members resisted any personal identification with those who they considered part of the DWI problem. This may have been due to the fact that most group members indicated they employed, at least occasionally, several alternatives to drinking and driving. However, it is also possible that this distancing of self from the problem was related to a strong tendency to associate DWI accidents with chronic drinkers. While the group was not asked specifically to define a chronic drinker, it was clear that none of the members saw themselves as being in that category. For the most part they were clear in describing themselves as casual drinkers at most.

With regard to specific prevention strategies, little consensus existed within the group. Strong disagreement was evidenced on the issue of legal consequences of a DWI conviction for casual or chronic drinkers. Some members felt greater leniency should be accorded casual drinkers, whereas others felt that the law should not discriminate between casual and chronic drinkers. This controversy tended to cloud subsequent discussions on DWI prevention techniques.

Most group members felt that they used "pre-planning" as a preventive technique. However, what they seemed to be referring to was "self-monitoring" within a drinking situation, rather than planning in advance of being in that situation.

Public awareness/education campaigns received the greatest amount of unqualified support from the group. There was some suggestion that these campaigns could, if successful, be the key to facilitating changes in adult male drinking and driving behaviors.

With regards to intervening with others who may be too drunk to drive, the group members generally felt that it was not socially acceptable to actively intervene with others to prevent DWI. There was, however, general agreement that if public awareness could be increased to the point that intervention became more socially acceptable, intervention would then be a viable prevention technique.

In summary, the group members were persons who were legitimately concerned and reasonably knowledgeable about issues related to DWI. Their stress on the need for increased public awareness and a higher level of public consciousness about the DWI problem in order to legitimize intervention suggested that they, and others like them, might be responsive to a variety of preventive programs and techniques, especially if the social climate supported these programs and techniques.

SECTION IV

SUMMARY

This section summarizes the most significant findings for the three focus groups. It also raises issues and makes recommendations relevant to primary prevention programming.

Three common areas of concern emerged from the findings of the two population groups: impairment, public awareness/education, social climate/need for support. While each of these areas is distinct, each is so closely related that discussions will naturally overlap.

Impairment

Participants in all groups had difficulty defining alcohol impairment. Although many felt able to measure their own impairment, they did not believe they could communicate the concept of impairment to others. It was felt that information on and techniques for measuring one's level of impairment should be developed; especially as they relate to one's ability to drive. Parents needed this information for themselves and to help educate their teenagers. Adult males needed this information for themselves and to help them justify intervening with others to prevent DWI.

For the purposes of primary prevention:

- Research into the development of techniques for measuring levels of impairment should be considered.
- Innovative and even experimental methods for teaching how to measure impairment should also be considered.

Public Awareness/Education

Most participants agreed that massive public awareness and education campaigns needed to be undertaken by federal, state and local governments. It was felt that if the general public really understood the significance of the DWI problem and the cost to society of DWI related accidents, that people would be more supportive of efforts to control the problem. Both groups saw themselves as knowledgeable but still in need of more accurate information regarding DWI and related issues. Parents needed more information in order to be more effective teachers with their children. Adult males needed more information in order to be able to communicate more effectively with their peers and to have an accepted rationale for moderation in drinking when driving would be required.

For the purposes of primary prevention:

- Massive, multi-level, public awareness/education campaigns should be considered.

- These campaigns should focus on publicizing the magnitude of the DWI problem and educating the public regarding the issues, costs, etc.
- Parent education programs aimed at helping parents communicate more effectively with their teenagers regarding impairment and drinking and driving should be developed.

Social Climate/Need for Support

Both focus groups encouraged substantial change in the social attitude toward drinking and drinking and driving. Less tolerance of irresponsible drinking and greater opposition to DWI would, in their estimation, contribute to the prevention of DWI. In order to feel that their efforts to effect the drinking and driving behavior of their teenagers are meaningful, parents believed they needed more support from the broader community. Adult males believed they would be more moderate in their own behavior and more willing to intervene with others if society was more critical of drinking and DWI. In general, individuals in both groups acknowledged that they would take stronger stands against DWI if society offered a climate conducive to responsible drinking and driving behavior.

For the purposes of primary prevention:

- The previously mentioned public awareness/education campaigns should also focus on individuals assuming a greater sense of responsibility for the DWI problem.
- Campaigns should also be aimed at encouraging intervention with friends and others, at portraying individuals who intervene as positive, caring, responsible people, and at portraying individuals who do not intervene as negative, uncaring and irresponsible.
- Our public institutions should identify themselves with anti-DWI positions and align themselves with organizations and programs aimed at combatting DWI.

SECTION V
CONCLUSIONS

The findings of the three focus groups suggest the following general conclusions:

- Adults are concerned about the DWI problem in our society.
- They want to combat the problem but do not currently feel they have either the information or public support needed to do so.
- They indicate they are open to and supportive of government intervention/programming that would help to educate the public and help to create a social climate that is less tolerant of drinking and driving.

This research has helped to identify additional information associated with the drinking and driving problem, particularly as it relates to adult males, parents and teenagers. While further research needs to be done regarding this information, it provides new insights into areas where primary prevention programming would be supported and potentially successful.

APPENDIX A
Recruitment Letter

June 8, 1982

16 VOLUNTEER PARENTS NEEDED FOR TWO GROUPS
TO EXAMINE THE ISSUE OF
TEENAGE DRINKING AND DRIVING

DATES: June 21 and June 23
TIME: 7:30 - 9:30 PM
PLACE: High School

Dear Parent:

As you are probably aware the problem of drinking and driving is becoming an increasingly serious one in the U.S. today. Creative Associates is currently involved in a project with the Department of Transportation, National Highway Traffic Safety Administration to develop strategies for future primary prevention programs to deter people from driving while intoxicated (DWI).

Recently we conducted 40 individual interviews with young people aged 13 to 26 to get a sense of their current norms and attitudes about drinking and DWI. Our findings suggest that parents' relationships with their teenage children may be a productive area to explore regarding possible prevention measures. Therefore, we are requesting your voluntary participation in one of two discussion groups that will examine the issues and concerns parents have about drinking and DWI. During the group meetings participants will be asked to share their ideas, perceptions and experiences in order to explore strategies that can be used to help parents address the issue of DWI with their children.

In an effort to find interested parents we recently contacted High School, explained our project and its focus and requested help in recruiting sixteen (16) parents who would be willing to volunteer to participate in a group discussion. shares our concern about the DWI problem and is extremely supportive of our research efforts.

has agreed to provide us with meeting space for the groups and to mail this letter to you. To protect your privacy, has not provided Creative Associates with your name. Rather, Creative Associates has sent this letter to where it was addressed and mailed by school personnel. Therefore, Creative Associates has no information regarding who has received this letter. Should you decide not to respond to this request, Creative Associates will have no record of your having been contacted.

As noted earlier, we will be conducting two, two-hour groups of eight parents each (total of 16 parents needed). All information obtained during the group discussions will be treated with complete confidentiality. While summary information will be included in our final report to the Department of Transportation, no individual participant will be identified with any specific response or piece of information.

Likewise, only summary information will be shared with High School. Furthermore, will not be identified by name in our final report; reference will be made only to a private school in the Washington, DC metropolitan area.

The groups will be run from 7:30 p.m. to 9:30 p.m. at High School on Monday, June 21 (Group I) and Wednesday, June 23 (Group II). Refreshments will be provided. If you are interested in volunteering to participate in either of these groups or would like more information about them, please contact Wayne Pawlowski or Sue Korenbaum at 966-5804 from 9-5 or Wayne Pawlowski at evenings after 9:00 p.m. If you are unable to participate on these dates we encourage you to pass this letter on to other parents who might be available at these times.

DWI is a national problem that destroys lives and shatters families. Ironically, in DWI related accidents, it is frequently the non-drinker who is injured or killed while the DWI offender receives only minor physical injuries. Perhaps two of the most distressing factors of all are that most individuals who drink and drive never even consider the fact that they might someday be the cause of a DWI accident and that teenagers as a group are at the greatest risk for involvement in a DWI accident.

I hope that you will seriously consider participating in this project. We will look forward to hearing from you.

Sincerely,



Wayne V. Pawlowski, ACSW
Research Associate

WVP/dlf

cc: Dr. Maria Vegega, U.S.D.O.T.
Mr.

High School

APPENDIX B
Telephone Screening for Parents

TELEPHONE SCREENING FOR PARENTS

Date of Response _____

Rejected _____

CA Staff _____

Consider _____

M _____

Parent of student? _____

Accepted _____

F _____

Assigned _____

Spouse also interested _____
(check if applicable, fill
out separate sheet for each
individual)

Group _____

Does individual drive? _____

Does individual currently drink alcoholic beverages? _____
(any amount)

Age, sex and driving status of all children in the home?

| age? | sex? | driver? |
|-------|-------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

(NB: At least one child must be between 16
and 18 and drive.)

Preference for which group? 1st choice _____ 2nd choice _____ Either _____

If only first choice is indicated, is individual available for other group if
necessary? _____

- Point out that the groups will be taped but that the tapes will be used for analysis purposes only and will be destroyed after our final report is completed.
- Point out that selection and group assignments will be made in the next few days and that we will call back by June 16 to confirm selection and assignment and to provide more details.

Name _____

Daytime phone: _____

Evening phone: _____

CREATIVE ASSOCIATES

APPENDIX C
Recruitment Poster

PAID VOLUNTEERS NEEDED

**\$40 PER PARTICIPANT
8 MALES - AGES 30 - 50
THURSDAY, JUNE 17, 5:30 - 7:30 PM**

**NEEDED FOR A 2 HOUR CONFIDENTIAL
GROUP DISCUSSION ON DRINKING AND DRIVING
TO BE HELD IN SUTTON CENTER BUILDING**

**VOLUNTEERS MUST DRINK ALCOHOLIC BEVERAGES
AND BE LICENSED DRIVERS**

INTERESTED ?

**CALL WAYNE OR SUE: 966-5804
9 - 5 WEEKDAYS
BEFORE JUNE 15**

APPENDIX D
Telephone Screening for Adult Males

TELEPHONE SCREENING FOR ADULT MALES

Date of Response _____

Rejected _____

CA Staff _____

Accepted _____

Call Back _____
(If group is currently full
or if acceptability is
questionable.)

Age _____

Does individual drive? _____

Does individual currently drink alcoholic beverages? _____
(any amount)

Is individual available Thursday, June 17, 1982 from 5:30-7:30 pm? _____

- Point out that the group will be taped but that the tapes will be used for analysis purposes only and will be destroyed after our final report is completed.
- Explain that, the individual will have to sign a receipt form for the \$40.00 honorarium. For accounting purposes address and social security number will have to be provided.
- If all of the above is acceptable, confirm the individual's selection to the group. Restate the day and time and give location:
 - Thursday, June 17, 1982
 - 5:30 - 7:30 p.m.
 - CA office 3201 New Mexico Avenue, NW #270
 - Phone # 966-5804
- Request that the individual arrive about 5:15 pm and indicate that coffee and donuts will be served.

Name: _____

Daytime phone: _____

Evening phone: _____

CREATIVE ASSOCIATES

APPENDIX E
Protocol: Parents Focus Groups

1.

PROTOCOL
PARENT FOCUS GROUPS

THEME: What can be done to help parents prevent their teenagers from DWI?

RATIONALE: Students who participated in our individual interviews identified their parents as one of the major influences on their D&D behavior. However, the students implied that few parents exercise this influence. It is, therefore, important to explore with parents:

- How significant the problem of teenage DWI is in relationship to all of the other problems with which parents must deal?
- Who is responsible for educating teenagers about the issue of DWI?
- How parents can be helped to exert an influence over their teenager's D&D behavior?

PURPOSE: To develop strategies that parents can use to prevent their teenagers from DWI.

OUTLINE FOR CONDUCTING FOCUS GROUPS:

I. Introduction

- Review theme, rationale and purpose
- Distinguish DWI from D&D (see p. 5 for definitions)
- Describe the group
 - All have teenage children from (specify age range) who drive
 - All have children attending the same school
 - All are volunteers
 - Any other common characteristic from screening process
- Review selection process
- Re-describe focus group process
 - Working groups whose purpose is to identify and discuss opinions and beliefs about teenage D&D
 - Develop prevention strategies that parents can use to deter teenage DWI

- Remind participants that all responses and specific comments will be treated confidentially
 - Explain Creative Associates' handling of the results of the group discussion
 - Discuss participants responsibility for maintaining confidentiality
- Group Management
 - Coffee, tea, donuts
 - Smoking
 - Breaks
 - Bathroom
 - Time constraints

II. Issues for Discussion

The following questions represent the key issues which will facilitate the exploration of the ideas and opinions of parents having teenage children. Below each issue-question is a list of specific probe-questions that can be used to generate discussion. The order of the issue-questions represents the expected sequence in which the issues will be discussed. As the discussion proceeds additional questions related to the theme may be explored.

A. Do parents have sufficient information to discuss DWI with their teenagers?

- Do you see DWI as a significant problem?
 - Why or why not?
- What are the earliest signs and symptoms of the effects of alcohol?
- Do these early signs and symptoms effect a person's ability to drive?
 - If yes, how?
 - If not, (given the symptoms mentioned) why not?
- What signs and symptoms suggest that a person is too drunk to drive?
- Have you ever been at this stage?
- What did you do?
- If you teenager was in the same situation what would you want him/her to do?

- Have you ever talked with your teenager about D&D or DWI?
 - Why or why not?
 - Do you think teenage DWI is a significant problem?
 - Why or why not?
- B. Do parents see themselves as having an influence on their teenager's D&D behavior?
- In what ways do you think you can or do influence your teenager's D&D behavior?
 - Do you have any family rules regarding D&D?
 - Are your teenagers aware of the consequences they would face at home if they were apprehended for D&D or DWI?
 - Where are your teenagers getting their information about D&D?
- C. What do parents see as societal factors that encourage teenage D&D?
- D. What do parents see as societal factors that discourage teenage D&D?
- What messages about D&D do you think your teenagers get from society at large?
 - What are the major societal factors that encourage teenage D&D?
 - What are the major societal factors that discourage teenage D&D?
 - Which of these influences are the most powerful?
 - Are these influences more powerful than your own influence on your teenagers?
- E. What influence does parental behavior have on teenagers' D&D behavior?
- Which parental behaviors can positively influence teenage D&D (reduce the likelihood of DWI)?
 - Which parental behaviors can negatively influence teenage D&D (increase the likelihood of DWI)?
- F. What can parents do to help prevent their children from DWI?

G. What supports, aids or help do parents need in order to help prevent their children from DWI?

- Given societal and parental influences on teenage D&D behavior, what do you think parents can do to help prevent teenage DWI?
- What supports, aids or help do parents need in order to be effective in the battle against teenage DWI?
- If you are not now talking with your teenagers about DWI, what would motivate or help you to do so?

H. What successful approaches have parents used to prevent their teenagers from DWI?

I. What unsuccessful approaches have parents used to try to prevent their teenagers from DWI?

- Does anyone know of any particular approaches that are used with teenagers that have been successful in preventing DWI?
- Does anyone know of any particular approaches that have been used with teenagers that have been unsuccessful in preventing DWI?

J. In the broadest sense, what do parents think can be done to prevent teenage DWI?

- Who do you think carries the basic responsibility to try to prevent teenage DWI?
- What can be done to prevent teenage DWI?
- Who should do it?

III. Wrap-Up

After the above issues have been discussed the facilitator will summarize, clarify and solicit additional comments or ideas from the participants.

IV. Closing and Questionnaire

After summarizing the facilitator will:

- Thank participants for their time, efforts and contributions.

DEFINITIONS:

- DWI: Driving while legally intoxicated; this is based upon Blood Alcohol Count (BAC) which is set at .10 in all states.
- D&D: Driving soon enough after drinking so that alcohol is affecting the individual to some extent.

APPENDIX F
Protocol: Adult Males Focus Group

PROTOCOL

ADULT MALES FOCUS GROUP

THEME: What can be done to prevent adult males from DWI?

RATIONALE: Statistically, men between the ages of 20 and 60 have the highest incidence of DWI accidents. It is, therefore, important to explore with men in this age group:

- Is DWI seen as a problem?
- Is DWI seen as a problem of significant enough magnitude to warrant changes in personal behavior patterns?
- What strategies can be employed to motivate behavior change and/or to combat DWI in other ways?

PURPOSE:

- To identify the attitudes of adult males, aged 30 to 50, about DWI.
- To identify possible influences that form and maintain these attitudes.
- To identify strategies that may be employed to combat DWI among this population.

OUTLINE FOR CONDUCTING FOCUS GROUP:

I. Introduction

- Review theme, rationale and purpose.
- Distinguish DWI from D&D. (see p. 5 for definitions)
- Describe the group.
 - All are between the ages of (specify).
 - All are drivers.
 - All drink alcoholic beverages to some extent.
 - Any other common characteristics for screening process.
- Review selection process.
- Re-describe focus group process.
 - Working group whose purpose is to identify and discuss opinions and beliefs about adult male DWI.
 - Test and develop possible prevention strategies that could deter adult male DWI.

- Remind participants that all responses and specific comments will be treated confidentially.
 - Explain Creative Associates' handling of the results of the group discussion.
 - Discuss participants' responsibility for maintaining confidentiality.
- Group management
 - Coffee, tea, donuts.
 - Smoking.
 - Breaks.
 - Bathroom.
 - Time constraints.

II. Issues for Discussion

The following questions represent the key issues which will facilitate the exploration of the ideas and opinions of adult males. Below each issue-question is a list of specific probe-questions that can be used to generate discussion. The order of the issue-questions represents the expected sequence in which the issues will be discussed. As the discussion proceeds additional questions related to the theme may be explored.

A. How do adult males define impairment?

- What are the earliest signs and symptoms of the effects of alcohol?
- Do these early signs and symptoms effect a person's ability to drive?
 - If yes, how?
 - If not (given the symptoms mentioned) why not?
- What signs and symptoms suggest that a person is too drunk to drive?
- Have you ever been at this stage?
- What did you do?
 - Why did you do this?
- Did you consider doing anything else?
 - Why didn't you do this?

- B. What are some adult male attitudes towards DWI and what are some of the societal influences that lead to and sustain these attitudes?
- What rationale (influences, mores, pressures, etc.) did you use to justify your decision/behavior when you were too drunk to drive?
 - Have you or would you ever consider trying to prevent a friend from DWI?
 - Why or why not?
 - What are the major societal factors that encourage D&D?
 - What are the major societal factors that discourage D&D?
 - Which of these influences are the most powerful?
- C. Do adult males see DWI as a significant problem?
- Why or why not?
- D. How likely do adult males think it is that DWI offenders will be apprehended and prosecuted?
- E. What do adult males see as the consequences of being charged with DWI?
- If someone is driving under the influence how likely is it that they will be apprehended?
 - How badly would someone have to be driving to attract attention?
 - If someone were apprehended how likely do you think it is that he or she would be prosecuted for DWI?
 - If someone is prosecuted what do you think happens to him or her?
- F. If adult males see DWI as a problem who do they think is responsible for solving the problem?
- Who?
 - Why?
 - What role do you think the government should play in working toward solving this problem?
- G. How do adult males think the DWI problem can be solved?
- How?

- What are the pros and cons of each suggestion?

H. How will adult males respond to specific, suggested prevention strategies?

- For each of the strategies listed below, explore:
 - would it prevent DWI?
 - would you use it on your own?
 - under what circumstances would you consider using it?
 - what would motivate you to use it?
- Increased public awareness campaigns
- Actual increases in enforcement of DWI laws
 - extensive advertising of increases in enforcement (scare tactics)
- Regular yet unpredictable spot checks for DWI offenders
- Severe increases in punishment of DWI convictions
 - mandatory loss of license
 - no leniency for first offenders
 - extremely high mandatory fines
 - mandatory jail sentences
- Planning techniques such as
 - self-pacing (self-monitoring)
 - alternating alcoholic and soft drinks
 - one non-drinker
 - arranging to stay over night
 - making arrangements for others to stay over night
 - serving food and stop serving drinks at end of parties
 - arranging events where alcohol is not served
 - arranging events where driving is not necessary
- Interlock devices in cars
- "Pay-bars" at work related parties
- Breathalyzers in bars
- Dial-a-ride
- Posting signs next to speed limits signs stating that DWI is against the law.

I. What actions to solve the DWI problem are adult males currently willing to take on their own?

- Would you be willing to intervene with others to prevent someone from DWI?
 - With whom?
 - Under what circumstances?
 - How?
- Would you be willing to change your current D&D behavior?
 - Why or why not?
- What factors would motivate you to change your current D&D behavior?

III. Wrap-Up

After the above issues have been discussed the facilitator will summarize, clarify and solicit additional comments or ideas from the participants.

IV. Closing and Questionnaire

After summarizing the facilitator will:

- Thank participants for their time, efforts and contributions.

DEFINITIONS:

- DWI: Driving while legally intoxicated; this is based upon Blood Alcohol Count (BAC) which is set at .10 in all states.
- D&D: Driving soon enough after drinking so that alcohol is affecting the individual to some extent.

APPENDIX G
Consent Form

CONSENT FORM

NHTSA Project #DTNH 22-81-C-07385
Focus Groups

Date _____

I, _____, am voluntarily participating in this group
(Print Name)

discussion on drinking habits being conducted by Creative Associates, Inc. as part of a project funded by the National Highway Traffic Safety Administration. I understand that I will be asked to discuss questions relating to my drinking habits and those of my peers and family and that this information will be kept strictly confidential.

I give permission for my responses to be included in a report to NHTSA on this focus group, but understand that my name will in no way be associated with any particular response which is discussed in the report.

I am aware that this group discussion will be taped (audio tape only) for analysis purposes and I consent to this. I understand that the tape will be handled with the strictest of confidentiality and used for analysis/study purposes only. I further understand that the tape will be destroyed upon completion of this project.

Signature_____
Witness

APPENDIX H
Demographic Questions

DEMOGRAPHIC QUESTIONS

Following are 5 brief demographic questions. This information will be used for summary, descriptive purposes only.

Age _____

Occupation _____

Highest grade completed _____

Age started driving _____

Age started "regular" drinking _____
(i.e., social drinking without obtaining or needing parental permission)

APPENDIX I
Receipt for Payment

RECEIPT FOR PAYMENT

NHTSA Contract #DTNH 22-81-C-07385
- Line Item - Honorarium
Norms and Attitudes Towards Alcohol
Usage and Driving
Focus Groups

Name _____

Date _____

Address _____

Phone # _____

SS# _____

This receipt acknowledges payment in the amount of \$40.00 for my participation in a focus group conducted by Creative Associates, Inc.

Signature

Witness

RECEIPT FOR PAYMENT

NHTSA Contract #DTNH 22-81-C-07385
- Line Item - Honorarium
Norms and Attitudes Towards Alcohol
Usage and Driving
Focus Groups

Name _____

Date _____

Address _____

Phone # _____

SS# _____

This receipt acknowledges payment in the amount of \$40.00 for my participation in a focus group conducted by Creative Associates, Inc.

Signature

Witness