

DRUG/ALCOHOL USE AND THE IMPACT OF PEER INFLUENCE

Sidney T. Bradford

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First Reader Shan Parker

Second Reader John R. Soukup

DEDICATION

Dedicated to my family whose love and support (emotional and financial), helped make a dream a reality. The unselfishness of those who pushed me when I was ready to give up can be applauded with the completion of this project.

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Abstract

Background

Peer groups have been shown to be a critical factor in influencing virtually every area of adolescent and young adult life. Peer influence has been recognized as a significant factor in lifestyle choices; particularly associated with risk-taking. The purpose of this study to measured the association between peer influence and drug/alcohol use among 18 and 19 year old youth. The Theory of Reasoned Action, Social Network Theory, and Peer Cluster Theory were used as the frameworks for this study.

Methodology

The study consisted of eighty (N=80), male and female participants recruited from Flint, Michigan. Flyers were posted at local churches in Genesee County. Participants' perception of peer influence in relationship to drug/alcohol use behavior was measured using a 19 item self administered questionnaire. Variables used to determine if a correlation existed between peer influence and drug/alcohol use were age, ethnicity, education, family environment, stressful life events.

Results

Education, family environment, and stressful life events showed no significant correlation between peer influence and drug alcohol use among the study population. However the correlation between age and ethnicity proved to be stronger determinants in their relationship to peer influence and drug/alcohol use.

Conclusion

Results of the study indicate an increase of peer influence with drug/alcohol use among 18 year old participants. According to the data African American youth showed a higher percentage of drug/alcohol use associated with peer influence than Caucasian and Multi-racial groups.

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Glossary

Drug= is defined as any substance used in or on the body that changes the composition of the body

Illicit Drug Use=is defined as the use or misuse of any drug that is or is not prescribed for medical use.

Peer Influence= undue pressure to perform or act according to the membership of one's group.

Chapter I Introduction

The purpose of this study is to examine the association between peer relationships as a risk factor for drug/alcohol use among young adults. Previous research has shown that health-risk behaviors such as drug/alcohol use contribute to the leading causes of mortality and morbidity among children. Studies suggest that health-risk behaviors are established during childhood, extend into adulthood, and are interrelated. Young adults, who participate in activities that compromise their well-being, health, and their natural development, may also contribute to disparities in health care. This study will evaluate 80 young adults from Flint, Michigan who are at risk for drug use. This is a cross-sectional analysis of data including peer relationships, family environment, and negative/stressful live events as variables to be measured. The framework for the study includes the Theory of Reasoned Action, Social Cognitive Theory, and Peer Cluster Theory. The data will illustrate the impact that peer relationships have in shaping and influencing drug use among the participants. Results from the study could be used to develop an age-specific intervention to address the impact peer relationships have on drug use among adolescents 18-19 years of age in Flint, Michigan.

According to data from the 2005 National Survey on Drug Use and Health (SAMSHA), 112 million Americans 12 years and older (46% of the population) reported illicit drug use at least once in their lifetime. The National Institute on Drug Abuse (NIDA) reports that drug use among 8th -12th graders has decreased by 23% since 2001, however inhalant abuse, ecstasy, and crack cocaine are on the rise among this population.

The University of Michigan News Service reports, “while teen drug use in Michigan continues down in 2006, particularly among older teens; the use of prescription-type drugs remains high” (2006). Genesee County Community Mental Health, who monitors drug use among teens, and provides treatment through the Intake Referral Assessment Center (IARC),

reports between January 2006 and October 2007, there have been 450 teens treated for crack cocaine and heroin use.

The purpose of this study is to determine the impact of peer influence on drug use among young adults aged 18-19 in Flint, Michigan. The significance of the study is that prior studies have been conducted focusing on factors that may increase drug use and/or abuse in adult populations, which cannot be generalized to young adults. Multiple perspectives will be utilized when designing the survey, identifying those perspectives that more closely pertain to adolescent behavior with regard to health risks associated with drug/alcohol use.

The depleted state of the health care system, the aging baby boomer population, and increased life span of the elderly, has put tremendous burden on an already depleted social welfare and health care system. The number of adolescents, teens, and young adults who fall victim to substance use will only further add to the diminishing existence of health care resources.

Chapter II Literature Review

Adolescence is stage of development between childhood and adulthood, which may be characterized by individual effort towards achievement of societal and cultural goals. This stage includes developing independence, a sexual identity, recognition of "self," and a place in society. Those behaviors that challenge adult norms and community standards may, however, represent deep-seated challenges to authority and can be seen by adolescents as necessary in order to achieve self-determination. Such behavior can expose them to risk through curiosity and/or experimentation (Bennett, 1984), and the single most influential element in their daily life under these circumstances is likely to be the peer group (Vadies, 1984).

According to Gay (1992), "the peer group is the halfway house between the family and the adult world, and is one of the most powerful and potent forces effecting change in the adolescent" (Gay, M. (1992) Talking with Adolescents, British Journal Hospital Medicine, 47(3), pp.207-208).

A search of relevant literature revealed studies which focused on the influence of adolescent peer groups in assisting in the facilitation or adoption of health behavior. Results from a study undertaken by Lau (1990), showed that modeling of a behavior within the peer group was the strongest socialization technique in developing healthy lifestyles. Another study by Tolone and Tieman (1990) identified and categorized adolescents into "loners" and "socials". The researchers found that the "loners" were subjected to less peer pressure and influence compared to other groups. The study also showed that the "loners" correspondingly exhibited less delinquency and drug use than did the "socials".

A longitudinal study by Bailey and Hubbard (1991) tracked adolescent marijuana usage along and their perception of usage among close friends and more distant peers. The results indicated that the onset of marijuana use by adolescents could be predicted by their beliefs about the number of friends using and the frequency of their friend's usage. Wills, (2001), found significant correlations between an adolescent's alcohol and marijuana use in

relation to the number of friends who were using these substances. Wills also mentioned that peer substance use predicted response of an adolescent self-report of drug use. As with family influences, it was suggested that there might be a reciprocal relationship between adolescents and their peers since an adolescent's use also predicted increases in perceived peer drug use among peers.

The quality of family relationships may be an important mediator of other family problems. Studies of family environment have repeatedly shown that family structural characteristics and communication patterns are related to alcohol and drug use. According to a study done by Brook (2003), one of the most significant family factors in determining drug use is the quality of relationships among family members. The importance of family monitoring of adolescents has been demonstrated as a protective factor as well as the quality and strength of relationships within the family (Barnes, 2000). Furthermore the effects of parental substance use and the impact it had on adolescent use of drugs or alcohol could be explained through decreased closeness and support between parent and the adolescent (Barnes, 2002).

Other studies have focused on specific negative life events, including, though not limited to: divorce, witnessing violence, personal or familial health problems, and/or personal or familial victimization. Victimization, both physical and sexual, appears to be a particularly important factor adolescent substance use. Kirkpatrick (2000), found that the risk of alcohol, marijuana, and hard drug use among youths who had been victimized (sexually and physically) or had witnessed violence as more than twice that of other adolescents.

Theoretical Background

One of the theories used as a framework for development in this project is the Peer Cluster Theory. This theory will serve as the cornerstone for the development of the survey. The Peer Cluster Theory suggests that peer influence is one of the greatest indicators of adolescent perceptions and behaviors. In Eric Erikson's Theory of Identity vs. Identity Confusion, the psychological conflict of adolescence in this developmental stage is reviewed (Berk, 2004). According to Erikson, individuals in this stage become more susceptible to pressure by peers, due to the shift in emotional dependence from parents to peers (Wall 1993). This study however takes Erikson's theory a step further, by examining peer influence on deviant behavior and how an individual's tendency toward deviance is influenced by several conceptual variables. In addition to how deviant behavior is influenced by the presence or absence of a peer group the study also examined the effects of age, gender, individual personality, and peer morality in relation to deviant behavior.

Another theory utilized in this study is Theory of Reasoned Action (TRA). The Theory of Reasoned Action incorporates three general constructs-1) behavioral intention, 2) attitude, and 3) subjective norm as its premise for identifying factors influencing behavior. TRA suggests that a person's behavioral intention depends on the person's attitude about the behavior and subjective norms ($BI = A + SN$). If a person intends to do a behavior then it is likely that the person will do it. Furthermore a person's intentions are themselves guided by two things: the person's attitude towards the behavior and the subjective norm. Behavioral intention measures a person's relative strength of intention to perform a behavior. Attitude is comprised of beliefs about the consequences of performing the behavior multiplied by his or her valuation of these consequences. Subjective norm is seen as a combination of perceived expectations from relevant individuals or groups along with intentions to comply with these expectations. In other words, "the person's perception that most people who are important to

him or her think he should or should not perform the behavior in question" (Ajzen and Fishbein, 1975).

To simplify the understanding of the theory; an individual's voluntary behavior is predicted by his or her attitude toward that behavior and how he or she thinks other people would view them if they performed the behavior. An individual's attitude, combined with subjective norms, forms his or her behavioral intention. Fishbein and Ajzen (1975), claim that attitudes and norms are not weighted equally in predicting behavior. Indeed, depending on the individual and the situation, these factors might be very different effects on behavioral intention; thus a weight is associated with each of these factors in the predictive formula of the theory. For example, you might be the kind of person who cares little for what others think of you or your actions.

Social Cognitive Theory was also be used as a framework for this study. Social Cognitive Theory tenets are that behavior is a function of the subjective value of an outcome, and of the subjective probability (expectation) that a particular action will achieve that outcome (Bandura, 1997). For example, self efficacy (personal factor) toward the ability to abstain from premarital sex will partially determine if that individual will or will not have sex. Increased self-efficacy will increase the probability the individual will continue to abstain. Environmental factors also influence the decision. Involvement with others who are engaging in sex or negating the decision to abstain can decrease the probability that the individual will continue to abstain. However, if abstaining from sex has been successful for the individual and the actual performance of the behavior may cause perceptions of personal capability to be altered to reflect increased confidence toward his /her ability to abstain regardless of the environmental factors. This study shows peer influence and drug use in context with age and ethnicity and how the theoretical models chosen are evidenced by the results of the data.

Chapter III Methodology and Design

This project took place at YOUR Center; a faith-based non-profit HIV/AIDS prevention agency located on the north side of Flint, Michigan. YOUR Center's services are geared primarily to the population of underserved African Americans who reside on the north side of Flint, Michigan. YOUR Center has been serving the community since 1996. Your Center was chosen as the study site because of the agency's relatively well-known presence in the Flint community, as well as the ease in which most youth are able to access the center and its services.

Subject/Recruitment

Young adults between 18-19 years old who reside in Genesee County area were recruited to participate in a one time, one hour survey session. Eligibility criteria for the study includes age 18-19 and reside in the Genesee County area.

Flyers posted at local churches and YOUR Center provided information about the sessions (Appendix II). Information included in the flyer was the criteria for inclusion in the sessions and a contact number for more information regarding day and time of the sessions was also included. Individuals interested in participating called the primary investigator to schedule a session.

Study Procedure

Participants were greeted and escorted to a room where the survey was administered. The session was conducted in a group format. Participants were given an informed consent form (Appendix I). The primary investigator read aloud the informed consent. Participants were informed that the study was voluntary and at anytime they may withdraw without any consequences to them. Participants did not receive any incentive for participating in the study but may benefit from the study by obtaining knowledge regarding peer influence and

drug/alcohol use. The primary investigator was available to clarify any questions that the participants may have regarding questions or content of the survey. No foreseeable risks were identified by participating in the study other than potential discomfort by disclosing information regarding drug use. Participants were asked to complete a 19 item self administered survey (Appendix III), which was used to measure peer influence in relation to drug/alcohol use. Upon completion of the survey participants were thanked for their participation in the study and an explanation was given as to what was done with the information obtained. Subjects were not followed at any time nor did they receive information about the study results.

Study Design

This study utilized a cross-sectional study design using convenience sampling. Data was obtained through individual self-report using a 19 item questionnaire to measure the association between peer influence and drug/alcohol use among 18 and 19 year olds.

Study Variables

Peer influence is defined as pressure from individuals who are equal in abilities, qualifications, age, background, and social status. Peer pressure occurs with any age group; however, because of the lack of confidence and the intense desire for approval, young adults are less likely to resist peer influence. Peer influence was measured using a questionnaire in the form of a survey. Variables measured were: family environment, stressful life events, peer influence, age, race, gender, and education.

Human Subjects

Approval was given to the primary investigator by the Executive Director of YOUR Center to conduct this project at the study site, and has granted the primary investigator permission for unmonitored interaction with the participants. Approval was granted from the University of Michigan-Flint Institutional Review Board prior to initiation of the project.

Data Analysis

The data was analyzed using Statistical Package for Social Sciences (SPSS) version 17.0. The statistical tests used were Pearson's Correlation. Pearson's Correlation was used to assess the magnitude and the direction of the association between the variables, peer influence and drug/alcohol use, age and ethnicity, among 18 and 19 year old youth. The results show a correlation between peer influence and drug/alcohol use in regards to age and ethnicity.

Chapter IV Results

The study consisted of eighty (N=80) participants age 18-19 years old. The participants took part in a one-time, one-hour survey session held at YOUR Center in Flint, Michigan. Although there were two available dates for the survey to be taken, all participants were present for the session held on Saturday, April 25, 2009 at 11:00 a.m. The questionnaires were anonymous, there were no unique identifiers used, and there was no sign in sheet provided.

The purpose of the survey was to determine if a correlation exists between peer influence in relation to drug/alcohol use among 18 and 19 year old youth in Flint, Michigan. The survey was analyzed using the Statistical Package for Social Sciences (SPSS 17.0). The survey questions were tested for reliability using a Chronbach's Alpha. The results showed a low reliability rating of .419. The results may be attributed to poor language as the questions may not have been easily understood by the participants, therefore resulting in low reliability rate of the survey. Reliability may have been increased by lengthening the measurement tool (survey), or by replacing items on the survey that may have seemed too easy or too difficult to understand.

Participants completed the survey in one session, they study consisted of eighty (N=80) young adults age 18 and 19 years old. All participants completed the survey. The results of the data show an even distribution of female (n=40) and male (n=40) participants. Of the 80 participants 60% (n=48) were 18 years old and 40% (n =32) were 19 years old. The ethnic makeup of the participants shows that 53.8% (n=43) participants were African American. Caucasians accounted for 25% or (n=20) participants, while results for the Multi-racial group showed a total of 21.3% (n=17) participants.

The results of the study indicate that age and ethnicity are important determinants of the peer relationship regarding drug/alcohol use and how much that relationship influences

their perceived inability to resist engaging in drug/alcohol use. Table 1 show participants 18 years old are twice as likely to demonstrate inability to resist drug use with friends as 27.5% (n=22) stated they disagreed with the question compared to only 13.75% (n=11) of the 19 year old participants. See table 1 for results.

**Table 1: Peer Influence and Drug/Alcohol Question 2 (Age).
“I believe I can resist using drugs/alcohol when I’m with my friends”**

	Strongly Agree	Agree	Neutral	Strongly Disagree	Disagree
N=80	% (n)	% (n)	% (n)	% (n)	% (n)
18	3.75 (3)	11.25 (9)	15 (12)	2.5 (2)	27.5 (22)
19	5 (4)	3.75 (3)	11.25 (9)	6.25 (5)	13.75 (11)
Total	7	12	21	7	33

The results of peer influence question 3, “I believe I can avoid using drugs/alcohol when I am with my friend”, show that 30% (n=24) of 18 year olds said they believed they could not avoid using drugs/alcohol with friends, compared to and 16.25% (n=13) of 19 year olds. The high percentage of 18 year old youth, who disagreed with PI question 3, suggests that 18 year old youth are still struggling with identity issues. Inclusion in the peer group; and identification as a group member may be a stronger force than adaptation to societal constraints regarding drug alcohol use and therefore avoidance may not be an option. See table 2 for results.

**Table 2: Peer Influence and Drug/Alcohol Question 3(Age)
“I believe I can avoid using drugs/alcohol when I’m with my friends.”**

N-80	Strongly	Agree	Neutral	Strongly	Disagree
	% (n)	% (n)	% (n)	% (n)	% (n)
18	3.75 (3)	1 (8)	13.75 (11)	2.5 (2)	30 (24)
19	5 (4)	3.75 (3)	8.75 (7)	6.25 (5)	16.25(13)
Total	7	11	18	7	37

When asked “My friends have no influence on me where drugs/alcohol are concerned” results for participants 18 years old showed that 42.5% (n=34) out of 48 disagreed that their friends have no influence on them regarding drugs/alcohol use. The response from the 19 year old age group was 22.5% (n=18) which is slightly more than half of the 32 participants. See table 3 for results.

**Table 3: Peer Influence and Drug/Alcohol Question 4 (Age).
“My friends have no influence on me where drugs/alcohol are concerned.”**

N=80	Strongly	Agree	Neutral	Strongly	Disagree
	Agree			Disagree	
% (n)	% (n)	% (n)	% (n)	% (n)	% (n)
18	2.5 (2)	5 (4)	6.25 (5)	3.75 (3)	42.5 (34)
19	3.75 (3)	1.25 (1)	6.25 (5)	6.25 (5)	22.5 (18)
Total	5	5	10	8	52

The data results for peer influence and drug use by ethnicity show that African American youth believe that their peers can positively influence their drug/alcohol use. When asked peer influence question 1, “I believe my friends can influence my drug/alcohol use

behavior", 26.5% (n=21) of African American participants responded "agree" compared to 11.5% (n=9) Caucasian and 10% (n=10) Multi-racial. See table 4 for results.

**Table 4: Peer Influence and Drug/Alcohol Question 1 (Ethnicity).
"I believe my friends can influence my drug/alcohol use behavior."**

	Strongly Agree	Agree	Neutral	Strongly Disagree	Disagree
N=80	% (n)	% (n)	% (n)	% (n)	% (n)
African-American	10 (8)	26.25 (21)	6.25 (5)	2.5 (2)	8.75 (7)
Caucasian	5 (4)	11.25 (9)	3.75 (3)	2.5 (2)	2.5 (2)
Multi-racial	5 (4)	10 (8)	2.5 (2)	1.25 (1)	2.5 (2)
Total	16	38	10	5	11

African American youth overwhelmingly disagree that their friends have no influence over them as 36.25% (n= 29) responded "disagree" when asked peer influence question 4, **"My friends have no influence on me where drugs/alcohol are concerned"** at a rate three times that of the Caucasian, 15% (n=12) and Multi-racial group 13.75% (n=11). See table 5 for results.

**Table 5: Peer Influence and Drug/Alcohol Q4 (Ethnicity).
"My friends have no influence on me where drugs/alcohol are concerned."**

	Strongly Agree	Agree	Neutral	Strongly Disagree	Disagree
N=80	% (n)	% (n)	% (n)	% (n)	% (n)
African-American	5 (4)	1.25 (1)	6.25 (5)	5 (4)	36.25 (29)
Caucasian	1.25 (1)	1.25 (1)	3.75 (3)	3.75 (3)	15 (12)
Multi-racial	0	3.75 (3)	2.5 (2)	1.25 (1)	13.75 (11)
Total	5	5	10	8	52

The data showed that a high percent of participants believe they have no influence on their friends to abstain from drug/alcohol use. When asked peer influence question 6 **“I think I have some influence on my friends regarding not using drugs/alcohol”**, 37.5% (n=30) African American participants answered false compared to only 16.5% (n=13) true responses. Furthermore 20% (n=16) Caucasian participants responded false compared to 5% (n=4) true responses for this ethnic group. Multi-racial had similar responses as 13.75% (n=11) responded false compared to 7.5% (n=6) true. See table 6 for results.

**Table 6: Peer Influence and Drug/Alcohol Q6 (Ethnicity).
“I think I have some influence on my friends regarding not using drugs/alcohol.”**

N=80	True %(n)	False % (n)
African-American	16.25 (13)	37.5 (30)
Caucasian	5 (4)	20 (16)
Multi-racial	7.5 (6)	13.75 (11)
Total	23	57

Chapter V Conclusion and Discussion

Discussion

The Peer Cluster theory was selected because it emphasizes the aspects of social relationships among youth; and dictates the shared beliefs, values, and behaviors that will determine where drugs are used, when they will be used, and with whom they will be used. This theory incorporates psychosocial factors that negatively promote or positively inoculate against drug use in youth. Peer Cluster theory suggests that socialization factors are relative to adolescent development and interact to produce peer clusters that can encourage or discourage involvement in drug /alcohol use behaviors. Other frameworks used in the development of the study tool were Social Cognitive Theory and Theory of Reasoned Action. Social Cognitive Theory suggests that behavior, personal factors, and environmental influences interact to determine individual behavior. The results of the data show low perceptions of self-efficacy for avoiding drugs/alcohol among 18 year old youth as results show 27.5% (n=22) said they could not resist using drug/alcohol when with friends. Furthermore, 30% (n=24) responded that they could not avoid using drug/alcohol when with friends.

The objective of the study was to find an association between peer influence and drug/alcohol associated with age and ethnicity. The objective was met with 100% of the participants completing the survey and the results of the data support the findings. Although additional research is necessary, the evidence supported the conclusion of the investigator that age and ethnicity have a positive impact on peer influence. This study shows how environmental factors (peer relationships) can influence age specific individuals regarding drug/alcohol use and their perceptions about their own ability to defer from drug/alcohol use (Wills, 2001). It also shows that ethnicity can be attributed to youth's perception of themselves

in the context of their social environment and how the youth perceive their role in the social environment which may contribute to drug/alcohol use behaviors.

This study supports data from previous studies that conclude age, ethnicity, family environment, lack of communication between parent and child, decreased or absent religious affiliation contribute to increased peer influence among youth. This study included family environment as a variable, asking participants “Are you responsible for helping to care for your siblings? Responses varied among the age groups, as well as the ethnic groups. It is assumed that added responsibility of taking care of younger siblings can add to stress levels among youth. Deviant behavior has been shown to occur as a result of perceived stressful events in the environment (Barnes, 2000).

This study also asked participants if they feel comfortable talking to their parents about drug/alcohol and peer influence, and if not; was there anyone else they could talk to? More than 75% of respondents overall said they were not comfortable talking to parents, and more approximately 60% denied having any one else to talk to. Previous research suggests that lack of open communication between family members; parent-child communication in particular, increases young people’s vulnerability regarding peer influence regarding drug/alcohol use and early sexual activity. Studies show communication that is perceived as open may also protect against youth’s involvement in health-risk risk behaviors (Institutes of Medicine, 2003b). Helping youth to develop the confidence or self-efficacy in their personal ability to abstain or make informed decisions about drug/alcohol use; as well as, identifying and overcoming barriers to change, may increase their attention to attaining the goal of abstinence or at least decreasing peer influence when making those decisions about drug/alcohol use. The Theory of Reasoned Action is a theory that suggests a youth’s perception of the morality of drug/alcohol use and the perceived legitimacy of social laws regarding their use can influence the behavior. If a youth’s perception of the consequences of

drug/alcohol use are not deemed severe enough, or do not cause sufficient harm to illicit change in the behavior, the youth will likely continue to engage in drug/alcohol use behaviors.

To summarize, prior studies of peer influence and its impact on health behaviors, indicate that by middle school children are already involved in health-risks behaviors. Peer influence in those behaviors has shown to be a more defining influence than parental and societal constraints.

Limitations

The location of the survey session was held at Your Center which is located on the North side of Flint. The North side of Flint is comprised of low-income residents who are predominately African American which would explain the large percentage of African American youth who responded to and participated in the survey. Recent studies show that race related socialization impacts how African American youth feel about themselves which impacts their ability to resist peer influence with regard to drug/alcohol use (Caldwell, 2004). This study was implemented as a one-time, 1 hour session, and therefore no follow-up was provided, so there is no way to determine if beliefs about peer influence have changed, however, another survey may be developed to address other variables of peer influence and target specific ethnicities.

Conclusion

Results from a previous study show that modeling behavior within the peer group is the strongest socialization technique for youth when it comes to developing a healthy lifestyle (Lau, 1990). This study can be used to develop an age-specific intervention to decrease the impact peer influence has on drug/alcohol use behavior among young adults 18-19 years of age. This may provide the necessary tools to increase self-efficacy and negotiation skills, thus decreasing or eliminating the need to participate in activities that promote harmful health-risk behaviors.

Recommendations

The results of this study provide a better understanding of the factors that influence drug/alcohol use among young adults 18-19 years of age, thus providing reference for development of interventions that could be used to deter drug use among young adults 18-19, who reside in Flint, Michigan. It is recommended that programs be developed that utilize improved selected theory and science based interventions targeted at individuals, families and communities that focus on empowering youth at elementary and middle school levels. This may help to develop a more complete understanding of the structure and nature of the peer group.

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APPENDIX I

INFORMED CONSENT FORM

Project Title:

Drug /Alcohol Use and the Impact of Peer Influence

Primary Investigator:

Sidney Bradford, University of Michigan-Flint, Masters of Science Health Education program, sidneyb@umflint.edu.

Student Faculty Advisor:

Shan Parker, Ph D, University of Michigan-Flint, Health Sciences and Administration, shanpark@umflint.edu.

Description of the Research:

You are being asked to participate in a survey to determine the influence of the peer group on drug/alcohol use among young adults 18-19 years of age.

Description of Human Subject Involvement:

If you agree to be in my research study, I will ask you fill out a survey with 19 questions. When you have completed filling out the survey you may place them on the desk, faced down, as you leave the room.

Length of Human Subject Involvement:

Filling out the survey will take about 20 minutes of your time.

Risks & Discomforts:

Some questions may be interpreted as "sensitive" by some subjects because they ask you about your drug use behavior(s). If you are uncomfortable answering a question, you may skip that one.

Management of Risks:

I don't anticipate that anyone will have any lasting feelings about answering any of the survey questions, but if you do, and you would like to talk to a counselor, there is a list of agencies available with free counseling services attached to your informed consent paper.

Expected Benefits:

Although you may not receive direct benefit from your participation, others may ultimately benefit from the knowledge obtained in this study.

Expected Costs:

There are no costs involved with being part of the research study.

Incentives for Subject Participation:

There are no incentives offered for being part of the research study.

Confidentiality of Records:

You will not be individually identified in any reports on this study. Records will be kept confidential to the extent provided by federal, state, and local law. However, the Institutional Review Board, the sponsor of the study, The University and/or government officials responsible for monitoring this study may inspect these records.

All research documents will be kept in a locked filing cabinet in the Health Sciences Department at the University of Michigan-Flint and information will be entered into a spread sheet. After the information is entered into a data base, all hard copies will be shredded.

Although your consent form will have your name on it, it will be kept separate from the surveys in order to protect your privacy. When the final report is complete, all data records will be destroyed.

Contact Information:

If you have any questions regarding the project, today or anytime, please contact me, Sidney Bradford (810-789-8637 ext.202) or my faculty advisor, Dr. Shan Parker (810-762-3172).

IRB Contact Information:

Should you have questions regarding your rights as a research participant, please contact Sally Conley in the Institutional Review Board, 530 French Hall, Flint, MI., 48502, 810-762-3383, email: sjconley@umflint.edu.

Voluntary Nature of Participation:

Your participation in this project is strictly voluntary. You may skip or refuse to answer any survey question without losing any benefit that you would otherwise be entitled. You may decide to leave the study at any time, without penalty or loss of benefits to which you may otherwise be entitled.

Consent of the Subject:

I have read [or been informed] of the research project as described above. Ms. Sidney Bradford has offered to answer any questions I may have concerning this study.

You may keep this paper for your records.

I hereby consent to participate in the study.

(Note: In the State of Michigan, an adult is considered anyone who is at least 18 years of age. Therefore, anyone who is less than 18 years of age is ineligible to be in this research study.

APPENDIX II

PEER INFLUENCE and DRUG/ALCOHOL USE BEHAVIOR Research Study

- Are you between 18 and 19 years of age?
- Do you live in the Genesee County?
- Would you like to participate in a research study about how much influence your peers may have on you and your drug/alcohol use behavior?

If you answered yes to these questions, you may be eligible to participate!

The purpose of this study is to determine how much influence your peers have on your ability or inability to control your drug/alcohol use.

What do I have to do?

You will be asked to come to the YOUR Center and fill out a survey with 19 questions. It will take you about 20 minutes to complete.

Although you may not receive a direct benefit, your answers may increase knowledge of how peer influence (among young adults) may contribute to whether you use drugs/alcohol or don't use drugs/alcohol.

There are no incentives for participation in this study.

The study will be conducted at:

**YOUR Center
4002 North Saginaw Street
Flint, Michigan 48505
(810) 789-8637**

You may choose either **Monday, April 20, 2009 at 4:30 p.m.** or **Saturday, April 25, 2009 at 11:00 a.m.** to fill out your survey.

If you are interested, please call:

Ms. Sidney Bradford, Principal Investigator, 810-789-8637 ext.202 to confirm which day you would like to come.

APPENDIX III

**PEER INFLUENCE AND DRUG/ALCOHOL USE
Study Questionnaire**

1. Gender:
 - Male
 - Female

2. Please describe your ethnicity:
 - African American
 - Asian
 - Pacific Islander
 - Caucasian
 - Hispanic
 - Native American
 - Multiracial
 - Other

3. What is your age?
 - 18
 - 19

4. Are you currently in high school?
Yes_____ No_____

5. If you answered no, what was the last grade you attended in high school? **Circle only one**
9th
10th
11th
12th

FAMILY ENVIRONMENT

1. Do you live with your biological father and mother in one household?
Yes_____ No_____

2. Do you share responsibility in caring for your brothers and sisters?
Yes_____ No_____

3. I feel comfortable talking to my parents about drugs/alcohol and my peer's influence?

Yes___

No___

4. If you answered no, is there someone else you can talk to about drugs/alcohol and peer influence?

Yes___

No___

STRESSFULL LIFE EVENTS

1. I have lost (by death, abandonment, or anger issues) someone close to me in the last year?

Yes ___

No___

2. Have you or someone in your family recently become unemployed?

Yes___

No___

3. Have you had some reason to celebrate recently? (a new birth, new job, etc.)

Yes___

No___

PEER INFLUENCE

Please circle the answer that best describes your belief about your peers and their influence regarding your drug behavior.

SA=strongly agree A=agree N=neutral D=disagree SD=strongly disagree

1. I believe my friends can influence my drug/alcohol use behavior.

SA A N D SD

2. I believe I can resist using drugs/alcohol when I'm with my friends.

SA A N D SD

3. I believe I can avoid using drugs/alcohol when I'm with my friends.

SA A N D SD

4. My friends have no influence on me where drugs/alcohol is concerned.

SA A N D SD

5. My friends and I are involved in activities where no drugs/alcohol is present.

- True
- False

6. I think I have some influence on my friends regarding **not** using drugs/alcohol.

- True
- False

7. If my friend(s) use drugs/alcohol and I don't, I think I can remain friends with them.

Yes _____

No _____