

RESULTS FROM THE 2021 LYNNFIELD PARENT/CAREGIVER SURVEY

An Assessment of Perceived Norms, Attitudes, and
Preventive Behaviors Among Parents of Youth in
Grades 5-12

A Project of the *A Healthy Lynnfield Coalition* (AHL)

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BACKGROUND

The Lynnfield Substance Abuse Prevention Coalition, known as **A Healthy Lynnfield (AHL)**, is a local prevention coalition of town representatives (Health Department, Schools, Police), health providers, businesses, the faith community, and residents. The coalition focuses on the common goals of reducing youth substance misuse and improving the quality of life among all residents in Lynnfield.

In spring 2021, AHL invited all parents/caregivers of 5th-12th graders in Lynnfield Public Schools to take part in a brief survey designed to help AHL and its partners learn more about parent/caregiver beliefs and perceptions regarding health and wellness among youth in the community – including use of alcohol and other substances. The survey asked questions in six broad domains: (1) home and community life, (2) health and wellness, (3) communication with youth and other caregivers, (4) attitudes and beliefs, (5) parenting behaviors, and (6) prevention and support.

METHODS

Survey Administration

The anonymous online survey, which consisted of 82 discrete questions, was administered during the four-week period between April 28 and May 25, 2021. To be eligible to take part in the survey, parents/caregivers had to have at least one child in grades 5-12 in public school in Lynnfield (regardless of the family's town of residence).

Validity and Reliability

One of the challenges associated with survey research is the potential for error in the dataset. This can stem from multiple sources such as the same respondent submitting multiple surveys, poor question wording, lack of appropriate response options that accurately reflect the experiences of all potential respondents, frivolity, and misinterpretation of the underlying meaning of a question. Despite these challenges, there are several steps that can be taken to increase confidence in the results. For example:

1. Using clear and unambiguous language in the instructions – prominently indicating who the intended audience is (i.e., parents of 5th-12th graders with at least one child in Lynnfield Public Schools) and indicating what the questions are about (i.e., beliefs, perceptions, and parenting behaviors related to youth health and wellness).
2. Data screening – using visual and statistical screening to identify and remove cases in which the respondent provided obviously frivolous responses (i.e., always choosing the same or extreme response options for every item).
3. Identical case analysis – statistically identifying all duplicate records to minimize the chance that the same person submitted multiple surveys and/or the chance that the survey was accidentally submitted multiple times.

While these methods are not failsafe, they do help to ensure a clean dataset that minimizes the chances that there are gross errors present in the results. Each of these steps was taken during the administration and analysis of the Lynnfield Parent/Caregiver Survey.

Ideally, the development of survey items, such as those used in the Lynnfield Parent/Caregiver Survey, should be an iterative process. Items should be field-tested with a subset of representatives from the intended population and psychometric analyses should be conducted to help build the case that the survey items are both valid and reliable. Under real world conditions, this is often difficult to accomplish. To help guard against this potential for error, survey items should be based either in whole, or in part, on items that have been used successfully in other projects and in other settings, and this was the case for the Lynnfield survey which was primarily composed of existing field-tested items.

By striking a balance of design, logical, and statistical controls when implementing the Lynnfield Parent/Caregiver Survey, we can minimize the odds of large-scale error in the survey and maximize confidence in the results.

Analysis Plan and Analytical Sample

Descriptive statistics are presented for each item in the survey (i.e., the percentage of all respondents that answered each response option for each item in the questionnaire). All items were also analyzed to examine the presence or absence of differences based on the age and gender identity of the respondents' oldest 5-12th grade child. The results of these analyses may help Lynnfield better plan prevention activities and prevention messaging by understanding whether an issue exists among the parents/caregivers of some youth and not others.

A total of 370 individuals visited the survey webpage during the four-week period that it was open. Twenty-one (21) of these individuals (5.6% of those who visited) were removed from the final analytical sample because they did not have a child in grades 5-12 in Lynnfield Public Schools. No surveys were removed due to suspected frivolity and there was no evidence of duplicate surveys among those submitted. The final analytical sample consisted of 349 parents/guardians who currently have at least one child in grades 5-12 in Lynnfield Public Schools.

Generalizability of Findings

There were 1,300 public school students enrolled in Lynnfield Public Schools in grades 5-12 during the 2020-2021 academic year. Parents/caregivers who took part in the survey reported having 536 children in this grade range. Based on the number of children that respondents reported having and assuming only one parent/caregiver responded per household, this survey likely represents *41% of all households in Lynnfield with at least one 5-12th grader* – that is, approximately 2 of every 5 parents in the age range of interest. Although this enhances confidence in the findings, it is important to note that results are generalizable only to those parents/caregivers who took part in the survey and may not reflect the perceptions, attitudes, or parenting behaviors of other members of the Lynnfield community.

RESULTS

DEMOGRAPHICS

Survey respondents were asked to report basic demographics (e.g., grade level, gender identity) for both themselves and their oldest child in grades 5-12 in Lynnfield Public Schools. While respondents were given the option of skipping questions in the survey that they did not feel comfortable answering, respondents were required to answer the demographic questions to ensure that they were eligible to participate in the survey.

Reference Child

When answering the questions in the survey, parents/caregivers were instructed to think about their oldest child in grades 5-12 in Lynnfield Public Schools. The survey came very close to the ideal of having roughly 13% of parent/guardian respondents indicate that their oldest child was in each of the eight grade levels from 5-12. Respondents were also asked to indicate how their oldest child identifies their gender. Overall, 52% reported their oldest child in grades 5-12 identifies as male, 45% as female, 1% as non-binary, and 2% of parent/caregiver respondents preferred not to disclose their child's gender identity. Given that so few parents/caregivers indicated that their child identifies as non-binary, this group could not be separately analyzed within the gender identity analyses presented in later sections.

Table 1: Reference Child Demographics

| Category | N | % |
|---------------------------------|----|-----|
| Oldest Child Grade Level | | |
| 5 th Grade | 57 | 16% |
| 6 th Grade | 47 | 14% |
| 7 th Grade | 50 | 14% |
| 8 th Grade | 40 | 12% |
| 9 th Grade | 33 | 10% |
| 10 th grade | 37 | 11% |
| 11 th Grade | 39 | 11% |
| 12 th Grade | 46 | 13% |

| Category | N | % |
|-------------------------------------|-----|-----|
| Oldest Child Gender Identity | | |
| Female | 158 | 45% |
| Male | 181 | 52% |
| Non-Binary | 2 | 1% |
| Some Other Way | 0 | 0% |
| Prefer Not to Answer | 7 | 2% |

Parent/Caregiver Demographics

Most parent/caregiver respondents identified as female (81%) and 16% identified as male – with 3% preferring not to divulge their gender identity. Almost all respondents (93%) indicated that English is the primary language spoken in their home. Most parents/caregivers identified as White (82%), followed by Asian (4%), and Hispanic (3%). The race/ethnicity of parent/caregiver respondents matched closely with the demographics of students enrolled in Lynnfield Public Schools during the 2020-2021 academic year. According to school enrollment data, 2% of Lynnfield Public School students identified as African American, 7% Asian, 6% Hispanic, 82% White, and 3% Multi-Race, Non-Hispanic.

Table 2: Parent/Caregiver Demographics

| Category | N | % |
|--|-----|-----|
| Gender Identity | | |
| Female | 282 | 81% |
| Male | 56 | 16% |
| Prefer Not to Answer | 11 | 3% |
| Primary Language Spoken at Home | | |
| English | 324 | 93% |
| Language Other Than English | 14 | 4% |
| Prefer Not to Answer | 10 | 3% |

| Category | N | % |
|---------------------------|-----|-----|
| Race/Ethnicity | | |
| African American | 4 | 1% |
| Asian | 14 | 4% |
| Hispanic | 11 | 3% |
| White | 286 | 82% |
| Multi-Race | 4 | 1% |
| Some Other Race/Ethnicity | 2 | 1% |
| Prefer Not to Answer | 28 | 8% |

HOME AND COMMUNITY LIFE

The first set of questions in the survey asked about home and community life in Lynnfield. Eight items asked respondents to share their perceptions of the community and five questions asked about the frequency of different behaviors in the home.

Community Protective Factors

Parents/caregivers were asked to rate their level of agreement with eight items about community protective factors that provide support for Lynnfield youth. Ratings for the individual items in this section of the survey are displayed in Table 3. To facilitate comparisons, summary (mean) ratings for each item are displayed, with green font indicating ratings within the top third of all ratings in the section, orange within the middle third, and red in the bottom third. Summaries are also provided for overall patterns in these data and the results of statistical analyses (independent samples t-tests, chi-square tests of independence) testing for the presence of differences based on the grade level and gender identity of the respondents' oldest child. All questions in this report have been presented in a manner such that higher mean scores (green) represent higher levels of protection and lower mean scores (red) represent increased levels of risk.

Table 3: Community Protective Factors

KEY (Mean Scores): Green = Top 1/3, Orange = Middle 1/3, Red = Bottom 1/3

| | Strongly Disagree ⁽¹⁾ | | Disagree ⁽²⁾ | | Neutral ⁽³⁾ | | Agree ⁽⁴⁾ | | Strongly Agree ⁽⁵⁾ | | TOTAL Mean ¹⁻⁵ |
|---|----------------------------------|----|-------------------------|-----|------------------------|-----|----------------------|-----|-------------------------------|-----|---------------------------|
| | N | % | N | % | N | % | N | % | N | % | |
| The following questions are about home and community life in Lynnfield. Please think about your oldest child in grades 5-12 when answering these questions. How much do you disagree or agree with each of the following statements? | | | | | | | | | | | |
| Adults in Lynnfield make youth feel important | 4 | 1% | 18 | 6% | 106 | 35% | 127 | 42% | 46 | 15% | 3.64 |
| Adults in Lynnfield listen to what youth have to say | 3 | 1% | 23 | 8% | 136 | 46% | 114 | 38% | 21 | 7% | 3.43 |
| Lynnfield youth are given chances to help make the town a better place in which to live | 5 | 2% | 31 | 10% | 105 | 35% | 133 | 45% | 24 | 8% | 3.47 |
| The people in my neighborhood care about my child | 2 | 1% | 25 | 8% | 72 | 24% | 134 | 45% | 67 | 22% | 3.80 |
| My neighbors would tell me if they saw my child doing something wrong | 7 | 2% | 34 | 11% | 78 | 26% | 142 | 47% | 40 | 13% | 3.58 |
| Lynnfield residents respect the values and beliefs of people from different races and cultures | 13 | 4% | 58 | 20% | 81 | 27% | 117 | 39% | 28 | 9% | 3.30 |
| There are people at my child's school that my child can talk to about things that are important to them | 3 | 1% | 23 | 8% | 68 | 23% | 165 | 55% | 40 | 13% | 3.72 |
| There are people outside of my family and the school that my child can talk to about things that are important to them | 7 | 2% | 27 | 9% | 37 | 12% | 159 | 54% | 67 | 23% | 3.85 |
| Summary: Ratings across the eight items related to COMMUNITY PROTECTIVE FACTORS were consistently in the Neutral to Agree range of the scale (mean scores ranged between 3.30 and 3.85). Respondents were <u>most</u> likely to agree that <i>there are people outside of the family that their child can talk to about important things</i> (mean = 3.85) and were <u>least</u> likely to agree that <i>Lynnfield residents respect the values and beliefs of people from different races and cultures</i> (3.30). | | | | | | | | | | | |
| Grade Level: There were no statistically significant differences in the eight items between parent/caregiver respondents whose oldest child is in grades 5-8 versus grades 9-12 – indicating similar perceptions independent of whether their oldest child was in middle grades or high school. | | | | | | | | | | | |
| Gender Identity: There were no statistically significant differences in the eight items between parent/caregiver respondents whose oldest child identifies as female versus male – indicating similar perceptions independent of how their oldest child identifies their gender. | | | | | | | | | | | |

Home Protective Factors

A parallel set of five questions asked parents/caregivers to indicate how frequently they engage in different behaviors with their child and family at home (e.g., frequency of eating dinner together as a family). Ratings for the individual items in this section of the survey are displayed in [Table 4](#).

Table 4: Home Protective Factors

KEY (Mean Scores): Green = Top 1/3, Orange = Middle 1/3, Red = Bottom 1/3

| | Never ⁽¹⁾ | | Seldom ⁽²⁾ | | Sometimes ⁽³⁾ | | Often ⁽⁴⁾ | | Very Often ⁽⁵⁾ | | TOTAL Mean ¹⁻⁵ |
|--|----------------------|----|-----------------------|------|--------------------------|-----|----------------------|-----|---------------------------|-----|---------------------------|
| | N | % | N | % | N | % | N | % | N | % | |
| The following questions are about home and community life in Lynnfield. Please think about your oldest child in grades 5-12 when answering these questions. How often do you do the following things? | | | | | | | | | | | |
| Talk to my child about what they are doing in school | 0 | 0% | 1 | 0.3% | 10 | 3% | 84 | 28% | 206 | 68% | 4.64 |
| Ask my child about their homework | 0 | 0% | 3 | 1% | 19 | 6% | 74 | 25% | 202 | 68% | 4.59 |
| Encourage my child to be the best that they can be | 0 | 0% | 0 | 0% | 8 | 3% | 67 | 22% | 226 | 75% | 4.72 |
| Eat dinner together as a family | 0 | 0% | 7 | 2% | 36 | 12% | 105 | 35% | 153 | 51% | 4.34 |
| Spend free time together as a family doing things like talking, exercising, watching TV, playing sports/games | 0 | 0% | 7 | 2% | 53 | 18% | 108 | 36% | 133 | 44% | 4.22 |

Summary: Ratings across the five items related to **HOME PROTECTIVE FACTORS** were consistently in the Often to Very Often range of the scale (mean scores ranged between 4.22 and 4.72). Respondents were most likely to report that they frequently *encourage their child to be the best that they can be* (mean = 4.72) and were least likely to report that they frequently *spend time together as a family doing things together* (4.22).

Grade Level: The frequency of engaging in each of these behaviors was significantly higher among parents/caregivers whose oldest child is in grades 5-8 versus grades 9-12: *ask my child about their homework* (mean = 4.68 middle school vs. 4.49 high school); *encourage my child to be the best that they can be* (MS: 4.79, HS: 4.65); *eat dinner together as a family* (MS: 4.44, HS: 4.23); *spend free time together as a family doing things like talking, exercising, watching TV, playing sports/games* (MS: 4.40, HS: 4.00). There were no statistically significant differences by grade level in reports of *talking to their child about what they are doing in school*.

Gender Identity: Parents/caregivers whose oldest child identifies as female were significantly more likely to report that they more frequently *talk to their child about what they are doing in school* (female: 4.74, male: 4.55) and *spend free time together as a family doing things like talking, exercising, watching TV, playing sports/games* (female: 4.33, male: 4.12). None of the other questions in this section differed by whether the respondents' oldest child identifies as male or female.

HEALTH AND WELLNESS

Areas of Concern

Parents/caregivers were presented with a list of 10 health and wellness factors and were asked to indicate how much of an issue they think each factor is in affecting the health and wellness of Lynnfield youth in their oldest child's age group. Ratings for the individual items in this section of the survey are displayed in Table 5. Higher mean scores (green) represent the feeling that the area is less of an issue and lower mean scores (red) represent the feeling that this area is more of an issue.

Table 5: Areas of Concern

KEY (Mean Scores): Green = Top 1/3, Orange = Middle 1/3, Red = Bottom 1/3
 Note: Mean scores have been coded so that higher scores indicate less of a perceived issue (Green) and lower scores indicate more of a perceived issue (Red)

| | Severe Issue ⁽¹⁾ | | Major Issue ⁽²⁾ | | Moderate Issue ⁽³⁾ | | Minor Issue ⁽⁴⁾ | | Not An Issue ⁽⁵⁾ | | TOTAL Mean ¹⁻⁵ | |
|---|-----------------------------|-----|----------------------------|-----|-------------------------------|-----|----------------------------|-----|-----------------------------|-----|---------------------------|--|
| | N | % | N | % | N | % | N | % | N | % | | |
| The following questions are about health and wellness in Lynnfield. Please think about your oldest child in grades 5-12 when answering these questions. How much of an issue do you feel each of the following factors are in affecting the health and wellness of Lynnfield youth in your oldest child's age group? | | | | | | | | | | | | |
| Youth Social Culture (friendships, cliques, exclusion, teasing) | 25 | 9% | 97 | 34% | 83 | 29% | 48 | 17% | 30 | 11% | 2.86 | |
| Community Culture (adults modeling unhealthy behaviors, toxic culture) | 8 | 3% | 61 | 22% | 88 | 31% | 70 | 25% | 55 | 20% | 3.37 | |
| Physical Health (nutrition, weight, sleep, physical activity) | 10 | 4% | 38 | 14% | 91 | 32% | 77 | 27% | 65 | 23% | 3.53 | |
| Emotional and Mental Health (worrying, stress, anxiety, depression) | 42 | 15% | 88 | 31% | 74 | 26% | 49 | 17% | 29 | 10% | 2.77 | |
| Physical Safety (bullying, violence, distracted or impaired driving) | 18 | 6% | 34 | 12% | 85 | 30% | 77 | 27% | 67 | 24% | 3.50 | |
| Substance Use (alcohol, marijuana, vaping, other substances) | 24 | 9% | 45 | 16% | 66 | 24% | 65 | 23% | 80 | 29% | 3.47 | |
| Technology (cell phones, social media, screen time) | 69 | 25% | 105 | 37% | 67 | 24% | 27 | 10% | 13 | 5% | 2.32 | |
| Academics (grades, homework, tests, academic pressure) | 9 | 3% | 66 | 23% | 98 | 35% | 59 | 21% | 50 | 18% | 3.27 | |
| Social Justice (whether people are treated fairly and equitably no matter their background, human rights, racism, etc.) | 11 | 4% | 53 | 19% | 99 | 35% | 52 | 19% | 66 | 23% | 3.39 | |
| Limited Opportunities/Activities for Youth (extra-curricular activities, community sports, organized social activities) | 13 | 5% | 32 | 11% | 62 | 22% | 60 | 21% | 113 | 40% | 3.81 | |

Summary: Ratings across the 10 items related to **AREAS OF CONCERN** mostly clustered in the Moderate Issue range of the scale (mean scores ranged between 2.32 and 3.81). Respondents reported feeling that *Technology* (mean = 2.32), *Emotional and Mental Health* (2.77), and *Youth Social Culture* (2.86) were the biggest issues facing Lynnfield youth in their child's age cohort. Respondents were least likely to identify *Opportunities/Activities for Youth* (3.81) as an issue.

Grade Level: Parents/caregivers whose oldest child is in grades 9-12 were significantly more likely than parents/caregivers whose oldest child is in grades 5-8 to believe that *Substance Use* is an issue (mean = 3.74 middle school vs. 3.17 high school). In contrast, parents/caregivers whose oldest child is in grades 5-8 were significantly more likely than their peers with older children to believe that *Limited Opportunities/Activities for Youth* is an issue (MS: 3.66, HS: 4.00).

Gender Identity: Parents/caregivers whose oldest child identifies as male were significantly more likely to perceive *Academics* (female: 3.46, male: 3.12) and *Limited Opportunities/Activities for Youth* (female: 4.00, male: 3.65) as issues in comparison to respondents whose oldest child identifies as female.

Other Issues: Parents/caregivers were given the opportunity to identify other issues not listed in the table. Additional issues, identified by one or two respondents were:

- Not feeling safe to express political opinions contrary to those presented in the media
- Limited after-school opportunities outside of school sports
- Limited programs for girls in middle school
- Limited places for family entertainment/activities in Lynnfield
- Need for more adult mentors/youth advocates at school

COMMUNICATION

Discussions About Substance Use

Parents/caregivers were asked to indicate whether they had talked with their child or talked with the parents/caregivers of their child's closest friends about substance use issues. This section of the survey used a No or Yes scale. Results in Table 6 are presented for all respondents along with breakdowns of the proportion of respondents who replied in the affirmative based on the grade level and gender identity of their oldest child.

Table 6: Discussions About Substance Use

KEY (Mean Scores): Green = Top 1/3, Orange = Middle 1/3, Red = Bottom 1/3

| | TOTAL | | | | GRADE [Yes] | | | | GENDER [Yes] | | | |
|--|-------|-----|-----|-----|-------------|-----|-------------|-----|--------------|-----|------|-----|
| | No | | Yes | | Grades 5-8 | | Grades 9-12 | | Female | | Male | |
| | N | % | N | % | N | % | N | % | N | % | N | % |
| The following questions are about communication with your child and other adults in the community. Please think about your oldest child in grades 5-12 when answering these questions. | | | | | | | | | | | | |
| Have you <u>ever</u> communicated your family's guidelines and expectations around youth alcohol and drug use to your child? | 17 | 6% | 247 | 94% | 127 | 91% | 120 | 96% | 118 | 93% | 125 | 94% |
| Since the beginning of the school year, have you talked with your child about the potential negative consequences associated with underage alcohol use? | 43 | 16% | 219 | 84% | 100 | 73% | 119 | 96% | 108 | 85% | 107 | 82% |
| Since the beginning of the school year, have you talked with your child about the potential negative consequences associated with using an electronic vapor product (vaping)? | 59 | 22% | 205 | 78% | 100 | 72% | 105 | 84% | 103 | 81% | 99 | 74% |
| Since the beginning of the school year, have you talked with your child about the potential negative consequences associated with marijuana use or use of other drugs? | 38 | 14% | 224 | 86% | 110 | 79% | 114 | 93% | 112 | 89% | 109 | 83% |
| Have you <u>ever</u> talked with the parents/caregivers of your child's closest friends to share and compare parental philosophies and standards regarding alcohol and drugs? | 123 | 47% | 140 | 53% | 63 | 46% | 77 | 62% | 70 | 56% | 68 | 51% |
| <p>Summary: Almost all respondents (94%) indicated that they had <u>ever</u> communicated their family's guidelines and expectations around youth alcohol and drug use to their child. Roughly half (53%) of all respondents indicated that they had <u>ever</u> talked with the parents/caregivers of their child's closest friends to share and compare parental philosophies and standards regarding alcohol and drugs. Parents were most likely to have spoken to their child since the beginning of the school year about the negative consequences of <i>using marijuana or other drugs</i> (86%), followed by <i>underage alcohol use</i> (84%), and <i>vaping</i> (78%).</p> <p>Grade Level: Parents/caregivers whose oldest child is in grades 9-12 were significantly more likely than parents/caregivers whose oldest child is in grades 5-8 to report having engaged in all these behaviors. The biggest difference was for <i>talking with their child since the beginning of the school year about the potential negative consequences associated with underage alcohol use</i> (middle school: 73% vs. high school: 96%). The only exception was for <u>ever</u> having communicated their family's guidelines and expectations around youth alcohol and drug use to their child, which did not differ significantly by their oldest child's grade level.</p> <p>Gender Identity: There were no significant differences in any of the communication behaviors based on the gender identity of the respondents' oldest child. Although not rising to the level of statistical significance, there was a consistent pattern of more communication among parents/caregivers whose oldest 5-12 grade child identifies as female versus male.</p> | | | | | | | | | | | | |

Discussions About Health and Wellness

Parents/caregivers were asked to rate their agreement with five questions related to their beliefs about talking with their child and with other parents/caregivers about youth substance use and mental health issues. Ratings for the individual items in this section of the survey are displayed in [Table 7](#).

Table 7: Discussions About Health and Wellness

KEY (Mean Scores): Green = Top 1/3, Orange = Middle 1/3, Red = Bottom 1/3

| | Strongly Disagree ⁽¹⁾ | | Disagree ⁽²⁾ | | Neutral ⁽³⁾ | | Agree ⁽⁴⁾ | | Strongly Agree ⁽⁵⁾ | | TOTAL Mean ¹⁻⁵ |
|--|----------------------------------|------|-------------------------|-----|------------------------|-----|----------------------|-----|-------------------------------|-----|---------------------------|
| | N | % | N | % | N | % | N | % | N | % | |
| The following questions are about communication with your child and other adults in the community. Please think about your oldest child in grades 5-12 when answering these questions. How much do you disagree or agree with each of the following statements? | | | | | | | | | | | |
| I believe that I can have an influence on whether my child chooses to use alcohol or other drugs | 1 | 0.4% | 6 | 2% | 15 | 6% | 145 | 55% | 97 | 37% | 4.25 |
| I believe that I have the knowledge and tools needed to have an effective discussion with my child about youth substance use | 1 | 0.4% | 13 | 5% | 29 | 11% | 142 | 54% | 78 | 30% | 4.08 |
| I believe that I have the knowledge and tools needed to have an effective discussion with my child about youth mental health | 2 | 1% | 25 | 9% | 48 | 18% | 128 | 48% | 61 | 23% | 3.84 |
| I feel that I could have an open and non-judgmental discussion with other Lynnfield parents/caregivers about youth alcohol and drug use | 8 | 3% | 38 | 14% | 58 | 22% | 113 | 43% | 46 | 17% | 3.57 |
| I feel that I could have an open and non-judgmental discussion with other Lynnfield parents/caregivers about youth mental health | 12 | 5% | 29 | 11% | 61 | 23% | 113 | 43% | 48 | 18% | 3.59 |

Summary: Ratings across the five items related to **DISCUSSIONS ABOUT HEALTH AND WELLNESS** were consistently in the Neutral to Agree range of the scale (mean scores ranged between 3.57 and 4.25). Respondents were most likely to agree that they *believe they can have an influence on whether their child chooses to use alcohol or other drugs* (mean = 4.25) and were least likely to agree that they *believe they could have an open and non-judgmental discussion with other Lynnfield parents/caregivers about youth alcohol and drug use* (3.57) or *youth mental health* (3.59).

Grade Level: Parents/caregivers whose oldest child is in grades 9-12 were significantly more likely than their peers with younger children to believe that they have the *knowledge and tools needed to have an effective discussion with their child about youth substance use* (mean = 3.98 middle school vs. 4.19 high school). None of the other questions differed by the grade level of the respondents' oldest child.

Gender Identity: There were no statistically significant differences in the five items between parent/caregiver respondents whose oldest child identifies as female versus male – indicating similar attitudes and beliefs independent of how their oldest child identifies their gender.

Safety Strategies

Parents/caregivers were presented with a list of 10 safety strategies related to situations when their child might be faced with alcohol or other drug use and were asked to indicate whether they had discussed each strategy with their child. Results in [Table 8](#) are presented for all respondents along with breakdowns based on the grade level and gender identity of their oldest child.

Table 8: Safety Strategies

KEY (Mean Scores): Green = Top 1/3, Orange = Middle 1/3, Red = Bottom 1/3

| | TOTAL | | | | GRADE [Yes] | | | | GENDER [Yes] | | | |
|---|-------|-----|-----|-----|-------------|-----|-------------|-----|--------------|-----|------|-----|
| | No | | Yes | | Grades 5-8 | | Grades 9-12 | | Female | | Male | |
| | N | % | N | % | N | % | N | % | N | % | N | % |
| Which of the following safety strategies, if any, have you ever discussed with your child related to situations when they might be faced with alcohol or other drug use? | | | | | | | | | | | | |
| Never using alcohol or other drugs while they are a minor (abstinence) | 101 | 38% | 165 | 62% | 93 | 66% | 72 | 57% | 88 | 69% | 73 | 55% |
| Refusal strategies – ways to say no if someone offers them alcohol or other drugs | 81 | 31% | 185 | 70% | 92 | 66% | 93 | 74% | 96 | 75% | 85 | 63% |
| Call home or send a text message if they feel unsafe | 48 | 18% | 218 | 82% | 105 | 75% | 113 | 90% | 114 | 89% | 100 | 75% |
| Not feeling afraid to call home for help because they are frightened about being punished | 51 | 19% | 215 | 81% | 102 | 73% | 113 | 90% | 111 | 87% | 100 | 75% |
| Not feeling afraid to call the police or emergency medical services (911) if there is a medical emergency (e.g., alcohol poisoning, someone gets hurt) | 123 | 46% | 143 | 54% | 67 | 48% | 76 | 60% | 74 | 58% | 66 | 49% |
| Only using responsibly or in moderation if they do choose to use alcohol or other drugs | 219 | 82% | 47 | 18% | 9 | 6% | 38 | 30% | 24 | 19% | 23 | 17% |
| Always having a close friend present if they choose to use alcohol or other drugs | 230 | 87% | 36 | 14% | 7 | 5% | 29 | 23% | 25 | 20% | 11 | 8% |
| Never riding in a vehicle driven by someone who has been drinking alcohol or using drugs | 69 | 26% | 197 | 74% | 79 | 56% | 118 | 94% | 102 | 80% | 93 | 69% |
| Never driving a vehicle if they have been drinking alcohol or using drugs | 97 | 37% | 169 | 64% | 57 | 41% | 112 | 89% | 91 | 71% | 77 | 58% |
| Call a taxi or ride service like Uber or Lyft if they have been drinking alcohol or using drugs | 196 | 74% | 70 | 26% | 20 | 14% | 50 | 40% | 34 | 27% | 36 | 27% |
| Have not discussed any of these safety strategies | 255 | 96% | 11 | 4% | 11 | 8% | 0 | 0% | 2 | 2% | 9 | 7% |

Summary: Almost all respondents (96%) indicated that they had discussed at least one safety strategy with their child. Respondents were most likely to report having discussed *calling home or sending a text message if they feel unsafe* (82%) and *not feeling afraid to call home for help* (81%). Respondents were least likely to report discussing *using only in moderation* (18%) or *having a close friend present if they choose to use alcohol or other drugs* (14%).

Grade Level: Parents/caregivers whose oldest child is in grades 9-12 were significantly more likely to report having discussed each of these safety strategies except for *abstinence* and *refusal strategies*, which did not differ significantly by grade level.

Gender Identity: Parents/caregivers whose oldest child identifies as female were significantly more likely to report having discussed *abstinence* (female: 69%, male: 55%), *refusal strategies* (female: 75%, male: 63%), *calling home or text messaging* (female: 89%, male: 75%), *not being afraid to call home* (female: 87%, male: 75%), *always having a close friend present if they choose to use* (female: 20%, male: 8%), *never riding in a vehicle driven by someone who has been drinking alcohol or using drugs* (female: 80%, male: 69%), and *never driving under the influence* (female: 71%, male: 58%).

Other Strategies: Parents/caregivers were given the opportunity to identify other safety strategies not listed in the table. Additional strategies, identified by one or two respondents were:

- Calling an extended family member, friend's parent, or other responsible adult if they don't want to call home
- Keeping an eye out for their friends and doing all these things if someone else is in an unsafe situation

ATTITUDES AND BELIEFS

Acceptability of Youth Substance Use

Parents/caregivers were asked to rate their agreement with seven statements about their attitudes and beliefs about youth substance use. Ratings for the individual items in this section of the survey are displayed in Table 9. All items have been coded such that higher mean scores (green) represent higher levels of protection and lower mean scores (red) represent increased levels of risk.

Table 9: Acceptability of Youth Substance Use

KEY (Mean Scores): Green = Top 1/3, Orange = Middle 1/3, Red = Bottom 1/3

Note: Mean scores have been coded so that higher scores indicate protective factors (Green) and lower scores indicate risk (Red)

| | Strongly Disagree ⁽¹⁾ | | Disagree ⁽²⁾ | | Neutral ⁽³⁾ | | Agree ⁽⁴⁾ | | Strongly Agree ⁽⁵⁾ | | TOTAL Mean ¹⁻⁵ |
|---|----------------------------------|-------------------------|-------------------------|----------------------|-------------------------------|---------------------------|----------------------|-----|-------------------------------|------|---------------------------|
| | N | % | N | % | N | % | N | % | N | % | |
| The following questions are about your attitudes and beliefs about youth substance use. Please think about your oldest child in grades 5-12 when answering these questions. How much do you disagree or agree with each of the following statements? | | | | | | | | | | | |
| I would like other parents/caregivers to call me if their child says they are coming to my home to make sure I am aware | 10 | 4% | 15 | 6% | 54 | 21% | 89 | 35% | 84 | 33% | 3.88 |
| I am comfortable calling other parents/caregivers if my child is going to their home to make sure they are aware | 9 | 4% | 10 | 4% | 47 | 19% | 107 | 42% | 79 | 31% | 3.94 |
| Reverse Scored Items | Strongly Disagree ⁽⁵⁾ | Disagree ⁽⁴⁾ | Neutral ⁽³⁾ | Agree ⁽²⁾ | Strongly Agree ⁽¹⁾ | TOTAL Mean ¹⁻⁵ | | | | | |
| | N | % | N | % | N | % | N | % | N | % | |
| I think it is OK to allow youth alcohol use at home if it is responsible and not excessive | 135 | 54% | 73 | 29% | 28 | 11% | 14 | 6% | 2 | 1% | 4.29 |
| I think it is OK to allow adult-supervised youth alcohol use at another parent/caregiver's home if it is responsible and not excessive | 168 | 67% | 54 | 21% | 23 | 9% | 7 | 3% | 0 | 0% | 4.52 |
| Occasional youth alcohol use without adult supervision is OK if there is no driving involved | 165 | 66% | 58 | 23% | 13 | 5% | 14 | 6% | 0 | 0% | 4.50 |
| I think it is OK to allow youth marijuana use at home if it is responsible and not excessive | 191 | 76% | 49 | 20% | 9 | 4% | 2 | 1% | 0 | 0% | 4.71 |
| Occasional youth marijuana use without adult supervision is OK if there is no driving involved | 197 | 78% | 41 | 16% | 8 | 3% | 4 | 2% | 1 | 0.4% | 4.71 |
| Summary: Ratings across the seven items related to ACCEPTABILITY OF YOUTH SUBSTANCE USE were consistently on the higher end (protective factor) side of the scale. Mean scores ranged between 3.88 and 4.71 across the items. Parents/caregivers were <u>most</u> likely to agree that <i>youth marijuana use at home</i> (mean = 4.71 _{reversed}) and <i>youth marijuana use without driving</i> (4.71 _{reversed}) are not acceptable behaviors. Respondents were <u>least</u> likely to agree that they feel comfortable <i>calling other parents/caregivers</i> (3.94) or <i>having other parents/caregivers call them</i> (3.88) to verify awareness of youth presence at another's home. | | | | | | | | | | | |
| Grade Level: Parents/caregivers whose oldest child is in grades 5-8 were significantly more likely than their peers with older children to indicate that they would <i>like other parents/caregivers to call them</i> (Middle School: 4.09, High School: 3.65) and that they are comfortable <i>calling other parents/caregivers</i> (MS: 4.16, HS: 3.70) to verify awareness of youth presence at another's home. Parents/caregivers whose oldest child is in grades 9-12 were significantly more likely than their peers with younger children to believe that <i>occasional youth alcohol use without adult supervision is OK if there is no driving involved</i> (MS: 4.63 _{reversed} , HS: 4.34 _{reversed}). | | | | | | | | | | | |
| Gender Identity: Parents/caregivers whose oldest child identifies as male were significantly more likely than their peers whose oldest child identifies as female to report that it is <i>OK to allow youth alcohol use at home if it is responsible and not excessive</i> (female: 4.45 _{reversed} , male: 4.14 _{reversed}) and that it is <i>OK to allow adult-supervised youth alcohol use at another parent/caregiver's home</i> (female: 4.62 _{reversed} , male: 4.42 _{reversed}). | | | | | | | | | | | |

Feelings About Youth Substance Use

Parents/caregivers were asked to indicate how wrong they feel it would be for a student their child's age to use seven different types of substances. Ratings for the individual items in this section of the survey are displayed in [Table 10](#).

Table 10: Feelings About Youth Substance Use

KEY (Mean Scores): Green = Top 1/3, Orange = Middle 1/3, Red = Bottom 1/3

| | Not At All Wrong ⁽¹⁾ | | A Little Bit Wrong ⁽²⁾ | | Wrong ⁽³⁾ | | Very Wrong ⁽⁴⁾ | | TOTAL Mean ¹⁻⁴ |
|--|---------------------------------|------|-----------------------------------|------|----------------------|-----|---------------------------|-----|---------------------------|
| | N | % | N | % | N | % | N | % | |
| The following questions are about your attitudes and beliefs about youth substance use. Please think about your oldest child in grades 5-12 when answering these questions. How wrong do you think it would be for a student your child's age to... | | | | | | | | | |
| Smoke tobacco | 0 | 0% | 8 | 3% | 35 | 14% | 209 | 83% | 3.80 |
| Drink alcohol occasionally | 3 | 1% | 28 | 11% | 47 | 19% | 173 | 69% | 3.55 |
| Have one or two drinks of an alcoholic beverage nearly every day | 1 | 0.4% | 1 | 0.4% | 11 | 4% | 238 | 95% | 3.94 |
| Use marijuana | 1 | 0.4% | 7 | 3% | 33 | 13% | 211 | 84% | 3.80 |
| Use an electronic vapor product (vaping, Juul) | 0 | 0% | 3 | 1% | 23 | 9% | 225 | 90% | 3.88 |
| Use prescription drugs not prescribed to them | 0 | 0% | 0 | 0% | 7 | 3% | 243 | 97% | 3.97 |
| Use other illegal drugs (such as cocaine, heroin, ecstasy) | 0 | 0% | 1 | 0.4% | 7 | 3% | 243 | 97% | 3.96 |

Summary: Ratings across the seven items related to **FEELINGS ABOUT YOUTH SUBSTANCE USE** were consistently in the Very Wrong range of the scale. Mean scores ranged between 3.55 and 3.97 across the items. Respondents expressed the strongest negative opinions for youth use of *prescription drugs not prescribed to the person taking them* (mean = 3.97); *other illegal drugs such as cocaine, heroin, or ecstasy* (3.96); and *having one or two drinks of an alcoholic beverage nearly every day* (3.94). Parents/caregivers expressed slightly more moderate opinions related to youth *drinking alcohol occasionally* (3.55).

Grade Level: Parents/caregivers whose oldest child is in grades 5-8 were significantly more likely than their peers with older children to feel that *smoking tobacco* (Middle School: 3.86, High School: 3.73), *drinking alcohol occasionally* (MS: 3.80, HS: 3.28), *using marijuana* (MS: 3.92, HS: 3.68), and *using an electronic vapor product* (MS: 3.94, HS: 3.82) was wrong for students their child's age.

Gender Identity: There were no statistically significant differences in any of these items based on how the respondents' oldest child identifies their gender.

Community Culture

Parents/caregivers were asked to rate their agreement with six questions about their attitudes and beliefs about community culture related to substance use. Ratings for the individual items in this section of the survey are displayed in [Table 11](#). All items have been coded such that higher mean scores (**green**) represent higher levels of protection and lower mean scores (**red**) represent increased levels of risk.

Table 11: Community Culture

KEY (Mean Scores): **Green** = Top 1/3 Agreement, **Orange** = Middle 1/3 Agreement, **Red** = Bottom 1/3 Agreement

Note: Mean scores have been coded so that higher scores indicate protective factors (**Green**) and lower scores indicate risk (**Red**)

| | Strongly Disagree ⁽¹⁾ | | Disagree ⁽²⁾ | | Neutral ⁽³⁾ | | Agree ⁽⁴⁾ | | Strongly Agree ⁽⁵⁾ | | TOTAL Mean ¹⁻⁵ |
|---|----------------------------------|-------------------------|-------------------------|----------------------|-------------------------------|---------------------------|----------------------|-----|-------------------------------|-----|---------------------------|
| | N | % | N | % | N | % | N | % | N | % | |
| The following questions are about your attitudes and beliefs about youth substance use. Please think about your oldest child in grades 5-12 when answering these questions. How much do you disagree or agree with each of the following statements? | | | | | | | | | | | |
| Other adults in Lynnfield are supportive when an adult abstains from using alcohol at adult social gatherings | 7 | 3% | 11 | 4% | 121 | 48% | 87 | 35% | 26 | 10% | 3.45 |
| Reverse Scored Items | Strongly Disagree ⁽⁵⁾ | Disagree ⁽⁴⁾ | Neutral ⁽³⁾ | Agree ⁽²⁾ | Strongly Agree ⁽¹⁾ | TOTAL Mean ¹⁻⁵ | | | | | |
| | N | % | N | % | N | % | N | % | N | % | |
| Too many parents/caregivers in Lynnfield turn a blind eye to underage alcohol use | 5 | 2% | 13 | 5% | 106 | 42% | 84 | 33% | 44 | 17% | 2.41 |
| Too many parents/caregivers in Lynnfield turn a blind eye to youth marijuana use | 4 | 2% | 16 | 6% | 123 | 49% | 70 | 28% | 38 | 15% | 2.51 |
| Too many parents/caregivers in Lynnfield set a bad example for their children by their own excessive use of substances | 2 | 1% | 33 | 13% | 108 | 43% | 69 | 28% | 38 | 15% | 2.57 |
| Adult alcohol consumption at school-sponsored sporting events (e.g., tailgating, alcohol in thermoses) is an issue in Lynnfield | 16 | 6% | 48 | 19% | 123 | 49% | 45 | 18% | 20 | 8% | 2.98 |
| I think adults in Lynnfield feel pressure to consume alcohol for social reasons at gatherings in Lynnfield | 32 | 13% | 81 | 32% | 94 | 37% | 35 | 14% | 9 | 4% | 3.37 |

Summary: Ratings across the six items related to **COMMUNITY CULTURE** were consistently in the Neutral range of the scale. Mean scores ranged between 2.41 and 3.45 across the items. At the two extremes, parents/caregivers tended to agree that *other adults are supportive when an adult abstains from using alcohol at adult social gatherings* (mean = 3.45) and disagreed that *adults feel pressure to consume alcohol for social reasons at gatherings* (3.37 reversed). At the other end, parents/caregivers tended to agree that *too many parents/caregivers turn a blind eye to underage alcohol use* (2.41 reversed).

Grade Level: Parents/caregivers whose oldest child is in grades 9-12 were significantly more likely than their peers with younger children to believe that *too many parents/caregivers in Lynnfield turn a blind eye to underage alcohol use* (mean = 2.57 reversed middle school vs. 2.23 reversed high school) and *youth marijuana use* (MS: 2.67 reversed, HS: 2.34 reversed). In contrast, parents/caregivers whose oldest child is in grades 5-8 were significantly more likely than their peers with older children to indicate that *adults in Lynnfield feel pressure to consume alcohol for social reasons at gatherings in Lynnfield* (MS: 3.23 reversed, HS: 3.52 reversed).

Gender Identity: Parents/caregivers whose oldest child identifies as male were significantly more likely than their peers whose oldest child identifies as female to indicate that *adults in Lynnfield feel pressure to consume alcohol for social reasons at gatherings in Lynnfield* (female: 3.51 reversed, male: 3.25 reversed).

Consequences for Youth Substance Use – Police-Involved

Parents/caregivers were asked to indicate which actions, if any, they would support if police became aware of Lynnfield teens drinking alcohol. Results in [Table 12](#) are presented for all respondents along with breakdowns based on the grade level and gender identity of their oldest child.

Table 12: Consequences for Youth Substance Use If Police Are Involved

KEY (Mean Scores): Green = Top 1/3, Orange = Middle 1/3, Red = Bottom 1/3

| | TOTAL | | | | GRADE [Yes] | | | | GENDER [Yes] | | | |
|---|-------|-----|-----|-----|-------------|-----|-------------|-----|--------------|-----|------|-----|
| | No | | Yes | | Grades 5-8 | | Grades 9-12 | | Female | | Male | |
| | N | % | N | % | N | % | N | % | N | % | N | % |
| Issue a verbal warning to the teens | 165 | 64% | 91 | 36% | 45 | 33% | 46 | 38% | 42 | 34% | 49 | 38% |
| Call or contact the teens' parents/caregivers | 13 | 5% | 243 | 95% | 129 | 96% | 114 | 94% | 114 | 93% | 125 | 97% |
| Issue a ticket/notice to appear in court | 225 | 88% | 31 | 12% | 17 | 13% | 14 | 12% | 13 | 11% | 17 | 13% |
| Arrest the teens | 244 | 95% | 12 | 5% | 6 | 4% | 6 | 5% | 6 | 5% | 5 | 4% |
| Inform school personnel | 178 | 69% | 78 | 31% | 38 | 28% | 40 | 33% | 36 | 29% | 40 | 31% |
| Require that the teens meet with a youth counselor | 116 | 45% | 140 | 55% | 79 | 59% | 61 | 50% | 63 | 51% | 74 | 57% |
| Require that the teens attend substance use education class | 106 | 41% | 150 | 59% | 90 | 67% | 60 | 50% | 69 | 56% | 79 | 61% |
| There should be no action taken against the teens | 254 | 99% | 2 | 1% | 1 | 1% | 1 | 1% | 0 | 0% | 2 | 2% |

The following questions are about your attitudes and beliefs about youth substance use. Please think about your oldest child in grades 5-12 when answering these questions. If the police became aware of Lynnfield teens drinking alcohol, what action(s) would you support being taken?

Summary: Almost all respondents (99%) indicated that some action should be taken if police became aware of Lynnfield teens drinking alcohol. Parents/caregivers were most likely to endorse *calling or contacting the teens' parents/caregivers* (95%), *requiring that the teens attend a substance use education class* (59%), and *requiring that the teens meet with a youth counselor* (55%). Parents/caregivers were least likely to endorse law enforcement actions such as *issuing a ticket or notice to appear in court* (12%) or *arresting the teens* (5%).

Grade Level: Parents/caregivers whose oldest child is in grades 5-8 were significantly more likely than their peers with older children to endorse *requiring that the teens attend a substance use education class* (Middle School: 67%, High School: 50%).

Gender Identity: There were no statistically significant differences in any of these items based on how the respondents' oldest child identifies their gender.

Other Action: Parents/caregivers were given the opportunity to identify other actions not listed in the table. Additional actions, identified by a subset of respondents were:

- Escalating penalties for repeat offenses and based on the circumstances/severity of the incident (7 respondents)
- Avoiding any enforcement that would result in a permanent record or that would affect their future
- Ensuring that youth of color are not disproportionately or more severely penalized than their peers
- Restorative justice actions – such as having teens meet with Mothers Against Drunk Driving (MADD) parents
- Require that parents/caregivers attend a substance use education class for teens

Consequences for Youth Substance Use – School-Involved

Parents/caregivers were asked to indicate which actions, if any, they would support if school personnel became aware of a Lynnfield student drinking alcohol. Results in **Table 13** are presented for all respondents along with breakdowns based on the grade level and gender identity of their oldest child.

Table 13: Consequences for Youth Substance Use If School Personnel Are Involved

KEY (Mean Scores): Green = Top 1/3, Orange = Middle 1/3, Red = Bottom 1/3

| | TOTAL | | | | GRADE [Yes] | | | | GENDER [Yes] | | | |
|--|-------|---|-----|---|-------------|---|-------------|---|--------------|---|------|---|
| | No | | Yes | | Grades 5-8 | | Grades 9-12 | | Female | | Male | |
| | N | % | N | % | N | % | N | % | N | % | N | % |

The following questions are about your attitudes and beliefs about youth substance use. Please think about your oldest child in grades 5-12 when answering these questions. If school personnel became aware of a Lynnfield student drinking alcohol, what action(s) would you support being taken?

| | | | | | | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Call or contact the student's parents/caregivers | 17 | 7% | 239 | 93% | 124 | 92% | 115 | 95% | 110 | 89% | 125 | 97% |
| Enforce MIAA sanctions if student is on a school sports team | 128 | 50% | 128 | 50% | 67 | 50% | 61 | 50% | 57 | 46% | 69 | 54% |
| Temporarily bar the student from non-academic activities | 176 | 69% | 80 | 31% | 44 | 33% | 36 | 30% | 36 | 29% | 43 | 33% |
| Require that the student complete community service | 158 | 62% | 98 | 38% | 52 | 39% | 46 | 38% | 45 | 37% | 52 | 40% |
| Suspend the student | 236 | 92% | 20 | 8% | 9 | 7% | 11 | 9% | 7 | 6% | 13 | 10% |
| Require that the student meet with a youth counselor | 95 | 37% | 161 | 63% | 88 | 65% | 73 | 60% | 74 | 60% | 84 | 65% |
| Require the student attend a substance use education class | 111 | 43% | 145 | 57% | 83 | 62% | 62 | 51% | 66 | 54% | 77 | 60% |
| There should be no action taken against the student | 252 | 98% | 4 | 2% | 1 | 1% | 3 | 3% | 1 | 1% | 3 | 2% |

Summary: Almost all respondents (98%) indicated that some action should be taken if school personnel became aware of a Lynnfield student drinking alcohol. Parents/caregivers were most likely to endorse *calling or contacting the student's parents/caregivers* (93%), *requiring that the teens meet with a youth counselor* (63%), and *requiring that the teens attend a substance use education class* (57%). Parents/caregivers were least likely to endorse *suspending the student* (8%).

Grade Level: There were no statistically significant differences in any of these items based on whether the respondents' oldest child was in grades 5-8 or grades 9-12.

Gender Identity: Parents/caregivers whose oldest child identifies as male were significantly more likely than their peers whose oldest child identifies as female to indicate that school personnel should *call or contact the student's parents/caregivers* (female: 89%, male: 97%).

Other Action: Parents/caregivers were given the opportunity to identify other actions not listed in the table. Additional actions, identified by a subset of respondents were:

- Escalating penalties for repeat offenses and based on the circumstances/severity of the incident (8 respondents)
- Different penalties based on whether the student was on school property (more severe) when they were caught versus being caught in other settings (5 respondents)
- Restorative justice actions – such as having teens meet with Mothers Against Drunk Driving (MADD) parents

PARENTING BEHAVIORS

Parents/caregivers were asked to rate the frequency with which they engaged in five parenting behaviors related to youth substance use (Table 14) and whether they secure or lock-up alcohol and prescription medications in their home (Table 15). All items have been coded such that higher mean scores (green) represent higher levels of protection and lower mean scores (red) represent increased levels of risk.

Table 14: Parenting Behaviors

KEY (Mean Scores): Green = Top 1/3, Orange = Middle 1/3, Red = Bottom 1/3

Note: Mean scores have been coded so that higher scores indicate protective factors (Green) and lower scores indicate risk (Red)

| | Never ⁽¹⁾ | | Seldom ⁽²⁾ | | Sometimes ⁽³⁾ | | Often ⁽⁴⁾ | | Very Often ⁽⁵⁾ | | TOTAL Mean ¹⁻⁵ |
|---|----------------------|-----------------------|--------------------------|----------------------|---------------------------|---------------------------|----------------------|-----|---------------------------|-----|---------------------------|
| | N | % | N | % | N | % | N | % | N | % | |
| These questions ask about things that you currently do. Remember, your answers are anonymous and cannot be linked back to you. | | | | | | | | | | | |
| How often do you do the following things? | | | | | | | | | | | |
| Require your child to tell you with whom and where they will be if they go out with friends | 1 | 0.4% | 3 | 1% | 2 | 1% | 31 | 13% | 204 | 85% | 4.80 |
| Check-in by phone or text message at least one time when your child is out with friends | 2 | 1% | 9 | 4% | 21 | 9% | 51 | 21% | 158 | 66% | 4.47 |
| Visually assess your child for signs of substance use when they come home from being out with friends | 77 | 32% | 16 | 7% | 27 | 11% | 25 | 10% | 96 | 40% | 3.20 |
| Engage your child in a conversation to learn about their activities when they return from being out with friends | 2 | 1% | 1 | 0.4% | 9 | 4% | 50 | 21% | 180 | 74% | 4.67 |
| Reverse Scored Items | Never ⁽⁵⁾ | Seldom ⁽⁴⁾ | Sometimes ⁽³⁾ | Often ⁽²⁾ | Very Often ⁽¹⁾ | TOTAL Mean ¹⁻⁵ | | | | | |
| N | % | N | % | N | % | N | % | N | % | N | % |
| Knowingly allow your child to attend parties or gatherings where underage drinking or other substance use likely occurs | 188 | 78% | 30 | 12% | 17 | 7% | 7 | 3% | 0 | 0% | 4.65 |

Summary: Ratings across the five items related to PARENTING BEHAVIORS were consistently on the higher end (protective factor) side of the scale. Mean scores ranged between 3.20 and 4.80 across the items. Parents/caregivers were most likely to report that they frequently *require their child to tell them where they will be if they go out with friends* (mean = 4.80) and were least likely to report that they frequently *visually assess their child for signs of substance use when they come home from being out with friends* (3.20).

Grade Level: Parents/caregivers whose oldest child is in grades 9-12 were significantly more likely than their peers to *knowingly allow their child to attend parties or gatherings where underage drinking or other substance use likely occurs* (middle school: 4.93 _{reversed}, high school: 4.36 _{reversed}) and to *visually assess their child for signs of substance use* (MS: 2.74, HS: 3.67). In contrast, parents/caregivers whose oldest child is in grades 5-8 were significantly more likely than their peers to *require their child to tell them with whom and where they will be if they go out with friends* (MS: 4.87, HS: 4.73).

Gender Identity: There were no statistically significant differences in any of these items by gender identity.

Table 15: Access to Alcohol and Prescription Medications

| | Not Present in the Home | | When Present in the Home | | | | | | |
|---|-------------------------|-----|--------------------------|-----|---------------------------|-----|--------------------|-----|--|
| | | | Don't Monitor At All | | Monitor, But Don't Secure | | Monitor and Secure | | |
| | N | % | N | % | N | % | N | % | |
| Which of the following best describes how you monitor and store alcohol and prescription medications present in your home? | | | | | | | | | |
| Alcohol | 44 | 18% | 69 | 35% | 116 | 58% | 14 | 7% | |
| Prescription Medications | 100 | 41% | 33 | 23% | 88 | 62% | 21 | 15% | |

Summary: Most parents/caregivers report having alcohol (82%) and prescription medications (59%) in their home. Among these parents/caregivers, over half report monitoring these substances (alcohol: 58%, prescriptions: 62%). Fewer reported securing or locking-up these substances (alcohol: 7%, prescriptions: 15%).

Grade Level and Gender Identity: There were no statistically significant differences by grade level or gender identity.

PREVENTION AND SUPPORT

Prevention Supports

Parents/caregivers were asked to rate their agreement with seven questions about needs related to prevention. Ratings for the individual items in this section of the survey are displayed in [Table 16](#).

Table 16: Prevention Supports

KEY (Mean Scores): Green = Top 1/3, Orange = Middle 1/3, Red = Bottom 1/3

| | Strongly Disagree ⁽¹⁾ | | Disagree ⁽²⁾ | | Neutral ⁽³⁾ | | Agree ⁽⁴⁾ | | Strongly Agree ⁽⁵⁾ | | TOTAL Mean ¹⁻⁵ |
|--|----------------------------------|----|-------------------------|------|------------------------|-----|----------------------|-----|-------------------------------|-----|---------------------------|
| | N | % | N | % | N | % | N | % | N | % | |
| The following questions are about prevention and support. Please think about your oldest child in grades 5-12 when answering these questions. How much do you disagree or agree with each of the following statements? | | | | | | | | | | | |
| Parents/caregivers in Lynnfield need more education about the Massachusetts Social Host Liability Law | 6 | 3% | 4 | 2% | 54 | 23% | 95 | 40% | 78 | 33% | 3.99 |
| Parents/caregivers in Lynnfield need more education about electronic vapor products (vaping) | 3 | 1% | 13 | 6% | 65 | 28% | 102 | 43% | 53 | 22% | 3.80 |
| Parents/caregivers in Lynnfield need more education about marijuana, CBD, and the new laws in Massachusetts | 4 | 2% | 11 | 5% | 56 | 24% | 105 | 44% | 61 | 26% | 3.88 |
| I believe schools should provide education programs for students my child's age that are designed to help prevent and reduce underage drinking and substance use | 3 | 1% | 0 | 0% | 19 | 8% | 91 | 38% | 124 | 52% | 4.41 |
| I believe schools should provide education programs for students my child's age that are designed to help with social and emotional learning | 4 | 2% | 1 | 0.4% | 15 | 6% | 76 | 32% | 140 | 59% | 4.47 |
| I am aware of school-based supports available to students if they need help with a mental health or substance use issue | 9 | 4% | 61 | 26% | 47 | 20% | 75 | 32% | 45 | 19% | 3.36 |
| I am aware of community supports available to students if they need help with a mental health or substance use issue | 18 | 8% | 62 | 26% | 57 | 24% | 57 | 24% | 42 | 18% | 3.18 |
| <p>Summary: Ratings across the seven items related to PREVENTION SUPPORTS varied between the Neutral and Strongly Agree categories of the scale. Mean scores ranged between 3.18 and 4.47 across the items. Parents/caregivers expressed strong agreement that <i>schools should provide education programs for students their child's age that are designed to help with social and emotional learning</i> (mean = 4.47) and <i>programs that prevent and reduce underage drinking and substance use</i> (4.41). Respondents were less likely to agree that they are <i>aware of school-based supports</i> (3.36) and <i>community supports</i> (3.18) <i>available to students if they need help with a mental health or substance use issue</i>.</p> <p>Grade Level: Parents/caregivers whose oldest child is in grades 9-12 were significantly more likely than their peers with younger children report <i>awareness of school-based supports available to students if they need help with a mental health or substance use issue</i> (Middle School: 3.21, High School: 3.53).</p> <p>Gender Identity: There were no statistically significant differences in any of these items based on how the respondents' oldest child identifies their gender.</p> | | | | | | | | | | | |

Youth Health Information

Parents/caregivers were asked to indicate what they felt were effective ways or places to reach other Lynnfield parents/caregivers like themselves with youth health information. Respondents were provided with a list of 16 options and could add additional items not on the list. Results in Table 17 are presented for all respondents along with breakdowns based on the grade level and gender identity of their oldest child.

Table 17: Youth Health Information

KEY (Mean Scores): Green = Top 1/3, Orange = Middle 1/3, Red = Bottom 1/3

| | TOTAL | | | | GRADE [Yes] | | | | GENDER [Yes] | | | |
|---|-------|-----|-----|-----|-------------|-----|-------------|-----|--------------|-----|------|-----|
| | No | | Yes | | Grades 5-8 | | Grades 9-12 | | Female | | Male | |
| | N | % | N | % | N | % | N | % | N | % | N | % |
| What are some effective ways or places to reach Lynnfield parents/caregivers like you with youth health information? | | | | | | | | | | | | |
| Bank, grocery store, convenience store | 221 | 93% | 17 | 7% | 9 | 7% | 8 | 7% | 8 | 7% | 9 | 7% |
| Local cable television | 222 | 93% | 16 | 7% | 8 | 7% | 8 | 7% | 8 | 7% | 8 | 7% |
| Church, mosque, synagogue, or other faith community | 210 | 88% | 28 | 12% | 17 | 14% | 11 | 9% | 12 | 11% | 16 | 13% |
| Doctor's office | 165 | 69% | 73 | 31% | 38 | 31% | 35 | 30% | 34 | 30% | 39 | 32% |
| Civic clubs/organizations | 215 | 90% | 23 | 10% | 10 | 8% | 13 | 11% | 12 | 11% | 11 | 9% |
| Social Media (Facebook, Twitter, Instagram) | 89 | 37% | 149 | 63% | 74 | 61% | 75 | 64% | 72 | 64% | 76 | 62% |
| Lynnfield Public Library | 175 | 73% | 63 | 27% | 40 | 33% | 23 | 20% | 30 | 27% | 33 | 27% |
| Lynnfield Villager | 126 | 53% | 112 | 47% | 51 | 42% | 61 | 52% | 59 | 52% | 53 | 43% |
| Parent Newsletter from Schools | 55 | 23% | 183 | 77% | 91 | 75% | 92 | 79% | 87 | 77% | 96 | 79% |
| PTO Emails | 107 | 45% | 131 | 55% | 68 | 56% | 63 | 54% | 63 | 56% | 68 | 56% |
| Radio | 234 | 98% | 4 | 2% | 3 | 3% | 1 | 1% | 2 | 2% | 2 | 2% |
| School website | 80 | 34% | 158 | 66% | 83 | 69% | 75 | 64% | 69 | 61% | 88 | 72% |
| School events | 114 | 48% | 124 | 52% | 66 | 55% | 58 | 50% | 55 | 49% | 68 | 56% |
| Town recreation and sports programs | 139 | 58% | 99 | 42% | 51 | 42% | 48 | 41% | 45 | 40% | 54 | 44% |
| Take-out restaurants | 227 | 95% | 11 | 5% | 5 | 4% | 6 | 5% | 5 | 4% | 6 | 5% |
| House mailings | 144 | 61% | 94 | 39% | 54 | 45% | 40 | 34% | 37 | 33% | 56 | 46% |

Summary: Parents/caregivers were most likely to identify *parent newsletter from schools* (77%), *school website* (66%), and *social media* (63%) as effective ways to reach parents/caregivers in Lynnfield with youth health information. Respondents were least likely to identify *take-out restaurants* (5%) and *radio* (2%).

Grade Level: Parents/caregivers whose oldest child is in grades 5-8 were significantly more likely than their peers with older children to identify the *Lynnfield Public Library* (Middle School: 33%, High School: 20%) as an effective way to reach parents/caregivers with youth health information.

Gender Identity: Parents/caregivers whose oldest child identifies as male were significantly more likely than their peers whose oldest child identifies as female to identify *house mailings* (female: 33%, male: 46%) as an effective way to reach parents/caregivers with youth health information.

Other Sources: Parents/caregivers were given the opportunity to identify other sources not listed in the table. Additional sources, identified by a subset of respondents were:

- The other Lynnfield newspaper (not the Villager)
- Email newsletter

PROMOTING YOUTH HEALTH AND WELLNESS

Parents/caregivers were asked to provide any other comments they had about things they would like to see in Lynnfield to promote youth health and wellness.

School-Based Supports and Services (number of responses in parentheses)

- Additional opportunities for quiet, shy, non-athletic kids (3)
- Alcohol and drug content in middle school health class (3)
- Education for students on mental health awareness and available emotional supports (3)
- Digital literacy and proper use of the internet/social media (2)
- Group meetings for kids with similar needs or issues to meet up and talk (2)
- Realistic education for kids versus “Just Say No” messaging – smart decision-making (2)
- School-based alcohol and drug prevention education and events (2)
- A Lynnfield DARE officer present at schools (1)
- Address vaping in school bathrooms (1)
- Better integration process for new students (1)
- Career Day event with health, wellness, and medical providers in attendance (1)
- Education on bullying and empathy (1)
- Hold student athletes accountable to the same standards/consequences as other students (1)
- Incentives for students to ride bikes or walk to school in groups to encourage more social engagement (1)
- Opportunities for parents to be more engaged to help with these issues (1)
- Stress-reduction mind and body classes (yoga, meditation, breathing, mindfulness) (1)

Community Culture and Modeling

- Addressing culture of toxic masculinity, hosting parties for kids, and culture of excess (2)
- Too much of a culture of parental drinking, adult parties, and celebrating alcohol (2)
- Consequences for teen house parties (1)
- Elected officials, administrators, and other leaders should be expected to attend/support AHL events (1)
- Feels like parents are being blamed and portrayed as irresponsible in recent messages from town/schools (1)
- Town and school-level acknowledgement and accolades for non-sport achievements (1)

Community Events, Activities, and Services

- AHL should focus more broadly on nutrition, fitness, gun safety, and overall health/wellness (2)
- 5K walk/run through town center, more walking trails and outdoor activities in town (2)
- A stand-down day of unity and health with informational booths on the common (1)
- Mobile crisis teams, de-escalation, and youth mental health training for first responders (1)
- More family-oriented events (1)

Information, Education, and Awareness

- Enhance knowledge and awareness of these issues in the community (3)
- Information about nutrition, healthy eating habits, and physical activity (3)
- Information on what is being taught in the schools to help promote youth health and wellness (2)
- Better messaging and awareness of mental health support services (1)

Diversity and Inclusion

- Collaboration with LPS Diversity and Equity Committee to increase awareness of needs of youth/families (1)
- Consider how students of color may be differentially impacted by these issues (1)
- Opportunities to talk about social movements, issues, and other things going on in society (1)

SUMMARY OF MAIN FINDINGS

The Lynnfield Substance Abuse Prevention Coalition, known as **A Healthy Lynnfield (AHL)**, invited all parents/caregivers of 5th-12th graders in Lynnfield Public Schools to take part in an anonymous online survey in spring 2021 to help AHL and its partners learn more about parent/caregiver beliefs and perceptions regarding health and wellness among youth. A total of 349 parents/guardians participated in the survey. Main findings related to the six broad domains covered in the survey: (1) **home and community life**, (2) **health and wellness**, (3) **communication with youth and other caregivers**, (4) **attitudes and beliefs**, (5) **parenting behaviors**, and (6) **prevention and support**, are summarized below.

Areas of Concern

Parents/caregivers feel that the top three issues facing the health and wellness of Lynnfield youth are: (1) Technology (cell phones, social media, screen time), (2) Emotional and Mental Health (worrying, stress, anxiety, depression), and (3) Youth Social Culture (friendships, cliques, exclusion, teasing).

Strengths – Protective Factors

All scale-based items in the parent/caregiver survey were rank ordered to identify areas of strength (protective factors). In general, items related to **Home Protective Factors**, **Low Acceptability of Youth Substance Use**, and **Parenting Behaviors** represented areas of strength/protection (see Table 18).

Table 18: Strengths – Top 10 Ratings

| Strengths | Category | Rating |
|---|--|--------|
| Parents/caregivers frequently require their child to tell them with whom and where they will be if they go out with friends | Parenting Behaviors | 4.80 |
| Parents/caregivers frequently encourage their child to be the best that they can be | Home Protective Factors | 4.72 |
| Parents/caregivers do not believe it is OK to allow youth marijuana use at home, even if it is responsible and not excessive | Low Acceptability of Youth Substance Use | 4.71 |
| Parents/caregivers do not believe occasional youth marijuana use without adult supervision is OK, even if there is no driving involved | Low Acceptability of Youth Substance Use | 4.71 |
| Parents/caregivers frequently engage their child in a conversation to learn about their activities when they return from being out with friends | Parenting Behaviors | 4.67 |
| Parents/caregivers do not knowingly allow their child to attend parties or gatherings where underage drinking or other substance use likely occurs | Parenting Behaviors | 4.65 |
| Parents/caregivers frequently talk to their child about what they are doing in school | Home Protective Factors | 4.64 |
| Parents/caregivers frequently ask their child about their homework | Home Protective Factors | 4.59 |
| Parents/caregivers do not believe it is OK to allow adult-supervised youth alcohol use at another parent/caregiver's home, even if it is responsible and not excessive | Low Acceptability of Youth Substance Use | 4.52 |
| Parents/caregivers do not believe occasional youth alcohol use without adult supervision is OK, even if there is no driving involved | Low Acceptability of Youth Substance Use | 4.50 |

In addition to the rating scale items, parents/caregiver also reported the presence of protective factors related to **Discussions About Substance Use** (94% had communicated their family's guidelines and expectations around youth alcohol use with their child), **Safety Strategies** (96% had discussed at least one safety strategy with their child related to situations when they might be faced with alcohol or other drug use), and **Feelings About Youth Substance Use** (parents/caregivers consistently rated youth use of substances as very wrong).

Opportunities for Enhancement – Risk Factors

The 10 rating scale items that fell at the bottom of the rank order tended to cluster within the **Community Culture**, **Community Protective Factors**, and **Prevention Supports** areas – representing areas in which there are potentially opportunities for enhancement/intervention (see [Table 19](#)).

Table 19: Opportunities for Enhancement – Bottom 10 Ratings

| Opportunities for Enhancement | Category | Rating |
|--|------------------------------|-------------|
| Parents/caregivers are less likely to believe adults in Lynnfield listen to what youth have to say | Community Protective Factors | 3.43 |
| Parents/caregivers think adults in Lynnfield feel pressure to consume alcohol for social reasons at gatherings in Lynnfield | Community Culture | 3.37 |
| Parents/caregivers are less aware of school-based supports available to students if they need help with a mental health or substance use issue | Prevention Supports | 3.36 |
| Parents/caregivers are less likely to believe Lynnfield residents respect the values and beliefs of people from different races and cultures | Community Protective Factors | 3.30 |
| Parents/caregivers are less likely to visually assess their child for signs of substance use when they come home from being out with friends | Parenting Behaviors | 3.20 |
| Parents/caregivers are less aware of community supports available to students if they need help with a mental health or substance use issue | Prevention Supports | 3.18 |
| Parents/caregivers believe adult alcohol consumption at school-sponsored sporting events (e.g., tailgating, alcohol in thermoses) is an issue in Lynnfield | Community Culture | 2.98 |
| Parents/caregivers believe too many parents/caregivers in Lynnfield set a bad example for their children by their own excessive use of substances | Community Culture | 2.57 |
| Parents/caregivers believe too many parents/caregivers turn a blind eye to youth marijuana use | Community Culture | 2.51 |
| Parents/caregivers believe too many parents/caregivers turn a blind eye to underage alcohol use | Community Culture | 2.41 |

In addition to the rating scale items, parents/caregivers were comparatively less likely to report having ever talked with parents/caregivers of their child’s closest friends to share and compare parental philosophies and standards regarding alcohol and drugs (53%). Similarly, most parents/caregivers who have alcohol or prescription medication in their home reported monitoring these substances, but few reported that they secure these substances.

Youth Health Information

Parents/caregivers were most likely to identify school-based sources as the most effective way to reach parents/caregivers with youth health information – including the parent newsletter from the schools (77%) and the school website (66%).

Promoting Youth Health and Wellness

Parents/caregivers offered multiple suggestions about things they would like to see in Lynnfield to promote youth health and wellness including additional school-based and community-based services, activities, and messaging. Several commented on the importance of continuing to consider diversity and inclusion during decision-making processes. Respondents also commented on a perceived need to address risks within the culture of the community – including adult modeling of behaviors for youth.