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How peer group membership influences adolescent alcohol use

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How peer group membership influences adolescent alcohol use

Abstract

As we near the close of the decade of the eighties and review gains and losses in the "war against drugs," several startling facts still loom as powerful reminders of the continuing problem our society has with drug use. Since 1960, all age groups in our society have experienced declining death rates with the exception of one group, the 15 to 24 year olds, whose overall death rate has increased (Ried, Martinson, & Weaver, 1987). A significant cause cited for this reverse trend among 15 to 24 year olds is the great number of alcohol related deaths due to accidents, suicide, and homicide.

HOW PEER GROUP MEMBERSHIP INFLUENCES ADOLESCENT ALCOHOL USE

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As we near the close of the decade of the eighties and review gains and losses in the "war against drugs," several startling facts still loom as powerful reminders of the continuing problem our society has with drug use. Since 1960, all age groups in our society have experienced declining death rates with the exception of one group, the 15 to 24 year olds, whose overall death rate has increased (Ried, Martinson, & Weaver, 1987). A significant cause cited for this reverse trend among 15 to 24 year olds is the great number of alcohol related deaths due to accidents, suicide, and homicide.

How individuals have made important life decisions has shown a major trend change in the last three decades. The "other directedness" (the inability of individuals to make decisions without the aid of a group) of society in general, and within groups of drug addicts in microcosm, has been documented in drug use research and in the study of adolescent development (Rachman & Heller, 1976; Taintor, 1974).

In a survey of 500,000 school children in 1987, 34% of these children in grade school reported that they felt pressure ranging from "some" to "alot" to try alcohol by fourth grade (NFP's Prevention Parentline, 1988). The same survey also reported that the proportion of elementary school children

who thought daily use of wine coolers or alcohol could be harmful decreased with each succeeding grade.

A closely related and startling trend is related to where adolescents turn to have their developmental needs fulfilled. In the last two decades, dependency and approval needs of adolescents have been increasingly met by peers, as parents have withdrawn from the lives of their adolescents (Baumrind, 1985; Norem-Hebeisen & Hedin, 1983; Murray & Perry, 1985). For example, in a study by Ried, Martinson, and Weaver (1987) of over 800 midwestern 5th to 8th graders, a student's perception of their peer's drug use was found to have over twice as much influence on drug use as did that student's own attitudes. Added to this is the almost universal presence of "peer group conformity" (Norem-Hebeisen & Hedin, 1983) that adolescents experience as they pass through this growth period in their lives. Peer groups might well be taking on responsibilities they are not well equipped to handle.

The purpose of this literature review is to determine the relationship between adolescent alcohol use and peer group membership. This review will examine factors that may lead adolescent peer groups to have an increasing influence on teenage alcohol use. Major sections addressing this topic are: (a) the interaction of parental and peer factors influencing adolescent alcohol use, (b) peer group influence

upon adolescent moral development, (c) models for adolescent alcohol use: single friend vs peer group, and (d) intrapersonal factors of adolescents in forming drug/nondrug using peer groups.

Parental and Peer Influences on Adolescent Alcohol Use

As noted in the introduction of this paper, adolescents may seek satisfaction of their dependency and approval needs from peers more than from parents. This is a critical development to investigate because the family is the crucial source of role-taking for the child (Stanley, 1978). Glenn and Nelson (1987) in their book, Developing Capable Young People, attributed this withdrawal of family as the major source of role models for an adolescent to the great structural changes in family systems following World War II. Levine and Kozak (1979) also identified this change as caused by the migration of many Americans to inner cities after that war. Calling it a "tangle of pathology," Levine and Kozak named meager incomes, poor housing, inadequate schools, high crime rates, and broken homes as leading factors in increasing rates of adolescent delinquency and alcohol use.

Glenn and Nelson (1987) also researched the shift from rural to urban living and identified four significant losses to the family system resulting from the geographic shift. These included: fewer parenting resources, lack of meaningful

role models, less networking, and replacement of "hands on experience" by media (T.V. watching for example). Glenn and Nelson went on to claim that these mutated family units produced children who were less mature and more vulnerable in areas of moral and ethical judgment, critical thinking skills, and maturity.

What is the connection between the decline in parental influence in the American family system and peer group influence on adolescent substance use behavior? The quality of parenting may be the key link. Levine and Kozak (1979) studied 796 children of upper middle class families in the suburbs of Chicago and found evidence of neglect of parental responsibilities. This "deficit parenting" was marked by disinterest in accepting parenting responsibilities, especially relating to rules concerning how their children spent leisure time. Findings by Levine and Kozak, in a sample of 548 students, showed that high percentages of 5th and 6th grade students (75% males, 85% females) had no rules for the amount of time they spent with their friends. From 12% to 17% of all students surveyed in this study in grades 7-12 reported they were not with their families as much as they wanted to be.

The review of literature indicated that children being left to their own resources without parental concern and

supervision did not appear to diminish a need in the child for bonding. Rather, it was found that persons to whom a child bonds may change. The lack of consistency in family management practices, along with punitive or ineffective management techniques, were found to inhibit the development of family bonding (Hawkins, Lishner, & Catalano, 1985). Cohen (1986) related dysfunctional family management to peer groups with the contention that the strength of peer clusters in determining behaviors reflected weaknesses of the family in modulating that behavior. This information lends evidence to Glenn and Nelson's (1987) contention that adolescents have become more strongly bonded to their peer group due to the weaker bonds of trust and closeness with parents.

Despite the societal trend for less closeness and bonding within families, leading to more bonding with peer groups, parents still provide strong role models for adolescents concerning the use of alcohol, as reported in a review by Milgram (1982) on past and present adolescent drinking practices. Milgram discussed how adolescents have perceived drinking as adult social behavior, noting how adults often drink in "small societies" (business, social groups, family groups). In a study of youths in Glasgow, Scotland done by Davis and Stacey (Peele, 1986), heavy adolescent drinkers were found to have parents who strongly disapproved of

drinking. In discussing the same study of Davis and Stacey, Milgram (1982) reported findings of Glasgow teens having had the same drinking patterns as their parents. The teens drank at home 92% of the time, and reported that drinking at friends' homes and consuming more alcohol was their second favorite combination. This was the same pattern set by the majority of adult drinkers reported in the Milgram review. Families may sanction or encourage alcohol/drug use by either tacit or active role modeling, combined with parental approval or strong disapproval.

Research provides further data to support the concept of peer groups following adult drinking models. In a survey of 13,000 adolescents (Barnes, 1977) it was found that friends were chosen to provide the social context for drinking and to reinforce behavior learned at home. Also, a North Carolina study of alcohol use by urban white high school seniors found that the frequency of use by these teens was directly related to the social support of drinking by both parents and best friends (Torres, 1982). In a third study, responses generated from over 8,000 public secondary students in New York State in 1972 showed that the influence of the modeling of the behaviors of parents and peers regarding alcohol use were approximately equal in importance (Kandel, Kessler, & Margulies, 1978).

Research has clearly demonstrated that adolescents receive mixed messages from parents on alcohol use. These messages often appear to be reflected by the peer groups with whom an adolescent chooses to associate. Murray and Perry (1985) suggested that adolescent drug users have in their environment a model of multiple patterns of drug use by significant others, such as parents and peers. Kline, Canter, and Robin (1987), in their study of 499 midwest high school students, reported that over 50% of the adolescent drinking of that group could be accounted for by a combination of adolescent alcohol expectancies, social skills, family functioning, and perceived peer and parental approval of alcohol use. Norem-Hebeisen and Hedin (1983) suggested, based on their review of the current literature on causes, connections, and context of adolescent problem behavior, that youth are not influenced equally by peers and parents concerning decisions regarding alcohol use. They concluded that strongest influence regarding adolescent alcohol use as coming from peers, with parental influence strongest in regard to moral and social values.

Peer Influence on Adolescent Moral Development

If drinking can be considered a moral issue, one based on concepts regarding its rightness or wrongness for a particular group of people, then what influence do parents or peers have on the moral choices adolescents make regarding

alcohol use? Lassenigne (1975) found that both peers and parents had more influence on moral beliefs in 1974 than they had in 1964, although peers were found to have slightly more influence than parents at the later date.

Achieving membership in a significant peer group as an adolescent helps to meet the major need of determining who you are--role identity. Teens experimenting with new roles choose safe and comfortable surroundings such as their group of friends (Milgram, 1982). Sherif and Sherif referred (Lassenigne, 1975) to the "deep laid human urge to have a place of one's own in one's own group" (p. 227), as a particular problem of adolescence. Rachman and Heller (1976) submitted that meaningful peer group affiliation is one of the basic ingredients in successful resolution of the adolescent identity crisis.

The need of adolescents to have a place to "try on" new roles goes beyond the need for role identity and plays a significant part in the further development of their moral reasoning abilities (Stanley, 1978). Role modeling, exposure to cognitive conflict, and participation in groups perceived as fair is strongly related to the development of moral reasoning in children and adolescents. Lassenigne (1975) cited Erickson as she studied adult and peer influences on adolescent moral development. Erickson (Stanley, 1975) recognized that

experimentation and trying out roles among one's peers is part of an adaptation process he labeled, "a psychological moratorium," that has become a part of adolescence in our culture. The peer group allows for testing within the group of moral attitudes imparted to adolescents by the adult community (Lassenigne, 1975).

Peer groups are then more than a safe theater in which to "act out" new roles. The developmental tasks of adolescence as described by Havighurst in 1972 (Murray & Perry, 1985) include the social issues of establishing autonomy, separating from the family, leaving school and career selection. What influence then does the peer group have upon the adolescents' developmental tasks?

Baumrind (1985) identified normal healthy adolescents as "transition prone," citing Turiel's 1979 study of social conventions concept formation (how we come by the social customs in our lives). Turiel has divided this process into seven levels. In the first stages a child learns to act based on concrete rules and authoritative expectations. As the child becomes an adolescent, around the fourth level, the earlier concept of accepting arbitrary authority and social expectation is questioned. Torres (1982), in a review of the continuing phenomenon of youth and alcohol abuse, commented on adolescent challenges to adult authority. He

reported these examples of questioning adult authority; adolescent illegal behavior regarding alcohol regulations, and striving for independence by consuming alcohol as an "adult."

Challenges to parents and to the adult community from the safe haven of a peer group may appear in different forms. Frankel and Dullaert (1977) discussed the needs for adolescent rebellion to flex the total person, test limits, search for competency, establish autonomy, develop values, adhere to nonparental standards, and compare their ego centered world to the real world. These "rites of passage" may include moderate experimentation with alcohol and drug use that is not necessarily problematic and which only represent a push toward independence (Norem-Hebeisen & Hedin, 1983).

Adolescent alcohol use in peer groups has become part of the "ritual" of teenage moral rebellion. Patterns of usage in the peer group may influence whether the rebellion creates independence or dependency. In the next section of the review single friend vs peer group influence will be contrasted regarding the development of drug or nondrug using behaviors in adolescents.

Models for Adolescent Alcohol Use:

Single Friend vs Peer Group

The previous section established the fact that part of the transition through adolescence may involve the use of alcohol in peer groups. How strong then is peer group influence compared with the model of a single friend's use as a predictor of alcohol use among adolescents? Or to phrase it more simply, "How many of your friends need to drink before you give it a try?"

In a survey of the peer group relationship to alcohol use, Ried, Martinson, and Weaver (1987) found that since 1954 usually the strongest, most consistent predictor of an adolescent's use of alcohol has been peer influences. Cohen (1986) reported the fact that current readings in this area indicate that up to 95% of the variance predicted by all different psychosocial factors can be accounted for by the influence of peers--if you know what's going on in the friendship group, you'll know if adolescents are drinking. Results of current research bear out this idea that drinking practices of adolescents and young adults, 5th graders through age 21, stem from the drinking habits of their friends (Ried, Martinson, & Weaver, 1987; Torres, 1982; Hawkins, Lishner, & Catalano, 1985).

Examining the alcohol use of an adolescent's best friend also provides more ammunition to support the "other directedness" of choices adolescents make regarding their own alcohol use. Kandel, Treiman, Faust, and Single (1976) reported that the best friend's pattern of illicit drug use was the most important factor in determining an adolescent's use of hard liquor.

In another study, Kandel, Kessler, and Margulies (1978) found that drug use in groups as a whole may be a more important source than use by a single best friend. A model for peer influences was developed from this second study by which the researchers attempted to explain the apparent contradiction between the two studies. Kandel, Kessler, and Margulies suggested that there is a change in how peers influence continuing alcohol/drug use. On a continuum of progressively more serious drug use, generalized and nonspecific influences representing membership in a specific peer group help develop the earliest drug using behaviors. In the last stage of the continuum, an adolescent identifies with a specific, though not necessarily intimate, individual role model for drug use.

The formation of adolescent groups based on the alcohol use or nonuse of the individuals in the groups has been identified as peer clustering (Oetting & Beauvais, 1986, Cohen,

1986). The peer cluster theory, developed by Oetting and Beauvais (1986), states that small identifiable groups of adolescents, peer clusters, shape alcohol use or nonuse in the larger population of adolescents. A peer cluster determines how an adolescent uses the drug, shares beliefs, attitudes, and rationales for use, makes the drug available, and has the drug play an important part of group membership for a using cluster. A nonusing cluster may emphasize the negative consequences of use for its cluster members.

The activity level of adolescents and of their peer groups also has been shown to be related to their alcohol use. Torres (1982) found that the number of teens who reported consuming alcohol at home with parents stayed the same throughout grades 7-12, but that the proportion of teens who drank at parties increased. Kandel, Kessler, and Margulies (1978) also reported that an additional nonspecific effect of using alcohol was generated as adolescents became involved with other adolescents in social activities. Adolescents actively engaged in many social activities with other adolescents and exposed to peers and parents who drink then appear to be more likely to drink themselves.

The influence of peers upon adolescent drug use can move from the general group to the specific individual, from use to nonuse in "clusters" of adolescents. Attending social

activities outside the home with friends increases drinking behaviors in adolescents, as does having a best friend who uses alcohol. In order to understand more fully why an adolescent may choose a particular group or individual models for use or nonuse of alcohol, the interpersonal factors within the particular adolescent also need to be considered.

Interpersonal Factors of Adolescents Relating
to the Formation of Drug/Nondrug Using Peer Groups

As the review has shown, external factors provided by peers and parents account for a significant portion of the models of adolescent alcohol use presented. However, adolescent drug use, including cases of drug dependency, must go beyond "blaming" drug use on the drug to examination of personal characteristics that underlie drug involvement (Oetting & Beauvais, 1986).

Multiple research studies have provided lists of intrapersonal characteristics linked to adolescent substance use. Taintor (1974) identified curiosity and social advantage as personal qualities that can initiate drug experimentation. Milgram (1982) reported past research findings that linked the personality traits of pessimism, unhappiness, and feeling too much pressure to greater alcohol use. Several research studies correlated low academic aspirations with increased drug use (Murray & Perry, 1985; Norem-Hebeisen & Hedin, 1983;

Barnes, 1977). Murray and Perry (1985) reported depressive mood swings, external locus of control and lower self esteem as factors also related to increased adolescent substance use.

Self esteem, studied as a factor of teen alcohol use, offers a range of research correlates from positive to negative. Norem-Hebeisen and Hedin (1985) reported low self esteem as a cognitive and emotional factor relating to adolescent problem behavior defining alcohol use as a problem behavior in this study. Murray and Perry (1985) cited Kaplan, who suggested that deviant behavior is a means to improve low self esteem. In a review of literature preceding their study on the drug use of fifth through eighth graders, Ried, Martinson, and Weaver (1987) found both high and low correlates of self esteem with adolescent alcohol use. They suggested that this range may be accounted for by the differences in values and standards of the subcultures with which the adolescent is associated.

The formation of a "social bond" between the adolescent and society has been found to inhibit drug use and delinquency (Hawkins, Lishner, & Catalano, 1985). Personal qualities of rebelliousness, nonconformity to traditional values, high tolerance of deviation, resistance to traditional authority, strong need for independence, and normlessness, have been

shown to characterize youths with a lack of social bonding (Hawkins, Lishner, & Catalano 1985; Murray & Perry, 1985). Adolescents having these qualities typify the normal rebellion discussed previously in the review, often selecting alcohol use as a means to express this rebelliousness.

Oetting and Beauvais (1986), in the process of constructing their peer cluster theory, developed a list of characteristics of young children that related to formation of drug/nondrug using peer clusters. These measurable factors include: self confidence, feelings of social acceptance, shyness, social isolation, unhappiness, anxiety, feeling "blamed," and anger. These characteristics match with the responses from a recent study of over 3,800 fifth through ninth grade students as to their reasons for saying "yes" to using alcohol (Englander-Golden, Elconin, Miller, & Schwarzkopf, 1986). Reasons given for saying yes to using alcohol included fear of not being liked, fear of losing a friend, fear of being rejected, fear of hurting a friend, and fear of not being seen as cool. Multiple studies of adolescent substance use (Murray & Perry, 1985; Milgram, 1982; Hawkins, Lishner, & Catalano, 1985; Barnes, 1977) have verified the strong correlation of alienation and social isolation. To use is often to be part of the "in crowd" for an adolescent, just as to choose nonuse is to be "out."

The question of how the most influence is exerted in peer groups, whether by the individual on the group or by the group on the individual, is an issue of group dynamics and intrapersonal qualities. Kandel and Cohen (Oetting & Beauvais, 1986) suggested that like children group together, which directs the dynamics of the group. Oetting and Beauvais (1986) agreed with Kandel and Cohen that children with like characteristics cluster together but contended that those same groups are then influenced by personal qualities any one individual may bring to the group. They addressed the issue of peer pressure as an active process, wherein an adolescent seeks out similar peers and is "both seduced by and seducer of his or her friends" (p. 30).

Intrapersonal characteristics of adolescents have been shown to be linked to substance use by the literature reviewed in this section. Alcohol use may involve fears of a loss in a peer relationship, expression of rebelliousness/rejection of traditional authority, feelings of anxiety or anger, or feeling good about being accepted by a group. These characteristics are actively brought into a group of adolescents and shape group beliefs about acceptance or rejection of alcohol use behaviors.

Conclusions

The question raised by the literature review was, "How do peers affect adolescent alcohol use?" From this review several conclusions can be drawn which address the previous question:

(1) Peer alcohol use has been shown as the strongest, most consistent predictor of adolescent alcohol use since 1954 in reviews of literature on the subject.

(2) "Deficit parenting" allows adolescent peer groups to become more closely bonded, giving the peer group more control and power over the decisions made by adolescent members.

(3) Moral development of adolescents requires a "safe theater" to act out new roles that help establish autonomy. New roles include the testing of limits set by parents and society at large regarding alcohol use. The peer group provides this place.

(4) Adolescents in their groups reflect the same drinking patterns as adults, drinking the most at home and in friends' homes.

(5) Peer groups may form based on shared beliefs and values regarding use or nonuse of alcohol.

(6) Fear of loss of friendship or rejection by peers, low academic aspirations, lack of social bonding, and general

unhappiness or anxiety are linked to higher correlations with alcohol use for adolescents.

The findings of the power of peer influence reflect the ability of peer groups to provide safety as adolescents search for a sense of self in this developmental period of confusion and trauma, look for role models, and take on challenges to adult authority in their struggle for independence. The relationship between the intrapersonal make up of the adolescent and alcohol use is a more complex puzzle which is only beginning to be understood in relation to how personality characteristics of the individual influence peer group membership and how group membership may influence individual behavior. Determining whether the peer group has a negative or positive influence on the adolescent must also take into consideration the type and degree of parental responsibility in setting adolescent behavioral boundaries that encourage bonding to peer groups. The peer group acts as a funnel for all these influences in the development of an adolescent model of alcohol use or nonuse behavior, collecting the variables and working out the dynamics of acceptance or rejection of this behavior.

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