Women and Substance Abuse in Nevada

A Special Report

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Introduction

Women and Substance Abuse in Nevada: A Special Report is a publication of Nevada's Substance Abuse Prevention and Treatment Agency (SAPTA), an agency of the Nevada Mental Health and Developmental Services Division. This publication uses data previously collected and implemented by the Nevada Statewide Coalition Partnership with funding from the Nevada State Incentive Grant (SIG), a Cooperative Agreement from the Center for Substance Abuse Prevention (CSAP), a division of the Substance Abuse and Mental Health Services Administration (SAMHSA). Join Together Northern Nevada (JTNN), a substance abuse prevention coalition located in Reno and serving Washoe County, served as the coordinator and fiscal agent for the initial phase of the project. JTNN contracted with Coop Consulting, Inc., a research and evaluation firm, to lead the design and implementation of the project.

The goal of the original project was to collect comprehensive data for more effective prevention planning by Nevada's communities. To accomplish this goal, two primary data collection strategies were devised. One strategy was designed to obtain statistically reliable data about community and state-level substance abuse and related problems – a statewide random telephone survey was implemented to include a sample sufficiently large to represent the geographic area (either single or multi-county) covered by each of the state's coalitions (384 was the targeted number of completed interviews from each geographic region). The second strategy was designed to obtain data from multiple sectors of the community that can serve as a local baseline measure of perceptions and norms about the severity of high risk and underage drinking and their consequences, and which can provide specific local information that can be used to target specific interventions. A local convenience survey was developed and implemented by the state's coalitions, collected from community sectors chosen by the coalitions. To obtain a sufficiently large sample in each area, coalitions agreed to collect 350 completed surveys. In both survey processes, most coalitions exceeded the target numbers.

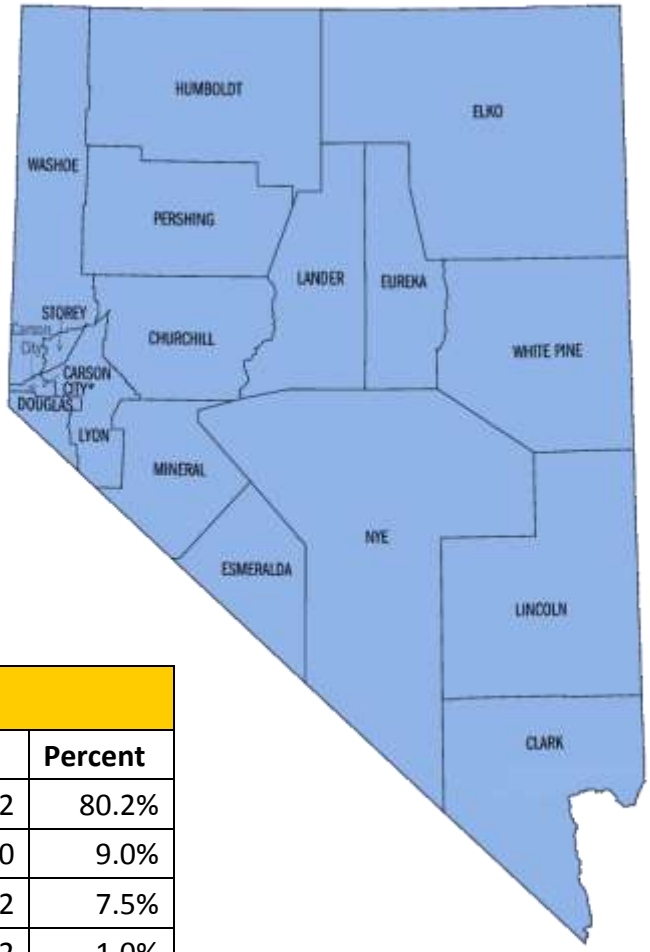
A total of 4,648 telephone interviews were completed for the Nevada statewide telephone survey. A total of 8,924 paper surveys were collected for the Nevada convenience survey. All communities of the state are well represented. The aggregated responses from the Nevada Convenience Survey indicate substantially higher levels of risky behaviors across all areas, for both youth and adults, when compared to other Nevada alcohol and drug survey results (see graph on page 7). Convenience samples may be biased in unknown ways, while these data are obviously reflective of the 8,924 individuals surveyed by the state's substance abuse prevention coalitions, generalizing the results to the greater population of Nevada should be done with great caution.

This publication consists of data from the following sources: the results of a statewide telephone survey implemented by a national telephone research company, the results of convenience surveys implemented by all of the state's substance abuse prevention coalitions, the 2009 Epidemiologic Profile, and the 2007 Nevada Behavior Risk Factor Surveillance Survey (BRFSS).

Coop Consulting, Inc., under contract to SAPTA, prepared *Women and Substance Abuse in Nevada: A Special Report* with guidance from the Nevada State Epidemiological Workgroup.

Statewide Demographic & Archival Data
2008-2006

Population Estimate [1]		
	Number	Percent
Age 0-17	667,801	25.7%
Age 18-20	83,600	3.2%
Age 21-34	517,009	19.9%
Age 35-44	381,683	14.7%
Age 45-54	361,580	13.9%
Age 55-64	291,777	11.2%
Age 65-74	171,044	6.6%
Age 75+	125,673	4.8%
Total	**2,600,167**	**100%**



Population by Gender Estimate [1]		
	Number	Percent
Female	1,275,577	49.1%
Male	1,324,590	50.9%
Total	**2,600,167**	**100%**

Race Ethnicity Estimate [1]		
	Number	Percent
White	2,086,372	80.2%
African American or Black	233,430	9.0%
Asian	194,582	7.5%
Native Hawaiian or Pacific Islander	26,472	1.0%
Native American/Alaskan	59,311	2.3%
Total	**2,600,167**	**100%**

Hispanic Latino Status [1]		
Identified As	**Number**	**Percent**
Yes	668,527	25.7%
No	1,931,640	74.3%
Total	**2,600,167**	**100%**

Marital Status [2]		
Females 15 Years and Over	**Number**	**Percent**
Married	483,239	49.1%
Divorced	147,148	15.0%
Widowed	82,179	8.3%
Separated	24,267	2.5%
Never Married	247,376	25.1%
Total	**984,209**	**100%**

Employment Status [3]		
Employed Population 16 Year and Over	**Number**	**Percent**
Employed for Wages or Salary	1,030,258	78.0%
Self-Employed	61,724	4.7%
Unemployed	79,588	6.0%
Government Workers	149,108	11.3%
Total	**1,320,678**	**100%**

Income [3]		
Household Amount	**Number**	**Percent**
Less than $10,000	49,698	5.2%
$10,000 to $14,999	36,331	3.8%
$15,000 to $24,999	85,916	9.1%
$25,000 to $34,999	98,115	10.4%
$35,000 to $49,999	142,615	15.1%
$50,000 to $74,999	201,188	21.2%
$75,000 to $99,999	134,738	14.2%
$100,000 to $149,999	124,922	13.2%
$150,000 to $199,999	39,568	4.2%
$200,000 or More	34,056	3.6%
Total	**947,147**	**100%**

Education [2]		
Population 25 Years and Over	**Number**	**Percent**
Less than 9th Grade	108,848	6.5%
Some High School (No Diploma)	164,323	9.8%
High School (12th Grade or GED)	508,997	30.4%
Some College (No Diploma)	415,102	24.8%
Associate's Degree	120,124	7.2%
Bachelor's Degree	238,744	14.2%
Graduate or Professional Degree	120,315	7.2%
Total	**1,676,453**	**100%**

Nevada Statewide Telephone Survey

The design of the Nevada statewide telephone survey consisted of a random sample of adults ages 18 and above from each of ten geographic regions of the state, plus a sample of Hispanic adults from Clark County. These ten regions are the coverage area of the state's substance abuse prevention coalitions, and together constitute all of Nevada. These regions range in size from one to three counties. The multi-county coalition areas of the state reflect contiguous groupings of counties with small populations. The breakdown of these regions is reflected in the table below. An additional sample was purchased of Hispanic surname households in Clark County in order to provide data for use by the Hispanic community coalition in that county.

Whenever the Nevada Statewide Telephone Survey is cited, this emblem will appear next to the data.

The survey protocol was designed with a targeted number of 384 participants from each geographic area, with an additional sample selected of 384 Hispanic residents of Clark County. In many areas of the state, the final sample of completed telephone interviews exceeded this target number. Random samples of adults from every county were not possible due to the very small populations of some counties. For this reason the breakdown of coalition coverage areas was used to gather a sufficient sample for this survey. From the total statewide sample selected as described above, those respondents who identified themselves as Native American or Alaskan Native were combined and used as a sample to represent individuals served by the Statewide Native American Coalition. Respondents were contacted in all counties in Nevada; a total of 4,648 completed telephone interviews were obtained. Graphs that are broken out into age categories do not include data for 18-20 year olds (n=55). The numbers of respondents in this age category are insufficient for analysis individually. However, respondents from all age categories are included in all other data analyses.

Telephone Survey Demographics

Gender and Age		
	Number	**Percent**
Female	2717	100%
Age 18-20	55	2.1%
Age 21-30	278	10.2%
Age 31-40	417	15.3%
Age 41-50	466	17.1%
Age 51-60	598	22.0%
Age 61-70	439	16.2%
Age 71+	424	15.6%
Total	2677	98.5%
Missing	40	1.5%
Total with Missing	**2717**	**100%**

The following demographic information reflects survey data on all female respondents' age, marital status, employment status, income, education level, and race.

Marital Status		
	Number	**Percent**
Married	1587	58.4%
Divorced	407	15.0%
Widowed	367	13.5%
Separated	43	1.6%
Never Married	194	7.1%
Unmarried Couple	102	3.8%
Total	2700	99.4%
Missing	17	0.6%
Total with Missing	**2717**	**100%**

Employment Status		
Status	**Number**	**Percent**
Employed for Wages	1114	41.0%
Self-Employed	191	7.0%
Out of Work for More than a Year	56	2.1%
Out of Work for Less than a Year	44	1.6%
Homemakers	405	14.9%
Student	59	2.2%
Unable to Work	170	6.3%
Total	2039	75.0%
Missing	678	25.0%
Total with Missing	**2717**	**100%**

The average respondent was a white non-Hispanic woman 51.8 years old, married, employed for wages with an income between $25,000 and $50,000, and a high school graduate with some college education.

Income		
Amount	**Number**	**Percent**
Less than $10,000	105	3.9%
$10,000 to less than $15,000	121	4.5%
$15,000 to less than $25,000	169	6.2%
$20,000 to less than $25,000	231	8.5%
$25,000 to less than $35,000	271	10.0%
$35,000 to less than $50,000	408	15.0%
$75,000 or more	524	19.3%
Total	1829	67.3%
Missing	888	32.7%
Total with Missing	**2717**	**100%**

Education		
Completed	**Number**	**Percent**
Never attended or only kindergarten	4	0.1%
Elementary (Grades 1 through 8)	56	2.1%
Some High School (Grades 9 through 11)	187	6.9%
High School (Grade 12 or GED)	867	31.8%
Some College (1 to 3 years)	931	34.3%
College Graduate	662	24.4%
Total	2704	99.5%
Missing	13	0.5%
Total with Missing	**2717**	**100%**

Race		
Race	**Number**	**Percent**
White	2285	84.1%
African American or Black	33	1.2%
Asian	26	1.0%
Native Hawaiian or Pacific Islander	16	.6%
American Indian	80	2.9%
Native Alaskan	5	.2%
Total	2445	90.0%
Missing	272	10.0%
Total with Missing	**2717**	**100%**

Hispanic Latino Status		
Identified As	**Number**	**Percent**
Yes	358	13.2%
No	2345	86.3%
Total	2703	99.5%
Missing	14	0.5%
Total with Missing	**2717**	**100%**

Nevada Convenience Survey

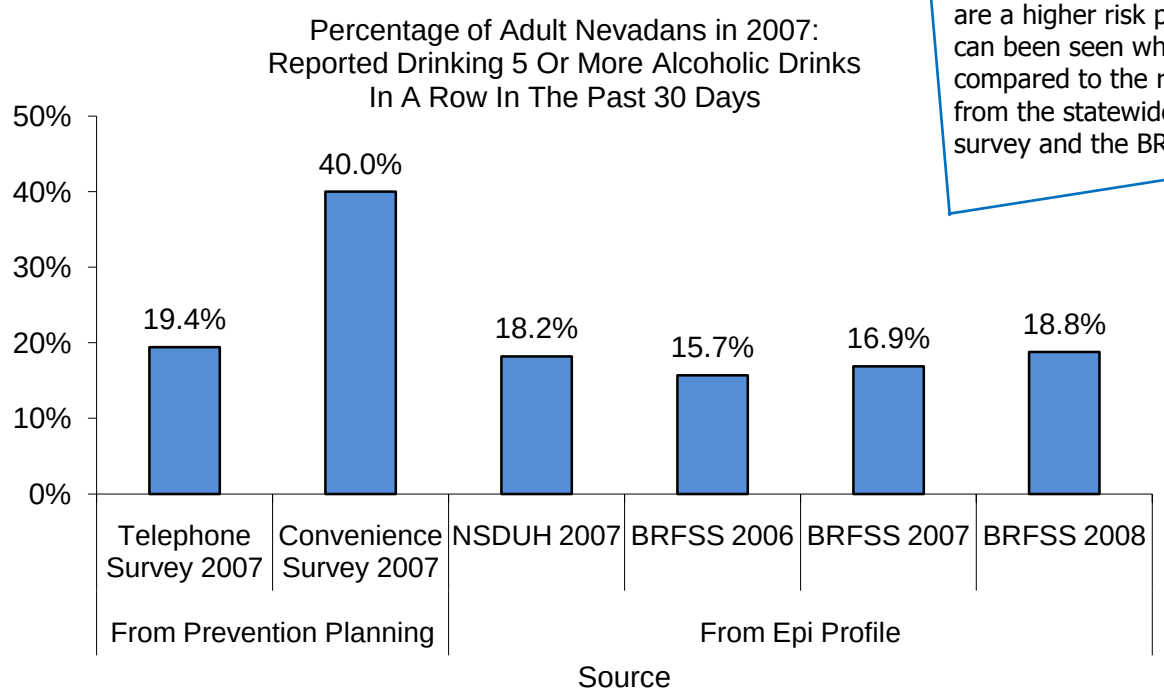
Whenever the Nevada Convenience Survey is cited this, emblem will appear next to the data.

The Nevada statewide convenience survey consisted of a sample of individuals selected by substance abuse prevention coalitions serving ten geographic regions of the state, and a sample of the Native American individuals from the state's many Native American communities. Clark County is served by two coalitions (Goshen and Luz). The ten regions constitute the entire geographic area of Nevada. These regions range in size from one to three counties. The multi-county coalition areas of the state reflect contiguous groupings of counties with small populations.

There are a total of twelve coalitions serving individuals and communities of Nevada. Each of these coalitions collected surveys for this data project. For planning purposes, each coalition also identified populations or neighborhoods and collection strategies that would provide the best community input from individuals. The Statewide Native American Coalition utilized a slightly altered version of this instrument, and several coalitions used a parallel instrument designed for youth.

Using the three survey instruments, a total of 8,924 surveys were collected (community, Native American, and youth) and reported upon in this series of publications. Considering data from all three survey instruments (community, Native American, and youth), the coalitions exceeded their total target twofold.

The respondents to this survey are a higher risk population, as can been seen when they are compared to the respondents from the statewide telephone survey and the BRFSS.



Convenience Survey Demographics

Gender and Age		
	Number	**Percent**
Female	3737	100%
Age 15-20	758	20.3%
Age 21-30	796	21.2%
Age 31-40	828	22.2%
Age 41-50	623	16.7%
Age 51-60	400	10.7%
Age 61-70	226	6.0%
Age 71+	88	2.4%
Total	3719	99.5%
Missing	18	0.5%
Total with Missing	**3737**	**100%**

The demographic information that follows reflects survey data on all female respondents' age, and race. The average respondent was a white non-Hispanic woman between 41-50 years old.

Race		
Race	**Number**	**Percent**
White	2525	67.6%
African American or Black	237	6.3%
Asian	71	1.9%
Native Hawaiian or Pacific Islander	30	0.8%
American Indian	222	5.9%
Native Alaskan	5	0.1%
Total	3090	82.7%
Missing	647	17.3%
Total with Missing	**3737**	**100%**

Hispanic Latino Status		
Identified As	**Number**	**Percent**
Yes	840	22.5%
No	2720	72.8%
Total	3560	95.3%
Missing	177	4.7%
Total with Missing	**3737**	**100%**

Alcohol Use

Alcohol use including, heavy and binge drinking, is the third leading cause of preventable death in the United States.[4] Some leading causes of death for youth are associated with alcohol abuse; including motor vehicle crashes, suicide, homicide, and drowning.[5] Long-term alcohol abuse can also lead to alcohol-related liver disease, cancer, heart disease, and pancreatitis.[5] In addition to preventable death, alcohol use during pregnancy causes fetal alcohol syndrome (FAS).[5] FAS is known to be the top preventable cause of mental retardation (MR).[5]

Alcohol abuse and dependence among men is approximately twice as high as for women.[6] However, approximately 5% of women are currently dependent on or abusing alcohol.[7] The following graphs describe alcohol use, norms, and behavior among women in Nevada.

Current Alcohol Use

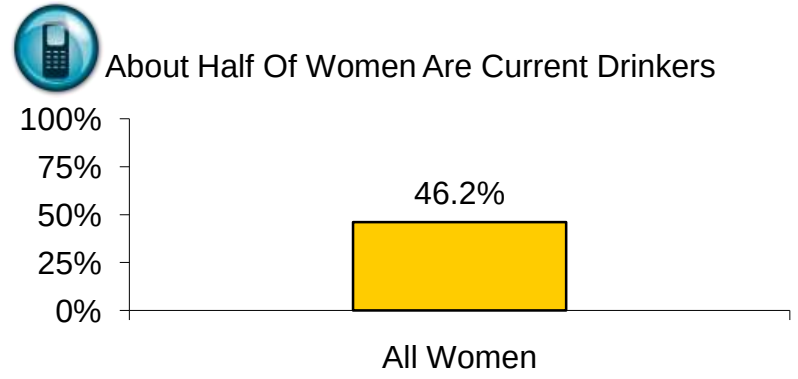
Respondents were asked if they had at least one alcoholic drink in the past 30 days. This provided an indication of norms around drinking and acceptance of alcohol, in general, for Nevada and Nevadan women.

Graph 1 displays the results across respondents from the Nevada Telephone Survey. Forty-six percent of women have had one alcoholic beverage in the past 30 days.

Definitions:

- **Current Drinking**
  Drinking at least 1 drink in the past 30 days.
- **Binge Drinking**
  Drinking 5 or more drinks on the same occasion on at least 1 day in the past 30 days (see pages 14-15 for a thorough explanation).
- **Heavy Drinking**
  Drinking 5 or more drinks on the same occasion on 5 or more days in the past 30 days.

Graph1.



Women who reported drinking at least one alcoholic beverage in past 30 days (2007 Nevada Statewide Telephone Survey).

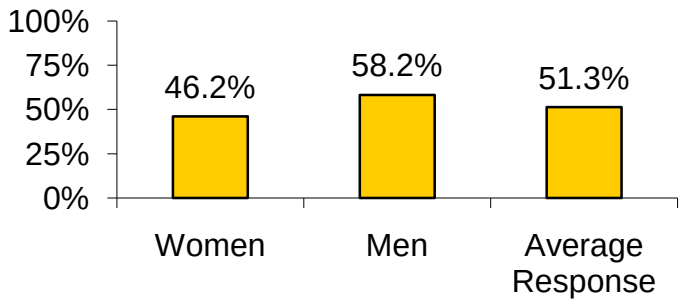
Comparing Surveys

Both the Nevada Telephone Survey and BRFSS asked respondents about their current drinking habits. More men are current drinkers when compared with women (Graph 2), hereafter labeled as current drinkers.

The BRFSS

The Behavior Risk Factor Surveillance Survey (BRFSS) is a telephone survey that tracks health risks. It is very similar in design to the statewide telephone survey.

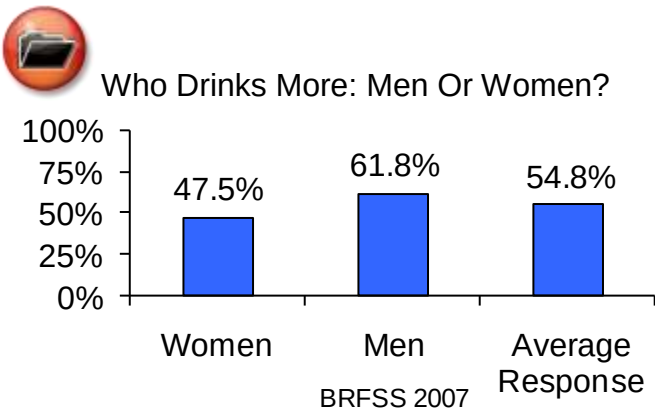
Graph 2.



Reported drinking at least one alcoholic beverage in the past 30 days (2007 Nevada Statewide Telephone Survey).

These outcomes are very similar to the National Survey on Drug Use and Health (NSDUH), which found in 2004 and 2005, 45.0% of women were current drinkers, compared to 57.5% of men.[8] Similarly, the 2007 Nevada Behavior Risk Factor Surveillance Survey (BRFSS) found that 47.5% of women are current drinkers, compared to 61.8% of men (see Graph 3).

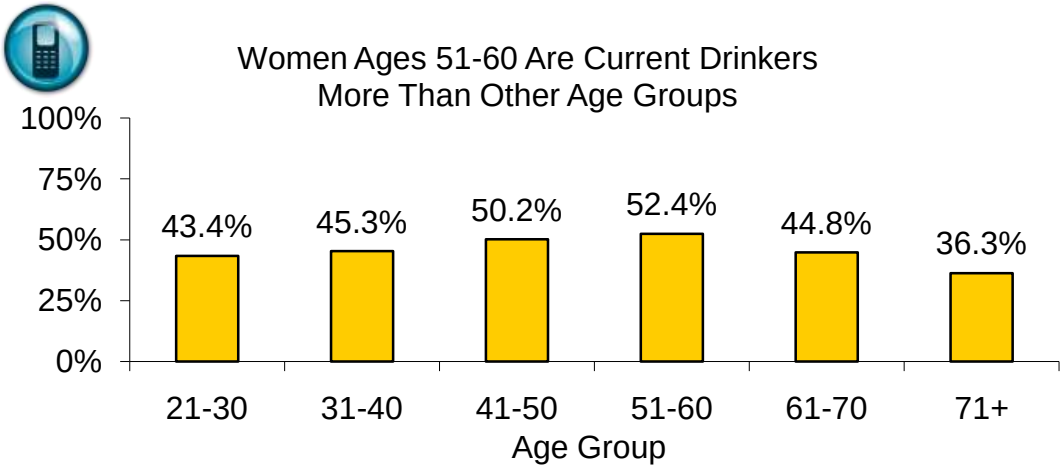
Graph 3.



Nevada adults who reported having at least one alcoholic beverage during the past 30 Days by gender (2007 BRFSS Data).

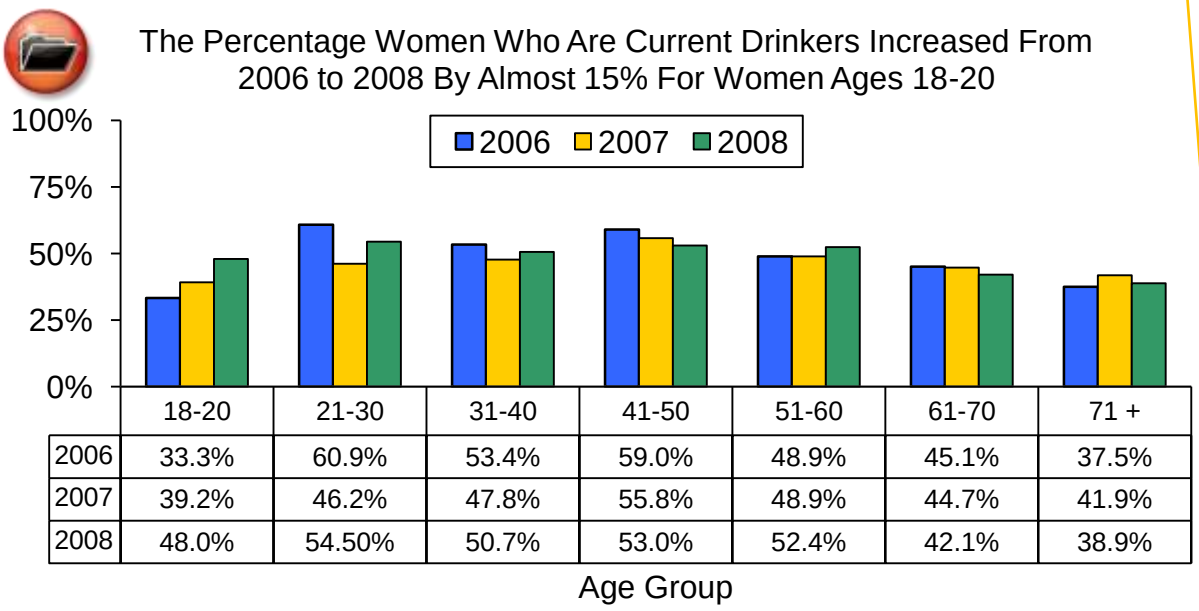
Graphs 4 and 5 are a comparison of women across age groups from both the Nevada Statewide Telephone Survey and the BRFSS who were current drinkers.

Graph 4.



Women who reported drinking at least one alcoholic beverage in past 30 days (2007 Nevada Statewide Telephone Survey).

Graph 5.



	18-20	21-30	31-40	41-50	51-60	61-70	71 +
2006	33.3%	60.9%	53.4%	59.0%	48.9%	45.1%	37.5%
2007	39.2%	46.2%	47.8%	55.8%	48.9%	44.7%	41.9%
2008	48.0%	54.50%	50.7%	53.0%	52.4%	42.1%	38.9%

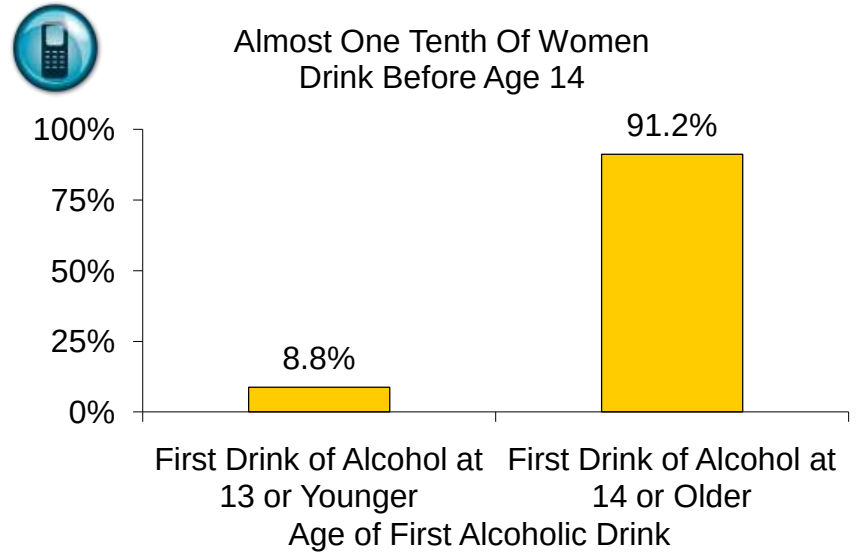
Nevadan women who reported having at least one alcoholic beverage in the past 30 days by age (2006, 2007, and 2008 BRFSS Data).

Age at First Alcohol Use

Many studies have found that early alcohol consumption can lead to a greater likelihood of alcohol abuse, alcohol dependence and higher incidence of drug use compared to those who begin drinking later in life. Alcohol abuse is a drinking pattern that causes damage to personal relationships, ability to work and can have negative health consequences.[9] Alcohol Dependence (also known as alcoholism) is a diagnosable disease and usually involves constant cravings for alcohol, an inability to limit alcohol consumption despite personal injury, and physical illness.[9]

Those who initiate alcohol consumption after age 14 are less likely to abuse alcohol or be alcohol dependent up to 20 years after initiation. In addition, those who had their first drink later in life (19 years or older) are far less likely to develop alcohol dependence or to abuse alcohol.[10] In 2007, 9% of the population age 12 and older exhibited symptoms of alcohol abuse or alcohol dependence.[6] In 2003, 5.9% of women exhibited indications of alcohol abuse or alcohol dependence.[7]

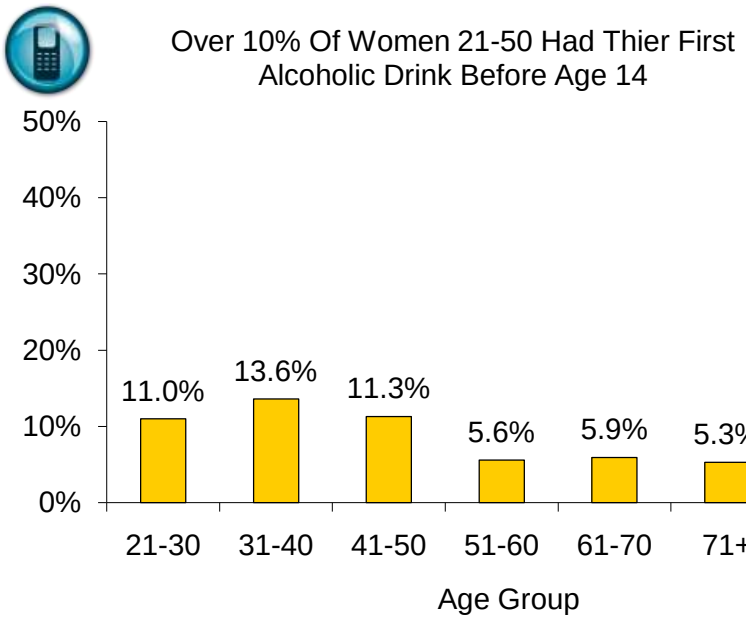
Graph 6.



Women who reported their age at the time of their first alcoholic beverage (2007 Nevada Statewide Telephone Survey).

In the Nevada Telephone Survey, results show only 8.8% of women were under 14 years old at first alcohol use (see Graph 6). Women ages 21-50 were more likely to be early initiates (see Graph 7).

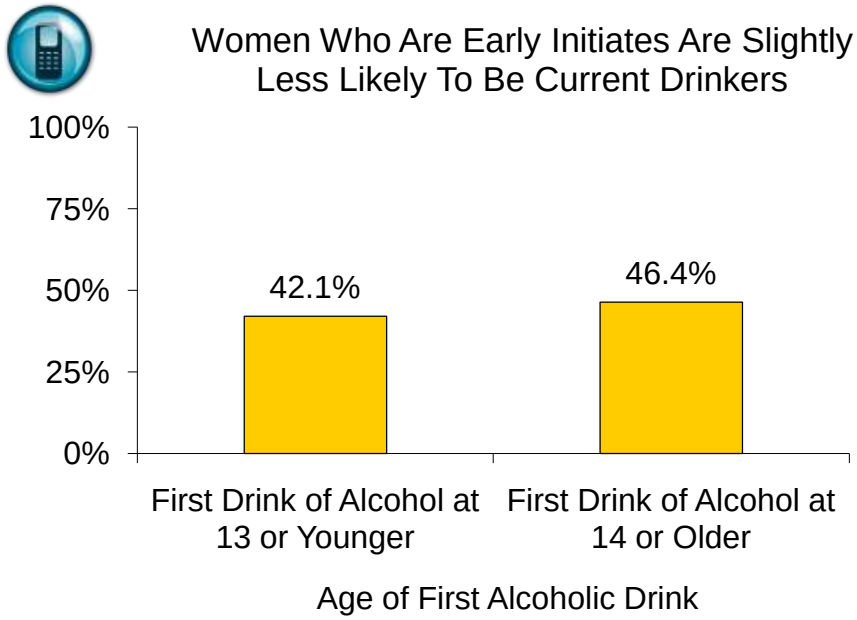
Graph 7.



Women who reported having their first alcoholic beverage at age 13 or younger (2007 Nevada Statewide Telephone Survey).

While counter-intuitive, women who were under 14 years old at first alcohol use were slightly less likely to be current drinkers, 42.1%, compared to 46.4% of those who were 14 or older at first alcohol use (see Graph 8). However, early initiates were more likely to be binge drinkers and less likely to drink in moderation (see page 19 for Graph 19).

Graph 8.



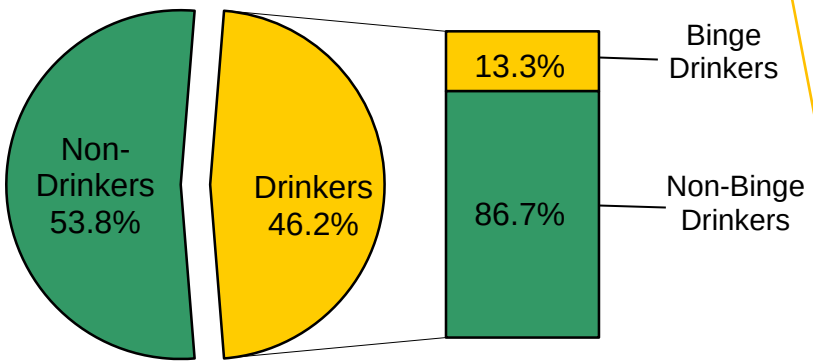
Women who reported having their first alcoholic beverage at age 13 or younger (2007 Nevada Statewide Telephone Survey).

Binge Drinking

Some current drinkers are binge drinkers: drinkers who have had 5 or more alcoholic drinks on the same occasion at least once in the past 30 days (see Graph 9). Binge drinkers are considered a high-risk group, and are more likely to participate in risky behaviors such as drinking and driving, and drug use.

Graph 9.

About One Eighth of Women Who Drink Are Binge Drinkers



Of the women who reported drinking at least one alcoholic beverage in the past 30 days, the percentage that reported having 5 or more alcoholic beverages on one occasion in the past 30 days (2007 Nevada Statewide Telephone Survey).

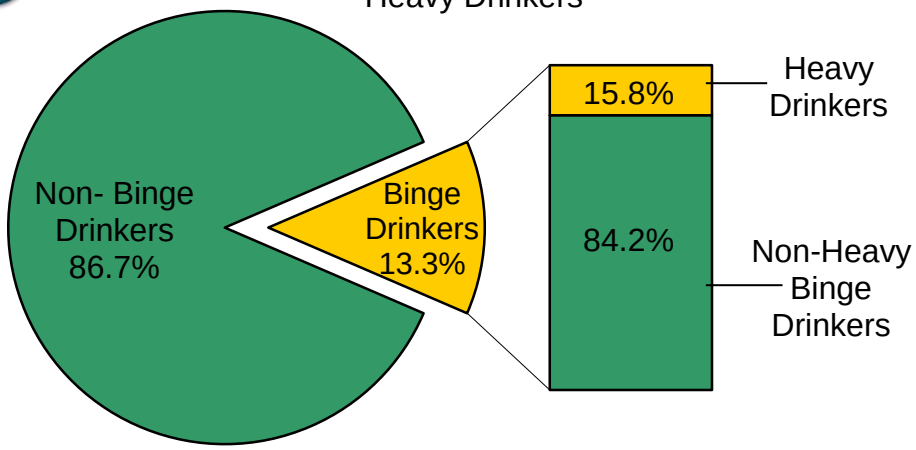
Binge Drinking for Women

In 2006, the definition for binge drinking changed for women; women are now considered binge drinkers when they consume 4 or more alcoholic beverages on one occasion. Please see footnotes for the number of drinks that were considered binge drinking for each graph.

A subset of binge drinkers are considered heavy drinkers; those who have participated in binge drinking at least 5 days of the past 30 days (see Graph 10).

Graph 10.

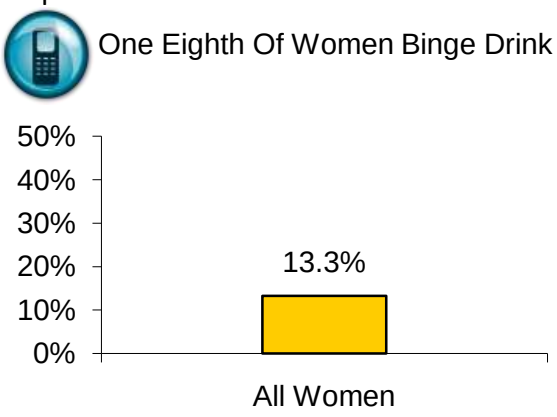
About One Eighth Of Women Who Binge Drink Are Heavy Drinkers



Of the women who reported binge drinking in the past 30 days, the percentage that reported having 5 or more alcoholic beverages on 5 or more days in the past 30 days (2007 Nevada Statewide Telephone Survey).

Graph 11 shows that 13.3% of women polled in the telephone survey are binge drinkers.

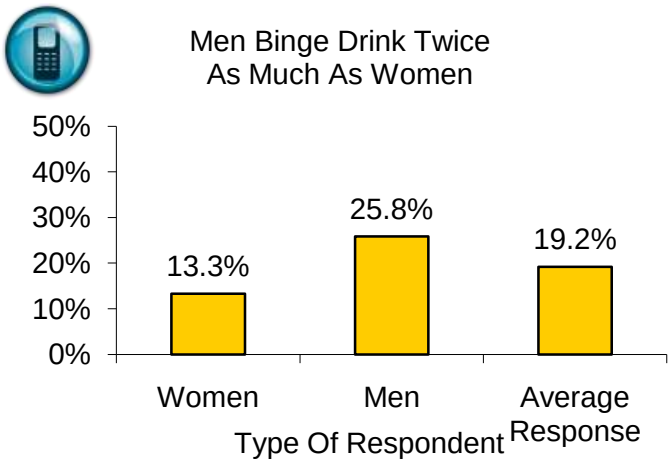
Graph 11.



Women who reported drinking 5 or more alcoholic beverages on one occasion in the past 30 days (2007 Nevada Statewide Telephone Survey).

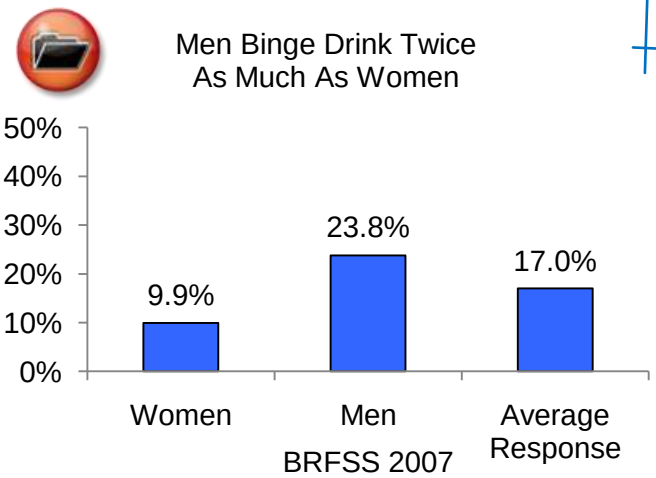
Binge and heavy drinking are associated with multiple poor health outcomes, including addiction, disability due to injury, early death, and physical and mental health problems.[5] In this publication, heavy drinkers will not be used as a comparison group due to the limited number. In a random-sample of women (n = 1001) barely 2% of the total sample were considered heavy drinkers (n=22).

Graph 12.



Reported drinking 5 or more alcoholic beverages on one occasion in past 30 days (2007 Nevada Statewide Telephone Survey).

Graph 13.

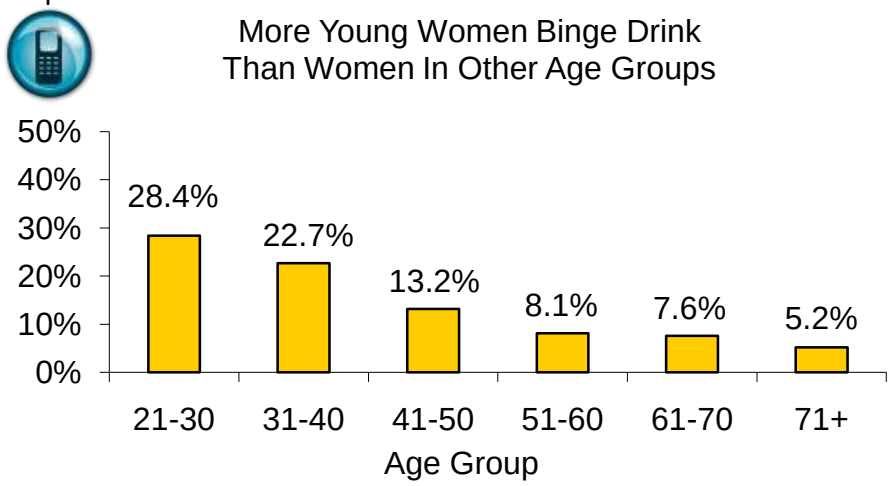


Nevada adults who reported having 5 or more, for men, and 4 or more, for women, alcoholic beverages during the past 30 days by gender (2007 BRFSS Data).

The telephone survey found that 19.2% of Nevadans, both men and women, are binge drinkers, similarly the BRFSS found that 17.0% of Nevadans are binge drinkers (Graph 12 and 13), while the national rate of binge drinking is higher: in 2007 the rate was 23.3%.[6]

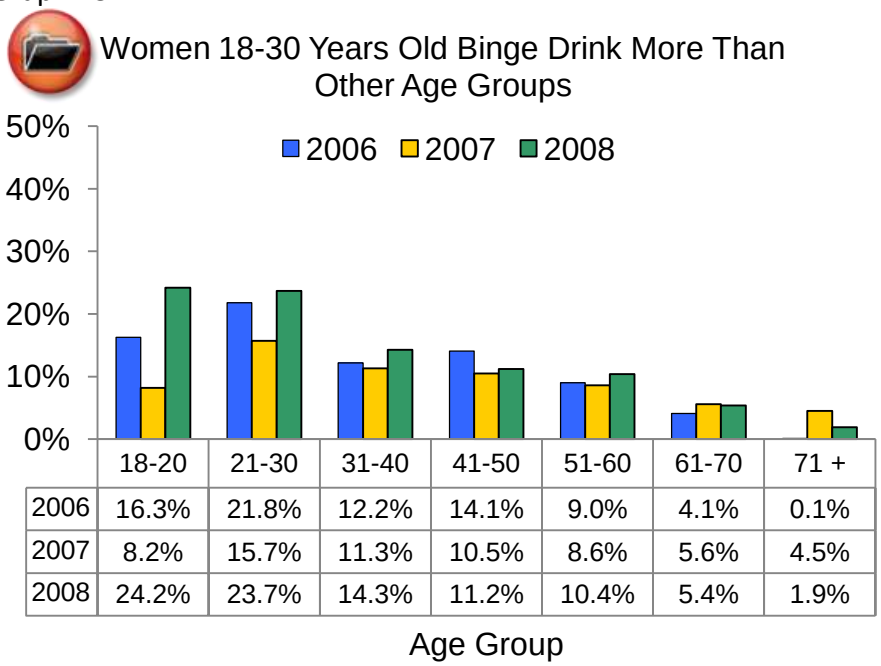
Graphs 14 and 15 show that more young women, ages 18-40, engage in binge drinking than women 41 and older.

Graph 14.



Women who reported drinking 5 or more alcoholic beverages in the past 30 days (2007 Nevada Statewide Telephone Survey).

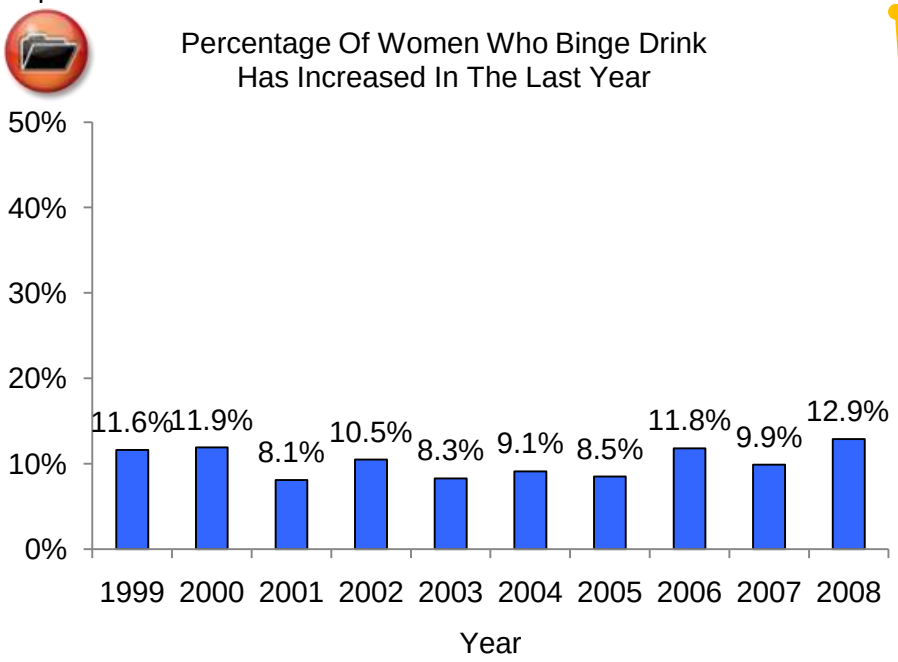
Graph 15.



	18-20	21-30	31-40	41-50	51-60	61-70	71 +
2006	16.3%	21.8%	12.2%	14.1%	9.0%	4.1%	0.1%
2007	8.2%	15.7%	11.3%	10.5%	8.6%	5.6%	4.5%
2008	24.2%	23.7%	14.3%	11.2%	10.4%	5.4%	1.9%

Nevadan women who reported having 4 or more alcoholic beverages in the past 30 days by age (2006, 2007, and 2008 BRFSS Data).

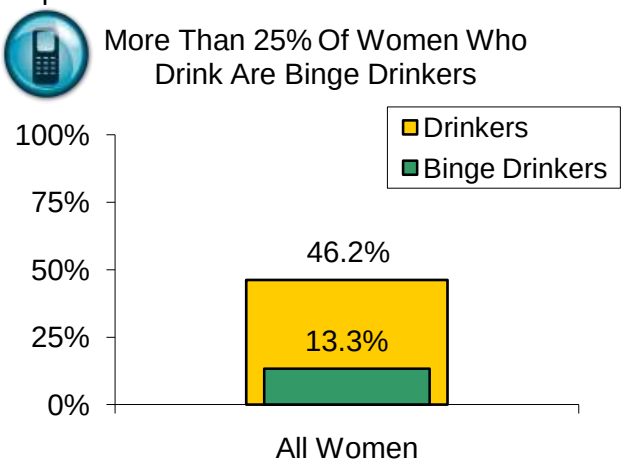
Graph 16.



Nevadan women who reported binge drinking; from 1999 to 2005 binge drinking was defined by BRFSS as having five or more drinks at one time for both male and female. From 2006 and subsequent years binge drinking was defined as five or more drinks at one time for males and 4 or more drinks at one time for females. Therefore, the percent of females binge drinking may be slightly larger in the years 2006 through 2008 in comparison to previous years.

Data from the last 10 years of the BRFSS show that binge drinking in 2008 was higher than in 2006 and 2007 (see Graph 16).

Graph 17.



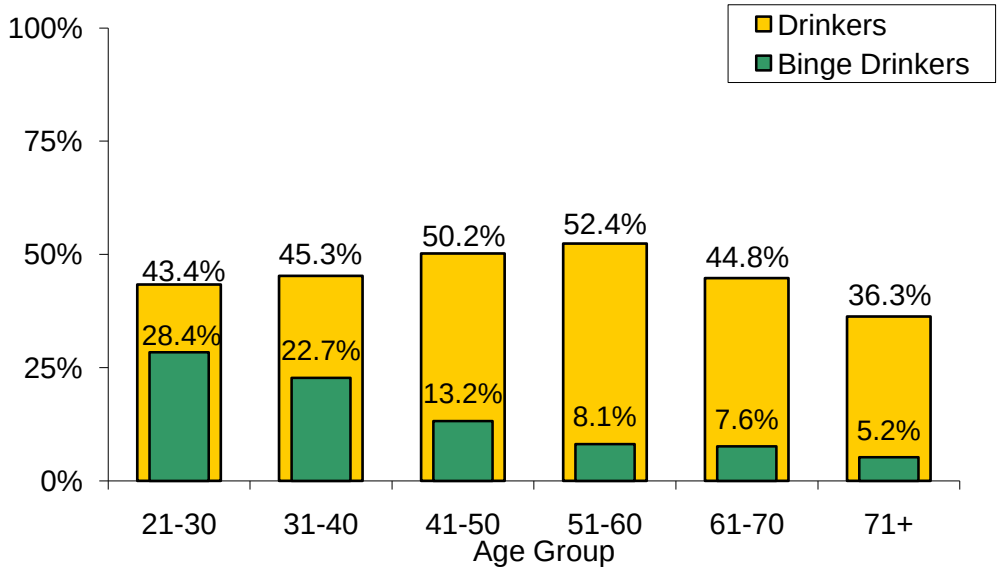
Women who reported drinking and drinking 5 or more alcoholic beverages on one occasion in the past 30 days (2007 Nevada Statewide Telephone Survey).

Graphs 17 and 18 show the difference between the percentage of women who are current drinkers and those who are binge drinkers. Of women who are current drinkers 28.8% are binge drinkers. This doubles for women ages 18-30, the percentage of current drinkers who binge drink is 70.4%.

As can be seen in Graph 18, while more women 41-50 and 51-60 are current drinkers, they also have a lower incidence of binge drinking. The majority of women who are current drinkers in the younger age groups (18-30 and 31-40) are also binge drinkers.

Graph 18.

More Young Drinkers Are Also Binge Drinkers



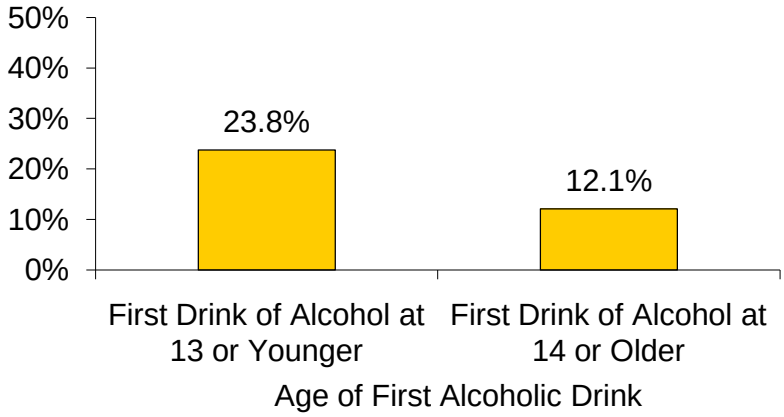
Women who reported drinking and drinking 5 or more alcoholic beverages on one occasion in the past 30 days (2007 Nevada Statewide Telephone Survey).

High-Risk Groups

Early initiates of alcohol are more likely to be binge drinkers. (Graphs 19 and 20).

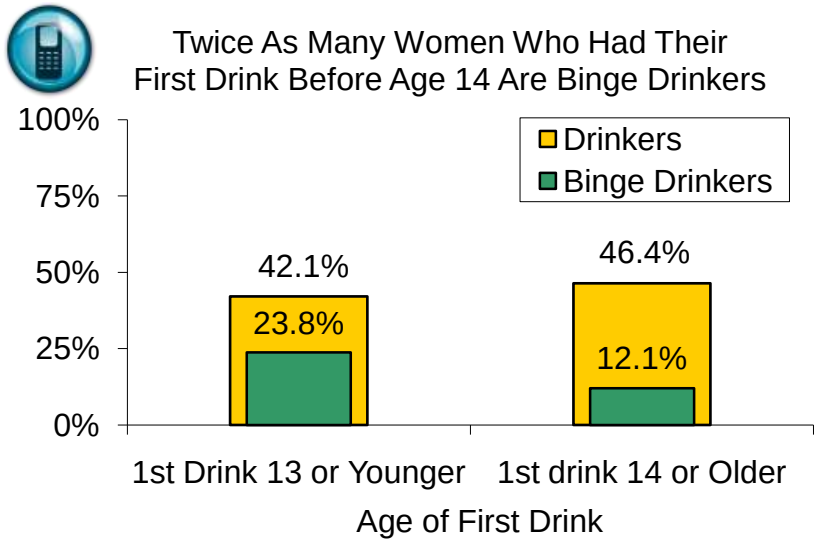
Graph 19.

Twice As Many Women Who Had Their First Drink Before Age 14 Are Binge Drinkers



Women who reported drinking 5 or more alcoholic beverages on one occasion in the past 30 days compared to their age of first alcoholic drink (2007 Nevada Statewide Telephone Survey).

Graph 20.



Women who reported drinking 5 or more alcoholic beverages on one occasion in the past 30 days compared to their age of first alcoholic drink (2007 Nevada Statewide Telephone Survey).

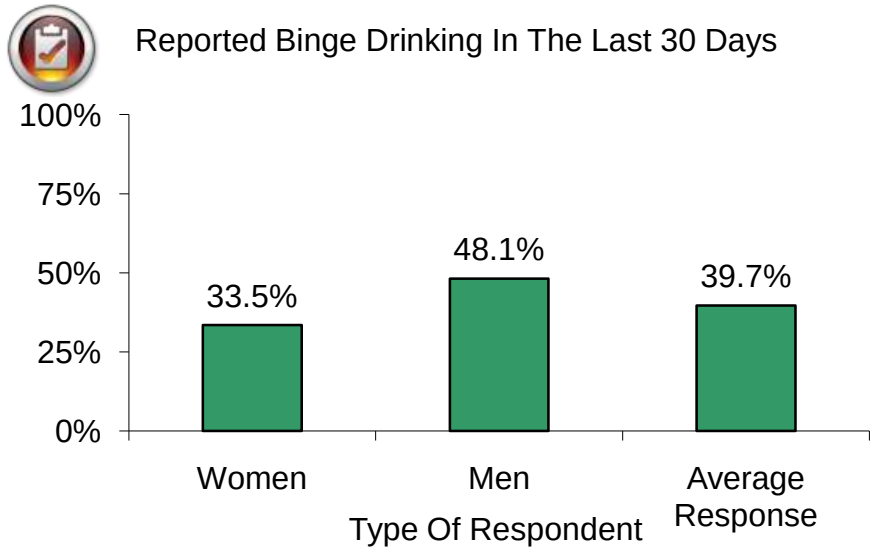
High-Risk Groups

Early initiates of alcohol are more likely to be binge drinkers. (Graphs 19 and 20). Of those who drink, 56.5% of early initiates are also binge drinkers compared to 26.1% of those who first drank later in life.

High-Risk Groups

Respondents from the Convenience Survey, a higher risk sample, were more likely to report binge drinking, 39.7%, than respondents from the telephone survey, 19.2% (Graph 21). Similarly, the highest percentage of binge drinkers is in the younger age groups (Graph 22).

Graph 21.

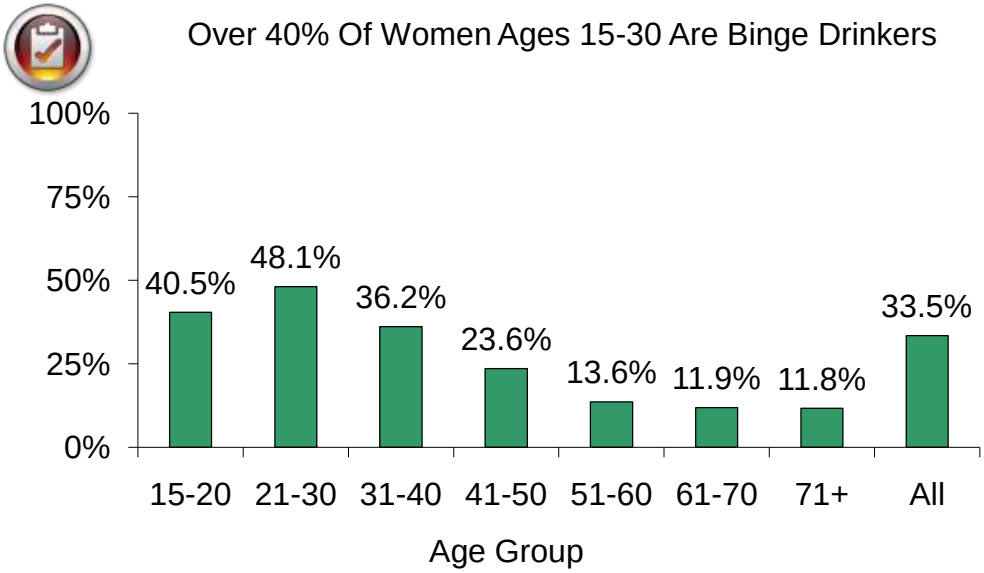


Women who reported drinking 5 or more alcoholic beverages on one occasion in the past 30 days compared to their age of first alcoholic drink (2007 Nevada Convenience Survey).

High-Risk Groups

Similar to Graph 21, the highest percentage of binge drinkers is in the younger age groups (Graph 22).

Graph 22.



Women who reported drinking 5 or more alcoholic beverages on one occasion in the past 30 days (2007 Nevada Convenience Survey).

Number of Alcoholic Beverages Per Occasion

In this section, the behaviors of current drinkers will be broken down by consumption level. The 2005 *Dietary Guidelines for Americans* recommends that adults drink in moderation, defined as consumption of 1 drink per day for women and up to 2 drinks for men. The number of drinks is based on a standard size alcoholic drink.

Adults who drink in moderation may have health benefits associated with potential reductions in the incidence of Coronary Heart Disease for women 55 years and older and men 45 years and older. At this time, there are no proven health benefits for young adults who consume alcohol.[11] On the contrary, alcohol consumption by young adults is associated with traumatic injury and death and therefore moderation is extremely important for this age group. [11]

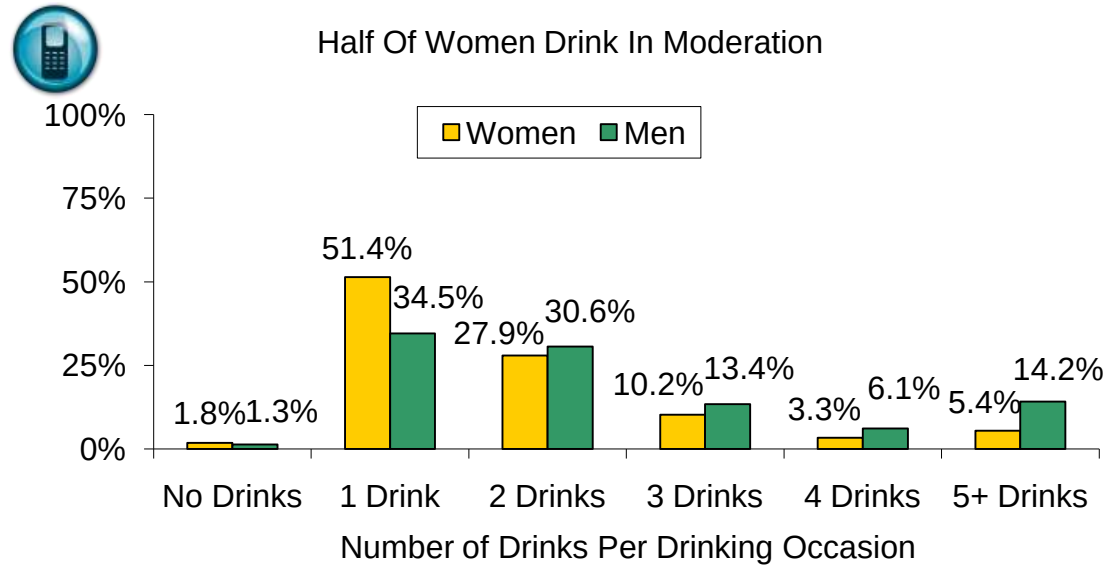
Standard Drink Size [9]

A standard drink is equal to 13.7 grams (0.6 ounces of pure alcohol)

- - 12-ounces of beer
- - 8-ounces of malt liquor
- - 5-ounces of wine
- - 1.5-ounces of 80-proof distilled spirits or liquor (i.e. gin, rum, vodka, or whiskey).

Graph 23 shows women and men and the average number of drinks consumed per drinking occasion.

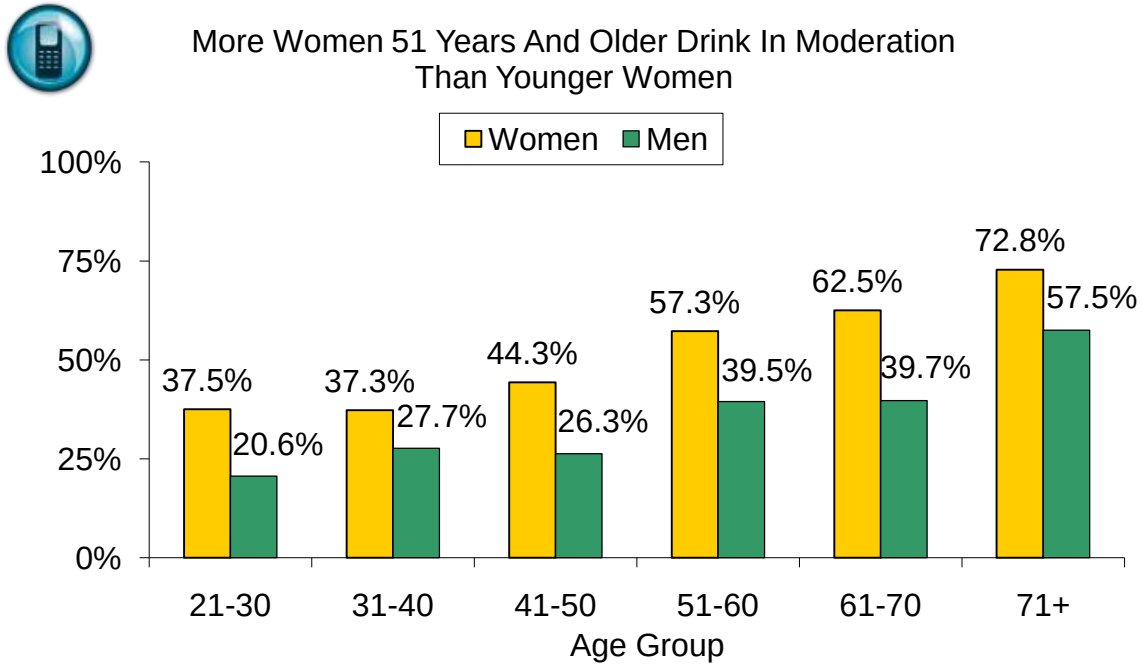
Graph 23.



Reported number of drinks per drinking occasion on average in the past 30 days (2007 Nevada Statewide Telephone Survey).

Graph 24 shows women who drink one alcoholic beverage per occasion on average; this is the recommended consumption guideline for women. Women 51 or older tend to drink in moderation more than women under 50. Not until age 71 or older do half of men consume only 1 drink per drinking occasion.

Graph 24.

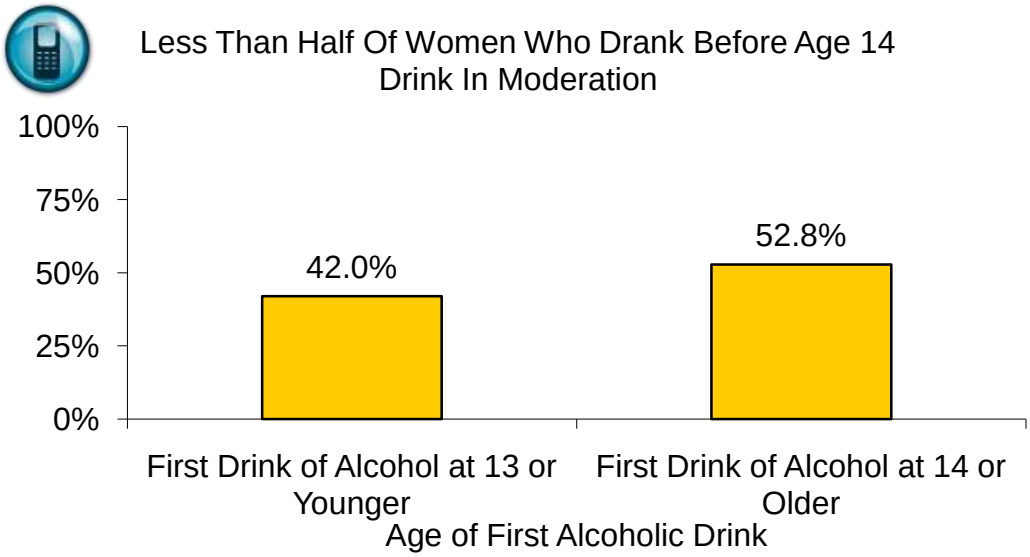


Reported drinking one alcoholic drink per drinking occasion on average in the past 30 days (2007 Nevada Statewide Telephone Survey).

High-Risk Groups

Women who reported early alcohol initiation are less likely to drink in moderation (see Graph 25).

Graph 25.

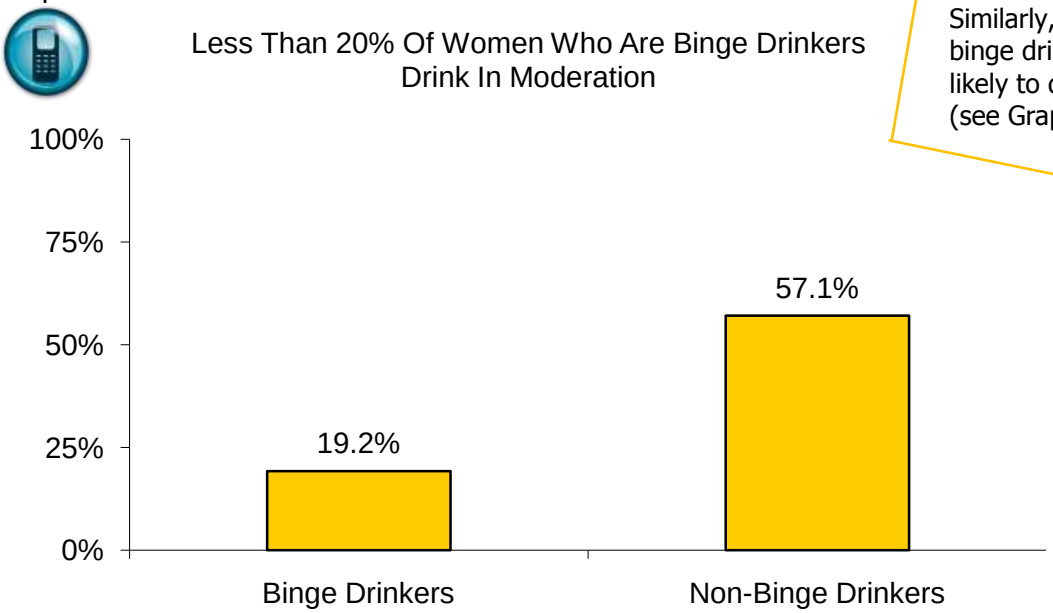


Women by age of first drink who reported drinking one alcoholic drink per drinking occasion on average in the past 30 days (2007 Nevada Statewide Telephone Survey).

High-Risk Groups

Similarly, women who are binge drinkers are also less likely to drink in moderation (see Graph 26).

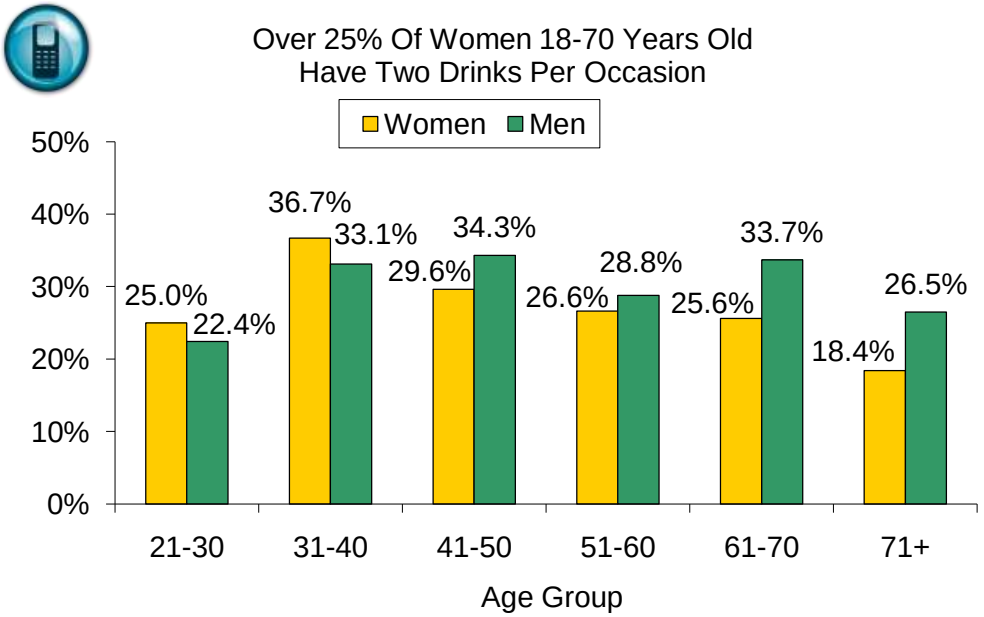
Graph 26.



Women by type of drinking who reported drinking one alcoholic drink per drinking occasion on average in the past 30 days (2007 Nevada Statewide Telephone Survey).

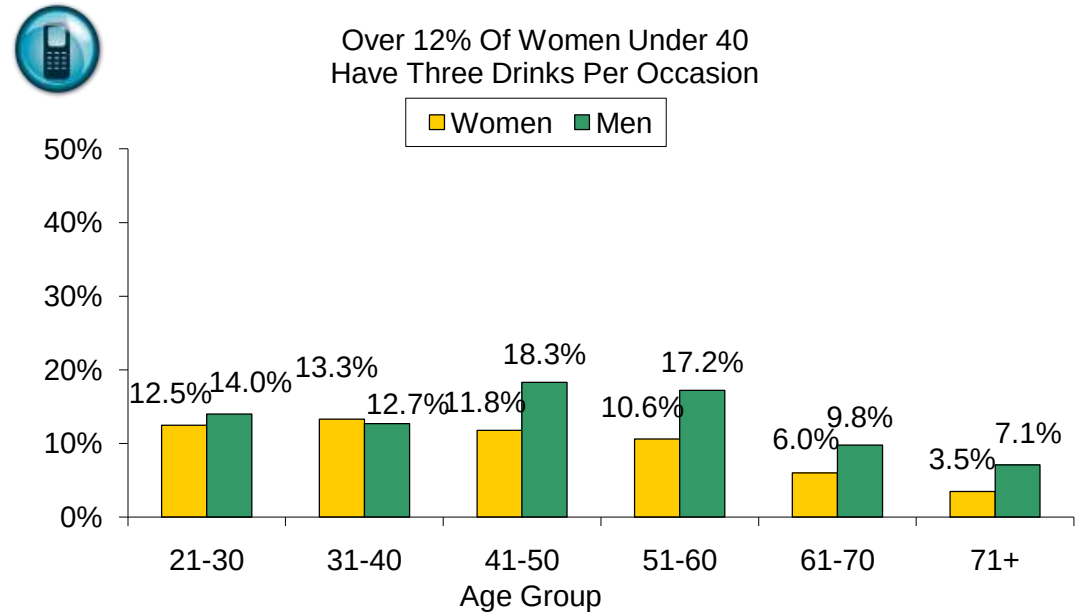
The next series of graphs shows the number of drinks (2, 3, 4, and 5 or more) per drinking occasion by the percentage of women compared to the percentage of men (see Graphs 27, 28, 29, and 30). It is important to remember that drinking in moderation is considered 1 drink for women and 2 drinks for men. Note that for graphs 29 and 30, women are consuming up to 4 drinks **more** than is recommended for healthy consumption.

Graph 27.



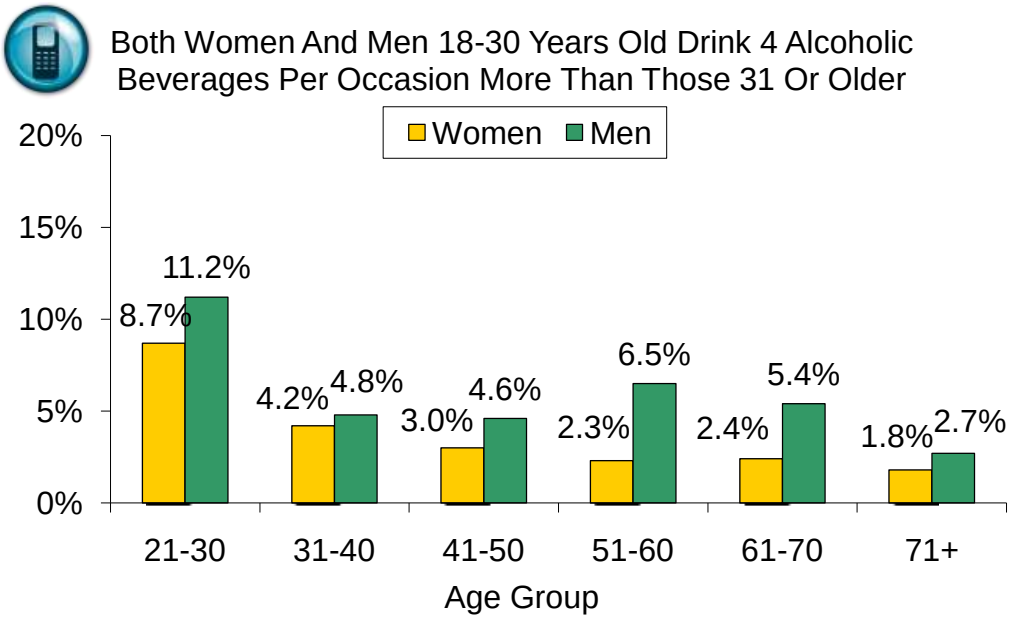
Reported drinking two alcoholic drinks per drinking occasion on average in the past 30 days (2007 Nevada Statewide Telephone Survey).

Graph 28.



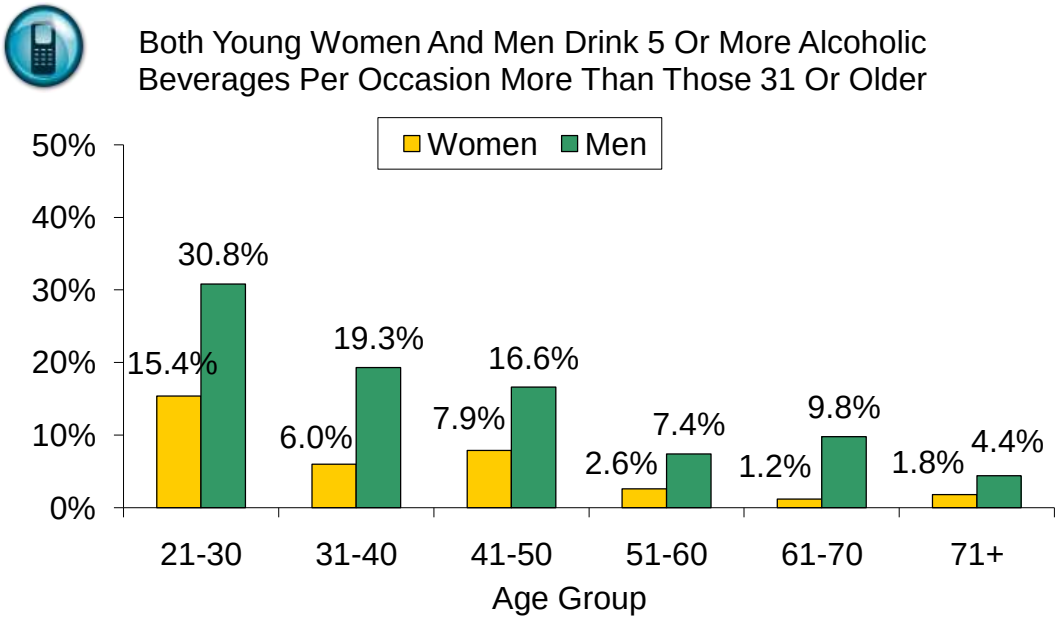
Reported drinking three alcoholic drinks per drinking occasion on average in the past 30 days (2007 Nevada Statewide Telephone Survey).

Graph 29.



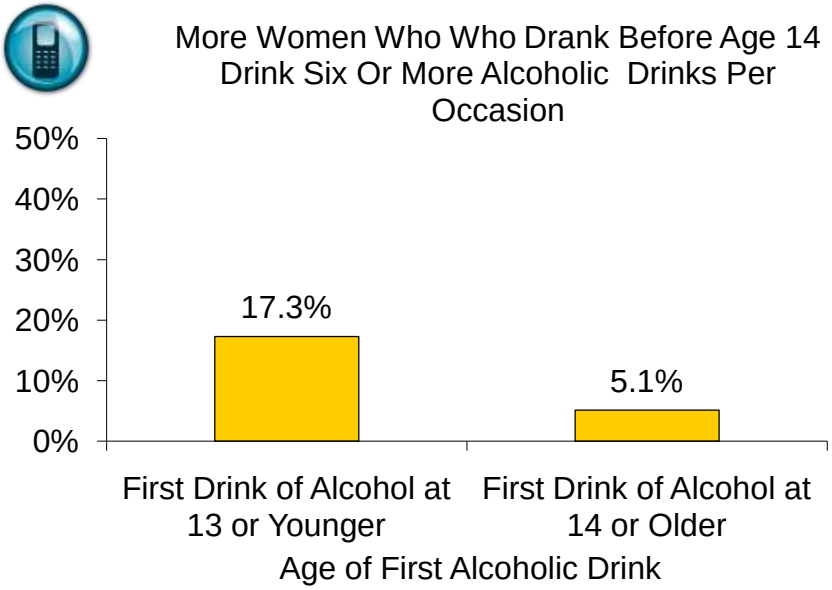
Reported drinking four alcoholic drinks per drinking occasion on average in the past 30 days (2007 Nevada Statewide Telephone Survey).

Graph 30.



Reported drinking five or more alcoholic drinks per drinking occasion on average in the past 30 days (2007 Nevada Statewide Telephone Survey).

Graph 31.



Women by age of first drink who reported drinking 6 or more alcoholic drinks per drinking occasion on average in the past 30 days (2007 Nevada Statewide Telephone Survey).

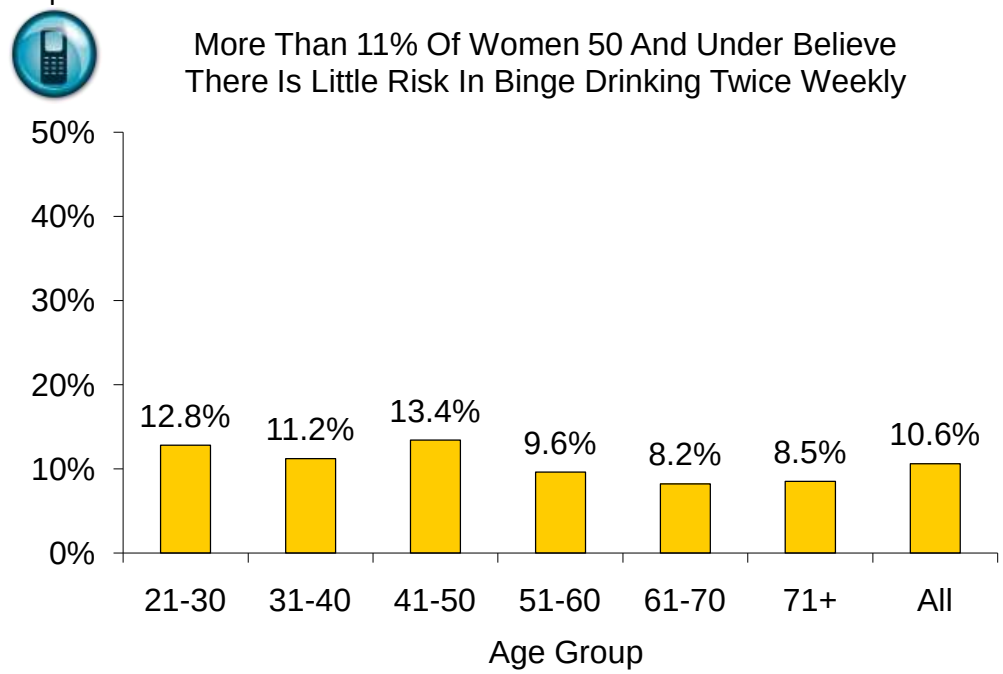
High-Risk Groups

Early initiation in alcohol use leads to a higher rate of binge drinking (see Graph 31).

Perceptions of Drinking Behaviors

Perceptions of drinking behaviors are important indicators of community norms. For example, over 11% of women 18-50 years old believe there is minimal risk in binge drinking up to two times per week (see Graph 32). Binge drinking twice a week is the equivalent of 8 times per month and is considered heavy drinking. Both binge drinking and heavy drinking have many adverse health consequences.

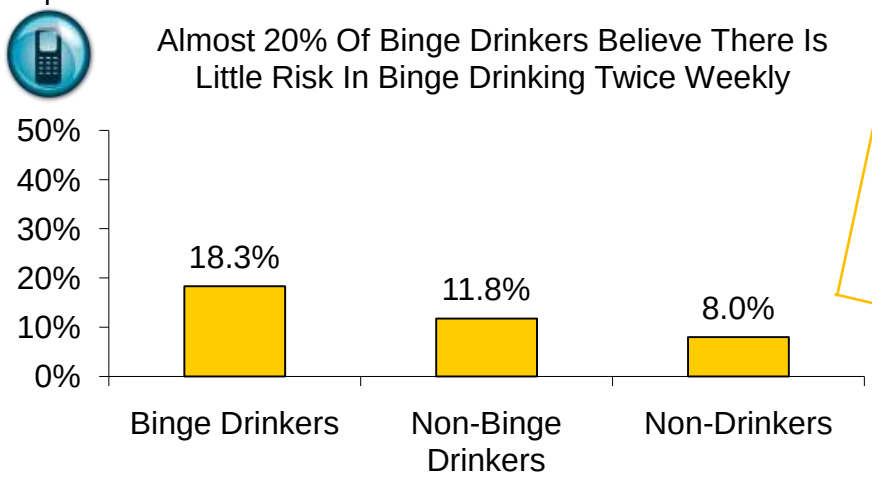
Graph 32.



Women who reported thinking there is slight or no risk in people harming themselves physically and in other ways when they binge drink once or twice a week (2007 Nevada Statewide Telephone Survey).

Those who participate in high-risk behaviors, such as binge drinkers, also express low concern over health outcomes of engaging in high risk behaviors (see Graphs 33 and 35).

Graph 33.



Women who reported thinking there is slight or no risk in people harming themselves physically and in other ways when they binge drink once or twice a week by drinking behavior (2007 Nevada Statewide Telephone Survey).

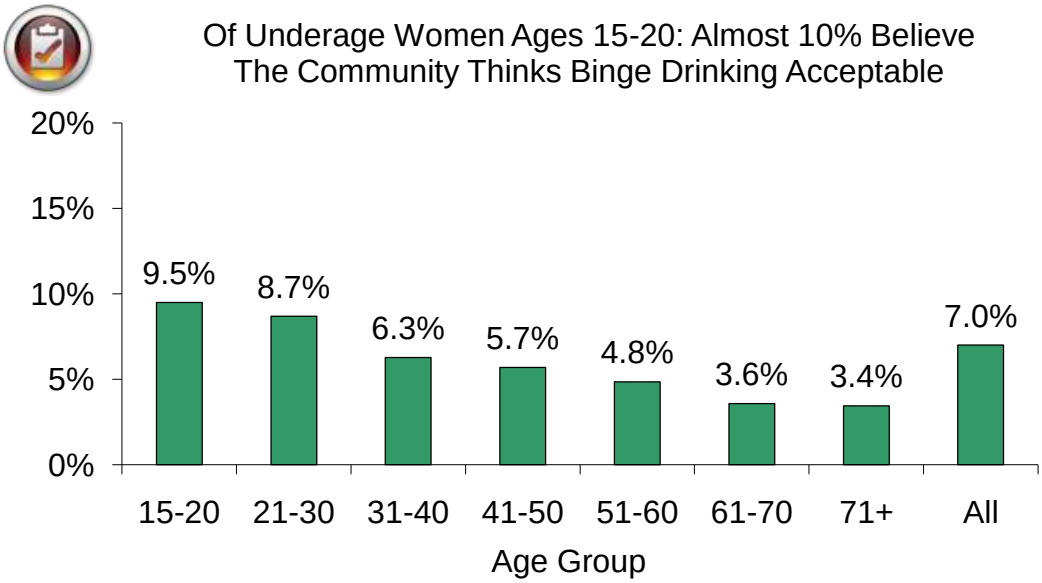
High-Risk Groups

Women, by drinking behavior, who believe there is minimal risk in binge drinking once or twice a week (see Graph 33).

High-Risk Groups

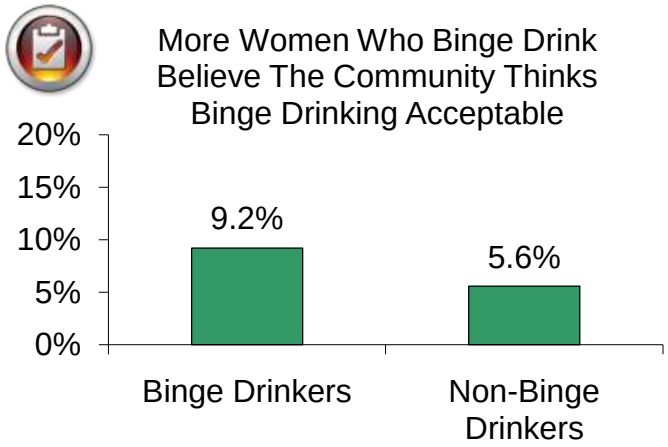
Women were asked how wrong most people in their community think binge drinking is; almost one tenth of underage women think binge drinking is accepted by the community (see Graph 34).

Graph 34.



Women who reported thinking that most people in their community think it is not wrong to binge drink (2007 Nevada Convenience Survey).

Graph 35.



Women who reported thinking that most people in their community think it is not wrong to binge drink by drinking behavior (2007 Nevada Convenience Survey).

High-Risk Groups

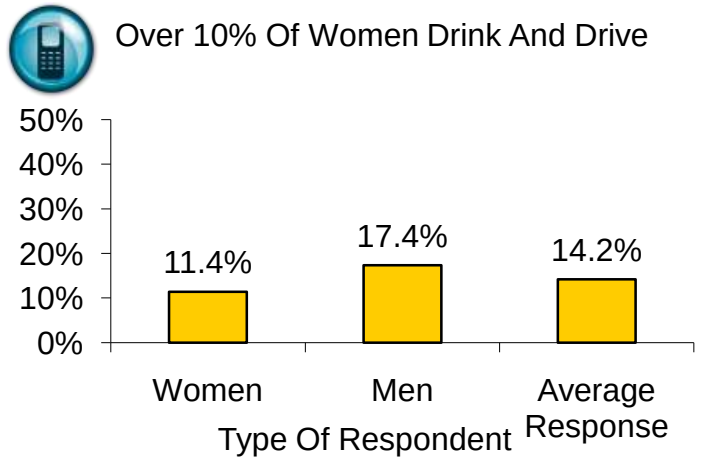
Women, by drinking behavior, who think binge drinking is acceptable (see Graph 35).

Drinking and Driving

Motor vehicle-related injuries are a leading cause of death in Nevada (17.9 deaths per 100,000 people)[12], including those who are affected by alcohol related accidents. From 2004-2008 the percentage of motor vehicle fatalities that were alcohol related has remained stable, averaging 38%.[12] The information below shows the percentage of women who drink and drive, as well as those women who are passengers in a vehicle driven by a drunk driver. In addition, the graphs will show the perceptions of women on the effect of drinking and driving in the community.

11.4% of women reported driving after drinking (see Graph 36).

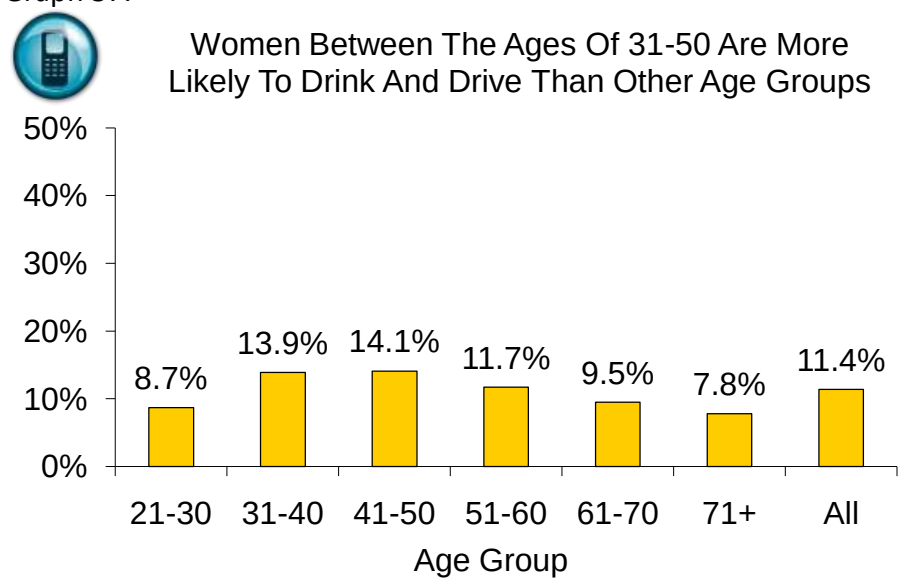
Graph 36.



Reported driving a vehicle when they had been drinking in the past 30 days (2007 Nevada Statewide Telephone Survey).

The national rate for drinking and driving among those 12 years and older is 12.7%.[6] In Nevada, 11.4% of women drink and drive, this is slightly less then the national average among men and women and only includes women 18 and over (see Graph 37).

Graph 37.

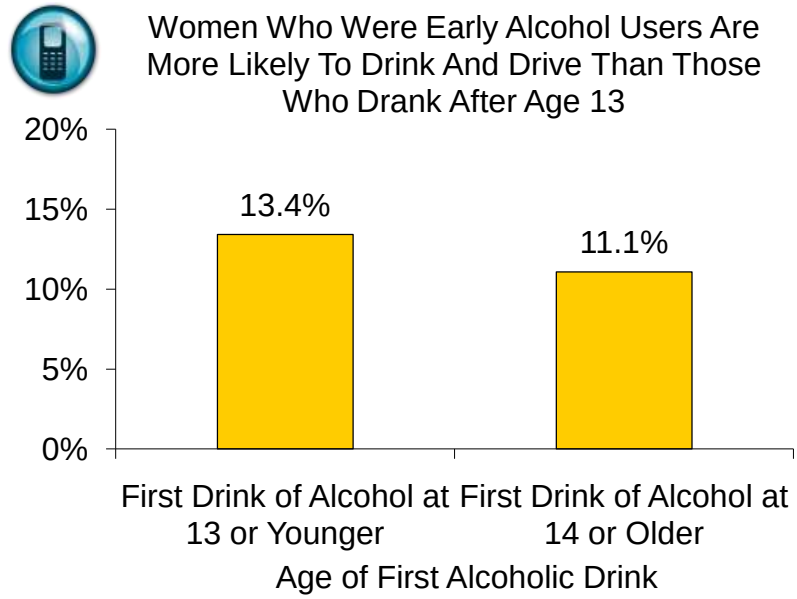


Women who reported driving a vehicle when they had been drinking in the past 30 days (2007 Nevada Statewide Telephone Survey).

High-Risk Groups

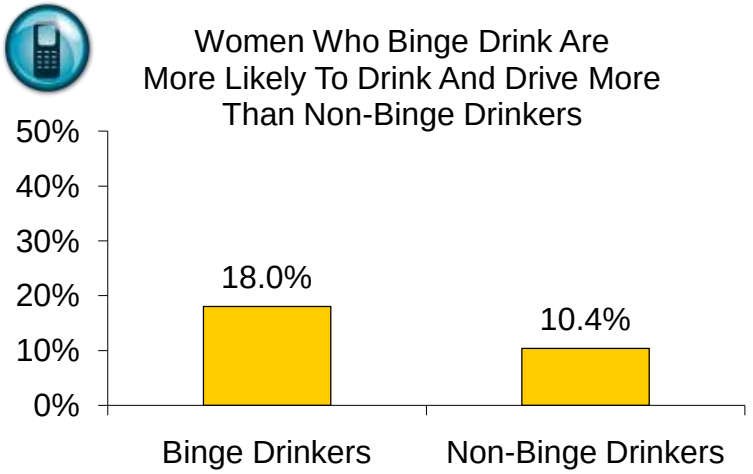
Women who are early initiates are more likely to report drinking and driving than those who drank after age 14 (see Graph 38).

Graph 38.



Women who reported driving a vehicle when they had been drinking in the past 30 days by age of first drink(2007 Nevada Statewide Telephone Survey).

Graph 39.

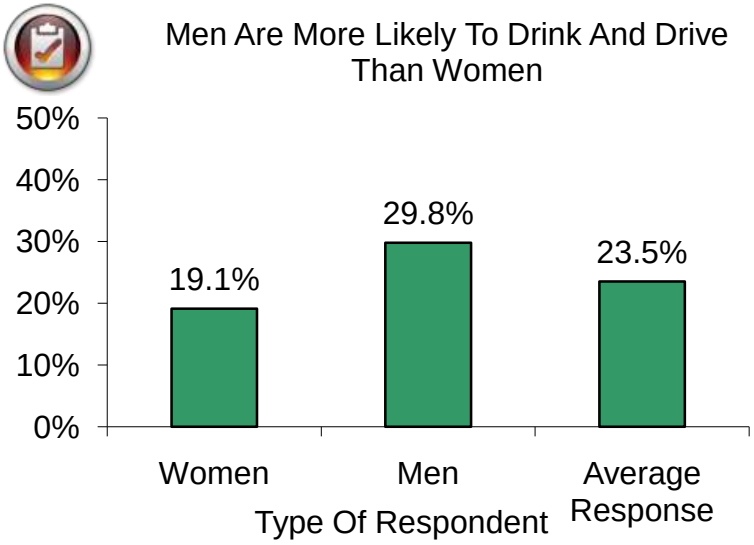


Women who reported driving a vehicle when they had been drinking in the past 30 days by drinking behavior (2007 Nevada Statewide Telephone Survey).

High-Risk Groups

Binge drinkers are twice as likely to drink and drive as non-binge drinkers (see Graph 39).

Graph 40.



Reported driving a vehicle after they had been drinking in the past 30 days (2007 Nevada Convenience Survey).

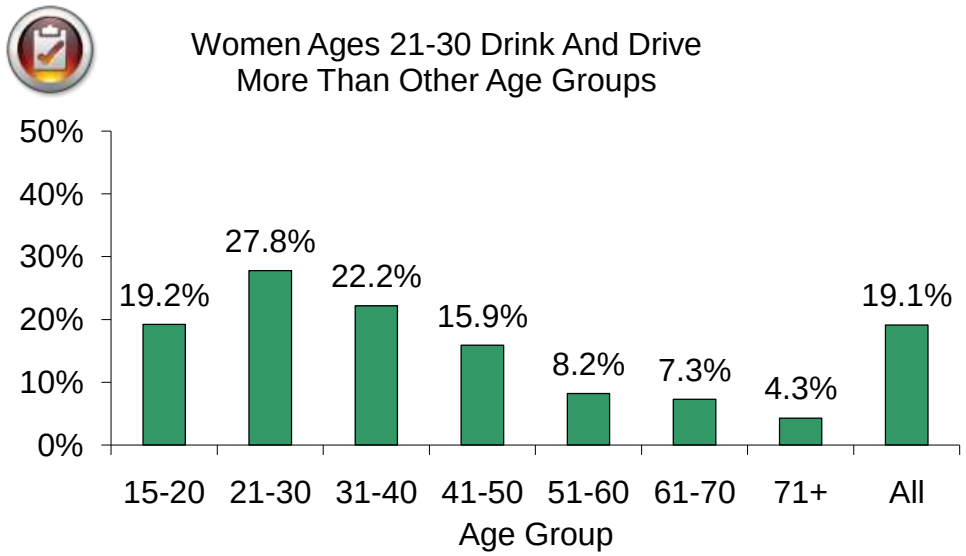
High-Risk Groups

Convenience survey respondents reported drinking and driving more than telephone survey respondents (19.1% of women compared to 11.4% of women, respectively; see Graph 40 and Graph 37 on page 29).

High-Risk Groups

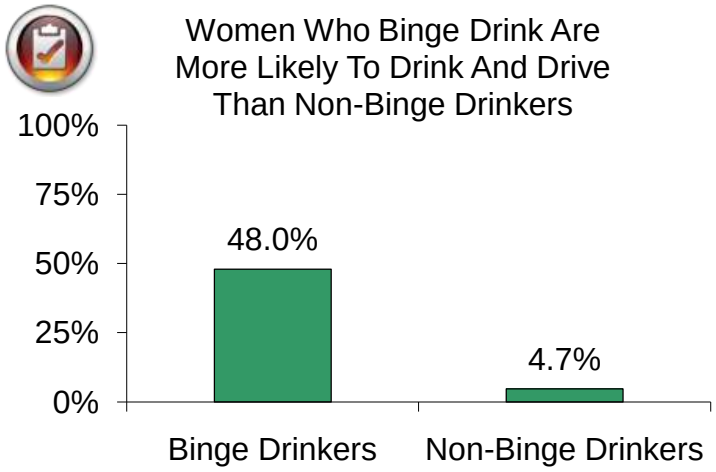
More women 21-30 drink and drive than other age groups (see Graph 41).

Graph 41.



Women who reported driving a vehicle after they had been drinking in the past 30 days (2007 Nevada Convenience Survey).

Graph 42.

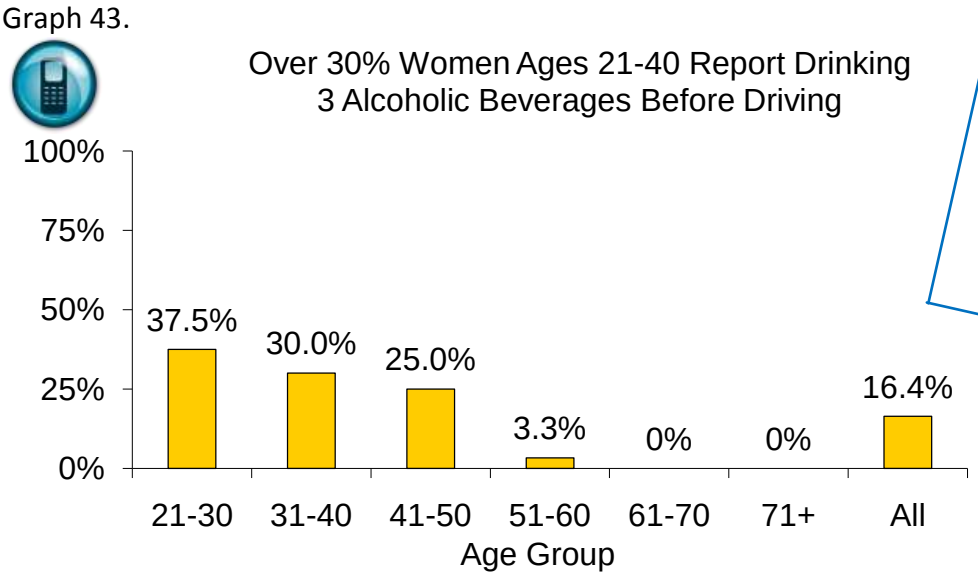


Women who reported driving a vehicle after they had been drinking in the past 30 days by drinking behavior (2007 Nevada Convenience Survey).

High-Risk Groups

Women who binge drink are 5 times more likely to drink and drive than those who do not binge drink. (see Graph 42).

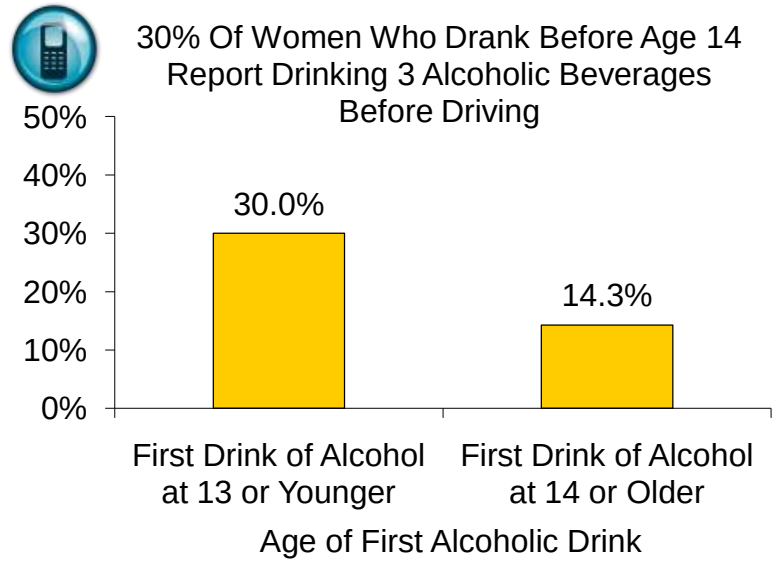
Graph 43.



Over 30% of women 21-40 years old report drinking 3 alcoholic drinks and then driving (see Graph 43).

Women who reported on the most recent occasion of driving within 2 hours of drinking having 3 or more alcoholic beverages (2007 Nevada Statewide Telephone Survey).

Graph 44.



High-Risk Groups

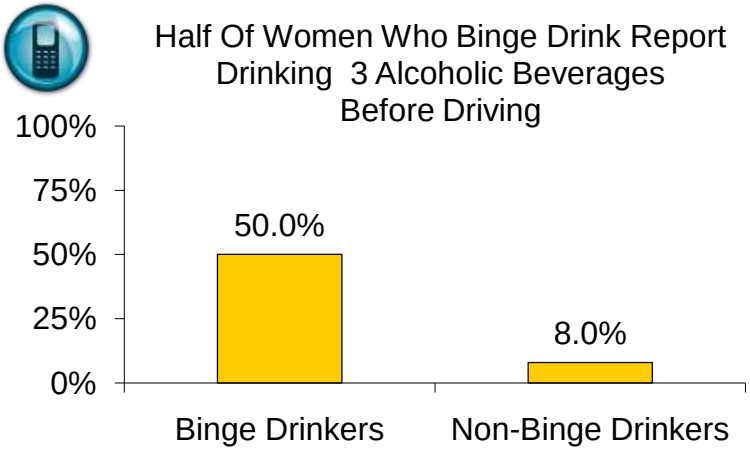
Twice as many early initiators drink and drive than those who drank at age 14 or older (see Graph 44).

Women who reported on the most recent occasion of driving within 2 hours of drinking having 3 or more alcoholic beverages by age of first drink (2007 Nevada Statewide Telephone Survey).

High-Risk Groups

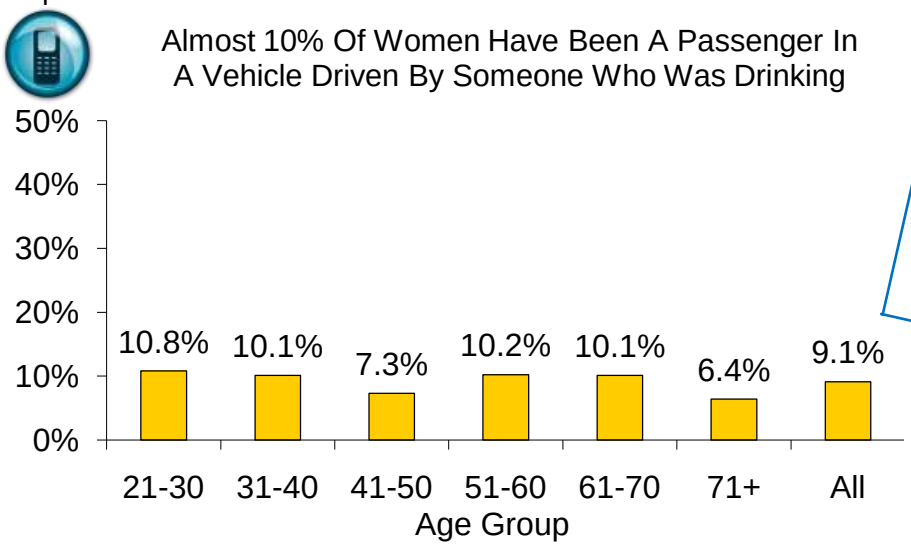
Similarly, binge drinkers are five times as likely to report drinking 3 alcoholic beverages and then driving than non-binge drinkers (see Graph 45).

Graph 45.



Women who reported on the most recent occasion of driving within 2 hours of drinking having 3 or more alcoholic beverages by drinking behavior (2007 Nevada Statewide Telephone Survey).

Graph 46.



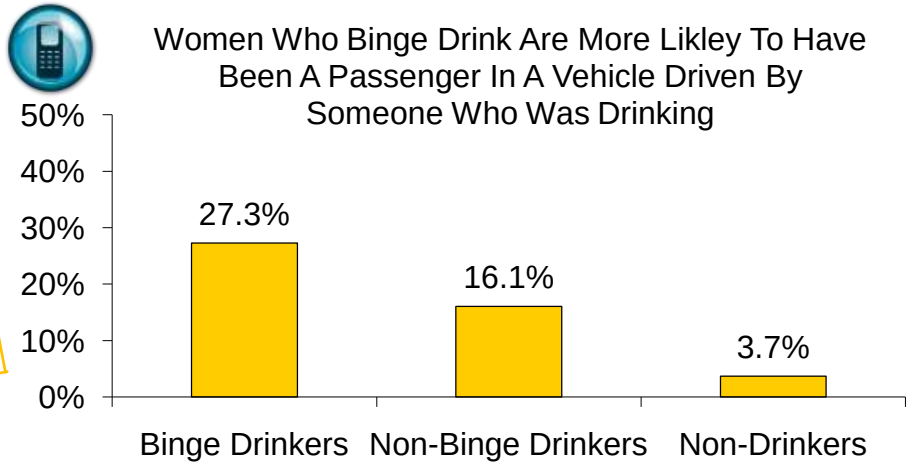
Almost a tenth all women have been a passenger in a vehicle operated by someone who had been drinking (see Graph 46).

Women who reported riding in a vehicle driven by someone who had been drinking alcohol in the past 30 days (2007 Nevada Statewide Telephone Survey).

High-Risk Groups

Women who are binge drinkers are twice as likely to ride in vehicles with drivers who have been drinking as non-binge drinkers and seven times more likely than non-drinkers (see Graph 47).

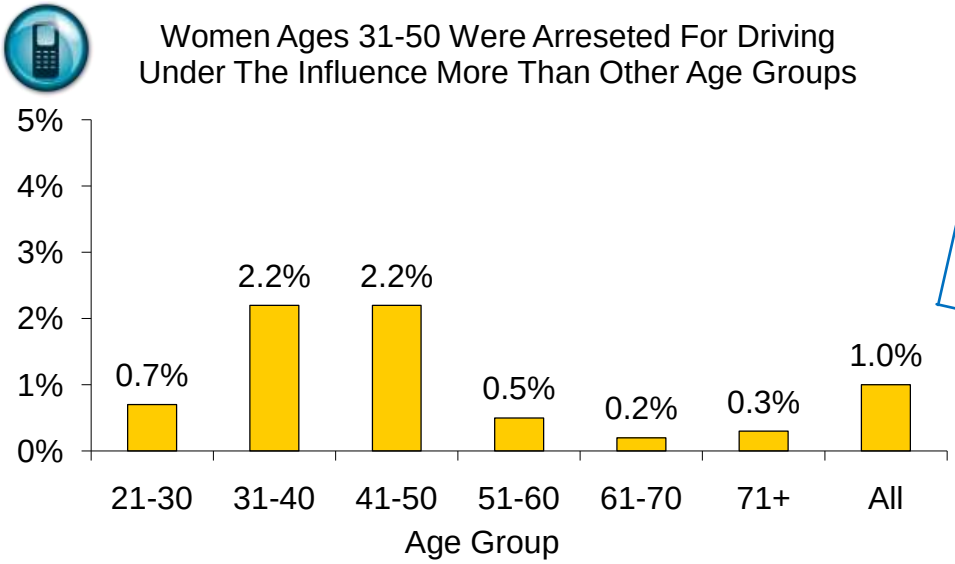
Graph 47.



Women who reported riding in a vehicle driven by someone who had been drinking alcohol in the past 30 days by drinking behavior (2007 Nevada Statewide Telephone Survey).

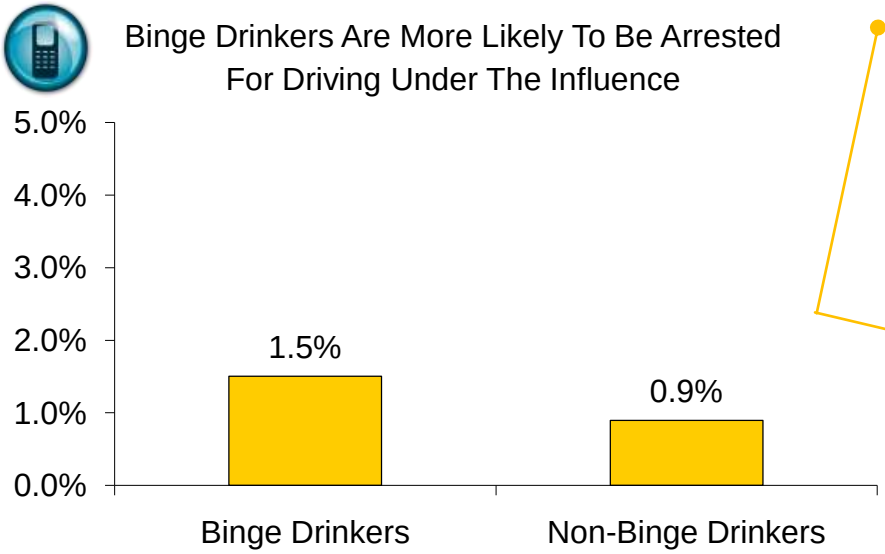
While 11.4% of all women report drinking and driving (Graph 36 on page 28), less than 1% of women report being arrested and booked for driving under the influence (DUI; see Graph 48).

Graph 48.



Women who reported being arrested and booked for driving under the influence of alcohol or drugs in the past 12 months (2007 Nevada Statewide Telephone Survey).

Graph 49.



Women who reported being arrested and booked for driving under the influence of alcohol or drugs in the past 12 months by drinking behavior (2007 Nevada Statewide Telephone Survey).

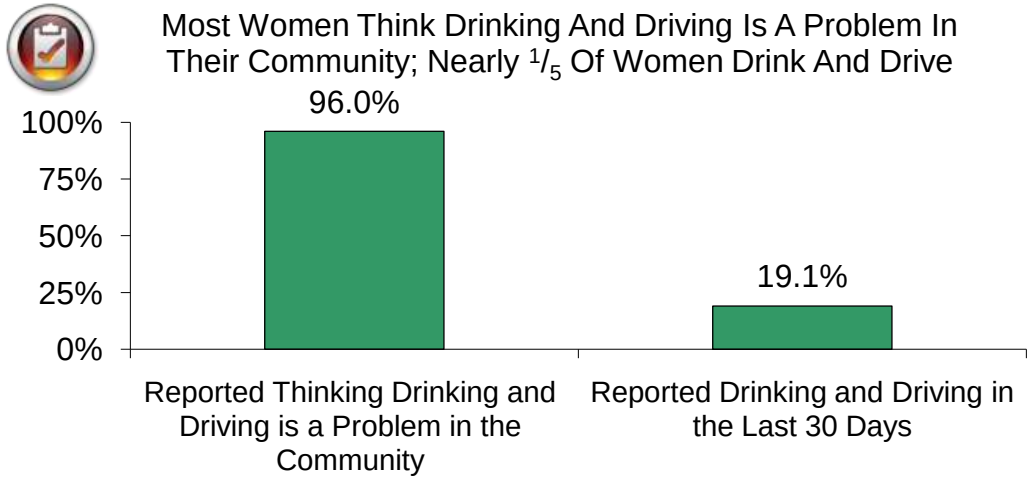
High-Risk Groups

Binge drinkers are more likely to report being arrested for DUI than non-binge drinkers (see Graph 49).

High-Risk Groups

The Convenience Survey asked respondents if they thought drinking and driving was a problem in their community. Respondents also reported if they drink and drive. Graph 50 shows that most members of the community think drinking and driving is a problem in the community and almost one fifth of the community admits to drinking and driving.

Graph 50.

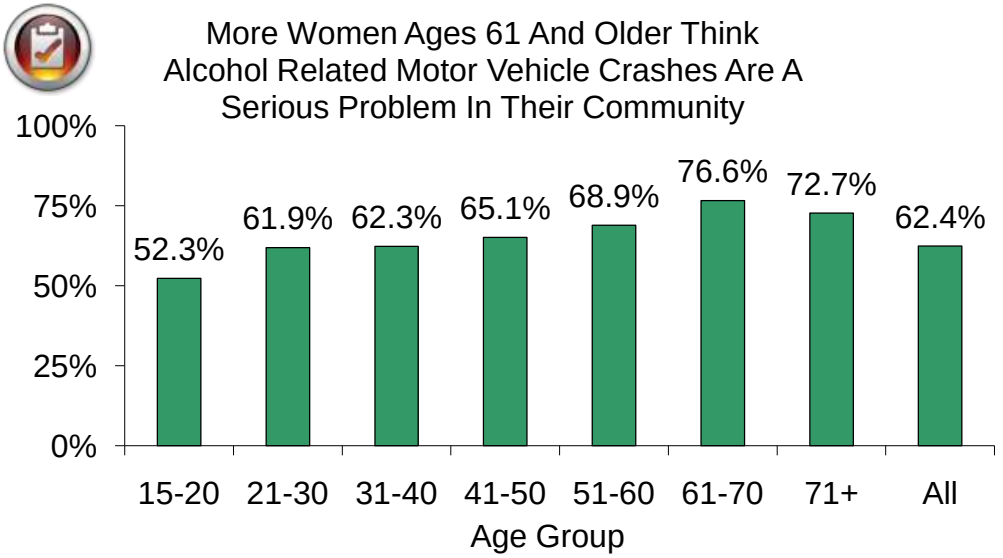


The difference between drinking and driving perception and activity across women (2007 Nevada Convenience Survey).

High-Risk Groups

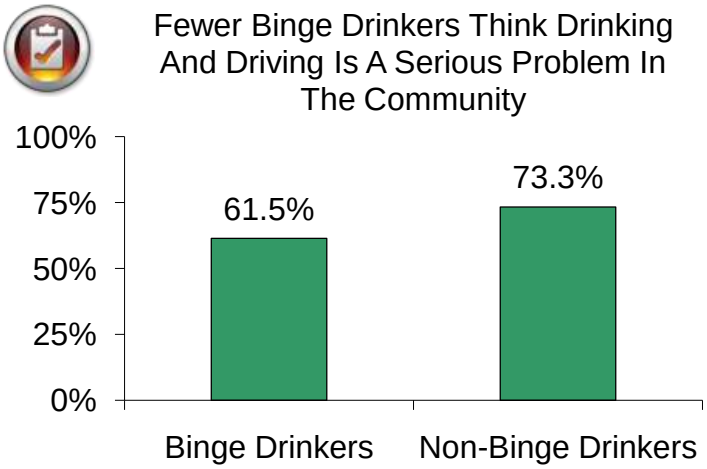
Just over half of 15-20 year olds think that alcohol motor vehicle crashes are a serious problem in their community compared to over 61% of all other age groups (see Graph 51).

Graph 51.



Women who reported alcohol related motor vehicle crashes as a serious problem in their community (2007 Nevada Convenience Survey).

Graph 52.



Women who reported drinking and driving as a serious problem in the community by drinking behavior (2007 Nevada Convenience Survey).

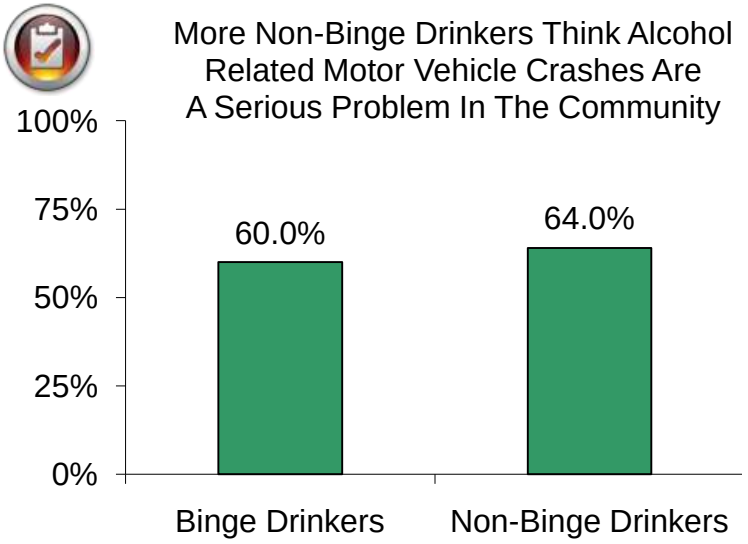
High-Risk Groups

Non-binge drinkers are more likely to feel that drinking and driving is a serious problem in their community (see Graph 52).

High-Risk Groups

Non-binge drinkers are more likely to feel that alcohol related motor vehicle crashes are a serious problem in the community (see Graph 53).

Graph 53.

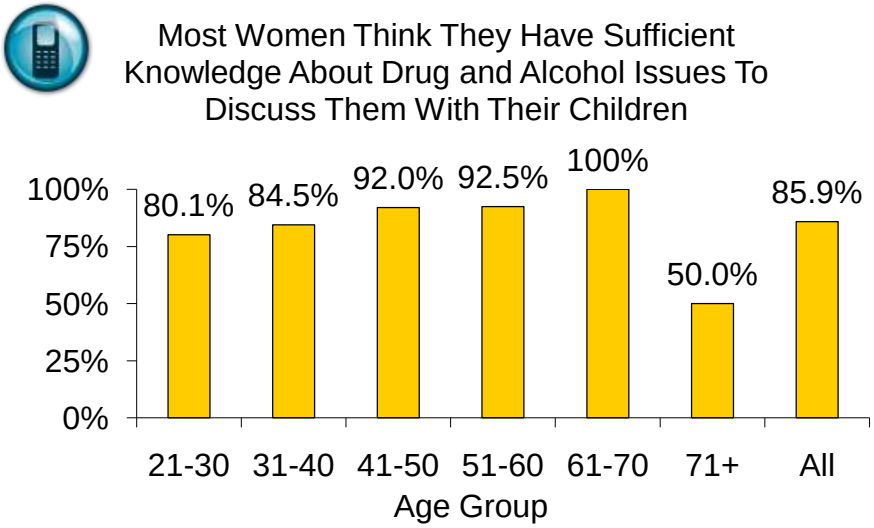


Women who reported alcohol related motor vehicle crashes as a serious problem in the community by drinking behavior(2007 Nevada Convenience Survey).

Risk and Resiliency

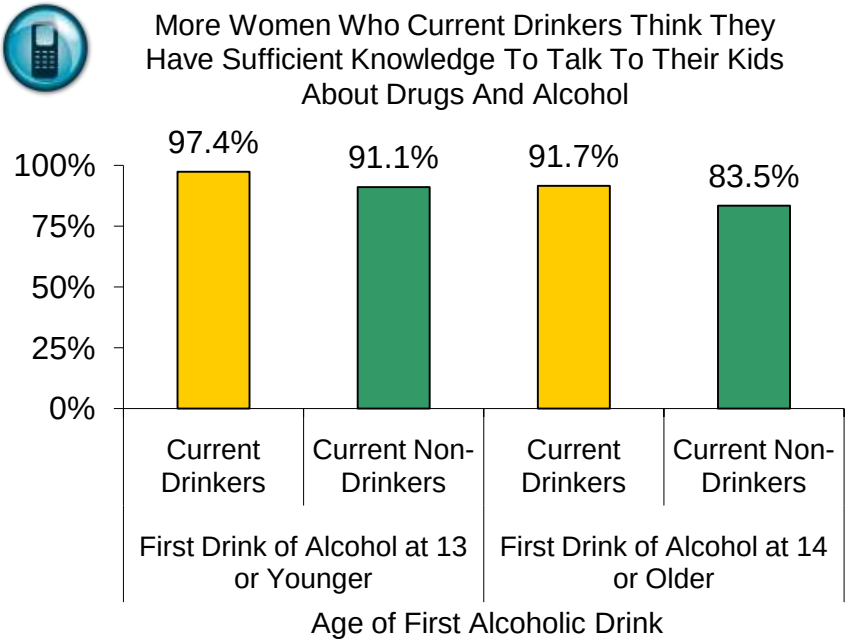
Respondents were asked if they had sufficient knowledge to talk to their children about drug and alcohol issues; the majority felt they did (Graph 54). However, high-risk respondents (early initiates and binge drinkers) report they feel more confident in their ability and knowledge to talk with their children about drugs and alcohol. Referring back to perceptions of drinking (page 26), these high-risk groups think there is little risk in underage drinking, binge drinking, and/or heavy drinking.

Graph 54.



Women who reported having sufficient knowledge about drugs and alcohol issues to discuss them with their children (2007 Nevada Statewide Telephone Survey).

Graph 55.



Women who reported having sufficient knowledge about drugs and alcohol issues to discuss them with their children by age of first drink (2007 Nevada Statewide Telephone Survey).

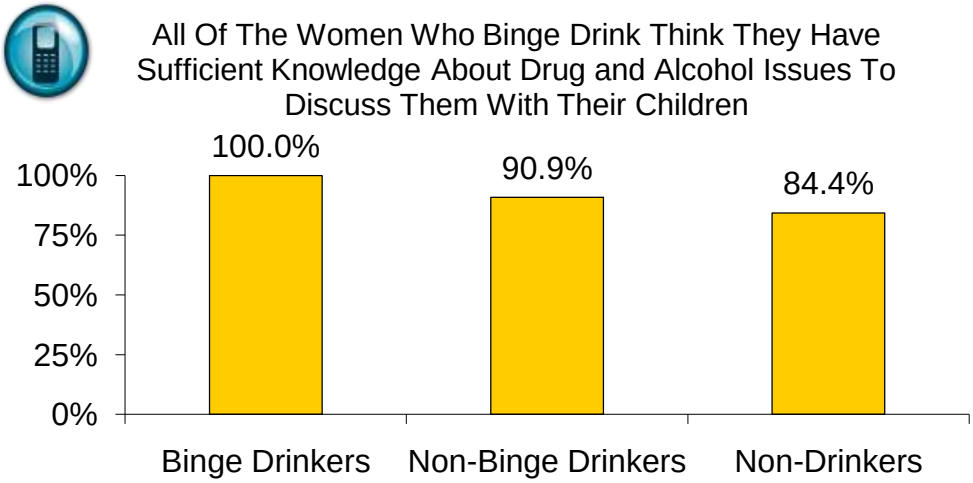
High-Risk Groups

Women who are early initiates and current drinkers are more likely to think they have sufficient knowledge about drug and alcohol issues to discuss them with their children than current non-drinkers or those who had their first drink at age 14 or older (see Graph 55).

High-Risk Groups

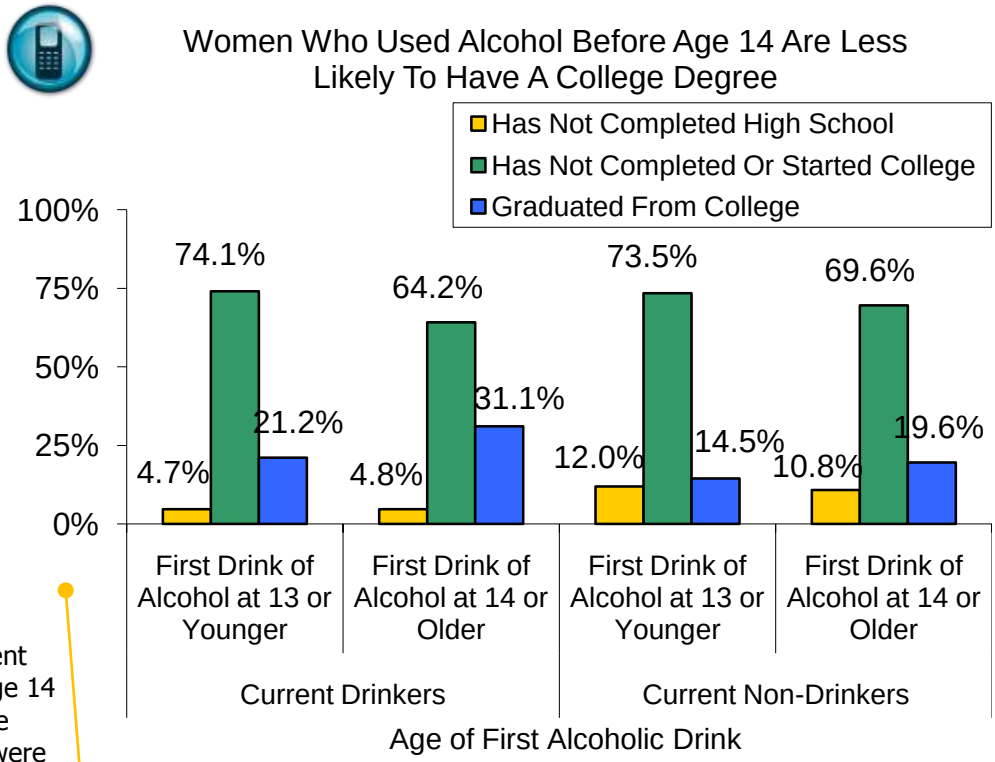
Binge Drinkers are more likely to think they have sufficient knowledge about drug and alcohol issues to discuss them with their children than those who are non-drinkers and non-binge drinkers (see Graph 56).

Graph 56.



Women who reported having sufficient knowledge about drugs and alcohol issues to discuss them with their children by drinking behavior (2007 Nevada Statewide Telephone Survey).

Graph 57.

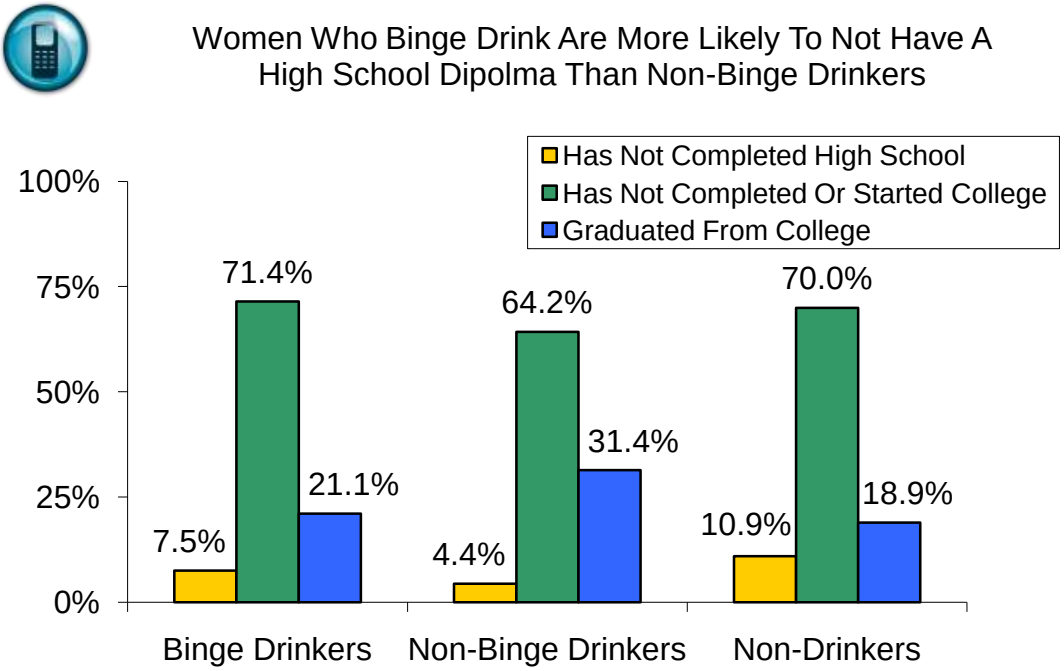


Women who reported their highest completed level of education compared by age of first drink (2007 Nevada Statewide Telephone Survey).

High-Risk Groups

More current and non-current drinkers who drank after age 14 graduated from college (see Graph 57). Binge drinkers were less likely than non-binge drinkers to have a college diploma and more likely to not have a high school diploma (see Graph 58).

Graph 58.



Women who reported their highest completed level of education compared by drinking behavior (2007 Nevada Statewide Telephone Survey).

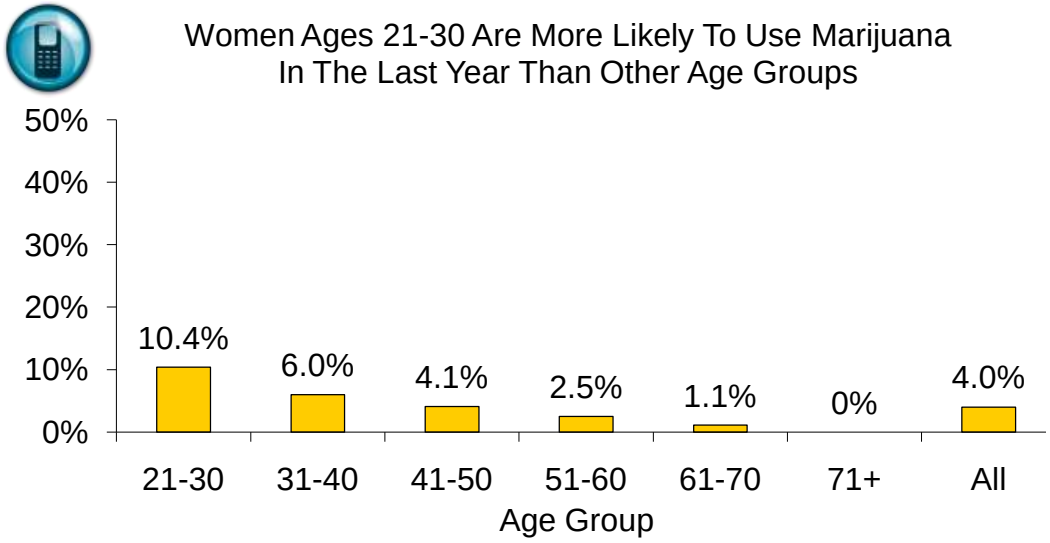
Drug Use

Alcohol and illicit drug use can substantially interfere in quality of life, including disruptions in family, personal life and work.[5] Alcohol and drug use are associated with physical abuse, sexually transmitted diseases, teen pregnancy, motor vehicle crashes, and delinquency in school.[5] In addition to personal issues, alcohol and drug use are also associated with increased health care costs, minimal worker productivity and homelessness, which are a high cost to society as a whole.[5]

Young people who use drugs or alcohol are at high risk for drug and alcohol addiction: the earlier people become habitual drug users; their addiction is generally stronger and harder to stop.[5]

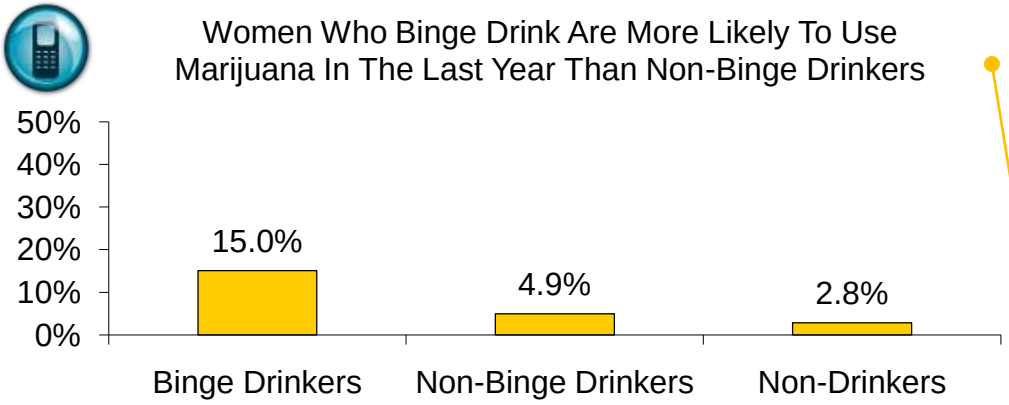
Younger women are more likely to use marijuana than older women, as demonstrated in Graph 59 below. Women between ages 21-30 are almost twice as likely to use marijuana as those between ages 31-40.

Graph 59.



Women who reported using marijuana in the past 12 months (2007 Nevada Statewide Telephone Survey).

Graph 60.



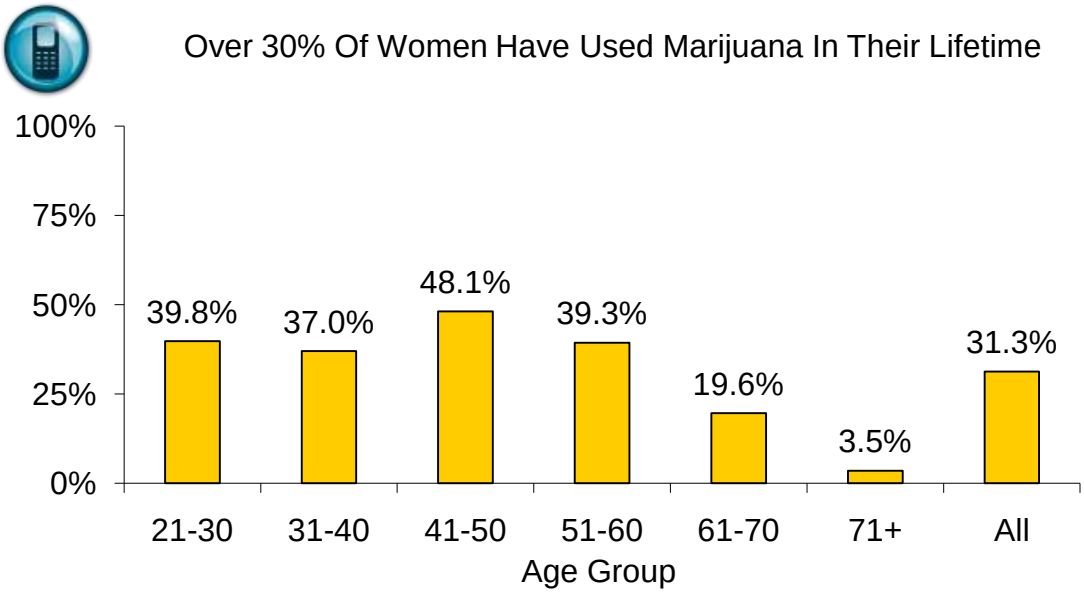
Women who reported using marijuana in the past 12 months by drinking behavior (2007 Nevada Statewide Telephone Survey).

High-Risk Groups

Women who binge drink are three times more likely to use marijuana in the last year than non-binge drinkers (Graph 60), and more than five times more likely to use marijuana than non-drinkers.

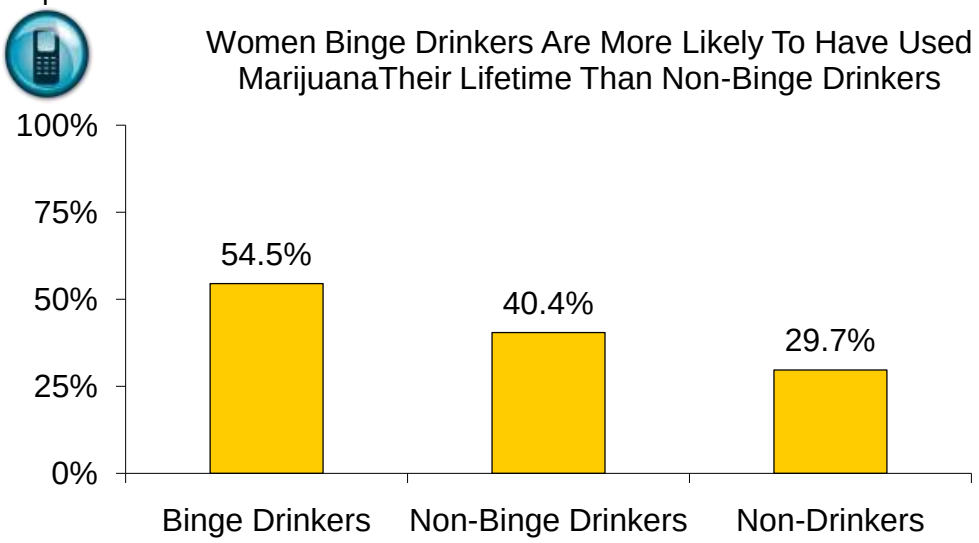
Graph 61 shows over one third of women have used marijuana in their lifetime. Women between ages 41-50 are more likey to have used marijuana in their lifetime than any other age group.

Graph 61.



Women who reported having ever used marijuana (2007 Nevada Statewide Telephone Survey).

Graph 62.



Women who reported having ever used marijuana by drinking behavior (2007 Nevada Statewide Telephone Survey).

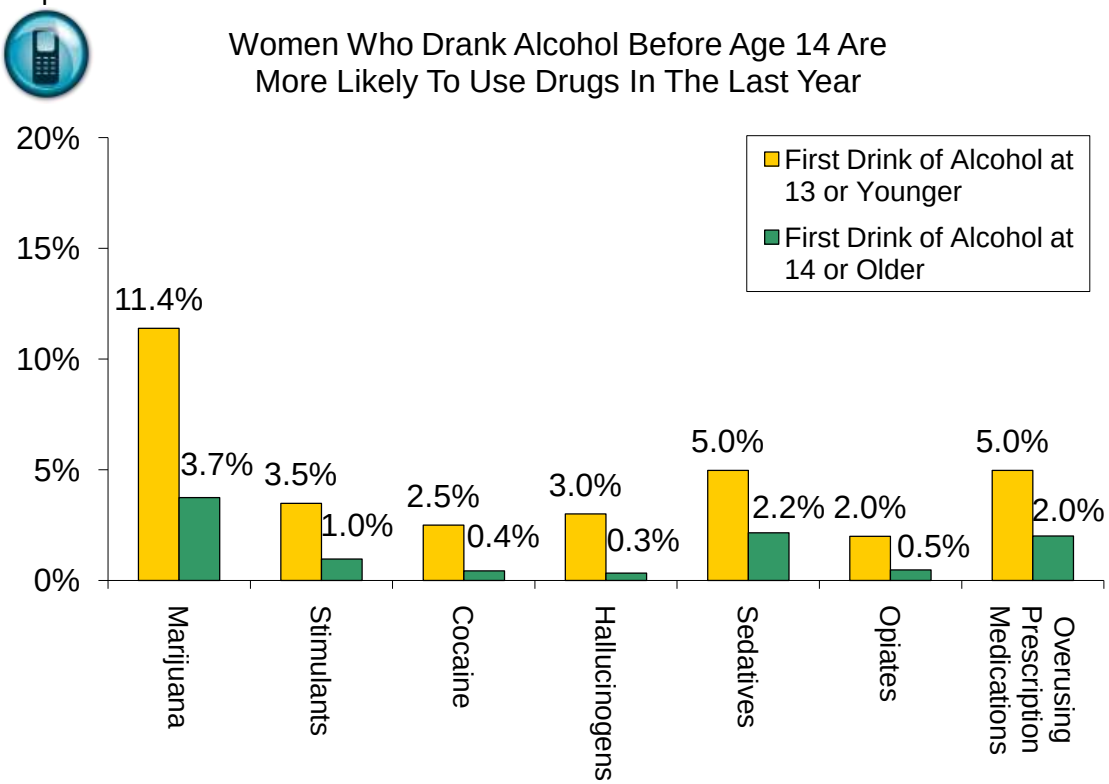
High-Risk Groups

Women binge drinkers are more likely to have used marijuana than non-binge drinkers (Graph 62). Non-drinkers are the least likely to have used marijuana than those who drink alcohol at all.

High-Risk Groups

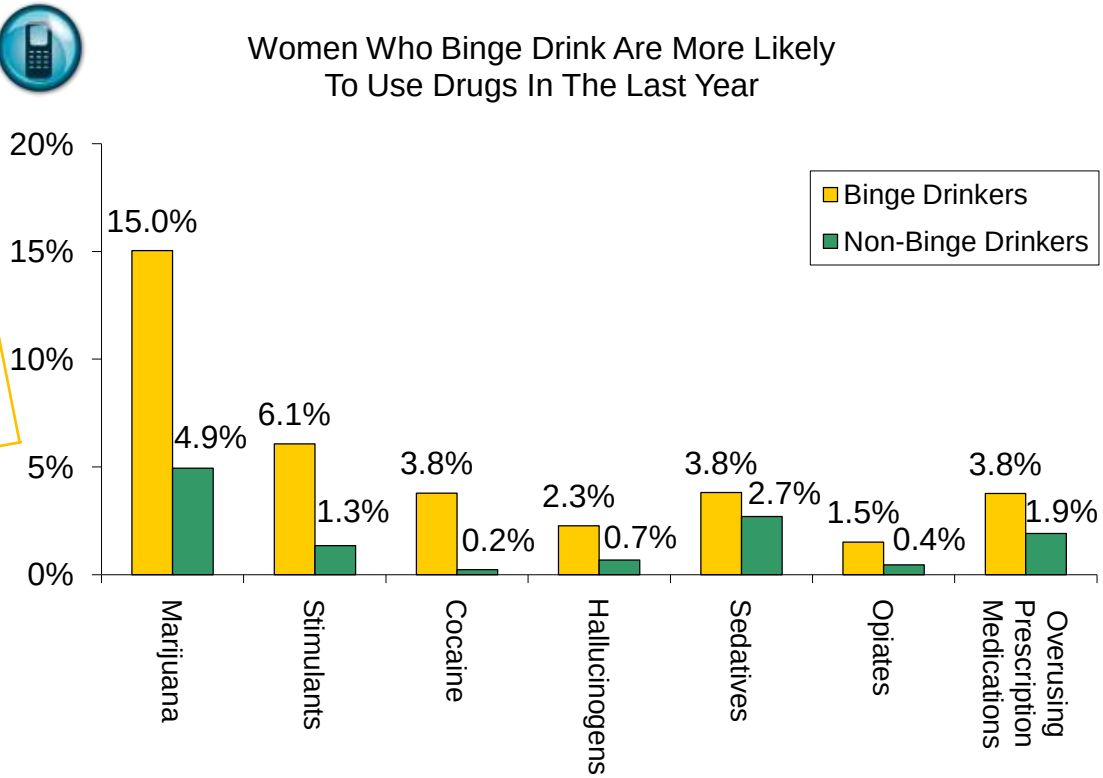
Graph 63 shows that women who drank alcohol before age 14 are more likely to use any drugs in the past year.

Graph 63.



Women who reported using drug substances in the past 12 months by age of first drink (2007 Nevada Statewide Telephone Survey).

Graph 64.

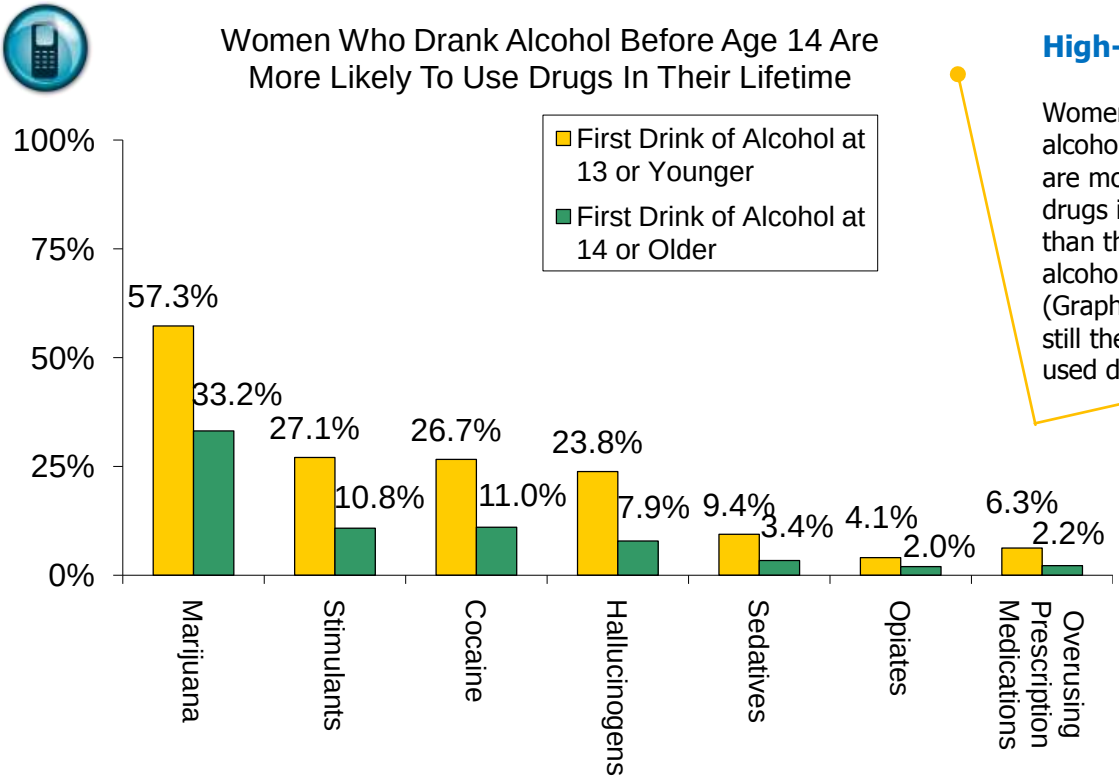


High-Risk Groups

Women who binge drink are more likely to use drugs than non-binge drinkers; marijuana is the used more frequently than any other drug (Graph 64).

Women who reported using drug substances in the past 12 months by drinking behavior (2007 Nevada Statewide Telephone

Graph 65.



High-Risk Groups

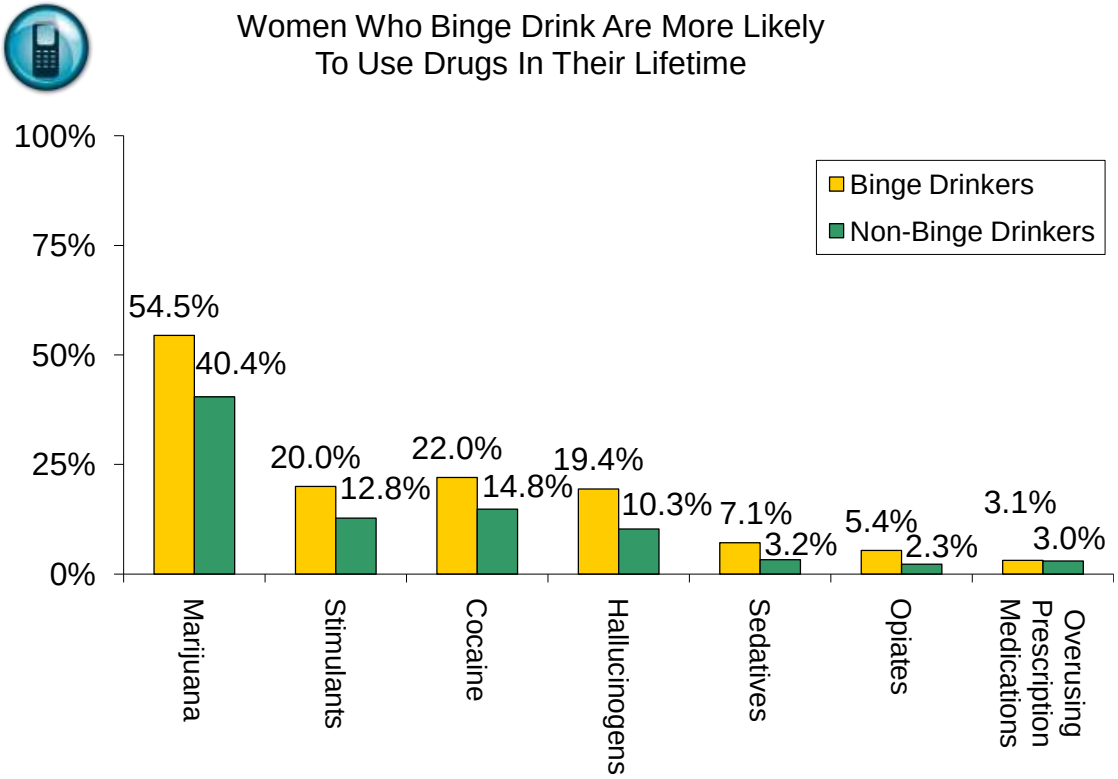
Women who drank alcohol before age 14 are more likely to use drugs in their lifetime than those who drank alcohol after age 14 (Graph 65); marijuana still the most widely used drug.

Women who reported ever having used drug substances by age of first drink (2007 Nevada Statewide Telephone Survey).

High-Risk Groups

Women who are binge drinkers are more than twice as likely to use any drugs throughout their lives than non-binge drinkers (Graph 66).

Graph 66.



Women who reported ever having used drug substances by drinking behavior (2007 Nevada Statewide Telephone Survey).

Underage Drinking

The drug most widely used by adolescents is alcohol.[5] Underage drinking, frequently linked with early initiation, is associated with higher incidences of binge drinking, alcohol abuse, alcohol dependence and drug use in later life. As stated earlier, early initiation in alcohol drinking can lead to alcohol abuse and dependence.[10] Delayed initiation of first alcohol use, to age 19, greatly decreases chances of alcohol abuse and dependence.[10]

The national rates for underage drinking show that there is a 47% increase in current underage drinkers from age 12 to 20 (see Table 1 below).[6]

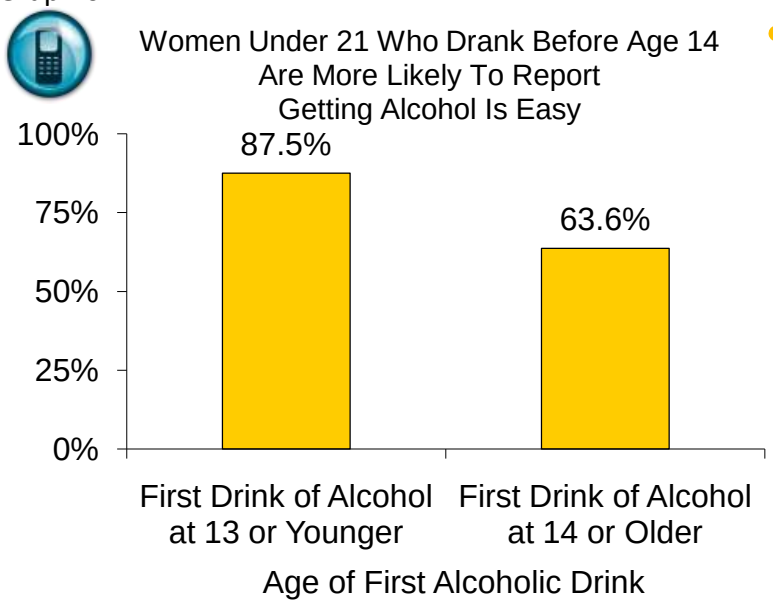
Table 1.

Percent of Current Underage Drinkers[6]			
Age 12-13	**Age 14-15**	**Age 16-17**	**Age 18-20**
3.5%	14.7%	29.0%	50.7%

In 2007, the national underage binge drinking rate for females 12-20 years old was 16.1%.[6]

Women who drank alcohol before age 14 are more likely to report that getting alcohol is easy compared to those who drank at age 14 or older (Graph 67). Similarly, those women who are binge drinkers also report that getting alcohol is relatively easy (Graph 68).

Graph 67.



Women under 21 who reported if they wanted to it would be easy to get alcohol by age of first drink (2007 Nevada Statewide Telephone Survey).

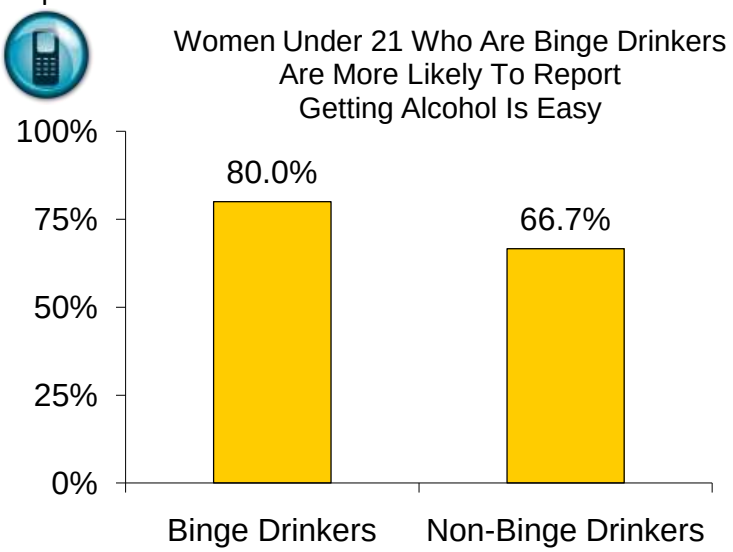
High-Risk Groups

Women under 21 who drank before age 14 are more likely to report getting alcohol is easy (see Graph 67). Perhaps these underage girls started drinking before they were 14 because they have easy access to alcohol or perhaps because they started drinking before age 14 they know how to get access to alcohol.

High-Risk Groups

Women under 21 who are binge drinkers are more likely to report getting alcohol is easy (see Graph 68). Perhaps these underage girls are binge drinkers because they have easy access or perhaps because they are binge drinkers they know how to get access to alcohol.

Graph 68.

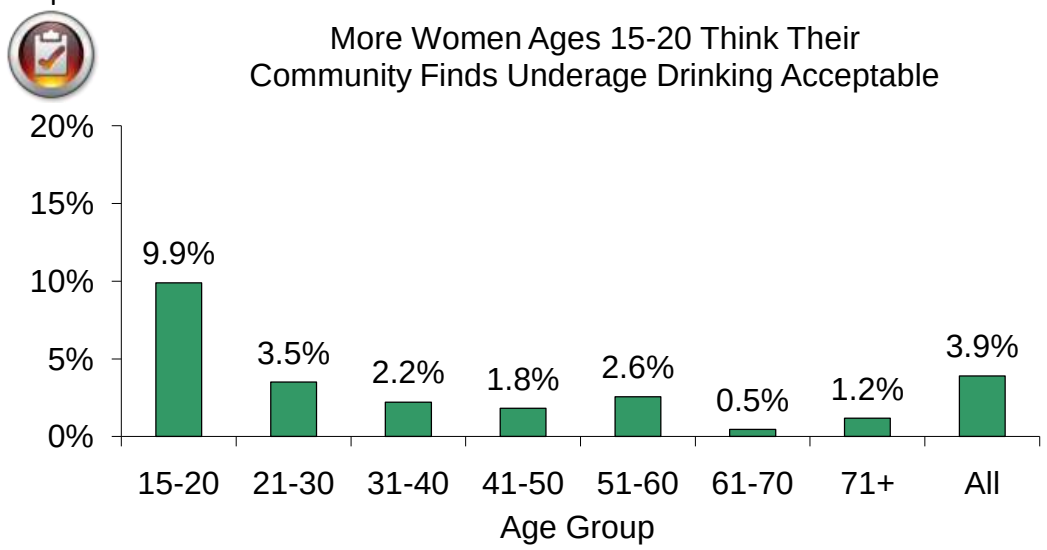


Women under 21 who reported if they wanted to it would be easy to get alcohol by drinking behavior (2007 Nevada Statewide Telephone Survey).

High-Risk Groups

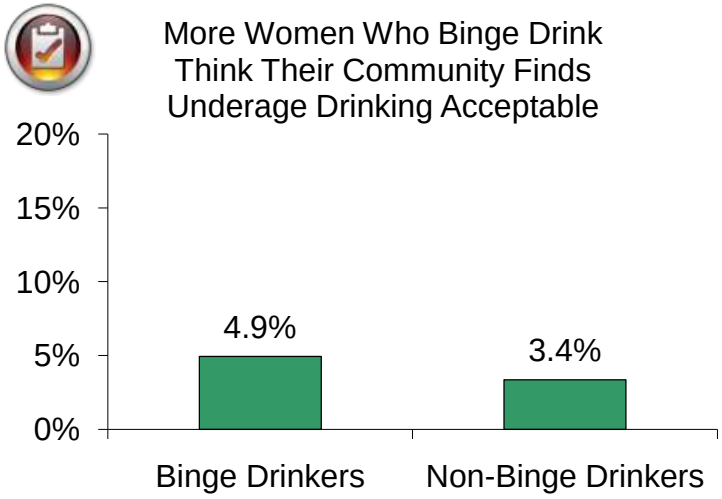
Graph 69 addresses the perceptions women believe their community holds about underage drinking. Younger women, especially those between ages 15-20, believe their community finds underage drinking acceptable (see Graph 69).

Graph 69.



Women who reported thinking most people in their community think it is not wrong for underage youth to drink alcohol (2007 Nevada Convenience Survey).

Graph 70.



Women who reported thinking most people in their community think it is not wrong for underage youth to drink alcohol by drinking behavior (2007 Nevada Convenience Survey).

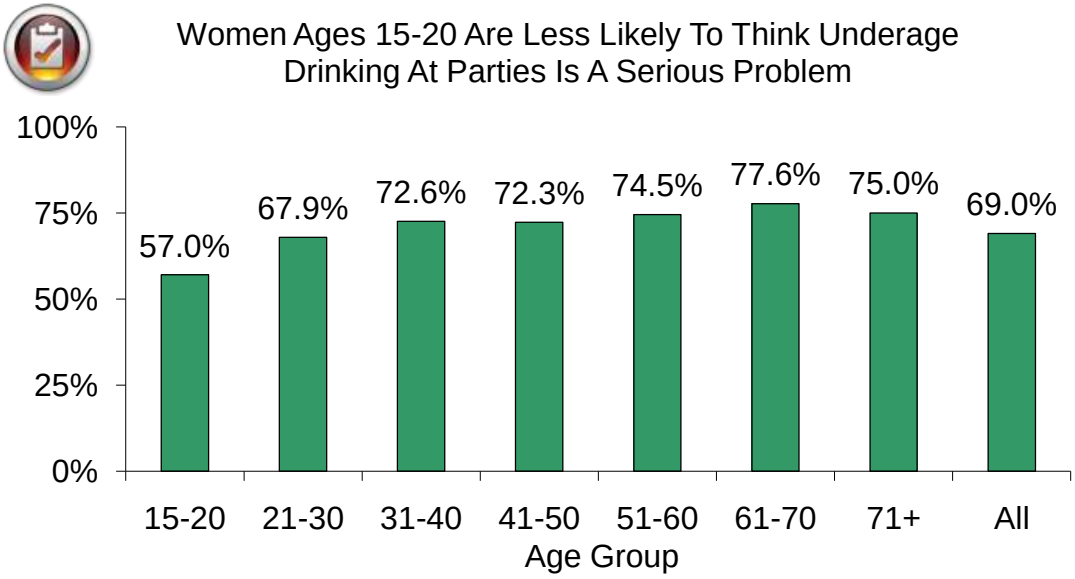
High-Risk Groups

Graph 70 addresses the perceptions women believe their community holds about underage drinking. Binge drinkers believe their community finds underage drinking acceptable.

High-Risk Groups

Although 9.9% of underage women think their community approves of underage drinking (15-17 years old; see Graph 69), almost 70% of women in the community think underage drinking at parties is a serious problem (see Graph 71).

Graph 71.

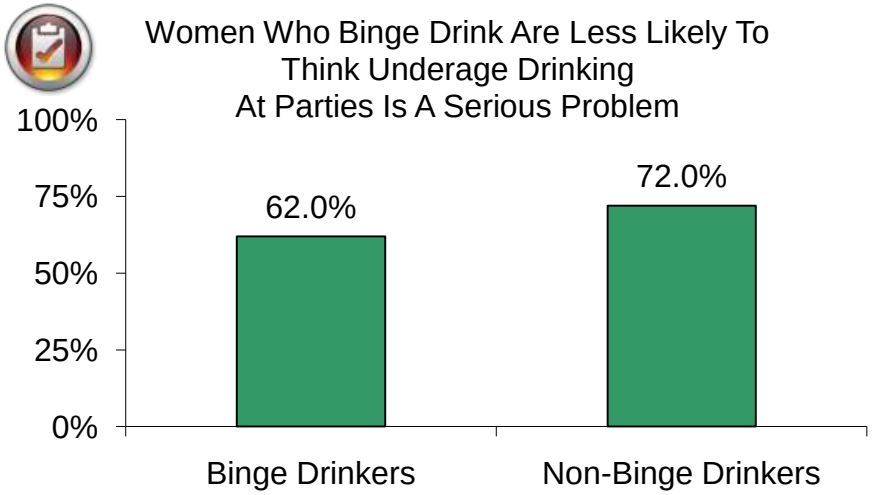


Women who reported alcohol consumption by underage youth at unsupervised gathering as a serious problem (2007 Nevada Convenience Survey).

High-Risk Groups

Younger women, particularly those between ages 15 and 17, and binge drinkers are less likely to think underage drinking at parties is a serious problem (Graphs 71 and 72).

Graph 72.

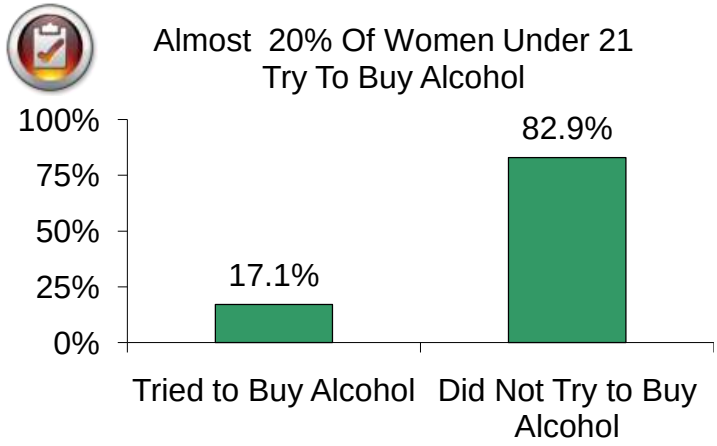


Women who reported alcohol consumption by underage youth at unsupervised gathering as a serious problem by drinking behaivor (2007 Nevada Convenience Survey).

High-Risk Groups

Graph 73 indicates, by percentage, the number of underage women who attempted to purchase alcohol. Approximately 20% of underage women attempted to purchase alcohol (Graph 73).

Graph 73.

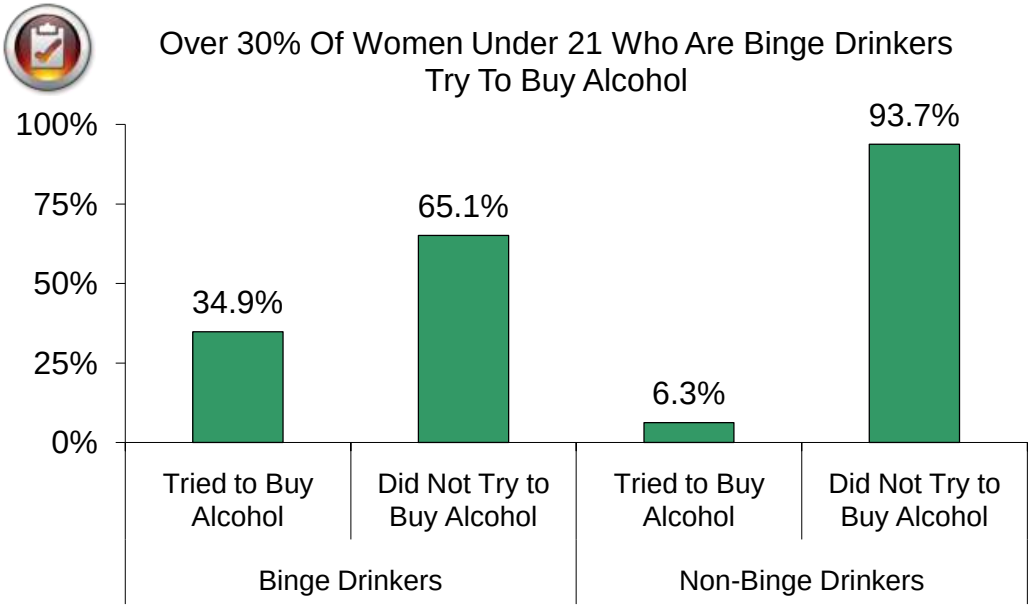


Percentage of women under 21 who tried to buy alcohol in the last 30 days (2007 Nevada Convenience Survey).

High-Risk Groups

Graph 74 indicates, by percentage, the number of underage women who attempted to purchase alcohol. More than 33% of women under 21 who binge drink tried to buy alcohol.

Graph 74.

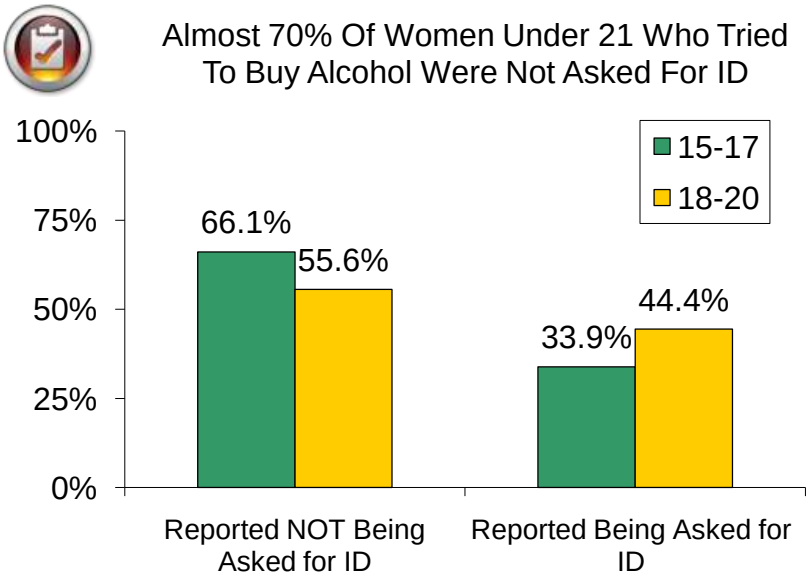


Percentage of women under 21 who tried to buy alcohol in the last 30 days by drinking behavior (2007 Nevada Convenience Survey).

High-Risk Groups

Over half of underage women were not asked to show their ID when they tried to buy alcohol (see Graph 75).

Graph 75.

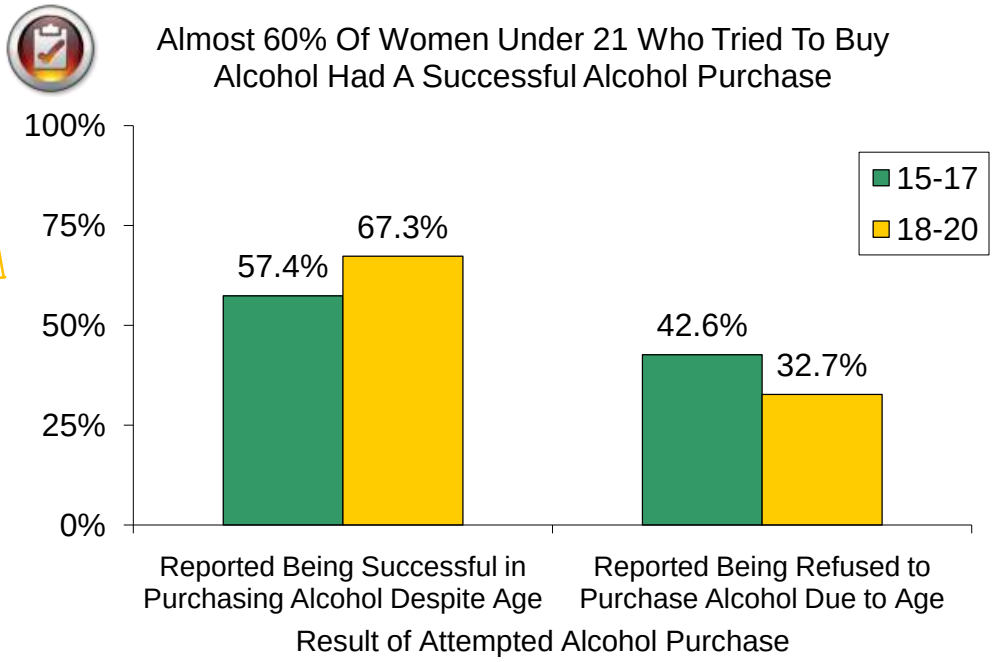


Women under 21 who tried to buy alcohol in the last 30 days reported if they were asked for identification (2007 Nevada Convenience Survey).

High-Risk Groups

Over half of underage women who tried to buy alcohol were successful in their purchase. Less than 40% were refused due to their age (see Graph 76).

Graph 76.

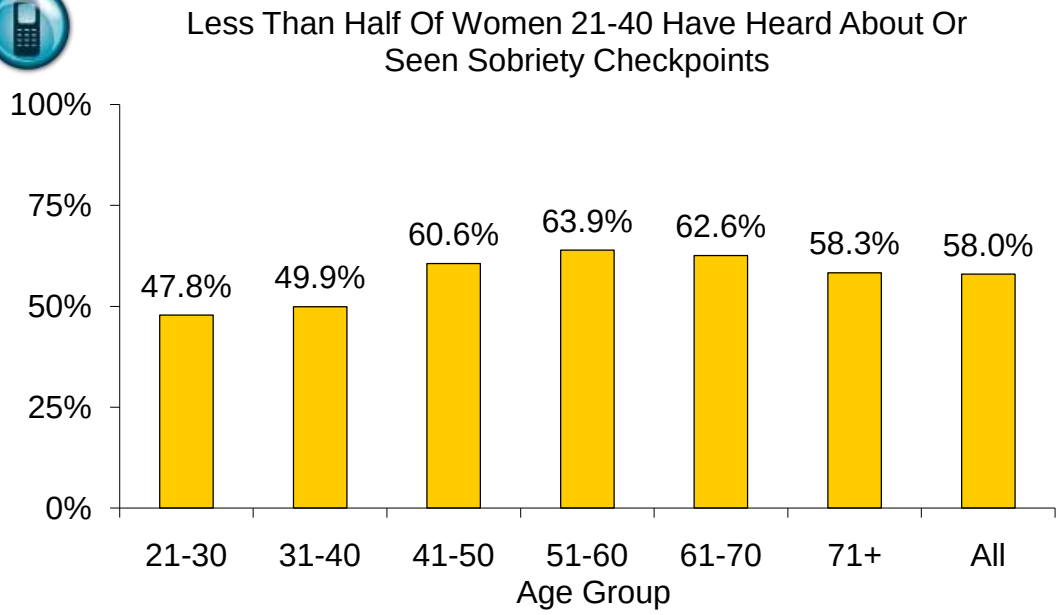


Women under 21 who tried to buy alcohol in the last 30 days reported if their purchase was successful or refused due to their age (2007 Nevada Convenience Survey).

Perceptions of Law Enforcement

The awareness of law enforcement activity is one of the key predictors of perception of risk. The following graphs serve as measures of community awareness levels of enforcement activity. Information reflects respondents who reported seeing or hearing about set up of sobriety checkpoints (Graph 77).

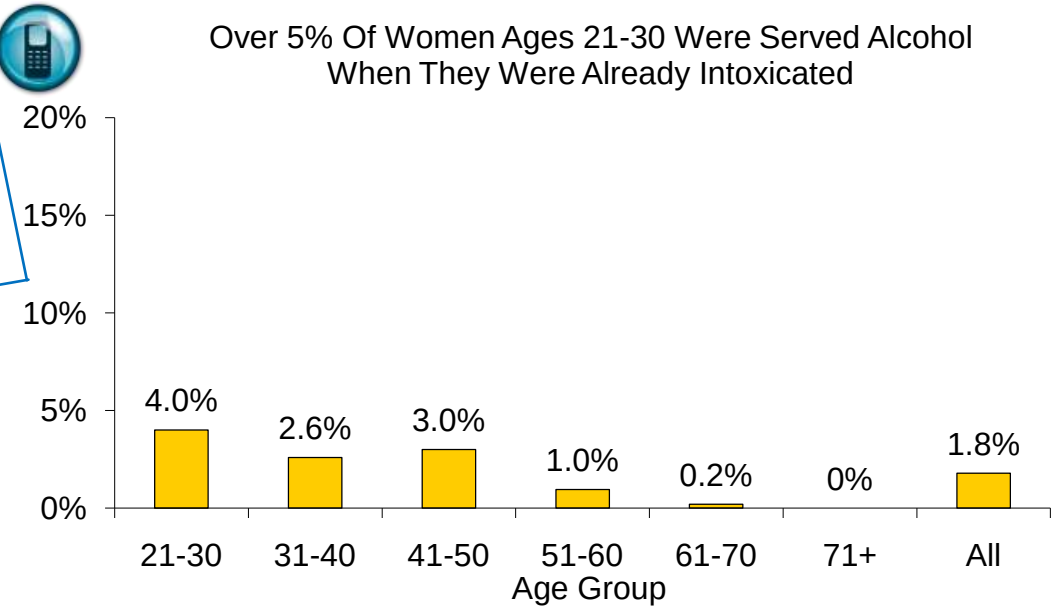
Graph 77.



Women who reported seeing or hearing somthing about police setting up checkpoints to chatch intoxicated drivers in the past 12 months (2007 Nevada Statewide Telephone Survey).

Graph 78.

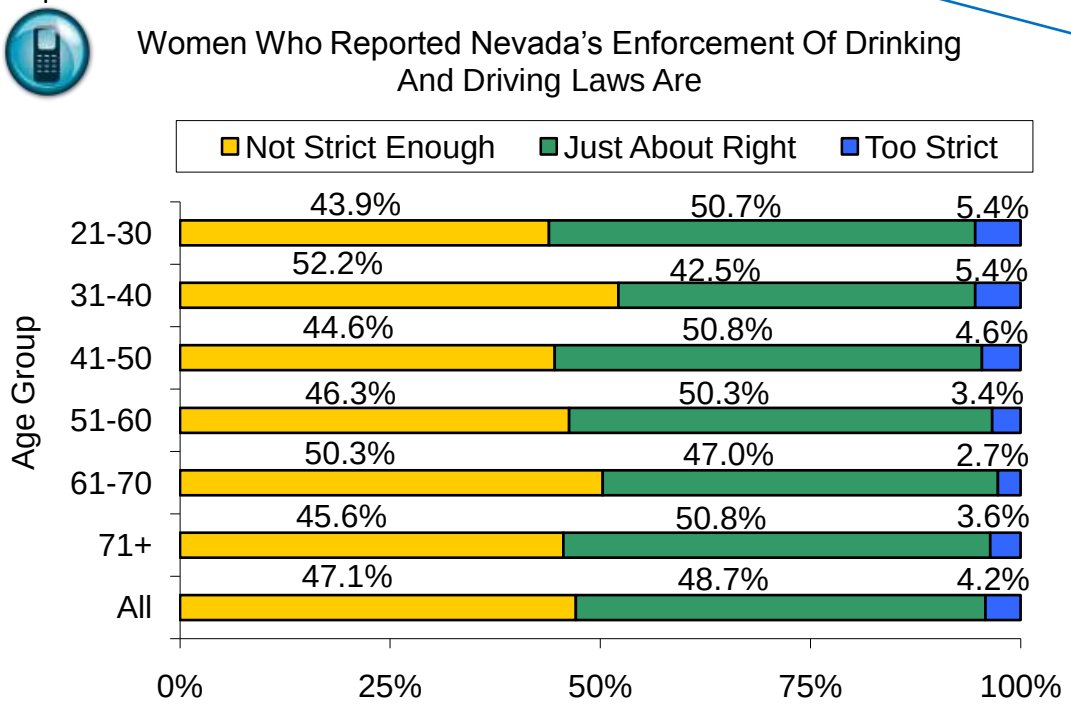
Despite already being intoxicated, over 5% of women 21-30 years old report having been served alcohol (see Graph 78).



Women who reported being served alcohol when they already had too much to drink in the past 30 days (2007 Nevada Statewide Telephone Survey).

About half of women in all age groups think Nevada's law enforcement of drinking and driving laws are good, however, younger women (21-40 years old) are more likely than older women to report that law enforcement is too strict (see Graph 79).

Graph 79.

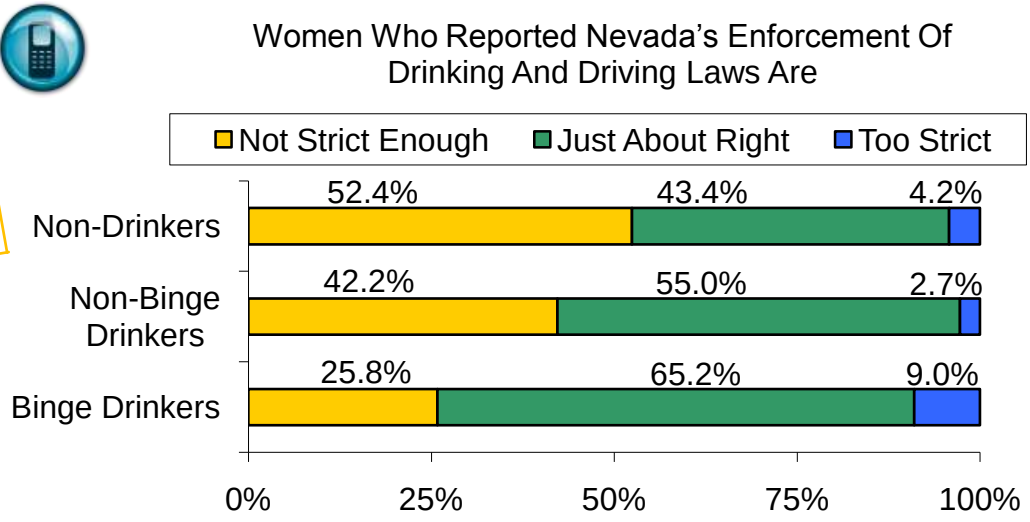


Women who reported Nevada's enforcement of drinking and driving laws are not strict enough, just about right, or too strict (2007 Nevada Statewide Telephone Survey).

High-Risk Groups

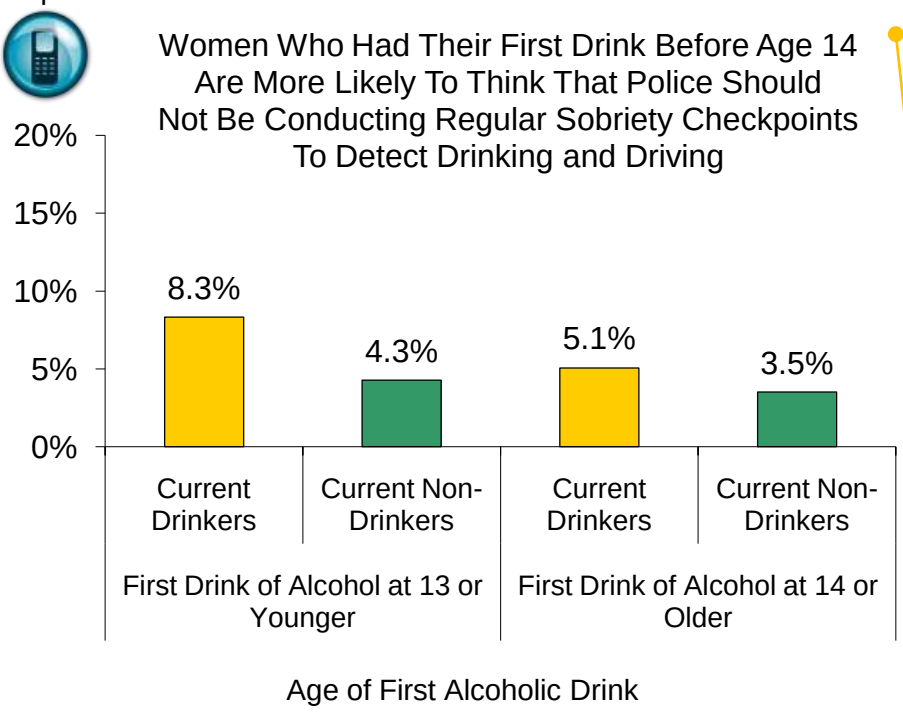
Binge drinkers are more likely to think that enforcement of drinking and driving laws are too strict (see Graph 80).

Graph 80.



Women who reported Nevada's enforcement of drinking and driving laws are not strict enough, just about right, or too strict by drinking behavior (2007 Nevada Statewide Telephone Survey).

Graph 81.



High-Risk Groups

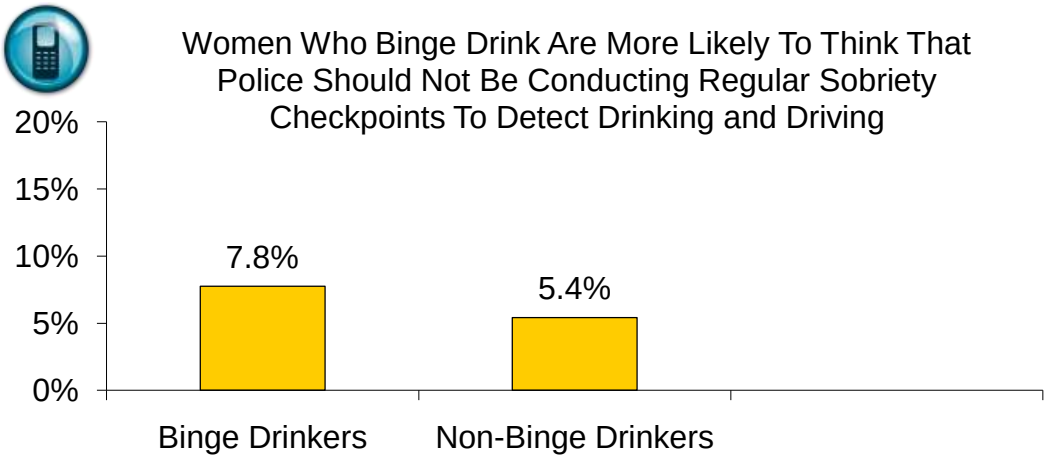
Women who drank alcohol at 13 or younger are more likely to think that police should **not** conduct regular sobriety checkpoints to detect drinking and driving (see Graph 81).

Women who reported that police should not be conducting regular sobriety checkpoints to detect drinking and driving by age of first drink (2007 Nevada Statewide Telephone Survey).

High-Risk Groups

Women who are binge drinkers are more likely to think that police should **not** conduct regular sobriety checkpoints to detect drinking and driving (see Graph 82).

Graph 82.



Women who reported that police should not be conducting regular sobriety checkpoints to detect drinking and driving by drinking behavior (2007 Nevada Statewide Telephone Survey).

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About The Data

Telephone Survey

The statewide telephone survey was designed to solicit information on a range of substance abuse behaviors, beliefs and opinions, risks, and related resiliency items. The items in the survey were, to the greatest extent possible, chosen from existing, validated national surveys.

As the resulting survey instrument and implementation protocol are similar to those required for the nationally implemented Behavior Risk Factor Surveillance Survey (BRFSS), a Request for Proposal solicited bids from national survey firms with demonstrated experience implementing the BRFSS and similar rigorous survey protocols. JTNN selected and contracted with the Burlington, Vermont office of Macro International, Inc. (Macro) to perform the survey's data collection. The statewide telephone survey was implemented from April through July 2007. Data collection was conducted via telephone surveys with randomly selected adults in randomly selected, telephone-equipped Nevada households.

The telephone survey was a random-sample drawn from the total non-institutionalized Nevadan adult population (ages 18 and older) residing in telephone-equipped dwellings. This population excluded adults: (1) in penal, mental, or other institutions; (2) living in other group quarters such as dormitories, barracks, convents or boarding houses; (3) contacted at their second home during a stay of less than 30 days; (4) living in a home without a telephone; and (5) who do not speak English well enough to be interviewed, except for Spanish-speaking respondents, who were then interviewed by Spanish-speaking interviewers. The resulting sample provided for a proportional population, stratified, statewide random sample of telephone-equipped Nevada households. At the conclusion of the survey period, 4,648 telephone interviews were completed.

The survey's design specified a list-assisted, random digit dial (RDD) sample of Nevada's telephone-equipped households. The list-assisted RDD procedure assures that households with telephone numbers assigned since the publication of current directories, as well as those with deliberately unlisted numbers, are sampled in their correct proportions. A random sample of telephone numbers was sampled using listed numbers relative to unlisted numbers at a 1.5:1 ratio to assure that all new and unlisted numbers are sampled in their correct proportions.

The JTNN Needs Assessment main study included a stratified sample design. This design specified ten geographic strata that encompassed the entire state (these ten geographic areas represent the coverage areas of the state's substance abuse prevention coalitions), plus one strata that comprised a Hispanic surname oversample. Each geographic area was made up of one or more Nevada counties.

Data collection began April 19th, 2007 and ended on July 26th, 2007. The sample design called for a minimum total of 4,200 completed interviews. The target for each strata (each coalition geographic area) was 384 completes. In all 4,648 interviews were collected. A computer-assisted telephone interview (CATI) approach was implemented for data collection. The telephone survey was fielded from Macro's Plattsburgh, New York CATI Research Center, as well as their sister companies, Opinion Research Corporation's Tucson, Arizona, and Reno, Nevada CATI Research Centers. The telephone

survey followed a 15-attempt protocol, in which 15 attempts were made until a final disposition was obtained.

Experienced, supervised personnel conducted the JTNN Needs Assessment interviews using Computers for Marketing Corporation (CfMC) CATI software package. To maximize response rates, Macro concentrated calls in the respondent's time zone between 5 p.m. and 9 p.m. Monday through Friday; and between 9 a.m. and 7 p.m. on Saturday and Sunday. A portion of calls were conducted between 9 a.m. and 5 p.m. Monday through Friday, in order to complete interviews with respondents who were only at home during the day. The average interview length was 18.8 minutes. Screening to randomly select a respondent in the household took approximately 1.5 minutes.

Convenience Survey

Brief convenience surveys can be useful tools in collecting local data that give very specific information for targeted assessment and planning purposes. To that end, the convenience survey instruments were developed: a survey for adults, youth, and Native Americans. The goal of these convenience surveys was to collect information about local norms and perceptions of use, ease of access, severity of community behaviors, severity of underage binge drinking and related problems, and similar issues.

These were implemented from March through June 2007 by every SAPTA-funded community coalition. A total of 8,924 paper surveys were collected from every community in Nevada. These surveys were completed through a broad range of strategies; in front of key business locations in communities where a broad range of the population could reasonably be expected to frequent through e-mail, community and focus group collection strategies, and other creative, grass roots approaches. The very large return rate is a reflection of the success of community coalition in devising these collection strategies.

The survey was distributed and collected by each community coalition. Completed surveys were submitted to Coop Consulting for data entry and analysis. JTNN managed the submission and tracking process for this project element.

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Coop Consulting, Inc.

CONSULTATION in RESEARCH, PLANNING, FACILITATION and EVALUATION
2889 A Trades West Rd. Santa Fe . NM . 87507 . coopconsulting@gmail.com . Phone . 505.424.4365