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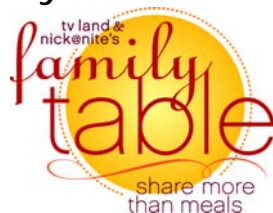
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The Importance of Family Dinners II

September 2005

Sponsored by TV Land and Nick at Nite's
Family Table



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Accompanying Statement by Joseph A. Califano, Jr., Chairman and President

For 10 years, CASA has been conducting a back to school survey of the attitudes of teens and those, like parents, who most influence them. While other surveys seek to measure the extent of substance abuse in the population, the CASA back to school survey probes substance abuse risk and identifies factors that increase or diminish the likelihood that teens will smoke, drink or use illegal drugs. The tragedy of a child's substance abuse can strike any family; there are no silver bullets, but one factor that does more to reduce teens' substance abuse risk than almost any other is parental engagement, and one of the simplest and most effective ways for parents to be engaged in their teens' lives is by having frequent family dinners.

This nation's drug problem is all about kids. *A child who gets through age 21 without smoking, abusing alcohol or using illegal drugs is virtually certain never to do so.* The CASA survey and 12 years of my life devoted to understanding this problem lead me to this bottom line: America's drug problem is not going to be solved in court rooms, legislative hearing rooms or classrooms, by judges, politicians or teachers. It will be solved in living rooms and dining rooms and across kitchen tables--by parents and families.

Family Dinners and Teen Smoking, Drinking and Drug Use

CASA research has consistently shown that the more often teens have dinner with their families, the less likely they are to smoke, drink or use drugs. This report, *The Importance of Family Dinners*, which draws from the results of CASA's tenth annual back to school survey, finds that, compared to teens who have five or more family dinners per week, teens who have two or less are:

- three times likelier to try marijuana;
- two and a half times likelier to smoke cigarettes; and
- more than one and a half times likelier to drink alcohol.

Percent Teens Who Smoke, Drink, Use Marijuana (by frequency of family dinners)		
	5 to 7 dinners per week	0 to 2 dinners per week
Cigarettes	14	34
Alcohol	30	52
Marijuana	12	35

Frequency of Family Dinners

This year, 58 percent of teens report having dinner with their family at least five times a week, a substantial increase in family dining from the 1998 CASA survey, when the relationship of frequent family dinners to substance abuse risk was first measured. That’s the good news. But the news could be a lot better:

- Overall, about one-quarter of teens and half of parents desire more frequent family dinners.
- About half of the teens and almost all of the parents who have fewer than three dinners with their families in a typical week would like to have more frequent family dinners.

Given the importance of frequent family dinners and the powerful impact parental engagement has in preventing teen substance abuse, families should identify and work to overcome the barriers to frequent family dining. Late work hours, after-school activities and long commutes all come at the expense of valuable family time.

Quality of Family Dinners

Our survey this year included a series of questions about the quality of family dinners, including whether the television is usually on or off during

dinner, whether the family talks much during dinner, and whether family dinners last too long, about the right amount of time, or not long enough. The results paint a picture of the lower-quality of infrequent family dinners. Compared to teens who have five or more family dinners per week, teens who have fewer than three are likelier to say that they dine with the television on, that their families talk little during dinner, and that their family dinners do not last long enough.

Strength of Family Relationships

Compared to teens who have fewer than three family dinners per week, teens who have five or more are likelier to experience lower levels of tension or stress among family members. They are also likelier to say their parents are very or fairly proud of them, and that they can go to one or both parents with a serious problem.

Those teens who live in households with these four characteristics--frequent family dinners (five to seven times in a typical week), low levels of tension or stress among family members, parents who are very or fairly proud of their teen, and a parent in whom the teen can confide--are at half the risk of the average teen for substance abuse.

Acknowledgements

I would like to thank CASA’s *Family Day* media partner, TV Land and Nick at Nite, for sponsoring this report. In 2003, TV Land and Nick at Nite launched *The Family Table: Share More than Meals*, to remind their viewers about the emotional and social benefits that come from taking the time to sit down as a family and talk. TV Land and Nick at Nite’s President, Larry W. Jones, and Nickelodeon Networks’ Executive Vice President, Public Affairs, and Chief of Staff, Marva Smalls, understand that a revival of the family dinner in America will do more to curb kids from smoking, drinking and using drugs than any law or public health campaign.

Chapter I

Introduction

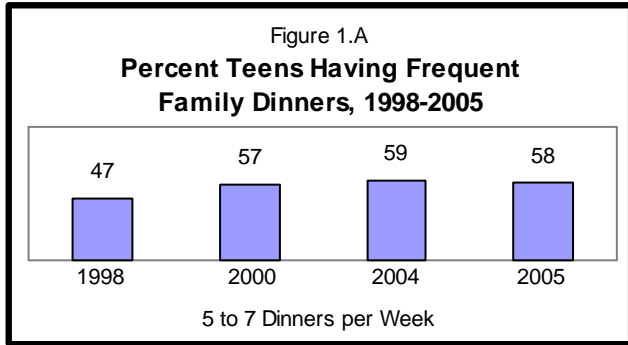
For 10 years, CASA has been surveying the attitudes of teens and those, like parents, who most influence them. On August 18, 2005, CASA released the *National Survey of American Attitudes on Substance Abuse X: Teens and Parents*. This report, *The Importance of Family Dinners*, draws from the results of CASA's 2005 back to school survey of teens and parents. While other surveys seek to measure the extent of substance abuse in the population, the CASA back to school survey probes substance abuse risk and identifies factors that increase or diminish the likelihood that teens will abuse tobacco, alcohol or illegal drugs. The methodology for CASA's 2005 survey is described in Appendix A.

CASA's annual teen survey has consistently shown a tight relationship between the frequency of family dinners and teen substance abuse risk. In 2003, CASA released the first *The Importance of Family Dinners* report, which found that the more often children have dinner with their parents, the less likely they are to smoke, drink or use drugs. This year we sought to delve more deeply into the American family dinner by surveying teens and parents about the quality of family dinners, whether or not the television is on during dinner, and what teens and parents talk about. We also probed more closely aspects of teens' relationships with their parents to understand family factors that may increase or diminish the likelihood that a teen will smoke, drink or use illegal drugs.

Frequency of Family Dinners

This year, 58 percent of teens report having dinner with their family at least five times a week, a substantial increase in family dining from the 1998 CASA survey, when the relationship of frequent family dinners to

substance abuse risk was first measured. (Figure 1.A).



Teens and Parents Desire More Frequent Family Dinners

One of the most striking findings from this year's survey is the large percentage of teens and parents who desire more frequent family dinners.

Overall, 24 percent of teens desire more frequent family dinners. This figure rises to 52 percent among teens who have fewer than three dinners with their families in a typical week. Overall, 53 percent of parents desire more frequent family dinners. Almost all (94 percent) parents who say they have fewer than three dinners with their families in a typical week desire more frequent family dinners.

These findings indicate that families face barriers--other than lack of willingness--to gathering around the dinner table. These barriers may include late work hours, after-school activities and long commutes. Given the importance of frequent family dinners and the powerful impact parental engagement has in preventing teen substance abuse, families should work to identify and overcome the barriers to frequent family dining.

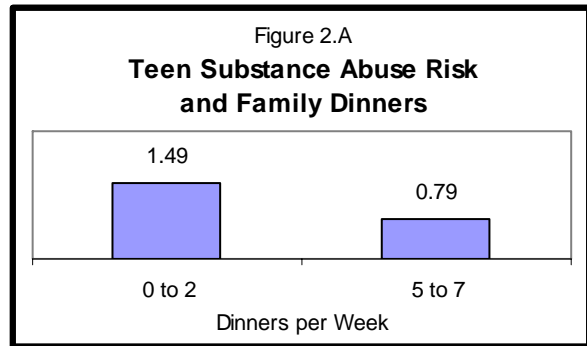
Chapter II

Family Dinners and Teen Substance Abuse Risk

The CASA strategy for assessing the substance abuse risk of a teenager is described in Appendix B: The average substance abuse risk score for all teens is 1.00, the risk score for a teen who has not tried alcohol, tobacco or marijuana is 0.37, the risk score for a teen who admits to trying alcohol, tobacco or marijuana is 1.14, and the risk score for a teen who admits to trying all three is 3.09.

Family Dinners and Teen Substance Abuse Risk

The number of family dinners a teen has in a typical week is a powerful indicator of substance abuse risk. The average risk score of teens having dinner with their families five to seven nights in a typical week is half that of teens having dinner as a family two nights or less per week (0.79 vs. 1.49). (Figure 2.A)

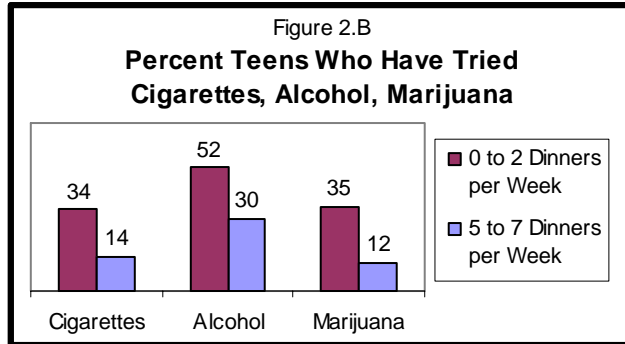


Family Dinners and Teen Smoking, Drinking, Drug Use

Frequent family dinners are also associated with lower rates of teen smoking, drinking and drug use. Compared to teens who dine frequently with their families (five to seven dinners per week), teens who have fewer than three family dinners per week are:

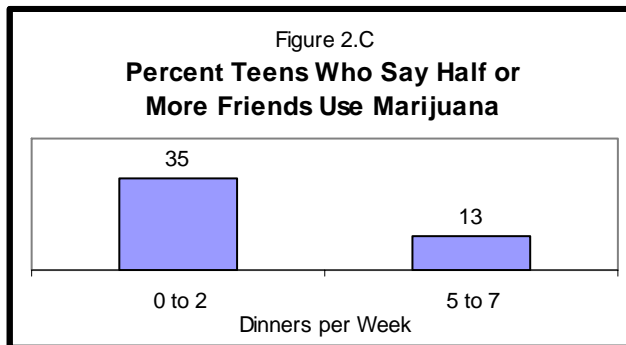
- Two and a half times likelier to smoke cigarettes.
- More than one and a half times likelier to drink alcohol.
- Almost three times likelier to try marijuana.

(Figure 2.B)



Family Dinners and Teens With Friends Who Use Drugs

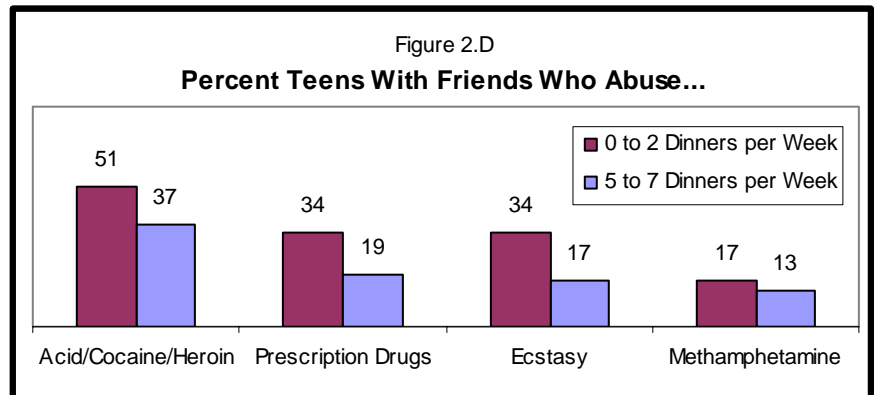
Teens who have infrequent family dinners are three times likelier to report that half or more of their friends use marijuana, compared to teens who have frequent family dinners: 35 percent of teens who have fewer than three family dinners per week say that half or more of their friends use marijuana, compared to 13 percent of teens who have at least five family dinners in a typical week. (Figure 2.C)



Compared to teens who have five or more family dinners in a typical week, teens who have infrequent family dinners (fewer than three family dinners per week) are:

- twice as likely to know a friend or classmate who uses Ecstasy (34 percent vs. 17 percent);
- 79 percent likelier to know a friend or classmate who abuses prescription drugs (34 percent vs. 19 percent);
- 31 percent likelier to know a friend or classmate who uses methamphetamines (17 percent vs. 13 percent); and
- 40 percent likelier to know a friend or classmate who uses acid, cocaine or heroin (51 percent vs. 37 percent).

(Figure 2.D)



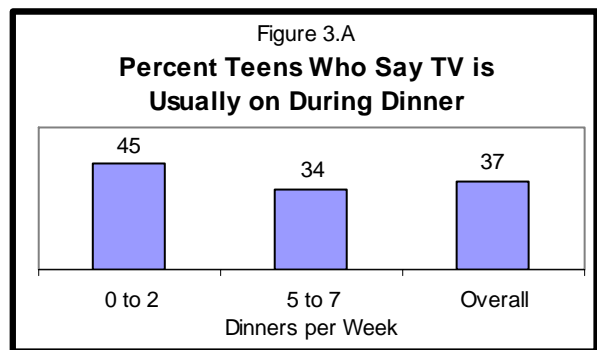
Chapter III

What's Happening at Family Dinners

We asked a series of questions this year about the quality of family dinners, including whether the television is usually on or off during dinner, whether the family talks much during dinner, and whether family dinners last too long, about the right amount of time, or not long enough. The results paint a picture of infrequent family dinners as lower-quality dinners: compared to teens who have five or more family dinners per week, teens who have fewer than three family dinners per week are likelier to say that they dine with the television on, their families talk little during dinner, and their family dinners do not last long enough.

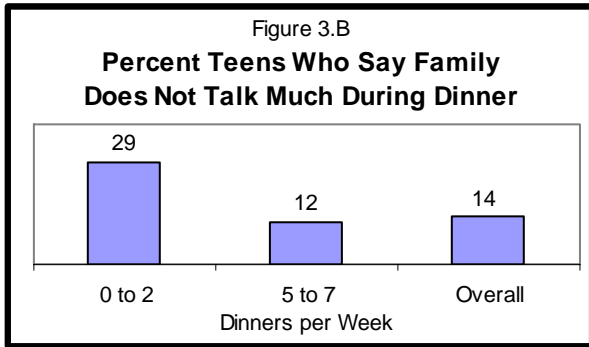
Family Dinners and Television Watching

Overall, 37 percent of teens surveyed report that the television is usually on during family dinners. This figure rises to 45 percent among families that dine together fewer than three times a week. Among teens who say they have five or more family dinners per week, 34 percent report that the television is usually on during dinner. (Figure 3.A)

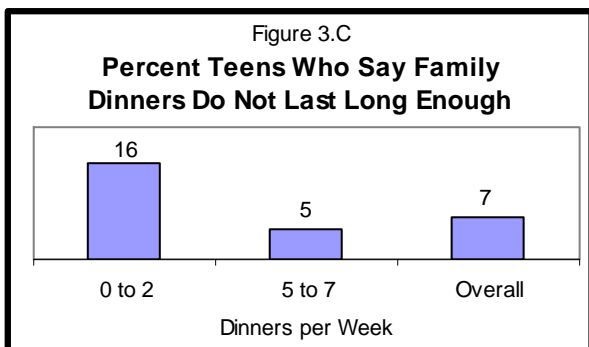


Family Dinners and Quality Time

This year, we asked teens to describe their family’s typical dinnertime: very active with everyone talking about things that happened during the day, usually the same routine, or fairly quiet with the family mainly eating dinner and not talking much. Overall, 14 percent of teens say there is not much talking at dinner. This figure rises to 29 percent among families that dine together fewer than three times a week. Among teens who say they have five or more family dinners per week, 12 percent report that there is not much talking at the family dinner table. (Figure 3.B)

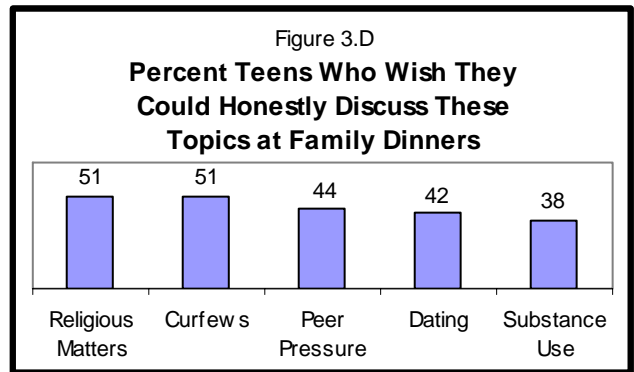


We also asked teens about the length of time their families take to eat dinner together. Overall, seven percent of teens surveyed (who dine with their families at all in a typical week) say that their family dinners do not last long enough (four percent overall said too long and 89 percent said about the right length of time). Sixteen percent of teens who have fewer than three family dinners a week say that their family dinners do not last long enough. Among teens who have five or more family dinners per week, five percent report that their family dinners do not last long enough. (Figure 3.C)



What Teens Talk About at Family Dinners, What They Want to Talk About

Most teens report that they typically cover the following topics at family dinners: school and sports (86 percent), friends and social activities (76 percent), current events (63 percent) and family issues or problems (58 percent). Among the topics that most teens say they wish they could honestly discuss with their parents over dinner are religious matters (51 percent) and curfews (51 percent). A substantial number of teens also would like to talk with their parents about peer pressure (44 percent), dating (42 percent) and substance abuse (38 percent). (Figure 3.D)



Chapter IV

Family Dinners and Strong Family Relationships

Over many years conducting the back to school survey, CASA has found that parents play a critical role with respect to their children's smoking, drinking and drug use. This year's survey includes several new questions about teens' family relationships, including having a parent to confide in, having parents who show pride in their teen, and having low levels of tension or stress at home. We examined the relationship of each of these factors to the frequency of family dinners.

Confiding in Parents

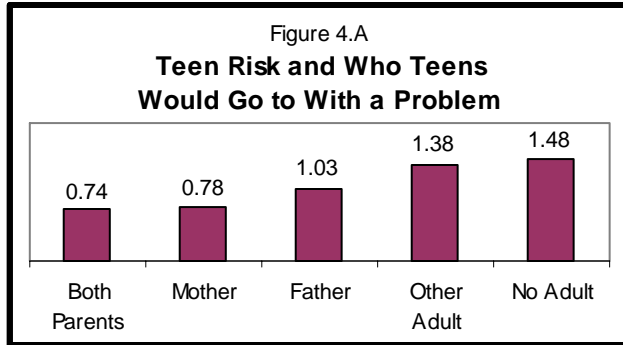
Nine of 10 teens surveyed (93 percent) say there is an adult in their lives with whom to talk over a serious problem. Teens are most likely to confide in their mothers: 40 percent of teens overall (30 percent of boys and 50 percent of girls). Sixteen percent overall--20 percent of boys and 13 percent of girls--would confide in both parents equally. Ten percent--17 percent of boys and three percent of girls--name their father as the adult they would go to with a serious problem.

Teens who confide in one parent or both parents have a much lower substance abuse risk score than the 26 percent of teens who would turn to another adult to talk about a serious problem or the seven percent of teens who have no adult to confide in:

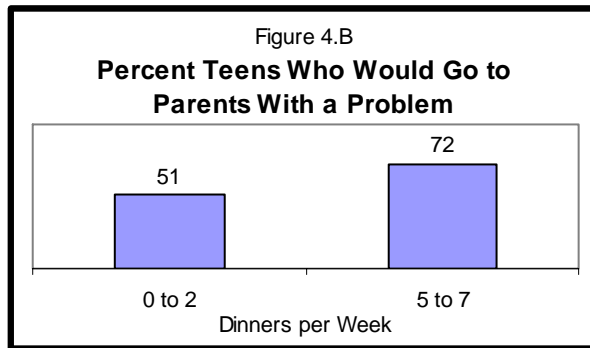
- Teens who would confide in their mother or in both parents equally have the lowest average substance abuse risk score (0.78 and 0.74, respectively).
- Teens who name their father as the adult they would go to with a serious problem have an average substance abuse risk score of 1.03.
- Teens who cite an adult other than a parent have close to the same elevated risk score as

those teens who have no adult in whom they can confide (1.38 and 1.48, respectively).

(Figure 4.A)



Teens who have frequent family dinners are likelier to identify one or both parents as the adult(s) they would turn to with a serious problem. Seventy-two percent of teens who have five to seven family dinners in a typical week would go to their mother, father or both parents equally, compared to 51 percent of the teens who have fewer than three family dinners in a typical week. (Figure 4.B)



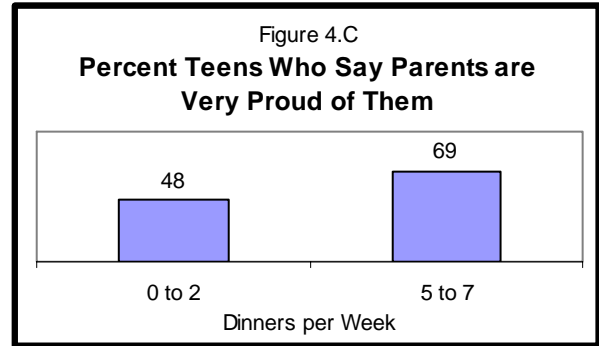
Parental Pride

We asked teens to assess how proud their parents are of them, and their responses correlate highly with the substance abuse risk score. There is also a close relationship between parental pride and the frequency of family dinners.

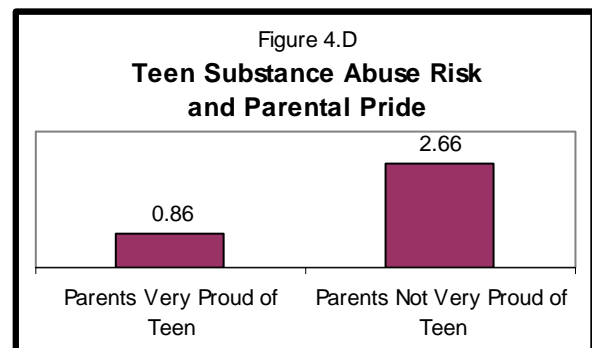
Teens who dine frequently with their families are nearly one and a half times likelier to say that their parents are very proud of them,

compared to teens who dine infrequently with their parents. Sixty-nine percent of teens who have five or more family dinners per week say that their parents are very proud of them, compared to 48 percent of teens who have fewer than three family dinners per week.

(Figure 4.C)

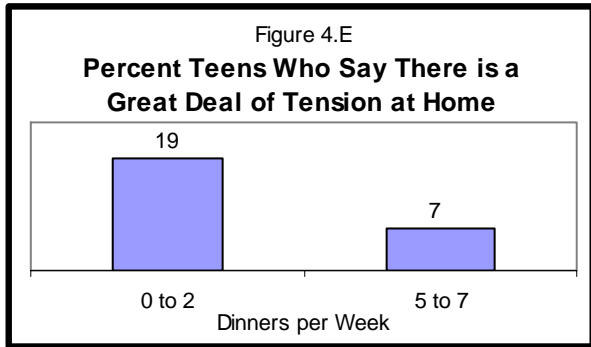


Parental pride is associated with lower substance abuse risk. Teens who say their parents are very proud of them have an average risk score that is a third of the risk score for teens who say their parents are not very proud of them (0.86 vs. 2.66). (Figure 4.D)

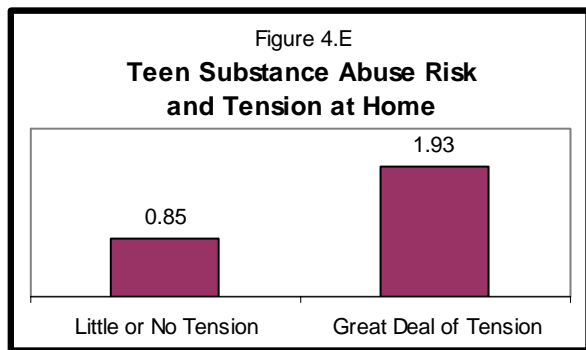


Tension at Home

Nineteen percent of teens who have fewer than three family dinners per week report that there is a great deal of tension or stress between family members, compared to seven percent of teens who have at least five family dinners per week. (Figure 4.E)



Tension at home is associated with higher substance abuse risk. Teens who report that there is a great deal of tension or stress between members of their family are at more than twice the risk of smoking, drinking and using illegal drugs as teens who report not very much tension or stress or none at all (risk score of 1.93 vs. 0.85). (Figure 4.F)



The Importance of Strong Family Relationships

Twenty-six percent of teens live in households with these four characteristics: frequent family dinners (five to seven in a typical week), low levels of tension or stress between family members, parents who are very or fairly proud of their teen, and a parent in whom the teen can confide. The average substance abuse risk score for teens living in such households is 0.53--half the substance abuse risk of the average teen.

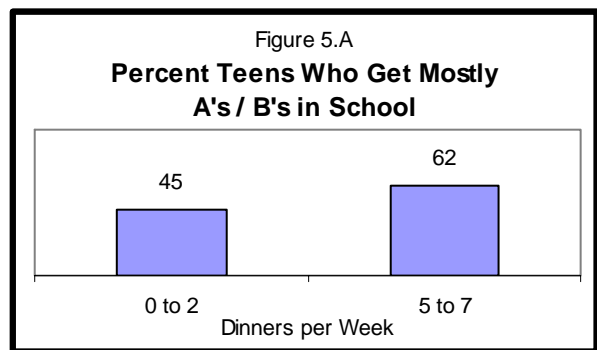
Chapter V

Family Dinners and Other Factors Affecting Teen Substance Abuse Risk

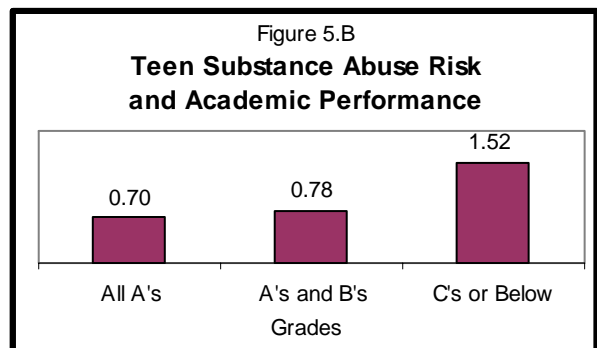
Family Dinners and Teen Academic Performance

Teens who have frequent family dinners are likelier to get better grades in school.

Teens who have dinner with their families seven times a week are almost 40 percent likelier to say they receive mostly A's and B's in school compared to teens who have dinner with their families two or fewer times a week (62 percent vs. 45 percent). (Figure 5.A).

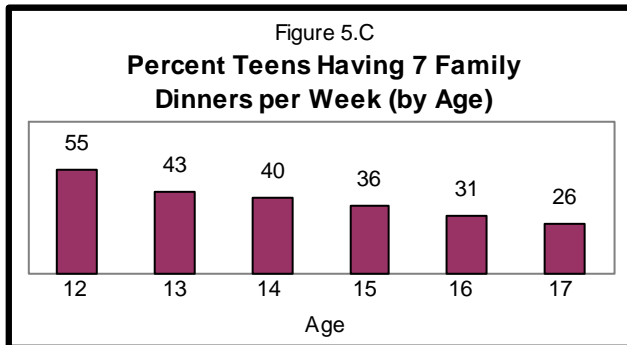


Academic performance is tied to substance abuse risk. Teens who typically receive grades of C or lower are at twice the risk of substance abuse as those receiving all A's or mostly A's and B's (1.52 vs. 0.70 and 0.78, respectively). (Figure 5.B).

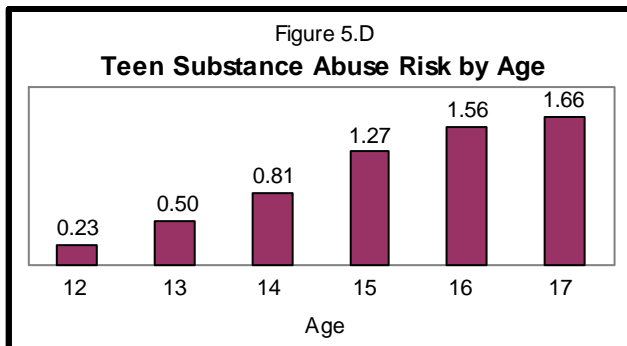


Family Dinners and Age

The older teens are, the less likely they are to have dinner with their families: twice as many 12-year olds as 17-year olds report having dinner with their families seven nights in a typical week (55 percent of 12-year olds vs. 26 percent of 17-year olds). (Figure 5.C).



This decline in frequent family dinners for older teens is of serious concern because, as the CASA survey shows, such teens are at higher risk of substance abuse. Among the youngest age cohort in the CASA survey (12-year olds), the average risk score is 0.23. By the time a respondent reaches age 17, the average risk score jumps to 1.66, a more than sevenfold increase. (Figure 5.D).



Appendix A

CASA 2005 Back to School Survey Methodology

The questionnaire for CASA's 2005 back to school survey was designed by the staffs of QEV Analytics and CASA. Questions and themes were pretested by conducting two focus groups in suburban Philadelphia, PA, with a diverse selection of teens, ages 15 to 17, who represented no particular ethnic or racial background. The two sessions were segregated by sex of the participant.

The survey was conducted by telephone, utilizing a random household selection procedure, in which a large pool of telephone numbers was assembled by a commercial survey sample vendor utilizing extensive information concerning telephone number assignments across the country. Numbers in this initial pool represented all 48 continental states in proportion to their population, and were pre-screened by computer to eliminate as many unassigned or nonresidential telephone numbers as possible so as to improve the efficiency of the telephone interviewing process.

Households were qualified for participation in the survey by determining that a teen 12- to 17-years old lived in the household. At least four call back attempts were made to each telephone number before the telephone number was rejected.

Once a household was qualified as the residence of an eligible teenager age 12 to 17, permission for survey participation of the teen was sought from the teen's parent or guardian. After permission was obtained, if the potential teen participant was available, the teen interview was attempted. If the potential teen participant was not available at the time of the initial contact with the parent or guardian, then the parent/guardian interview was attempted, and a call back scheduled for the teen interview.

In total, 1,000 teenagers (503 boys and 493 girls) and 829 parents of teenagers (282 of

whom were parents of interviewed teens) were interviewed between April 7 and June 4, 2005. The margin of sampling error for the teen survey is ± 3.1 percent at a 95 percent confidence level (meaning, were it possible to interview all teenagers in the country between the ages of 12 and 17, the results would vary by no more than ± 3.1 percent, 19 times out of 20, from what was found in this survey).

The data collection process was supervised by QEV Analytics of Washington, DC. After comparing the results of the survey with known national population characteristics, weighting was applied to bring the achieved age, gender, and ethnic distribution into line with the March 2005 Current Population Survey of the U.S. Census Bureau. The survey analysis and the writing of the report were done by Steve Wagner of QEV Analytics and Elizabeth Planet of CASA.

Complete results of CASA's 2005 survey--the *CASA National Survey of American Attitudes on Substance Abuse X: Teens and Parents*--can be found at <http://www.casacolumbia.org>.

Appendix B

How CASA Calculates Teen Substance Abuse Risk

For ten years, CASA has been conducting a major survey of public opinion on substance abuse, seeking answers to the question: “Why do some teenagers smoke, drink and use illegal drugs while others do not?”

This survey continues an analysis aimed at revealing the factors that contribute to teen substance abuse risk. We have found that the risk of substance abuse can be attributed to identifiable characteristics of teenagers, their household, their parents and their school environment. By identifying factors that contribute to a teenager’s risk of substance abuse, we seek to identify strategies to diminish that risk.

Although this survey includes some questions on substance use, is not intended to be an epidemiological study of substance abuse. For measurements of the actual incidence of drug and other substance usage there are other sources of data, including the *National Survey on Drug Use and Health* (sponsored by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services), the *Monitoring the Future Study* (conducted at the University of Michigan and funded by the National Institute on Drug Abuse of the National Institutes of Health), and the *Youth Risk Behavior Surveillance System* (conducted by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services).

The CASA survey was conducted by telephone with a randomly selected and nationally representative sample of 1,000 teenagers (ages 12 to 17) living in the United States. Despite assurances of confidentiality, we assume that some teenage respondents will be reluctant to admit illegal activities over the telephone to someone unknown to them. Therefore, this survey--like any telephone survey asking respondents to self-report proscribed behaviors--

undoubtedly under-reports the extent of the use of illegal drugs, the consumption of tobacco products and alcohol by teenagers, and other negative behaviors, and over-reports positive behaviors.

The CASA strategy for assessing the substance abuse risk of a teenage respondent is to measure the prevalence of illegal drugs, tobacco and alcohol in the teen’s daily life. We use a statistical procedure called factor analysis to combine a teen’s response to eight survey questions (see Table B.1) to yield a “substance abuse risk score” for each teen respondent, to measure the respondent’s substance abuse risk. This risk score then becomes our key dependent variable, the phenomenon we seek to explain by reference to the other responses and characteristics of the teen and his or her parent.

Table B.1	
The Eight CASA Indicators of Teenage Substance Abuse Risk	
1.	How often have you smoked cigarettes during the past 30 days? (Questions 39/40)
2.	How many of your friends drink alcoholic beverages? (Question 46)
3.	How often do you get drunk? (Questions 51/54)
4.	How many of your friends use marijuana? (Question 67)
5.	Do you know a friend or classmate who uses acid, cocaine or heroin? (Question 55)
6.	How long would it take you to buy marijuana? (Question 68)
7.	Have you ever tried marijuana? (Question 69)
8.	How likely is it that you will try illegal drugs in the future? (Question 73)

To put this risk score in context, the average risk score for all teens is 1.00; the risk score for a teen who has not tried alcohol, tobacco, or marijuana is 0.37; the risk score for a teen who

admits to having tried alcohol, tobacco or marijuana is 1.14; and the risk score for a teen who admits to having tried all three is 3.09.

It is important to appreciate that this risk variable represents our inference of respondent risk, since risk cannot be measured directly in a survey. Still, there is a high degree of internal consistency in the pattern of responses to the eight indicator variables, including a high correlation between the variables that measure proximity to drugs, alcohol and tobacco and those that directly measure respondents’ substance use.

The calculated substance abuse risk score is highly related to the age of the teen respondent. When another risk factor--for example, frequency of dinners with family--is related to both the substance abuse risk score and also to age, it is important to insure that the observed relationship between this second risk factor and the substance abuse risk score is not just a function of age. In such cases, when we describe a relationship between a risk factor and the substance abuse risk score, we test to insure that the relationship is not spurious using a statistical technique called “Analysis of Variance” (ANOVA). Using this technique, we can test to make sure that a relationship between two variables (e.g., frequency of family dinners and the substance abuse risk score) continues to exist even after controlling for age.