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The Importance of Family Dinners VIII

A CASAColumbia™ White Paper

September 2012

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Accompanying Statement

By Joseph A. Califano, Jr., Founder and Chairman Emeritus

Over the past 18 years, The National Center on Addiction and Substance Abuse at Columbia University (CASAColumbia™) has surveyed thousands of American teens and their parents to identify situations and circumstances that influence the risk of teen substance abuse. Why? Because a child who gets through age 21 without using illegal drugs, abusing alcohol or smoking is virtually certain never to do so. What we've learned is that parents have the greatest influence on whether their teens will choose not to use.

Our past surveys have consistently found a relationship between children having frequent dinners with their parents and a decreased risk of their using drugs, drinking or smoking, and that parental engagement fostered around the dinner table is one of the most potent tools to help parents raise healthy, drug-free children.

Simply put: frequent family dinners make a big difference.

In this White Paper, *The Importance of Family Dinners VIII*, we examine the link between the frequency of family dinners and the quality of teens' relationships with their parents, the frequency with which teens attend religious services and how much parents know about what's going on in their children's lives, which in turn relate to the likelihood of teens' marijuana, alcohol and tobacco use.

This year's study again demonstrates that the magic that happens at family dinners isn't the food on the table, but the conversations and family engagement around the table. Teens who have frequent family dinners are more likely to say their parents know a lot about what's really going on in their lives, and such parental knowledge is associated with decreased incidence of teen marijuana, alcohol and tobacco use. Family dinners are the perfect opportunity when teens can talk to their parents and parents can listen and learn.

Family dinner is also an ideal time to strengthen the quality of family relationships. Teens having frequent family dinners are more likely to have excellent relationships with their parents. As the quality of teens' relationships with their parents declines, their likelihood of using marijuana, alcohol and tobacco rises.

Nearly half of teens in our survey say they experience high levels of stress. These high-stress teens are more likely to have used marijuana, alcohol and tobacco. Teens who have frequent family dinners are less likely to be highly stressed.

As we've found in the past, this year's survey confirms that parental expectations, particularly expressing strong disapproval of substance abuse, can be a decisive factor in their teens' behavior. Family dinners are an excellent opportunity for parents to express their beliefs and expectations about teen substance abuse. Compared to teens who have dinner with their parents five to seven times a week, teens who have fewer than three family dinners per week are:

- Almost three times likelier to say it's okay for teens my age to use marijuana; and
- Three and a half times likelier to say it's okay for teens my age to get drunk.

We know from years of research that teens whose parents are "hands on"--engaged in their teens' day to day lives, relaxing with them, having frequent family dinners, supervising them, establishing standards of behavior, and setting positive examples of healthy behavior--are much less likely to use drugs, drink or smoke.

Our research findings on the importance of family dinners inspired us in 2001 to create an annual, national day of celebration, CASAColumbia *Family Day--A Day to Eat Dinner with Your Children*TM. *Family Day* is celebrated every year on the fourth Monday in

September, as a reminder to parents of the importance of family dinners. In 2012, *Family Day* will be celebrated on September 24th. The President, the governors of all 50 states, and more than a thousand cities and counties all across America recognize the importance of family dinners by proclaiming and supporting *Family Day*. Hundreds of community organizations, churches, schools, and social centers celebrate *Family Day*. For more information about *Family Day*, and for ideas about how to make dinner together fun, visit our website, www.CASAFamilyDay.org.

The findings presented in this White Paper come from *The National Survey of American Attitudes on Substance Abuse XVII: Teens*, which CASAColumbia released on August 22, 2012. This year we surveyed 1,003 teenagers ages 12 to 17 (493 males, 510 females). The methodology for the 2012 annual survey is described in Appendix A.

A Word of Appreciation

I want to express CASAColumbia's appreciation to Steve Wagner, President of QEV Analytics, Ltd., for administering the survey and for his insightful work in developing the questions and analyzing all the data as he has done for many years.

Emily Feinstein, Senior Policy Analyst at CASAColumbia, did a first rate job in managing this effort, worked with Steve Wagner in analyzing all the survey data, and wrote the White Paper. Sarah Tsai of CASAColumbia's Substance Abuse and Data Analysis Center (SADACSM) assisted with the data analysis. As she has so often, Jane Carlson efficiently handled the formatting and administrative aspects of the White Paper production.

All these individuals helped, but CASAColumbia and QEV Analytics, Ltd. are responsible for this White Paper.

The Importance of Family Dinners

Frequency of Family Dinners

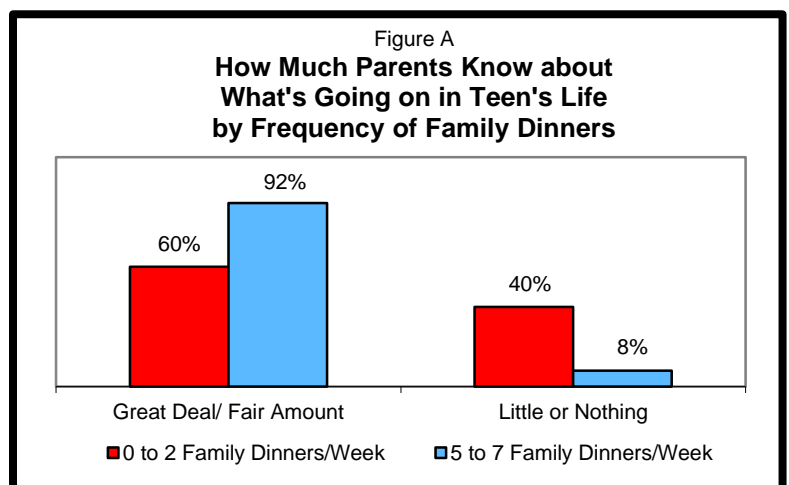
This year, 57 percent of teens report having dinner with their families at least five times a week. The proportion of teens that have frequent family dinners (at least five times per week) has remained relatively consistent over the past decade.

Parental Knowledge

Parental knowledge about what's going on in a child's life is important in raising healthy, drug-free kids.

Compared to teens who have infrequent family dinners (fewer than three per week), teens who have frequent family dinners are (Figure A):

- One and a half times more likely to say their parents know a great deal or a fair amount about what's really going on in their lives (92 percent vs. 60 percent); and
- Five times less likely to say their parents know very little or nothing at all about what's really going on in their lives (8 percent vs. 40 percent).



Compared to teens who say their parents know a great deal or a fair amount about what's really going on in their lives, teens who say their parents know very little or nothing at all are (Figure B):

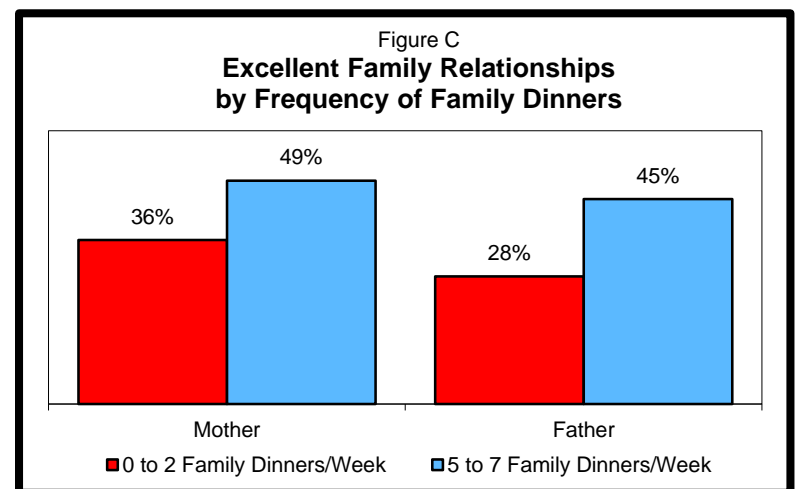
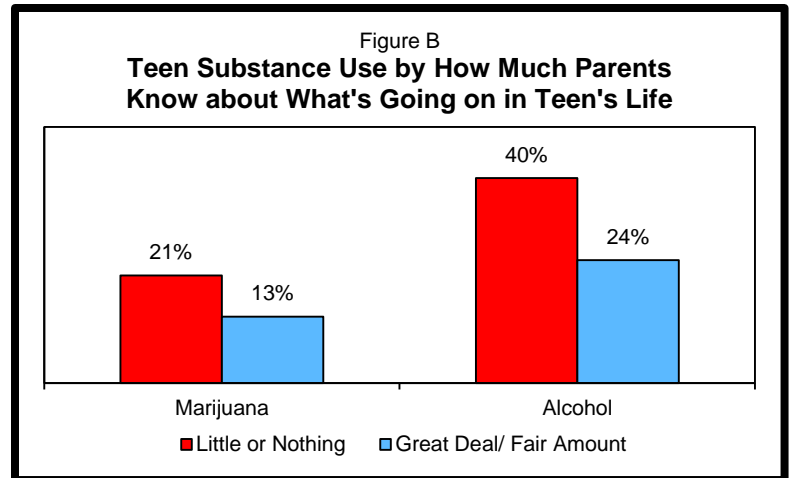
- One and a half times likelier to have used marijuana (21 percent vs. 13 percent); and
- One and a half times likelier to have used alcohol (40 percent vs. 24 percent).

Quality of Relationship with Mom and Dad and Frequent Family Dinners

Teens having frequent family dinners are more likely to report having high-quality relationships with their parents.

Compared to teens who have infrequent family dinners, teens who have frequent family dinners are (Figure C):

- Almost one and a half times likelier to say they have an excellent relationship with their mother* (49 percent vs. 36 percent); and
- One and a half times likelier to say they have an excellent relationship with their father† (45 percent vs. 28 percent).



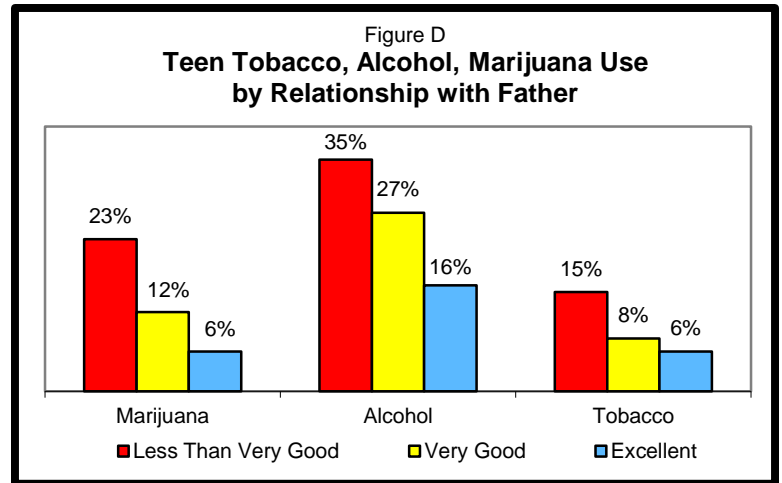
* Either the biological or stepmother with whom the teen lives.

† Either the biological or stepfather with whom the teen lives.

Teens who have high-quality relationships with Mom and Dad are less likely to use drugs, drink or smoke.

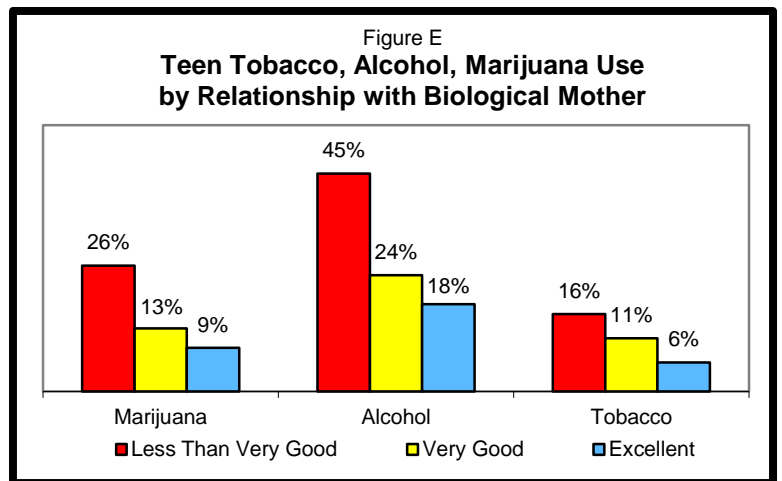
Compared to teens who say they have an excellent relationship with Dad,^{*} teens who have a less than very good relationship with their father are (Figure D):

- Almost four times likelier to have used marijuana (23 percent vs. 6 percent);
- Twice as likely to have used alcohol (35 percent vs. 16 percent); and
- Two and a half times as likely to have used tobacco (15 percent vs. 6 percent).



Compared to teens who say they have an excellent relationship with Mom,[†] teens who have a less than very good relationship with their mother are (Figure E):

- Almost three times likelier to have used marijuana (26 percent vs. 9 percent);
- Two and a half times as likely to have used alcohol (45 percent vs. 18 percent); and
- Two and a half times likelier to have used tobacco (16 percent vs. 6 percent).

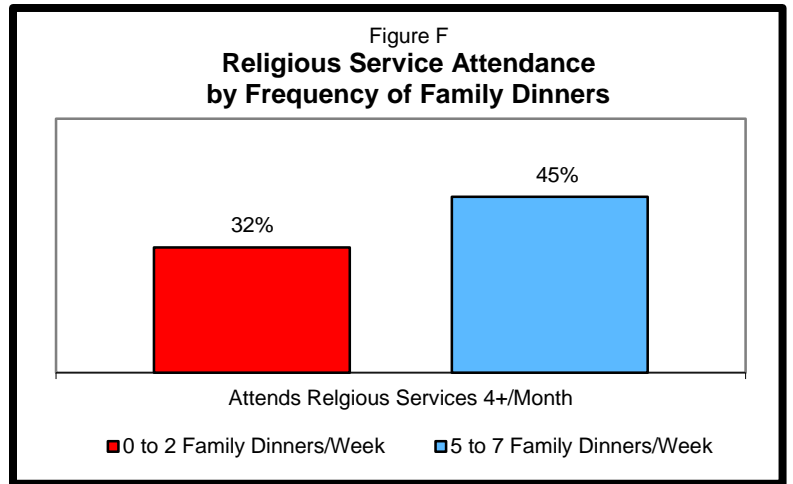


^{*} Either the biological or stepfather with whom the teen lives.

[†] Either the biological or stepmother with whom the teen lives.

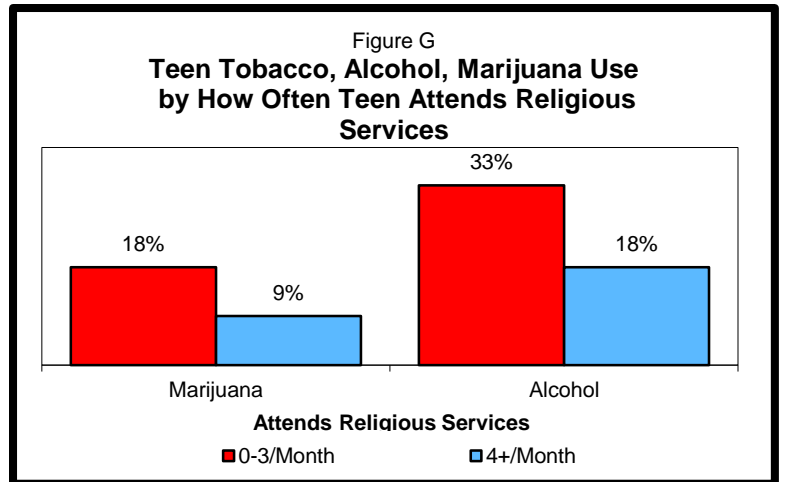
Family Dinners and Attending Religious Services

Compared to teens who have fewer than three family dinners per week, teens who have five to seven family dinners per week are almost one and a half times as likely to attend religious services at least four times a month (45 percent vs. 32 percent). (Figure F)



Compared to teens who attend religious services at least four times a month, teens who attend religious services less often are (Figure G):

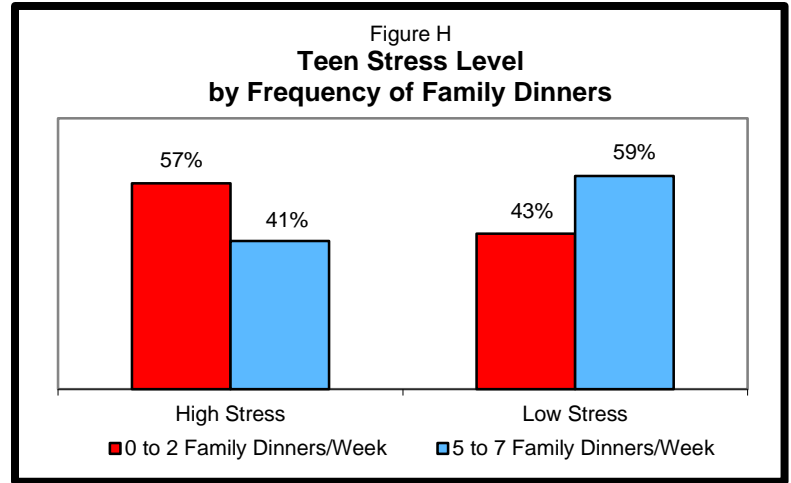
- Twice as likely to have used marijuana (18 percent vs. 9 percent); and
- Nearly twice as likely to have drunk alcohol (33 percent vs. 18 percent).



Family Dinners and Teen Stress

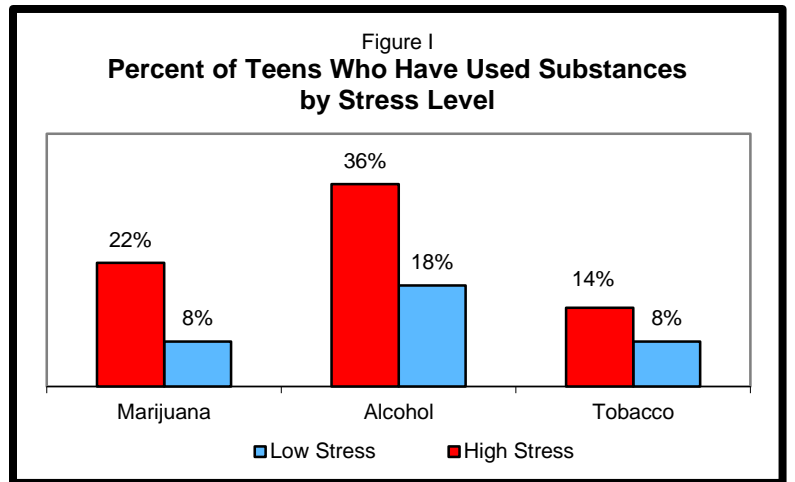
We asked teens to rate the level of stress in their lives on a scale of one to 10. Nearly half of teens (46 percent) report that they experience high stress (six or higher).

Compared to teens who have infrequent family dinners, teens who have dinner with their families at least five times per week are almost one and a half times less likely to report high levels of stress (41 percent vs. 57 percent). (Figure H)



Compared to teens who say they experience low stress levels (five or less), teens who report high stress (six or higher) are (Figure I):

- Nearly three times likelier to have used marijuana (22 percent vs. 8 percent);
- Twice as likely to have used alcohol (36 percent vs. 18 percent); and
- Almost twice as likely to have used tobacco (14 percent vs. 8 percent).

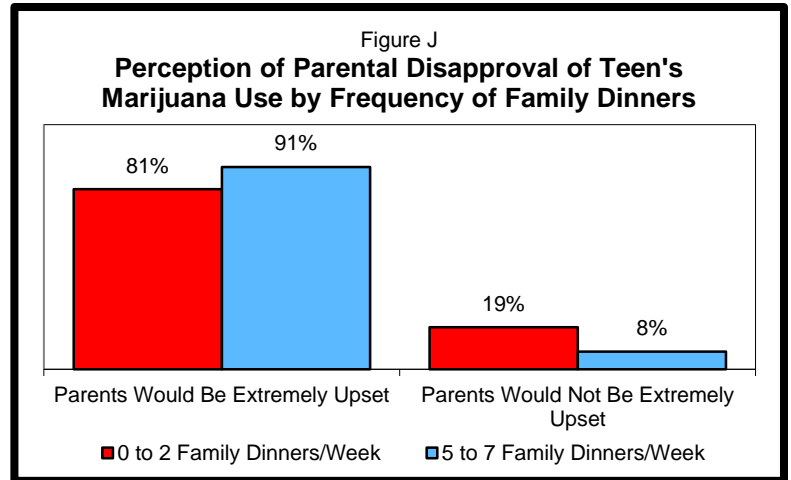


Family Dinners and Parental Disapproval of Teen Substance Use

Teens who say their parents would be extremely upset to find out their child uses marijuana are less likely to have used the drug.

Compared to teens who have frequent family dinners (five to seven per week), teens who have infrequent family dinners (fewer than three per week) are (Figure J):

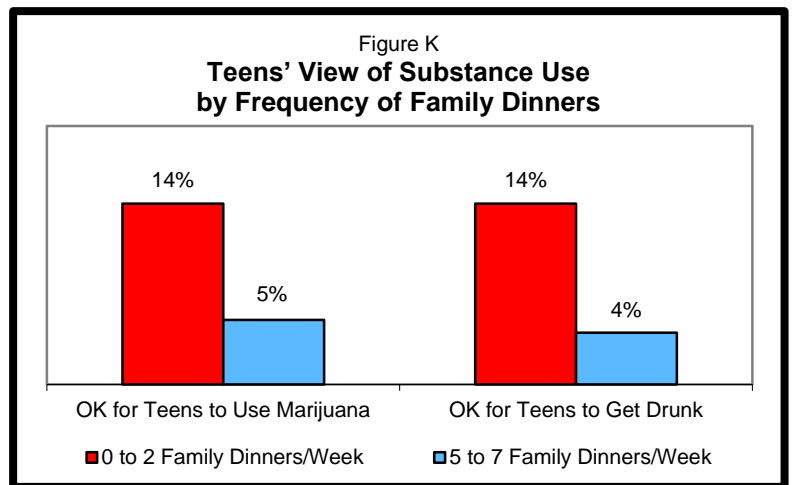
- Less likely to say their parents would be extremely upset to find out that they had used marijuana (81 percent vs. 91 percent); and
- Almost two and a half times as likely to say their parents would not be extremely upset to find out that they had used marijuana (19 percent vs. 8 percent).



Family Dinners and Teens' View of Substance Use

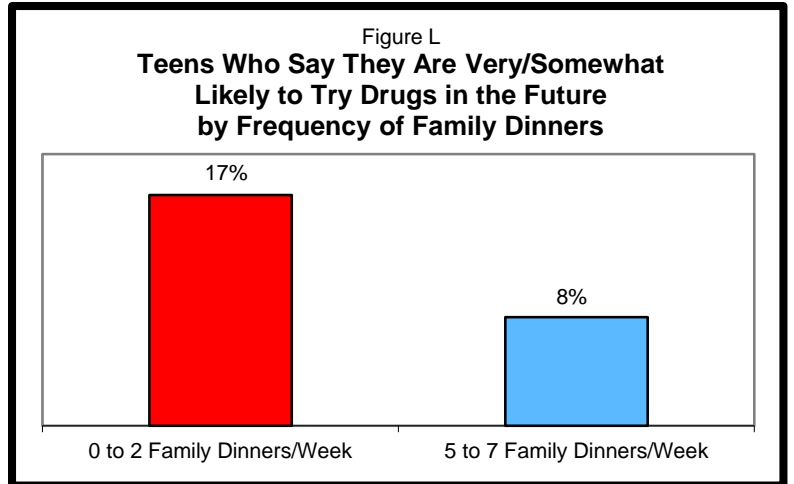
Compared to teens who have frequent family dinners, teens who have infrequent family dinners are (Figure K):

- Almost three times likelier to say it's okay for teens my age to use marijuana (14 percent vs. 5 percent); and
- Three and a half times likelier to say it's okay for teens my age to get drunk (14 percent vs. 4 percent).



The Relationship between Family Dinners and the Likelihood of Future Substance Use

Compared to teens who have five to seven family dinners per week, those who have fewer than three family dinners per week are twice as likely to say they expect to try drugs (including marijuana and prescription drugs without a prescription to get high) in the future (17 percent vs. 8 percent). (Figure L)



Appendix A

Survey Methodology

Survey Methodology

The findings presented in this White Paper come from *The National Survey of American Attitudes on Substance Abuse XVII: Teens*, which CASAColumbia published on August 22, 2012. The questionnaire for the survey was designed by the staffs of The National Center on Addiction and Substance Abuse at Columbia University (CASAColumbia™) and QEV Analytics, Ltd. (QEV), a public opinion research firm located in Washington, DC. QEV has extensive experience conducting surveys and other forms of qualitative and quantitative research with adolescents and adults. We have worked with QEV on this annual survey for the past 14 years. Questions and themes were pre-tested by conducting two focus groups in Stamford, Connecticut, at a commercial focus group facility. The first focus group consisted of current high school juniors and seniors (16- and 17-year olds). The second focus group consisted of recent high school graduates (18- to 20-year olds).

This survey was conducted by telephone, utilizing a random household selection procedure called random digit dialing (RDD), in which a pool of telephone numbers was assembled by a commercial survey sample vendor utilizing extensive information concerning telephone number assignments across the country. Telephone numbers in this initial pool represented all 48 continental states in proportion to their population. The sample frame did not intentionally include cell phone-only households.

The interviews are conducted by means of computer-assisted telephone interviewing (CATI) technology, in which a computer dials the number and the results are entered by the interviewer into the computer database contemporaneously with the interview. Households were qualified for participation in the survey by determining that a teen between

the ages of 12 and 17 lived in the household. At least eight 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 ages 12 to 17, permission for survey participation by 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 conducted. If the potential teen participant was not available at the time of the initial contact with the parent or guardian, then a call back was scheduled for the teen interview. The surveys were conducted in English only. The scripts designed to qualify the household and solicit parental consent for the teen participation in this survey were available in English and Spanish. Though 2,356 households could not be qualified due to a language barrier, there is no evidence that any teen was unable to complete the interview in English.

In total, 1,003 12- to 17-year olds (493 males, 510 females) were interviewed between April 18 and May 17, 2012. The margin of sampling error for the teen survey is ± 3.1 percent at a 95 percent confidence level (unadjusted for weighting).

Table A.1 summarizes the number of calls necessary to achieve the completed sample of 1,003 interviews, and presents the results of all of QEV's calls in attempt to conduct an interview. Utilizing the American Association for Public Opinion Research (AAPOR) Response Rate Calculator #3 (www.aapor.org), QEV achieved a response rate of 8.4 percent.

The data collection process for this survey was supervised by QEV Analytics, Ltd. of Washington, DC. The survey analysis was accomplished by Steven Wagner, President of QEV Analytics, Ltd.; this White Paper was written by Emily Feinstein of CASAColumbia.

Table A.1
Survey Completion Rates for QEV Analytics

Results of Telephone Calls	Number	Percent
Initial Pool of Random Telephone Numbers	241,425	
Other than Residential or Fax Number	480	
Fax Number	3,115	
Not in Service	1,592	
Subtotal, Operational Residential Telephones	236,238	
No Answer	50,099	
Busy (on final attempt)	5,182	
Answering Machine	75,188	
Language Barrier	2,356	
Other Terminations	0	
Subtotal, Potential Respondents	103,413	100.0
Arranged for Call Back, Unfulfilled	1,318	1.3%
Ineligible (no teen 12 to 17 in household)	45,954	44.4%
Refused to Provide Qualifying Information*	54,098	52.3%
Parental Permission Denied	179	0.2%
Mid-Interview Termination	680	0.7%
Teen Respondent Refusal	62	0.1%
Other Inabilities to Complete Interview	119	0.1%
Completed Interviews	1,003	1.0%

* In this survey, we are seeking respondents representing a small subpopulation of all residents of the United States (roughly 8.2 percent). We would expect that 94,933 of 103,413 households dialed at random would not have a resident teenager 12- to 17-years of age. Therefore, we expect that most of the refusals to provide qualifying information were in fact ineligible households not willing to respond to the screening questions (roughly 45,894 of 54,098 or 85 percent).

Sample Performance

A good way to assess the quality of the achieved survey samples is to compare the results obtained in the surveys with known characteristics of the target population; in this case, the national population of teenagers between 12 and 17 years of age. Our benchmark is the April 2012 Current Population Survey (CPS) conducted by the U.S. Census Bureau.

The reported survey results throughout this White Paper are weighted, meaning the obtained results were mathematically adjusted to correct for deviations from the target population profile derived from the CPS.

Weighting was applied in a two-stage, iterative procedure, first to bring the achieved sample in line with the CPS for age and sex, then for race/and ethnicity and family structure (with three categories: two parent household, single mother-headed household, and all other arrangements). Because of the second iteration of weighting, the age by sex distribution may vary from the CPS targets (Table A.2).

What is observable from table A.2 is that the obtained sample was close to the demographic targets with a few exceptions: 12-year olds, particularly 12-year old females, were under-represented, and 15-year old females were over-represented. As a result, we have been cautious in analyses involving these cohorts (preferring to combine 12- and 13-year olds and 14- and 15-year olds). White, non-Hispanic teens were over-represented, and Hispanic teens significantly under-represented. Again, we need to be cautious about analyses based on ethnicity, but this year’s report did not focus on this demographic.

The effect of this weighting on attitudinal and behavioral variables appears to be modest. To cite one example, the rate of admitted marijuana usage was 14.3 percent for the unweighted data, and 14.5 percent after weighting. Treating the codes of each variable as a continuous response, we took the average response weighted vs. unweighted and compared the difference in the weighted vs. unweighted variables to the original scale mean (e.g., for question 45, What kinds of drugs do they sell?, the weighted average response was 4.76, the unweighted average response was 6.20, the difference was -1.44, and the percent change was 23 percent.) Overall, the range of the effect was zero to 62 percent, with only 6 variables exceeding a 10 percent change, and the average effect of weighting was 2 percent, with a median of 0.3 percent.

Table A.2
QEV Analytics
Teen Survey

Characteristic	Unweighted Survey	Weighted Survey	CPS Estimates*
Age and Sex			
Male, 12-years old	6	9	9
Male, 13-years old	8	8	8
Male, 14-years old	9	8	8
Male, 15-years old	10	8	8
Male, 16-years old	11	9	10
Male, 17-years old	7	8	8
Female, 12-years old	5	10	8
Female, 13-years old	7	8	8
Female, 14-years old	9	8	8
Female, 15-years old	13	8	8
Female, 16-years old	10	9	9
Female, 17-years old	8	8	8
Race and Ethnicity			
White, not Hispanic	74	56	55
Hispanic, any race	8	22	22
Black, not Hispanic	9	14	14
Asian American	3	3	4
American Indian, Alaskan Native Only and Hawaiian/Pacific	1	1	1
Other/Mixed/No Response	5	5	3

* CPS Estimates from April 2012 for persons ages 12 to 17.

Methodological Considerations

Parental Consent

This survey project complied with the protection of human subjects in research protocols of the U.S. Department of Health and Human Services. The survey instrument and methodology were reviewed by CASAColumbia’s Institutional Review Board (IRB), which required affirmative parental or guardian consent prior to attempting an interview with a teenage respondent.

While the explicit refusal rate of parents to provide consent after the household was deemed eligible, which occurred in 179 cases, seems modest, this represents the loss of 5.3 percent of otherwise eligible households, which could have an impact on the achieved sample. This may be a contributing factor to the understatement of

substance use rates, and to the under-representation of racial and ethnic populations prior to our corrective steps of oversampling. Additionally, the fact of parental consent was known to some number of teen respondents and this knowledge could potentially affect responses.

Pre-Qualification of Eligible Households in Telephone Survey

In order to increase the efficiency of the interviewing process, some screening of households to determine eligibility (namely the presence of a resident teen in the target age range) occurred prior to the administration of the interview or consent protocols. Similarly, the interview may have been administered in a call subsequent to obtaining parental permission. These measures did not have a detectable effect on responses, but may have had an impact on the sample characteristics in ways we cannot detect.

Interview Privacy

Teen respondents were asked at the conclusion of the interview if their answers could be overheard by someone else in the room. Twenty-two percent of teens surveyed said they could be overheard. Teens who believed that someone could overhear their responses were less likely to say that they have used marijuana (12 percent vs. 15 percent), tobacco (10 percent vs. 11 percent), and alcohol (19 percent vs. 27 percent), suggesting that the lack of interview privacy may modestly have discouraged teens from reporting negative behaviors.

Interviewing Limited to Landline Households

This survey does not intentionally contact prospective respondent households via mobile telephones. The reason for this is that the federal *Telephone Consumer Protection Act* (TCPA) prohibits the calling of a mobile phone using any automated telephone dialing system – a prohibition which precludes the use of the computer-assisted telephone interviewing (CATI) system utilized by our interviewers.

While an interview with a teen respondent may be completed via a mobile telephone as the result of a parent providing that telephone number while giving permission for the interview, this survey effectively excludes from participation teenagers who reside in households without a landline. The 2011 National Health Interview Survey (<http://www.cdc.gov/nchs/nhis>) estimates the percentage of households inaccessible by landline telephone (but accessible by mobile telephone) at 34 percent, up from 25 percent in 2009. The percentage of mobile-telephone-only households with resident children under 18 was 37 percent in 2011.

The Pew Research Center for the People & the Press has looked at the effect of “non-coverage bias” in public opinion research (see “Assessing the Cell Phone Challenge,” <http://pewresearch.org/pubs/1601/assessing-cell-phone-challenge-in-public-opinion-surveys>). According to Pew, some of the most significant differences between landline-only and landline-plus-mobile surveys involve a respondent age skew. This would not be a consideration in our research, since only households with a resident teen (12- to 17-years of age) are eligible for participation (Pew compared the results of 72 questions, 29 of which had statistically significant differences between the two samples). But the possibility certainly exists that the exclusion of mobile-telephone-only households yields results which differ somewhat from the results we would have obtained had we included mobile-telephone-only households.

Cross-Sectional Design

Because this is a cross-sectional survey, the data cannot be used to establish causality or measure the direction of the relationships that are observed between pairs of variables in the White Paper.