

# MOAPPP Monitor

www.moapp.org

Winter 2008

MOAPPP's mission is to develop and strengthen policies and programs that promote adolescent sexual health, prevent adolescent pregnancy and support adolescent parents.

## Drinking and Sex: A Risky Mix

In our culture, young people are eager for the increased independence of their teenage years. Most handle it well, developing a sense of themselves as responsible citizens separate from—but grounded in— family, friends and community. But some do not have the skills needed to navigate this new territory. Adding alcohol to the mix may significantly increase risks to their safety and health, including sexual health. In fact, the combination of drinking and sex creates unique hazards for young people.

In the 2007 Minnesota Student Survey, 24% of 9th graders and 48% of 12th graders reported drinking alcohol at least once in the last month. Although overall rates of alcohol use have declined since 1992, binge drinking among young people in Minnesota continues at an alarming rate. 14% of 9th graders and 30% of 12th graders reported binge drinking (5+ drinks in a row) in the past two weeks.<sup>4</sup>

Of particular concern is the rate of high-risk drinking among college students, which peaks between 18-24 years.

In a 2006 survey of 7,638 Minnesota undergraduate students on 12 campuses statewide, nearly 44 % said they binge drank in the past two weeks.<sup>6</sup>

### SEX UNDER THE INFLUENCE

Underage drinking is associated with a number of serious outcomes: in Minnesota, at least five college-aged students have died from alcohol poisoning so far this school year alone. Other consequences are linked

to teen pregnancy: one national study found that more than 100,000 college-aged students reported having been too intoxicated to know whether they consented to sexual intercourse,

and 400,000 reported having had sex without using any protection from sexually transmitted infections (STIs) or pregnancy.<sup>5</sup> Women who use and misuse alcohol are more likely to have more sexual partners and higher rates of STIs and HIV/AIDS than women who don't drink. They are also less likely to use contraception, including condoms.<sup>1</sup> In Minnesota, almost twice as many students (14.1%) who binge drank reported being taken advantage of sexually compared to students who did not binge drink (8.6%).<sup>6</sup> It is not difficult to see the role that alcohol may be playing in the number of teen births in Minnesota.

### ALCOHOL USE AND SEXUALITY EDUCATION PROGRAMS

These startling statistics highlight the fact that we need to do a better job of equipping young people with skills to navigate their growing independence. Several promising programs have been developed to focus on both sexual and nonsexual risk and protective factors. In addition to sexual risk-taking, these programs address alcohol use, drug use and violence. Typically, such programs attempt to instill a wide range of positive values in young people in the hope that those values will discourage

them from engaging in risky behavior. They build skills to resist social pressure and engage in more informed decision-making. Notably, the most effective programs have

More University of Minnesota college students report using alcohol in the last 30 days than the national average.

long-term positive effects on sexual activity and condom use among young men.<sup>3</sup>

Given the strong evidence linking alcohol use and unintended pregnancy, MOAPPP believes that alcohol and other substance use education must be part of a comprehensive program to prevent teen pregnancy, HIV and sexually transmitted infections.



MOAPPP's Teen Pregnancy Puzzle illustrates the complexity of the issue and the need for comprehensive solutions based on research.

## DIRECTOR'S NOTES



Dear Friends,

We had already chosen this newsletter's focus—chemical abuse prevention—before the recent flurry of stories about underage alcohol use started appearing in the media. Results from the 2007 Minnesota Survey showed that about 30% of 12-graders are binge-drinking, and almost 63% reported drinking alcohol in the last year. Five college-aged youth have died in Minnesota this school year as a result of drinking too much. A group of suburban high school students posted photos of themselves drinking on Facebook, the popular social networking website. A rancorous public dispute ensued about student rights, invasion of privacy and parental supervision.

We pay attention to these kinds of stories because of the link between higher levels of alcohol use and unplanned or unprotected sexual activity—risk factors for adolescent pregnancy, HIV and STIs. That link has always seemed obvious—alcohol use is known to lower inhibitions, diminish one's ability to assess risks and increase sexual aggression.

So imagine our surprise when the latest edition of Dr. Douglas Kirby's *Emerging Answers* called this link into question. In the 2007 publication, new studies were reviewed that suggest all or part of the observed link between underage drinking and unprotected sex may be due to other factors such as poor performance in school, general risk-taking or sensation-seeking, lack of parental monitoring and so on. This doesn't rule out the link we're used to making, but prompts us to look at the larger context of young people's lives.

We've tried to pull back the lens in this issue and provide some of that context: more about the new *Emerging Answers* report; a piece about the Minors' Consent statute in relation to alcohol and drug use; the critical role of preventing alcohol-exposed pregnancies among pregnant teens (by guest author Jennifer Stieve) and the promising impact of youth development programs on underage drinking and sex.

As always, call or write if you have questions or comments.

In health,

Brigid Riley, MPH  
Executive Director

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### MOAPPP Monitor

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# Access to Confidential Care: A Key to Adolescent Chemical Abuse Prevention

## DRUG AND ALCOHOL USE AS A RISK FACTOR

Adolescent drug and alcohol use has long been recognized as a risk factor for unplanned pregnancy, HIV and sexually transmitted infections. The use of drugs and alcohol may impair judgment and lower inhibitions, leading to behaviors that can put youth at risk. Examples of sexual risk behaviors include having sex, having sex more frequently and having sex with more partners. A recent publication by noted researcher Dr. Douglas Kirby discusses the relationship between chemical use and sexual risk taking. In this publication he notes that some studies have shown a decrease in condom use related to drinking alcohol. There are also studies that do not relate drinking and taking drugs directly to risky behaviors. "This finding suggests that something other than lowered inhibitions at the time of sex may explain the relationship."<sup>3</sup> While drug and alcohol use continue to be seen as risk factors, more research is needed to discern the specific relationship between chemical use and sexual risk taking.

Alcohol and drug use contributes to other health risks in addition to those that affect sexual and reproductive health. MOAPPP is also concerned with healthy teen pregnancies and the delivery of healthy children. Drug and alcohol use during pregnancy contributes to low birth weight infants and the incidence of

children born with fetal alcohol spectrum disorders. Access to confidential alcohol and drug use counseling and treatment can be important in the prevention of HIV, sexually transmitted infections and unplanned pregnancies. It is equally important in fostering a healthy pregnancy and newborn.

As with adults, adolescents often enter treatment at the request of concerned family and friends. Parental involvement in the adolescent's treatment is ideal and important to long term recovery. Youth often enter treatment as a result of a court order. In some situations youth are estranged from their family and parental involvement is not possible or may have a negative impact. While the vast majority of adolescents will have family aware of and involved with their treatment, it is important for those who will not that confidentiality is available.

## CONFIDENTIAL EVALUATION AND TREATMENT—MINNESOTA LAW

Minnesota, along with 43 other states and the District of Columbia, allows minors the legal right to consent for confidential counseling and health care related to drug and alcohol use. The law requires that treatment records are kept confidential, requiring the consent of the minor to release records to parents or guardians. As with other rights to consent allocated to minors, policymakers acknowledge that young people have the capacity to consent for their own care. Young people are often inhibited from seeking care for sensitive issues such as sexual health, chemical use and mental health concerns when parental consent is required. As a public health concern, efforts must be made to minimize or eliminate barriers to receiving care whenever possible.

## REMOVING BARRIERS TO ACCESS

Whether drug and alcohol use contribute directly to sexual risk taking behaviors or are symptoms of the presence of other risk factors such as low parental monitoring or poor school performance, there is a correlation to disease and pregnancy. Unrestricted access to evaluation and treatment is essential. MOAPPP supports confidential access to alcohol and drug use care as one of many factors necessary to reduce risky behavior. MOAPPP will continue to work, as a member of the Sexuality Education for Life Coalition, to protect the rights of minors to access confidential care. To stay informed about this issue throughout the upcoming 2008 legislative session, sign up to receive e-mail alerts at [www.sexedforlife.org](http://www.sexedforlife.org).



*Minnesota law allows youth aged 18 and younger to consent for confidential evaluation and treatment of drug and alcohol use.*

# New Research Supports Curricula with Youth Development Focus

As professionals working to support young people, we are concerned about adolescent chemical use and abuse. Stories of young people drinking and using drugs in excess leave us worried about the side effects of chemical use. Poor decision-making and lowered inhibitions can lead to increased risk-taking, which puts young people at risk for unintended pregnancy and sexually transmitted infections. More than 36 percent of sexually active young people ages 15 to 24 say that drinking or drug use has influenced their decisions about sex.<sup>2</sup> MOAPPP includes chemical abuse prevention in the Teen Pregnancy Puzzle because teens who experiment with drugs and alcohol may also experiment with sex.

In *Emerging Answers 2007*, recently released by the National Campaign to Prevent Teen and Unplanned Pregnancy, author Dr. Douglas Kirby cites several studies that indicate that alcohol and drug use increase the likelihood that teens will have sex, have sex more often, have sex with more partners and experience unintended pregnancy. These studies also find that alcohol and drug use may lower inhibitions and diminish the ability to assess risk or increase sexual aggression. However, the research also explains that part—or all—of the link between chemical use and sex may be caused by other factors, such as poor performance in school, general risk-taking or sensation seeking and lack of parental monitoring.

One study that controlled for some of these factors found that use of alcohol and other drugs was not related to sexual activity for either gender, nor was it related to use of female methods of contraception. However, drinking alcohol was negatively related to males' use of condoms. Another study found that while both alcohol and drug use in the past were negatively related to condom use, drug and alcohol use during the most recent sex was not negatively related to use of condoms. As Kirby notes, "This finding suggests that something other than lowered inhibitions at the time of sex may explain the relationship."<sup>3</sup>

The encouraging news for those working directly with young people is that many of the same programs that are effective in reducing a young person's risk for pregnancy and STIs may also be effective in reducing risk for drug and alcohol use. Kirby's research cites 15 programs that have shown strong evidence of positive impact on sexual behavior, pregnancy and STI rates. However, within these 15 programs there are no specific components that

directly address chemical abuse prevention. The most promising programs have a strong youth development focus.

One of these 15 programs is Teen Outreach Program (TOP), a service-learning curriculum that emphasizes healthy behaviors, building life skills and giving teens a sense of purpose. Programs like TOP, which several organizations in Minnesota are beginning to implement, may not overtly discuss chemical abuse prevention, but offer teens the skills to refuse pressure and provide hope for the future. These skills can have a positive impact on both sexual risk-taking as well as substance use. Other programs that focus on service learning and/or youth development also show strong evidence of effectiveness, including the Reach for Health, Aban Aya and the Children's Aid Society–Carrera Program.



**Many of the same programs that are effective in reducing risk for pregnancy and STIs may also be effective in reducing a young person's risk for drug and alcohol use.**

MOAPPP recognizes that the link between chemical abuse and teen pregnancy is complex, and that many other risk and protective factors are important in preventing teen pregnancy. MOAPPP's position is that communities need to make substances less accessible to teens in homes and businesses. While the use of evidence-based curricula is an important piece of the Teen Pregnancy Puzzle, the complex issue of teen pregnancy needs to be addressed in the many areas of young peoples' lives.

## Emerging Answers 2007

The National Campaign to Prevent Teen and Unplanned Pregnancy recently released *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*, by researcher Douglas Kirby, Ph.D. This update of the author's influential 2001 study *Emerging Answers* is the most comprehensive review to date of evaluation research that answers the question: what programs work to prevent teen pregnancy and STIs. The report's findings are based on a total of 115 program evaluations.

A growing number of sexuality education programs that support both abstinence and the use of contraception for sexually active teens have now shown positive effects in delaying first intercourse, improving contraceptive use and preventing pregnancy or sexually transmitted infections among teens. Other interventions, several of which mention sex little or not at all, have also shown effective results.

Dr. Kirby's 2001 report identified seven programs with strong evidence of positive impact on sexual behavior or pregnancy/STI rates. The updated *Emerging Answers 2007* significantly adds to the field of teen pregnancy/STI prevention programming by adding an additional eight programs to the list of those with strong evidence of effectiveness.

**¡CUÍDATE! (TAKE CARE OF YOURSELF)** focuses on STI/HIV and pregnancy prevention in the Latino community. It was implemented at school on Saturdays and reduced the frequency of sex, number of sexual partners and frequency of unprotected sex and increased consistent condom use over a one-year period.

**DRAW THE LINE, RESPECT THE LINE** focuses on preventing both pregnancy and STIs and was implemented in schools. It delayed the initiation of sex among boys for three years, increased abstinence during the previous year for three years, reduced the frequency of sex for two years and reduced the number of sexual partners for two years.

**SiHLE: SISTAS, INFORMING, HEALING, LIVING, EMPOWERING** is designed for young African-American women and focuses primarily on preventing STIs. It was implemented in a health clinic, but could be implemented in a variety of community settings. It reduced the number of partners, increased condom use and reduced unprotected sex for a year. For six months it also reduced the pregnancy rate and for a year it reduced the STI rate.

**KEEPIN' IT R.E.A.L.!** is a mother-adolescent pregnancy and STI/HIV prevention program implemented in Boys and Girls Clubs. For two years it increased condom use.



**ADVANCE PROVISION OF EMERGENCY CONTRACEPTION** is not a program, but rather a change in clinic protocol that allows the provision of emergency contraception to teenage young women before they have unprotected sex instead of providing it upon request after unprotected sex. It increased the use of emergency contraception during the following year.

**REPRODUCTIVE HEALTH COUNSELING FOR YOUNG MEN** is a pregnancy and STI/HIV prevention program implemented in clinics. It included a slide-tape program and one-on-one counseling with a clinic practitioner. It increased contraceptive use for a year.

**HIV PREVENTION FOR ADOLESCENTS IN LOW-INCOME HOUSING DEVELOPMENTS** is a community program focused on HIV prevention that uses multiple components including educational brochures, free condoms, skills training workshops, follow-up sessions and community activities and events. It delayed the initiation of sex and increased condom use for 18 months.

**ABAN AYA** includes about 20 classroom lessons per year in grades 5-8 plus other parental, school and community components. Among boys only, it reduced the incidence of sex and increased condom use.

*The Emerging Answers 2007* report will be instrumental in helping MOAPPP promote science-based approaches to teen pregnancy/STI prevention. Dr. Kirby's research was used to help create the 2003 Minnesota State Plan for Teen Pregnancy Prevention and Parenting. MOAPPP's website includes model programs and effective curricula, both of which are informed by *Emerging Answers*. This research is essential in helping MOAPPP achieve our mission to develop and strengthen policies and programs that promote adolescent sexual health.

## Serving Young Families Affected by Fetal Alcohol Syndrome

Jennifer Stieve

Minnesota Organization on Fetal Alcohol Syndrome (MOFAS)

Fetal Alcohol Spectrum Disorders, or FASD, is an umbrella term describing the range of birth defects that can occur in an individual whose mother drank alcohol during pregnancy. These birth defects may include physical, mental, behavioral and/or learning disabilities with possible lifelong implications. While FASD affects children in different ways, many have brain injury that never goes away, affecting their thought processes and behaviors throughout their lives.

Research has shown that there is no known safe amount or safe time to drink alcohol during pregnancy. Alcohol can affect the fetus every week of pregnancy. The specific effects change as the pregnancy progresses, but the potential for damage exists throughout this developmental process.

Many young people with FASD act younger developmentally than their chronological age due to the brain damage associated with FASD. A girl with FASD may, for example, be 17 years old but have the social skills and cues of a 12 year-old. This can lead to behaviors that put her safety at-risk, including trouble setting boundaries and observing the boundaries of others, sexual acting out, lying, stealing, involvement in criminal activity and/or use of alcohol and drugs.

Young people with FASD are particularly vulnerable sexually due to brain damage that causes impulsivity around sexual behavior, lack of inhibition and a need for immediate gratification. This can lead to poor perceptions of social dangers, increased libido, poor social filtering, use of sex to gain friends and /or work in the sex trade for instant cash. While we don't have good data on the prevalence of FASD among adolescent parents, it stands to reason that adolescent girls with FASD are at greater risk for pregnancy than their cognitively unaffected or unimpaired peers. Furthermore, if they become pregnant, girls with FASD are at greater risk of using alcohol and other substances during their pregnancy.

For those working with and on behalf of adolescent parents, it is critical to keep in mind that many young parents are affected by FASD. When working with adolescents and others with FASD, it is important to remember that they have difficulty predicting the outcomes of risky behaviors. They need structure and close supervision to help them make decisions that will keep them safe.

If we do not adapt our programs to meet the unique and often challenging needs of this population, we will do a disservice to these young parents and their children.

MOFAS and MOAPPP work to ensure that young families get the best services possible. Better identification of FASD among adolescent parents will help those working with them provide more effective and appropriate services to the parents and their children.

*When working with adolescent parents and others who have FASD, it is important to remember that they have difficulty predicting the outcomes of risky behaviors. They need structure and close supervision to help keep them safe.*

Red flags that warrant further investigation into FASD include:

- Family history of chemical dependency
- Diagnosis of a learning disability
- Significant history of delinquent behavior, starting at a young age
- Does not seem affected by past punishments
- Immature with poor social behavior
- Adaptive behaviors that are lower than IQ would indicate
- Unaware of what they have done or why they are in trouble
- History of running away, alcohol/drug use, prostitution, living on the streets or gang involvement
- Easily distracted, hyperactive, inattentive
- Demonstrates impulsive behavior; has little common sense
- Unable to connect their actions with consequences.

The good news is that FASD is 100% preventable. The only cause of FASD is alcohol use during pregnancy, and therefore can be completely prevented if women do not drink alcohol during pregnancy. When FASD is identified and understood, our programs and services can be designed to better support young families affected by it.

For more information about FASD and where to receive a diagnosis, contact the Minnesota Organization on Fetal Alcohol Syndrome (MOFAS) at 651-917-2370 or [www.mofas.org](http://www.mofas.org)

## RESOURCES

### **4College Women: Health Our Way**

Brandeis University college students have developed this site. It provides a portal to numerous health information resources, including general health and prevention, tobacco, alcohol and substance abuse, reproductive health and emotional and mental health.

<http://4collegewomen.org>

### **Center on Addiction and Substance Abuse (CASA) at Columbia University**

The National Center on Addiction and Substance Abuse (CASA) at Columbia University is the only nation-wide organization that brings together under one roof all the professional disciplines needed to study and combat abuse of all substances — alcohol, nicotine as well as illegal, prescription and performance enhancing drugs — in all sectors of society. CASA aims to inform Americans of the economic and social costs of substance abuse and its impact on their lives, as well as remove the stigma of substance abuse and replace shame and despair with hope.

<http://www.casacolumbia.org/>

### **Center for Substance Abuse Research (CESAR)**

CESAR, at the University of Maryland at College Park, is dedicated to addressing the problems substance abuse creates for individuals, families and communities. To this end, the mission of CESAR is to inform policymakers, practitioners and the general public about substance abuse—its nature and extent, its prevention and treatment and its relation to other problems.

[www.cesar.umd.edu](http://www.cesar.umd.edu)

### **Centers for Disease Control and Prevention, Fetal Alcohol Syndrome web site**

[www.cdc.gov/ncbddd/fas](http://www.cdc.gov/ncbddd/fas)

### **A Family Guide To Keeping Youth Mentally Healthy & Drug Free**

This public education website was developed by SAMHSA to communicate to parents and other caring adults about how they can help promote their child's mental health and reduce the risk for becoming involved with alcohol, tobacco, and illegal drugs. The site includes information about family-related risk and protective factors for engaging in chemical-related and other risky behaviors.

<http://family.samhsa.gov/>

### **Fetal Alcohol Spectrum Disorders Center for Excellence**

This web site provides excellent general information about FASD.

<http://fasdcenter.samhsa.gov/>

### **I Party Smarter**

Smart Women Smart Choices is a self-guided change program for women who are sexually active and drink alcohol. The goals of the program are to decrease risky or dangerous drinking and increase effective birth control use so that women can avoid unwanted sex, STIs, unintended pregnancy, alcohol-exposed pregnancy and other safety and health risks.

[www.ipartysmarter.com](http://www.ipartysmarter.com)

### **Join Together**

Join Together, a program of the Boston University School of Public Health, supports community-based efforts to advance effective alcohol

and drug policy, prevention and treatment. They encourage individuals to become actively involved in promoting policies and programs that are supported by sound research.

[www.jointogether.org](http://www.jointogether.org)

### **Minnesota Organization on Fetal Alcohol Syndrome (MOFAS)**

Minnesota's only statewide organization dedicated to FASD.

<http://www.mofas.org/>

### **National Registry of Evidence-based Programs and Practices (NREPP)**

NREPP, a service of the Substance Abuse and Mental Health Services Administration (SAMHSA), is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. SAMHSA has developed this resource to help people, agencies and organizations implement programs and practices in their communities.

<http://nrepp.samhsa.gov/>

### **Parents. The Anti-Drug.**

This site was created by the National Youth Anti-Drug Media Campaign to equip parents and other adult caregivers with the tools they need to raise drug-free kids. The site provides parents access to helpful articles and advice from experts in the fields of parenting and substance abuse prevention; science-based drug prevention information, news and studies; support from other parents striving to keep their children drug-free; perspectives of teens themselves.

[www.theantidrug.com](http://www.theantidrug.com)

### **SmarterSex.org**

SmarterSex is a sexual health web site for college students. Topics include smart and safe sex, HIV and AIDS, STIs and date rape. The site includes a section titled "Dating, Drinking, and Sex" which describes the connections between alcohol use and teen pregnancy/STIs.

<http://www.smartersex.org/index.asp>

## RESEARCH

Citations are included from this *Monitor's* articles.

1. Center on Addiction and Substance Abuse. (2006). *Women under the influence*. Baltimore: John Hopkins University Press.
2. The Henry J. Kaiser Family Foundation. (2002). *Survey snapshot: Substance use and risky sexual behavior: Attitudes and practices among adolescents and young adults*. Retrieved January 7, 2008, from <http://www.kff.org/youth/hivstds/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=14907>
3. Kirby, D. (2007). *Emerging answers 2007: Research findings on programs to reduce teen pregnancy and sexually transmitted diseases*. Washington D.C., National Campaign to Prevent Teen Pregnancy.
4. Minnesota Student Survey Statewide Tables. (2007). Retrieved January 11, 2008, from <http://www.health.state.mn.us/divs/chs/mss/statewidetables/mss07statetablesfinal.pdf>.
5. National Institute on Alcohol Abuse and Alcoholism. (2005). *A snapshot of annual high-risk college drinking consequences. Brief interventions*. Retrieved January 11, 2008, from [pubs.niaaa.nih.gov/publications/AA66/AA66.htm](http://pubs.niaaa.nih.gov/publications/AA66/AA66.htm).
6. University of Minnesota, 2006 Core Survey Report for University of Minnesota. (2006). Retrieved January 11, 2008 from [http://www.bhs.umn.edu/healthdata/results/core/2006\\_Core\\_UofM.pdf](http://www.bhs.umn.edu/healthdata/results/core/2006_Core_UofM.pdf).

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Organization on Adolescent  
Pregnancy, Prevention and Parenting

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