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Associations Between Parental and Grandparental Marijuana Use and Child Substance Use Norms in a Prospective, Three-Generation Study



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ABSTRACT

Purpose: Using prospective longitudinal data from three generations, this study seeks to test whether and how parent and grandparent marijuana use (current and prior) predicts an increased likelihood of child cigarette, alcohol, and marijuana use.

Methods: Using multilevel modeling of prospective data spanning three generations (n=306 families, children ages 6-22), this study tested associations between grandparent (G1) and parent (G2) marijuana use and child (G3) past-year cigarette, alcohol, and marijuana use. Analyses tested whether G3 substance-related norms mediated these associations. Current G1 and G2 marijuana use was examined, as was G2 high school and early adult use and G1 marijuana use when G2 parents were in early adolescence. Controls included G2 age at G3 birth, G2 education and depression, and G3 gender.

Results: G2 current marijuana use predicted a higher likelihood of G3 alcohol and marijuana use but was not related to the probability of G3 cigarette use. G3's perceptions of their parents' norms and G2 current marijuana use both contributed independently to the likelihood of G3 alcohol and marijuana use when included in the same model. G3 children's own norms and their perceptions of friends' norms mediated the link between G2 current marijuana use and G3 alcohol and marijuana use.

Conclusions: Results are discussed in light of the growing trend toward marijuana legalization. To the extent that parent marijuana use increases under legalization, we can expect more youth to use alcohol and marijuana and to have norms that favor substance use.

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IMPLICATIONS AND CONTRIBUTION

This study used prospective, three-generation data to test whether parent and grandparent marijuana use predicts child substance use. Parent current marijuana use increased the probability of child alcohol and marijuana use, implying that increases in parent use under marijuana legalization may increase the likelihood of youth alcohol and marijuana use.

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Prior literature has demonstrated that substance misuse during adolescence increases risk for a range of negative outcomes, making prevention of youth substance use a public health priority. Youth cigarette, alcohol, and marijuana use, particularly if frequent, heavy, or persistent, are associated with

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increased risk for later dependence, justice system involvement, motor vehicle accidents, poor health, lower academic attainment and income, and other problems [1-3].

Given that substance use by family members and social norms around substance use are important predictors of youth substance use [4–6], the growing trend toward legalization of adult nonmedical marijuana use in U.S. states may complicate youth substance use prevention if parent and other family member marijuana use increases and social norms become more permissive toward marijuana. To inform the national discussion about nonmedical marijuana legalization, the present study used prospective, longitudinal data from three generations to examine the association between parent and grandparent marijuana use and child cigarette, alcohol, and marijuana use and substance-related norms. Analyses tested whether the link between parent and grandparent marijuana use and child substance use is explained by youth norms favorable to substance use. Results are interpreted through the lens of marijuana legalization.

Parent and grandparent marijuana use

A large body of studies shows a link between parent and child substance use [4,5,7,8], including marijuana use [9,10]. Studies of the association between parent and offspring substance use typically have looked at either "current" or "lifetime" substance use by parents without regard to the timing of use in the parent's life course. Both of these conceptualizations of parental substance use have yielded valuable findings, yet the timing of parental substance use also may be important. Parent substance use during key periods in their own development, like high school or the transition to adulthood, also may be related to offspring substance use by influencing the environment in which children are raised. For example, using data from the present samples, Bailey et al. [11] found that parent illicit drug use disorder in the transition to adulthood was linked with low parent educational attainment, low parent social skills, poor parent physical health, and impaired parenting practices at age 27. Thus, the present study included measures of parent current marijuana use, as well as marijuana use during high school and at ages 21 - 24.

Grandparents are important not only in the developmental history of parents, but also frequently in the lives of their grandchildren, suggesting the potential for both direct and indirect effects of grandparent marijuana use on their grandchildren's substance use. Prospective, three-generation studies looking at the influence of grandparent substance use on grandchild use are rare because they require long-term longitudinal studies. However, a number of retrospective or cross-sectional studies have identified that having a family history of substance use among close relatives, including grandparents, is predictive of youth substance use and its antecedents [12,13]. The present study is one of the first to use prospective, longitudinal data from grandparents to predict child substance use.

Social norms

Theory and empirical research support a link between social norms and substance use in general, and marijuana use in particular [14,15]. Theoretical models emphasizing social learning and social control, including social learning theory and the social development model, identify norms and

expectancies as among the key drivers of substance use [16,17]. According to empirical research, personal norms and norms among social reference groups like parents, peers, siblings, and romantic partners are strongly predictive of youth drug behaviors [14,18].

Youth norms are themselves influenced by parent substance use. For example, prior studies have linked parent cigarette smoking to children's perceived parental approval, perceived peer norms, and own norms about smoking [19,20]. Few studies have looked at parent marijuana use or tested whether youth norms around substance use mediate the association between parent marijuana use and child substance use. One study used U.S. national data [21] and found that youth whose parents used marijuana more recently reported fewer negative marijuana expectancies, lower expectations of punishment for use, and more promarijuana norms. These youth norms mediated the link between parent marijuana use and child marijuana initiation. Information about the potential role of grandparent substance use in influencing child norms is lacking.

This study extends existing work by testing links between parent and grandparent marijuana use and child cigarette, alcohol, and marijuana use using prospective data from three generations. It further builds on prior studies by considering grandparents as well as parents and historical as well as current parent and grandparent substance use and by testing mediation of these potential influences on child substance use via child norms.

Methods

Participants and procedure

Data were drawn from two linked, longitudinal research projects: the Seattle Social Development Project (SSDP) and The SSDP Intergenerational Project (TIP), SSDP is a panel study of youth prosocial and antisocial behavior. TIP follows the children of SSDP participants and uses an accelerated longitudinal design to examine links between parent (G2) and grandparent (G1) substance use and child (G3) development. SSDP began in 1985 and included 808 students (G2), or 77% of the eligible population of fifth grade students in the 18 participating public elementary schools [22]. Students were followed from fifth grade (age 10) to age 39 (in 2014). One parent per family (G1, usually the mother) was surveyed annually when G2 students were ages 10-16. The present study used G2 data collected in high school (ages 15, 16, and 18 years) and young adulthood (ages 21 and 24 years) and G1 data collected when G2 were ages 13-14. G2 retention was between 92% and 97% for the data points used here. Nonparticipation at each assessment was not consistently related to G2 gender, ethnicity, or early initiation of alcohol, tobacco, marijuana, or other illicit drug use.

TIP began data collection in 2002 and included those SSDP participants who had become parents (G2) and the oldest biological child (G3) with whom they had regular contact [23]. A second caregiver nominated by the SSDP participant also was included when relevant. Eligible SSDP G2s had face-to-face contact with their G3 child on at least a monthly basis. New families were included in the sample as SSDP participants became parents for the first time. Seven waves of data have been collected from 383 TIP families. At the first data collection (Wave 1, 2002), SSDP G2s averaged 27 years of age, and G3 children ranged in age from 1 to 13 years. By Wave 7 (2011), SSDP G2s

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