



The role of general parenting and cannabis-specific parenting practices in adolescent cannabis and other illicit drug use



E. Vermeulen-Smit^{a,*}, J.E.E. Verdurmen^a, R.C.M.E. Engels^{a,b}, W.A.M. Vollebergh^c

^a Monitoring and Epidemiology Department, Trimbos Institute (Netherlands Institute of Mental Health and Addiction), P.O. Box 725, 3500 AS Utrecht, The Netherlands

^b Behavioural Science Institute, Radboud University Nijmegen, P.O. Box 9104, 6500 HE Nijmegen, The Netherlands

^c Department of Interdisciplinary Social Science, Utrecht University, P.O. Box 80140, 3508 TC Utrecht, The Netherlands

ARTICLE INFO

Article history:

Received 12 September 2014

Received in revised form

14 November 2014

Accepted 16 November 2014

Available online 27 November 2014

Keywords:

Adolescent drug use

Parental cannabis use

Cannabis-specific parenting

General parenting practices

ABSTRACT

Aims: To investigate general and cannabis-specific parenting practices in relation to adolescent cannabis and other illicit drug use.

Methods: Data were derived from the Dutch National School Survey on Substance Use among students ($N = 3209$; aged 12–16 years) and one of their parents in 2011.

Results: Logistic regression analyses revealed that 1) parental cannabis use was significantly related to more adolescent lifetime and recent cannabis use, and 2) restrictive cannabis-specific parental rules were associated with less adolescent recent cannabis and lifetime use of other illicit drugs, even when controlled for sociodemographic factors, general parenting, adolescent tobacco use, and tobacco-specific parenting. In addition, no significant interaction was observed between parental cannabis use and cannabis-specific rules in their relation to adolescent cannabis and other illicit drug use, indicating that cannabis rules are evenly associated with adolescent drug use for families with and without parental cannabis experience.

Conclusions: In addition to general parenting practices, restrictive cannabis-specific rules are related to lower adolescent cannabis and other illicit drug rates. Parents who ever used cannabis have children with a higher prevalence of cannabis use. However, their restrictive cannabis-specific rules are equally related to a lower chance of adolescent cannabis use.

© 2014 Elsevier Ireland Ltd. All rights reserved.

1. Introduction

While cannabis use is common among Western youth, early onset and frequent use are associated with increased risks of low school performance (Fergusson et al., 2007) and mental problems, e.g., depression (de Graaf et al., 2010) and psychosis (Schubart et al., 2010). Approximately 30% of Dutch adolescents have used cannabis at the age of 16 (Verdurmen et al., 2012a), which is comparable to the average of European 15–16 year olds (29%; Hibell et al., 2012).

Although adolescent drug use is illegal and mostly used without parents' awareness and approval, parents are assumed to play an important part in adolescent cannabis use in different ways. In general, an authoritative parenting style, combining support and limit

setting, has been found to reduce the risk of adolescent cannabis use (Becona et al., 2012; Spooner, 1999). Recently, Calafat et al. (2014) found an authoritative parenting style and an indulgent parenting style (support without limit setting) to be equally protective against drug use, underlining the particular protective effect of parental warmth and support in preventing adolescent drug use. Additionally, high parental monitoring of the child's whereabouts in early adolescence has been longitudinally related to low cannabis initiation (Bohnert et al., 2012; Chilcoat and Anthony, 1996; van Ryzin et al., 2012).

Many studies have reported on the relation between alcohol-specific parenting practices and adolescent alcohol use. That is, in addition to general parenting practices, like support and monitoring, alcohol-specific parenting, e.g., rules on drinking, are found to be of particular importance to delay adolescent drinking (van Zundert et al., 2006). Likewise, cannabis-specific parenting practices may discourage adolescent cannabis use. However, little is known about whether parents may influence adolescent cannabis use by cannabis-specific parenting. That may be a major omission, as its impact may be substantial.

* Corresponding author. Tel.: +31 30 297 1100; fax: +31 30 297 1111.

E-mail addresses: evermeulen@trimbos.nl (E. Vermeulen-Smit), jverdurmen@trimbos.nl (J.E.E. Verdurmen), rengels@trimbos.nl, r.engels@pwo.ru.nl (R.C.M.E. Engels), W.A.M.Vollebergh@uu.nl (W.A.M. Vollebergh).

The few studies that investigated cannabis-specific parenting found that parental unfavorable attitudes toward cannabis use (Bahr et al., 2005; Oesterle et al., 2012; Olsson et al., 2003) and parents' anger in response to drug use (Parsai et al., 2009) were negatively associated with adolescent cannabis use. Moreover, Miller-Day (2008) found that, after identifying seven parental strategies to deal with substance use, setting a "no tolerance rule" was the only effective strategy associated with less cannabis use among university students.

Apart from these parenting practices, parents own experience with cannabis use has been related to adolescent cannabis use. Both cross-sectional and longitudinal studies have shown that parental cannabis use is (weakly) positively associated with adolescent cannabis use in general populations (Bares et al., 2011; Hops et al., 1996; Newcomb et al., 1983). This association may be explained by different mechanisms, like role modeling, access to drug use, genetic vulnerability and indirectly through parenting practices.

It is known that parent and child perceptions of general and substance-specific parenting behaviors differ, and may predict adolescent substance use differently (Harakeh et al., 2005; Sessa et al., 2001; Van der Vorst et al., 2005). For instance, parents report to be stricter than adolescents perceive them to be (Van der Vorst et al., 2005). As this study includes both parents' and children's reports we aimed to examine potential differences between respondents.

To our knowledge, apart from parental norms on cannabis, concrete cannabis-specific parenting practices, like cannabis rules, have never been studied among young and middle adolescents using a multivariate design that allows examination of the additional effect of cannabis-specific parenting on top of general parenting. Furthermore, while co-occurrence rates of tobacco and cannabis use are high (Brook et al., 2012) and tolerant tobacco rules and maternal tobacco use are found to be associated with higher levels of adolescent cannabis use (Brook et al., 2012; de Looze et al., 2012a), earlier studies have not taken these factors into account when studying cannabis-specific parenting.

This study aims to examine the role of general parenting, cannabis-specific rules and parental cannabis use in adolescent illicit drug use (including lifetime and recent cannabis use, and lifetime use of other illicit drugs), when controlling for tobacco-specific parenting practices.

This study uses a nationally representative sample of parent–child dyads ($N=3209$), which allows examination of whether the perception of adolescent and parenting practices differ between respondents.

2. Methods

2.1. Study procedures

Data were derived from the Dutch National School Survey on Substance Use among students aged 12–16 in the first four classes of general secondary education and one of their parents in 2011 (de Looze et al., 2014; Verdurmen et al., 2012a, 2012b).

The sample was obtained using a two-stage random sampling procedure. First, schools were stratified according to level of urbanization and drawn proportionally to their number. Second, within each school two to three classes (depending on school size) were selected randomly from a list of all classes provided by each participating school. Within the selected classes, all students were drawn as a single cluster. The response rate of schools was 48%. Responding and non-responding schools did not differ regarding to ethnicity and urbanization level. Still, school-size was significantly lower among responding versus non-responding schools (average number of students per school was 753 and 941, respectively, $F=9.74$, $p=0.002$). Reasons for non-response were mainly related to (being approached for) participation in other research.

Research assistants administered self-complete questionnaires in the classroom during a lesson (usually 50 min) in October/November, 2011. Anonymity of the respondents was explained when introducing the questionnaire. Collecting all questionnaires in one envelope and sealing the envelope in the presence of the respondents further emphasized anonymity. Adolescent non-response was rare (7%), mainly because of illness.

Parental data were also collected by written questionnaires. During the data-collection at the schools, adolescents were given a sealed envelope with the 'parent-questionnaire' and an accompanying letter. Students were instructed to hand over the envelope to one of their parents the same afternoon. Three weeks later a written reminder was sent. The adolescent and parent questionnaire were linked by means of a bar code. To prevent incorrect matching, we checked whether gender and birth date of the adolescent on the parent and adolescent questionnaire corresponded. Incentives were used to promote parental response (ten 100 euro's vouchers were raffled), resulting in a response rate of 49%.

2.2. Study sample

In total, we received 6624 adolescent and 3209 parent questionnaires. Compared to non-responding parents, parents who returned the questionnaire (81% mothers) had adolescents who were: younger (mean age: 13.7 versus 14.0, $t=-8.53$, $p<0.001$); more often into higher educational levels ($\chi^2=74.3$; $p<0.001$); less likely to have an ethnic minority background ($\chi^2=252.9$; $p<0.001$); and more likely to live with both biological parents ($\chi^2=72.6$; $p<0.001$). With respect to child's gender no differences between non-responding and responding parents were found. Finally, adolescents' drug use was lower among adolescents of responding parents, compared to non-responding parents (lifetime cannabis ($\chi^2=84.3$; $p<0.001$), last month cannabis use ($\chi^2=72.0$; $p<0.001$) and lifetime use of other illicit drugs ($\chi^2=22.6$; $p<0.001$).

To control for the selective response and to enable to generalize the results to Dutch secondary school children aged 12–16, a weighting procedure was applied. As national statistics on parental demographics were not available, both adolescent and parent data were weighted using adolescent demographics. Post-stratification weights were calculated by comparing the joint sample distributions and known population distributions of the child's school type, grade, gender, and level of urbanization (national statistics were obtained from Statistics Netherlands, CBS).

2.3. Measures

Exact questions, items, alphas (for multi-item scales), answer categories, and references of the measures are provided online.¹

2.3.1. Adolescent substance use.

2.3.1.1. Lifetime prevalence of cannabis use. Lifetime prevalence of cannabis use was measured by asking adolescents and their parents how often they/their child had used cannabis in their/his life (O'Malley et al., 1983). Answers were recoded into 'never' (0) and 'at least once' (1).

2.3.1.2. Last month cannabis use. Last month cannabis use was measured by asking adolescents how often they had used cannabis during the last four weeks. Answers were re-coded likewise into 0 and 1.

2.3.1.3. Lifetime prevalence of other illicit drugs. Lifetime prevalence of other illicit drugs was measured by asking adolescents and their parents whether they/their child had used methamphetamine, cocaine or amphetamine during their/his life. Answers were recoded to establish lifetime prevalence of any of these three drugs.

2.3.1.4. Adolescent daily smoking. Adolescent daily smoking was measured by asking adolescents and their parents whether they/their child ever smoked a cigarette or shag. Answers were recoded into 'no daily smoking' (0) and 'daily smoking' (1).

2.3.2. Parental substance use.

2.3.2.1. Parental cannabis use. Parents were asked whether they themselves and/or their partner ever used cannabis. Answers were recoded into 'both parents never used cannabis' (0) and 'one or both parents ever used cannabis' (1).

2.3.2.2. Parental smoking. Parents were asked how often they themselves and/or their partner smoke at present. Answer categories were recoded into 'both parents do not smoke (anymore)' (0) and 'one or both parents smoke at present' (1).

2.3.3. General parenting.

2.3.3.1. Parental support. Parental support was based on six items on emotional support as part of a larger relational support scale (Scholte et al., 2001). Higher means reflect more parental support.

¹ Supplementary material can be found by accessing the online version of this paper. See Appendix for more information.

Download English Version:

<https://daneshyari.com/en/article/1069894>

Download Persian Version:

<https://daneshyari.com/article/1069894>

[Daneshyari.com](https://daneshyari.com)