



Cigarette, alcohol, and marijuana use among adolescents in foster family homes

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ARTICLE INFO

Article history:

Received 31 May 2016

Received in revised form 9 August 2016

Accepted 10 August 2016

Available online 11 August 2016

Keywords:

Cigarette
Alcohol
Marijuana
Adolescent
Foster care

ABSTRACT

Data from a cross-sectional study conducted in a random sample of children who were placed in foster family homes were used to examine the prevalence and associated factors of substance use (i.e., cigarette, alcohol, and marijuana), and to explore if adolescents in foster family homes had different rates of substance use than those in the general population matched on age, gender and race/ethnicity. Logistic regression models were used to determine factors associated with substance use and McNemar tests were used to compare prevalence rates of substance use. Substance use was common among adolescents in foster family homes. A higher number of placement settings were significantly associated with current cigarette use (odds ratio [OR], 1.32; 95% confidence interval [CI], 1.09–1.60), and being placed in special study homes (i.e., fictive kin) was significantly associated with current marijuana use (OR, 6.43; 95% CI, 1.40–29.52). Compared to adolescents in the general population, those in foster family homes had lower rates of current alcohol (9.1% vs. 38.3%, $p < 0.0001$) and marijuana (13.6% vs. 29.7%, $p = 0.005$) use. No significant difference was observed for current cigarette use (18.2% vs. 11.5%, $p = 0.08$). More research is needed to confirm the lower rate of current substance use in foster family homes than those matched in the general population, and to explore why adolescents in special study homes were more vulnerable to marijuana use.

Published by Elsevier Ltd.

1. Introduction

Substance use including cigarette, alcohol and marijuana among adolescents is a serious concern due to its prevalence and associated negative consequences such as poor academic performance, unemployment in adulthood, physical and mental health problem as well as delinquency (Hassan et al., 2009; Hodder et al., 2011; Squeglia, Jacobus, & Tapert, 2009). According to results from the 2013 National Survey on Drug Use and Health, among adolescents aged 12–17 years, current use of tobacco, alcohol and marijuana was 8%, 12%, and 7%, respectively (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). In another national study, the Youth Risk Behavior Survey (YRBS), among high school students in the U.S., 41% had ever tried cigarette smoking, and 16% were current cigarette users; 66% had ever had at least one drink of alcohol during their life, and 35% were current alcohol users; 41% had ever used marijuana and 23% were current marijuana users (Kann et al., 2014).

Compared to those in the general population, adolescents in foster care have been generally considered to be particularly vulnerable to substance use (Braciszewski & Stout, 2012; Gramkowski et al., 2009; Pilowsky & Wu, 2006; Thompson & Auslander, 2007; Thornberry, Ireland, & Smith, 2001). For example, a study using data from the 2000 National Household on Drug Abuse found that adolescents with a history of foster care placement were almost twice as likely (34% vs. 18%) to use illicit drugs in the 12 months prior to the interview, when compared to those without a history of foster care placement (Pilowsky & Wu, 2006). In a nationally representative study of youth in child welfare, the National Survey on Child and Adolescent Well Being, avoiding foster care placement was associated with a 57% reduction of odds of illicit substance use (Traube, James, Zhang, & Landsverk, 2012).

Most previously published studies that have investigated substance use among adolescents in foster care, however, either focused on adolescents with a history of foster care or did not have a comparison group. Only a few studies have examined and compared substance use among adolescents currently placed in foster family homes (Kohlenberg, Nordlund, Lowin, & Treichler, 2002; McDonald, Mariscal, Yan, & Brook, 2014). Using the Communities That Care Normative database, McDonald and his colleagues compared the prevalence of drug and alcohol use and abuse among 1442 adolescents who were living with at least one foster parent with 282,826 non-foster adolescents

Abbreviations: CI, confidence interval; DCF, Department of Children and Families; FHQSS, Foster Home Quality and Satisfaction Survey; OR, odds ratio; SAMHSA, Substance Abuse and Mental Health Services Administration; SD, standard deviation; YRBS, Youth Risk Behavior Survey.

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(McDonald et al., 2014). They found that while the two groups of adolescents had a similar prevalence of alcohol use, the foster adolescents were more likely to use cigarettes (28% vs. 15%) and marijuana (20% vs. 12%) in the past 30 days. In a study conducted among 231 adolescents who were placed in foster family homes at the time of survey and a representative sample of 1259 adolescents living with their biological parents, adolescents in foster family homes had a lower rate of alcohol use during the past 30 days than those in the general population (13% vs. 19%); both groups of adolescents had a similar rate of marijuana use (Kohlenberg et al., 2002). The lower rate of current substance use is inconsistent with findings from the McDonald et al. study as well as other studies (mainly conducted among adolescents who were formerly in care) that demonstrated higher rates of use. Another study compared substance abuse/dependence in a sample of 188 adolescents to results from the National Comorbidity Survey (Pecora, Jensen, Romanelli, Jackson, & Ortiz, 2009a; Pecora, White, Jackson, & Wiggins, 2009b; White, Havalchak, Jackson, O'Brien, & Pecora, 2007). The study showed mixed results (e.g., foster youth having a higher rate of alcohol dependence but a lower rate of drug abuse than youth in the general population).

More research that uses a well-designed comparison group is needed to examine substance use among adolescents currently in foster care. In addition, it is surprising that very few studies have examined the relationship between foster care related factors (e.g., length of time in care and placement stability) and substance use, given the significant impact of foster care on adolescents who are placed in the system (Braciszewski & Stout, 2012). This relationship also needs to be further investigated and studied.

The present study specifically examined cigarette, alcohol and marijuana use in a random sample of adolescents who were placed in foster family homes. Cigarette, alcohol and marijuana are the most frequently used substances in adolescents, and adolescents who have not used these rarely use other drugs (Bernstein et al., 2003; Leslie, 2008; Tonmyr, Thornton, Draca, & Wekerle, 2010). It is for these reasons that the present study particularly examined the use of these three substances. Specifically, the present study aimed to answer the following questions: (1) what was the prevalence of cigarette, alcohol and marijuana use among adolescents in foster family homes? (2) were placement related factors associated with substance use? (3) did adolescents in foster family homes have different rates of substance use, compared to adolescents in the general population? The corresponding hypotheses were: (1) substance use including cigarette, alcohol and marijuana among adolescents in foster family homes was common; (2) placement related factors were associated with substance use; and (3) adolescents in foster family homes had a higher rate of substance use than those in the general population.

2. Methods

During the period from January to July of 2015, Connecticut Foster Home Quality and Satisfaction Survey (FHQSS), a cross-sectional study among a random sample of foster children aged 8 years and older was conducted to collect information regarding the quality of and satisfaction with services provided by the state child welfare agency and state funded community providers. This was done by using face-to-face interviews for all participants and supplemental self-administered questionnaires specifically for foster children aged 13 years and older that they filled out confidentially by themselves after their interview. The supplemental questionnaire sought responses about prosocial activities and risky behaviors including substance use. To ensure the confidentiality of the survey, the survey data could be identified only by a participant ID that was created specifically for this survey. The link between participant ID and participant's name was kept by a manager who did not have access to the survey data. This link was used to connect participants' related information (e.g., age, gender, race/ethnicity, history of child abuse and neglect as well as placement related information) and

their answers. One reason for a focus on youth in foster family homes, as opposed to foster youth in other living situations such as congregate care is because foster home placement is the preferred form of placement for children in out-of-home care. Moreover, given the recent interest in reducing the use of congregate care in child welfare, the proportion of children living in foster family homes continuously increases. Nationally, of children in foster care, children in congregate care decreased from 18% in 2004 to 14% in 2013 (U.S. Department of Health and Human Services, Administration on Children, Children's Bureau, 2015). In Connecticut, about 82% children in foster care live in foster family homes, 13% in congregate care and 5% in independent living units in 2015.

The study was reviewed and approved by the Connecticut Department of Children and Families' (DCF) Institutional Review Board. Written informed consent was obtained from foster youth aged 18 years and older; legal permission for foster children aged 8–17 years was obtained from an employee of the DCF who was assigned to the case as a case-worker, supervisor or manager, prior to the attainment of children's assent for participation.

2.1. Sample of foster children

A total number of 414 children were randomly selected from about 1200 children who were aged 8 years and older, and were placed in foster family homes (i.e., core [non-related, non-kin] foster care, relative care or special study [fictive kin] foster care) for at least 90 days. Of the 414 randomly selected children, 225 (54%) agreed and participated in the FHQSS. The main reasons for not participating in the survey included no response/unable to contact the selected children through their foster parent ($n = 68$), youth's refusal to participate ($n = 45$), case closed/youth moved ($n = 29$), mental health concern/cognitive limitation/non-verbal ($n = 21$), language barrier ($n = 9$), runaway ($n = 5$), and various other reasons ($n = 12$). Of the 225 children who participated in the FHQSS, 148 were aged 13 years and older and were offered the opportunity to participate in the supplemental survey. Of these 148 children aged 13 years and older, 147 took the supplemental self-administered survey that asked about substance use. There were no statistically significant differences in age, gender, race/ethnicity, type of placement, length of time in care and number of placement settings between adolescents aged 13 years and older at the time of sampling who participated in the survey and those who were invited but did not participate in the survey.

It should be noted here that different sample sizes were used to answer the three research questions in order to maximize statistical power. Answers to the first two research questions, ([1] what was the prevalence of cigarette, alcohol, and marijuana use among adolescents in foster family homes? [2] were placement related factors associated with substance use?), were based on information from the 147 adolescents who took the supplemental self-administered questionnaire, of whom 113 were high school students at the time of survey. Information from these 113 high school students in foster family homes was used to answer the third question, ([3] did adolescents in foster care have different rates of substance use, compared to adolescents in the general population?), because comparison data about students below 9th grade in the general population were not available.

2.2. Matched controls

To answer the third research question, ([3] did adolescents in foster care have different rates of substance use, compared to adolescents in the general population?), a matched group of non-foster care adolescents ($n = 113$) were randomly selected from the database of the 2013 Connecticut YRBS. YRBS was conducted among a random sample of 2405 high school students in Connecticut between February and June 2013 through an anonymous, self-administered questionnaire. Of the 2405 YRBS students, 35 reported living with foster parent and

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