

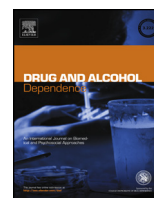


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Are homeschooled adolescents less likely to use alcohol, tobacco, and other drugs?

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ABSTRACT

Background: Nearly two million school-aged children in US are currently homeschooled. This study seeks to examine homeschooled adolescents' attitudes toward, access to, and use of alcohol, tobacco, and other drugs (ATOD) compared to their non-homeschooled peers.

Methods: The study uses data between 2002 and 2013 from the National Survey on Drug Use and Health (NSDUH) for school-attending respondents aged 12–17 ($n = 200,824$). Participants were questioned regarding peer use of licit and illicit substances, ease of accessing illicit substances, and past 12-month substance use. Survey adjusted binary logistic regression analyses were systematically executed to compare non-homeschooled adolescents with homeschooled adolescents with respect to views toward, access to, and use of substances.

Results: Findings indicate that homeschooled adolescents were significantly more likely to strongly disapprove of their peers drinking (AOR = 1.23) and trying (AOR = 1.47) and routinely using (AOR = 1.59) marijuana. Homeschooled adolescents were significantly less likely to report using tobacco (AOR = 0.76), alcohol (AOR = 0.50), cannabis (AOR = 0.56) and other illicit drugs and to be diagnosed with an alcohol (AOR = 0.65) or marijuana (AOR = 0.60) use disorder. Finally, homeschooled adolescents were also less likely to report easier access to illicit drugs and to be approached by someone trying to sell drugs compared to non-homeschooled peers.

Conclusions: Homeschooled adolescents' views, access, use and abuse of ATOD are uniquely different from those of non-homeschooled adolescents. Findings point to the need to more extensively examine the underlying mechanisms that may account for these differences.

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1. Introduction

More than 1.7 million school-age children, or 3.4% of the school-age population, are currently homeschooled in the United States (U.S. Department of Education, 2013). The number of homeschooled children has been steadily increasing over the past decade. While 1.7% of the school-age population was homeschooled in 1999, 2.2% of school-age children and 2.9% of school-age children were homeschooled in 2003 and 2007, respectively (U.S. Department of Education, 2008). On average, homeschooled children tend to live in rural or suburban areas, are White, and have parents with some college experience or a bachelor's degree (U.S.

Department of Education, 2013). Additionally, a higher percentage of children from near-poor families are homeschooled than children from poor or non-poor families (U.S. Department of Education, 2010).

According to findings from the National Household Education Surveys Program (U.S. Department of Education, 2013), the most important reasons why adolescents are home-schooled include parental concerns about the school environment, such as safety, drugs, or negative peer pressure, dissatisfaction with academic instruction at other schools, and a desire to provide religious instruction. Additional research converges with these results. Collom (2005), in particular, examined parental motivators for homeschooling among 235 homeschooling parents, and the most important reasons included concerns about the public schooling experience and the ability to provide additional support and quality schooling for adolescents at home. Among a group of 136 parents of

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homeschooled children, Green and Hoover-Dempsey (2007) identified important motivators for homeschooling one's children to include parental views that they are primarily responsible for their child's educational outcomes and beliefs that they have the time and skills to effectively homeschool.

Prior research has examined a variety of behavioral and health outcomes among homeschooled adolescents in the United States. In particular, a review by Medlin (2000) found measures of self-concept and self-esteem to be similar between home and non-homeschooled adolescents. Additionally, homeschooled adolescents have been found to exhibit no significant differences in problem behaviors than non-homeschool adolescents (Valdez, 2005). Furthermore, homeschooled adolescents are significantly less likely than non-homeschooled adolescents to visit a health care professional annually and to have received the HPV vaccine, but no difference between these two groups has been found with health insurance coverage, receipt of annual dental care, and vaccination for meningitis and tetanus (Cordner, 2012).

Research on social outcomes for homeschooled adolescents remains mixed. Some evidence suggests that homeschooled adolescents have fewer close social connections than non-homeschooled adolescents (Chatham-Carpenter, 1994) while also engaging in less volunteerism (Hill and den Dulk, 2013). However, other research has found homeschooled adolescents to be involved in a similar number of extracurricular activities and to have similar social skills as their non-homeschooled peers (Kunzman and Gaither, 2013). Moreover, Lopez-Haugen (2006) found homeschooled adolescents to have higher social skills ratings than their non-schooled peers while findings from Reavis and Zakriski (2005) suggest home-schooled children have similar number of close friends and friendship quality as non-schooled children. However, research also suggests that the socialization experience of adolescents varies based on schooling. In particular, homeschooled adolescents have been found to interact with adults more frequently (Murphy, 2014) and to have greater involvement with religiously inclined adults (Thomson, 2014) than their non-homeschooled peers. Additionally, Thomson (2014) found homeschooled adolescents to have fewer drug-using and deviant peers than publically schooled adolescents.

The differential socialization experiences of homeschooled versus non-homeschooled adolescents can have significant implications on substance use outcomes. In particular, fewer substance using friends may reduce homeschooled adolescents' access and use of alcohol, tobacco, and other drugs (ATOD) (Barnes et al., 2006; Ennett et al., 2006; Branstetter et al., 2011). Additionally, similar to studies of the protective effects of adult supervision (Aizer, 2004; Na et al., 2014), additional time spent with adults may also influence attitudes toward ATOD (Barnes et al., 2006; Ennett et al., 2006; Bahr et al., 2005; Branstetter et al., 2011). Prior research by Thomson (2014) offers support that homeschooled adolescents engage in less substance use than non-homeschooled adolescents, although religious ties was an important moderator in this relationship. While the odds of drinking were higher among non-homeschooled adolescents, group differences were non-significant once religious variables were included. Similar results were found by Green-Hennessy (2014), in which 3% of homeschooled adolescents with strong religious ties had a substance use disorder compared to 6% of religious non-homeschooled students and 15% of homeschooled non-religious adolescents. These findings are consistent with research by Salas-Wright et al. (2012), who observed more religious adolescents to participate in less substance use behavior.

Despite the contributions of previous research, however, several important shortcomings should be noted. Particularly, reviews of the homeschooling literature have consistently cited a lack of high-quality empirical research to adequately assess homeschooling

outcomes (Kunzman and Gaither, 2013; Murphy, 2014; Lubienski et al., 2013; Isenberg, 2007). In fact, half of the literature mentioned previously had small sample sizes or utilized convenience samples unrepresentative of the general population (Valdez, 2005; Chatham-Carpenter, 1994; Lopez-Haugen, 2006; Reavis and Zakriski, 2005; Collom, 2005), limiting inferences that can be made from these findings. Additionally, much of the homeschooling research consists of qualitative research or highly flawed quantitative methods (Kunzman and Gaither, 2013). As Kunzman and Gaither (2013) explain, homeschooling research studies "suffer from serious design limitations and are often used disingenuously to make generalizations beyond what their specific conclusions warrant." Further, homeschooling research is heavily biased as studies are frequently published and supported by homeschooling advocacy groups, who utilize the data to influence families and policymakers (Lubienski et al., 2013).

The present study employs data from a large and long-running population-based study (National Survey on Drug Use and Health [NSDUH]) of adolescents in the United States between 2002 and 2013 to address limitations in prior research such as sampling bias and an overall lack of generalizability. The research base is also understandably focused toward academic and social outcomes of homeschooled students and as a result has neglected to consider the potential impact of homeschooling on risky behaviors such as substance use. While homeschooled adolescents do indeed have contact with non-homeschooled peers – an important source of substance use initiation – the differential socialization and demographic patterns suggest that homeschooled adolescents may be at substantially reduced risk with regard to substance use than adolescents who attend a school. As such, we hypothesize that homeschooled, compared to non-homeschooled, adolescents will report significantly different attitudes toward and reduced access to and use of ATOD.

2. Material and methods

Study findings are based on data from the NSDUH between 2002 and 2013. The NSDUH provides population estimates of substance use and health-related behaviors in the U.S. general population. It utilizes multistage area probability sampling methods to select a representative sample of the U.S. civilian, non-institutionalized population aged 12 years or older. A more detailed description of the NSDUH design and procedures is available elsewhere (SAMHSA, 2011). The current study restricted analyses to school-attending respondents between the ages of 12 and 17 ($n = 200,824$).

2.1. Measures

2.1.1. Homeschool status. Respondents were classified as homeschooled (0=no, 1=yes) on the basis of the following question: "Some parents decide to educate their children at home rather than send them to school. Have you been home-schooled at any time during the past 12 months?" Youth who reported not attending any type of school in the past 12 months were coded as missing and excluded from all statistical analyses.

2.1.2. Substance use views. Respondents were asked about their views on people their age regularly using licit and illicit substances. Consistent with the coding structure suggested by SAMHSA in the NSDUH codebook, youth reporting strong disapproval were coded as 1 and all other youth (i.e., "neither approve nor disapprove" or "somewhat disapprove") coded as 0. This analytic approach is consistent with recent studies highlighting the importance of strong disapproval with respect to adolescent substance use (Salas-Wright et al., 2015).

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