



# The association between parental risk behaviors during childhood and having high risk networks in adulthood

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## ABSTRACT

**Background:** Prior research suggests that both social networks and parent drug use influence individual drug use among adolescents and that peers continue to influence drug use among adults. This analysis aims to determine whether parent drug use during childhood is associated with having drug-using networks in adulthood after adjusting for individual adult drug use.

**Methods:** 650 young adult drug users were recruited through targeted street outreach and respondent-driven sampling in New York City (2006–2009). Baseline surveys ascertained demographics, network characteristics, drug use behaviors, and parental drug use during childhood. Negative binomial regression was used to evaluate this association.

**Results:** The median age was 33 years, 22% injected, 49% were Black, and during childhood 26% of mothers, 32% of fathers, and 13% of primary caregivers used drugs. After adjustment, having >1 parent who used drugs was associated with having a greater proportion of drug using (Adjusted Prevalence Ratio [APR] = 1.18; 95%CI: 1.01–1.38) and specifically crack-smoking networks (APR = 1.71; 95%CI: 1.21–2.43) in adulthood. Females' networks consisted of more drug users (APR = 1.18; 95%CI: 1.01–1.38), injectors (APR = 1.44; 95%CI: 1.09–1.90), crack smokers (APR = 1.48; 95%CI: 1.18–1.87) and heroin users (APR = 1.43; 95%CI: 1.13–1.81); blacks had a greater proportion of crack smoking (APR = 1.41; 95%CI: 1.09–1.82), but a smaller proportion of injecting (APR = 0.64; 95%CI: 0.43–0.94) and heroin smoking (APR = 0.60; 95%CI: 0.47–0.77) networks as adults.

**Conclusions:** These data suggest that parental drug use is independently associated with having drug-using networks in adulthood. Interventions that target parents and caregivers and that promote drug cessation could impede risky network formation in both adolescents and adults.

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## 1. Introduction

For decades researchers have studied the social factors influencing drug use among adolescents and young adults (Babst et al., 1976; Best et al., 2005; Duan et al., 2009; Hawkins et al., 1992;

Hoffman et al., 2006; Jinez et al., 2009; Kafka and London, 1991; Kandel, 1980; D. Kandel et al., 1978; Korsnick and Judd, 1982; Li et al., 2000; Miller-Day, 2002; Newcomb et al., 1983; Oetting and Beauvais, 1986; Piko, 2001; Sargent and Dalton, 2001; Stanley and Lo, 2009; Steinberg et al., 1994; Wright and Fitzpatrick, 2004). Strong associations have been reported between the initiation and maintenance of adolescent drug use and intrapersonal characteristics, drug availability, peer influences, family structure, and parental factors. While theories on the relative importance of each vary throughout the literature, most researchers agree that peers and parents are the most prominent proximal influences of adolescent drug use.

Studies demonstrate strong and significant associations between adolescent drug use and social ties with peers who use drugs and those who they believe use drugs (Hawkins et al., 1992; Hoffman et al., 2006; D. Kandel et al., 1978; Oetting and Beauvais, 1986; Wright and Fitzpatrick, 2004). Because most of these findings are from cross-sectional studies, it is unclear whether homophily by drug use within peer groups can be attributed to the influence

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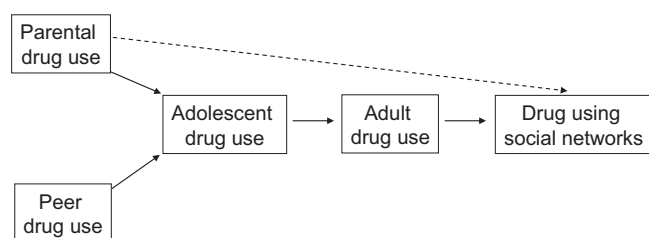
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**Fig. 1.** Conceptual framework for the association between parental drug use during one's childhood and the formation of drug using social networks in adulthood.

of peers and pressure to conform with group norms or if it results from a selection process, whereby individuals purposefully select others with similar values, behaviors, and attributes (D. Kandel et al., 1978). Findings from longitudinal studies suggest that both processes are driving this association (Kandel, 1980).

Most research in this area has focused on adolescents. However, regardless of age, social networks are thought to influence the behavior of individuals and group norms through social comparison processes, fear of social sanctions, information exchange, and socialization of new members (Fisher, 1988; Hall and Wellman, 1985; Latkin et al., 1995). Studies among adult drug users also report that adults who use drugs are more likely to associate with others who use drugs (Best et al., 2005; D. Kandel et al., 1978; Latkin et al., 1995, 1999). Just as the association between peer drug use and individual drug use among adolescents is thought to be the result of both behavioral influences within peer groups and individuals' selection into relationships with others who are similar to themselves, homophily with respect to drug use in adults is also thought to result from a combination of these processes.

While peers are thought to influence drug use behaviors over the duration of one's life, the importance of parental factors on individual drug use has typically only been examined among adolescents. Although not previously examined, it is possible that early exposure to drug use as a norm may also have long term effects both on one's drug use and on his/her selection of peers. Based upon the relationships described above, we would expect to see an association between parent drug use during one's childhood and the formation of high risk drug using networks in adulthood that is mediated by individual drug use. For example, parent drug use is strongly associated with adolescent drug use and adolescents who use drugs are also more likely to use drugs as adults. Furthermore, adults who use drugs are more likely to associate with others who use drugs. Thus, there is a pathway between parental drug use during one's childhood and the formation of risky drug using networks during adulthood that is mediated through one's individual drug use (Fig. 1). The authors hypothesize that parental drug use during childhood will continue to be associated with the formation of high risk drug using networks in their offspring as adults, even after adjusting for individual drug use, which is expected to partially mediate this relationship. This hypothesis is supported by several behavioral theories including the attachment theory and the social learning theory.

For example, many adolescent researchers argue that parents who use drugs are behavioral models for adolescents and that adolescents with parents who use drugs are more likely to initiate substance use as adolescents (D.B. Kandel et al., 1978). However, it is unknown which behaviors children are modeling that lead them to initiate drug use during adolescence (e.g., coping mechanisms, social interactions, norms of acceptable behavior). Studies have also demonstrated that parental attitudes and behaviors, the quality of family life, the parent–child relationship, and parental drug use play crucial roles in the initiation and experimentation of drugs during adolescence (Miller-Day, 2002). Therefore, because

adolescents select peers with similar values and beliefs and these values and beliefs are influenced by parent drug use behaviors and attitudes during childhood, it is possible that parent attitudes and behaviors during one's childhood could impact the peer selection process throughout adolescence and even adulthood. While several studies among adults link adolescent drug use with current drug use, few studies have explored the long term effects of parental drug use on their children's drug use and having drug using peers in adulthood after controlling for adult drug use.

The authors aim to determine whether parental drug use during one's childhood and the formation of risky drug using networks during adulthood are associated even after controlling for individual drug use as a mediator. This analysis aims to explore this residual effect of parental drug use during childhood on having drug using social networks in adulthood, or the effect remaining after controlling for individual drug use (Fig. 1).

## 2. Methods

The data for this analysis were collected as part of a longitudinal study, Social Ties Associated with Risk of Transition (START) into injection drug use, which aimed to identify risk factors for initiating injection drug use in New York City. Young adults who recently initiated injection drug use and who were frequent non-injection drug users (heroin, crack or cocaine) were concurrently recruited through respondent-driven sampling (RDS) and targeted street outreach between July 2006 and June 2009.

Prior to study enrollment, socially disadvantaged neighborhoods in four New York City boroughs: Brooklyn, Bronx, Manhattan, and Queens were ethnographically mapped and areas with high drug activity were selected as recruitment sites (Ompad et al., 2008). As previously described, 46 RDS seeds and 217 targeted street outreach participants were recruited using random street-intercept sampling (Rudolph et al., 2011). Each RDS seed was asked to recruit up to three peers, each of whom were asked to recruit three additional peers, and so on until recruitment was administratively ended in June 2009. Of 621 participants screened to participate in the respondent-driven sample, 439 were eligible.

Eligible participants were 18–40 years old and were active injection or non-injection drug users (IDUs and NIDUs, respectively). IDUs reported injecting heroin, crack or cocaine for  $\leq 4$  years and at least once in the past 6 months. Visible track marks verified injection history. NIDUs reported non-injection use of heroin, crack or cocaine for  $\geq 1$  year and used heroin, crack or cocaine 2–3 times per week in the last three months. Self-reported drug use was verified with a rapid drug urine test which screened for opiate and cocaine metabolites in the past 2–3 days. Those with a negative drug test were not eligible and were compensated for round-trip transportation to the research site.

After providing informed consent, all participants completed a 90-min interviewer-administered questionnaire approved by both Columbia University and the New York Academy of Medicine institutional review boards. The survey ascertained demographic and social contextual characteristics (e.g., race/ethnicity, age, gender, education, income, homelessness, network size and composition), social and behavior characteristics (e.g., frequency and type of drug use, sexual risk behaviors), depression, conduct disorder, suicidal attempt/ideation and victimization. Participants were asked to list the names, nicknames, or initials for each person in the past year (1) whom he/she could borrow \$25 from, (2) who would let him/her stay at their place, (3) who he/she could talk to about personal or private matters, (4) who he/she used drugs with, (5) who he/she had sex with, (6) who he/she could ask for advice about health care or medical service, (7) who he/she could talk to about issues related to drug use (e.g., how to use drugs safely) and (8) who he/she could get information about social services like hous-

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