



## Original article

# Concurrent and Prospective Associations Between Substance-Specific Parenting Practices and Child Cigarette, Alcohol, and Marijuana Use

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## A B S T R A C T

**Purpose:** The current study aimed to understand whether substance-specific parenting practices predicted the probability of child alcohol, cigarette, or marijuana use beyond known family factors like family management and parental substance use and norms.

**Methods:** Data were drawn from the Intergenerational Project, which used an accelerated longitudinal design and included 383 families surveyed seven times between 2002 and 2011. Analyses included 224 families with children ages 10–18 years (49% female). Multilevel models tested both concurrent and lagged (predictors at time  $t-1$ , outcomes at time  $t$ ) associations between child past year use of alcohol, cigarettes, and marijuana and time-varying measures of substance-specific parenting practices, including permitting child use of alcohol or cigarettes; family rules about alcohol, cigarette, and drug use; and child involvement in family member alcohol or cigarette use (getting, opening, or pouring alcoholic drinks; getting or lighting cigarettes for family members). Demographic controls were included.

**Results:** Child involvement in family member substance use predicted an increased probability of child substance use both concurrently and 1 year later, even when controlling parent substance use, pro-substance norms, and family management. Family rules about substance use and parent provision of alcohol or cigarettes were not consistently related to child alcohol, cigarette, or marijuana use.

**Conclusions:** Family-based preventive interventions to reduce youth substance use should continue to focus on family management and include messaging discouraging parents from allowing children to get, open, or pour drinks or get or light cigarettes for family members.

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## IMPLICATIONS AND CONTRIBUTION

Results suggest that public health messaging urging parents not to allow their children to get, open, or pour alcoholic drinks or get or light cigarettes for family members may be helpful in reducing teen substance use.

Prevention of youth alcohol, cigarette, and marijuana use is an important public health priority because early-onset, regular, or heavy use of these substances in adolescence increases risk of abuse or dependence and a wide range of other negative social,

economic, legal, and health outcomes [1–4]. Prior research has shown that parent substance use, parental norms favoring substance use, and parenting practices like good family management (monitoring, consistent moderate discipline) predict youth substance use [5–8]. In addition to general parenting practices like family management, parents also engage in substance-specific parenting practices, including establishing family rules about substance use, providing substances or permitting youth to use them, and involving youth in family member substance use (getting, opening, or pouring alcoholic drinks; getting or lighting cigarettes).

**Conflicts of Interest:** The authors have no conflicts of interest to disclose.

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The role of these substance-specific parenting practices in youth substance use remains understudied, and their contribution to risk for youth substance use beyond general parenting practices is unclear. The current study aimed to understand whether parent-permitted use of alcohol or cigarettes; family rules about alcohol, cigarette, and drug use; and child involvement in family member alcohol or cigarette use predict child alcohol, cigarette, or marijuana use over and above family management and parent substance use and norms.

#### *Substance-specific parenting practices*

External constraints (laws, policies, rules) can be effective at reducing youth substance use [7,9,10]. Family rules, in particular, are an important source of constraint on youth behavior [9], and many families establish rules around substance use [11]. In a probability sample of U.S. families, 75% and 65% of parents reported discussing rules about alcohol and cigarette use, respectively, with their teen [11]. Evidence regarding whether family rules about alcohol reduce teen drinking is mixed, however, with studies showing negative, positive, and no associations [11–13]. Studies of smoking have been more consistent in showing that family rules restricting smoking predict a lower likelihood and reduced frequency of youth smoking [14–16], although some have failed to find prospective associations between family rules and teen smoking (e.g., 11). One potential source of inconsistency in studies of family rules about substance use is that the time ordering of youth use and establishment of family rules may differ in different families. Some families may institute rules proactively to prevent use (producing a negative association) and some may institute rules reactively once use has occurred (producing a positive association). This problem is amplified because many prior studies of family rules about substance use were cross-sectional or had short longitudinal follow-up periods. We did not find studies of the association between family rules about drug use and child marijuana use, and identify this as a significant gap in the literature.

In addition to constraining their children's behavior, parents provide opportunities for their children to engage in prosocial behaviors, like helping with chores, playing games, and eating meals together, which provide a basis for shaping desired behavior through rewards and increased bonding [9]. Parents also may provide opportunities for antisocial behavior, such as allowing underage children to use substances [17]. For example, some parents and policy makers believe that teaching children to drink at home may promote more responsible drinking [18,19]. Yet the literature on parent provision of alcohol to youth suggests that allowing underage drinking at home is associated with more problematic youth drinking. Longitudinal studies have consistently linked parent provision of alcohol to earlier initiation, higher levels of alcohol use, more drunkenness and binge drinking, and greater increases in use over time among youth [13,20–21, but see 22] even when prior youth alcohol use is controlled [23]. We found no studies of parent provision of cigarettes to youth.

Another way parents and family members may provide antisocial opportunities to youth is by including children in family member substance use. For example, asking or allowing children to get, open, or pour alcoholic drinks for family members is a common practice. In one study, 33% of parents reported that their fifth-grade child had been involved in family member drinking [24]. Yet very few studies have investigated links between

child substance use and child involvement in family member substance use. In one longitudinal study, child involvement in parent drinking predicted child past year alcohol use and drunkenness [21]. A second longitudinal study of alcohol use found that child involvement in family member drinking predicted child alcohol use, even when controlling family management, parent drinking, and parent alcohol norms [24]. A study of child involvement in family member smoking found a bivariate association with onset of child daily smoking that did not remain significant when parent smoking, family management, and family bonding were controlled [8].

#### *Family management*

The social development model [9] and other theories focused on social learning and social control have identified family management as a key predictor of child substance use. Good family management practices include frequent parental monitoring; moderate, consistent discipline; clear rules and expectations; and praise for good behavior [9]. Family management is a key target in multiple tested effective youth substance use prevention programs [25], and has been linked repeatedly to a lower probability of teen alcohol use, delayed onset, and lower levels of use among teens who drink [13,23,24,26]. Studies also have linked good family management to a lower probability of teen smoking [6,8] and marijuana use [26]. Given the importance of family management in predicting youth substance use, it is important to test whether substance-specific parenting practices contribute uniquely to youth substance use when family management is modeled.

#### *Other family factors*

A large body of research links parent substance use and norms to child substance use. Studies have demonstrated parent-child congruence in a general tendency to use substances [27,28], as well as in the use of specific substances, including alcohol [4,29], cigarettes [5,30], and marijuana [5]. Several studies have shown links between parent substance-related norms and child substance use [31,32]; however, studies in this area have often relied on children's perceptions of parent norms as opposed to parent reports of their own norms. To examine the unique relationship between substance-specific parenting practices and child substance use, this study included measures of parent binge drinking and cigarette and marijuana use, as well as measures of parents' norms about alcohol, cigarettes, and marijuana.

#### *Time ordering of parenting practices and child substance use*

This study used longitudinal data to test whether youth substance use was predicted by family rules about alcohol, cigarette, and drug use; parent provision of alcohol and cigarettes; or child involvement in family member alcohol or cigarette use. Correct time ordering of predictors and outcomes is important to understand associations between parenting practices and child substance use, particularly for family rules about substance use. Further, it is important to consider the timescale of the processes under study [33]. For example, child involvement in family member smoking could have both immediate effects on child smoking if the child takes a cigarette for her/himself while fetching one for a family member and long-term effects on child

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