



The influence of assets and environmental factors on gender differences in adolescent drug use



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A B S T R A C T

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For adolescents, illicit drug use remains a significant public health problem. This study explored prospectively the differential effects of 17 youth assets and 5 environmental factors on drug use in adolescent males and females (Youth Asset Study – a 5-wave longitudinal study of 1117 youth/parent pairs). Baseline analyses included 1093 youth (53% female). Mean age was 14.3 years ($SD = 1.6$) and the youth were 40% Non-Hispanic White, 28% Hispanic, 24% Non-Hispanic Black, and 9% Non-Hispanic other. Analyses revealed that 16 assets for males and 15 for females as well as the total asset score were prospectively associated with no drug use. No environmental factors were prospectively associated with any drug use for males, and for a subset of females, only Neighborhood Support was significant. This study confirms and extends previous work regarding youth drug use by recognizing the importance of the protective effect of assets for both males and females.

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Introduction

Illicit drug use in adolescents remains a significant source of morbidity and mortality (Feinstein, Richter, & Foster, 2012) despite a decline in prevalence in recent years (Johnston, O'Malley, Bachman, & Schulenberg, 2013). The most commonly reported drug used by adolescents is marijuana and its use increased in 2012 among 10th and 12th grade students (17% and 22.9% respectively) over the rates of 2007 (14.25 and 18.8%) (Johnston et al., 2013). Thirty day prevalence for marijuana use in 9th through 12th grade students, according to the Youth Risk Behavior Survey, reflected an increase to 23.1% in 2011 from the 20.8% reported in 2009 and males were significantly ($P < 0.05$) more likely to have used marijuana than females (25.9 vs 20.1, respectively) in the 30 days prior to the survey (Centers for Disease Control and Prevention, 2012). Youth who use marijuana regularly may reduce their potential functioning into adulthood because a key component in marijuana can impact brain functioning and lower IQ (Johnston et al., 2013). Youth who report drug use are also likely to report alcohol and tobacco use, as well as participation in other risky behaviors (DuRant, Smith, Kreiter, & Krowchuk, 1999).

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Gender differences in drug use patterns have been documented (Blum et al., 2000; Fergus et al., 2007; Zweig, Phillips, & Lindberg, 2002). Adolescent males have always reported higher drug use rates than females (Kloos, Weller, Chan, & Weller, 2009) and theories of cause suggest that factors such as parental monitoring and peer deviance might play a significant role in explaining gender differences. However, particularly for girls, research suggests that parents are the most important influence on decisions about drug use. Parental trust is a powerful deterrent to risky behaviors primarily among female adolescents (Borawski, levers-Landis, Lovegreen, & Trapl, 2003). Parental disapproval of drug use plays a strong role in turning back drug use. Youth who felt their parents did not strongly disapprove of marijuana use were about six times as likely to use marijuana as youth who felt their parents would disapprove (Office of National Drug Control Policy, 2006). Girls appear to be more sensitive to conflict and related issues in the family. When parenting quality declines, or when an adolescent girl is exposed to high levels of negative emotion from parents or other family members, her developing capacities for coping and self-regulation may be overwhelmed (Call & Mortimer, 2001). Other protective factors among youth include positive attitudes toward school (Aspy et al., 2012; Substance Abuse and Mental Health Services Administration, 2003), religiosity (Substance Abuse and Mental Health Services Administration, 2004), and participation in after-school activities (Substance Abuse and Mental Health Services Administration, 2007).

Recent research suggests that girls have higher levels of substance use in early adolescence whereas boys show higher levels of use in mid-adolescence and early adulthood (Chen & Jacobson, 2012). For instance, in one study (Blum et al., 2000), among older teens, females were less frequently involved with alcohol use than were males. These gender differences in substance use could be linked to pubertal development, or differences in regards to vulnerability to social influences. Chassin, Presson, Rose, and Sherman (1992) found that whereas the number of friends who smoked was a significant predictor of smoking among girls at a younger age, the number of friends who smoked was more significant for boys at an older age. One possible explanation for these gender differences is that girls are more concerned about opinion of others regarding smoking due to perhaps experiencing lower self-esteem compared to males (Feingold, 1994).

Other research related to substance use among adolescents has focused on physical development, pubertal status, sensation seeking, and impulsivity. These findings have shown that even though boys had greater impulsivity than girls, impulsivity was significantly associated with drug use only among girls. It is unclear though as to why impulsivity in girls but not in boys is related to greater substance use (Kong et al., 2013). Another study also supports the notion that biological differences in brain circuits and specifically sex differences in dopaminergic function during adolescence might attribute to gender differences in drug use behavior among youth (Kuhn et al., 2010). Research exploring risks associated with youth drug use has suggested that these include both contextual factors (e.g., laws and supportive norms, availability, poverty) and individual and inter-personal factors (e.g., physiologic, family, school, and peer influences) (Hawkins, Catalano, & Miller, 1992).

The ability to overcome risks, i.e., resilience has been explored as an alternative approach to prevention programming and focuses on developing assets and resources in adolescents who are exposed to risk (Fergus & Zimmerman, 2005; Luthar, 2003; Luthar & Cicchetti, 2000; Luthar, Cicchetti, & Becker, 2000a, 2000b). Fergus and Zimmerman (2005) have suggested that resilience is a function of both parental (e.g., monitoring, communication) and individual resources (e.g., self-confidence). Youth assets have been associated with reduced participation in risky behaviors (Aspy et al., 2004; Atkins, Oman, Vesely, Aspy, & McLeroy, 2002; Beebe et al., 2008; Benson, Leffert, Scales, & Blyth, 1998; Fergus & Zimmerman, 2005; Leffert et al., 1998; Mueller et al., 2010; Oman, Vesely, Aspy, McLeroy, & Luby, 2004; Oman, Vesely, Aspy, McLeroy, Rodine, et al., 2004; Vesely et al., 2004) and youth with more compared to less assets have shown less participation in alcohol use as well as early sexual activity (Blum et al., 2000; Fergus et al., 2007; Oman, Vesely, Tolma, & Aspy, 2007; Zweig et al., 2002).

Assets accumulate through individual, parental, institutional/organizational, and community, as well as policy decisions and experiences. Examples of youth assets include: educational aspirations for the future, positive peer role models, and non-parental adult role models. Youth assets have been explored through analyses of cross-sectional data across developmental ages and have demonstrated protective associations for youth risk behaviors and racial/ethnic and gender differences have been identified (Aronson & O'Campo, 1997; Aspy et al., 2004, 2006; Doss et al., 2007; Hanson et al., 2009; Harris et al., 2007; Oman, Vesely, Kegler, McLeroy, & Aspy, 2003; Shekhtmeyster, 2011; Tolma et al., 2007; Tolma, Vesely, Oman, Aspy, & Rodine, 2006).

Neighborhood disorganization also has been suggested as a limiting process in the transmission of prosocial values from parents to their children resulting in higher drug use rates in those neighborhoods (Reiss, 1986; Wickrama & Noh, 2010). Social disorganization theory was first posited by Shaw and McKay (1942) and refined by Sampson and Groves (Sampson & Groves, 1989) and others (Bursik, 1988; Cantillon, Davidson, & Schweitzer, 2003; R. Sampson, Raudenbush, & Earls, 1997) in their studies of delinquency and crime. The premise of the theory is that factors such as socio-economic status, residential mobility, racial heterogeneity, family structure, collective efficacy, sense of community, and informal social control can influence youth behavior through multiple pathways. For example, a study exploring individual, family and neighborhood disorganization contributions to youth marijuana use in the past year found that neighborhood-disorganization contributed about 51% to the variation in this behavior (Wright, Bobashev, & Folsom, 2007). However, another study using similar methods reported that neighborhood disadvantage was not related to youth drug use (Fagan, Wright, & Pinchevsky, 2013).

A goal of the current study was to examine prospective associations between neighborhood factors and youth drug use and to investigate if the potential effects of neighborhood variables were influenced by the youth assets. There is much that we do not know about the protective effect of specific youth assets in regards to drug use including potential gender differences; the relative strength and stability of assets as protective agents; and how assets may interact with environmental factors to influence drug use. The purpose of the current study was to examine the prospective differential effects of 17 youth

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