

# Parenting.

## What?

Strong and healthy family relationships are often the foundation of a healthy social and emotional life. Parents, carers and guardians\* can help children to avoid drug and alcohol use and thus play an important role in the development of positive social, emotional, cognitive and physical well-being later in life. There is evidence that children’s exposure to alcohol from an early age can influence their own alcohol-related behaviours in adolescence and beyond.<sup>1-4</sup>

Interventions that promote the parent-child relationship as a protective factor for alcohol and other drugs can be implemented throughout the child and adolescent years. However, as alcohol and other drug use (AOD) is predominantly initiated in the adolescent years (12-18 years), interventions are typically structured around two key age groups: 0-12 years, and 12-18 years.

### Parenting 0-12yrs

Interventions or programs for 0-12 year olds are often designed to address aspects of the parent-child relationship that improve the long-term outcomes for younger children, in particular for children who exhibit challenging early behavioural patterns.

The aim is to increase parental warmth and responsive parenting; increase discipline consistency; increase levels of monitoring and supervision; and, decrease harsh, coercive parenting. Programs may also focus on

parenting confidence and competence; beliefs about causes of child behaviour; problem solving; coping skills; and, communication skills.<sup>5</sup>

### Parenting Adolescents

Programs for adolescents may focus on parenting time; increasing the importance of having conversations with their children about AOD; and, avoiding providing alcohol to those under 18. They may also focus on improving parenting skills; drug and alcohol knowledge; and, parent attitudes to drugs and alcohol.



\*The term ‘parent’ is used throughout the paper from this point onwards. The term is used with the understanding that we include all parents, carers and guardians of children under the term ‘parent’ in this context.

## Why?

Strengthening the skills of parents to have better relationships with their children can be an effective way to improve a whole range of social and health outcomes and can reduce a child's lifetime risk of alcohol and other drug use and protect against AOD harms.<sup>6</sup> Whilst the role of, and influence of, parents changes as children grow and develop, exposure to alcohol use and parental role modelling are important throughout childhood and into adolescence.<sup>7</sup>

### Parenting 0-12yrs

By intervening early - before the initiation of alcohol and/or other drugs and before adolescence - parents can help to reduce the risks associated with child and adolescent substance use and delay onset of use.<sup>8</sup>

While fewer parenting programs for younger children are focused specifically on substance use prevention, supporting stronger relationships can enhance the protective factors for many behavioural outcomes into adolescence and adulthood.

There is growing evidence that shows that a stable home environment, physical and cognitive stimulation, adequate nutrition and warm supportive parenting in the early years of a child's life can lead to the child developing strong emotional and behavioral control (self-regulation). This helps protect against a myriad of risks and increases the likelihood of positive developmental outcomes.

Key positive effects of these outcomes include delayed initiation of drug use and decreased use of drugs and alcohol during adolescence.<sup>6</sup>

### Parenting Adolescents

Research into parenting styles showed that authoritative style parenting - where parents are responsive and positive, as opposed to negative - was associated with better health and behavioural outcomes.<sup>9</sup>

This type of parenting aims to represent rational aspects of parenting (e.g. setting curfews and knowing where their children are) and emotional aspects (e.g. connectedness, trust and emotional warmth, talking about problems openly).

Many parents are concerned about the impact of alcohol and drug use during the adolescent developmental phase.

This is a key period of transition socially, cognitively and emotionally and also the time when alcohol use may typically begin.

Research shows that initiation of substance use in adolescence can increase the risk of other youth problems, including later dependence.<sup>10</sup> Targeting parenting practices and family relationships early in life can help to prevent problem behaviours including early substance use initiation in adolescents.<sup>11</sup>

In adolescence, further development takes place within a complex web of family, peers, school, community, media and broader cultural influences.<sup>12</sup> Although the relationship between adolescents and their families changes markedly with growing capacity for autonomy, the influence of parents and family remains strong.<sup>6,12</sup>

An Australian systematic review found that three risk factors (parental supply of alcohol; favourable parental attitudes towards alcohol use; and, parental drinking) and four protective factors (parental monitoring; parent-child relationship quality; parental support; and, parental involvement) were predictors of both alcohol initiation and levels of later alcohol use/misuse.<sup>1</sup>

These findings support the role of parenting interventions designed to upskill parents to understand risk and protective factors and to learn how to reduce the risk of adolescent alcohol use/misuse.

A clear link has been demonstrated between parental skills and practices and adolescent outcomes.

Parental monitoring; a positive parent-child relationship; and, parental controls have all been shown to be factors that reduce adolescent AOD use/misuse.<sup>10</sup> Parents who are aware of, and stay informed about, their child's activities, attend to their behaviour, and have more input into the structure of their child's environment (outside the school environment) can help to reduce risky behaviours.<sup>11</sup>

For parents of adolescents, talking to their child about alcohol or other drugs may be a difficult topic. Whilst some studies suggest that perceived rules against substance use; openness in discussing drugs and alcohol use; and, frequent communication about substance use may prevent substance use, little is understood about 'how' to have these conversations.<sup>13-15</sup>

## Evidence

Many parenting programs use a variety of techniques, underpinned by a range of theoretical approaches, to target the evidence-based risk and protective factors that are known to influence child outcomes.

While longitudinal studies are preferable for life course research, they are expensive, take many years to complete and attrition rates can vary – in particular among high risk participants. Disentangling the multiple risk factors that increase harmful AOD use is difficult as they all interact – compounding, mediating, moderating or confounding each other. Interpretation of 'what works' to reduce AOD harm is therefore challenging.

Parenting programs tend to be based on three levels that are delivered to different populations:

<b>Universal parenting programs</b>	Delivered to all parents with the aim of strengthening protective factors. The Triple P (Positive Parenting Program) is an example of a universal approach to support parents of children aged 0–16 years. Drug education delivered to include parents in a school-based setting is an example of adolescent universal program.
<b>Selective parenting programs</b>	Delivered mostly to parents of children who are deemed high risk due to developmental problems or due to the presence of risk factors such as parental mental health challenges or substance misuse.
<b>Indicated parenting programs</b>	Delivered to parents of children who are already displaying some challenging behaviours or who have family disruption, trauma or pre-existing conditions such as Fetal Alcohol Spectrum Disorder.

Whilst there is good evidence to support parenting programs, it is important to note that most programs are selective and not universal and most have not been evaluated specifically regarding the effectiveness to reduce substance use in adolescents.

### Parenting - 0-12 yrs.

Three evidence-based parenting programs commonly used in Australia are: Triple P (Positive Parenting Program); PCIT (Parent Child Interaction Therapy); and Incredible Years.<sup>5</sup>

These programs are based on a combination of social learning theory (all); attachment theory (PCIT); cognitive behavioural theory (Triple P) and, developmental theory (Triple P).

Whilst not specifically designed to address reducing risk of substance use in adolescence or later life, all three programs are based on supporting parents with children who have behavioural problems, anxiety or who are at risk.

There is a body of evidence that shows 'behavioural' parenting programs are effective in changing parenting attitudes and behaviours which, in turn, helps to improve child behaviour and enhance positive relationships.<sup>16</sup>

These programs do not evaluate the impact on child and adolescent drug and alcohol use; however, they do evaluate the impact on factors that elevate the risk of drug and alcohol use in the child and adolescent years. In the absence of rigorous longitudinal evaluation, the long-term impact of these programs on child and adolescent substance use behaviours is unknown.

The SAMHSA (Substance Abuse and Mental Health Services Administration) completed an in-depth review of the PCIT outcome studies published between 1995 and 2011.<sup>17</sup> A number of papers in this review were rated as achieving a high to moderate level of evidence for effectively addressing behavioural, family and parenting outcomes.

The Parenting Research Centre's evidence review reports outcomes on the following core areas: child development, child behaviour, safety and physical wellbeing, basic child care, parent-child relationship and family relationships.<sup>16</sup>

The review provides an analysis of the effectiveness of programs that address the core areas. While none of these are specific to substance use prevention, as mentioned above, the programs target factors that increase or decrease the chance that a child will use drugs and alcohol in the developmental years. A number of programs have been identified that aim to support parents with children who are already using substances.<sup>18</sup>

A 2018 systematic review assessed efficacy of parent-focused prevention interventions. The review found that parents skills training and engagement that were school-based and utilised multiple prevention strategies were most effective in preventing early substance use.<sup>10</sup>

### Parenting – adolescents

While adolescent substance use (including tobacco, alcohol and illicit substance), is on the decline, it is still an issue where well-designed prevention programs are essential to reduce harm and reduce the still concerning high level of young people consuming these substances.

A 2016 systematic review into parenting interventions to reduce youth substance use found that parenting interventions could be effective at reducing or preventing adolescent substance use, however the up-take of evidence-based programs is limited.<sup>19</sup>

More recently (2019), a systematic review and meta-analyses including 46 studies (39,822 participants) assessed the effectiveness of universal, selective and indicated family-based prevention programs in preventing alcohol use or 'problem drinking in school-aged children.'<sup>20</sup>

Out of the 46 studies included in the review, 31 studies were randomised controlled trials, 25 of which compared intervention group versus no intervention control group and six which compared effectiveness of two different family / parent focused interventions. The other 15 studies included cluster randomised controlled trials, 10 of which compared intervention group versus no intervention group and five of which were comparative effectiveness trials. The studies included a range of settings and modes of delivery, with interventions implemented varying in intensity, duration and approach.

The review found no clear benefits of family-based programs in reducing prevalence or frequency of alcohol use amongst school aged children. The study noted, however, that the overall quality of evidence was low or very low and few studies were comparable due to a high rate of heterogeneity.

Some evidence suggests that under certain circumstances (lower risk groups, certain ethnic groups) universal and selective/indicated family-based interventions may have small effects

on adolescent alcohol use, but low population prevalence in some groups makes differences hard to detect.

Whilst some studies included in the review did report positive effects on secondary outcomes (parental supply, family involvement, alcohol misuse) the studies had small numbers of participants leaving the evidence to be insufficient to draw a conclusion.<sup>21</sup>

Despite this evidence, community-based programs that aim to reduce known risk factors (idle time, unsupervised activities, low parental monitoring) and strengthen protective factors (parental involvement, community cohesiveness, participation in extra-curricular activities) have been demonstrated to reduce adolescent substance use.

In the USA, community-led prevention interventions that systematically and strategically implement evidence-based programs that target risk factors have been shown to be effective in producing population-behaviour change related to youth alcohol and drug use.<sup>21, 22</sup>

Icelandic research demonstrated that substance use can be reduced amongst adolescents by engaging in a number of prevention strategies that include approaches aimed at parents (time spent with adolescent, parental monitoring), building social capital (knowing the friends of their adolescent children and their parents) and building community cohesiveness.<sup>23-25</sup> Similar evidence is emerging in Australia.<sup>26</sup>

Whilst there is little consistent evidence of effectiveness, the evidence is currently limited by quality, parent engagement and length of follow up. It is important to note that lack of evidence does not equate to evidence of ineffectiveness. The strength of evidence on risk and protective factors means that they do have potential as targets for interventions but the best way to engage parents and facilitate change remains unclear.

### Parental supply

There is a common misconception in the community that supplying teenagers with alcohol at home will reduce the likelihood of harm and excessive drinking.<sup>27-29</sup>

A recently published study in Australia, using data collected from the Australian Parental Supply of Alcohol Longitudinal Study (2010 – 2016), found that providing alcohol to children is associated with alcohol-related harms and that there is no evidence to support the notion that parental supply protects against adverse drinking outcomes.

It is important to ensure that parents are provided with information such as this to correct any misconceptions and help to reduce potential harms due to adverse drinking outcomes for children.

Parental supply is associated with adverse adolescent drinking outcomes, compared with no supply. There was no evidence to support the view that parental supply may be protective for any adolescent drinking related outcomes.<sup>30</sup>

Australian research reports a significant drop in parental supply of alcohol to adolescents between 2004 (21.3%) and 2013 (11.7%).<sup>13</sup> This drop in supply coincided with legislative changes on parental supply and downward trends in adolescent alcohol consumption. The decrease in parental supply did not appear to be compensated for by other sources; rather, the results showed a general overall reduction of adolescent alcohol use.

In Australia, the legislation around secondary supply is now consistent across all states and territories.

### Parental monitoring

Parental monitoring refers to the parent's awareness of their children's schedules, peer associations, activities, and physical whereabouts.

Many studies have shown that when a parent is engaged with their child and maintains awareness of where the child is, rates of substance use, anti-social behaviour and negative peer influences are diminished.<sup>31</sup>

Further research in Iceland found that increasing parental monitoring (knowing where children are and who they're with) and parental social involvement (knowing their children's friends and their parents) appear connected to reductions in AOD use by young people over 12 years.<sup>25 24</sup>

### Communication and connectedness

An observational study reported that parents who discussed drug use scenarios, rather than stating rules against drug use and criticism, may make adolescents feel more comfortable and be linked to lower substance use.<sup>14, 15</sup>

Parent-child connectedness has gained recognition in recent years due to an apparent protective effect for positive adolescent outcomes, including a reduced likelihood of substance use/misuse.

Parent-child communication is key to strong and positive connectedness. It is not only the quality of the emotional bond between parent and child but also that the bond is mutual and sustained.

A 2017 systematic review found that high levels of parent-child connectedness and good quality communication, both general and substance use specific, are protective against adolescent alcohol, tobacco and drug use.<sup>32</sup> The review noted that conversations about drug use must

be two-sided and involve explanations about the health implications of using substances, rather than discussing rules and consequences. The enforcement of rules rather than just talking about them also appears to lead to less substance use.<sup>32</sup>

Parenting 'styles' and the relationship between different styles and adolescent substance use was examined in a European study involving 7718 adolescents.<sup>33</sup>

The research examined whether authoritative parenting style, characterised by warmth and strictness, is more protective against adolescent substance use than authoritative parenting, characterised by strictness but not warmth and neglectful (neither warmth nor strict) or indulgent (warmth but not strict).

The study found authoritative parenting and indulgent parenting were equally as protective against adolescent substance use with both styles sharing warmth as a key characteristic.

## ADF Positions

- The ADF recognises the important role that parents play in preventing AOD use and dependence. Parents can play an important role in reducing risk factors and promoting protective factors.
- Parents of adolescents should be encouraged to:
  - have open and constructive conversations with their adolescent's about substance use. These conversations should be constructive and respectful and cover health risks and potential consequences.
  - understand the important role that parental awareness of their child's schedules, peer associations, activities, and physical whereabouts can have in reducing substance use.
  - avoid introducing children under 18 to alcohol at any level (even sips) and to defer the socialisation of alcohol until after 18.
  - understand the importance of spending time with their children and the role that connectedness and communication have when their children are being challenged.
  - establish and maintain consistent rules and boundaries as protection against AOD harm.
- While knowledge programs have not been shown to work independently and in isolation, parents should be provided with support to improve their skills and knowledge about substances so as to have conversations with their adolescent that are credible.
- Parents should be given support in early childhood to be confident in achieving the balance between rule setting, warmth and positive communication.
- Parents of younger children, particularly those experiencing early signs of behaviour management challenges should be supported to participate in the Triple P and Stepping Stones Triple P programs.

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