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Shelley E. Beatty
Edith Cowan University

Donna S. Cross
Curtin University of Technology, d.cross@ecu.edu.au

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Engaging parents in the drug education of their pre-adolescent children: Practical problems and a promising program

S.E. Beatty (MPH) and D.S. Cross* (EdD)**

****Centre for Public Health
Edith Cowan University**

***WA Centre for Health Promotion Research
Curtin University of Technology**

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The use of alcohol, tobacco and other drugs (ATOD) is responsible for significant mortality and morbidity as well as social and economic harm in Australia each year.[1-4] Preventing such harm is clearly more cost-effective than treatment and there is consensus that young people should be a major primary prevention target group.[5] While social factors other than those associated with parenting play a role in determining a child's risk for initiation of ATOD use, there is substantial acknowledgment of parents' role in this process. Further, the inclusion of parent education as an important component of Australian school and community ATOD education initiatives enjoys substantial policy-level support.[6-15]

The specific role of parents in the initiation of ATOD use by adolescents has been extensively investigated and four major groups of parenting factors have emerged. That is, parental modelling of ATOD-use; the normative standards parents set regarding children's ATOD use; parenting style and family management techniques; and the manner in which parents communicate with their children.[16-19]

The importance of assisting parents to appreciate the significant role they have in influencing the ATOD use of their children is widely recognised. Likewise, strengthening parents' capacity to reduce children's risk of ATOD-related harm is supported in the literature as a primary prevention strategy.[20] Past efforts to involve parents, however, have been only partially encouraging primarily due to difficulties in recruiting and maintaining substantial parent participation.[21-24] Consultation with parents during the formative stages of a project has been suggested as a means to address this issue.[25, 26]

While formative research related to the needs of parents regarding health topics other than ATOD use are numerous, evidence of consultation with parents prior to the implementation of parent-oriented ATOD-related training is reported to be scarce.[27-29] The existing formative evidence suggests there are several barriers that inhibit parental participation in parent-focussed ATOD-related educational interventions. Collectively, they include the venue where the intervention is implemented; parents' perceptions of intervention-related time and scheduling demands and conflicts; logistical requirements such as transportation and child-care; work commitments; family commitments; family privacy issues; health problems; lack of family support; fear of stigmatisation; and the financial costs of programs.[25, 30, 31]

To investigate this issue, a two-part study was implemented in Perth, Western Australia. The first part consisted of formative research consulting parents regarding the design of a parent-directed ATOD educational intervention. The second part of this research involved developing and implementing the intervention for parents and conducting an evaluation (Randomised

Comparison Trial) of its feasibility and impact. Presented in this paper are the objectives and methodology of the Exploratory Study.

The objectives of the Exploratory Study were to identify:

- Parents' perceptions of the term 'drugs'.
- The type of ATOD education program preferred by parents of Year 6 children.
- The optimal duration, frequency and timing of an ATOD education program for parents of Year 6 children.
- Incentives to recruit and maintain parental participation.
- Barriers preventing parental participation.
- Strategies to address barriers related to recruiting and maintaining parent involvement.
- Factors that prevent or discourage recruitment of fathers and ways of recruiting more fathers.
- ATOD-related content and activities preferred by parents.
- The acceptability of using a choice of intervention materials as a way to recruit parents.

Parents were recruited via primary schools and were administered a questionnaire when they attended a discussion group. Their responses were discussed using a standardised protocol, both quantitative and qualitative data were collected. While the response rate was low (24%), the total number of parents consulted (n=51) was within the range reported in previous formative research where the sample sizes ranged from 20[32] to 56 parents [33]

While the results of this Exploratory Study could not be generalised to other populations or social contexts, they did provide important and practical insights into parents' preferences regarding the development and implementation of a parent-oriented ATOD educational intervention. They were used to shape the nature and content of an educational intervention for parents. The results of both the Exploratory Study and the subsequent Randomised Comparison Trial will be submitted for publication after the examination of the first author's doctoral thesis is completed.

Consultation with parents prior to the development of an intervention is recommended in the literature,[34, 35] and has been used successfully in previous research, to match the nature and content of interventions with the needs and preferences of the target group.[23, 29, 36-39] Similarly, the purpose of this Exploratory Study was to use feedback from a self-complete questionnaire and structured discussions with parents, who had a child in Year 6 at primary school, to shape the development and implementation of a parent-oriented ATOD educational intervention.

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References

1. Unwin, E., Codde, J., and Saunders, P., (1997). Smoking-caused deaths and hospitalisation in Western Australia, by health services, in *Epidemiology Occasional Paper 85*. Perth, WA: Health Department of Western Australia.
2. Unwin, E., Codde, J., and Swensen, G., (1997). *Hospitalisation due to drugs other than tobacco or alcohol in Western Australia, 1991-1995*. Perth, Western Australia: Epidemiology and Analytical Services, Health Information Centre, Health Department of Western Australia and Western Australian Drug Abuse Strategy Office.
3. Unwin, E., et al., (1997). *Alcohol-caused deaths and hospitalisation in Western Australia, by health services*. Perth, Western Australia: Epidemiology and Analytical Services, Health Information Centre, Health Department of Western Australia and Western Australian Drug Abuse Strategy Office.
4. Unwin, E. and Codde, J., (1998). *Comparison of deaths due to alcohol, tobacco and other drugs in Western Australia and Australia*. Perth, WA: Health Information Centre, Health Department of WA.
5. McGee, R. and Stanton, W.R., (1993). A longitudinal study of reasons for smoking in adolescence. *Addiction*, 88: p. 265-271.
6. Centres for Disease Control, (1994). Guidelines for school health programs to prevent tobacco use and addiction. *Journal of School Health*, 64 (9): p. 353-360.
7. National Community Drug Action Conference Committee, (1997). *National Community Drug Action Conference Declaration*: Canberra.
8. Australian Education Council, (1994). *A statement on health and physical education for Australian schools* Carlton, Victoria: Curriculum Corporation.
9. Australian Health Ministers' Advisory Council Working Party on Child and Youth Health, (1994). *The health of young Australians: A draft policy paper*. Canberra: Commonwealth Department of Human Services and Health.
10. Government of Western Australia, (1995). *Protecting the community: Report of the task force on drug abuse*. Perth, WA: Government of Western Australia.
11. Government of Western Australia, (1997). *Together against drugs: The WA strategy against drug abuse action plan 1997-1999*. Perth, WA: Government of Western Australia.
12. Ministerial Council on Drug Strategy, (1992). *No Quick Fix: An evaluation of the National Campaign Against Drug Abuse by the Second Task Force on Evaluation*. Canberra: Australian Government Publishing Service.
13. Western Australian Government, (1994). *Western Australian Drug Strategic Plan for 1994-1997*. Perth, WA: Western Australian Government.
14. National Campaign Against Drug Abuse, (1989). *National health policy on alcohol in Australia and examples of strategies for implementation*. Canberra: Australian Government Publishing Service.
15. Single, E. and Rohl, T., (1997). *The National Drug Strategy: Mapping the future* Canberra: Ministerial Council on Drug Strategy.
16. Catalano, R.F. and Hawkins, D.J., (1996). The Social Development Model: A theory of antisocial behaviour, in *Delinquency and Crime: Current Theories*, D.J. Hawkins, Editor: New York: Cambridge, p. 149-97.
17. Lonczak, H.S., Huang, B., and Kosterman, R., (2001). The social predictors of adolescent alcohol misuse: A test of the social development model.. *Journal of Studies on Alcohol*, 62: p. 179-189.
18. National Institutes on Drug Abuse, (1997). *Preventing drug use among children and adolescents: A research-based guide*. Rockville, MD: US Department of Health and Human Services.

19. Hawkins, J.D., et al., (1999). Preventing adolescent health-risk behaviours by strengthening protection during childhood. *Archives of Pediatrics and Adolescent Medicine*, 153 (3): p. 226-234.
20. Jackson, C., Henriksen, L., and Dickinson, D., (1999). Alcohol-specific socialization, parenting behaviors and alcohol use by children. *Journal of Studies on Alcohol*, 60: p. 362-367.
21. Perry, C.L., et al., (1990). Parent involvement in cigarette smoking prevention: Two pilot evaluations of the "Unpuffables Program". *Journal of School Health*, 60, (9): p. 443-447.
22. National Health and Medical Research Council, (2001). *The role of families in the development, identification, prevention and treatment of illicit drug problems*. Canberra: National Health and Medical Research Council.
23. Spoth, R. and Redmond, C., (1995). Parent motivation to enrol in parenting skills programs: A model of family context and health belief predictors. *Journal of Family Psychology*, 9 (3): p. 294-310.
24. Sanders, M.R., (2000). Community-based parenting and family support interventions and the prevention of drug abuse. *Addictive Behaviors*, 25 (6): p. 929-942.
25. Spoth, R., et al., (1996). Barriers to participation in family skills preventive interventions and their evaluations: A replication and extension. *Family Relations*, 45: p. 247-254.
26. Gettleman, L. and Winkleby, M., (2000). Using focus groups to develop a heart disease prevention program for ethnically diverse, low-income women. *Journal of Community Health*, 25(6): p. 439-452.
27. Biglan, A., et al., (1996). Experimental evaluation of a modular approach to mobilizing antitobacco influences of peers and parents. *American Journal of Community Psychology*, 24 (3): p. 311-329.
28. Howard, J., (1997). Psychoactive substance use and adolescence (part 1): Prevention. *Journal of Substance Misuse*, 2: p. 17-23.
29. Williams, C., et al., (1999). Project Northland: Comprehensive alcohol use prevention for young adolescents, their parents, schools, peers and communities. *Journal of Studies on Alcohol*, 13: p. 112-124.
30. Dishion, T.J., Kavanagh, K., and Keisner, J., (1998). Prevention of early adolescent substance use among high-risk youth: A multiple gating approach to parent intervention, in *Drug Abuse Prevention Through Family Interventions*, R. Ashery, E. Robertson, and K. Kumpfer, Editors, Rockville, MD: U.S. Department of Health and Human Services, National Institutes of Health. p. 208-228.
31. Williams, C.L. and Perry, C.L., (1998). Design and implementation of parent programs for a community-wide adolescent alcohol use prevention program. *Journal of Prevention & Intervention in the Community*, 17 (2): p. 65-80.
32. Hahn, E.J., Simpson, M.R., and Kidd, P., (1996). Cues to parent involvement in drug prevention and school activities. *Journal of School Health*, 66 (5): p. 165-170.
33. Hahn, E.J., Hall, L.A., and Simpson, M.R., (1998). Drug prevention with high risk families and young children. *Journal of Drug Education*, 28 (4): p. 327-345.
34. Spoth, R., (1998). Family-focussed prevention intervention research: A pragmatic perspective on issues and future directions, in *Drug Abuse Prevention Through Family Interventions*, R. Ashery, E. Robertson, and K. Kumpfer, Editors, Rockville, MD: U.S. Department of Health and Human Services, National Institutes of Health. p. 459-512.
35. US Department of Health and Human Services, (1989). *Making health communications work: A planner's guide*. Washington, USA : National Institutes of Health.

36. Dunn, P.C., et al., (1998). At-home nutrition education for parents and 5-to 8-year-old children: The Home Plate pilot study. *Journal of the American Dietetic Association*, 98 (7): p. 807-809.
37. Ary, D.V., James, L., and Biglan, A., (1999). Parent-daughter discussions to discourage tobacco use: Feasibility and content. *Adolescence*, 34 (134): p. 275-280.
38. Tyrrell, A. and Eyles, P., (1999). Health promotion in elementary schools: A newsletter as one strategy. *Journal of School Health*, 69 (8): p. 341-343.
39. Paxton, R., et al., (1998). Drug education in primary schools: Putting what we know into practice. *The Health Education Journal*, 57 (2): p. 117-127.