

The authors suggest that family support, not control, may be a positive factor in encouraging 'sensible' attitudes to legal and illegal drugs

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Can families be bad for your health ?

Families play a major part in the socialisation of children's and adolescents' behaviour. As children we largely depend on our families for support and guidance. We learn about appropriate and inappropriate behaviour, and develop a sense of moral behaviour — of conscience. As we progress into adolescence, other influences may increase in importance, but the family remains a major agent of socialisation.

The family is, of course, an important source of influence regarding risky activities. Family attitudes and behaviours involving 'risky activities' are one influential factor for healthy lifestyles, but another factor, and one on which we focus in the present research and in this report on some of our findings, is the nature of family relationships.

Recently we carried out a research project to investigate the relationship between family background and the use of alcohol, tobacco and illegal drugs by adolescents. It was therefore necessary to find a way of differentiating between different family types, and we did this not by the usual socio-economic parameters such as income, housing, and family structure, but by invoking the twin concepts of *support* and *con-*

trol, which seem to be central to the socialisation process.

Support

Supportive aspects are those which foster in the child a sense of belonging, and being accepted and approved of. Supportive attitudes are warm, loving and responsive, and are important for the development of firm emotional bonds.

We measured the level of support by using a scale adapted from the Family Environment Scale (1). Examples of the items include:

In my family we really help and support each other

My family does not discuss its problems

My family always does things together

Control

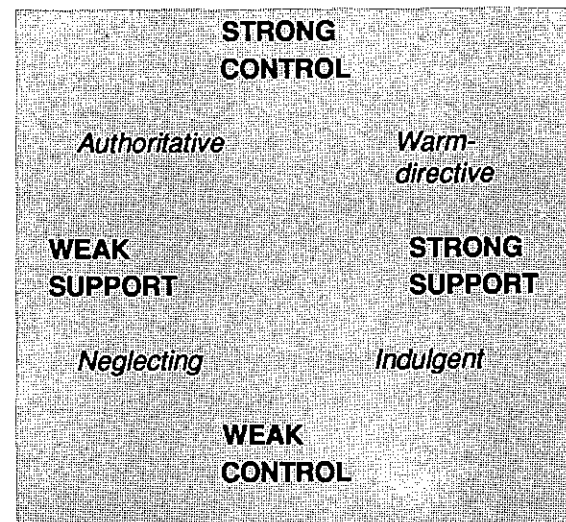
This refers to behaviours within a family which are concerned with guidance and flexibility — such as rules and rule negotiation, discipline, punishment, permissiveness and authority. The scale measuring perceived family control included the following statements:

It's important to follow rules in my family

In my family we never hit each other

We come and go as we want to in my family

This diagram presents the four family types described in the text in terms of the twin concepts of support and control.



Classifying family type

By these means we classified pupils' dimensions of their family life in terms of support and control, as follows:

Neglecting families were seen to have low support and low control.

Authoritarian or very strict families had low support and high control.

Indulgent families were high on support and low on control.

Warm-directive families were high on both support and control.

How adolescents view their own family situation could influence the extent to which they use alcohol and other substances. In a recent review of separate research reports, we found that both family support and control, as perceived by adolescent respondents, were related to levels of self-reported alcohol use. For instance, we have recently observed that the more heavily-drinking teenagers are more likely to perceive their family environment as unsupportive or lax (2), and, in general, both low support and low control were related to heavier drinking.

The survey

However, most of the research reports we reviewed came from the USA, and there are certain differences regarding both alcohol use and family process between our two countries. With this in mind, we set out in the summer of 1991 to look at teenage drinking and family life in a large regional study in Humberside, England, using the Adolescent Drinking and Family Life Questionnaire (ADFLQ). However, what started as an alcohol-related study was widened to include smoking and the use of soft and hard

drugs by collaborating with the Schools Health Education Unit, which was currently administering the Health Related Behaviour Questionnaire (HRBQ) in some of the schools chosen for our survey.

Since the two questionnaire surveys were run independently, and the HRBQ had already been completed, we had to develop a strategy for matching up each individual's two questionnaires. With the permission and co-operation of John Balding and David Regis, and a subset of eight schools involved in the Yorkshire Region Survey, this was done by adding a group of descriptive variables such as age, the number in the family, and type of residential district, to the ADFLQ. These were then matched with the same variables in the HRBQ in a complex computer program requiring over eight hours to run using the latest equipment! When it had finished, we had 1,045 out of 1,400 individuals uniquely matched on the questionnaires, giving an extremely successful match rate of 85%.

The sample

These 1,045 individuals comprise the sample detailed in this report, consisting of 559 boys (53%) and 486 girls (47%), with 667 pupils in years 8-9 (aged 12-14) and 378 in years 10-11 (aged 14-16).

Similar proportions of boys and girls were classified into each family type. One important point to make here is that actual levels of support and control may vary between males and females, but the *perceived* level of support and control, from low to high, may be similar. For example, it may be the case that girls are constrained more rigorously by family rules and guidelines about the time to come in at night, or about going out alone. However, such actual differences may not become apparent when measuring perceived levels of support and control if girls regard such constraints as normal.

In general terms, the kinds of questions we are interested in about family life and adolescent drinking and substance use are:

- *What perceptions do adolescents have about their families?*
- *How do these perceptions (of family relationships) relate to their own use of alcohol and related substances?*

Consumption of alcohol

In this report we look at three self-reported alcohol use behaviours from the ADFLQ:

	<i>Warm-directive</i>	<i>Indulgent</i>	<i>Authoritative</i>	<i>Neglecting</i>
% of boys in sample	59	51	52	52
% of girls in sample	41	49	48	48
<i>Drink more than once a week</i>				
Boys	10	10	11	17
Girls	0	5	11	7
<i>Usually drink to get merry/drun</i>				
Boys	26	36	33	48
Girls	21	28	34	34
<i>Moderate/heavy drinking last week</i>				
Boys	11	12	12	18
Girls	5	9	16	16
<i>Drink because my friends do</i>				
Boys	8	9	17	22
Girls	10	5	11	14
<i>Drink to cheer up</i>				
Boys	41	49	59	65
Girls	41	42	52	55
<i>Smoked yesterday</i>				
Boys	5	8	13	12
Girls	6	15	15	14

Drinking and smoking:

The percentage of boys and girls (age range 12-16) in each of the four family types who were in the left-hand italicised category. For example, 10% of the boys in 'warm-directive' families drink more often than once a week, compared with 17% of the boys in 'neglecting' families.

Frequency of drinking

Usual level of consumption

Amount drunk in the last seven days

Respondents were also asked to indicate which of 11 pre-defined reasons for drinking applied to them, and we also report how these reasons for drinking relate to family life. The reasons were:

- I like the taste*
- To escape problems*
- To be confident*
- To feel relaxed*
- To get drunk*
- Because my friends do*
- To be sociable*
- To celebrate*
- Because I'm under pressure/stress*
- I like the effects*
- It cheers me up*

On the whole, boys were more likely than girls to report heavy drinking. Moreover, boys categorised under the *neglecting* family type were the most likely to drink heavily. Moderate drinking was most likely among boys from *warm-directive* families. For girls, the same pic-

ture emerges, although those from *authoritative* families were also likely to drink more heavily.

Interesting family differences were found for the more inappropriate reasons for drinking. For boys, *authoritarian* and *neglecting* family types were linked with:

- Drinking to escape problems*
- To get drunk*
- Because their friends do*
- Because of stress*
- Because of the effects of alcohol*
- To cheer up*

A similar picture emerges for girls, with more from *authoritarian* and *neglecting* family types giving these reasons for drinking:

- To escape problems*
- To boost confidence*
- To get drunk*
- Because of stress*
- To cheer up*

Reasons for drinking indicate an individual's attitudes and intentions concerning alcohol. In a recent article we have shown that older adolescents who have inappropriate reasons for drinking are more likely to be heavier drinkers; furthermore, the heavier drinkers are likely to have more reasons for drinking (3). Thus, one's reasons for drinking are important factors in considering alcohol education and treatment programmes. The major question is how positively to encourage the adoption of 'appropriate' reasons for drinking, and thus discourage 'inappropriate' reasons.

Cigarette smoking

Several questions from the HRBQ relating to cigarette use were examined in relation to family life. These were:

- Number of cigarettes smoked yesterday*
- Number of cigarettes smoked in the previous week*
- Current smoking habit*
- Expected future smoking habit*
- Using cigarettes to cope with problems*

Clear gender differences were found in the relationship between smoking behaviour and family type. Girls tended to smoke more than boys, in contrast to the pattern obtained with the alcohol use behaviours. Girls from all family types were equally likely to report that they smoked, whereas, as with drinking, smoking boys were more likely to be found in *authoritarian* or *neglecting* families. The picture for girls is particularly interesting in comparison with

	BOYS	GIRLS
<i>General use</i>		
Drinking	More boys drink	
Smoking		More girls smoke
Illegal drugs	More boys claim use	
<i>Family type</i>		
Drinking	More drinkers in neglecting families	More drinkers in neglecting families
Smoking	More smokers in authoritative/neglecting families	Little difference
Illegal drugs	Higher use in authoritative families	Little difference

▲ A summary of the young people's recorded use of drugs.

their drinking behaviour, where *warm-directive* families had a marked positive relation with girls' restrained use of alcohol.

Use of illegal drugs

A comprehensive list of illicit drugs comprised several questions in the HRBQ. We combined these drugs into the following groups:

Controlled drugs (cocaine, opiates, heroin)

Stimulants/sedatives (amphetamines, barbiturates, tranquillisers)

Hallucinogens (natural, synthetic)

Cannabis (leaf, resin)

Ecstasy

Solvents

We then examined, in relation to family life, four aspects of knowledge or behaviour regarding these substances:

Did they know anything about them?

Did they know anyone who had used them?

Had they ever been offered any of them?

Had they ever used any of them?

Very few of the pupils admitted using other substances (solvents, cannabis, ecstasy, stimulants or depressants, and 'hard' drugs). But of those who did, more perceived their families as *authoritative* or *neglecting*.

Gender differences in family influence

In summary, boys tended to be heavier drinkers, generally in line with gender differences in adult alcohol use. For boys, family type was an important influence on their level of drinking.

Girls reported smoking more often, and family type was not an influence on this or other substance use.

How might we explain this contrast? Possibly

girls, because of social conventions, face restrictions on their level of drinking. Girls who are heavier drinkers do not have the same social approval as heavy-drinking boys, and therefore cigarettes may offer an alternative resource which is more acceptable. Heavier smoking by girls could be an important, although potentially harmful, 'equal opportunity' drug use strategy.

This difference may also be a factor in the lack of influence of family type on smoking and other substance-use by girls. Drinking is a socially acceptable behaviour—the use of alcohol by adults is generally condoned, as those people who choose not to drink are in the minority, and therefore drinking by young people is a behaviour subject to strong socialisation influences. Smoking, and the use of substances other than tobacco, is less acceptable or even socially proscribed, and so for girls their families may not play as important a role in the socialisation of these behaviours.

Conclusion

Differences in family style seem to be associated with differences in adolescent health behaviours, and these effects can vary in direction and degree from one behaviour to another.

At this stage these are only tentative suggestions, requiring further examination with a larger research programme. However, what is clear from the present results is that:

1. Drinking, smoking and other forms of drug-taking are distinct activities, and should not be lumped together, as part of the same 'problem behaviour', by researchers, educationists, and practitioners.

2. Family type seems to be more influential on drug use by boys than by girls.

3. For boys and girls, the *neglecting* and *authoritative* family types are associated with higher use of all types of drug. These types are both low on *support*, and it may be that support rather than control is the critical factor behind these behaviours.

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