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Do Actions Speak Louder Than Words?: Adolescent Interpretations of Parental Substance Use

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Abstract

Parents are powerful socialization agents for children and as children reach adolescence parental role models, among other sources of influence, become particularly salient in adolescents' decision-making regarding initiation of substance use. Open parent-adolescent communication about substances is associated with less substance use by adolescents; however, it is unclear how youth interpret anti-drug use messages from their parents, especially if the parents engage in legal and/or illicit substance use themselves. Framed by social learning theory and social constructionism, this study analyzed in-depth interviews with 108 adolescents about personal experiences with substance use, family communication about substance use, and adolescent interpretations of parental use. Emergent themes in the data include: *positive parental influence*, *parental contradictions*, and *negative outcomes of use*. Prevalence of parental use—regardless of legality, rarity of explicit communication about parental use, and various interpretations of parental use are discussed.

Introduction

Most adolescents perceive that their parents would disapprove of their use of alcohol, tobacco, and other drugs (ATOD). In fact, approximately 94% of adolescents aged 12–13 report that their parents would strongly disapprove of their alcohol use; the numbers decrease slightly as adolescents get older, with 85% of 16–17 year olds reporting that their parents would strongly disapprove of their alcohol use (Substance Abuse and Mental Health Services Administration [SAMHSA], 2009). Yet, as the excerpt above points out, parental substance use may send its own message that contradicts anti-drug use messages that are communicated to adolescents by parents. According to the Partnership for a Drug-Free America (PDFA, 2005), today's generation of parents are the most drug-experienced of any cohort of parents yet and they are less concerned with the risk of drugs and teen drug use than parents in the early 2000s. Today's parents are also less likely to talk to their kids about

drugs (Miller-Day & Dodd, 2004; Miller-Day, 2008; PDFa, 2005). If these talks are not taking place, and parents are not or do not appear to be overly concerned about drug use, what messages are being conveyed to adolescents about substances? Perhaps the answer lies in the type and amount of parental substance use, parental attitudes about the use of substances, and the way parents communicate their attitudes and behaviors to their adolescents, in conjunction with their expectations for their adolescent's ATOD use. The two central purposes of the present study are to understand how adolescents perceive parental messages about substances and substance use and to explore how parents' use of alcohol, tobacco, and other drugs (ATOD) shape those perceptions.

Parental Explicit Messages about ATOD Use

Parental communication about substance use influences adolescents (Brody et al., 2006) and parent-adolescent communication that is clear and consistent, conveying anti-drug use values and norms, is not only effective, but necessary in preventing or delaying the initiation of substance use by adolescents (Miller-Day, 2008). Current research supports the claim that open parent-adolescent communication about ATODs, including explicit messages about risks and consequences, is associated with less substance use by adolescents (Miller-Day & Dodd, 2004; Miller-Day & Kam, 2009; SAMHSA, 2009). Parental influences and parent-adolescent communication play a particularly important role in substance use prevention due to their potential for effectively buffering youth against the risks of early use initiation (Harakeh, Scholte, De Vries, & Engels, 2005) and binge drinking (Turrisi, Wiersma, & Hughes, 2000), through promoting negative attitudes toward alcohol use (Nash, McQueen, & Bray, 2005), less favorable views of substance users (Wills & Yaeger, 2003), and abstinence-based alcohol use norms (Brody, Flor, Hollett-Wright, & McCoy, 1998). Kelly, Comello, and Hunn (2002) reported evidence suggesting that parents are considered to be credible sources of information about drugs and that adolescents are most likely to have talked to at least one parent about ATODs and ATOD use.

Influential role models, such as parents, may influence adolescent alcohol use through speaking favorably or unfavorably about ATOD use or those who use ATODs, shaping cognitive expectancies and establishing norms of behavior, and establishing accountability to others (Petratis, Flay, & Miller, 1995; Pettigrew, Miller-Day, Krieger, & Hecht, 2011). Booth-Butterfield and Sidelinger (1998) found that the more open, direct, and reciprocal the communication between parents and adolescents, the more likely their attitudes are to be shared. This may be seen as positive, if parental attitudes discouraging ATOD use are shared and adopted by adolescents. However, if parental attitudes are permissive, which they are more likely to be if parents use ATODs themselves (Henriksen & Jackson, 1998) there is also a likelihood that positive attitudes about ATOD use will be shared by parents and adolescents.

Miller-Day and her colleagues have conducted a series of studies on direct parent-adolescent "drug talks," and this line of research helps to identify certain characteristics of conversations about ATODs such as frequency, directness, and content (Miller-Day, 2008; Miller-Day & Kam, 2009; Miller-Day, Lee, & Pettigrew, 2010). These studies revealed that parents commonly talk to their adolescents about ATODs in terms of warnings of the

dangerous nature and consequences of use, including messages of disappointment (Miller-Day & Dodd, 2004). This line of research has reported that direct parental messages about ATODs and expectations regarding adolescent use are effective in deterring middle school students' ATOD use (Miller-Day, Lee, & Pettigrew; Miller-Day & Kam; Walker, Hamrick, McLaren, & Miller-Day, 2005), and that families used a variety of strategies in conveying these direct messages. Parental prevention message strategies included providing personal examples, providing and discussing written evidence, proffering tools for healthy living, stating rules and sanctions, and offering rewards for nonuse (Miller-Day, 2007).

Evidence suggests that parents' verbal anti-drug messages are effective even when parents partake in legal substances themselves (Henriksen & Jackson, 1998; Jackson & Henriksen, 1997; Miller-Day & Dodd, 2004). However, we know less about the effects of situations like a parent having one glass of wine with dinner, a couple of beers after work, or a little too much champagne at a wedding, in coordination with regularly communicating anti-drinking messages to their adolescents.

Parental Implicit Messages about ATOD Use

In addition to explicit talks intended to prevent adolescent ATOD use, parents convey indirect messages (Miller-Day & Dodd, 2004). Some parents simply do not use ATODs or do not partake in front of their adolescents. However, Henriksen and Jackson (1998) found that direct, anti-smoking socialization messages from parents were effective in deterring the initiation of smoking in adolescents, even when the parents smoked. Direct ways in which anti-smoking socialization messages were delivered included talking to adolescents about health risks and discussing the disciplinary consequences of smoking. Research shows that this verbal shaping of anti-smoking norms is effective in deterring and delaying smoking in adolescents, but this same research suggests that parents who use ATODs themselves are less likely to directly convey anti-drug messages to their adolescents (Henriksen & Jackson, 1998; Miller-Day & Dodd, 2004).

Several studies have indicated that the majority of parents are not having explicit conversations with their adolescent children about ATODs and ATOD use (Miller, 2001; Miller-Day & Dodd, 2004); yet, more than 90% of the parents in the 2004 study reported using alcohol or another drug regularly or occasionally. In addition, Sherriff, Cox, Coleman, and Roker (2007) found that parents lack the knowledge, skills, and efficacy to convey "sensible messages" about drinking to their adolescents. It is not clear what the implications are for youth when parents proffer messages of prevention while engaging in personal ATOD use (albeit often legal and moderate use), especially for young adolescents.

Perhaps parents who have a history of legal substance use (e.g., tobacco, alcohol) provide a positive or neutral definition of ATOD use, and parents that have never used provide an implicitly negative definition of use. A neutral definition creates an ambiguous, implicit message, and much research shows that in the presence of ambiguity, individuals fill in the blanks with information that they have observed and socially learned over time in order to reduce cognitive complexity (Bigler & Liben, 2007). There is also the possibility that a positive definition is inadvertently created by making ATODs that parents use appealing to

adolescents; those interpretations are bound to affect their own decisions of whether or not to initiate use.

Evidence is also mounting that genetic and environmental influences combine to produce intergenerational similarities between parents and adolescents (Serbin & Karp, 2003), and that direct modeling of parent behaviors leads to intergenerational transmission of a variety of those behaviors as well as attitudes about them (Conger, Neppl, Kim, & Scaramella, 2003). Children of parents who consume alcohol are more likely to consume alcohol themselves, and parental attitudes about drinking are strongly associated with early and late adolescent alcohol use (Booth-Butterfield & Sidelinger, 1998; Brody, et al., 2006). In addition, parental attitudes about ATOD use are strongly associated with whether or not their adolescents use ATODs (Bauman et al., 1990; Serbin & Karp, 2003; Wills, Gibbons, Gerrard, Murry, & Brody, 2003). Moreover, adolescents are more likely to smoke if their parents smoke (Bailey, Ennett, & Ringwalt, 1993).

However, socialization of adolescents is more complicated than their simple observation of current parental behaviors. Some research has suggested that the effects of parental smoking on adolescent smoking are the same for parents who never smoked as those parents who had quit smoking (Murray, Swan, Johnson, & Beweley, 1983). Bauman and colleagues (1990) found that a history of parental smoking was more strongly associated with initiation of adolescent smoking than current parental smoking. This study revealed that adolescents with parents who had quit smoking within the child's lifetime and adolescents with parents who were current smokers were much more similar to each other than to adolescents of parents who never smoked.

It is particularly important to understand not only the messages young adolescents receive about ATODs, but their interpretations of both explicit and implicit messages about ATODs for two interrelated reasons: 1) Parents are powerful socializing agents and their communication and behavior send direct and indirect messages to their adolescents about expectations, norms, and consequences of ATOD use, and 2) ATOD experimentation becomes significantly more likely as children move into middle school and substance use continues to rapidly increase from the sixth to the ninth grade (Johnston, O'Malley, Bachman, & Schulenberg, 2010). Analyzing parental messages and their children's interpretations of those messages is particularly salient in adolescence as during this time youth are relying on parental role models while being faced with competing peer influences and opportunities to begin experimenting with ATODs.

Substance *abuse* has been studied extensively, with findings linking parental ATOD abuse and negative outcomes for married partners/partners, children, and the family system as a whole (Haugland, 2003, 2005); however, very little research has examined the effects of parental social drinking. There is some research to suggest that even social drinking can have negative consequences on general children and family functioning, as well as specific influences on adolescent's initiation of ATOD use (Haugland, 2003, 2005; Miller, Alberts, Hecht, Trost, & Krizek, 2000; Miller-Day, 2008). But there is very little research on casual or occasional parental ATOD use and its effect on shaping adolescents' perceptions about use. This study attempts to fill that gap in the literature.

It is important for parent-based prevention programming to understand more about the messages parents provide young adolescents about ATODs, especially in light of their own adult ATOD use. Moreover, in the frequent absence of explicit parent-adolescent “drug talks” (Miller-Day & Dodd, 2004), we are interested in how adolescent youth are interpreting parental substance use behavior and how those cognitions, and direct or indirect parent-adolescent communication about ATODs, are shaping substance use norms.

First, we argue that a social learning theory (Bandura, 1969, 1977, 1986) perspective is useful in guiding this inquiry due to its emphasis on parental modeling as an explanation for adolescents’ behaviors. Second, we apply a social constructionist perspective to understand the role of family communication in the socialization and sense-making processes because it is important to understand how adolescents make sense and meaning out of parental communication and behavior regarding ATOD use, within the context of their family lives. In fact, modeling is one potential result of the sense-making that is often done in the absence of explicit communication. In essence, an adolescent might say to him/herself, “I see my parents smoking or drinking alcohol, and they haven’t talked to me about it, so I’ll just do what they do until I have more information to go on.” Modeling may fill in the cognitive gaps that arise from a lack of communication, which is necessary for adolescents to create a more complex social reality. Eventually, with more information (e.g., direct communication), adolescents may be able to construct a more tailored and informed reality about ATODs, such as, “My parents use legal substances in moderation, but that doesn’t mean that I should until I’m of the legal age to do so.” We believe these theories provide important insight into the cognitive and communicative processes at work in adolescent interpretations of family prevention efforts.

Guiding Theoretical Frameworks

Social Learning Theory

According to Bandura (1969, 1977, 1986), behavior is fundamentally learned and modeled through the observation of others’ behaviors, and the process of reward and punishment in the enactment of certain behaviors. Social learning processes are particularly salient in the absence of other information to guide decision-making (Bandura, 1969), but they are not solely reliant on reward and punishment with the end goal of socialization. Individuals engage in a trial-and-error process of emulating socially competent models, and in the current research, this theory has been applied to parents as socialization agents (Ennett et al., 2001; Miller-Day & Dodd, 2004).

In addition, research on adolescents and ATOD use has examined peers as socializing behavioral models as well (Miller-Rassulo, Alberts, Hecht, Krizek, & Trost, 2000; Rimal & Real, 2003). Ennett et al. (2001) suggest that most people believe that parents influence their adolescent’s decision-making about ATOD use; however, there have also been misconceptions in the literature that parents universally disapprove of adolescent substance use, and that they explicitly communicate prevention messages to their adolescents. These authors pointed out the need to look at the variety of parental beliefs and messages about ATOD use in an effort to understand their influence on their adolescent’s choices to use or abstain.

We apply a social learning theory perspective to understand how parental behaviors communicate messages to their adolescents in the absence of verbal conversations about ATOD use, and how adolescents interpret those messages to fill cognitive gaps in the modeling process. While the basic tenets of social learning theory guide our inquiry, we also seek to understand *how* adult ATOD use and messages about said use are being interpreted by adolescents, and how they may be associated with adolescent ATOD use and resistance. Social constructionism provides a theoretical lens for understanding adolescent interpretations of both behavior and messages within the family context.

Social Constructionism

Individuals make meaning out of certain stimuli in their social world. The social constructionism theoretical perspective posits that our interactions with others constitute our social reality. In other words, meaning (i.e., reality) is derived from interaction with others (Berger & Luckman, 1966). According to Olson et al. (2008), “Events occur and conversations ensue that impact our worldview and thus frame our view of reality” (p. 4). For the purposes of this study, it allows us to organize and describe adolescents’ interpretations of various behaviors and messages about ATOD use within the context of their families.

According to Miller-Day (2012) and Hacking (1999), this sociological theory of knowledge posits that we create understanding of social phenomena within social contexts, and we construct “reality” through interaction with others. In this project, adolescents make sense of their parents’ communication and behavior regarding ATOD use, and the parent-adolescent communication about ATODs constructs their social reality of family life and prevention. This perspective allows us to apply a communication lens to the various interpretations, or realities, that adolescents construct about ATOD use, in light of different family interactions about it. For example, a parent who drinks and explains both their drinking and the context in which they drink to their adolescent child, is likely to have a different impact than a parent who may drink in the same way, but offers no explanation for it. Further, a parent who completely abstains or abuses alcohol, in combination with direct or indirect communication about either of those patterns, would contribute to their child constructing numerous other possible realities about alcohol use. Therefore, there is a plethora of combinations of ATOD use, communication about it, and interpretations for adolescents to make.

This research will employ these theories as interpretive lenses and perhaps move beyond explanations based on imitation of behavior by providing nuanced information about how youth are cognitively constructing parental messages surrounding ATODs and ATOD use. In this study, we seek to extend previous work on explicit (direct) parent-adolescent “drug talks,” but also explore new territory in the area of implicit (indirect) messages about substance use. We seek a better understanding of how adolescents interpret parental messages (both explicit and implicit) about ATODs and ATOD use. Specifically, we asked, “*How do adolescents perceive explicit and implicit parental messages about substances?*” and “*How does parents’ use of alcohol, tobacco, and other drugs shape those perceptions?*”

Method

Procedures

Semi-structured qualitative interviews were conducted with 118 youth from schools in Pennsylvania and Ohio. Community liaisons for the research contacted key school decision-makers (e.g., school principal and/or guidance counselor), described the study, and asked for cooperation in recruiting student participants. Each decision-maker was informed that (a) the data obtained in the interviews would remain confidential and would be used to develop a substance abuse prevention program, (b) all researchers had governmental clearance to work with children, (c) all research activities were supervised by the universities' Institutional Review Board, and (d) each participating adolescent would receive \$5.00. The student volunteers were eligible to participate in the interview process once they returned, via standard postage-paid mail, a signed parental consent form and student assent form. Once the student returned the form to project personnel, the liaison and contact within each school coordinated the individual interview sessions during school hours.

Eight interviews were removed from the sample due to quality of the data (e.g., unintelligible audio). Two additional interviews were removed due to the participants' ages of 18 years or older. Thus, we eliminated legal adults from the rest of the adolescent sample. Therefore, the final sample included 108 participants (male = 58, 54%; female = 50, 46%). Interviewees ages ranged from 12–17 years ($M = 13.68$, $SD = 1.37$). Forty-six participants were from Ohio and 62 from Pennsylvania, representing nine different counties (3 Ohio and 6 Pennsylvania), and 12 different schools (4 Ohio and 8 Pennsylvania).

Interviews

We employed semi-structured interviewing to allow us to maximize the depth of information obtained from each participant while maintaining a structured interview process (Rubin & Rubin, 2004). Through the process of interviewing, researchers interacted with their participants not as authorities but as learners attempting to understand the participants' experiences and realities from their perspectives (Baxter & Babbie, 2004). A team of seven interviewers participated in a 4-hour training process, which involved reviewing protocol and procedures for the interviews, guidelines for ethical research, and interview practice and feedback.

As part of the larger study a semi-structured interview guide prompted students to discuss several topics regarding adolescent culture. For the purposes of this current study, analyses were restricted to interview responses about: (1) Parental communication and behaviors that shape the adolescent's beliefs about ATOD use, and (2) the adolescent's personal use of ATODs. From those conversations, perceptions of parental explicit (what they say) and implicit (what they do) messages regarding ATODs and ATOD use were analyzed. That is, we operationally defined *direct messages* as explicit, verbal conversations between parents and adolescents about ATOD use, and *indirect messages* as nonverbal communication and behavior regarding ATOD use (i.e., parental ATOD use and/or implied messages about expectations, consequences, etc.). Following the interviews, a research team member

downloaded the audio files to a password-protected computer and then sent the files out for professional transcription.

Interviews were conducted in private locations within the schools such as a guidance counselor's office or an unused classroom or conference room. During the first few minutes of the interview session, participants completed a brief survey consisting of questions about demographic information (gender, age, grade, school, ethnicity, and length of residence in their community). Interviews ranged from 18–91 minutes in length and were audio recorded. At the conclusion of the interview, interviewers also indicated the presence or absence of self-reported ATOD use by the adolescent during the interview.

Data Analysis

To address our research questions, “*How do adolescents perceive explicit and implicit parental messages about substances?*” and “*How does parents’ use of alcohol, tobacco, and other drugs shape those perceptions?*” participants were asked to discuss the messages they received from parents about ATODs. Based on this discussion, adolescents identified verbal and nonverbal messages they perceived from parents. Adolescent participants were not always explicitly asked about parental ATOD use, however, it was often in the context of the discussion of family messages that the topic of parental ATOD use emerged. In fact, 72 of the 108 (67%) interviewees mentioned parental ATOD use in the interview without prompting. Within those 72 interviews, only two participants’ reported parents (2.7%) who completely abstained from any ATOD use. Of the 70 participants who reported parental use, 68 (97%) reported their parent used ATODs currently or at a previous time, and two of those 68 participants (2.9%) reported parental marijuana use. Two participants, (3%) of the 70 who explicitly discussed parental ATOD use, did not specify the substance(s) involved in parental use.

The prevalence of reported parental ATOD use led us to categorize adolescents into one of four parent/adolescent ATOD use categories that later informed our interpretation of their comments. Those categories are based on the adolescents’ disclosures in their interviews and included: (1) adolescent ATOD use/parental ATOD use, (2) adolescent abstinence from ATOD use/parental ATOD use, (3) adolescent ATOD use/ parental abstinence from ATOD use, and (4) adolescent abstinence from ATOD use/ parental abstinence from ATOD use. Similar to assigning interviewees into categories of gender and comparing female to male responses, it is often informative to categorize interviewees by certain characteristics. This analytic approach informs the interpretation of the data and aids in identifying patterns among those with similar characteristics (Marvasti, 2004).

In light of the fact that only 72 of the 108 (66.7%) of the interviewees disclosed information about parental ATOD use, only those 72 interviewees were categorized into one of the four categories. The remaining 33.3% of the data ($n = 36$) was analyzed for interpretation of explicit and implicit messages about drugs, but not in regard to parental ATOD use per se. These 36 interviews were placed in a fifth “unspecified” category. In many instances, the interviews that fell into the unspecified category had interesting stories from other family members or role models that we found informative overall and worth including even though they did not reference parental ATOD use explicitly. The assignment of youth into parent/

adolescent ATOD use categories, or into the category where parental ATOD use was not explicitly mentioned, was completed before examining the manifest and latent content of the interviews.

General analytic approach—In this study, we examined both the manifest and latent content of the adolescents' interviews (Graneheim & Lundman, 2004). The visible and explicitly stated information in the transcribed text refers to manifest content (Downe-Wamboldt, 1992). In contrast, interpretation of the underlying meaning of the text refers to latent content (Kondracki, Wellman, & Amundson, 2002). This analysis occurred through two distinct analytical steps. Utilizing Nvivo software for qualitative data analysis and management, we first embarked on *data reduction* where we identified “meaning units” in the corpus of data. A meaning unit is any utterance that conveys a sufficient amount of meaning, or independent message, as it stands alone. For example, a meaning unit could be a word or phrase in response to a preceding question, a full sentence, or numerous sentences, depending on the content. The second step was *abstraction*, where we linked meaning units and grouped them together into conceptual categories of information, describing, interpreting, and clustering the meaning units (codes) into higher-order content areas (Baxter, 1991).

Results

Descriptive Statistics

Among the 66.7% of interviewees ($n = 72$) who disclosed information about parental ATOD use, approximately half reported that at least one parent used (licit and /or illicit) substances, but they did not report any ATOD use of their own (parental use/adolescent nonuse) (51.4%, $n = 37$), closely followed by ATOD use by at least one parent and the adolescent (parental use/adolescent use) (45.8%, $n = 33$), and finally no ATOD use by either the parent or adolescent (parental nonuse/adolescent nonuse) (2.8%, $n = 2$).

There were no adolescents who disclosed personal ATOD use while simultaneously explicitly reporting parental abstinence. Adolescent use and parental abstinence might have been the case for some of the unspecified cases who could not be categorized based on a lack of explicit information about parental use. The only two interviewees who reported parental abstinence also reported personal abstinence. Approximately 41% ($n = 44$ out of 108) of the entire sample of participants admitted to having tried at least one substance in their lifetime. For those 44 adolescents who reported at least one incidence of ATOD use, not one disclosed that their parents never used any ATODs, and 33 of those youth explicitly discussed parental use of some kind.

Tobacco and alcohol were the most frequently discussed substances, with 39% ($n = 17$ of 44) reporting at least one incidence of tobacco use and 75% ($n = 33$ of 44) reporting trying alcohol at least once. Approximately 20% ($n = 9$ of 44) reported trying marijuana at least once. These percentages of type of substance use overlap somewhat because of reports of participants experimenting with more than one substance, one participant did not specify what they tried, and one reported having tried “anything” the interviewer could think of. Tobacco use in general was prevalent in the interviews, with each of the 108 adolescents

reporting parents, siblings, extended family members, friends, and/or all of the above, who chewed or smoked tobacco.

Without being asked specifically about parental approval, 80.5% ($n = 87$ of 108) of the participants mentioned that their parents would not approve of their ATOD use. However, only 45% ($n = 49$) reported that their parents explicitly discussed the avoidance of ATOD use at all, and only 10% ($n = 11$) said their parents talked to them about it on a regular basis. Consequently, in trying to determine *how adolescents perceive parental (explicit and implicit) messages about substances*, we interpreted from the disclosures of the adolescents more implicit than explicit messages from parents about substances and substance use. These implicit messages included a feeling that the adolescents described having about their parents' policy on ATOD use (e.g., "I just know they wouldn't want me to"), nonverbal messages communicating disapproval/dislike/distaste of ATOD use, and the behavior of parental ATOD use. Moreover, many explicit messages were reported to be brief, blanket policies such as, "Just don't do it," rather than extended explicit conversations about reasons not to use ATODs or consequences of ATOD use. Therefore, adolescent perceptions of the sophistication and elaboration of direct messages were often approximately the same as their inferences based on parental behavior (implicit messages) with ATOD use.

Recurrent Themes

A number of interpretive, descriptive themes were extracted from the whole body of interviews, superseding categorical distinctions, including *perceptions of positive parental influence*, *perceived contradictions*, and *perceived negative outcomes of use*. Baxter (1991) defines themes as threads of meaning that recur in domain after domain. Therefore, themes were constituted from data across all four categories of ATOD use/nonuse.

Perceptions of positive parental influence—The first theme (recurrent thread of meaning) that emerged in this dataset was *perceptions of positive parental influence*. This theme was present in each of the three parental use/adolescent use categories observed, and within the unspecified category of the interviews. The variety of adolescent interpretations of parental behaviors was intriguing, because both adolescents whose parents used ATODs and adolescents whose parents did not use discussed their perceptions of their parents as a positive influence. The participants discussed parents as positive influences on both abstention and experimentation. Participants reported that parents provided direct and indirect messages--through explicit directives, stories of past experiences, and their actual use or abstention--that both deterred and condoned adolescent ATOD use. Therefore, this theme was divided into two subthemes: *parents as a positive influence on adolescent abstention* and *parents as a positive influence on adolescent experimentation*.

Parents as a positive influence on adolescent abstention—When discussing who in their life has been a "good influence" and who helps them make healthy choices, many adolescents discussed parents. For example, one 14-year-old male who had tried alcohol and got sick the first time he drank discussed how his mother's explicit communication influenced his decision not to use ATODs in the future:

Uh, my parents, 'cause my mom doesn't want me to smoke, like, cigarettes or become an alcoholic or a druggie or anything. So, I try to make her happy ... Uh, she just sets down and tells me that I shouldn't try it and she had me promise her that I wouldn't, at least not until I'm an adult. I don't think I'm gonna try it then either. (O2¹)

He did not specifically discuss whether or not his parents used any ATODs; yet, he perceived that his mother had directly communicated anti-drug messages that would influence his future decisions not to use. This, however, had not deterred him from trying alcohol at least once already. He perceived that his parents were the ones who influenced his ATOD decisions the most.

For those adolescents in the mutual abstinence group (neither parent nor adolescent had used a substance), one of the positive influences that parents provided was guidance about ATOD use and ATOD situations. Adolescents from this group reported more than any other group that parents were more apt to engage in explicit and ongoing "drug talks" with them, and these adolescents' behaviors mirrored their parents' behaviors with ATOD use. An example of the perceived positive influence of parents in the nonuse/nonuse category is seen in this excerpt from an interview with a 13-year-old female whose parents explicitly talked to her about ATODs, ATOD use situations, and specific strategies for avoiding peer pressure:

Like, don't do 'em, and like, what they can do and I won't do it and, like, I just don't wanna get started on that ... 'Cause they will ruin my health and ... like, say no, walk away, make an excuse, or like, try to change the subject. (O32)

This young girl goes on to say that she and her parents do not have these explicit conversations very often because, "They know I won't do it, and like, no one in my family does that." When asked again if she thinks that her parents are influential in her decision-making about ATODs, she reiterates, "Yeah ... because, like, they tell me, like, never give up and help me ... they're usually there for me." This adolescent perceives that she has positive, direct messages that help her make healthy decisions when it comes to ATOD use, and also that it is not necessary to have explicit discussions all the time because it is understood that that is not something she will do, in part because it is not a norm in her family. This example reflects many of the perceptions shared by adolescents in this sample that the norms and messages exchanged in their families helped them to form a negative definition of ATOD use, and to construct a generally anti-drug social reality.

Another 12-year-old girl who had chosen to abstain from any ATOD use thus far, but did not explicitly address her parents' substance use or abstention, described her interpretation of parental messages about ATODs:

They said it's nasty because you can damage your lungs and stuff like that, and it'll make your heart stop working ... Alcohol, they said it just tasted nasty and it makes you have like this little feeling that makes you feel like you wanna throw up and marijuana is like same just like beer but it's a lot different 'cause you smoke it. (O76)

¹Citations refer to the assigned interview code.

While implicit messages about ATODs were discussed more than explicit messages, they were often used together. A 13-year-old girl shared the following when discussing both verbal and nonverbal messages conveyed by her mother while walking through a parking lot:

Well, there's this one time me and my mom were walking to [store name] and we seen a needle syringe in the [store name] parking lot and my mom was sad, she's like that's a, a needle to where people sting up in 'em and there's medic-, like drugs in it and then ya' shoot up then that's called heroin. Yeah. So my mom picked it up with like three tissues and threw it away. (O76)

This girl's mother turned an accidental encounter with a syringe into a "teachable moment" for her daughter, and the young girl's interpretation that the syringe made her mother sad reinforced the reality of disapproval her mom had helped her construct throughout her childhood.

Another 12-year-old female shared that she had few explicit conversations with her parents about drugs, but based on her interpretations of punishments for other behaviors that were unrelated to ATODs and the general way she was raised, she "just knows" she would be "in big trouble" if ever caught experimenting. This particular young girl also perceived that her peers that were experimenting with tobacco and alcohol had parents who either knew about it and/or were permissive of it. This was pointed out to contrast with her parents' messages. When asked if her parents talked to her about ATODs, she responded:

Not really, but I, they raised me well enough that I know not to do that stuff ... Um, uh, I remember they, they taught me a lot of stuff – what was wrong and what was right – so I kinda know...and what trouble I could get into if I did. (O23)

Parents directly and indirectly communicated disapproval through their own abstention from ATOD use, and adolescents perceived their parents were positive influences on their choices to abstain. Some adolescents' stories demonstrated perceptions of both direct and indirect parental messages and how they worked alternately at different times to construct one cohesive reality about ATODs, whereas many adolescents perceived that their parents generally either communicated explicitly or implicitly about ATODs.

Not all parents were disapproving of adolescent ATOD use. Some adolescents perceived their parents' substance use (rather than abstention) and their messages about it as positive encouragement to also use ATODs.

Parents as a positive influence on adolescent experimentation—Some parents made offers of substances to their adolescents. When adolescents were provided with tobacco or alcohol by a parent, this tended to be interpreted as an explicit approval for the use of the substance. Additionally, other adolescents who were experimenting or regularly using ATODs themselves and witnessed parental use tended to articulate a construction that "everyone's doing it in my family, and we have ways of doing it that make it okay." For example, if the adolescent drank alcohol or smoked themselves, they saw their parents' ATOD use as approval of their own use; that is, the message was that ATOD use was acceptable.

One young man from Ohio described his parents as a good influence because his parents only let him drink a little bit at a time and only at home with them. This was an explicit message of support in his opinion:

My mom, she's like 'don't drink alcohol' – like my mom, she says 'don't drink alcohol' and 'don't be an alcoholic' and stuff and – but she doesn't care if like I have a drink or two; but then my dad, like if we're at parties he's, he lets me have a drink but he doesn't want me to be an alcoholic or get drunk or anything like just like a sip of drink – beer or alcohol or ... (O30)

Adolescent impressions that parents do not care if they use ATODs suggests that parents who use substances – even legal substances for adults such as alcohol – often provide explicit messages of support for adolescent ATOD use. For example, “He said, ‘I don’t care, just try it.’” Adolescents also perceive more implicit messages of parental support for ATOD use such as, “She saw me with [the beer] and just walked out of the room and didn’t say nothing.” Some youth suggested that parents do not care about their adolescent’s feelings or beliefs about substance use generally, nor do they care if the adolescent uses ATODs. Several adolescents reported parents who told them it was acceptable to use an illicit substance, but just not to use it in front of the parents. Additionally, the adolescent accounts were replete with instances of family members, including parents, supplying the adolescent with tobacco or alcohol. Understandably, when a parent supplies a son or daughter with a substance, this conveys an explicit message of approval to the adolescent. Adolescents consistently attributed parental lack of caring about the adolescent’s ATOD use and general lack of awareness as an implicit message that the parent “doesn’t mind” if the adolescent partakes in ATODs.

One participant whose grandfather supplied him with tobacco and whose mother merely asked that he not chew or smoke in front of her, had this to say about his father, “Uh, he, he doesn’t really care a lot, about a lot of stuff that I do [like drink alcohol], you know, he just like pretty much lets me make my own choices like in his way ...” (O77). This particular adolescent was surrounded by family communication with a positive or neutral definition of ATOD use. The combination of being supplied with tobacco, being permitted to smoke out of his mother’s sight, and the perceived apathy about his choices all contributed to a, “My parents don’t really care what I do” reality about ATOD use. At the same time, many of these adolescents reported their parents as being positive role models for making healthy choices in general and about ATOD use in particular.

On the other hand, some interviewees internalized perceptions of implicit messages of parental apathy and complained that their parents do not care about or respect them and their ideas. For example, one young man tried to influence his mother and other family members to stop using tobacco and said, “Like, she wasn’t paying attention to me and, like, didn’t care what I thought” (O32). His mother’s continued use provided an implicit message of apathy about his thoughts and feelings.

General attributions such as, “They use so they don’t care if I do” contribute to the construction of parental injunctive norms; that is, beliefs about whether parents think the adolescent should or should not use substances. More often than not, in the groups where

parental ATOD use was reported, adolescents revealed cognitive constructions linking parental use with parental apathy and/or approval about adolescent ATOD use. These youth often perceived that parents did not want to discuss ATOD use with their child nor did they care if the child used ATODs. In another example, this 15-year-old boy had a father who currently used tobacco and alcohol and used to smoke marijuana. He attributed his dad's apathy about whether or not he personally chose to use anything to his dad's use of each substance:

Uh, well, my dad, he wouldn't want me smoking or he might, he might let me chew but my step-mom wouldn't like it any at all but my dad might have a little bit o' give, you know, but ... I don't know, because he chewed when he was younger. You know, he drunk when he was younger, so. I don't know, if I wanted to he'd probably let me ... Uh, marijuana, uh, I don't know, I don't think he'd care because he smoked it back then and then. (O53)

Adolescents often cited their parents as the individuals in their lives who had the most positive influences on them. These perceptions of positive influence were described by both direct and indirect messages about abstention from and appropriate adolescent use of ATODs. Both parental nonuse and use and a variety of explicit and implicit messages about ATOD use were interpreted as having a positive influence, pointing to the flexibility of social constructions that are created from various family interactions. However, a number of adolescents in this sample perceived their parents' explicit and implicit messages (i.e., their behaviors) to contradict one another. Furthermore, several participants discussed their perceptions of a mutual awareness that parents were unable to directly disapprove of adolescent ATOD use in the face of their own substance use.

Perceived contradictions—The interviews were also replete with discussion of adolescents' *perceived contradictions* about ATODs in general. For example, when asked about using ATODs, one young woman interpreted her mom's cigarette smoking and communication about it as hypocritical: "She says, 'You better not do it, or I'll beat your butt.' Yeah. She's a hypocrite" (P25). Mentions of contradictions were occasionally accompanied by an explanation or interpretation of the perceived contradiction, such as this 17-year-old male who described both his and his parents' different social constructions for each type of substance. He reported his own tobacco, alcohol, and marijuana use in his interview, and he seemed to be justifying certain types of use. He also explained his parents' communication about ATODs based on their personal use. When asked what his parents "say" about ATODs, he immediately referenced their behavior:

Well, my mom's a nurse, you know, she don't really drink but she likes to drink every now and then like when she's really stressed out just for her nerves like she gets wine and, uh, she tells me it's bad and she don't agree with it at all and she don't like the fact that I smoke and she won't pay for my stuff or buy 'em for me but, you know, I mean, they don't really like it but both my parents drink – not like heavy drinkers, you know, just ... they drink occasionally. Um ... yeah, they know I drink. (O57)

Across numerous interviews, adolescents discussed the contradiction of parents having a permissive policy about a substance that they use, and a strict anti-use policy about different substances. This distinction was often made between alcohol and tobacco, with tobacco being much more vehemently disapproved of by parents, but the distinction was also made between legal and illicit substances. For example, this 13-year-old girl discussed the various messages she received from explicit and implicit parental communication about ATOD use as well as her perception that her parents had not set explicit rules about drinking alcohol because of their own alcohol consumption:

My parents don't really care too much about alcohol because they both drink. So, it's not ... they both said that – not to smoke because it's just really, really bad and very unhealthy and they are both trying to quit. Well, my mom is, I don't know about my dad. (P5)

She interpreted that her parents did not have strict rules about alcohol because of their own drinking, but because of their negative feelings about their own addiction to cigarettes, they have more explicitly discouraged their daughter's smoking. She had abstained from any use thus far, but attributed her own self-motivation and common sense to those choices, rather than the positive influence of her parents or her upbringing.

The most commonly reported contradictory message about ATODs was when a parent used a particular substance, but prohibited the adolescent from using ATODs in general. This perceived contradiction was prevalent in both parental use groups (parental use/adolescent use and parental use/adolescent nonuse), regardless of the legal issues of use. For example, this 14-year-old female said that her parents acknowledge that their own use diminishes not only the effectiveness of their anti-drug messages, but also takes away their right to communicate them in the first place:

They tell us that if we're gonna try it sometime, eventually – just don't do it ... Pretty, they said they can't be a hypocrite because they did it whenever they were teenagers ... So they can't really tell us. But they hope we don't do it. (P28)

In our sample, a second perceived contradiction arose when parents communicated or behaved differently from one another and the adolescent was left wondering whose example and directions to follow. There were many cases of one parent using ATODs and the other parent completely abstaining, or at least abstaining from the more maligned substance of the other parent's choice. For some youth, this resulted in contradictory perceptions about family norms as well as confusing signals as to which parent to emulate. Anti-use messages invariably came from the parent who was the non-user and included statements such as, "You better not use [insert substance] like your father/mother/sibling/relative." For example, this 13-year-old girl was taken away from her parents and her grandparents were her parental figures. Her grandparents referenced her father's behavior as a teachable moment for behavior to avoid:

'Cause none of them drink and they keep on telling me that drinking's bad ... Like, drinking's bad. You'll end up, like, you'll get drunk and do something stupid and end up in jail like your dad. Like, my grandparents, they always put on the guilt trip, like, "You'll turn out like your dad, blah, blah, blah, blah, blah." (P11)

Another perceived contradiction was the parental approval of one substance, while prohibiting the use of another. One girl talked about her mother's drinking and times when her mother had offered alcohol to her, but she declined. However, she also provided a discussion of how her mother was anti-smoking and had mentioned to her daughter numerous times the serious consequences of tobacco use and set out clear consequences if she were to ever be caught smoking. She added, "My, my brother [smoked] and my mom ripped like, yelled at him. I wouldn't do that 'cause like my aunt smokes and it always gets in my face and it bugs me" (P21). This exemplified a parent who offered alcohol to her daughter and then threatened punishment for her sibling's smoking. Moreover, as illustrated in this excerpt, the situation may be complicated by extended family members who use the prohibited substance. It seems that it is difficult for adolescents to construct a general policy on ATODs based on family behavior and communication about it, when some substances are permitted, yet others are not.

These examples illustrate how adolescents may perceive numerous contradictions from confusing messages about ATODs from a variety of family members. Although the theme of parental positive influence repeated across the categories of data, and contradictory messages were associated with both adolescent abstinence and experimentation, there were also a number of adolescents who cognitively framed their parents' (and other loved ones') substance use as a cautionary tale.

Perceived negative outcomes of use—One theme that cut across the data and seemed to have the most obvious impact on adolescent substance use decisions was *perceived negative outcomes of use*. The message value of observing ill health, death, accidents, and physical deformity as a result of ATOD use and abuse was extremely potent for these youth. In addition, this theme reflects adolescent resistance to ATODs based on their exposure to other's use, such as having their own health jeopardized or their personal goals impeded by others' ATOD use. This finding lends support to the claim that implicit, nonverbal messages powerfully shape adolescents' cognitive constructions and expectations regarding ATOD use.

Participants discussed several negative outcomes of use, including a loved one's damaged health due to ATOD use, consequences of criminal activity related to alcohol, death due to ATOD abuse, and a general decline in the quality of life when ATODs took over a loved one's life. The impacts of these negative consequences were particularly salient for youth in the nonuse categories, regardless of parental use. Adolescent observations of negative outcomes, especially of family members, seemed to be a powerful disincentive for substance use. We acknowledge that there is a significant difference between negative consequences that may arise from long-term use of legal substances like tobacco, and abusive situations that lead to extremely negative events. We share a variety of examples within this theme without necessarily equating them with one another.

Perceived negative outcomes of parental use—Adolescents discussed their parents' coping with addiction to tobacco and alcohol, legal ramifications of use/abuse, various health complications, and risky and upsetting behavior when under the influence of various ATODs. These parental disclosures and adolescent observations of negative events and

outcomes were powerful deterrents in some cases, but did not necessarily prevent experimentation for every adolescent in this study.

For example, one adolescent who reported that she abstained from any ATOD use, told a lengthy story that began with a disclaimer stating that her mom did not usually drink very much, yet she shared her account of one night when her mother came home late from a bar and a night of drinking, even though she promised repeatedly to be home earlier. She continued with an account of another time when her mother was already sick with the flu or a cold, but she drank a significant amount of hard liquor and beer to “make her feel better.” Her mother consequently vomited all night, while telling her worried child to relax and that this process was normal “when you are sick and the alcohol makes you feel better later on” (P2).

We did not interpret a particular perception of a positive or negative influence from this young girl’s interview, but we saw this as an example of an adolescent observing something negative resulting from ATOD use. The disclaimer that her mother did not drink that much, accompanied by multiple stories to the contrary, might be evidence of this young girl trying to protect her mother or trying to construct a more positive reality than what actually exists. Regardless, she observed negative outcomes of use and they influenced her decision not to use ATODs.

Another 13-year-old female, who was already partaking in tobacco and alcohol, recounted witnessing her father physically abusing her stepmother when he was under the influence of illegal drugs. She uses this experience, and her father’s subsequent incarceration as her reasoning for using tobacco and alcohol underage, but drawing the line at illicit substance use: “Because, no. I don’t because my dad, he, like, almost killed my step-mom being on, when he was on drugs ... so, like, I feel really differently about drugs from what he did” (P11).

A 13-year-old male knew a lot about negative consequences of using various ATODs, in part because of observing his father’s use:

Yeah, ‘cause what I heard, tobacco can give you lip cancer and smoking can give you lung cancer ... and beer can like mess up your kidneys and stuff ... My dad used to drink. And then he got drunk one time and then he got in a car accident and almost killed somebody. And he was in jail for like two, three months. (P13)

He also recounted asking his father if he had learned his lesson and his father not drinking anymore. This young man demonstrated the potential power of looking up to one’s parents and wanting to model their behavior because he described wanting to be a firefighter when he grows up, just like his father, but without the “beer and stuff.”

Some youth discussed what they perceived to be the relationship between parental ATOD use/abuse and physical aggression or abuse. There were several examples throughout the interviews of physical abuse, aggression, and violence associated with a parents’ substance use/abuse or in response to adolescent ATOD use. Participants discussed examples of receiving physical abuse when a parent discovered their ATOD use, or expressed nervousness at the certainty of impending physical aggression if their parents did discover

their use. Additionally, one 14-year-old boy shared the following account of witnessing his (presumably drunk) father beating his mother and how this experience influenced his decision not to drink alcohol:

Well, my dad went, like, right before he moved out he drank, like I don't know how much, but my mom, somehow she ended up on the floor and he kicked her and kicked her and kicked her with like a steel boot and one place had a bad bruise and I was probably like about four or five and like my brother was about, probably younger than I am, but if I woulda known how, w-, known everything and known how to, I would of, I woulda, I woulda, um, like jumped on my dad's legs and stopped him. I'll never forget it. (P26)

Another adolescent explained her interpretation of her parents' use of marijuana. She said, "It's a bad influence on me because it shows me doing that stuff is bad and it makes you forget a lot and you can't do very much" (O75). Her observation about the memory inhibiting effects of marijuana demonstrates that she recognizes the risks involved in marijuana use, and they seem to be a powerful deterrent for her when considering whether or not to smoke marijuana. Regardless of adolescent use or abstinence, adolescents interpreted negative outcomes of ATOD use as very salient in their own lives and decision-making processes.

Adolescents also had a plethora of stories from their social networks, including siblings, extended family members, friends, and other peers and adults in the community, to choose from when asked about the risky behaviors they had witnessed and how those behaviors influenced their thoughts and feelings about, and behaviors with, ATODs.

Perceived negative outcomes of other family member's use—Many non-using adolescents reported tobacco and alcohol related health problems of extended family members as their motivation for not smoking, and some discussed making explicit promises to grandparents, before their deaths, to never smoke or drink, at least until it was legal. For example, one young man explained:

I don't do that because uh, like my grandpa, before he died he, uh, he smoked and like I don't drink because my, my uncle had like a liver problem from it and I don't wanna have lung cancer and have black lungs so every time one, one of my family members smoke, I either go outside or I just take my shirt or something and I do this with it, breathe in it. (O79)

One participant's uncle had a liver transplant as a result of drinking and the adolescent cited this as an explicit reason for his personal choice not to use alcohol. Additional outcomes regarding the physical consequences of smoking were reported and included bad breath, bad body odor, coughing, and yellow teeth, as illustrated in the following excerpt:

It turns their teeth yellow, they have bad breath, they cough a lot and they get sick a lot easier than they used to before they start smoking. And, I don't really want to end up that way. And my one uncle used to be a very heavy drinker, when he drank he wasn't the nicest guy anymore he is a lot better than that though. And I really just don't want to end up that way. (P9)

Adolescents reported messages about ATOD use and consequences for breaking the law. These messages were also powerful deterrents for drug use. One 13-year-old girl recently lost an uncle in a car accident where he was hit by a drunk driver. She explained:

[In drug prevention programs they need to show] what happens to people. Because, a lot times, like what happened to my Uncle _____, it's just going to happen – if they share what happens to some people, maybe they'd stop doing it. I think that would be good if you show someone who they actually look up to, and things like that, where they were in an accident too, something like that. (P38)

For this girl, school-based drug prevention curricula could be made more effective by sharing genuine stories of real people. Another 15-year-old girl, who regularly used tobacco and alcohol, reported feeling angry with her alcoholic mother, as well as sad and ashamed of an uncle on death row for killing his wife and child while under the influence of multiple drugs, including marijuana and heroin. She differentiates her own drug use from his extreme experiences, and she shared these vivid details of his drug-induced atrocities. When asked what distinguishes marijuana from beer, she replied:

Uh, because pot is more dangerous and my uncle died from smoking pot, so I wouldn't ... Yeah, I won't do any drugs...It was my dad's brother. He got ... was smoking weed at night and then he short, sh- shot heroin and he killed his baby, and he killed his wife, and he's, and he pretty much, he's pretty much on death row right now. Well, it wasn't like the fact, it is in Tex-, he lives in Texas ... The fact, it wasn't like they said it w-, even as bad but of what he did, he did to the baby, is kind of ... [he] tied it on to like the back of his truck and drove it around and then, like, he burnt out on it and like h-, the flash, like the skin was stuck under his tail pipe and stuff. It was really bad. I cried for weeks and weeks and weeks. (P15)

Stories like this from young adolescents clearly illustrate how youth are affected by the implicit messages of risk in their everyday lives. This incident resonates more strongly with that young girl than any conversation she had ever had. As seen in the excerpt, she makes a cognitive distinction between “drugs” and tobacco and alcohol, and she knows to avoid the more serious “drugs” as a result of this horrible incident in her family. She elaborates that her brother snorting pills and smoking pot did not bother her that much compared with her uncle's behavior after “smoking really bad pot” and using heroin.

Discussion

This study illustrates the complexity of the messages adolescents receive about ATODs and ATOD use and the frustrations many youth experience when attempting to sift through and decipher the messages. In light of previous scholarship and the lack of attention to parental messages that either directly or indirectly address their own ATOD use, this study was conducted to describe and analyze adolescents' accounts of parental substance use prevention messages and their perceptions of parents' personal ATOD use.

Adolescent Interpretations of Explicit and Implicit Parental Messages

These findings challenge social assumptions that parents universally *do* care about whether their adolescent uses ATODs. It describes how youth may interpret messages from parents about ATOD use and parental ATOD use itself. As social learning theory suggests, parents' ATOD use appeared to be linked to adolescent ATOD use. This was not entirely a negative consequence, however, with several participants reporting that parental use served as a deterrent to their own use. Among those adolescents in the mutual use group, there were a plethora of stories that suggested these youth viewed their parents as "hypocrites" while simultaneously justifying their own use as "no big deal" and, somehow, not as potentially dangerous as their parents' use. The complex nature of parental substance use and adolescent interpretations of that use warrants further investigation.

Parents were also identified as having significant positive influence in the lives of youth. Parents were perceived as coaches, advisors, teachers, and counselors assisting their adolescents in making healthy and wise decisions. Parents were discussed by many of the participants as credible sources of ATOD information and advice. But beyond information and advice, observations of the negative impact of substance use seemed to resonate most clearly with the adolescents in this study and helped them to construct an anti-drug reality that would hopefully protect them from suffering similar negative consequences of use. For those youth, particularly those with no history of ATOD use, direct observation of the negative consequences of substance use (e.g., illness, incarceration, death) provided a salient and compelling indirect anti-use message.

Parental ATOD Use

The majority of adolescents reported at least one parent who used ATODs. The ubiquity of parental use in this study is not surprising given that legal substances, such as alcohol and tobacco, are frequently (and often in moderation) used by adults in the general population. However, it is compelling that many of the youth interviewed reported personal ATOD use *despite* perceived negative consequences of parental ATOD use. Even with positive role models, it seems that negative influences and being supplied with ATODs provide a strong influence and temptation for many adolescents.

Furthermore, parental ATOD use in conjunction with a lack of explicit communication about ATODs seemed to fuel perceptions of parental apathy about adolescent ATOD use and about the adolescent in general. Perhaps that perceived apathy served the function of giving the adolescent license to experiment with ATODs themselves. Comments like, "They can't say anything about it to me because they do it and they don't want to be hypocrites," and "They don't care if I use it because they do, and they know it's inevitable that I will too," illustrated how constructions of ATOD use may be shaped by parental use and the lack of explicit communication about it. The results may be that adolescents perceive their parents to be hypocrites and parental prevention efforts may be severely hampered or skewed.

Our intention is not to blame parents for their adolescent's ATOD use, indeed, substance use and abuse is multi-determined; but, the findings from this study provide compelling

evidence that parental ATOD use, even the moderate use of legal substances such as alcohol, carries meaning for youth. Parental ATOD use, whether legal or illegal, does not escape adolescents' attention and when confronted with parents modeling conflicting behaviors and communicating contradictory messages about ATODs, perhaps actions do speak louder than words when adolescents are attempting to construct a coherent reality about appropriate substance use behaviors.

Practical Implications

When analyzing comorbidity of early onset of use with other disorders like risky sexual behavior and impaired mental health functioning (Spoth, Randall, Shin, & Redmond, 2005), one has to wonder what the relationship is between perceiving that one's parents do not care if they use ATODs or not and other risky behaviors. Furthermore, the implications for the perception of apathy being more generalized to the parents not caring about the adolescent themselves are quite concerning. This could potentially affect mental health outcomes for adolescents in addition to influencing deviant behavior, and those two outcomes often go hand-in-hand. This study offers further support for the need to address parental communication about ATOD use, particularly in the context of parental use, even if parents feel unskilled or their efforts are unsuccessful. There is something to be said for parents to at least articulate that they care about their adolescent's choices and well-being (Brody et al., 2004).

Preventive interventions directed at parents should enhance parental efficacy in communicating about ATODs instead of ignoring parental ATOD use. When encouraging parents to be the "anti-drug," and to talk with their kids about substance use, perhaps it is time to provide guidance to parents about ways to address these issues along with parental skills training to assist parents in managing their own licit and illicit ATOD use. Skills training might include learning how to cognitively frame that use, modeling responsible use, communicating clear and unambiguous family messages about adolescent use, and developing techniques for navigating parent-adolescent conversations about substances. These kinds of interventions may enhance parent-adolescent relationships generally, and deter early initiation of use by adolescents by helping to construct more consistent and well-rounded worldviews of ATOD use.

Limitations

This is an interpretive study and thus describes our interpretation of the adolescents' accounts, while taking care to enhance the trustworthiness of this interpretation. It is not our intention to claim any causal relationships in the data and results of this study. These findings do not generalize to a broad population; but, instead, may be transferable to similar groups of adolescents. The participants in this sample tended to live in rural areas, thus affecting the transferability of these findings outside of rural areas of the U.S. Results might be different if the study were conducted in other regions of the country with other samples. For one, the high incidence rate of tobacco is not surprising based on extant literature about the prevalence of tobacco use in rural communities (Hecht & Krieger, 2006). Other factors such as socioeconomic status, ethnic background, divorce, remarriage, age, and average

household income could be influential in the experiences of these adolescents and should be considered in future studies analyzing similar research questions.

Furthermore, we acknowledge a potential selection bias in this sample of participants. These interviews were conducted as part of a larger funded project, in which the participants' schools had agreed to be a part. Therefore, there might have been more willingness to participate knowing that principals and teachers knew about and approved of the researchers conducting the interviews in their schools. Parental approval of adolescent participation might have been easier to obtain in light of access through school officials as well. The small monetary incentive could have influenced some to participate more than others. The existence of a selection bias might also explain more outgoing, forthcoming, and talkative individuals to sign up, but there seemed to be varying degrees of comfort with the interview process among these participants. The fact that these interviews were face-to-face and about personal information, which sometimes included illegal behavior, could have led to dishonesty at times in an effort for participants to protect themselves, their family members, friends, and other loved ones and acquaintances. It might have also had the opposite effect of influencing some adolescents to exaggerate their experiences in order to look "cool" in the eyes of the researchers.

Future Directions

This research was heuristic in that it led to new questions. First, researchers could intentionally and explicitly ask adolescents and parents about their direct and indirect communication about parental and adolescent substance use, as well as how each family member thinks and feels about each other's use to better understand perceptions of actual ATOD use, communication about it, and the relational impact of the two. The first and second authors have already conducted another large qualitative project addressing parental substance use, the prevalence of prescription drug use by parents and adolescents, and dyadic perceptions of family communication about each type of substance use. It is our hope that the specific acknowledgement and discussion of moderate, legal use of numerous types of substances will provide clarity for the qualitative differences between varying amounts of legal use, subsequent communication efforts, parent-adolescent relational quality, and substance use outcomes for adolescents.

Second, more diverse samples should be sought to compare perceptions from different populations to approach more general understanding of adolescent experiences regarding personal and parental substance use in different family forms, in different regions of the country, with different sociological characteristics and different substances. School-based drug prevention interventions are already adapting curricula for rural youth considering their unique experiences and exposure to particular drugs, such as chewing tobacco and cigarettes (Hecht et al., 2003). To our knowledge, however, there are few programs for rural youth that enhance parent-adolescent communication about tobacco use, acknowledging possible parental use, and emphasizing expectations for child (non)use. Future research could inform prevention programming targeted to specific experiences and risks within different communities.

Conclusion

This study is about messages: How adolescents perceive and interpret parental messages about substances and substance use. The findings from this study reveal that when parents use ATODs, legally or not, this carries meaning for adolescents, and explicitly addressing parental use in the context of preventing adolescent use is necessary. Parental ATOD use in conjunction with ambiguous and possibly contradictory parental messages about substances may lead youth to assumptions of parental apathy and even parental approval of adolescent ATOD use. These assumptions, as well as perceptions of parental hypocrisy in light of their personal ATOD use, may reduce the impact parents have as agents of prevention. Including what parents say as well as what they do into discussions of modeling and prevention theory is warranted if we are to capture the complexities of prevention communication and its effectiveness.

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