Published in final edited form as:

J Res Adolesc. 2015 March ; 25(1): 75–80. doi:10.1111/jora.12094.

What Do Urban Black Mothers Tell Their Adolescents About Alcohol And Other Drugs?

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Abstract

The current study utilized qualitative content analysis to examine messages conveyed about alcohol and other drugs by urban Black mothers ($N=130$) with a personal, familial, or personal and familial history of problematic substance use to younger and older adolescents ($M = 15.2$ years). Data from a two-cohort longitudinal sample revealed considerable similarity in themes across the younger and older cohorts. Results suggest Black mothers offer more messages of information and advice to younger adolescents, while communicating directives related to use to older adolescents.

Keywords

mother-adolescent communication; socialization; drug prevention; substance abuse history; alcohol; African-American mothers

Substance use remains a significant problem among American adolescents. In 2012, half (49%) of high school seniors used illicit drugs in the prior year, while over two-thirds (69%) reported past year alcohol use (Johnston, O'Malley, Bachman, & Schulenberg, 2013). Given these high rates, prevention has become a national priority. Parent-adolescent communication has been promoted as one strategy to prevent or reduce youth use of alcohol and other drugs (AOD; e.g. Brody et al., 2006). Previous researchers have shown that families converse about a variety of topics related to AOD, including health consequences and rules (e.g., Ennett, Bauman, Foshee, Pemberton, & Hicks, 2001), strategies for dealing with peer pressure (e.g., Miller-Day & Dodd, 2004), and messages conveying acceptance of use (e.g., Reimuller, Hussong, & Ennett, 2013). This communication is important to understand, as researchers have suggested that it is linked to youth substance use and that the nature of this relationship may be dependent on the content of the conversations (Reimuller et al., 2013). Furthermore, it is critical to examine the content of this

communication among specific populations as it appears to be influenced by certain factors, such as race (Reimuller et al., 2013) and parent substance use (e.g., Ennett et al., 2001).

AOD Communication among Black Families

Understanding AOD communication within Black families is important for multiple reasons. Though Blacks in general tend to use AOD at about the same or at a lower rate than other racial groups, they suffer more substance use-related consequences (Maag & Irvin, 2005; Gil, Wagner, & Tubman, 2004), possibly making use more visible within Black families. In addition, Black families are overrepresented in urban areas, which are characterized by higher levels of violence and substance use (Copeland-Linder, Lambert, Chen, & Ialongo, 2011). Thus, Black youth may encounter substance use more frequently than other racial groups, both in their families and their community. The growing extant literature suggests that Black parents may discuss AOD with their adolescents less frequently than White parents (Reimuller et al., 2013). Yet, Black parents who are smokers appear more adamant in their duty to communicate with their child about AOD (Clark, Scarisbrick-Hauser, Gautam, & Wirk, 1999). Given these findings, understanding what Black mothers say to their offspring about AOD is an important step in building culturally-sensitive measurement tools and prevention programs.

AOD Communication with Early and Late Adolescents

Age also may be an important factor to consider in investigations of mother-adolescent communication about AOD, as youth are at highest risk of substance use during transitional periods (e.g., changing schools; U.S. Department of Health and Human Services, National Institute on Drug Abuse, 2003) and rates of substance use gradually increase from early adolescence into young adulthood (Biafora & Zimmerman, 1998). Such increases may be due to certain developmental shifts, including increased exploration of contexts outside of the home without parental supervision. For adolescents living in low-income urban areas this may be especially problematic, as it may increase the likelihood of encountering substance use (e.g., White, Bruce, Farrell, & Kliever, 1998). Understanding the content of parent-adolescent communication about AOD during early and late adolescence is important, as youth at different ages face unique developmental challenges that may be addressed differently through parent-adolescent conversations about AOD.

Present Study

This study examined the content of AOD communication within Black families. The present study expands on the literature by examining these messages separately among younger and older adolescents and focusing on Black families with a maternal, familial, or maternal and familial history of problematic alcohol and drug use. The following research questions guided this inquiry.

RQ 1. What messages do urban Black mothers with a personal or familial history of problematic AOD use convey to their adolescents about AOD?

RQ 2. Do these messages differ for younger versus older adolescents?

Method

Participants

Data were drawn from Wave 4 ($N=250$) of a larger longitudinal study on community violence and substance use in a sample of urban adolescents (Project COPE), conducted between 2005 and 2009. Maternal caregiver-youth dyads were recruited from areas in Richmond, Virginia with moderate to high violence rates and substantial substance abuse problems, based on police records. A two-cohort design was employed. At Wave 1, all youth participants were enrolled in either the 5th or 8th grade. For the current study, the sample was limited to biological mothers identifying as Black or African American who participated in the AOD communication interview. Further, only families with a maternal or familial history of problematic alcohol or drug use, as described below ($N = 130$; younger cohort: $n=79$), were included. See Table 1 for demographic characteristics.

Measures

Demographics—Mothers reported their age, current marital status, race, educational level, and family income as well as their child's age, race, gender, and school grade.

Family Alcohol and Drug Survey (FADS)—Alcohol and other drug use in the first- and second-degree relatives of both the maternal and paternal family of the youth participant was obtained using a family genogram design. The FADS categorizes family members into one of five categories: heavy problematic use (Type A), heavy use without significant problems (Type B), regular use without significant problems (Type C), infrequent use (Type D), and abstinence (Type E). The mother classified each family member into one of the categories, based on the family member's heaviest lifetime use; she was probed to make sure the categorization seemed appropriate. Categorizations were made at Wave 1 and reviewed at each subsequent wave. Interrater reliability with the Family History Research Diagnostic Criteria has been reported at .96 (Svikis, McCaul, Haug & Boney, 1996). As compared with the Structured Clinical Interview for DSM-IV Axis I Disorders, specificity (92%) and sensitivity (83%) of diagnosis with the FADS are high.

Alcohol and drug use communication—During Wave 4, mothers were asked to recount a previous conversation with the adolescent participant regarding AOD. Mothers were instructed to come as close to the actual conversation as they could, using an “I said. . . , then she or he said. . .” format where possible. The interviewer probed mothers to gain additional details about the conversation (e.g., “Who started the conversation?”, “Where did it take place?”). Questions were adapted from a previous study of parent-adolescent communication about AOD (Miller-Day & Dodd, 2004). Interviews were audiotaped, and then transcribed and checked by trained research assistants.

Procedures

For the larger study, mother and adolescent participants were surveyed once per year simultaneously and separately for approximately two to three hours, primarily within the participants' home. Families were compensated with \$50 in Wal-Mart gift cards at each wave. Interviewers were advanced undergraduate students and community members. All

interviewers completed 20 hours of training with the Principal Investigator (PI) and her doctoral students who acted as supervisors; each also shadowed trained interviewers on study visits and submitted practice interviews for review and approval before conducting any interviews. The PI and supervisors met with the interviewers weekly during the data collection period, and reviewed interviews regularly for adherence to study protocol.

Data Analysis

Categorization procedures—Each youth participant was coded for the presence or absence of a maternal history of problematic substance use (biological mother categorized as Type A on alcohol or drug assessment) and for the presence or absence of a familial history of problematic substance use (at least one family member categorized as Type A on the alcohol or drug assessment). “Family members” included the adolescent's father, maternal and paternal grandparents and any maternal or paternal aunts or uncles, but not siblings. Codes were derived from the most problematic use across the four waves, and in turn, were used to dichotomously classify each youth into one of two groups separately for each cohort, as follows: No Maternal or Familial History of Alcohol or Drug Abuse and Maternal, Familial, or Maternal and Familial History of Alcohol or Drug Abuse. For this analysis, youth with no maternal or familial history of problematic substance use were excluded because there were few participants in this group. The PI completed this categorization; coders who completed the qualitative content analysis were blinded until all interviews were analyzed.

Analysis plan—Two graduate student coders completed the qualitative content analysis of each group, independently reading and coding all of the transcripts in each cohort in separate sessions. First, coders microanalyzed each transcript line-by-line for emergent codes of messages communicated by the mother to her adolescent about AOD. Messages about tobacco were not included for this analysis, as we could not categorize families as having or not having a history of nicotine abuse or dependence. Each coder documented codes related to AOD use that were present within the interviews in the younger cohort. The coders then met to compare notes, create a resultant list of codes and write definitions for each code. Discrepancies were resolved through consensus. This process was repeated for the set of transcripts in the older cohort. Codes discovered within the younger cohort were coded within the older cohort where possible and where appropriate, codes were added or amended. Next, the coders worked together to group message codes into larger categories and write definitions for each category. Individual transcripts were coded for multiple codes and categories where necessary. The frequency of categories observed was calculated for each category and cohort. Finally, a comparison of younger and older cohorts was made and the emergent themes were documented.

Results

Qualitative Content Analysis of Messages

Overview—Eight unique categories emerged, conveying a rich variety of messages; each is defined below.

Just the facts: Thirteen mothers (five were mothers of younger adolescents) offered general information about substance use, including descriptions of the types of substances that can be abused, reasons for use, stereotypes about users, and legal restrictions on use. One mother was quoted as saying, "I've...talked to him about how...it's...illegal to buy those items or to have someone to purchase them for him." One mother cited positive effects of substance use as a reason for use, saying that alcohol is "...just for relaxing."

Real examples: Thirty-five mothers (twenty-two were mothers of younger adolescents) provided examples of personal, familial, friend or community substance use or media portrayals of substance use to convey the negative consequences of substance use. One mother stated, "I shared frequently my life experiences or if we...know somebody or maybe a co-worker or somebody may mention something that happened with their child, I share with them." Another mother spoke with her child about her father's use, saying:

"We...talk about my father used to drink...after he retired...he just started drinking more and more...Our father was a great outdoorsman, but eventually he just didn't want to do anything but drink and sleep...and eat."

Resistance tactics: Sixteen mothers (thirteen were mothers of younger adolescents) offered strategies for resisting offers of substance use, including avoidance of situations likely involving substance use, encouragement to turn down direct offers of use, and support for focusing on academics to distract from AOD use. For instance, one mother said "If you ever have friends that want to do drugs...it's always okay to say no. You shouldn't let no friends be like, 'man, come on let's smoke this joint.'" Another mother explained "I tried to tell her that if someone approached her about drugs, go the other way. Like she got family members who does drugs as far as smoking marijuana...I tells her, they offer to you, no! It's always no!" Other mothers advised their adolescents to seek help from trusted adults when they encountered instances of substance use within their peer group or the community. For example, one mother told her daughter to come to her if a friend was using AOD.

Drugs are bad: Negative attitudes towards substance use were conveyed by 33 mothers (21 were mothers of younger adolescents) in messages such as, "I told her it's not a good thing to smoke, drink, or do drugs" and "I don't like the drugs, I don't like the drinking, especially with kids." Some of these messages generally warned that AOD use "...ruins your life."

Negative consequences: The negative effects of substance use on health and safety were conveyed by 34 mothers (12 were mothers of younger adolescents) as in the examples, "I told her it's called sclerosis of the liver, where the alcohol eats up the liver" and "I tell her that people can slip something in her drink while she's not looking." Further, some of the messages conveyed the impact of substance use on personal appearance because, "people that do drugs...they look all nice and young and their skin so healthy...but...later they look so old and they don't look the same anymore and...you don't want to look like them." Some messages warned of the impact of substance use on personal control and judgment, as in, "...alcohol alters...the way you think and the things you say...and you can't really control it."

This category also included messages about the legal ramifications related to the use and sale of substances. One mother explained, “If you’re selling drugs...if you get arrested, you become a felony and...you can’t vote...you can’t get a job really worth having, you can’t go to the bank for any loan.” Other messages emphasized the negative impact on the family’s reputation within the community, as in “...it doesn’t paint a good picture for him in society for somebody to see him walking around...smoking knowing, people know that he’s only thirteen years old, they know who his mom is, they know who his family is...”

Encouraging abstinence: Sixteen mothers (two were mothers of younger adolescents) directly encouraged their adolescent to abstain from using substances, as in, “I just told her that...if she loved herself, she wouldn’t ...put those type[s] of things in her body.”

Zero tolerance: Threats of punishment for discovery of the adolescent’s substance use were made by seven mothers (four were mothers of younger adolescents) in examples such as, “Well, you all ever decide to use crack, I’m gonna whoop [you].” Further, clear statements that substance use was not permitted were made by several mothers, as in, “I explained to her that I do not permit...alcohol” and “as long as he’s in this household, he’s not going to do nothing.”

Use responsibly: Fourteen mothers (four were mothers of younger adolescents) directed their adolescent to drink alcohol responsibly after reaching the age of 21; other mothers encouraged their adolescent to try AOD in the safety of their home. For example, one mother said to her son “...if you want to try [marijuana], I prefer if you try it around me. That way I know what you have.” Some messages encouraged adolescents to make their own decisions about use or to make wise choices, as in “If you go hanging out with your friends and they tend to try to do drugs...use your mind wisely and know the choices and the outcome of it.”

Comparison of Themes

Table 2 presents a comparison of the categories found across the younger and older cohorts. This analysis revealed that all categories were represented in each cohort. However, examination of the frequency of categories suggested some potentially important differences across age groups. Mothers of adolescents in the younger cohort were more often coded as suggesting *Resistance Tactics* for refusing offers to use and avoiding peer pressure to use substances and as citing *Real Examples* from the family or community in making their point. Many of these mothers also expressed their attitude that *Drugs Are Bad* to their adolescent. In contrast, among the older cohort, the most frequently coded categories suggested these mothers conveyed more messages that *Encouraged Abstinence* or urged their adolescents to *Use Responsibly*. Further, mothers within the older cohort warned their adolescents of the potential *Negative Consequences* of choosing to use AOD.

Discussion

This study extends the literature on parent-adolescent communication about AOD by documenting the content of conversations about AOD among older and younger urban Black adolescents and their mothers with a familial history of substance abuse. Our results

suggest that mothers within these families send a variety of messages to their adolescents about AOD. Similar to prior research, these mothers offered information and advice about AOD use, portrayed use in a negative light, and set expectations around use (e.g., Ennett, et al., 2001; Miller-Day & Dodd, 2004). Mothers in this study also urged their adolescents to consider the negative consequences of use, including legal ramifications such as being unable to pass a drug screening for employment, and the impact of the adolescent's use on the family. They also conveyed tolerance toward some use, a message less frequently documented in the extant literature (e.g., Reimuller, et al., 2013). Further, mothers in this study appeared to offer similar messages to younger and older adolescents, but at differing frequencies. Mothers' of younger adolescents were more often coded as teaching about AOD and offering advice on how to avoid them; mothers of older adolescents were more often coded as giving directives about whether and how their teen should use.

The somewhat novel messages less well-documented in the previous literature that were identified in this sample regarding the legal ramifications of use, impact on the family's reputation, and encouragement to use responsibly, may be explained by considering the larger familial and community context. Participants in the larger study were purposefully selected from neighborhoods with high levels of community violence and substance use, possibly making substance use a relatively normative experience. Furthermore, the sample for this study was restricted to families with a history of substance abuse. Thus, messages encouraging youth to use responsibly may convey a realistic perception of adolescents' exposure to substance use within the family or community. The finding that younger adolescents were offered information and advice while older adolescents were directed on how to engage in AOD use may be reflective of these mothers' recognition of their child's developmental level. Some research has begun to suggest that parents may socialize adolescent coping behavior by providing support appropriate to the child's ability and developmental level (Skinner & Zimmer-Gembeck, 2007). Parents may offer a reduced variety of messages or change the content of messages about how to cope with AOD-related stressors as adolescents move toward emerging adulthood, in response to witnessed or expected maturity in the adolescent's coping skills.

Several limitations must be considered. First, our sample is focused solely on mothers with a history of personal or familial AOD abuse, limiting the generalizability of our findings. Second, the gender distribution across the age cohorts was slightly unbalanced, confounding interpretation of gender differences. However, a prior study of this sample investigating the mothers' AOD communication (Zaharakis, Rogers, Turner, Marks, & Kliewer, 2011) found no significant differences in the messages conveyed to boys versus girls. Third, our strategy of face-to-face interviews may have been subject to demand characteristics and recall bias. Furthermore, our conceptualization of AOD abuse history is somewhat limited, as we did not have access to information on parental and familial nicotine abuse. For this reason, we excluded messages about tobacco from the current study.

Current study findings could inform the development of a culturally-sensitive and developmentally-appropriate measurement tool of parent-adolescent communication about AOD, which would help researchers understand what messages are most effective in preventing youth substance use. Prevention programs and media campaigns aimed at parent-

adolescent communication could then be expanded as an effective and cost-efficient tool to prevent AOD use among youth. Thus, understanding parent-adolescent communication about AOD has important implications for prevention programming and policy work.

Acknowledgments

This study was funded by a grants K01 DA015442 01A1 and R21 DA 020086-02 from the National Institute on Drug Abuse to W. Kliever.

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Table 1

Sample Characteristics

	Adolescent (N=130)	Mother (N=130)	Household
Age - <i>M</i> (SD): Younger/Older	13.81 (.66)/ 16.63 (.69)		
Gender - (%) Male: Younger/Older	50.9/37.4		
Race (%)			
African American/Black	95.7	100.00	
American Indian	1.7	--	
Other	2.6	--	
Marital Status (%)			
Never Married		41.5	
Married/Cohabiting		33.8	
Separated/Widowed/ Divorced		24.6	
Highest Education (%)			
Less Than High School		24.6	
High School/GED		23.8	
Some College, No Degree		26.2	
College Degree (Assoc - PhD)		24.6	
Household Income/Week (%)			
<\$400/week			50.8
\$\$400 - 800/week			34.6
>\$800/week			14.7

Table 2

Categories Emergent by Cohort

Category	Younger	Older
	<i>n</i> =79	<i>n</i> =51
Just the Facts	5	8
Real Examples	22	13
Resistance Tactics	13	3
Drugs are Bad	21	13
Negative Consequences	12	22
Encouraging Abstinence	2	14
Zero Tolerance	4	3
Use Responsibly	4	10