

PARENTS WHO REPORT USING ILLICIT DRUGS: FINDINGS AND IMPLICATIONS FROM THE DRUGNET STUDY¹

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Summary.—In recent years, a national discussion has emerged concerning what parents should tell their children about their own past drug use. DRUGNET is an on-going, on-line survey of successful, healthy, adults who occasionally use illicit drugs. This paper reviews data from a subset of this survey, namely, those respondents who were parents with self-reported use of at least one illicit drug. The sample ($n=325$) was predominantly white men who reported having above average education and household incomes. Their mental health as measured by the General Well-being Schedule was similar to the national norm. Respondents reported using drugs to manage parental stress and expressed concerns over how to communicate with their children and legal risks related to their own drug use. The limitations and the implications of these data are discussed.

The majority of parents who have teenagers today were born during the so called “Baby Boom” from 1946–1964 after World War II. According to the U.S. Census Bureau, approximately 75.8 million Americans were born during these years (The Baby Boomer Headquarters, 1999, So what’s a boomer, anyhow? The baby boomer numbers. *The boomer years*. [On-line: <http://www.bbhq.com>]). During this era, issues related to drug use have become significant public health concerns. The lifetime prevalence of illicit drug use in the United States has been estimated to be 35.8% (Substance Abuse and Mental Health Services Administration [SAMHSA], 1999 [On-line: <http://www.casacolumbia.org>]). This suggests that there may be tens of millions of parents raising teenagers today who have used an illicit drug in their lifetimes. This reality has led to a recent national discussion concerning what parents should tell their children about their own past drug experiences.

Recommendations in popular newsprint have generally endorsed that in speaking to their children, parents should (1) be honest about their drug use, (2) only offer information if it is specifically requested, (3) do not volunteer additional unrequested information, and (4) do not describe particular

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details about past usage experiences (Perlstein, 1999; Rotstein, G., 1999, How to tell your kids you inhaled, *Pittsburgh Post-Gazette*, August 29 [On-line: <http://www.post-gazette.com>]; Wood, D. B., 1999, Should parents tell kids about past drug use, *The Christian Science Monitor*, August 27 [On-line: <http://www.csmonitor.com>]). Strasburger (1993) recommended that parents say more than "Just Say No" and offered suggestions for various types of prior parental drug use, both legal and illegal. Here, it is argued that today more is known about the dangers of drug use and, that in fact, many drugs may be more dangerous in their current form, and parents should point this out to their children. SAMHSA publishes a guide for parents that emphasizes parental listening, slowing down the dialogue, continuously eliciting feedback from the child, and establishing the agenda of the parent and not that of the child (SAMHSA, 1998, *A guide for parents, grandparents, elders, mentors, and other caregivers; keeping youth drugfree—Spring 1998: part of the secretary's drug abuse prevention initiative* [On-line: <http://www.health.org/reality/parentsguide/grownup.htm>]).

Recent research indicates that parents and teenagers may perceive discussions about drugs in very different ways (The National Center on Addiction and Substance Abuse at Columbia University [CASA], 1996, *The 1996 national survey of American attitudes on substance abuse: II. Teens and their parents*, September [On-line: <http://www.casacolumbia.org>]). In their 1996 national survey of 1,200 teenagers and their 1,166 parents, 94% of the parents claimed to have discussed the physical and mental ramifications of drug consumption, but 39% of the teenagers stated these discussions did not occur. This survey also indicated that the children's perceptions of parental drug use are not always accurate. For example, 37% of teenagers overestimated their parents' drinking, while 18% underestimated their consumption. Similarly, 25% of parents had used marijuana at some time in the past, but their teenagers were ignorant of this, while 10% of the parents had not used marijuana but their teenagers said they had (CASA, 1996 [On-line: <http://www.casacolumbia.org>]).

Our analysis of data from the 1997 National Household Survey on Drug Abuse public access data set indicated that 11.7% of adults aged 35 to 49 years in 1997 ($N=61.1$ million) reported that they had used an illicit drug in the past year, while 6.4% reported using one in the last month. This amounts to roughly 6.7 million and 3.9 million persons, respectively. The parents within these groups appear to face a somewhat unique situation with their children. The question for them is whether to discuss their own drug use with their teenagers. The DRUGNET on-line survey of adult recreational drug users provides some preliminary data on this apparently "hidden" population of parents who occasionally use illicit drugs.

METHOD

DRUGNET is a multiyear, cross-sectional, panel survey of adult recreational drug users, i.e., not abusers, via the World Wide Web. The study was pilot tested during the fall of 1996 (Nicholson, White, & Duncan, 1998).

From June 1997 to December 1998, Internet users were invited to participate in an on-line survey. Respondents were solicited by postings on Usenet news groups, mailing lists, and serendipitously, through an article in the on-line magazine *Wired* (<http://www.wired.com/news/news/culture/story/7055.html>).

The survey had four sections: (1) demographic and lifestyle indices, (2) experiences with drugs, (3) past legal history and attitudes about drug issues, and (4) the General Well-being Schedule—self-perception of well-being and distress. The General Well-being Schedule was developed for the U.S. Health and Nutrition Examination Survey (HANES I) by the National Center for Health Statistics. It is a brief, reliable (test-retest $r = .85$), and valid self-report measure of mental well-being for use in population surveys (Fazio, 1977). A detailed description of DRUGNET procedures has been described elsewhere (Nicholson, White, & Duncan, 1998, 1999). Nicholson, *et al.* (1999) provide a comprehensive description of the DRUGNET sample. These authors stated "The typical DRUGNET respondent was well educated, employed full-time, a regular voter, participated in recreational and community activities not involving drugs, and described their physical health status as good. Their mental well-being was similar to the general adult population as a whole. The sample's drug-taking behavior appears to be well-controlled" (p. 421). This analysis focuses on a subset of the sample, namely, self-identified parents.

RESULTS

A total of 325 self-identified parents completed the DRUGNET survey during 1997 ($n = 186$) and 1998 ($n = 139$). The mean age of respondents was 37.3 yr. ($SD = 8.0$; range: 18 to 58 years). The majority of the sample was male ($n = 260$; 80.0%), and 65 (20.0%) were female. The breakdown of the sample by race was 291 (90.7%) white, 16 (5.0%) other, 5 (1.6%) Hispanic, 4 (1.2%) African American, 3 (.9%) Pacific Islander, 1 (.3%) Native American, and 1 (.3%) Asian ($n = 4$ missing data).

All participants except two had a high school diploma or General Equivalency Diploma. The breakdown of the sample by education was as follows: (1) less than high school diploma .6% ($n = 2$), (2) high school or General Equivalency Diploma 21.7% ($n = 70$), (3) associate degree 16.1% ($n = 52$), (4) vocational degree 6.8% ($n = 22$), (5) baccalaureate degree 31.3% ($n = 101$), (6) master's degree 13.6% ($n = 44$), (7) law degree .9% ($n = 3$), (8) doc-

torate 5.9% ($n=19$), and (9) postdoctorate 3.1% ($n=10$) ($n=2$ missing data). Thirty-nine respondents (12.1%) were full-time college students, and 87.9% ($n=284$) were not full-time students ($n=2$ missing data). When the 39 full-time college students were excluded from analysis, 75.3% ($n=213$) were employed full time, 15.5% ($n=44$) were self-employed, 8.1% ($n=23$) worked part time, while 1.1% ($n=3$) were unemployed ($n=1$ missing data). The median yearly household income category was \$50,000 to \$69,999 ($n=3$ missing data).

Respondents were asked whether they had used any of the following drugs: alcohol, cocaine, depressants, hallucinogens, marijuana, opiates, and stimulants. These data are presented in Table 1. The most widely reported drugs used in the past year were marijuana ($n=307$, 94.5%) and alcohol ($n=305$, 93.8%). The least used drug categories were depressants and opiates.

TABLE 1
SELF-REPORTED DRUG USAGE IN THE PAST YEAR REPORTED IN ON-LINE DRUGNET SURVEY

Drug Category	Used at Least Once in Past Year	
	<i>n</i>	%
Marijuana	307	94.5
Alcohol	305	93.8
Hallucinogens	241	74.2
Cocaine	202	62.2
Stimulants	157	48.3
Depressants	108	33.2
Opiates	87	26.8

Individuals were asked "Do you regularly have parental child care responsibilities?" The parental status options listed on the survey were (1) biological parent, (2) step-parent, (3) adoptive parent, (4) grandparent, (5) foster parent, or (6) other parent.

The survey also sought from respondents whether "your children know about your use of illicit drugs." One hundred and eleven parents (35.8%) said their children were aware of their use, while 199 (64.2%) stated their children did not know of their drug use.

The mean General Well-being Schedule score of the sample was 80.5 ($SD=14.2$, range: 11 to 107). This is nearly identical to the national norm for noninstitutionalized, American adults reported in the Health and Nutrition Examination Survey ($M=80.3$, $SD=17.7$) (Fazio, 1977). The mental health status of these recreational drug users, as measured by the General Well-being Schedule appears to be similar to that for American adults.

In 1998, for each drug category, respondents were asked what positive and negative effects these substances had on their lives. Individuals could

type in their responses, some of which were related to their children. Numerous comments about marijuana were related to stress and coping, e.g., "Allows me to relax and be more tolerant of my kids. As a stay at home mom with a part-time job, life can get very hectic and overwhelming. Sometimes smoking a joint calms and relaxes me" and "Can relax with the kids." Other comments were related to communication and drug education such as "It was difficult to explain to my kids why I would occasionally smoke a bowl, when they were getting all this antimarijuana propaganda at their high school." The last noticeable theme related to concerns over getting arrested and parenting rights expressed as "concern that my career or children could be taken away from me." A description of responses for the entire 1997 sample are presented elsewhere (Nicholson, *et al.*, 1999). In addition to relaxation, for example, commonly stated motivations for using drugs included increased social and sexual activity, pleasure and fun, and self-exploration.

DISCUSSION

In today's social climate of "Zero Tolerance" parents who occasionally use illicit drugs have to deal with complicated family and social issues. The DRUGNET survey has provided a limited forum for some of these parents to describe their attitudes and behaviors. The data indicate the conflicting forces and difficult decisions facing this hidden group.

DRUGNET is not a population-based, representative survey. The results reported here should be considered preliminary and within the limitations of the DRUGNET sample. Respondents were a small, self-selected sample of parents responding to an anonymous survey on-line. They cannot be said to represent all parents who use illicit drugs or all parents who use illicit drugs and access the Internet. However, it should be noted, that this is a study of an apparently "hidden" population of adults who use illicit drugs. Because of the illegality of this drug-taking behavior and the national "War on Drugs," it is currently not possible to access a representative sample of this population. Nicholson, *et al.* (1998) provided an extensive review of methodologies used in the past to access drug users and abusers, e.g., snowball sampling. The limitations of these approaches led these authors to consider the emerging technology of the Internet because (1) the Internet offers greater access to a diverse sample at minimal expense and (2) middle to upper socioeconomic status drug users are more likely to be Internet users. To date, there is no evidence to suggest that individuals responding to on-line surveys are any less honest than those responding to more traditional paper and pencil surveys. Recent research also indicates that people may be more truthful about drug use and mental illness if interviewed by a computer rather than by a human (Turner, Lessler, & Gfroerer, 1992; Kobak, Taylor, Dottl, Greist, Jefferson, Burroughs, Mantle, Katzelnich, Norton, Henk, &

Serlin, 1997). Given the greater anonymity in our survey (vs taking a survey with the interviewer in the same room), we hypothesized that the responses may be more honest and, therefore, more valid and reliable indicators of what are illegal behaviors. Despite these authors' confidence in the honesty of DRUGNET respondents, until research has demonstrated whether there are systematic differences between computer surveys and more traditional methods, caution should be exercised in generalizing these results. Also, when comparing information collected by different techniques, e.g., on-line vs in-person interviews, there is the possibility of a threat to construct validity from "mono-method bias" (Cook & Campbell, 1979). In the national household surveys by SAMHSA an unknown amount of variance within respondents' answers is due to the nature of in-person interviews. It has been suggested that the SAMHSA methodology results in systematic underestimates of drug use (Turner, Lessler, & Gfroerer, 1992). This variance may be quite different from that of on-line surveys such as DRUGNET.

This DRUGNET sample of parents is generally well educated, computer literate, and has a median household income above the national norm. Their mental health status, as measured by the General Well-being Schedule, is similar to the general population of United States adults. Except for their occasional use of illicit drugs, these parents do not report functioning in a manner different from other healthy adults (Nicholson, *et al.*, 1998, 1999). How then, given today's "War on Drugs" approach to incarcerating drug users, do these parents talk to their children about drugs? Can these parents be honest, risking possible arrest and loss of parental rights, as schools, police, etc. actively encourage kids to report their parents' use of drugs? The aforementioned national discussion on talking with your kids about drugs may be of limited use to these parents. Given the complete lack of scientific data demonstrating the efficacy of any of the suggested parental roles by SAMHSA and others, this may not be a notable deficit.

We suggest the hypothesis that, except for the legal ramifications of using illicit drugs and the subsequent need for secrecy, drug use is just one of many difficult areas for communication between parent and child. All parents have life histories of controversial, unhealthy, or regrettable experiences. This is the nature of human existence. Ideally, positive communication between parent and child in any of these areas is the natural outflow of a loving, nurturing home environment, where parents and children "model" adaptive behaviors. Parents, regardless of their status as current or past drug users, presumably strive to teach their children the virtues of reason, tolerance, freedom, and social responsibility. The fundamental issue for discussion may be what we can do to help facilitate this.

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Accepted January 30, 2001.