PARENT-CHILD CONNECTEDNESS, COMMUNICATION AND ADOLESCENT SUBSTANCE USE: An Integrative Review of the Literature

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Background
• Family and parents are important influences in terms of adolescent substance use
• Connectedness: quality bonds which are sustained over time
• Communication: discussions about daily lives, feelings, problems and about substance use
• Previous reviews have not specifically examined connectedness and communication in all three substance use behaviours (cigarettes, alcohol and drugs).

Aim
To review the literature on parent-child connectedness, general communication and substance-specific communication and their effect on adolescent cigarette, alcohol and drug use.

Methods

Databases searched:
- PsycINFO (1980 – 2014)
- PBSC (1945 – 2014)
- ASSIA (1950 – 2014)
- CINAHL (1945 – 2014)
- MEDLINE (1945 – 2014)
- Web of Science (1900 – 2014)

Types of Study: Survey (cross-sectional / longitudinal); observational; intervention.

Results
• High rates of connectedness = lower likelihood of smoking initiation, lower rates of cigarette, alcohol and cannabis use.
• Good general communication = lower alcohol, cigarette and drug use; no effect found in one study. There was evidence of indirect associations.
• Substance use specific communication = lower rates of substance use; also evidence of indirect effects.
• Interventions may improve parents’ communication but no evidence of effect on substance use.
• High quality substance specific conversations = lower rates of substance use; no effect found in one study.
• More frequent communication, parents’ disclosures and communication about consequences = higher rates of use.

Contribution to knowledge
This is the first review to examine the evidence regarding parent-child connectedness and communication and their effect on adolescent cigarette, alcohol and drug use.

Implications for policy and practice
High levels of connectedness, open general communication and high quality substance specific communication may protect adolescents from early initiation and subsequent substance use.