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Engaging parents in the drug education of their pre-adolescent children: Practical problems and a promising program

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The use of alcohol, tobacco and other drugs (ATOD) is responsible for significant mortality and morbidity as well as social and economic harm in Australia each year.[1-4] Preventing such harm is clearly more cost-effective than treatment and there is consensus that young people should be a major primary prevention target group.[5] While social factors other than those associated with parenting play a role in determining a child's risk for initiation of ATOD use, there is substantial acknowledgment of parents' role in this process. Further, the inclusion of parent education as an important component of Australian school and community ATOD education initiatives enjoys substantial policy-level support.[6-15]

The specific role of parents in the initiation of ATOD use by adolescents has been extensively investigated and four major groups of parenting factors have emerged. That is, parental modelling of ATOD-use; the normative standards parents set regarding children's ATOD use; parenting style and family management techniques; and the manner in which parents communicate with their children.[16-19]

The importance of assisting parents to appreciate the significant role they have in influencing the ATOD use of their children is widely recognised. Likewise, strengthening parents' capacity to reduce children's risk of ATOD-related harm is supported in the literature as a primary prevention strategy.[20] Past efforts to involve parents, however, have been only partially encouraging primarily due to difficulties in recruiting and maintaining substantial parent participation.[21-24] Consultation with parents during the formative stages of a project has been suggested as a means to address this issue.[25, 26]

While formative research related to the needs of parents regarding health topics other than ATOD use are numerous, evidence of consultation with parents prior to the implementation of parent-oriented ATOD-related training is reported to be scarce.[27-29] The existing formative evidence suggests there are several barriers that inhibit parental participation in parent-focussed ATOD-related educational interventions. Collectively, they include the venue where the intervention is implemented; parents' perceptions of intervention-related time and scheduling demands and conflicts; logistical requirements such as transportation and child-care; work commitments; family commitments; family privacy issues; health problems; lack of family support; fear of stigmatisation; and the financial costs of programs.[25, 30, 31]

To investigate this issue, a two-part study was implemented in Perth, Western Australia. The first part consisted of formative research consulting parents regarding the design of a parent-directed ATOD educational intervention. The second part of this research involved developing and implementing the intervention for parents and conducting an evaluation (Randomised

Comparison Trial) of its feasibility and impact. Presented in this paper are the objectives and methodology of the Exploratory Study.

The objectives of the Exploratory Study were to identify:

- Parents' perceptions of the term 'drugs'.
- The type of ATOD education program preferred by parents of Year 6 children.
- The optimal duration, frequency and timing of an ATOD education program for parents of Year 6 children.
- Incentives to recruit and maintain parental participation.
- Barriers preventing parental participation.
- Strategies to address barriers related to recruiting and maintaining parent involvement.
- Factors that prevent or discourage recruitment of fathers and ways of recruiting more fathers.
- ATOD-related content and activities preferred by parents.
- The acceptability of using a choice of intervention materials as a way to recruit parents.

Parents were recruited via primary schools and were administered a questionnaire when they attended a discussion group. Their responses were discussed using a standardised protocol, both quantitative and qualitative data were collected. While the response rate was low (24%), the total number of parents consulted (n=51) was within the range reported in previous formative research where the sample sizes ranged from 20[32] to 56 parents [33]

While the results of this Exploratory Study could not be generalised to other populations or social contexts, they did provide important and practical insights into parents' preferences regarding the development and implementation of a parent-oriented ATOD educational intervention. They were used to shape the nature and content of an educational intervention for parents. The results of both the Exploratory Study and the subsequent Randomised Comparison Trial will be submitted for publication after the examination of the first author's doctoral thesis is completed.

Consultation with parents prior to the development of an intervention is recommended in the literature,[34, 35] and has been used successfully in previous research, to match the nature and content of interventions with the needs and preferences of the target group.[23, 29, 36-39] Similarly, the purpose of this Exploratory Study was to use feedback from a self-complete questionnaire and structured discussions with parents, who had a child in Year 6 at primary school, to shape the development and implementation of a parent-oriented ATOD educational intervention.

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