



GENDER DIFFERENCES IN THE RELATIONSHIP BETWEEN SOME FAMILY CHARACTERISTICS AND ADOLESCENT SUBSTANCE ABUSE

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This study examines the relationship between some family variables and cigarette, alcohol and drug abuse. Differences between adolescent boys and adolescent girls, according to the family variables used, were also researched. The sample included 1 258 boys and 1 538 girls from all areas of Croatia. The adolescents described their family structures, the degree of family cohesion, parental social support, and family interaction (family activities and leisure time spent with family). They also described their use of cigarettes, alcohol, and drugs during their lives. The results show that, when compared to adolescents from single parent families, both boys and girls whose parents are married feel that they receive more parental social support. While adolescent boys do not make a distinction in their evaluation of family cohesion, adolescent girls whose parents are married evaluate family cohesion better than adolescent girls from single parent families. The family interaction scale showed a statistically significant difference only for the boy sample, on the subscale of leisure time spent with family. Stepwise regression analyses were conducted on both adolescent boy and adolescent girl samples with three types of substance abuse (cigarettes, alcohol, and drugs) as criterion variables, and four subscales of family functioning as predictors. Family variables are related to adolescent cigarette, alcohol and drug use, but predictive factors vary according to the gender of the participant. The results are discussed in relation to different socialization patterns of adolescent boys and adolescent girls.



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INTRODUCTION

Adolescence is a period in life when it is most common for young people to start smoking, drinking and using drugs. Adolescent substance abuse is one of the most current and disturbing problems linked with young people in society today. Epidemiological research results dealing with these epidemics show a rise in adolescent substance abuse (smoking, drinking alcohol, and using drugs), compared to ten years ago (Duncan et al., 1995; Foxcroft and Lowe, 1997; Sakoman et al., 1997). Studies also show that substance abuse is increasingly beginning at an earlier age in life (Andrews and Duncan, 1997; Barber et al., 1998).

The relationship between family variables and substance abuse is of great interest to researchers in the area of addiction. Listed here are the principle risk factors of substance abuse related to family according to different authors. For example, Buysse (1997) lists the following risk factors: severe family conflict, insecure attachment and poor family communication, poor child supervision, non-responsive child-rearing practices (one that does not meet the child's needs) or permissive child-rearing practices. Poor parental attachment is mentioned in many theories as a risk factor for initiating substance abuse (Petraitis et al., 1995). Risk factors according to Lloyd (1998) are having parents or siblings who use substances, family disruption, poor attachment or poor communication with parents and child abuse. Miller (1997) lists circumstances that contribute to adolescents smoking marijuana: parental divorce or living with a step parent decreases family attachment (emotional or other support from the family) among adolescents. Decreased family attachment and involvement (less time spent with the family) increase the likelihood of adolescents associating with drug using peers. Less family involvement and increased association with drug using peers increase the probability of marijuana use.

Research on family variables generally try to indicate important factors that are related to substance abuse. One of the factors is parents' or siblings' use of substances (Denton and Kampfe, 1994; Duncan et al., 1996; Johnson and Leff, 1999), as well as learning family drug usage patterns (Nurco et al., 1998). That kind of behavior becomes a model for children because family members are the most frequent role models (Orlandi et al., 1990; Ary et al., 1993). A high percentage of adolescent substance users report drug abuse in the immediate family (Denton and Kampfe, 1994; Weinberg et al., 1998). They also report having parents with a positive attitude towards substance use (Kandel and Andrews, 1987; Ary et al., 1993; Herd, 1994; Gerrard et al., 1999).

Another important factor related to adolescents' substance abuse is family structure. Parental absence from the family due to break-ups, death or divorce increases the chances that children will use drugs (Denton and Kampfe, 1994, Adlaf and Ivis, 1996). The results of Hoffman and Johnson's studies (1998) show that living with both parents decreases the risk that adolescents will use different types of substances. Those substances can be anything from alcohol to drugs. Duncan et al. (1996) state that children from single parent families abuse substances more often. These effects have been demonstrated in both cross-sectional and longitudinal studies (Kandel and Andrews, 1987; Newcomb and Felix-Ortiz, 1992; Bukstein, 1995). Adolescents who live in a family with both biological parents are more likely to be bonded with the family than are adolescents who have experienced the disruptive effects of divorce and the remarriage of his/her parents (Forgays, 1998). However, the simple dichotomy of families into two categories, one-parent and two-parent, is an oversimplification, making it difficult to illustrate family dynamics (Miller, 1997). That is why, when researching, it is better to concentrate on the relationships between family members, rather than on the formal family structure (Adalf and Ivis, 1996; Chen and Kaplan, 1997).

The next important family factor related to adolescents' substance abuse is the relationship between parents and adolescents. It is important to emphasize that the way that an adolescent perceives the environment in which he/she grows up, including parental behavior, is a better predictor of later adjustment than the most objective measures of the environment (Jessor, 1981; Van der Ploeg, 1983; according to Buysse, 1997). The quality of the bond between a parent and an adolescent has a positive effect in decreasing delinquent activities and in safeguarding the adolescent from beginning to use illicit drugs (Andrews and Duncan, 1997). Bonds with the family are inversely related to any use of illicit drugs (Ellickson et al., 1999). The more the adolescent feels supported by the family members, the stronger the families' influence will be on the adolescent. Parental monitoring, along with strong parental support, is the best protective factor from deviant adolescent behaviour. Weaker parental monitoring and inadequate parental support are related to all types of inappropriate child behavior: frequent problematic behaviour in school, deviant behaviour, smoking cigarettes and drinking alcohol (Raboteg-Šarić and Brajša-Žganec, 2000).

Family cohesion and family conflict are also important family factors related to adolescents' substance abuse. Cohesion is the degree of commitment, help and support family members provide for one another (Dakof, 2000). Perceived family conflict may be a risk factor for the development of problem

behaviour. A high level of family cohesion and infrequent family conflicts are protective factors, while a low level of family cohesion and frequent family conflicts are risk factors for substance abuse (Hawkins et al., 1992). Higher levels of family cohesion suppress initial levels of substance abuse (Duncan et al., 1995). On the other hand, low family support, low family control, repetitive parental drinking, an indifferent parental attitude toward their children's drinking (Foxcroft and Lowe, 1997) and an atmosphere of conflict in the family (Sakoman et al., 1999) are all related to higher levels of drinking among adolescents.

Another important family factor related to adolescents' substance abuse is family interaction, which is defined as leisure time spent together with the family, as well as collective family activities. Adalf and Ivis (1996) state that leisure time spent together with the family is the most important family variable because it has the strongest and most consistent relation to outcome variables – heavy smoking, heavy drinking, cannabis use, illicit drug use and delinquency. Studies by Harrison et al. (1999) and Duncan et al. (2000) have confirmed the same.

Higher incidence of substance abuse among adolescent boys compared to adolescent girls have been found in different studies (Lo, 1995; Barber et al., 1998; Dakof, 2000). Gender role socialization influences adolescents' attitudes toward substance abuse differently (Rienzi et al., 1996) and it can also play a role in adolescents' use or non-use of substances. Adolescent boys and adolescent girls may engage in different ways of substance abuse because of their different reactions to the norms and behaviour of significant persons in their life (Lo, 1995). The main goal of this study is to find out to which degree gender differences in adolescent substance abuse (smoking, alcohol and drug abuse) can be explained through family functioning, family cohesion, perceived social support from parents and everyday family interactions, defined as family activities and leisure time spent together with family.

METHOD

Subjects

The research was carried out on a representative sample of Croatian high school students. The sample was drawn from all high schools in the Republic of Croatia so that high schools from each county would be represented proportionally to their share in the total population of high school students. Two percent of high school students from each grade were selected at random choice from a list of gymnasiums and vocation-

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Instruments

al schools in each county. The total number of students in the sample was 2 823. Data analyses for the purpose of this research were performed on a sample of 2 797 students (1 258 male and 1 539 female) who had answered all the questionnaire items. The median age of the respondents was 16 years and 4 months (range from 14 to 20 years).

Results presented in this study are part of broader research on the structure of pathological phenomena (substance abuse, delinquency, criminal behavior). An extensive questionnaire has been devised which contains various sets of questions on: sociodemographic factors, adolescent attitudes and values, relationships within the family, parental child-rearing practices, peer relationships, academic achievement, leisure time activities, problematic behavior, attitudes towards substance use and various indices of substance abuse.

This paper outlines some of the results of the study regarding the psychosocial aspects of adolescent interaction with the family. For this purpose we have chosen the following variables from the questionnaire: sociodemographic factors, family functioning variables, and variables related to substance abuse, i. e. adolescent smoking, alcohol consumption and drug abuse.

Sociodemographic factors

Sociodemographic variables included gender and parental marital status. Parental marital status was coded as 'married' and 'other'. The category 'other' included parents who are divorced, out of wedlock, father is a widower, mother is a widow).

Parental Support

The Parental Support subscale of the Social Support Scale for Children developed by Susan Harter (1985) was used in this study. The Social Support Scale for Children focuses on four possible sources of social support that children can receive from their environment: parent, classmate, teacher, or close friend. The instrument was translated into Croatian for the purposes of the study on the dimensions of the self-concept of children in relation to observed social support from various sources (Brajša-Žganec et al., 2000). The Parental Support subscale contains six items, which assess the extent to which parents understand their children, want to hear about their children's problems, care about their feelings, treat their child like a person who really matters, like their child the way they are and act as if what their children do is important. Each item

represents two connected sentences: one that describes a higher level of parental social support, and the other that describes a lower level of parental social support. The child first chooses the sentence that describes him/her best and then marks if the sentence describes him/her completely or just to a certain degree. The results are coded on a 4-degree scale, where "1" represents lowest level support and "4" represents high parental support. The Parental Support subscale showed satisfactory internal consistency (Cronbach alpha = 0.83).

Family Cohesion

Family Cohesion Scale is the subscale of family functioning from the Colorado Self-Report Measure of Family Functioning (Bloom, 1985). This scale is comprised of five items – statements describing family cohesion. The participants were asked to state to what extent each of the statements on a 4-degree scale apply to their family. The answers range from "it does not apply to my family" (1) to "it completely applies to my family" (4). The outcome represents the complete result of all five items. Through the principal component analysis, a factor was extracted that accounts for 48.9% of the total variance of family cohesion. The internal consistency coefficient (Cronbach alpha) is 0.72.

Family Interaction

Family interaction was measured by eight items that involved various family activities in which adolescents and adults participate together and leisure time is spent with family. Subjects indicated on a five-degree scale how often in a typical month they participated in different activities with their family (1 – never; 2 – 1-2 times a month; 3 – 1-2 times a week; 4 – almost every day). The results were factor analysed. Two factors were extracted using principle component analysis with oblimin rotations, which together account for 51.7% of the total variance. The first factor accounts for 37.8% of total variance and it pertains to active leisure time, that is instrumental activities like playing sports, taking up hobbies, going shopping, cleaning the house/apartment or visiting relatives or friends. This factor was named "family activities" factor. The second factor accounts for 13.9% of total variance and it pertains to nonstructured leisure time spent with family at home, like watching TV, eating meals together, talking about daily events and having fun. Two subscales of family interaction were formed based on the factor analysis and item analysis. The first is a four-item Family Activities subscale (Cronbach alpha=0.72), and the second is a four-item Leisure Time Spent with Family subscale (Cronbach alpha=0.66).

Substance use

Dependent variables include cigarettes, alcohol and drug use. The frequency of substance use was measured by answers to these three questions:

1) How many times (if so) have you smoked cigarettes in your life? – Answered on a 6-degree scale ranging from 'never' (1) to 'everyday' (6).

2) How many times have you drunk alcoholic beverages (beer, wine, and spirits)? – Answered on a 7-degree scale from 'not once' (1) to '40 times or more' (7).

3) How many times (if ever) have you taken drugs in your life? – Answered on a 7-degree scale, from 'not once' (1) to '40 times or more' (7).

The questionnaire, along with the questions about general substance abuse (in life), also contains questions about substance abuse in the last thirty days and the last twelve months. Based on previous research (Sakoman et al., 1999), which showed that the three indices of substance abuse were correlated (correlation ranged from 0.62 to 0.86), we decided to use the measure of lifetime substance abuse.

RESULTS

The relationship between parental marital status and variables of family functioning

In the total sample of high school students in Croatia ($N = 2\,797$), analysis of parents' marital status showed that 86% have parents that are married, 14% have parents that are not married (parents are divorced, out of wedlock, father is a widower, mother is a widow).

Previous studies of family variables as predictors of smoking, alcohol consumption or drug abuse during adolescence, showed a slightly different structure of these relationships among the samples of adolescent boys and girls (e. g. Denton and Kampfe, 1994; Barber et al., 1998; Dakof, 2000). Therefore, data are analysed for adolescent boys ($N = 1\,258$) and adolescent girls ($N = 1\,539$) separately.

We were interested in whether there are any differences between the four variables of family functioning in relation to parental marital status. When compared to the adolescents whose parents are not married (divorced, out of wedlock, father is a widower, mother is a widow), do adolescents whose parents are married, evaluate the level of family cohesion as higher or lower? Do they receive higher or lower social support from their parents? Do they engage in more or fewer family activities? Do they spend more or less leisure time together with the family? To answer these questions, a one-way analysis of variance was conducted.

| Family Variables | Married Parents | | Other | | F |
|--------------------------------|-----------------|------|-------|------|--------|
| | M | SD | M | SD | |
| Parental social support | 19.69 | 3.28 | 18.90 | 3.88 | 5.24* |
| Family cohesion | 16.81 | 2.58 | 16.44 | 2.84 | 2.66 |
| Family activities | 9.65 | 3.03 | 9.69 | 3.09 | 0.03 |
| Leisure time spent with family | 15.49 | 2.78 | 14.78 | 3.44 | 8.76** |

**p<0.01; *p<0.05

| Family Variables | Married Parents | | Other | | F |
|--------------------------------|-----------------|------|-------|------|-------|
| | M | SD | M | SD | |
| Parental social support | 19.74 | 3.87 | 19.03 | 4.47 | 4.71* |
| Family cohesion | 16.39 | 3.02 | 15.88 | 3.32 | 5.25* |
| Family activities | 9.34 | 2.72 | 9.30 | 2.70 | 0.04 |
| Leisure time spent with family | 15.31 | 3.14 | 15.08 | 3.89 | 0.99 |

**p<0.01; *p<0.05

TABLE 1
Analysis of variance of the results on the Parental Social Support Scale, Family Cohesion Scale, and two family interaction scales – for adolescent boys sample (N=1 258)

TABLE 2
Analysis of variance of the results on the Parental Social Support Scale, Family Cohesion Scale, and two family interaction scales – for adolescent girls sample (N=1 539)

Adolescents of both sexes, whose parents are married evaluate that they receive more social support from their parents.

A statistically significant difference in the evaluation of family cohesion was found only for the adolescent girl sample. Adolescent girls whose parents are married perceive that the members of their family get along better, have more contact at home, that a greater sense of unity in the family exists, and that members of the family help each other and support each other more.

The family interaction scales showed statistically significant differences only among the sample of adolescent boys on the subscale of Leisure Time Spent with Family. Adolescent boys whose parents are married engage in more everyday leisure time activities time with members of their family (watching TV, eating meals together, talking about daily events, and generally having fun as a family together at home) than do adolescent boys who are not living in intact families. These activities involve a higher level of communication between parents and children and probably reflect a higher quality parent-child bond.

There was no statistically significant difference between the results of subjects from intact families and single parent families on the Family Activities subscale. This scale includes items that measure engagement in organised family activities, like going shopping, doing something around the house, visiting friends and relatives and involvement in sports and hobbies.

The relationship between the variables of family functioning and substance abuse

Correlations between family functioning and dependent variables (substance use) are presented in tables 3 and 4.

| Variables | 1. | 2. | 3. | 4. | 5. | 6. | 7. |
|-----------------------------------|----|------------|------------|------------|-------------|-------------|-------------|
| 1. Parental support | - | <u>.37</u> | <u>.15</u> | <u>.28</u> | <u>-.11</u> | -.04 | <u>-.15</u> |
| 2. Family cohesion | | - | <u>.14</u> | <u>.34</u> | <u>-.07</u> | -.04 | <u>-.11</u> |
| 3. Family activities | | | - | <u>.41</u> | <u>-.03</u> | <u>-.20</u> | <u>-.10</u> |
| 4. Leisure time spent with family | | | | - | <u>-.08</u> | <u>-.13</u> | <u>-.16</u> |
| 5. Lifetime cigarettes use | | | | | - | <u>.40</u> | <u>.40</u> |
| 6. Lifetime alcohol use | | | | | | - | <u>.32</u> |
| 7. Lifetime drug use | | | | | | | - |

$p < 0.01$; $p < 0.05$

| Variables | 1. | 2. | 3. | 4. | 5. | 6. | 7. |
|-----------------------------------|-------------|-------------|-------------|-------------|------------|------------|----|
| 1. Parental support | - | | | | | | |
| 2. Family cohesion | <u>.57</u> | - | | | | | |
| 3. Family activities | <u>.24</u> | <u>.33</u> | - | | | | |
| 4. Leisure time spent with family | <u>.41</u> | <u>.47</u> | <u>.52</u> | - | | | |
| 5. Lifetime cigarettes use | <u>-.14</u> | <u>-.17</u> | <u>-.15</u> | <u>-.15</u> | - | | |
| 6. Lifetime alcohol use | <u>-.04</u> | <u>-.11</u> | <u>-.18</u> | <u>-.14</u> | <u>.42</u> | - | |
| 7. Lifetime drug use | <u>-.08</u> | <u>-.14</u> | <u>-.21</u> | <u>-.15</u> | <u>.41</u> | <u>.39</u> | - |

$p < 0.01$; $p < 0.05$

TABLE 3
Correlations between family functioning variables and substance abuse among the sample of adolescent boys (N = 1 258)

TABLE 4
Correlations between family functioning variables and substance abuse among the sample of adolescent girls (N = 1 539)

The correlation between three dependent variables, i. e., frequency of smoking, alcohol consumption, and drug abuse are statistically significant ($p < 0.001$). Among adolescent boys they range from 0.32 to 0.40 and among adolescent girls they range from 0.39 to 0.42. Adolescents of both sexes who smoke heavily also consume alcohol and use drugs and vice versa. The structure of correlations, as well as the size of correlations coefficients is more or less the same in adolescent boy and adolescent girl samples.

Interrelations between family functioning variables do not differ among adolescents of both sexes, while the correlations between family functioning variables and substance abuse variables vary according to gender. In the case of adolescent girls, almost all the correlations between the predictor variables and the criterion variables are significant, while in the case of adolescent boys, significant correlations are found between predictor variables and the frequency of drug abuse (tables 3 and 4). All the correlations coefficients are negative, suggesting that better family functioning is related to less substance abuse.

To find out to which degree adolescent substance abuse could be explained by family functioning variables, stepwise regression analyses were conducted for the samples of adolescent boys and adolescent girls separately. For this purpose, lifetime frequency of smoking, consumption of alcohol and drug abuse were entered into regression equations as criterion va-

☞ TABLE 5
Results of the stepwise regression analysis (statistically significant variables in the equation) on the family functioning scales for the criterion of lifetime frequency of smoking cigarettes (N=2 797)

riables and the four measures of family functioning as independent variables. The family functioning measures are: family cohesion, parental social support, family activities and leisure time spent with family. Tables 5, 6 and 7 show significant predictors in regression at the final step of the stepwise regression analyses. The number of participants slightly varied from analysis to analysis, because the analysis included the maximum number of answers given for each variable.

| Variables | beta | t | P |
|----------------------------------|------|-------|-------|
| Adolescent boy sample | | | |
| Parental social support | -.11 | -2.98 | .0030 |
| R=.11; F(1,757)= 8.89; p=.0030 | | | |
| Adolescent girl sample | | | |
| Family activities | -.10 | -3.45 | .0006 |
| Family cohesion | -.14 | -4.55 | .0000 |
| R=.20; F(2,1183)= 23.94; p=.0000 | | | |

☞ TABLE 6
Results of the stepwise regression analysis (statistically significant variables in the equation) on the family functioning scales for the criterion of lifetime alcohol consumption (N=2 797)

| Variables | beta | t | P |
|----------------------------------|------|-------|-------|
| Adolescent boy sample | | | |
| Family activities | -.20 | -5.65 | .0000 |
| R=.20; F(1,757)= 31.91; p=.0000 | | | |
| Adolescent girl sample | | | |
| Family activities | -.16 | -5.30 | .0000 |
| Family cohesion | -.06 | -2.00 | .0453 |
| R=.19; F(2,1183)= 21.74; p=.0000 | | | |

☞ TABLE 7
Results of the stepwise regression analysis (statistically significant variables in the equation) on the family functioning scales for the criterion of lifetime drug abuse (N= 2 797)

| Variables | beta | t | P |
|----------------------------------|------|-------|-------|
| Adolescent boy sample | | | |
| Parental social support | -.11 | -3.07 | .0022 |
| Free time spent together | -.13 | -3.48 | .0005 |
| R=.20; F(2,756)= 15.02; p=.0000 | | | |
| Adolescent girl sample | | | |
| Family activities | -.19 | -6.15 | .0000 |
| Family cohesion | -.07 | -2.49 | .0128 |
| R=.22; F(2,1183)= 30.97; p=.0000 | | | |

For the adolescent girls, family cohesion and family activities were the most significant predictors for all three dependent variables (frequency of smoking, alcohol consumption and drug abuse in one's life). Girls who indicated that their family's cohesion was high and those who are more involved in family activities, like shopping, working around the house, vi-

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DISCUSSION

siting friends and family, playing sports and taking up hobbies together, smoke, drink and abuse drugs less or not at all.

In the case of adolescent boys, parental support is the only significant predictor for the lifetime frequency of smoking, while alcohol consumption is predicted by engagement in family activities. Parental support and leisure time spent with family are significant predictors of drug abuse.

The results of this study show that adolescent boys whose parents are married perceive more social support from their parents and engage more in nonstructured leisure time activities with the family than do adolescent boys whose parents are not married. Adolescent girls from intact families perceive more social support from their parents and a higher level of family cohesion than do adolescent girls whose parents are not married. The results of our study show that correlations between the variables of parental marital status and substance abuse are significant only for lifetime cigarettes smoking among adolescent girls ($r = 0.08$, $p < 0.01$) and for drug abuse among the sample of adolescent boys ($r = 0.06$, $p < 0.05$). Other studies have also shown serious consequences of the breakup of the family on adolescents. For example, it can result in lower self-esteem, increased levels of anxiety and depression and decreased parental control and support. It can also result in a change to a more alienated, rebellious, sensation-seeking life style and decreased participation in activities such as constructive hobbies and reading (Miller, 1997).

Adolescent girls who estimate that they have stable family cohesion and that they are more involved in family activities smoke, drink or abuse drugs less or not at all. Adolescent boys, who perceive that they have more support from their parents, smoke less or do not smoke at all; those who are included more often in family activities drink less alcohol or do not drink alcohol at all, and those who perceive more parental social support and more frequently spend leisure time with family use drugs less or do not use drugs at all. From these results we can see that, when considering adolescent girls, the same family variables are related to substance abuse, regardless of the type of substance, while different family variables are related to smoking, alcohol consumption or drug abuse among adolescent boys. Similar findings have been found in other studies. For example, Tyas and Pederson (1998) state that some aspects of child rearing may have differential effects on adolescent boys and females – low parental concern increases the risk of boys taking up smoking on a regular basis, whereas poor communication with parents and restrictions on go-

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ing out raised the prevalence of smoking in girls. A permissive, distracted family environment is also related to illicit drug use in girls (Tyas and Pederson, 1998).

Gender role socialization leads adolescent girls towards being more attached to their parents and because of that more subjected to their parents' influence (Johnson and Marcos, 1988). Our study also confirms this. Adolescent girls find family cohesion and more frequent family activities to be very important and both of these are related to a less frequent use of substances (smoking, drinking and using drugs). Different studies have shown that boys are pushed towards independence and isolation, encouraged to experiment, experience and risk; whereas girls are encouraged towards connection with others and dependence while being supervised, protected and sheltered (Rienzi et al., 1996). Boys tend to see themselves as "cool", "smart" and "more adult" if they drink alcohol. Girls who have used illicit drugs receive more extreme and negative societal reaction than boys who exhibit similar behaviour. They are seen as flawed in performing their traditional role both as a nurturing care-giver at home and as a keeper of high moral standards for society (Erickson and Murray, 1989). Downs (1985) points out that adolescent boys take control over their social surroundings, while girls are under the influence of their surroundings which imposes limits of acceptable behavior on them which, when compared to adolescent boys, tend to be more restrictive (Rienzi et al., 1996).

Denton and Kampfe (1994) state that adolescents who abuse drugs perceive family cohesion to be of a lower level than adolescents who do not use drugs, but they do not state gender differences. Dakof's study (2000) shows that cohesion is lower in families of adolescent girls who take drugs. Our study supports these findings. Conflicts within the family and changes in family structure are linked with adolescent boys and adolescent girls drinking alcohol. Studies show that families of drug-using and delinquent females are more dysfunctional than families of drug-using and delinquent males (Dembo et al., 1998; Santisteban et al., 1999). This is in accordance with the results of our research, if we conclude that dysfunctional families are those with lower family cohesion and a lower level of social support, as well as less frequent family activities and leisure time spent with the family. Our results show that adolescent girls who perceive family cohesion to be lower and who engage less often in family activities use substances (cigarettes, alcohol and drugs) more frequently. Adolescent boys who receive less support from their parents and who spend less leisure time with their families abuse drugs more frequently. An important factor that may promote successful adjustment

in adolescence is good parenting, including close parental monitoring, frequent communication about important issues and regular daily involvement and interaction between parent and adolescent. These parenting factors may have a particularly strong effect on high-risk youth (Griffin et al., 2000).

Poor parent-child communication and poor parental support are frequently associated with greater substance abuse in adolescents (Griffin et al., 2000), and rare communication between parent and child and little time spent together are related to more frequent smoking and drinking (Cohen et al., 1994), which our study also confirms. Adolescent girls who spend less time participating in family activities smoke, drink alcohol and abuse drugs more often, while male adolescents who spend less time participating in family activities drink more alcohol, and those who spend less leisure time with their families abuse drugs more frequently. Findings from the literature show that, for example, eating family dinners together was associated with less delinquency, which can be explained by the fact that eating meals together can be a part of a daily routine that provides structure and stability to family life for the child and may give parents more opportunities to interact with, advise, and supervise their children on a day-to-day basis (Griffin et al., 2000). Our results confirm the importance of joint family activities and of leisure time spent together with the family.

Generally, a higher percentage of adolescent boys compared to adolescent girls take drugs, especially at the level of more frequent/heavier use (Johnston, O'Malley and Bachman, 1991; according to Bukstein, 1995; Miller, 1997). Adolescent boys approve of substance use more often (Rienzi et al., 1996). However, the results of the Kandel study (Kandel et al., 1998; according to Dakof et al., 2000) show that once adolescent girls begin to use drugs they are more likely to be at a high risk for developing drug dependence than adolescent boys. In other words, adolescent girls generally use drugs less than boys, but those who start using drugs will more frequently become addicted, which is related to lower family cohesion and fewer joint family activities, as compared to family relationships of adolescent boys. Some studies show that adolescent girls start abusing substances at an earlier age than adolescent boys do, but they advance slower toward heavier substances (Duncan et al., 1995).

Further research should establish additional family variables which influence adolescent substance abuse. For example, these include some of the variables which previous studies have dealt with – family conflicts, attachment to parents, child supervision, parental child rearing practices and child abuse

(Petraitis et al., 1995; Buysse, 1997; Lloyd, 1998). Variables that are not related to the family, but which have been shown by previous studies to be related to adolescent substance abuse should also be researched (for example: peers, academic achievement). While doing so, the specific factors should be examined in relation to gender differences and different socialization practices towards adolescent girls and boys.

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Spolne razlike u povezanosti između nekih obiteljskih čimbenika i zlouporabe sredstava ovisnosti u adolescenata

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Ovim istraživanjem pokušalo se utvrditi povezanost između nekih obiteljskih varijabla i pušenja, pijenja alkohola i uzimanja droge. Također su ispitivane razlike po obiteljskim varijablama između muških i ženskih adolescenata. Uzorak je uključivao 1 258 dječaka i 1 538 djevojaka iz svih dijelova Republike Hrvatske. Adolescenti su na skalama procjenjivali svoju obiteljsku strukturu, stupanj obiteljske kohezije, roditeljske podrške i obiteljsku interakciju (obiteljske aktivnosti i slobodno vrijeme provedeno s obitelji). Također su naveli svoju uporabu cigareta, alkohola i droge u životu. Rezultati pokazuju da adolescenti oba spola čiji su roditelji u braku procjenjuju da primaju više socijalne podrške od roditelja u odnosu na adolescente iz obitelji sa samo jednim roditeljem. U dječaka nema razlike u procjeni obiteljske kohezije, ali djevojke čiji su roditelji u braku procjenjuju obiteljsku koheziju boljom od djevojaka čiji roditelji nisu u braku. U skalama obiteljske interakcije statistički je značajna razlika dobivena samo u uzorku dječaka, i to za subskalu zajedničkoga provođenja slobodnog vremena s obitelji. Multiple regresijske analize provedene su na uzorku dječaka i na uzorku djevojaka s tri tipa zlouporabe sredstava ovisnosti (cigarete, alkohol, droga) kao kriterijskim varijablama i četiri subskale obiteljskoga funkcioniranja kao prediktorskim varijablama. Obiteljske varijable povezane su s uporabom cigareta, alkohola i droge u adolescenata, ali variraju ovisno o spolu ispitanika. Rezultati su interpretirani s obzirom na različite obrasce socijalizacije adolescenata muškoga i ženskoga spola.

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Geschlechtsspezifische Unterschiede beim Drogenmissbrauch unter Adoleszenten bei gleichzeitiger Verbindung mit bestimmten familiären Faktoren

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Diese Studie gründet auf vorhergehenden Untersuchungen, in denen sich familiäre Variablen als potenzielle und protektive Faktoren des Rauschmittelmissbrauchs bei Adoleszenten erwiesen hatten. Nun wollte man feststellen, in welchem Bezug bestimmte familiäre Variablen und der Zigaretten-, Alkohol- und Drogenkonsum zueinander stehen. Ebenfalls untersucht wurden Unterschiede zwischen männlichen und weiblichen Jugendlichen hinsichtlich familiärer Variablen. Die Gruppe der Befragten umfasste 1258 Jungen und 1538 Mädchen im Alter zwischen 14 und 20 Jahren aus allen Landesteilen Kroatiens. Die Adoleszenten wurden aufgefordert, mittels entsprechender Skalen die Struktur ihrer Familien, den familiären Zusammenhalt, die Unterstützung vonseiten der Eltern und die Interaktion innerhalb der Familie (gemeinsame Unternehmungen und mit der Familie verbrachte Freizeit) zu bewerten. Des Weiteren sollten Aussagen über den persönlichen Zigaretten-, Alkohol- und Drogenkonsum gemacht werden. Es erwies sich, dass Adoleszenten beider Geschlechter, deren Eltern verheiratet sind, mehr elterliche Unterstützung erfahren als Adoleszenten, die nur mit einem Elternteil zusammenleben. Während Jungen den familiären Zusammenhalt durchgehend gleich einschätzen, d.h. ohne Rücksicht darauf, ob sie mit einem Elternteil oder beiden Eltern zusammenleben, schätzen Töchter verheirateter Eltern den familiären Zusammenhalt besser ein als Töchter unverheirateter Eltern. Bei der Bewertung der familiären Interaktion ergab sich nur bei männlichen Adoleszenten ein statistisch relevanter Unterschied, und zwar in Bezug auf die Subskala, anhand deren die mit der Familie verbrachte Freizeit ermittelt wurde. Multiple Regressionsanalysen unter Jungen und Mädchen sollten klären, welche Art von Rauschmittelmissbrauch vorliegt (3 Kriterienvariablen: Zigaretten, Alkohol, Drogen), unter Einbezug von 4 Subskalen zur Bewertung des Familienlebens (Prädiktorvariablen). Zwischen den familiären Variablen und dem Missbrauch von Zigaretten, Alkohol und Drogen konnte ein Zusammenhang festgestellt werden; es bestehen jedoch geschlechtsspezifische Variationen. Bei der Interpretation der Ergebnisse musste den unterschiedlichen, geschlechtsspezifischen Sozialisierungsmustern Rechnung getragen werden.