

The Role of Parenting Attitudes Towards Adolescents with Substance Use Disorder a Study of an Egyptian Sample

Ahmed M.ElNawasany, Hussein E.El-Shiekh, Hesham M.El-Sayed and Shorouk F.Abd-Elmaksoud

Psychiatry Dept., Faculty of Medicine, Benha University, Benha, Egypt

E-mail: ahmednawas2000@gmail.com

Abstract

Background: Adolescence is a time of transition involving multi-dimensional changes: biological, psychological (including cognitive) and social. Biologically, adolescents are experiencing pubertal changes, changes in brain structure and sexual interest, as a start. Psychologically, adolescents' cognitive capacities are maturing. They are experiencing social changes through school and other transitions and roles they are assumed to play in family, community and school. During adolescence, many unhealthy behaviors often begin and pose significant public health challenges. Substance use disorder has a significant impact on individuals, families and communities, as its effects are cumulative, contributing to increased health and social problems and severely affecting mental health. The nature of the relationship between mental disorders and substance use disorder is complex and multifaceted. Evidence suggests that negative emotional states and stress related to the urge to take drugs create an emotional disturbance for individuals who use drugs. A change in policy levels will be necessary to make the most of vital neurological explorations so that these results can be used to improve the lives of individuals with comorbidity. **Objective:** This review article aims to detect the parenting attitudes in adolescents with substance use disorders and correlate between the severity of substance abuse and the parenting attitudes as risk factors. **Conclusions:** There is a direct relationship between the severity of addiction and parenting attitudes. The study also showed that the most commonly used drugs by adolescents are synthetic cannabis. It is important to acknowledge that the adolescents' perception of a more indulgent maternal style decreases the chances to change alcohol consumption in comparison to a more authoritative maternal style. The absence of the father in the family routine is an important factor for no change in cocaine/crack consumption. Although these associations clearly show that paternal presence and maternal authoritative styles influence whether adolescents consider and succeed in stopping substance use, other evaluations are still needed with longer follow-up.

Keywords: Parenting Attitudes; Adolescents; Substance Use Disorder; Egyptian Sample.

1.Introduction

The Significant changes occur in one's biology, brain development, emotions, and social circle as one moves from infancy to adolescent. Some of the most noticeable changes that occur at this time include the beginning and continuation of puberty, an increase in independence and a decrease in self-control, as well as shifts in the dynamics between parents and children [17].

According to epidemiological research conducted throughout many life stages, the beginning of substance use and abuse often occurs around adolescence. Some even go so far as to say that exploratory drug usage is typical at this time. More than 60% of Canadian drug users are between the ages of 15 and 24. Among youths aged 12 to 18, 19% to 30% report binge drinking in the last month and 17% to 32% report using cannabis in the past year, with the exact percentages varying by province [92].

There are several variables that contribute to drug usage among adolescents, including family, school, friends, media, and community.

However, parental behaviour stands out among these elements. Two factors that greatly impact a child's actions when it comes to drug use are the family's structure and the relationships within it [83].

The degree to which a kid is able to adjust to new environments is correlated with the strength of their relationships with their parents. Important markers for the trajectory of teenage conduct include the quality and nurturing, supporting, and monitoring aspects of parental attitude in child development. Some behaviours that determine the quality of parenting include making requests that are suitable for the child's capabilities, establishing rules, techniques of punishment, and family support [33].

There are a number of risky attitudes that can lead to conduct problems in adolescents, including parental rejection, indifference or passivity, an overly authoritarian style, inconsistent and unstable behaviour, perfectionism, excessive allowances, and either too much or too little monitoring of the teen's actions [8].

When parents act in this way, it's hard for kids to learn responsibility and resilience. Children whose upbringing is characterised by negative reinforcement may lack self-confidence and be unable to resist the temptation to use substances, as they display passive and insecure behaviours [33].

Several large-scale epidemiological studies have shown associations between substance-use and various mental health issues. It is very uncommon for substance-abuse and internalising or externalising difficulties to occur together, as described by K. [46] and [38]. Research looking at the correlation between internalising problems in childhood and substance use in adolescence has shown that kids who experience high levels of negative affect, depression, or anxiety as children are more likely to start drinking at a young age, use marijuana more frequently as adults, and develop alcohol use disorders later in life [50; 90; 59].

Drug abuse in adolescent has been linked to externalising issues in childhood [86]. Among them, conduct disorder has been shown to be the most reliable predictor of drug abuse in later years [89; 27]. There is some evidence between ADHD with drug abuse in adolescents; however, some researchers believe this may be attributable to the fact that these symptoms often present alongside those of conduct disorder or executive function impairments [20].

In order to identify parental attitudes as risk factors for drug misuse in adolescents, this review sought to associate parenting attitudes with the severity of substance addiction.

Treatment of Substance Use Disorders in Adolescents

There are major physical, mental, and legal ramifications to drug abuse and use among adolescents. Their views and actions are shaped by their surroundings and their physical, cognitive, emotional, moral, and spiritual growth, making them a distinct group of patients. According to Jacobus et al. [43], the capacity for behaviours with potentially harmful results is significantly enhanced throughout adolescence compared to other life stages.

Drug abuse disorders: what they are and how to diagnose them

"Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs," according to the World Health Organisation (2010). According to Hagos et al.[36], when people abuse psychoactive substances, they may develop dependence syndrome. This syndrome is characterised by a cluster of behavioural,

cognitive, and physiological phenomena that occur after repeated substance use. Symptoms of dependence syndrome include intense cravings for the drug, difficulty controlling one's use, continuing to use despite negative consequences, prioritising drug use over other things, tolerance building up, and even physical withdrawal

DSM-5 criteria for disorders involving substances and addictions: Problematic alcohol or drug use that interferes with everyday functioning or causes discomfort is known as a substance use disorder. A person suffering from this disease is likely to persist in their drug use even when faced with negative outcomes. According to [88], for a certain chemical, the individual must possess two of the following during a 12-month timeframe:

Excessive consumption refers to consuming more alcohol or drugs than one intends to (or using more for a longer duration on a certain occasion).

Concern about reducing or discontinuing usage; or ineffective attempts to manage use.

Consuming, recouping from, or engaging in the activities necessary to acquire a drug over an extended period of time.

Substance abuse on a regular basis that causes one to either (a) neglect responsibilities at home, at work, at school, or elsewhere, or (b) abandon once beloved pastimes or hobbies.

An intense want to consume drugs or alcohol, also known as a craving.

Keeping using drugs or alcohol despite negative effects on one's mental or physical health, such as (1) blackouts or anxiety, or (2) one's relationships, such as taking drugs or alcohol despite opposition or because it's generating disagreements or fights [61].

Using drugs or alcohol often while operating potentially hazardous equipment or while driving is a serious problem.

Developing a "tolerance" means you'll need to consume more of the substance over time to obtain the same effect, or that the same quantity will have less of an impact with repeated usage.

Having unpleasant side effects after cutting down or ceasing usage, such as agitation, anxiety, lethargy, nausea, vomiting, tremor in the hands, or even seizures in the case of alcohol. (The DSM-5, Fifth Edition, Produced by the American Psychiatric Association in 2013.)

Changes in development from infancy to adolescence and how they relate to drug abuse: Puberty is a vulnerable time when emotional and behavioural issues, such as drug abuse, may begin or worsen, according to studies that concentrate on important developmental

milestones. Research has shown that compared to teenagers who reach puberty later on, those who start smoking and drinking earlier are also more prone to try with other illicit drugs. Research on important brain changes during adolescence has led to the development of a "dual-systems" model of addiction risk [65]. This model proposes that the interaction between the maturation of two separate neurobiological systems—one for social and emotional regulation, centred in the limbic and paralimbic regions of the brain, and another for cognitive control, primarily linked to the lateral prefrontal and parietal cortices—is responsible for the heightened risky behaviours seen during this developmental period.

Theoretically, higher levels of dopaminergic activity and sensation-seeking are associated with faster social and emotional development, which in turn promotes dangerous behaviours, as stated in this model. The cognitive control system, which is responsible for self-regulation and impulse control, does not completely mature until late adolescence or early adulthood, although this does occur before then. Thus, the combination of a rapidly growing socio-emotional system and a slowly developing cognitive control system would increase vulnerability to risk-taking throughout adolescence [71].

In addition to the aforementioned changes in a child's body and biology, research on social development has shown that adolescents also experience profound shifts in their social settings. Important changes occur within families and peer groups once students enter high school, in addition to changes in the educational environment (such as the expansion of peer groups and the distribution of supervision among instructors). Adolescents gravitate away from family time and towards hobbies and hangouts with friends, where they are less likely to be closely watched by adults. But it doesn't discount the significance of family dynamics at this time in a child's growth and development. Reducing alcohol intake in the future is associated with having a positive relationship with one's parents, which includes things like feeling accepted, having excellent communication, and parental supervision [87].

On the other hand, family management skills are often neglected by parents whose children struggle with drug misuse throughout the early to mid-teens. There are a lot of good things that can come from having more freedom and having friends, but being friends with people who are deviant or use drugs increases the likelihood that you will do the same [31].

Research on the frequency of drug abuse among adolescents

[44] found that over half of all U.S. high school graduates have used an illegal substance (not including alcohol or tobacco) throughout their lives.

Marijuana has long been the illegal substance of choice for teenagers, and the usage of this drug has skyrocketed since 1991 [66].

Adolescents also put themselves at serious danger when they drink alcohol or smoke cigarettes while they are under the age of 18. Eighth graders reported an alcohol consumption rate of 21% and an intoxication rate of 8% in the past year; by twelfth grade, these rates have jumped to 58% and 38%, respectively, while cigarette smoking has been decreasing across all age groups since 2010. [44].

Because of diagnostic criteria and differences in shared nomenclature, it can be difficult to track diagnoses on a large scale. This is particularly true for adolescents, who are often diagnosed using dependence and problematic use criteria developed for an adult population. As a result, substance use disorder rates among adolescents can be less straightforward than use statistics [66].

Egypt is one of the Arab nations where there is a severe lack of epidemiological data on drug misuse. Many Arab nations have legislative and religious prohibitions on drug addiction, making it impossible to acquire official information from these countries. One of the major concerns of the Egyptian people and government is the prevalence of drug addiction. It has an impact on youth throughout their formative years. It has the potential to cause a lot of issues, including social maladaptation, low productivity at work, and even job loss [2].

A number of national epidemiological studies concerning the "Ever Used Drug" among technical school students, male secondary school students, male university students, and female university students were conducted by the Epidemiological Database [82; 79; 80; 81]. Among the four categories listed above, opiates and hashish were the most frequently reported substances. Percentages of "Ever Used Opiates" were 0.01%, 1%, 0.5%, and 0.01% in the aforementioned four categories, but percentages of "Ever Used Hashish" were 9%, 5%, 8.5%, and 0.05% in that order.

Released in 1996 was a community report that served as a first assessment by the Egyptian National Research on Addiction. The research for this report included a stratified sample of male and female participants aged 16 and up (N=16,645) and was carried out in five

governorates. With 1,043 people in the "Used" category and 15,588 in the "Did Not Use" group, the ratio was almost 15:1.

Research conducted by Sadek et al. [73] examined 593 female students from six different schools in the Cairo governorate, spanning urban, semi-urban, and rural areas. The results showed that 18.45% of the students had drug use problems. Tobacco (2.5%), cannabinoids (0.7%), illegal drugs (3.9%), and alcohol (15.9%) were the most prevalent substances consumed.

The outcomes of the research by Helmi [40] were different: The following substances were utilised by 94% of the adolescents: opioids, cannabis, benzodiazepines, and alcohol.

Predictors of drug misuse disorders in adolescents

Genetic factors: Research on substance use disorders (SUDs) should continue to prioritise methods that establish a family history of the condition as a means of estimating an individual's genetic risk for getting the disorder. There is significant evidence that having a parent with an SUD increases the likelihood of a teenager developing an SUD themselves. Environmental factors are just as important as genetic ones when it comes to passing substance use disorders on to future generations [48].

Neurobiological aspects: Some have hypothesised that we may learn a lot about impulsivity and drug abuse risk by studying the systems in the brain that are responsible for motivation. According to Meyer and Lee [62], the "critical period of addiction vulnerability" occurs throughout adolescence because the neural pathways in the brain that allow for motivation and rewarding experiences are still developing.

Anterior motivation circuitry, including the prefrontal cortex and ventral striatum, is believed to exist, according to animal and human research. This circuitry is connected to a more dispersed secondary posterior motivation circuitry, which offers a multitude of sensory input. Meyer and Lee [62] found that the hypothalamus and septal nuclei provide information about basic and innate motivated behaviours, while the amygdala and hippocampi give information about relevant emotional and contextual memories to the motivating stimuli.

One of the most important neuromodulatory events that might inspire behaviour change is the release of dopamine in the spinal cord. Research has shown that the nucleus accumbens increases dopamine concentration in response to a broad range of motivating stimuli. These stimuli include both artificial

incentives like sex and more natural ones like nicotine, alcohol, cocaine, amphetamine, opiates, and cannabis. According to Meyer and Lee [62], the nucleus accumbens no longer plays a significant role in dopamine release as individuals get habituated to the stimuli.

Important inhibitory motivation systems include the prefrontal cortex's inhibitory system and the serotonin (5-HT) neurotransmitter system. Impulsive behaviour and response in reward-related learning have been linked to decreased 5-HT activity. According to Meyer and Lee [62], a number of mental health illnesses, including antisocial personality disorder, affective disorders, schizophrenia, and drug use disorders, are associated with impaired impulse control and aberrant measures of prefrontal cortex function.

Substance use disorders are more likely to develop during adolescence because of changes in brain structure and function that may put immature inhibitory substrates (5-HT and the precortical system) in a context where promotional substrates (central dopamine function) have a relatively greater influence. According to Leeman and Potenza [55], there is evidence that the noradrenergic, glutaminergic, and GABA-ergic systems have a role in the development of drug addiction.

Hektner and De Jong [39] cite a number of studies that support the idea that children whose families are not completely intact are more likely to suffer negative consequences in life.

Research has shown that substance abuse, smoking, and neglect by adolescents whose parents exhibited authoritarian, disengaged, or negligent parenting styles is more common [64].

Problems with substance use disorders in adolescents may have their roots in childhood abuse, according to a number of studies. As an example, a research conducted by Tonmyr et al. [84] found that adolescents with substance use disorders were more likely to report experiencing physical and/or sexual abuse as children compared to adolescents without SUDs. In another research with more than 3,500 female twins, [77] found childhood sexual abuse to be related with greater risks of alcohol use and dependency. Last but not least, a longitudinal research of 76 abused children and 51 control children with similar demographics found that abused children were seven times more likely to report drinking by the age of 12 compared to the control children. [21]. In addition, children who were abused started drinking two years before their control group did. Different Rules of Risk Factors: It's

worth noting that the factors that lead to first drug use are probably different from those that lead to regular use, and finally to a diagnosis of substance use disorder [35].

This finding is relevant when comparing the weight of environmental and genetic risk factors. The timing of substance use initiation was found to be more influenced by environmental factors, according to a recent population-based twin study [22], while genetic variations were found to be more important in speeding up the progression from lighter to heavier use.

Personality features: Substance addiction and usage tend to follow distinct patterns in people with certain personality features, according to a variety of developmental research. Substance abuse and alcoholism are common among people who score high on the neuroticism, hopelessness, and anxiety-sensitivity dimensions. People who score high on these dimensions often turn to drugs as a means of regulating unpleasant affective states, such as when dealing with depression [29].

According to Van Leeuwen et al. [85], the common liability model could be a more accurate predictor of substance use among adolescents than the Gateway theory. This model takes into account the user's individual tendencies and environmental factors rather than the prior use of a specific drug.

Many young people exaggerate the prevalence of drug misuse among their friends and, as a result, are more prone to experiment with substances themselves [12]. This suggests that young people's perceptions of societal norms around substance usage influence their actions.

❖ **Vulnerability of adolescents to drug in comparison to adults**

The majority of those who start doing drugs begin they are still teenagers. Research in epidemiology has linked the initiation of drug use at a younger age to an increased risk of developing substance use disorders. On the other hand, some believe that early onset has its own special effects on brain development that encourage pathological behaviour, while others argue that the same genetic and environmental variables that increase a person's risk of developing drug issues also increase their likelihood of starting early.

The epidemiology literature is lacking in data and continues to argue whether or not early-onset drug use causes drug issues later in life. Arriia et al. [8] found that early initiation is more likely in those with a history of the disorder or who also suffer from psychopathology.

In order to heighten susceptibility to drug use problems, do these environmental and

biological factors function via early initiation? Would those who have a history of drug abuse in their family or who suffer from psychopathology always acquire a condition, regardless of when they start using? In human research, these issues are hard to answer. Andersen [6] argues that animal models are essential for adequately addressing the causation of early drug exposure on later substance use problems.

The outward manifestations of drug misuse in adolescents

Substance abuse, according to empirical research, is a complex illness with several subtypes, each with its own unique history of development, symptoms, and patterns of use [72].

The majority of teenagers have not reached physically, emotionally, socially, or cognitively mature levels of development, despite the fact that they are physically and mentally equivalent to adults. The developmental duties of coming into one's own and becoming ready for proper social and personal roles, such as finding a career, getting married, and starting a family, are difficult for them. Among the many attitudes and behaviours that teenagers test out throughout their formative years is the usage of psychoactive drugs. Adolescents often dabble with substances like alcohol and cigarettes; some even go on to use marijuana; and an even lower percentage try with other drugs.[16].

Acuteness and identifiers:

There is a wide spectrum of severity when it comes to substance use disorders. In general, if there are 2-3 symptoms, it's advised that the drug use problem is light. If there are 4-5 symptoms, it's moderate. If there are 6 or more symptoms, it's severe. The severity might fluctuate over time when the individual experiences a reduction or an increase in their symptoms. Additions such as "in early remission," "in sustained remission," "on maintenance therapy," or "in a controlled environment" to a diagnosis of alcohol use disorder may be necessary when a person no longer meets the criteria for a substance use disorder. Published by the American Psychiatric Association in 2013.

Perspectives on parenting

Authoritarian, permissive, and authoritative parenting styles were described by Baumrind[11] based on the various approaches towards child upbringing. The degree to which a kid is supervised and the quantity of warmth and care they get are two key areas where the three parenting styles diverge.

Authoritarian parents place a premium on their children's submission and control. According

to Reitman et al. (2002), they dictate the child's acceptable behaviour and limit the child's autonomy. These parents believe in the power of punishment and often expect their children to blindly obey their every command. They have complete control over the child's life and often resort to punishment as a means of control, but they seldom provide an explanation for the rules and regulations that are put in place. Authoritarian parents often lack the ability to nurture their children. Words of consolation are scarce, and they show little to no care or appreciation for their teenagers. Many strategies, including logic, verbal exchanges, overt displays of authority, and positive rewards, are used by authoritative parents to impose boundaries on their children. When it comes to a child's psychological and social growth, an authoritative parenting style has been linked to good results. A high degree of self-esteem, independence, self-control, security, popularity, and curiosity are traits often seen in children raised by authoritarian parents [18].

Cultural influences on parenting styles and perspectives:

In the United States, parents from lower socioeconomic level (SES) and ethnic/racial minority groups are more likely to use an authoritarian style of parenting, as is common in non-Western cultures. In addition, these characteristics could come together, since families from immigrant and ethnic minority backgrounds often reside in low-income areas with risky neighbourhoods, where strict parenting styles might provide some protection [62].

Because of this, some have questioned whether authoritarian parenting is always harmful and others have argued that parenting styles should be evaluated according to indigenous understandings and cultural values [19].

For example, although Chinese parenting is sometimes characterised as authoritative, harsh, and reflective of Confucian values, it is also child-centered and focuses on teaching children well [19].

Many people think of Chinese women as "tiger moms" [58] because of the strict discipline they use to help their children succeed and grow. But careful empirical study [49] disproves this idea.

Perspectives on parenting in Arab cultures

Dwairy et al. [25] found that Arab children and youth are OK with authoritarian parenting styles and do not complain about instructors' abusive or violent behaviour, which contradicts data on the effects of such styles in the West.

"Absolute submission" to parents was preferred by 64.4% of Egyptian women and 33.1% of Egyptian males among college students. When asked about the importance of moral and character traits that children should inherit from their parents, 57.7% of female students and 25.7% of male students preferred this [4].

Among Saudi female college students surveyed, 67.5% said they had experienced physical punishment at some point. Achoui [3] reported that 65.1% of students supported corporal punishment when asked about their opinions towards it. Although Saudi culture is seen as more conservative compared to other Arab or Muslim nations, if these views are prevalent among college students, it's reasonable to assume that the wider Saudi population may exhibit comparable or even more pronounced behaviour.

Dwairy [24] cited additional research that found no negative correlation between authoritarianism and the mental health of Arab adolescents.

But Arab culture is notoriously harsher on women than males [93]. According to research done in Saudi Arabia in 2003, it was shown that physically punishing male children was more common than female youngsters.

According to Punamaki et al. [68], Palestinian males in the Gaza Strip had a more unfavourable impression of their parents' treatment of them than girls did. The boys rated their parents as more unfriendly, rigorous with discipline, and rejecting. Fershani [28] and Zegheena [94] have found similar outcomes in Algeria.

According to an intriguing Egyptian study, there is a relationship between sex and urbanisation. Teenage boys in rural areas were more likely to say that their parents were authoritarian than girls in urban areas, and vice versa [24].

Faith in Mediators

The characteristics of authoritarian parenting—physical or harsh punishment, shouting or scolding, expressing displeasure, and shaming—have negative impacts on children's adjustment across cultures worldwide. Parents who spank often think it's a great way to encourage good conduct in their children. Spanking, according to large-scale studies conducted in the United States [5] and other cultures that use these techniques differently [52], negatively impacts children's adjustment and social competence. On the other hand, when these practices are more culturally normative, they are less harmful, but still negative [52].

Recent research has shown some interesting developmental trends, including the fact that parental shaming is more culturally acceptable in rural and urban China than in an urban sample of Canadians, and that it is perceived as less psychologically harmful among rural Chinese, where it is more prevalent, than among Canadians. Compared to students in grades 7-8, those in grades 10-11 and 13-14 had a more unfavourable impression of shame and its impact on their mental health [41].

Methods Based on Dimensions

Regulation of the mind: Psychological control, a hallmark of authoritarian parenting styles, is linked to issues with internalising and externalising behaviours in children across cultures [52]. This control manifests itself in ways such as parental intrusiveness, guilt induction, and love withdrawal.

Barber and colleagues (2012) found that maladjustment is better explained by disrespectful parents than by a lack of psychological control in general, and they also identified disrespect as the particular mechanism driving these detrimental consequences. Few personality traits, with the exception of agreeableness, seem to mediate the relationships between psychological control and problematic behaviour [57].

Different from psychological control, behavioural control helps parents manage and regulate their children's behaviour by setting clear and consistent expectations and providing a framework for responsible and competent actions. Behavioural control involves establishing and maintaining high standards as well as establishing and implementing regulations via close supervision and monitoring. According to Kakiyama and Tilton-Weaver [54], growth is negatively impacted when behavioural and psychological control become unclear at high levels.

The "debate about monitoring." Because it gives kids some freedom while yet letting parents maintain tabs on them, parental monitoring has been thought of as a way to curb undesirable behaviours among adolescents, such as drug use, truancy, and antisocial conduct. While some studies did evaluate parental awareness of their teens' extracurricular activities, the focus was on measuring knowledge rather than monitoring. According to a study conducted by Kerr et al. in 2010.

A new school of thought known as "domain-specific" theories has emerged, describing parenting as complex and contextual. In other words, parents are shown as adaptable, using different approaches or tactics depending on the circumstances. Also, kids understand how

their parents behave, thus the same parenting techniques might signify various things to kids of different ages and cultures. Better clarity in defining parenting and comprehending its impacts would result from systematically considering these elements, according to proponents of these techniques.

[34] used a behavioural systems approach to explain parenting by identifying the many contexts that activate various childrearing objectives and demands. The five domains of socialisation that they outline are as follows: protection (safety from harm), control (learning societal expectations and avoiding the loss of autonomy that comes from parents' overcontrol), guided learning (skill mastery), group participation (belonging to a social group), and reciprocity (behaving in a way that others expect of you). Competencies in these areas are thought to emerge from distinct sets of parenting practices and abilities. Although this approach shows promise, more details are needed to determine which domains are significant in certain scenarios. It is necessary to examine specific hypotheses on the relationships between domain-specific parenting and maturational results.

Smetana and her colleagues have put forward an alternative domain-specific approach that centres on the formation of distinct kinds of social knowledge and behaviour. These include moral knowledge (concern for justice, fairness, and the welfare of others), social-conventional norms (contextually determined), and prudential knowledge (concern for one's own comfort, safety, and safety from harm) [34].

Attitudes of parents towards their kids' drug abuse

According to a recent analysis, the majority of research has linked authoritative parenting to the greatest results when it comes to drug misuse among adolescents, whereas negligent parenting has the opposite effect. "Becona et al., 2013"

According to research by Baumrind [11], there are three main kinds of parenting styles: authoritative, authoritarian, and permissive. Permissive parenting styles include a subtype that neglects or rejects teenage drug use. A lower rate of drug use was associated with authoritative parenting styles [11], while a greater rate of substance use was associated with authoritarian and permissive parenting styles [11]. Furthermore, adolescents' conduct is significantly impacted by the existence of loving parents.

For African-American youth, the perception of parental oversight is inversely related to

risky behaviours including substance abuse according to Li et al. [14].

All of these points lead the possibility that different parenting styles are associated with drug abuse among adolescents.

Multiple studies have shown that authoritative parenting is the best way to help kids become self-assured and competent adults [51].

Adolescent drug dependence is linked to the negative emotions of rejection, antagonism, and powerlessness that accompany inattentive parenting [76].

Research has also shown a strong correlation between teenage violence or misbehaviour and heavy punishment with rejection. According to research [42], a child's personality and propensity to engage in risky behaviours are profoundly influenced by their parents.

Substance abuse and family dynamics

Strong family effect on the adolescent's engagement in drug misuse has been indicated for three reasons. To start, it's possible that the teen is trying to emulate the actions of an older relative. Second, we pick up societal norms and expectations from our families. If someone in your family regularly drinks or does drugs, for example, your kids will grow up thinking it's "normal" and okay to do the same. Lastly, teenage girls and boys who grow up in homes where drug misuse is prevalent may experience psychological and emotional distress and seek solace in substance abuse themselves [14].

Two factors that greatly impact a child's actions when it comes to drug use are the family's structure and the relationships within it [83].

Many studies have examined the consequences of different types of family structures, including intact families, single-parent households, and broken homes.

Behavioural measures of the parent-child connection, such parental control, punishment, or supervision, and emotional measures of the parent-child relationship, like attachment, intimacy, acceptance, or rejection, were often used in studies on family relationships [67].

Simulation of behaviour

Adolescents whose parents misuse substances are more prone to do the same, according to a behavioural modelling study [15], and research on parental impact has also looked at parenting styles. It appears that the parenting practices of a family have a positive impact on an adolescent's mental health and resilience, rather than just by modelling certain behaviours. This suggests that these two pathways of influence may be interrelated.

How parents' perspectives matter

Teens fare better in life when they have an authoritative parent figure in their lives [60].

According to Abaret al. [9], children whose parents exhibit authoritative parenting tend to exhibit low levels of dangerous behaviours, high levels of self-regulation, and strong academic achievement and study abilities.

Both the control mechanisms and alcohol use/abuse may be impacted by a parent's permissive parenting style [63]. Teens were more prone to binge drink when their parents were lax, according to research [91].

Scheier and Hansen [47] found that adolescents whose parents exhibited authoritarian parenting styles were more likely to engage in antisocial behaviour, including drinking.

Neuroticism was positively associated with men's perceptions of their fathers as dictatorial. According to Patock-Peckham and Morgan-Lopez [64], there was a correlation between it and issues associated to alcohol use.

Adolescents and children who reported their parents as uncaring were more likely to engage in risky behaviours such drug abuse and aggression [37].

According to mediation research, a friend's actions may moderate the effect of a friend's mother's nurturing parenting on teenage behaviour. In other words, when parents set a good example by not allowing their children to experiment with drugs, it ripples down the social hierarchy and inhibits substance misuse. Having said that, this just touches on the subject. Not all of the impact was explained by the mediation hypothesis. This provides further evidence that supportive parenting may have a good impact on adolescents' social networks, either indirectly via the adolescent's improved mental health and behaviour or directly through increased interaction with the parents of their friends. Adolescents may see the beneficial connections between parents and children firsthand if they have regular contact with the parents of their friends. Second, it's possible that adolescents benefit from being around friends whose parents are strong role models for them emotionally and mentally, even if those friends don't engage in drug misuse themselves. Lastly, it's possible that parents who model good behaviour for their own teenagers are also good role models for their friends' friends [75].

2. Conclusions:

The degree of an addiction is proportional to the attitude of the parents. Adolescents consume synthetic cannabis the most, according to the report. Adolescents are less likely to cut down on drinking if they think their mothers are too lenient with them,

compared to when they see their mothers as authoritative. One key determinant for no change in cocaine/crack usage is the father's absence from the household routine. Additional studies with longer follow-up periods are necessary, but these relationships do prove that parental authoritative approaches and paternal presence affect whether or not teenagers think about and are able to quit drug use.

3. References

- [1] B. Abar, K. L. Carter, & A. Winsler, The effects of maternal parenting style and religious commitment on self-regulation, academic achievement, and risk behavior among African-American parochial college students. *Journal of adolescence*, vol:32, pp.259-273. 2009.
- [2] R. H. Abdel Kareem, & D. M. Ali, Prevalence Of Drug Abuse Among Drivers In Minia Governorate. *The Egyptian Journal of Forensic Sciences and Applied Toxicology*, vol: 18, pp.115-133. 2018.
- [3] M. Achoui, Taa'dib al atfal fi al wasat al a'ai'li: Waqea'wa ittijahat [Children disciplining within the family context: Reality and attitudes]. *Al tofoolah A Arabiah*, vol:16, pp. 9-38. 2003.
- [4] A. M. Ali, Parenting Styles, Self esteem and Depression among 14-17 years old adolescents in Egypt. *Psycho-Educational Research Reviews*, vol:1, pp. 71-78. 2012.
- [5] I. Altschul, S. J. Lee, & E. T. Gershoff, Hugs, not hits: Warmth and spanking as predictors of child social competence. *Journal of Marriage and Family*, vol:78, pp.695-714. 2016.
- [6] S. L. Andersen, Stress, sensitive periods, and substance abuse. *Neurobiol Stress*, vol: 10, pp.100140. 2019.
- [7] A. M., Arria, K. M., Caldeira, S. J., Kasperski, K. B., Vincent, R. R. Griffiths, & K. E. O'Grady, Energy drink consumption and increased risk for alcohol dependence. *Alcoholism: Clinical and Experimental Research*, vol:35, pp.365-375. 2011.
- [8] [8] A. Ö., Atar, Ö., Yalçın, E., Uygun, A. C. Demirci, & A. Erdoğan, The assessment of family functions, dyadic adjustment, and parental attitude in adolescents with substance use disorder. *Nöro Psikiyatri Arşivi*, vol: 53, pp.38. 2016.
- [9] B. K., Barber, H. E., Stolz, J. A., Olsen, W. A. Collins, & M. Burchinal, Parental support, psychological control, and behavioral control: Assessing relevance across time, culture, and method. *Monographs of the society for research in child development*, i-pp.147. 2005
- [10] B. K., Barber, M., Xia, J. A., Olsen, C. A. McNeely, & K. Bose, Feeling disrespected by parents: Refining the measurement and understanding of psychological control. *Journal of Adolescence*, vol: 35, pp.273-287. 2012.
- [11] D. Baumrind, The influence of parenting style on adolescent competence and substance use. *The journal of early adolescence*, vol:11, pp.56-95. 1991.
- [12] I. BCIAC, S., Fowler, S., Askew, D. MacKinnon, & C. McDougald, Misestimation of peer tobacco use: understanding disparities in tobacco use. *Journal of the National Medical Association*, vol:100, pp.299. 2008.
- [13] E., Becoña, Ú., Martínez, A., Calafat, J. R., Fernández-Hermida, M., Juan, H., Sumnall, F. Mendes, & R. Gabrhelík, Parental permissiveness, control, and affect and drug use among adolescents. *Psicothema*, vol:25, pp.292-298. 2013.
- [14] F. Z. Belgrave, & K. W. Allison, *African American psychology: From Africa to America*, Sage Publications. 2018.
- [15] J., Biederman, S. V., Faraone, M. C. Monuteaux, & J. A. Feighner, Patterns of alcohol and drug use in adolescents can be predicted by parental substance use disorders. *Pediatrics*, vol:106, pp.792-797. 2000.
- [16] C. W. Burke, & T. E. Wilens, Transitional-Age Youth With Substance Use Disorders. *Psychiatric Annals*, vol:52, pp.222-226. 2022.
- [17] N., Castellanos-Ryan, M. O'Leary-Barrett, & P. J. Conrod, Substance-use in childhood and adolescence: A brief overview of developmental processes and their clinical implications. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, vol: 22, pp. 41. 2013.
- [18] W. Crain, *Theories of development: Concepts and applications*, Routledge. 2015.
- [19] E. M., Cummings, P. T. Davies, & S. B. Campbell, *Developmental psychopathology and family process: Theory, research, and clinical implications*, Guilford Publications. 2020.
- [20] M. A., Dawes, S. M., Antelman, M. M., Vanyukov, P., Giancola, R. E., Tarter, E. J., Susman, A. Mezzich, & D. B. Clark, Developmental sources of variation in liability to adolescent substance use

- disorders. Drug and alcohol dependence, vol: 61, pp.3-14. 2000.
- [21] M. D. De Bellis, & A. Zisk, The biological effects of childhood trauma. *Child and Adolescent Psychiatric Clinics*, vol:23, pp.185-222. 2014.
- [22] C. C. DiClemente, *Addiction and change: How addictions develop and addicted people recover*, Guilford Publications. 2018.
- [23] M. Dwairy, Parenting styles and mental health of Arab gifted adolescents. *Gifted child quarterly*, vol:48, pp.275-286. 2004.
- [24] M. Dwairy, M. Achoui, R. Abouserie, A. Farah, A. Sakhleh, M. Fayad, & H. Khan, Parenting Styles in Arab Societies A First Cross-Regional Research Study. *Journal of Cross-cultural Psychology - J CROSS-CULT PSYCHOL*, vol:37, pp.230-247. 2006.
- [25] M. Dwairy, & K. E. Menshar, Parenting style, individuation, and mental health of Egyptian adolescents. *Journal of adolescence*, vol:29, pp.103-117. 2006.
- [26] Edition, F. *Diagnostic and statistical manual of mental disorders*. *Am Psychiatric Assoc*, vol:21, pp.591-643. 2013.
- [27] D. M., Fergusson, L. J. Horwood, & E. M. Ridder, Conduct and attentional problems in childhood and adolescence and later substance use, abuse and dependence: results of a 25-year longitudinal study. *Drug and alcohol dependence*, vol:88, pp.S14-S26. 2007.
- [28] L. Ferhiani, *Almoa'amalah alwalideyah wattijahat ala'bnaa'lelenjaz* [Parenting styles and siblings need for achievement]. Unpublished master's thesis, Algiers University, Algeria. 1998.
- [29] M., Field, J., Werthmann, I., Franken, W., Hofmann, L. Hogarth, & A. Roefs, The role of attentional bias in obesity and addiction. *Health Psychology*, vol: 35, pp.767. 2016.
- [30] Americans but not European Americans. *Personality and Social Psychology Bulletin*, vol: 40, pp.739-749. 2014.
- [31] M. Gardner, & L. Steinberg, "Peer influence on risk taking, risk preference, and risk decision making in adolescence and adulthood: An experimental study": Correction to Gardner and Steinberg 2012.
- [32] E. T., Gershoff, A., Grogan-Kaylor, J. E., Lansford, L., Chang, A., Zelli, K. Deater-Deckard, & K. A. Dodge, Parent discipline practices in an international sample: Associations with child behaviors and moderation by perceived normativeness. *Child development*, vol:81, pp.487-502. 2010.
- [33] Y., Görgülü, D., Çakır, M. B., Sönmez, R. K. Çınar, & M. E. Vardar, Alcohol and psychoactive substance use among university students in Edirne and related parameters. *Nöro Psikiyatri Arşivi*, vol:53, pp.163. 2016.
- [34] J. E. Grusec, & M. Davidov, *Analyzing socialization from a domain-specific perspective*. 2015.
- [35] C. Guerri, & M. Pascual, Mechanisms involved in the neurotoxic, cognitive, and neurobehavioral effects of alcohol consumption during adolescence. *Alcohol*, vol: 44, pp.15-26. 2010.
- [36] E. G., Hagos, G. G. Asfeha, & B. A. Berihu, Prevalence of substance abuse among regular degree health science students in Sheba University College in Mekelle Town, Tigray - Ethiopia. *J Neurosci Rural Pract*, vol:7, pp.200-5. 2016.
- [37] R. F., Hanson, S., Self-Brown, A., Fricker-Elhai, D. G., Kilpatrick, B. E. Saunders, & H. Resnick, Relations among parental substance use, violence exposure and mental health: the national survey of adolescents. *Addictive behaviors*, vol:31, pp.1988-2001. 2006.
- [38] D. S., Hasin, F. S., Stinson, E. Ogburn, & B. F. Grant, Prevalence, correlates, disability, and comorbidity of DSM-IV alcohol abuse and dependence in the United States: results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Archives of general psychiatry*, vol:64, pp.830-842. 2007.
- [39] J. M. Hektner, & J. A. De Jong, Developing a prevention plan for an American Indian boarding school: Strengthening positive peer culture. *Journal of American Indian Education*, pp.41-59. 2007.
- [40] K. Helmi, Family related factors as predictors of drug dependence among adolescents and youth in Alexandria. Faculty of Medicine, Ain Shams University. 2009.
- [41] C. C., Helwig, S., To, Q., Wang, C. Liu, & S. Yang, Judgments and reasoning about parental discipline involving induction and psychological control in China and Canada. *Child Development*, vol:85, pp.1150-1167. 2014.
- [42] M., Hoeve, J. S., Dubas, V. I., Eichelsheim, P. H., Van der Laan, W. Smeenk, & J. R. Gerris, The relationship between parenting and

- delinquency: A meta-analysis. *Journal of abnormal child psychology*, vol:37, pp.749-775. 2009.
- [43] J., Jacobus, R. E., Thayer, R. S., Trim, S., Bava, L. R., Frank, & S. F. Tapert, White matter integrity, substance use, and risk taking in adolescence. *Psychology of addictive behaviors*, vol:27, pp.431. 2013.
- [44] L., Johnson, P. M., O'Malley, J., Bachman, J. Schulenberg, & R. Miech. Monitoring the future national survey results on drug use, 1975–2014: volume 2, college students and adults ages 19–55. Ann Arbor, MI: Institute for Social Research, The University of Michigan. 2016.
- [45] F. Kakihara, & L. Tilton-Weaver, Adolescents' interpretations of parental control: Differentiated by domain and types of control. *Child development*, vol:80, PP. 1722-1738. 2009.
- [46] D. B., Kandel, J. G., Johnson, H. R., Bird, M. M., Weissman, S. H., Goodman, B. B., Lahey, D. A., Regier, & M. E. Schwab-Stone, Psychiatric comorbidity among adolescents with substance use disorders: Findings from the MECA study. *Journal of the American Academy of Child & Adolescent Psychiatry*, vol:38, PP.693-699. 1999.
- [47] M., Kerr, H. Stattin, & W. J. Burk, A reinterpretation of parental monitoring in longitudinal perspective. *Journal of Research on Adolescence*, vol: 20, PP . 39-64. 2010.
- [48] K. M., Keyes, M. L., Hatzenbuehler, & D. S. Hasin, Stressful life experiences, alcohol consumption, and alcohol use disorders: the epidemiologic evidence for four main types of stressors. *Psychopharmacology*, vol:218, PP.1-17. 2011.
- [49] S. Y. Kim, , Y., Wang, D., Orozco-Lapray, Y. Shen, & M. Murtuza, Does "tiger parenting" exist? Parenting profiles of Chinese Americans and adolescent developmental outcomes. *Asian American journal of psychology* vol: 4. pp.7. 2013.
- [50] S. M., King, W. G., Iacono, & M. McGue, Childhood externalizing and internalizing psychopathology in the prediction of early substance use. *Addiction* vol:, 99, pp.1548-1559. 2004.
- [51] S. Kuppens, & E. Ceulemans, Parenting styles: A closer look at a well-known concept. *Journal of child and family studies*, vol: 28, pp. 168-181. 2019.
- [52] J. E. Lansford, , R. D., Laird, G. S., Pettit, J. E. Bates, & K. A. Dodge, Mothers' and fathers' autonomy-relevant parenting: Longitudinal links with adolescents' externalizing and internalizing behavior. *Journal of Youth and Adolescence* vol: 43, pp.1877-1889. 2014.
- [53] J. E., Lansford, C., Sharma, P. S., Malone, D., Woodlief, K. A., Dodge, P., Oburu, C., Pastorelli, A. T., Skinner, E. Sorbring, & S. Tapanya, Corporal punishment, maternal warmth, and child adjustment: A longitudinal study in eight countries. *Journal of Clinical Child & Adolescent Psychology*, vol:43, pp.670-685. 2014.
- [54] E. H., Lee, Q., Zhou, J., Ly, A., Main, A. Tao, & S. H. Chen, Neighborhood characteristics, parenting styles, and children's behavioral problems in Chinese American immigrant families. *Cultural Diversity and Ethnic Minority Psychology* vol:, 20, pp.202. 2014.
- [55] R. F. Leeman, & M. N. Potenza, Similarities and differences between pathological gambling and substance use disorders: a focus on impulsivity and compulsivity. *Psychopharmacology*, vol:219, pp. 469-490. 2012.
- [56] X., Li, S. Feigelman, & B. Stanton, Perceived parental monitoring and health risk behaviors among urban low-income African-American children and adolescents. *Journal of Adolescent Health*, vol:27, pp.43-48. 2000.
- [57] E., Mabe, B., Soenens, M. Vansteenkiste, & K. Van Leeuwen, Do personality traits moderate relations between psychologically controlling parenting and problem behavior in adolescents? *Journal of Personality*, vol:84, pp.381-392. 2016.
- [58] MacRaild, J. 2011. Confucianism and its impact on talent development: A review and discussion of key themes in the development of talent arising from Chua, a. (2011) battle hymn of the tiger mother. New York: Penguin. TalentEd, 27, 68.
- [59] W. A., Mason, J. E., Hitchings, & R. L. Spoth, Emergence of delinquency and depressed mood throughout adolescence as predictors of late adolescent problem substance use. *Psychology of Addictive Behaviors*, vol:21, pp.13. 2007.
- [60] C. McKinney, & K. Renk, Differential parenting between mothers and fathers: Implications for late adolescents. *Journal of family Issues*, vol:29, pp.806-827. 2008.
- [61] A. T. McLellan, Substance Misuse and Substance use Disorders: Why do they Matter in Healthcare? *Trans Am Clin*

- Climatol Assoc, vol:128, pp.112-130. 2017.
- [62] H. C. Meyer, & F. S. Lee, Translating developmental neuroscience to understand risk for psychiatric disorders. *American Journal of Psychiatry*, vol:176, pp.179-185. 2019.
- [63] J. A. Patock-Peckham, & A. A. Morgan-Lopez, College drinking behaviors: mediational links between parenting styles, impulse control, and alcohol-related outcomes. *Psychology of Addictive Behaviors*, vol:20, pp.117. 2006.
- [64] J. A. Patock-Peckham, & A. A. Morgan-Lopez, Mediatonal links among parenting styles, perceptions of parental confidence, self-esteem, and depression on alcohol-related problems in emerging adulthood. *Journal of Studies on Alcohol and Drugs*, vol: 70, pp. 215-226. 2009.
- [65] G. C., Patton, S. M., Sawyer, J. S., Santelli, D. A., Ross, R., Afifi, N. B., Allen, M., Arora, P., Azzopardi, W. Baldwin, & C. Bonell, Our future: a Lancet commission on adolescent health and wellbeing. *The Lancet*, vol:387, pp. 2423-2478. 2016.
- [66] N. C., Peiper, T. A., Ridenour, B. Hochwalt, & T. Coyne-Beasley, Overview on prevalence and recent trends in adolescent substance use and abuse. *Child and Adolescent Psychiatric Clinics*, vol:25, pp. 349-365. 2016.
- [67] M. Pinquart, Associations of parenting dimensions and styles with externalizing problems of children and adolescents: An updated meta-analysis. *Developmental psychology*, vol:53, pp. 873. 2017.
- [68] R.-L., Punamaki, S. Qouta, & E. E. Sarraj, Relationships between traumatic events, children's gender, and political activity, and perceptions of parenting styles. *International Journal of Behavioral Development*, vol:21, pp. 91-110. 1997.
- [69] D., Reitman, P. C., Rhode, S. D. Hupp, & C. Altobello, Development and validation of the parental authority questionnaire-revised. *Journal of psychopathology and Behavioral Assessment*, vol: 24, pp. 119-127. 2002.
- [70] L. Ren, & C. Pope Edwards, Pathways of influence: Chinese parents' expectations, parenting styles, and child social competence. *Early Child Development and Care*, vol:185, pp.614-630. 2015.
- [71] A. J. Robison, & E. J. Nestler, Transcriptional and epigenetic mechanisms of addiction. *Nature reviews neuroscience*, vol:12, pp. 623-637. 2011.
- [72] F. A., Rogosch, A. Oshri, & D. Cicchetti, From child maltreatment to adolescent cannabis abuse and dependence: A developmental cascade model. *Development and psychopathology*, vol: 22, pp.883. 2010.
- [73] A., Sadek, N. El-Mahallawy, & A. Haroun El-Rasheed, Substance use disorders among female secondary school students in Cairo. *Egypt J Commun Med*, vol:20. 2002.
- [74] L. M. Scheier, & W. B. Hansen, Parenting styles and adolescent drug use. Parenting and teen drug use: The most recent findings from research, prevention, and treatment, 62-91. 2014.
- [75] Shakya, H. B. 2012. Social network effects on health: a multilayered approach, University of California, San Diego.
- [76] N. Sharma, & M. Kaur, Social Correlates of Health Risk Taking Behavior among Adolescent. *Think India Journal*, vol:22, pp.1155-1173. 2019.
- [77] S. H., Shin, H. G. Hong, & A. L. Hazen, Childhood sexual abuse and adolescent substance use: A latent class analysis. *Drug and alcohol dependence*, vol:109, pp. 226-235. 2010.
- [78] J. G., Smetana, M. Jambon, & C. Ball, The social domain approach to children's moral and social judgments. *Handbook of moral development vol.: 2*, pp. 23-45. 2014.
- [79] M., Soueif, A., El-Sayed, Z. Darweesh, & M. Hannourah, The extent of nonmedical use of psychoactive substances among secondary school students in Greater Cairo. *Drug and Alcohol Dependence vol.: 9*, pp.15-41. 1982.
- [80] M., Soueif, M. Hannourah, & Z. Darweesh, The use of psychoactive substances by male secondary school students. *Drug Alcohol Depend*, vol: 21, pp. 217-229. 1988.
- [81] M., Soueif, M. Hannourah, & Z. Darweesh, The use of psychoactive substances by males working in the manufacturing industry. *Drug Alcohol Depend*, vol: 26, pp. 63-79. 1990.
- [82] M., Soueif, M., Hannourah, Z., Darweesh, A., El-Sayed, F. Yunis, & H. Taha, The use of psychoactive substances by female Egyptian university students, compared with their male colleagues on selected items. *Drug and alcohol dependence*, vol:19, pp. 233-247. 1987.
- [83] M. Teichman, & E. Kefir, The effects of perceived parental behaviors, attitudes, and substance-use on adolescent attitudes

- toward and intent to use psychoactive substances. *Journal of Drug Education*, 30, 193-204. 2000.
- [84] L., Tonmyr, T., Thornton, J. Draca, & C. Wekerle, A review of childhood maltreatment and adolescent substance use relationship. *Current Psychiatry Reviews*, vol: 6, pp. 223-234. 2010.
- [85] A. P., Van Leeuwen, F. C., Verhulst, S. A., Reijneveld, W. A., Vollebergh, J. Ormel, & A. C. Huizink, Can the gateway hypothesis, the common liability model and/or, the route of administration model predict initiation of cannabis use during adolescence? A survival analysis—the TRAILS study. *Journal of Adolescent Health*, vol: 48, PP.73-78. 2011.
- [86] P. A., van Lier, A. Huizink, & A. Crijnen, Impact of a preventive intervention targeting childhood disruptive behavior problems on tobacco and alcohol initiation from age 10 to 13 years. *Drug and Alcohol Dependence*, vol:100, PP. 228-233. 2009.
- [87] M. J., Van Ryzin, G. M. Fosco, & T. J. Dishion, Family and peer predictors of substance use from early adolescence to early adulthood: An 11-year prospective analysis. *Addictive behaviors*, vol: 37, pp.1314-1324. 2012.
- [88] N. D. Volkow, & C. Blanco, Substance use disorders: a comprehensive update of classification, epidemiology, neurobiology, clinical aspects, treatment and prevention. *World Psychiatry*, vol: 22, pp.203-229. 2023.
- [89] H. R., White, M., Xie, W., Thompson, R. Loeber, & M. Stouthamer-Loeber, Psychopathology as a predictor of adolescent drug use trajectories. *Psychology of Addictive Behaviors*, vol:15, pp. 210. 2001.
- [90] H.-U., Wittchen, C., Fröhlich, S., Behrendt, A., Günther, J., Rehm, P., Zimmermann, R. Lieb, & A. Perkonig, Cannabis use and cannabis use disorders and their relationship to mental disorders: a 10-year prospective-longitudinal community study in adolescents. *Drug and alcohol dependence*, vol:88, pp. S60-S70. 2007.
- [91] M. D., Wood, J. P., Read, R. E. Mitchell, & N. H. Brand, Do parents still matter? Parent and peer influences on alcohol involvement among recent high school graduates. *Psychology of Addictive Behaviors*, vol:18, pp.19. 2004.
- [92] M., Young, E., Saewyc, A., Boak, J., Jahrig, B., Anderson, Y. Doiron-Brun, & S. Taylor, *The Cross Canada Report on Student Drug Use*. Ottawa, ON: Canadian Centre on Substance Abuse. 2011.
- [93] K. Zakareya, *Derasat fi almojtamaa'al A'rabi almao'aser* [Studies in the contemporary Arab Society]. Damascus, Syria: Al Ahali Publications (Arabic book). 1999.
- [94] A. Zegheena, *Asaleeb almao'amalah alwalideyah mo'laqatoha waltawafuq alnafsi wal ijtimaa'i* [Parenting styles and psychosocial adaptation]. Unpublished master's thesis, Algiers University, Algeria. cultural values and their effects on adolescence, women, and family, specifically corruption, stereotyping, and gender and social discrimination. 1994.