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Acceptability of alcohol supply to children – associations with adults' own age of initiation and social norms

Abstract

Issue addressed: The aim of this study was to investigate predictors of adults' perceived acceptability of introducing alcohol to children aged under 18.

Methods: An online survey. Logistic regression analyses were used to examine the association between demographic characteristics, alcohol consumption and social norms and adults' own age of initiation.

Results: Alcohol consumption, age of initiation and perception of the acceptability of drunkenness were all correlated with the acceptability of introducing children to alcohol. The strongest predictor was adults' own age of initiation.

Conclusions: Adults who began drinking before the age of 18, and those who drink more heavily are more likely to perceive the provision of alcohol to children as acceptable.

So what?: Policy and research should continue to focus on and monitor efforts to delay alcohol initiation and reduce consumption levels among adults. A shift in awareness and norm perceptions about alcohol among adults has potential to influence initiation and heavy drinking among adolescents.

Key words: Alcohol, initiation, social norms, parents, supply

Introduction

Despite a legal purchase age of 18 years and National Health and Medical Research Council (NHMRC) recommendations against consumption before age 15,¹ 62% of 13 year olds have at least tried alcohol.² By age 17, 59% of young people report drinking in the last month, 37% in the last week, and 18% report risky drinking (>4 standard drinks) in the last week.² Predictors of youth risky drinking include social, peer, and family factors including early initiation to drinking,^{3, 4} parents' drinking behaviours,^{5, 6} community socioeconomic advantage⁷ and household income.⁸ Australians who had their first drink by age 13 are almost twice as likely to engage in very high risk drinking when aged 16 to 24⁹.

Parents are one of the most common sources of alcohol for underage drinkers.^{2, 9} Most parents who supply alcohol, do so with the intention of safely introducing their children to alcohol.¹⁰ However, the impact of parental supply is unclear and depends on age group and amount of alcohol supplied; sips¹¹ versus full serves.¹² While 70% of Australians believe the practice is harmful, 13% have knowingly provided alcohol to a person aged under 18, with 45% of these respondents supplying to their own son or daughter.¹³

Social norms are the collectively understood standards which guide social behaviour.¹⁴ Two-thirds (67%) of Australians believe that it is okay for someone to get drunk, including 28% who believe that it is okay to get drunk at least once a month.¹⁵ Moreover, 45% of Australians over the age of 14 approve of the regular use of alcohol, but 43% regard excessive alcohol use as the most concerning form of drug use for the general community.¹⁶ Given the relationship between parental supply and initiation to alcohol in adolescents, and the acceptance of alcohol use among Australian adults and adolescents, it is pertinent to explore how the combination of these factors relates to early initiation to alcohol.

Socialisation to alcohol and age of initiation to drinking are influenced by young peoples' perceptions of social norms, both among adults and their peers.^{17, 18} However,

assessments of social norms in population surveys to date have not included items relating to the acceptability of early initiation to drinking, or the perceived norms regarding age of initiation.

Objectives

We investigated the predictors of perceived acceptability of parents introducing children to alcohol before the age of 18. We hypothesised that adults' own alcohol consumption, their age of initiation, and social norms about alcohol consumption would be associated with the perceived acceptability of introducing alcohol to children at home before age 18.

Methods

In 2013 Cancer Council New South Wales (NSW) conducted an online survey measuring adults' beliefs, intentions and attitudes related to cancer prevention. Further details of recruitment and survey completion rates are reported elsewhere.¹⁹

Measures

Demographic measures included gender, age, residential location, co-resident children, level of education, and annual household income. Alcohol consumption was measured using AUDIT-C²⁰ and a standard drinks image.¹⁶ AUDIT-C score ranges from 0 (complete abstinence) to 12 (heavy daily drinking).

Age of initiation to alcohol was measured through responses to 'About what age were you when you had your first standard-sized drink of alcohol?' with options of an age in single years or 'I have never had a full serve of alcohol'. Responses were coded as <14, 15-16, 17, \geq 18 years, or never had a full serve of alcohol.

A personal norm of alcohol use was measured using a five-point Likert scale in response to; 'It is acceptable for adults to get drunk, as long as they are not putting other people in danger'. Responses ranged from strongly disagree (1) to strongly agree (5).

The dependent variable was based on responses to: 'At what age do you think its is acceptable for parents to introduce their children to small serves of alcohol (more than

a sip) at home'. Response options were presented in age brackets from 0- ≥ 18 and were recoded as ≤ 17 or ≥ 18 years/never.

These items were devised and pilot tested for the survey.

Data analysis

Descriptive statistics and bivariate logistic regressions (Models 1–9) were used to examine the relationship between predictor and outcome variables. All variables were entered into a main effects model (10) and were tested for interaction by adding individual pairwise interaction terms. Variables that were significantly (≤ 0.05) associated with the outcome variable in Model 10 were retained for the predicted probabilities for each category of the variables in Model 11 (Table 1).

Results

2,351 adults completed the questions relating to alcohol. Table 1 shows demographic characteristics as well as odds ratios, and 95% confidence intervals for each of the logistic-regression analyses. All variables except sex and location were significantly correlated with the outcome variable in bivariate models (1–9).

In the first multivariate Model (10), all variables apart from sex, age, location and co-resident children remained significantly associated, in the same direction as the bivariate models. In the final model alcohol consumption, initiation and social norms had the strongest associations with the outcome variable. Each unit rise in AUDIT-C score was reflected in an odds increase of 8%. For those who had their first standard drink of alcohol ≤ 14 years, odds of nominating an age < 18 were four times those of respondents whose first drink was ≥ 18 ~~or over~~, and five times those of respondents who reported never having had a standard drink of alcohol. Odds for those who strongly agreed with the acceptability of drunkenness were 2.5 times those of respondents who strongly disagreed. The outcome variable was also associated with education and household income (Model 11, Table 1).

Predicted probabilities for Model 11 indicate the scale of difference between the variable categories in selecting an age < 18 . Seventy-one per cent of those whose own

first drink was at ≤ 14 believed parental provision of small serves of alcohol was acceptable < 18 years, falling to 32.6% for those who had never had a full serve of alcohol. Of those who 'strongly disagreed' that it is acceptable to get drunk, 27.6% nominated an age < 18 at which parental provision of alcohol was acceptable, rising to 48.7% for those who 'strongly agree'. Approximately 1/3 of abstainers from alcohol (AUDIT-C score of 0) believed it was acceptable for parents to introduce their children to small serves of alcohol < 18 years, rising to 55.7% for the heaviest drinkers on the AUDIT-C scale. For different levels of education and household income, between 29.1% and 45.4% believed an age < 18 was acceptable (Table 1).

Age at own first standard drink was strongly associated with selecting an age < 18 . Figure 1 shows the bivariate relationship between respondents' own age at first drink, and the age at which they think it is acceptable for parents to introduce their children to small serves of alcohol at home. The association is strong, with the peak value for each age category of the latter corresponding to the matching age category of the former. For example, of those who believe introduction to alcohol at age ≤ 14 is acceptable, the largest number themselves had their first drink at ≤ 14 and so on (Figure 1).

Discussion

Adults' age of initiation to alcohol emerged as the variable most strongly associated with the perception that introducing children to alcohol under 18 is acceptable. This finding extends previous research highlighting parents' own drinking practices and attitudes towards alcohol as predictors of their alcohol-related parenting approaches²¹ and their children's drinking.^{5, 6} With previous research pointing to the association between early age of initiation and later risky drinking,^{9, 22} as well as evidence for the intergenerational continuity of parenting behaviours such as monitoring and discipline²³ these findings reinforce the importance of interventions and policies which discourage early alcohol initiation.

This study has limitations. As reported elsewhere,¹⁹ the survey was only conducted with adults in NSW using a sample derived from a market research panel who had self-selected to be approached for such purposes. However use of quotas ensured that the sample remained representative of the broader population on key demographic

variables. Importantly, it has been noted that while response bias may lead to an underestimation of risk behaviours, it is less likely to bias opinion-based survey results.²⁴

We were unable to identify the parental status of participants being limited to an assessment of those who cohabitated with children. Opinions about the acceptability of parents introducing children to alcohol may vary by parental status, and by number of children, in which case this variation was not captured in the surrogate variable used.

Conclusions

This study has identified the age of alcohol initiation and social norms relating to the acceptability of introducing children to alcohol as potential targets for intervention ~~and~~ ~~policy change~~.

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