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A qualitative exploration of parent/caregiver attitudes, motivations and behaviours in relation to alcohol use among their adolescent offspring

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Executive summary

Background and Aims

Parental alcohol consumption and parental alcohol use behaviour play a critical role in shaping adolescent alcohol use, but comparatively little is known about the views and attitudes of parents/caregivers around adolescent alcohol use from qualitative studies in England. In this study, we aimed to explore the drivers and determinants of parental behaviour around adolescent alcohol use to inform the development of interventions to prevent excessive alcohol use and related harms among young people.

Methods

A total of twenty-three parents (21 mothers, 2 fathers) of children aged 13-18 years were recruited via schools, workplaces and community settings. Data were collected via in-depth one-to-one interviews, which were audio-recorded and transcribed verbatim. Data were analysed thematically, using an inductive, constructionist approach, using NVivo 11.

Findings

Overall, the sample of parents were aware of the risks and consequences of alcohol use and expressed broad disapproval of alcohol use among young people. However, adolescent alcohol use was viewed as inevitable, and set in a context of an accepting and tolerant drinking culture and perceived permissiveness among other parents. Such contexts led many to preferentially choose a balanced approach, which weighed disapproval against consistency with wider culture and parental behaviour, support for autonomy of the child and avoidance of social sanctions, while aiming to protect the parent-child relationship, maintain an open, communicative and trusting relationship, and ultimately limit risk and minimise harm. Various strategies employed to this end included care around role modelling, gradual introductions to alcohol, boundaried provision, clear risk reduction messaging and parental monitoring.

Conclusions

Our findings suggest that messages for parents need to highlight the consequences of early initiation and parental provision of alcohol. Our study also suggests that interventions are needed to address socio-cultural norms by generating a downward shift in community-level consumption, to alter the accepting context in which parents are required to navigate adolescent alcohol use.

Introduction

While trends of alcohol use among young people are declining (Pape et al., 2018), the prevalence of regular alcohol use among young people in the UK remains high, with over half of young people reporting weekly alcohol consumption by age 17 (Public Health England, 2016). Adolescent alcohol use is associated with a range of short- and long-term harms, including injury, violence, sexual risk behaviour and increased risk of dependence later in life (Ellickson et al., 2003, McCambridge et al., 2011, Stueve and O'Donnell, 2005, Rehm et al., 2012). Globally, alcohol remains a leading risk factor for incident disability adjusted life years (DALYs) among those aged 10-24 years (Gore et al., 2011). Recent calls have highlighted the shift in health burden from childhood diseases to adolescent injuries and risk behaviours and the need for a greater focus on adolescent health as the foundation of health and wellbeing across the lifecourse (Resnick et al., Lancet Commission on Adolescent Health and Wellbeing, 2016). This awareness, alongside the risk of morbidity and harm from alcohol use, illustrate that the prevention of alcohol use during adolescence remains a public health priority.

In the context of a broad array of factors that shape adolescent alcohol use (Ali and Dwyer, 2010, de Vocht et al., 2015, Bendtsen et al., 2014, Scott et al., 2017, Conway et al., 2003), the family plays a critical role. Parental alcohol consumption and parental alcohol-related behaviour are positively associated with alcohol use in adolescent offspring, an effect mediated by a range of factors including parental monitoring, parental supply of alcohol, early initiation of alcohol use, association with deviant peers, and quality of the parent-child relationship (Rossow et al., 2016, Mares et al., 2011, Mahedy, 2018, Latendresse et al., 2008, Mattick et al., 2016). In addition, the indirect effect of observation and modelling of parental behaviour via the transference of cognitions such as motives, norms, attitudes and expectancies, has also been shown to shape the beliefs and motives of parental offspring (Mares et al., 2013, Campbell and Oei, 2010).

Qualitative data further highlight the determinants of parental attitudes and behaviours to adolescent alcohol use, indicating how parents choose approaches and strategies thought likely to minimise risk and harm among their children, often in response to social norms (Gilligan, 2012), or a desire to ensure that their child fits in with others and avoids social sanctions (Berends et al., 2016, Jones et al., 2015). Moreover, studies report parental disapproval around underage drinking, yet introductions to alcohol are generally made in the home among family (Jacob et al., 2015, Gilligan, 2012, Jones et al., 2016),

up to one third of young people report parents as their main source of alcohol (Gilligan et al., 2012), and young people perceive their parents/caregivers to hold comparatively permissive stances towards adolescent alcohol use, in contrast to those held around tobacco or drug use (Jacob et al., 2015).

Our previous research has focused on the views of young people and young adults (Jacob et al., 2015, MacArthur et al., 2018, MacArthur et al., 2016) and our application of sociological theory demonstrated the critical role of UK 'drinking culture' in driving adolescent alcohol use in the UK. Our findings suggested that a multi-faceted approach is needed to change drinking culture and reduce alcohol-related harm. Since the views and attitudes of parents/caregivers both contribute to, and reflect, drinking culture, and parents/caregivers comprise a critical component of a multi-faceted intervention approach, there remains a need for an in-depth understanding of the drivers and determinants of parental behaviour in the UK context. In this study, we aimed to build on our previous research findings to develop insights around the views and attitudes of parents/caregivers in order to inform the development of interventions to prevent excessive alcohol use and related harms among young people.

Methods

Sampling and recruitment

Participants were eligible to participate in the study if they had a child aged 13-18 years. The study sample included a total of 23 participants (n=21 mothers, n=2 fathers; none were guardians or caregivers). Participants reported variable levels of alcohol use, from abstinence to regular alcohol use. Fifteen participants were recruited via leaflets and bulletins in workplaces and community centres, as well as via snowball sampling and Twitter. Eight parent/guardians of young people aged 14-15 were recruited via secondary schools (n=2 urban, n=1 suburban) in the West of England as part of a separate study. These participants were parents/guardians of students randomly selected from Year 10 who agreed to participate in the study. The topic guide was consistent for all participants.

Data collection

In-depth one-to-one interviews (of approximately one hour) were conducted in private spaces in workplaces, in participants' homes, or over the telephone, guided by a topic guide. The majority of one-to-one interviews were conducted by GJM (PhD, female) with additional interviews conducted by SM (PhD, female). Recruitment and data collection continued until saturation was reached. Both interviewers had previous experience in qualitative research. Before starting interviews, participants were aware of the aims of the study and reasons for doing the research. Interviews were facilitated by a flexible topic guide, which included questions around general attitudes around alcohol use; perceptions of young people's drinking, influences and risks; views on their own child's alcohol use; the role of friends; parental decisions and influences; and the role of the family. Participants' views on interventions for young people were also explored. Interviews were audio-recorded and transcribed verbatim. All participants received a £15 gift voucher for taking part.

Data analysis

Data were analysed by thematic analysis in NVivo 11 (QSR International, Brisbane) using an inductive approach. The aim of the analysis was to characterise and capture the attitudes, beliefs and influences underpinning and shaping parental viewpoints and approaches towards adolescent alcohol use, as well as any views regarding preventive alcohol-related interventions for young people. Since experiences and meanings relating to alcohol use can be socially produced and reproduced, rather than being solely

inherent in individuals, analysis also sought to examine and theorise the socio-cultural factors and/or wider environmental contexts underpinning parental attitudes and views. As such, analysis took a constructionist perspective (Braun and Clarke, 2006) Interviews were read and re-read, and data coded openly and inductively line by line. Patterns and relationships within and across accounts were explored and coding progressively refined according to underlying concepts, with the researcher moving between codes, accounts, thematic maps and analytic memos and notes, which were written throughout the process to explore emergent thoughts, ideas, concepts and themes.

Ethical considerations

Ethical approval for the study was granted by the University of Bristol Faculty of Health Sciences Ethics Committee (Ref 61921).

Findings

The major themes that were identified in the data were: the parental alcohol environment, balance and acceptance, determinants of the parental approach, boundaries and parental monitoring, and wider influences shaping young people's behaviour. We also identified views relating to interventions targeted to young people to prevent alcohol use.

1. Parental behaviour and views in relation to alcohol

Most participants aimed for moderate alcohol use or less, and described their close friends as having similar intake and attitudes. Participants described their own alcohol use in the context of their lifecourse, often being shaped by their previous experiences, observations of others, and experiences within their family. In particular, participants described a turning point when they became a parent, which entailed responsibilities and duties, and a desire to avoid role-modelling of alcohol consumption and any related hypocrisy. Parents were aware of their role in setting expectations and norms, and the difficulties of setting boundaries for their child if they were not matched by their own behaviour. Thus, participants generally avoided drinking in front of their children or limited intake to model a sensible approach.

Obviously when I was a student I used to drink and before I had kids. I have got kids to look after. I can't possibly be drunk because I have got to look after them. (VP5, F)

I was mixing with people that were not using it [alcohol] well. I took a decision, and my husband did as well, not to drink because we were quite concerned that if we were to continue to have alcohol and use it in a way that we would normally, with young children growing up, we didn't want them to have those kinds of influences (VP1, F)

I would never allow my child to think that I've got a hangover from alcohol, because I would worry about the message that that sends out. So it's almost like you're contradicting yourself in one way saying, "This is bad, you mustn't do this. Dah-dah-dah-dah-dah. You do as I say, not as I do." I suppose that's why they've never seen my drunk, they've never seen me with a hangover, and the same goes for my husband. (VP14, F)

Overall, the sample of parents/caregivers were aware of the risks and consequences of alcohol use, and generally expressed disapproval towards alcohol use among young people, while acknowledging its inevitability and the role of alcohol in relation to

socialising and fitting in. Drivers of alcohol use among participants were often social or related to pressures and a desire for stress-release or time to switch-off. Nevertheless, participants clearly recognised that additional factors such as loneliness, bereavement or life stressors could shape others' behaviour.

I've never drunk to excess. Certainly, never drunk regularly. I've never drunk during the week particularly so I'm quite relaxed about it. (R24, F)

I've no control over it and, like I say, you're not going to stop them but I don't see anything positive about it [drinking alcohol] at all, to be honest. (VP9, F)

2. Balance and Realistic Acceptance

Despite the broad disapproval of adolescent alcohol consumption and awareness of its risks, many participants reported a desire to achieve a balanced and tolerant approach towards adolescent alcohol use. The foundations of such an approach included an acceptance of the inevitability of adolescent alcohol use, an understanding of the factors underpinning alcohol use, and a desire to avoid excessive alcohol use resulting from rebellion against a strict or abstinent approach. As such, a somewhat reluctant acceptance of the behaviour was positioned within a realism around the social, environmental and societal culture for adolescents. Forbidding alcohol use and promoting complete abstinence was viewed by many as likely to create a sense of excitement and appeal around alcohol use and thus a greater risk of covert and excessive drinking away from the home, which could lead to risk and danger. Parents therefore aimed to foster more moderate or sensible approach to alcohol use to minimise harm, while supporting their child's social life and freedom to experiment. For some, such an approach followed a stricter method of managing alcohol use, which was subsequently seen as futile and damaging to the parent-child relationship and thus had been actively changed.

Definitely you feel like you mustn't be the one who is saying, "No", because they need to let their hair down and try things and do things. Which I think they do as well. These are the years you experiment, don't you? (VP7, F)

I think if you're not allowing them the freedom to do that, I think if you give them a little bit more freedom, they're likely to stay within those boundaries, whereas if you give them a really tight boundary, they're going to smash through it and go to the other extreme. (VP4, F)

What I do know is that being draconian about it isn't going to work. That's going to push her into a situation of secrecy so there's no point in me saying you must never drink because then she just won't tell me. (R24, F)

For some, a balanced approach was necessary since parents themselves drank alcohol, which prevented them from forbidding alcohol use for their child. Others noted that although their approach was more liberal than they felt was ideal, it was perceived by their child as strict, or the parents boring and straight, in comparison to others.

[child] says you're a bit of a hypocrite, you say alcohol is really bad for you and you're drinking wine and I have tried to explain to her the difference between um, drinking responsibly ... and it's okay to have a glass of wine on a Saturday night (R10, F)

..we were out even last night at a family thing, and they were like, "You're such a lightweight." I am quite happy for them to think that. It's because a lot of their friends' parents each weekend get really drunk. That's quite interesting. They think we can be quite square because we are not getting really pissed every Friday and Saturday night. (VP7, F)

Alongside such a balanced approach but simultaneous unease around adolescent alcohol use, parents focused on imparting regular safety messages and discussed risks and harm reduction strategies to reduce the likelihood of harm (see section 3).

In addition, many parents sought to introduce alcohol gradually with clear limits to intake. Introductions were often made in the home on special occasions or at social gatherings where the child could sip a drink or try a small drink. Such introductions were driven by an interest in enabling the child to join in and to enable a controlled and supervised introduction to alcohol early in adolescence, although some were hoping their child would dislike alcohol and thus avoid drinking in the future.

Well, I've always said to my daughter, "Do you want to taste this? Do you want to taste Prosecco?" New Year's Eve she tasted Prosecco and was like, "Oh, no, I don't like it at all." Um, you can taste wine. So I think not making it taboo is really... is a really good way so they don't think, "Oh, this is really something really exciting I'm not allowed to do." Obviously, that's going to make them want to do it. (R2, F)

Respondent: They had the opportunity of trying beer and wine. I usually do it early-ish, so hopefully it might taste really disgusting. Then it's a case of they have that if they want to.

Interviewer: When you say early, what kind of stage was that?

Respondent: That was sort of 12-ish, I suppose it's not that early. (VP13, M)

Parents also reported mixing drinks for their child to take to parties or providing a fixed amount of beer or cider to be consumed. This was associated with unease or decisional conflict for some, owing to the awareness that it was not a risk-free choice, but was nevertheless viewed as safer than refusal. Again, the approach to provision was to seek balance around the type and amount of alcohol provided, the stage of adolescence at which alcohol was provided and perceived risk.

I did offer [Name] a drink at about 15. I was torn with that, actually, I wasn't sure how I felt about it. But, I made a choice based on the fact that he was there under my control, if it went wrong, as opposed to it outside going wrong and he not being able to handle it. (VP2, F)

.. I would rather her take wine than buying vodka, I really would much rather that. At least with wine you can feel when you're getting drunk and will be more likely to stop at an appropriate juncture. But with spirits, I mean, it's just not a good idea. (VP4, F)

Nevertheless, some did report never providing their child with alcohol (see 'boundaries') and others reported not having alcohol in the home for young people to access or take to parties (overtly or covertly). Notably, a minority also described a firmer stance towards alcohol use by their child(ren), focused around abstinence.

That was the difference, they all sent their children with four cans of whatever, or a bottle of wine, some of them took spirits. So, he went to the party, I knew the alcohol was there, but I didn't give it to him to go with it, because that's just not right, I think. (VP2, F)

I would say the last year, he said they were going to a party and he said, "Can I take some drink?" and I said, "No way, not at all." He said, "My friend is," and I said, "Well if your friend's mum wants to give it to him, that's up to him but there is no way I am buying alcohol for a 14-year old." (VP11, F)

3. Determinants of the parental approach

Overall, the approach sought by participants appeared to be driven by aspirations of balance between broad disapproval of adolescent alcohol use, protection of the parent-child relationship, support and autonomy for the child, consistency with wider culture and parental behaviour, and a protective instinct which aimed to limit risk and rebellion and thus minimise harm.

First, many participants had experience of the negative consequences of alcohol, for instance, through parental alcohol dependence, excessive alcohol use among partners or friends, or knowledge or observation of alcohol-related problems through their occupation. Many also disapproved of the wider drinking culture in the UK among adults and young people and the association of alcohol and having a good time, which was not viewed as entirely valid. The point of becoming a parent also led many to examine their own drinking behaviour, reducing or avoiding consumption to match ideals around role modelling and setting a good example. Lastly, a number of parents reported that their children were disapproving of alcohol use themselves, owing to their own negative experiences, or as a result of their strong interest in sports which was not compatible with drinking alcohol.

It's personally not something I'm very keen on. I don't really drink myself. I used to before I had kids, but I don't drink at all now. Virtually nothing actually. I don't like the way it makes me feel and I think it is really bad for your health as well. (VP5, F)

Obviously, I've seen the affect that alcohol can have on people, long term problems as well as in the short term. And just my attitude changing over time, becoming a mum, being concerned, particularly as I've got daughters. (VP14, F)

Nevertheless, instinctive responses to such disapproval were tempered, in part, since an open, communicative and trusting relationship was viewed as critical to create a safer context around alcohol use and to maintain the quality of the parent-child relationship. Open, non-judgemental discussions facilitated awareness of the activities and whereabouts of their child, maintained an approachable stance in case of any problems and enabled parents to communicate safety messages. Parents aimed to support autonomy and the social capital of their child, alongside discussion and analytic thinking around managing alcohol and social situations, simultaneously taking time to listen and maintaining a calm and reasonable stance. Together with support for autonomy and

freedom within certain boundaries and a more liberal stance, such an approach helped to maintain a positive relationship and reduced the risk of clashes and/or secrecy.

They're very, very open with me. As far as I know. Obviously, I think there are some things that they keep. They know I'm not going to freak out if they do tell me what has gone on. "Someone had this," or, "They tried that." So, I do think they tell me pretty much most of what they're up to. (VP15, F)

We've always been very good at sitting around the table and talking and the boys have been very open about everything, like when we've said to them, "No matter what happens, any situation you ever get yourself into, there is nothing that we can't deal with, you know, there's nothing that we can't sort, however bad." (VP10, F)

The protective role of parents was also evident via articulation of the importance of ensuring that they were physically and mentally 'present' with their children, taking time away from busy schedules to do things together, provide support, and listen. This was seen as particularly important, since there was a limit to a parent's role, and in accepting the limits of a parent's ability to regulate and control and protect, many participants described the importance of communication, honesty and trust in maximising the likelihood that their child would take a sensible approach towards alcohol consumption.

Yes, and knowing that he could talk to me about stuff. It's definitely, definitely that. I mean, "I haven't got time!," and yes. "I'm really tired," as I open a bottle of wine. Yes, that. So, you know, I make sure that we do have activities that we do together. I'm taking him up to the [event] this year so we can just do stuff (VP6, F)

And also, I'm aware that at age 16 you do have to let go a bit. By now, hopefully, she has heard me whittle on about not walking around on her own, always staying with a friend, not drinking to excess because that's really bad for you. Now I have to just- You let it go and let her try on her own. So, we will see. (VP15, F)

Safety messages were communicated in an ongoing and routine manner, often opportunistically using trigger events or news stories, with parents judging when their child was ready. The major concerns expressed by parents included intoxication and loss of control; vulnerability and a lack of safety; injury, accidents and fights; and health risks; and although some described an awareness of boys being more likely to take risks, many expressed particular concern around their daughters and their greater vulnerability. Thus,

as a corollary, most messages were focused around negative consequences, reducing risks and strategies for staying safe (e.g. staying with friends, knowing limits), being responsible and social pressures.

Always be in control. Make sure that you can get yourself home safely. Stay in groups. Always look after your own drink, don't leave it unattended. Yes, all of the normal things I would say to them. But you know, you can say it and you can say it, but whether it's received or whether they just zone out because you've said it so many times. (VP14, F)

Alongside protectiveness of this kind was a wider parental concern about the risks of alcohol consumption. Adolescence was described as a time of parental anxiety and challenge, and one which needed to be carefully navigated to achieve the balance described above. Parental anxieties co-existed with a hope that the messages communicated were being absorbed and acted upon, and that the groundwork laid throughout their childhood would enable their child to safely navigate their way through adolescence and alcohol use.

Well, I do worry. He does attend parties and I do worry because like I said, it's more readily available these days. He has been to parties where the parents have let them drink and one boy has got totally out of it at the party and I said, "That is not right. It's not right at all." (VP11, F)

Interviewer: How will you feel about them going to parties ... ?

Respondent: I will probably be terrified, to be honest, but I'll be happy for them to go. I'm hoping, by the time they get to that point, that we'll have taught them to be reasonably sensible. They're going to make their own mistakes, but hopefully, they'll be able to treat it sensibly, and not be too ridiculous about it. (VP8, F)

4. Boundaries and parental monitoring

In addition to the messaging, support and focus on the quality of the parent-child relationship, participants described a range of boundaries around alcohol consumption, as well as strategies for managing adolescent alcohol use, used to assure safety. Such boundaries involved age at introduction, offers of alcohol in the home and limits to provision.

They don't drink in the house unless it's, you know, like with a Sunday meal or something like that, I wouldn't have them sat around drinking, I wouldn't allow that. (VP10, F)

[Name] thought we were a bit boring, but it's like, "There's no bloody way I'm giving you half a bottle of wine at the age of 14. You must be joking. You are not my friend. I'm your mum." That can be a bit, "Oh." You often find people are going, "They are our friends." They'll be getting really drunk with their kids. You go, "Really?" (VP7, F)

Maybe one glass on special occasions, at the minute. Well, at the minute, it wouldn't even be a glass; it would be a little bit. But, yes, there would probably still be a good bit of a limit on what you can do and what you can have (VP8, F)

Boundaries were determined by a pre-existing sense of what was acceptable, the stage of adolescence, the personality of the child and often, some bartering, negotiation and compromise. An approach which was effective for one child did not necessarily apply to another, depending on their nature, desire to fit in with others, friendship group, and the extent of their interest in alcohol.

I am quite strong with it and I think that I have to be with him, because if I gave him the all clear he would be on a right jolly with it because he is quite easily led as well. (VP11, F)

It is supervised, insofar as I can do it, where I will do the drop-off and the pick-up and that's at a set time. You know, it's not go off to a party and come home whatever you feel like it. (VP9, F)

..he'd begged us and said, "Please can I stay over, please can I stay over?" and I just said, "You're absolutely no way staying over after a party. No chance. I don't know the family and you're not going." And, um, so we agreed that we'd pick up at one (R3, F)

The middle one initially, you know, they were going to parties and it was, "Can I drink?" "No." Not until he'd reached a certain stage and then it was, "Okay, you can have four cans now." (VP10, F)

Boundaries were supported by key parental monitoring strategies including communication with parents of young people holding parties to assess risk, providing lifts to and from parties, and having fixed collection times.

Try and get them to commit to a plan so that I know what's happening. Trying to... you know, always trying to make sure I know what the home... getting home plan is. If they're staying at friends to check in with parents to make sure that they arrived. Let parents know. So, it's that kind of monitoring. Being on tender hooks. (R24, F)

I am normally the taxi driver because a lot of his friends' parents won't pick them up because they have been drinking themselves and can't get out, so it normally does fall on me, but I would rather that because then I know that he is home safely. I tend to bring like three others along with him, but normally if he goes to a house party, I will pick him up, even if it's like 1:00 in the morning. (VP11, F)

Importantly, however, participants described a clear contrast between their own approach and that of others, with many expressing disapproval and shock around the perceived leniency and low levels of monitoring observed among other parents, while acknowledging their respect for autonomy in individual approaches. For instance, participants described parental absence from parties, the provision of spirits to young people, and a lack of awareness around their child's activities. For some, this was viewed as being borne out of an assumption that such an approach supported their child, while for others, this reflected the spectrum of norms around alcohol use among different families. Notably, alcohol also appeared to be a subject around which peers who shared similar values and attitudes might differ in their approach.

..even with someone that you consider to share some of your views with, even then there's massive gap here with alcohol. That maybe comes back to the fact that within their family it's so normalised that they just assumed it's normal for their 12-year-old child to have a beer at their own party. (VP3, F)

.. whenever they spoke about their children being drunk, it was like a badge of honour. They were never worried about it, or upset about it, they would laugh about it, think it was great. (VP2, F)

You see, other parents might have different beliefs to you. I would say, "You're going to a party, I know you're going to drink. But I think a couple of cans of cider is fine, that's all you need," and a low alcohol cider at that. But another parent gave their daughter a bottle of vodka. That's quite hard. (VP14, F)

The distinction between participants' norms and those in the wider social context of their child presented challenges around boundary-setting and approaches taken, since differences could undermine their own approach. Despite many parents describing an absence of felt pressure resulting from such differences, some reported feeling pressured by others' approaches and discomfort with the result. Those that had actively built, and communicated with, a close network of parents, were emboldened and strengthened in

boundary-setting, since this enabled awareness of others' limits (e.g. around provision) and a shared agreement of consistent boundaries, while facilitating a greater awareness of the activities of the child. Such networks overcame the more limited parental communities during secondary school and helped to reduce pressures and instil confidence in the approach taken.

I think some people have a very lax view about it and some people have a very strong view about it. One isn't right and one isn't wrong. Everyone's parenting is different.
(VP12, M)

But yes, that was an awkward moment, when you are standing in your kitchen thinking, "I actually really want to say no. I don't want her having it. But I'm not going to", because of the social pressure maybe? (VP7, F)

I got a bigger group of mums together and said, "Right. [Name] is coming back saying, 'So-and-so's mum allows her to have...' Can we just meet regularly to have a consensus and do some ground rules so we're all saying the same thing? And we're all saying the same thing about pick up times from parties and all that kind of stuff." (VP4, F)

5. Wider influences on young people's behaviour

The wide range of factors influencing alcohol use among young people was clearly described by participants. Such influences on young people's behaviour provided a context to parental attitudes, beliefs and actions around their child's alcohol use, shaping their own behaviour as well as that of their child(ren). The major influences described were centred around environmental and cultural structures and norms, the influences of friends and peers, and the impacts of wider family members and networks.

5.1. Cultural, environmental and commercial context

Alcohol use was described as strongly embedded in attitudes towards fun and socialising across the lifecourse, and was viewed as integral in social activities across the UK, while being widely available, widely promoted and broadly presented as a norm. Parents noted targeted advertising and marketing, and the promotion of sweeter alcoholic drinks, which had implications in shaping drinking culture among young people. Many also made the distinction between alcohol consumption in the UK and alcohol use in other European countries where consumption is more measured. While participants drank alcohol moderately, many described regular, excessive and potentially harmful alcohol use

among their friends or peers, with some referring to divergent attitudes around drunkenness.

I suppose a lot of people just think to have a good time they need to drink. They think they have a better time if they do. I suppose it's just part of our culture I think in this country, that it is just what people do. (VP5, F)

But, the alcohol is there. "We'll make the bottles look pretty. We'll put it on special offer and it's there." So, I just think, "How are you ever, in this society, going to stop a young person from wanting to try what they ultimately see everyone else doing?" I just don't know, really. (VP6, F)

Well, it's heavily advertised, isn't it, and obviously they try to glamorise it and encourage and obviously they're selling a product, aren't they, that they want you to buy. (VP10, F)

It's funny that somebody gets drunk and ends up in a heap and embarrasses themselves. But rather than thinking, "This is serious. This person is out of control and vulnerable," everyone thinks it's a good laugh. (VP14, F)

The change in affordability and availability of alcohol, alongside a change in types of drinks available (towards sweeter alcopops targeted to young people) and loss of pub culture had resulted in a perceived shift in alcohol use behaviour to a pursuit or intention of intoxication and greater excess or more harmful patterns of alcohol use as a norm. For instance, participants noted the increase in drinking in the home owing to a loss of pubs, where they may be unsupervised and have access to a greater volume of alcohol. While parents reported drinking beer or cider when they were young, many reported concerns around greater consumption of spirits and intentional intoxication among young people today. Notably, however, some parents highlighted that their children were more aware of alcohol and its dangers and self-regulated their behaviour more than anticipated.

There is nowhere for them to go and do it unless it's someone's house. I am sure that means you might drink more, or it is easier to, because then someone will bring a bottle of vodka. ... They are not going to the pub and just having a couple of glasses and talking more. It's like perhaps going and part of the thing is you get drunk. (VP7, F)

I think to some extent they self-regulate more than you give them credit for. So, [my daughter] talked about one friend who she thinks doesn't know when to stop and they're worried about him. They worry about it. (R24, F)

Well, it's heavily advertised, isn't it, and obviously they try to glamorise it and encourage and obviously they're selling a product, aren't they, that they want you to buy. (VP10, F)

5.2. Peer influence and pressure

Peer influence and peer pressure was viewed as synonymous, and a major influence on young people's behaviour, with parents accepting the likelihood that many young people would naturally aim to belong in a group, to be like their friends and avoid standing out. Nevertheless, the extent of influence was clearly dependent on a young person's personality and often minimised by their own strength of character and firm views and attitudes, or the nature of their friendship group.

There are people there who get absolutely blotted, but she just thinks it's quite pathetic. (VP13, M)

They have a huge influence because it's all peer pressure and looking good and not standing out from the crowd. They have got the ability to influence it probably the most, peers. (VP3, F)

In part, peer influence was experienced via social networking sites (SNS), the extensive engagement with which was viewed as a source of concern for parents. Young people's use of SNS presented a stark contrast with their own experiences of youth, which were free of the pressures of posts about alcohol and other peers having fun, or threats of being recorded or photographed. Positive portrayals of alcohol on YouTube or SNS was viewed as an influence in the cocktail of factors influencing young people as well as a challenge for parents in managing the effects, although the potential for embarrassment or records of activity whilst intoxicated was also viewed as a potential restraint on behaviour. Despite such concerns, the use of social media and technology did not emerge as a major concern in relation to alcohol, in comparison to concerns around safety, vulnerability and boundaries around consumption.

.. you see the posts of some of her friends on Instagram, or other friends' daughters and stuff, and it's always all revolving around booze rather than doing something. (VP7, F)

You then go down to the media and like I said if a friend is sharing it on Snapchat or Instagram then they'll want to do something. So it's all pressures from other friends and

it's almost like with the social media thing, that they want to, all about this blogging and things, they want to be that one better as well. (VP11, F)

Views on the comparative importance of peers or family in influencing young people were mixed with some describing peers as having an equal or greater influence, with others noting the critical influence and framework that parents and families provide. While parents could not choose friends and lacked control over social groups, the parental framework could affect how a child responded to peer pressure. Thus, the influence of the family was acknowledged to play its own indirect role in relation to peer influence and pressure.

Interviewer: How important do you think parents or guardians are, in terms of the impact on young people's drinking or alcohol use?

Respondent: Massively. 50% parents, 50% peers really. Give or take. (VP15, F)

Everyone says the peer group is the most important thing, and I think they are really important unless... unless the parents are stronger than... than the peer group, and in terms of being around all the time (R3, F)

I think that parents will probably be the biggest influence because I think that although friends do probably influence you when you're in the situation, I think your.... your willingness to put yourself in that situation will depend on, you know, how you feel about your parents, or their attitude towards drink. (R2, F)

5.3. The influence of others

As described above, other parents could present challenges to participants, as a result of discordant rules and boundaries, which could influence their child's perception of norms around parental monitoring or boundaries. Views on the role of wider family members, such as grandparents or siblings, was mixed. Those who drank frequently or dependently could be negative role models and a focus of discussion about negative consequences of alcohol use; or relatives could be fun and role model alcohol use in a more positive way. Broadly, such influences formed part of the wider context from which parents felt a protective duty, aiming to manage or protect their child from such effects.

With one I got to the point where I was like, "I don't want my kids seeing how she drinks, because I don't want them thinking that's normal. This is an issue." (VP7, F)

6. Views on alcohol-related interventions

Views on parental workshops were mixed, with some suggesting possible benefit, for instance in relation to understanding strategies to manage alcohol use and different scenarios, tools for having conversations with young people, the timing of conversations, and boundary-setting. However, it was noted that uptake could be limited. Parents were mostly averse to direct involvement in an alcohol-related intervention owing to the potentially negative view of such an approach from their child. Websites providing information about alcohol use were perceived as a potentially useful resource for parents, although sites would need to be well publicised and widely known to facilitate engagement.

In relation to young people, parents reported that a dual approach, combining messages from schools and parents would be effective, alongside a role for sports leaders, older peers or social media icons, and teachers. Some participants stressed that parental messages were critical, and schools could not be expected to be responsible for all such issues. The key messages viewed as critical to such education were: facts about units and safe limits, safety, alcohol-related consequences, health risks, the law, managing difficult scenarios and sources of help and support, but it was also noted that messages would need to have an emotional 'pull' or be related to real-life events or experiences, avoiding a lecture-based format and ensuring practical and respectful education, to be effective.

Discussion

This study aimed to explore parental views and attitudes towards alcohol use during adolescence, among offspring and among young people in general. Our findings demonstrate that parents sought to achieve a balance between disapproval and anxiety around alcohol use and a view that drinking was inevitable and normative during adolescence. This approach led to adoption of an accepting stance, founded upon trust, communication and support, which aimed to maintain quality of the parent-child relationship, while avoiding social sanctions and minimising harm.

Our findings support those of related qualitative studies conducted outside of the UK, which report disapproval of alcohol consumption during adolescence, but a preference for boundaried alcohol use and the setting of limits around drinking, owing to perceived difficulty in controlling alcohol consumption at this stage (Jander et al., 2013, Jones et al., 2015). Our findings also support studies highlighting the importance to parents of their child 'fitting in' with others and being accepted in social groups, leading parents to seek to minimise harm social and alcohol related harm by allowing consumption, but avoiding provision or limiting the amount consumed (Jones et al., 2015). Lastly, other studies similarly demonstrate the importance among parents of building trust in their child, the use of a conversational approach, and a focus on maximising the quality of the parent-child relationship (Jander et al., 2013, Sawyer, 2018).

The focus among parents on minimising harm by adopting a more accepting stance than was deemed ideal, was, in part, a response to the perception of adolescent alcohol use as normative, and an inherent recognition that alcohol use is deeply embedded in the social structures of society in the UK. We have previously reported how young people internalise and enact peer and cultural behavioural norms and accepting family contexts, generating and sustaining a social world where heavy alcohol use is normative (MacArthur et al., 2016). As would be expected, our findings suggest that peer norms among parents and the perceived norms of young people and society by parents are also a key influence on parental behaviours, rules and boundaries. The effects and pressure of perceived norms has been reported by others (Berends et al., 2016, Gilligan, 2012), while evidence also indicates a perception among parents that views among the wider community are more supportive to underage drinking and supply of alcohol than are their own (Jones and Francis, 2015).

Misperceptions were also evident around early initiation of alcohol use and parental provision of alcohol. For instance, as reported in related studies (Jackson et al., 2012), many participants in our study reported a preference for the introduction of alcohol in the home and/or provision of alcohol, to avoid rebellion or excessive drinking outside of the home, and thus viewed parental alcohol provision as a form of harm reduction. However, parental supply of alcohol has been shown to be positively associated with alcohol consumption in mid adolescence, and binge drinking and alcohol-related harm later in adolescence (Mattick, 2018, Gilligan et al., 2012), with the risk of alcohol-related harm being 2.5-fold higher among young people whose parents supplied alcohol, compared to those who had no supply of alcohol. The risk of harm increased further to 4-fold higher if alcohol was supplied by parents and others (Mattick, 2018). In addition, the indirect effect of parental consumption has been reported to be mediated in part via early initiation, (Mahedy, 2018) while evidence indicates greater risk of later substance use and risk behaviour associated with early initiation of alcohol use (Ellickson et al., 2003).

Taken together, therefore, as noted previously, (MacArthur et al, 2016) this suggests that sustained, multi-component interventions are needed to shift norms and misperceptions, alongside more targeted or single-component approaches. Information that corrects misperceptions around the inevitability and normative nature of alcohol use, and which clarifies the possible impacts of early initiation of drinking and parental supply needs to be incorporated into such approaches. Since beliefs about alcohol are formed well before adolescence, multi-component approaches that address societal norms could also play a role in reducing intergenerational transference of cognitions, motivations and expectancies, via a shift in attitudes and reduced parental drinking at a population level. Indeed, many parents noted their role in setting expectations and role modelling behaviour and noted higher levels of consumption among young people whose parents drank to excess.

Interestingly, our findings suggest an interplay between trusting, communicative parent-child relationships, family closeness (e.g. parental attention and support, participation in joint activities) and parental monitoring. The latter involved knowledge of the whereabouts of children, assessments of the settings and perceived risks of individual parties, the active development of parental networks and the provision of lifts to and from parties. Evidence demonstrates that the association between parental and adolescent drinking is mediated, in part, by perceived parental monitoring and discipline

(Latendresse et al., 2008), and while there is little strong evidence for an effect of family closeness, joint activities or support, one study has suggested that monitoring and family closeness may be related (Moore G.F., 2010) and this may warrant further investigation.

Interestingly, we did not find clear evidence of a perception among parents that there was a downward shift in alcohol use, with one participant noting a perception of the reverse, and many noting concerns around the scale of alcohol use, both among young people, and other parents. However, the harm reduction and safety messages communicated repeatedly by parents, alongside parental monitoring and disapproving attitudes, reflect evidence of more restrictive alcohol-related parenting and less tolerant views in the study sample. Although the precise causes of the decline remain unclear, the increased prevalence of such views has been suggested to be one explanation of the decline in adolescent drinking, (Pape et al., 2018, Bhattacharya A., 2016) and further evidence is required to demonstrate whether this is indeed the case.

Strengths and Limitations

Our study has several strengths, including the sample of parents having been recruited from a range of communities, who reported variable levels of parental alcohol use and family histories. The use of in-depth semi-structured one-to-one interviews also enabled the collection of rich, detailed data regarding individual perspectives and personal experiences, unaffected by social desirability of responses or norm perception in the group, as might be the case in a focus group. In addition, participants' children were aged 13-18 and therefore parents discussed experiences with both sons and daughters from across the course of adolescence. Nevertheless, we note that our study reports views from participants from one urban setting only, we were able to recruit only two fathers, and the number of participants from low socio-economic groups and ethnic minority groups was limited. As such, our findings may not represent the full range of views in the community and the generalisability of our findings to wider settings, fathers and socio-demographic groups is limited.

Recommendations

Our study has demonstrated that parents view alcohol use as normative and inevitable and that they implement a range of strategies to seek balance between its perceived inevitability and protection of their child from risk and harm. In part, the acceptance of alcohol within society and the perceived tolerant attitudes of other parents were viewed as barriers to a more restrictive stance.

By providing insights into parental attitudes and behaviours, as well as the determinants of such behaviours, we have provided evidence to inform the development of combined school- and family-based interventions, as well as parent- and community-based preventive interventions. Overall, our findings suggest a need to focus on raising awareness of the potential consequences of early initiation and parental supply, while correcting misperceptions around attitudinal and behavioural norms, among both adolescents and adults. Population-based approaches that lead to a downward shift in general consumption are needed simultaneously to address role-modelling and the transfer of motivations and behaviours from parent to offspring.

References

- ALI, M. M. & DWYER, D. S. 2010. Social network effects in alcohol consumption among adolescents. *Addictive behaviors*, 35, 337-42.
- BENDTSEN, P., DAMSGAARD, M. T., HUCKLE, T., CASSWELL, S., KUNTSCHE, E., ARNOLD, P., DE LOOZE, M., HOFMANN, F., HUBLET, A., SIMONS-MORTON, B., TER BOGT, T. F. M. & HOLSTEIN, B. E. 2014. Adolescent alcohol use: a reflection of national drinking patterns and policy? *Addiction*, epub ahead of print.
- BERENDS, L., JONES, S. C. & ANDREWS, K. 2016. Adolescent drinking, social identity, and parenting for safety: Perspectives from Australian adolescents and parents. *Health & Place*, 38, 22-29.
- BHATTACHARYA A. 2016. Youthful Abandon. Why are young people drinking less? London.: Institute of Alcohol Studies.
- BRAUN, V. & CLARKE, V. 2006. Using thematic analysis in psychology. *Qual Res Psychol*, 3.
- CAMPBELL, J. M. & OEI, T. P. 2010. A cognitive model for the intergenerational transference of alcohol use behavior. *Addictive Behaviors*, 35, 73-83.
- CONWAY, K. P., SWENDSEN, J. D. & MERIKANGAS, K. R. 2003. Alcohol expectancies, alcohol consumption, and problem drinking: The moderating role of family history. *Addictive Behaviors*, 28, 823-836.
- DE VOCHT, F., HERON, J., ANGUS, C., BRENNAN, A., MOONEY, J., LOCK, K., CAMPBELL, R. & HICKMAN, M. 2015. Measurable effects of local alcohol licensing policies on population health in England. *Journal of Epidemiology and Community Health*.
- ELICKSON, P. L., TUCKER, J. S. & KLEIN, D. J. 2003. Ten-Year Prospective Study of Public Health Problems Associated With Early Drinking. *Pediatrics*, 111, 949.
- GILLIGAN, C., KYPRI, K., JOHNSON, N., LYNAGH, M. & LOVE, S. 2012. Parental supply of alcohol and adolescent risky drinking. *Drug and Alcohol Review*, 31, 754-762.
- GILLIGAN, C. K., KYPROS 2012. Parent attitudes, family dynamics and adolescent drinking: qualitative study of the Australian parenting guidelines for adolescent alcohol use. *BMC Public Health*, 12, 491.
- GORE, F. M., BLOEM, P. J., PATTON, G. C. & FERGUSON J ET, A. L. 2011. Global burden of disease in young people aged 10–24 years:a systematic analysis. *The Lancet*, 377, 2093-2102.
- JACKSON, C., ENNETT, S. T., DICKINSON, D. M. & BOWLING, J. M. 2012. Letting Children Sip: Understanding Why Parents Allow Alcohol Use by Elementary School-aged Children. *Archives of pediatrics & adolescent medicine*, 166, 1053-1057.
- JACOB, N., MACARTHUR, G. J., HICKMAN, M. & CAMPBELL, R. 2015. A qualitative investigation of the role of the family in structuring young people's alcohol use. *The European Journal of Public Health*.

- JANDER, A., MERCKEN, L., CRUTZEN, R. & VRIES, H. 2013. Determinants of binge drinking in a permissive environment: focus group interviews with Dutch adolescents and parents. *BMC Public Health*, 13.
- JONES, S. C., ANDREWS, K. & BERRY, N. 2016. Lost in translation: a focus group study of parents' and adolescents' interpretations of underage drinking and parental supply. *BMC Public Health*, 16, 561.
- JONES, S. C. & FRANCIS, K. L. 2015. Supply of alcohol to underage drinkers: Misperceptions of community norms. *Social Science & Medicine*, 147, 158-162.
- JONES, S. C., MAGEE, C. & ANDREWS, K. 2015. 'I think other parents might. ...': Using a projective technique to explore parental supply of alcohol. *Drug and Alcohol Review*, 34, 531-539.
- LANCET COMMISSION ON ADOLESCENT HEALTH AND WELLBEING 2016. Our future: a Lancet commission on adolescent health and wellbeing. 387, 2355.
- LATENDRESSE, S. J., ROSE, R. J., VIKEN, R. J., PULKKINEN, L., KAPRIO, J. & DICK, D. M. 2008. Parenting Mechanisms in Links Between Parents' and Adolescents' Alcohol Use Behaviors. *Alcoholism: Clinical and Experimental Research*, 32, 322-330.
- MACARTHUR, G., HICKMAN, M. & CAMPBELL, R. 2018. OP75 A qualitative exploration of the intersection between social influence and cultural norms in relation to the development of alcohol consumption practices during adolescence. 72, A36-A36.
- MACARTHUR, G. J., JACOB, N., POUND, P., HICKMAN, M. & CAMPBELL, R. 2016. Among friends: a qualitative exploration of the role of peers in young people's alcohol use using Bourdieu's concepts of habitus, field and capital. *Sociology of Health & Illness*, n/a-n/a.
- MAHEDY, L., MACARTHUR, GJ, HAMMERTON, G, EDWARDS, AC, KENDLER, KS, MACLEOD, J, HICKMAN, M, MOORE, SC, HERON J. 2018. The effect of parental drinking on alcohol use in young adults: the mediating role of parental monitoring and peer deviance. *Addiction*, epub., doi: 10.1111/add.14280.
- MARES, S. H. W., LICHTWARCK-ASCHOFF, A. & ENGELS, R. C. M. E. 2013. Intergenerational Transmission of Drinking Motives and How They Relate to Young Adults' Alcohol Use. *Alcohol and Alcoholism*, 48, 445-451.
- MARES, S. H. W., VAN DER VORST, H., ENGELS, R. C. M. E. & LICHTWARCK-ASCHOFF, A. 2011. Parental alcohol use, alcohol-related problems, and alcohol-specific attitudes, alcohol-specific communication, and adolescent excessive alcohol use and alcohol-related problems: An indirect path model. *Addictive Behaviors*, 36, 209-216.
- MATTICK, R. P., CLARE, PHILIP J., AIKEN, ALEXANDRA, WADOLOWSKI, MONIKA, HUTCHINSON, DELYSE, NAJMAN, JACKOB, SLADE, TIM, BRUNO, RAIMONDO, MCBRIDE, NYANDA, KYPRI, KYPROS, VOGL, LAURA, DEGENHARDT, LOUISA. 2018. Association of parental supply of alcohol with adolescent drinking, alcohol-related harms, and alcohol use disorder symptoms: a prospective cohort study. *The Lancet Public Health*, 3, e64-e71.

- MATTICK, R. P., WADOLOWSKI, M., AIKEN, A., CLARE, P. J., HUTCHINSON, D., NAJMAN, J., SLADE, T., BRUNO, R., MCBRIDE, N., DEGENHARDT, L. & KYPRI, K. 2016. Parental supply of alcohol and alcohol consumption in adolescence: prospective cohort study. *Psychological Medicine*, 1-12.
- MCCAMBRIDGE, J., MCALANEY & ROWE, R. 2011. Adult Consequences of Late Adolescent Alcohol Consumption: A Systematic Review of Cohort Studies. *PLoS One*, 8, e1000413-e1000413.
- MOORE G.F., R. H., SEGROTT J., 2010. An exploratory study of the relationship between parental attitudes and behaviour and young people's consumption of alcohol. *Substance abuse treatment, prevention, and policy*, 5, 6-20.
- PAPE, H., ROSSOW, I. & BRUNBORG GEIR, S. 2018. Adolescents drink less: How, who and why? A review of the recent research literature. *Drug and Alcohol Review*, 37, S98-S114.
- PUBLIC HEALTH ENGLAND 2016. Data intelligence summary: Alcohol consumption and harm among under 18 year olds. UK: Public Health England.
- REHM, J., SHIELD, K. D., JOHARCHI, N. & SHUPER, P. A. 2012. Alcohol consumption and the intention to engage in unprotected sex: systematic review and meta-analysis of experimental studies. *Addiction*, 107, 51-59.
- RESNICK, M. D., CATALANO, R. F., SAWYER, S. M., VINER, R. & PATTON, G. C. Seizing the opportunities of adolescent health. *The Lancet*, 379, 1564-1567.
- ROSSOW, I., KEATING, P., FELIX, L. & MCCAMBRIDGE, J. 2016. Does parental drinking influence children's drinking? A systematic review of prospective cohort studies. *Addiction*, 111, 204-217.
- SAWYER, A., COLEMAN, L., COOKE, R., HODGSON, L., SHERRIFF, N. 2018. Understanding conversations about alcohol between parents and their 15–17 year olds: a qualitative study. *BMC Public Health*, 18, 631-647.
- SCOTT, S., MUIRHEAD, C., SHUCKSMITH, J., TYRRELL, R. & KANER, E. 2017. Does Industry-Driven Alcohol Marketing Influence Adolescent Drinking Behaviour? A Systematic Review. *Alcohol and Alcoholism*, 52, 84-94.
- STUEVE, A. & O'DONNELL, L. N. 2005. Early alcohol initiation and subsequent sexual and alcohol risk behaviors among urban youths. *Am J Public Health*, 95.