

Trajectories of parental and peer supply NDARC of alcohol across adolescence



Background

Despite legal restrictions regarding the provision of alcohol to minors, parents are one of the main suppliers of alcohol to adolescents,^{1,2} often with the intention of safely introducing them to drinking.³

Various studies have attempted to understand whether parental supply of alcohol is associated with subsequent alcohol-related harms, with good evidence of increased alcohol consumption and harms.⁴⁻⁶

However, existing studies tend to treat parental supply of alcohol as a simple yes/no exposure variable. This study explores whether there are distinct patterns of supply during adolescence, to build on our understanding of whether there are particular patterns or timing of supply that may pose a greater risk for young people.

The Australian Parental Supply of Alcohol Longitudinal Study

Participants:

- Children aged 12-13 years were recruited in 2010-11 and surveyed annually over six years
- 1,628 (85% of the cohort) provided data at wave 6 (mean age 17.8 years).

Surveys: Online or hardcopy surveys were completed annually by adolescents and at Wave 1 by parents. Participants were reimbursed \$20 for their time.

The Difference is Research

100%

Latent trajectory classes of alcohol supply

National Drug &

Alcohol Research Centre

Figure 1: Probabilities of endorsing different level of supply quantity for each class.



Aims

40.8%

Class 2

n=419

n (

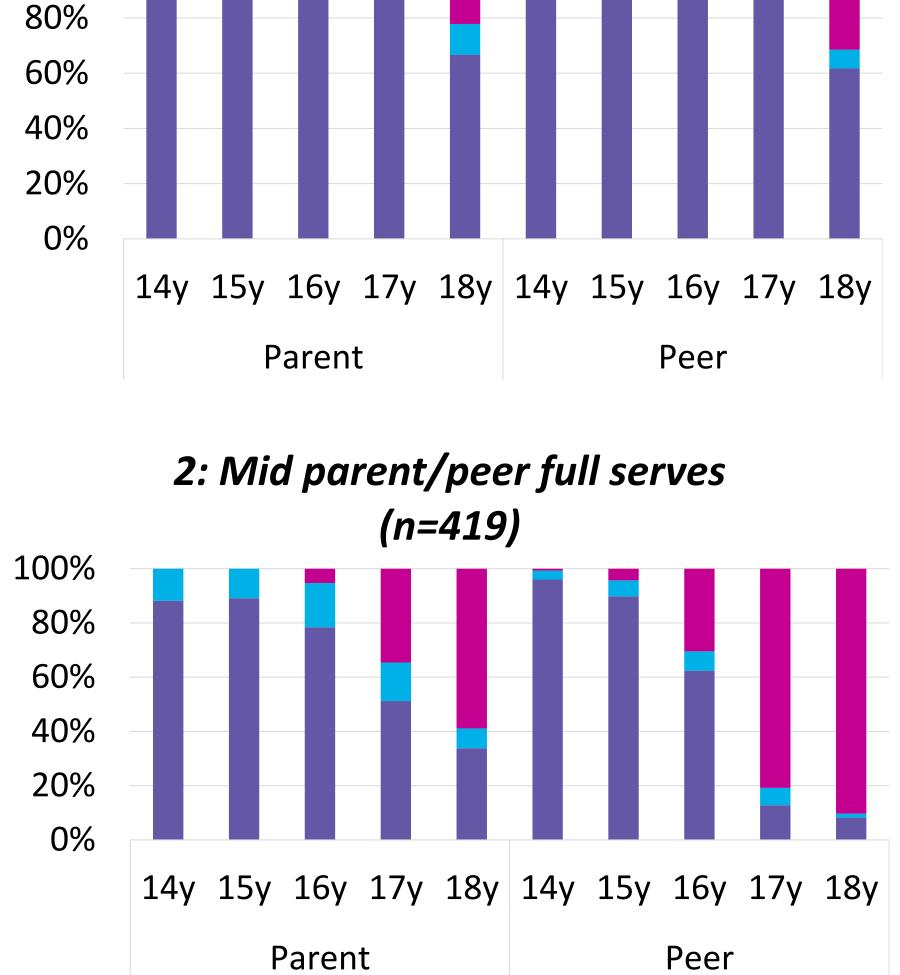
- Identify trajectories of parental and peer supply over the course of adolescence (14 to 18 years of age); and
- Examine parent and adolescent Wave 1 (age 13 years) predictors of the various supply trajectories.

Parent and adolescent socio-demographic Measures: variables, supply of alcohol from parents and peers (quantity and frequency)

Analysis:

- We constructed parallel latent class growth models (1-6 classes) based on quantity of parental and peer supply of alcohol (grouped as: none, sips only, whole drinks) from Wave 2 ($M_{age} = 13.9$ yrs) to Wave 6 ($M_{age} = 17.8$ yrs).
- Unadjusted and adjusted multinomial logistic regression analyses were used to predict trajectory membership using predictors from Wave 1.





Class Description Class 1 No/limited supply n=739

under 18 years

Mid parent/peer supply full serves Female; older age; peer substance use

before 18yrs

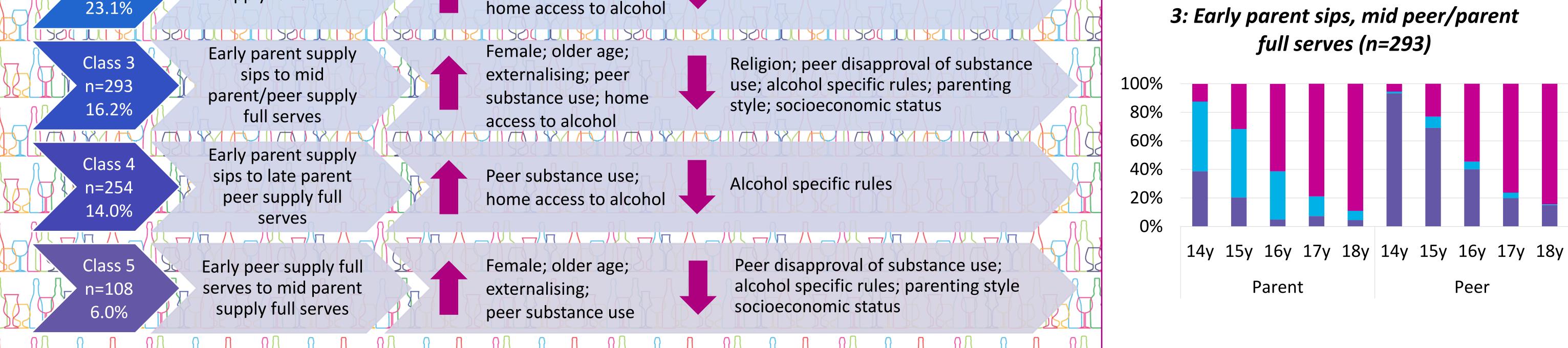
Parental monitoring

Associations with Wave 1 factors

(Reference category: Class 1)

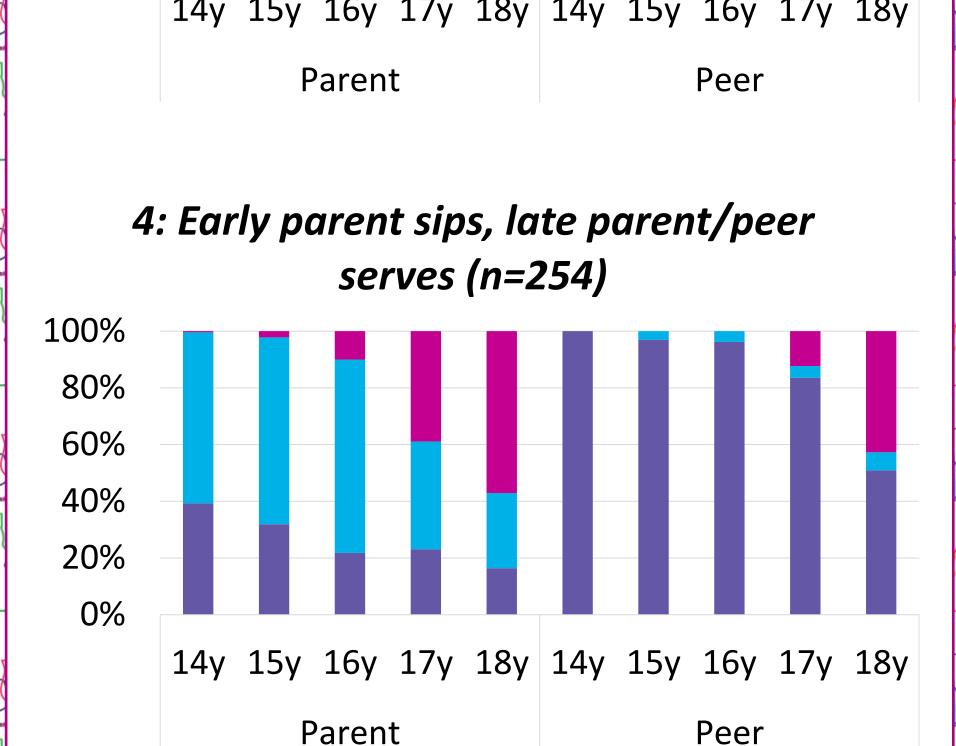
guidelines for adolescent consumption of alcohol = No alcohol supply

Reference category: Most closely follows current Australian



Discussion & Implications

- Parental supply of alcohol is not a homogenous practice and does not occur in isolation from supply from other sources.
- We identified five distinct supply trajectories, with varying levels and timing of parental and peer supply.
- Class 1 had no/limited supply prior to 18 years of age; Classes 2 and 3 had a similar pattern of mid-onset peer supply, but Class 3 had earlier onset of parental sips; Class 4 was dominated by parental supply of sips until late adolescence; Class 5 had early onset peer supply of full serves.
- Being female and older age, peer substance use and lower parental monitoring in Year 7 were associated with membership in



those trajectories with earlier onset supply of full serves (2, 3 and 5), compared with no/limited supply under 18 years.

- Alcohol specific rules, home access to alcohol, child externalizing behaviours and parenting style were also important.
- The child, parenting and peer factors identified might be targeted to prevent early supply of alcohol from parents and peers.

References

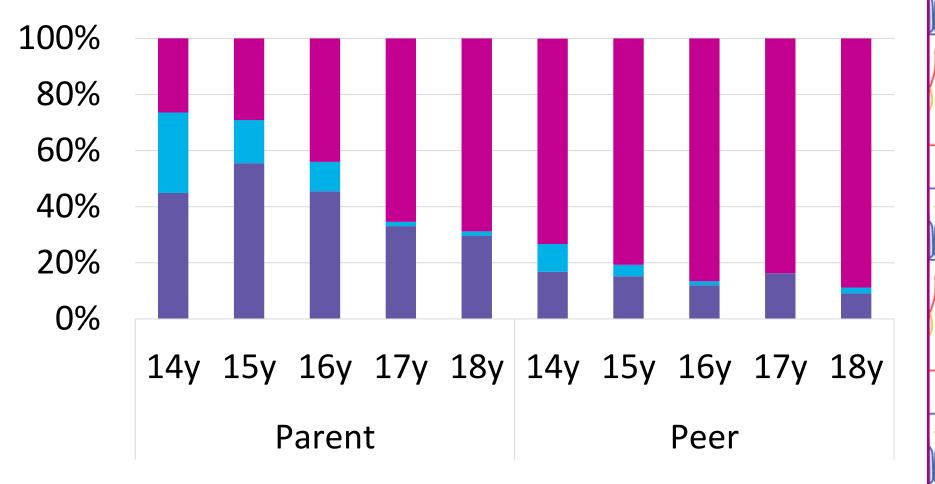
- 1. Jongenelis et al. (2018). Substance Use and Misuse, 53(14):2281-2290
- 2. White & Bariola (2012). The Cancer Council Victoria
- 3. Gilligan et al. (2012). Drug and Alcohol Review, 31(6), 754-762
- 4. Mattick et al. (2017). Psychological Medicine, 47(2), 267-278.
- 5. Kaynak et al. (2014). J Studies on Alcohol and Drugs, 75(4), 590-605
- 6. Mattick et al. (2018). Lancet Public Health, 3(2), e64-71.

Acknowledgements

National Health and Medical Research Council, Australian Research Council, Australian Rotary Health, Foundation for Alcohol Research and Education, Australian Government Department of Health; National Health and Medical Research Centre







^a NDARC, UNSW Sydney; ^b Centre for Youth Substance Abuse Research, Australia; ^c Centre for Social & Early Emotional Development, Deakin University/Murdoch Children's Research Institute, Royal Children's Hospital/The University of Melbourne; ^d Queensland Alcohol & Drug Research & Education Centre, University of Tasmania; ^f National Drug Research Institute, Curtin University; ^g Centre for Clinical Epidemiology & Biostatistics, University of Newcastle; h Department of Health Sciences, University of York; i Christchurch Health & Development Study, University of Otago; j Sydney Medical School / The Matilda Centre, University of Sydney