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## CONCLUSIONS

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The evidence summarised in this review demonstrates that there is now a reasonable understanding of the processes by which parents influence adolescent alcohol use. In addition, there is also intervention evidence suggesting this evidence can be translated into effective programs. With regard to education and interventions with families, the research has demonstrated that relationship quality and good monitoring and behaviour management skills are strongly associated, and together they form the essential components needed in interventions to reduce adolescent alcohol use. It is argued that each of these factors must be included in intervention work at both the universal and targeted levels.

The review of more intensive interventions revealed that some intervention programs have had positive outcomes and reduced alcohol use amongst adolescents. Analysis of the content of these programs shows that they primarily work on building a good quality parent–adolescent relationship. Following this, these programs work with parents to provide them with education and support so that they can establish family norms that discourage the use of alcohol at a young age.

It is important to note that for many alcohol abusing young people, excessive or high risk alcohol use is not the only difficulty experienced. Many exhibit multiple problems, such as antisocial behaviour, risk taking (such as risky driving, gambling), depression or anxiety. Thus, recent Australian research found that while substance use was one of the most powerful risk factors for antisocial behaviour (Vassallo et al. 2002), antisocial behaviour was also a strong risk factor for substance use (Williams, Sanson et al. 2000). Some suggest that adolescent substance use is but one element of a broader syndrome of problem behaviour (Jessor and Jessor 1977). If this is the case, interventions that are targeted at other types of problem behaviours are likely to impact on adolescent alcohol use as well. Thus, it would seem that broad based, holistic interventions may be required, which have the potential to ameliorate a number of adolescent problem behaviours. The implementation of such programs may be facilitated by a cross-sectoral approach and the consolidation of efforts may prove to be relatively cost effective.

The consumption of alcohol in Australia is widely accepted, and parents are unsure of the correct approach to take with their adolescents. Research conducted with parents for the development of the National Alcohol Campaign concluded that “while parents perceived themselves as key role models for their adolescents, they see themselves as increasingly alienated, isolated and powerless in this role” (Shanahan and Hewitt 1999: 29). Parents are faced with the dilemma, on the one hand, of introducing their children to alcohol in an effort to encourage moderation, or alternatively, going against the normative tide and attempting to encourage their adolescents not to use alcohol until they reach the legal age.

## Six conclusions for policies and practice

The final task of this review is to present conclusions for policies and practice which might assist parents more effectively to guide adolescents towards responsible alcohol use, based on the evidence emerging from this review.

### *Conclusion 1*

*Parents should be provided with information concerning the advantages of delaying the age at which young people begin using alcohol.*

Based on the available research, there appear to be clear advantages in delaying the age at which young people begin using alcohol. Among these are the reduced likelihood of high risk alcohol use and abuse in adulthood, averting the adverse impacts of alcohol on the developing adolescent body and brain (Scott and Grice 1997), and avoiding the immediate risks to health and wellbeing conveyed by “normal” patterns of adolescent alcohol use (which are often at risky or high risk levels). It is unclear whether parents are aware of this evidence. Publicising this information within a social marketing framework could be a useful way of disseminating such information. This could be augmented by further research investigating under what contexts parents are able to minimise the harmfulness of youth alcohol use.

It is not possible to recommend a particular age at which adolescent alcohol use could commence, due to the great variability in young people’s development and the circumstances in which they are growing up. For example, the developing bodies and brains of late maturing adolescents may potentially be exposed to greater alcohol-related harms than those of early maturing adolescents if late maturing adolescents participate in binge drinking from early adolescence onwards. However, it is clear that early adolescent alcohol use in unsupervised peer group situations is to be discouraged.

Thus there appear to be three key messages for parents:

- There is a high risk of long-term harmful consequences if adolescent alcohol use commences early. Compelling evidence now exists that early onset is related to more risky patterns of use in the long-term, while delaying the onset of alcohol use is associated with more moderate and less risky patterns of use in adulthood.
- The child’s stage of development, and the degree to which he or she is still going through the developmental changes that occur in adolescence, should be considered. Information that the developing adolescent body copes less well with alcohol than the adult body and that physiological harms can occur should be made available to parents and adolescents.
- Alcohol use should be seen as part of the wider adolescent context, and merely delaying its onset may not be effective on its own. Alternative activities and opportunities, particularly in the peer context, may need to be negotiated and provided. There is also scope for the introduction of youth development programs, local community programs, Big Brother, Big Sister intergenerational programs and similar initiatives to promote healthy youth development.

## **Conclusion 2**

*Parents should be provided with educative guidelines on the influence of parental attitudes and norms on adolescent alcohol use, as well as guidance in managing the social pressure they feel to allow their adolescents to consume alcohol.*

Parents report feeling adverse social pressure and not having the confidence to assist children and adolescents to wait until they reach the legal age before initiating alcohol use. However, the research evidence suggests that parental attitudes and norms can play a considerable role. For example, when parents showed disapproval of alcohol use, their adolescents were less likely to use alcohol; conversely, when parents were tolerant or permissive, their adolescents were more likely to consume alcohol. Other research showed that parents who felt empowered were more likely to share decisions about adolescent alcohol consumption and were also more likely to be able to intervene effectively in reducing consumption. Empowerment can arise from increased knowledge.

Thus, parents should be made aware of the research indicating that their views and opinions about adolescent alcohol use can exert an influence. They might also benefit from more information about the extent of risky alcohol consumption among Australian adolescents, and, in order to provide effective guidance for their adolescents, information about safe versus risky levels of alcohol use. Additionally, knowledge that many Australian parents believe that late adolescence is the appropriate age at which adolescents should be introduced to alcohol might assist parents to resist pressure to permit their adolescent to commence use at an earlier age.

## **Conclusion 3**

*Once adolescents have commenced alcohol use, parents should be provided with educative guidelines and support to help them to guide their adolescents in responsible alcohol use.*

Once adolescents have started drinking, enhanced parental monitoring appears to be a key factor in minimising risky alcohol use. However, this first requires attention to the parent–adolescent relationship, and simply advising parents to ask more questions may have a detrimental effect in some families. Similarly, educating parents to increase behaviour management (for example, by establishing firm rules) without attending to relationship issues or levels of conflict may also be problematic. It seems more promising for educational initiatives to promote quality interactions and good relationships between parents and adolescents first. Once this is in place, parents can then be supported in developing clear and consistent rules regarding alcohol use, setting age appropriate limits, and maintaining open communication. It is important to acknowledge that this will require personal agency and cooperation from both parents and adolescents.

Given there is strong evidence for delaying youth alcohol use, it does not appear ethical to conduct a research program where parents are encouraged to provide alcohol to young people. In light of the mixed evidence on whether parental provision of alcohol is an effective method for encouraging moderate and responsible use, further “in situ” research is needed to clarify this issue. It may also be possible to conduct research to examine the effectiveness of parental influences in encouraging more moderate alcohol use among adolescents who

have been brought to official attention for alcohol related crime, or for parents of youth of legal drinking age.

#### **Conclusion 4**

*Parent education and family intervention programs should be supported in Australia to assist parents to gain skills for encouraging their adolescents to delay initiation to alcohol use and to adopt less risky patterns of use. Intervention and prevention programs should receive best practice evaluations.*

Interventions that have shown promise in the North American context should be adapted, implemented and evaluated in Australia. Existing Australian interventions should also be evaluated for their potential to encourage a delayed age of first alcohol use and more moderate patterns of use. A key starting point appears to be the parent–child relationship. Once good quality parent–child relationships are in place, parents should be supported to develop more effective parental behavioural management practices, and better quality monitoring. Prior to encouraging a wider dissemination of programs, evaluation funding should be provided to enable “gold standard” evaluations including randomised control designs and long-term follow-up, and priority should be given to funding evidence-based programs. Given the finding that many interventions appear to be ineffective, or in some cases harmful, it is important for resources to be given to evaluation research, and for funding to be withdrawn from programs of demonstrated ineffectiveness or harm.

#### **Conclusion 5**

*Given that broader social norms exert a considerable influence on adolescent alcohol use, strategies to reduce favourable social and cultural attitudes towards under-age alcohol consumption will be needed to support parental efforts.*

An extensive educative effort, aimed at changing favourable societal attitudes towards adolescent alcohol use, appears necessary to assist parental efforts to delay adolescents’ initiation of alcohol use and to guide responsible subsequent use. Health-related public awareness campaigns have a good track record in Australia, although they have also often been backed by legal penalties. Thus, the incidence of drink driving has been greatly reduced, restrictions regarding cigarette use have been embraced, and Australians have heeded the messages about the dangers of sun exposure. Similar community-level efforts may be needed to modify widespread tolerant attitudes towards adolescent alcohol use. In addition, it will be necessary to target adolescent attitudes regarding alcohol, as research shows that a number of adolescents drink specifically to get drunk at present.

#### **Conclusion 6**

*More Australian research is needed to promote understanding of the developmental processes and pathways to adolescent alcohol use. In particular, research on the development of adolescent alcohol use in Indigenous communities is seriously lacking.*

At present, there is a critical lack of Australian data on the pathways to differing patterns of alcohol use, and the role that parents play. There is considerable Australian research on the epidemiology of adolescent alcohol use, but a lack of Australian research into developmental processes, especially as they relate to

parents. Thus, the international research, particularly that of the United States, is relied upon to a large extent. Yet there are important differences, particularly relating to cultural norms and attitudes, which may dilute the transferability of the international research to the Australian context. There is also a critical lack of Australian research evaluating promising intervention initiatives. All in all, there is an urgent need for more Australian research on these issues.

In particular, there is almost no research involving Indigenous adolescents and parents. While it is known that fewer Indigenous adolescents consume alcohol, it is also apparent that when they do so, they tend to consume at riskier levels, suggesting that particular efforts may be required to change the developmental pathways of these young people. Useful information could also be gained from the study of particular community, cultural and religious groups in which adolescents adhere to norms against adolescent alcohol use. What can be learnt from these adolescents, and how do these parents transmit their values? While there has been research into the reasons underlying adolescents' use of alcohol, the impact of parenting behaviours on adolescent motivations to drink, and the influence that parents might have on these motivations, are not well understood. Thus, a range of issues remain poorly understood and a greater investment in research in this area would appear to be crucial.