



Socialization to binge drinking: A population-based, longitudinal study with emphasis on parental influences[☆]



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ABSTRACT

Background: Binge drinking is associated with considerable harm. However, too little is known about socialization to this pattern of alcohol consumption.

Aim: To identify longitudinal predictors of young adult binge drinking, with an emphasis on possible parental influences.

Methods: A population-based prospective study, in which respondents ($N=2558$) were surveyed from mid-adolescence until their late 20s. The data set was linked to national registers. Data were collected on parental alcohol consumption, parental binge drinking and parental alcohol problems, as well as on other aspects of the family milieu. The respondents' frequency of alcohol consumption was assessed, as well as a number of binge drinking measures: (i) frequency of intoxication episodes, (ii) frequency of consuming 5+ units, and (iii) "usual" consumption patterns of 5–6+ units, 7–9+ units, and 10+ units.

Results: A surprisingly high proportion of the sample met the criteria for binge drinking. After control for parental, peer and individual characteristics, parental binge drinking predicted respondents' binge drinking, using all definitions, at age 28 years ($p < .001$). Parental frequency of alcohol consumption predicted frequency of alcohol consumption in their offspring at age 28 ($p < .001$).

Conclusion: The findings suggest a socialization pattern of alcohol role modeling from parents to offspring. The findings are also consistent with genetic research showing alcohol use to have moderate heritability. We may witness new binge drinking cultures in Norway, but binge drinking patterns also seem to echo parental influences.

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1. Introduction

Binge drinking in adolescents and young adults is regarded as a major health concern in the USA (Courtney and Polich, 2009) and in various European countries (Kuntsche et al., 2004). Binge drinking contributes to alcohol-related deaths (Chikritzhs et al., 2001), and is associated with unintentional injuries, suicide, interpersonal violence, drunk driving, traffic accidents (NIAAA, 2000), and social exclusion (Viner and Taylor, 2007). The term "binge drinking" is ambiguous, but the literature usually focuses on two definitions: (i) drinking that leads to intoxication or (ii) heavy drinking that occurs over an extended period of time, linked to clinical

definitions of abuse or dependence (Gmel et al., 2003). In this paper, we want to shed light on binge drinking patterns in the normal population, not necessarily regarded as pathological and fulfilling criteria of alcohol abuse or dependence. Therefore, we use the former definition.

Several longitudinal studies have investigated the etiology of binge drinking (Courtney and Polich, 2009), but the bulk of the research stems from US college samples (Wechsler et al., 1995a, 2002). Thus, longitudinal studies of adolescents based on representative samples from countries other than the USA are warranted.

The present study was conducted in Norway, one of the Nordic countries that, along with the UK and Ireland, are usually characterized as having binge drinking problems among adults (Mäkela et al., 2001), as well as among adolescents and students (Hibell, 2011). Binge drinkers differ from non-binge drinkers in both gender and age: men are more likely than women to binge drink, and men report more annual days of drunkenness than do women (Mäkela and Mustonen, 2000). The greatest prevalence of binge drinking is found in adolescents and young adults, usually with a peak from 18 to 29 years (Hemström et al., 2002). Several studies show that binge drinkers are characterized by poor school achievement, by

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dropping out of school, and by a low level of education (Droomers et al., 1999; Laukkanen et al., 2001; Wichstrøm, 1998).

The importance of parental drinking in the alcohol socialization process has been investigated in a large number of studies (for a review, see: Ryan et al., 2010). However, only a handful of studies from the USA have investigated parental factors predictive of binge drinking, and they show disparate results. Some of these studies report no effects of parental drinking on binge drinking (Havey and Dodd, 1993; Odo et al., 1999), whereas others report that binge drinkers are influenced by drinking behavior in the family (Ichiyama and Kruse, 1998; Kushner and Sher, 1993). There is also some evidence that adolescents with a family history of alcohol abuse underestimate their own level of drunkenness and therefore are more likely to engage in binge drinking than other adolescents (Turrisi and Wiersma, 1999). Another source of information about the association between parents' and offspring's alcohol use is twin and adoption studies, which have shown alcohol use to have a moderate heritability, with about 50% of the variance in alcohol consumption measures being accounted for by genetic factors (Dick et al., 2009). An association between parental and offspring drinking behavior may thus be explained by the fact that parents and their children are genetically related.

Other forms of parental influence on offsprings' drinking behavior have also been investigated in a large number of studies. In an early meta-analysis (Foxcroft and Lowe, 1991), a framework with three dimensions was identified, comprising support, monitoring, and family structure. High levels of monitoring and support were associated with reduced alcohol consumption, and adolescents from non-intact families drank more than others. However, in more recent research, a more complex picture has been uncovered. Some studies report that high parental support predicts low levels of alcohol use (Marshall and Chassin, 2000; Nash et al., 2005), whereas others have failed to find such an effect (Barnes et al., 2006; Ennet et al., 2001). A similar pattern has been found for monitoring: some studies point to the importance of such variables, and other studies do not (Chuang et al., 2005; Getz and Bray, 2005). Thus, the findings gradually seem to have become less conclusive. This may in part reflect the heterogeneity of endpoints in the studies – ranging from age of alcohol initiation, to level of alcohol consumption, or to measures of more pathological alcohol-related behaviors. Note also that the use of alcohol at certain ages is normal and normative behavior in most groups. All these factors in combination might imply that it is difficult to develop clear patterns with regard to the findings in this area.

Peer drinking is also viewed as a potent influence on alcohol use (Crosnoe and McNeely, 2008). In a review of European studies, pressure from peers was identified as one of the strongest factors influencing binge drinking, and, in fact, it seemed to outweigh parental influences (Kuntsche et al., 2004). However, few studies have investigated the pathway from peer influences in adolescence to binge drinking in adulthood. Religious involvement also seems to restrain development of alcohol consumption (Adamczyk, 2012) a finding that has also been reported from a Norwegian context (Pedersen and Kolstad, 2000). Thus, the importance of such influences will also be investigated.

Based on cross-sectional evidence, several studies suggest that parental relationship quality is more strongly associated with girls' than boys' alcohol use (Choquet et al., 2008; Kelly et al., 2011b). A recent longitudinal study suggested that girls who have an emotionally close relationship with their mother use less alcohol (Kelly et al., 2011a). Thus, a special emphasis on gender is warranted.

The aims of the study are as follows: (1) to identify predictors of young adult binge drinking, with a special emphasis on possible parental influences; and (2) to investigate whether there are gender differences in this area.

2. Methods

2.1. Participants

This investigation is based on the *Young in Norway Longitudinal Study*, which has been described in greater detail elsewhere (Wichstrøm, 1999). In short, students from 67 representative Norwegian schools in grades 7 through 12 comprised the initial sample. The participants were followed over a 13-year period with three additional data collections, from mid-adolescence until their late 20s. To obtain information about the respondents' and their parents' education, as well as information about unemployment and disability pensions, the data set was linked to Statistics Norway's nationwide Historical Event Databases. The study was approved by the Regional Ethical Committee for Health Research and the Norwegian Data Inspectorate, and all participants gave their written consent for participation.

The initial response rate was 97.0%, and the cumulative response rate over all four data collections was 69%. A previous study revealed that the attrition was higher in males (OR 1.55, 95% CI 1.38–1.74) and among those with low parental SES (OR 1.06, 95% CI 1.03–1.10; Wichstrøm et al., 2013). At the fourth data collection, the respondents were also asked for their consent to link the data to national registers, to which 90% agreed. Thus, the overall participation rate, including register linkage, was 60%. In the analyses reported here, we draw on data from 2558 persons, 1136 males (44.3%) and 1422 females (55.6%). We use data from collection points when the respondents were on average 15 years ($SD=1.7$), 17 years and 28 years old.

2.2. Measures

2.2.1. Alcohol consumption frequency and binge drinking. Alcohol consumption was measured using the Quantity/Frequency (QF) approach (Knutper, 1966; Straus and Bacon, 1953). We asked, "How many times during the last four weeks did you drink more than a few sips of alcohol?" and "The last time you drank alcohol, how many 'drinks' did you have? By 'drink' we mean 0.33 l of beer, a glass of wine, or a drink of liquor." The product of these two items gives a proxy for the number of "drinks" consumed during the last four weeks. To avoid excessively high values, the maximum number of drinks was set to 100. In this study, we labeled this measure "alcohol consumption." There are different ways to measure binge drinking. An initial view defined binge drinking as at least five alcohol units consumed during the same session (Cahlahan et al., 1969), but the cutoff has sometimes been reduced to 4+ units for women because of their lower alcohol metabolism (Wechsler et al., 1995b). This approach—defining binge drinking as having more than x number of drinks on a single occasion—has been preferred by most researchers (Courtney and Polich, 2009; Kuntsche et al., 2004). However, based on such measures, the experiences of drunkenness and loss of control are not necessarily captured. Therefore, another approach has been used to define binge drinking in ways that cover these aspects as well. In the present study, we used both approaches. We asked, "During the past 12 months, how often have you drunk so much that you clearly felt drunk?" Response options were: Never, 1 time, 2–5 times, 6–10 times, 11–50 times, and More than 50 times. In most analyses in the paper, this is our definition of "binge drinking." However, we also asked, "During the past year, how often have you had five drinks or more in one evening (five half bottles of beer or one bottle of wine)." Response options were: Never, 1 time, 2–5 times, 6–10 times, 11–50 times, and More than 50 times. Finally, we asked, "How many alcohol units do you usually drink when you are drinking?" Response options were: 1–2, 3–4, 5–6, 7–9, 10 or more. This enabled us to define different cutoffs for binge drinking, and here we report findings for three different cutoffs: "Usually 5–6 units or more," "Usually 7–9 units or more" and "Usually 10 units or more."

2.2.2. Parents. At the first two time points, we asked, "Does your father [separate question for mother] drink alcohol?" The response options ranged from "no" to "every day". A "Parental alcohol consumption frequency" sum score was computed (values 0–12). We also asked at the first three time points: "Have you ever seen your parents drunk?", with response options ranging from "never" to "a few times a week". These items were summed to a "parental binge drinking" index (values 0–12). We also asked a retrospective question (at age 28) on possible parental alcohol problems: "Would you say that your father [separate question for mother] has had alcohol problems?" The response options ranged from "no, not at all" to "yes, definitely". Father's and mother's alcohol problems were scored on a scale from 0 to 4, and used separately in the analyses. Previous studies suggest that adolescents' perceptions of parental alcohol problems is a valid indicator of such problems, and also highly correlated with the parents' own reports (Cowley and Gordon, 1995; Crews and Sher, 1992).

Based on an instrument developed by Sarason et al. (1983), perceived parental support was assessed by four items describing situations relating to feeling down or having done something illegal. The index had values of 0–4. Parental monitoring was measured by an instrument consisting of six questions about perceived parental norms and parental knowledge of each adolescent's actions (Olweus, 1989; values 0–30). In addition, four items were included about degree of family-oriented leisure activities. A sum score was computed, ranging from 0 to 14. We also asked whether the respondents had experienced parental divorce or

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