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Research paper

Trends in alcohol-specific parenting practices and adolescent alcohol use between 2007 and 2011 in the Netherlands

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ABSTRACT

Background: Following increased research and policy attention on the harmful effects of alcohol use among adolescents and the implementation of prevention programs aimed at reducing adolescent alcohol use, this study examined whether alcohol-specific parenting practices have become stricter and whether adolescent alcohol use has declined between 2007 and 2011 in the Netherlands.
Methods: Data were derived from three nationally representative cross-sectional studies of 12 to 16-year old adolescents – the Dutch National School Survey on Substance Use (2007 and 2011) and the Health Behaviour in School-aged Children (2009). These data were obtained using self-report questionnaires in the classroom (adolescents, M_{age} = 13.8 years, SD = .04) and at home (parents).
Results: Between 2007 and 2011, Dutch parents increasingly adopted strict alcohol-specific practices, except for parents of 16-year old adolescents. Furthermore, adolescent reports of lifetime and last month alcohol use decreased, except for 16-year olds. The quantity of alcohol consumed by adolescents did not change between 2007 and 2011. Alcohol-specific parenting practices were associated with lower adolescent alcohol use. These associations were generally stable over time.
Conclusion: Our findings are consistent with the recent increased awareness in research, policy and the media about the harmful effects of alcohol on young people. Specifically, they are consistent with the focus of recent prevention efforts aimed at parents to postpone the alcohol use of their child at least until the age of 16. Future prevention programs should also target older age groups (i.e., age 16 years and older) and address the quantity of alcohol consumed by adolescents when they drink.

Background

Adolescence is a peak period for the initiation and use of substances, and many adolescents experiment with or consume alcohol regularly. Although some experimentation is normative (Engels and ter Bogt, 2001), prevention of early and excessive alcohol use among adolescents is important, particularly because it is associated with adverse psychological, social and physical health consequences, including brain damage, academic failure, violence, injuries, and unprotected sexual intercourse (Gmel, Rehm, & Kuntsche, 2003; Perkins, 2002).

Parents are important socialization agents when it comes to whether and how adolescents start or develop their alcohol use. Besides general parenting practices, such as providing support and control (for a review see Ryan, Jorm, & Lubman, 2010), alcohol-specific parenting practices have been shown to be important deterrents of adolescents' drinking behaviors. Specifically, parental attitudes (i.e., disapproval of alcohol use among adolescents) have been related to later initiation of adolescent alcohol use (Koning, Engels, Verdurmen, & Vollebergh, 2010) and lower levels of adolescent alcohol use (Bahr, Hoffmann & Yang, 2005; Koning et al., 2010; Koning, van den Eijnden, Verdurmen, Engels, & Vollebergh, 2012; Ryan et al., 2010). In addition, the quality of alcohol-specific communication (i.e., conversations about alcohol between parents and children in which parents can express their thoughts, rules and concerns about alcohol to their children) has been found to correlate with reduced prevalence and intensity of adolescent alcohol use (Miller-Day & Kam, 2010; Spijkerman, van den Eijnden, & Huiberts, 2008; Van Der Vorst, Burk & Engels, 2010). Finally, alcohol-specific rules, which entail parents imposing rules on their children regarding their alcohol use inside and outside the house, have been found to be one of the strongest parenting practices associated with later

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initiation (Van Der Vorst, Engels, Deković, Meeus, & Vermulst, 2007) and a lower intensity of adolescent alcohol use (Mares, Lichtwarck-Anschoff, Burk, van der Vorst, & Engels, 2012).

Until 2005/06, the Netherlands was among the European countries with the highest percentage of alcohol-using adolescents (Currie et al., 2008; Hibell et al., 2009). In the 1990s and early 2000s, adolescent alcohol use increased substantially, especially among younger age groups (12–14 years old) and girls (Geels et al., 2011; Monshouwer, 2008; Poelen, Scholte, Engels, Boomsma, & Willemsen, 2005). At that time, alcohol-specific parenting practices were, overall, lenient among many Dutch parents (Monshouwer, 2008). Partly, these attitudes have been explained by the fact that the generation of parents whose children were adolescents in the 1990s and early 2000s was among the first generations raised during a period of growing alcohol consumption and a relatively liberal (national) alcohol policy (Van Laar, Cruts, Verdurmen, & van Ooyen, 2005).

Since 2005/06, a socio-cultural change seems to have taken place with respect to adult attitudes towards adolescent alcohol use. As scientific knowledge of the potentially hazardous effects of early alcohol use has accumulated (i.e., early alcohol use has been found to be associated with abnormal brain functioning and development, and related learning, retention, and attention difficulties; Hiller-Sturmhöfel & Swartzwelder, 2004; Tapert, Granholm, Leedy, & Brown, 2002), concerns were raised about the high rates of alcohol use among Dutch adolescents. As a result, the reduction of adolescent alcohol use became a priority in Dutch social policy (Klink, Rouvoet, & Ter Horst, 2007). A number of mass media campaigns and prevention programs aimed at reducing alcohol use among adolescents were developed and implemented. Since the scientific literature showed a strong link between alcohol-specific parenting and adolescent alcohol use (Van der Vorst, 2007), and since family interventions were shown to be effective in delaying adolescent drinking (Koning, van den Eijnden, Engels, Verdurmen, & Vollebergh, 2011; Koutakis, Stattin, & Kerr, 2008; see review: Smit, Verdurmen, Monshouwer, & Smit, 2008), these campaigns and programs targeted parents, with the aim of influencing alcohol-specific parenting practices.

In the first few years (2006–2009), mass media campaigns focused on raising awareness among parents about the harms of early drinking and the importance of strict rule setting. In subsequent years (2009–2012), messages about more complex alcohol-specific parenting practices, including supportive parent–child communication skills around alcohol, were added to those on strict rule setting. Parents were advised to postpone the alcohol use of their child for as long as possible, at least until the age of 16 years, the legal age limit for the purchase of alcohol at that time. These prevention messages reached many parents, as they were disseminated via national and regional media, including television, radio, print media, and school prevention programs (Dienst Publiek en Communicatie, 2007–2009, 2010–2011). Since combined prevention efforts (in multiple settings) have been found to be effective in reducing adolescent substance use (Carson et al., 2011; Foxcroft & Tsertsvadze, 2011; Koning et al., 2011), it was expected that the campaigns and programs would be successful in increasing alcohol-specific parenting and in turn decreasing adolescent alcohol use.

In this study, we examined changes over time in alcohol-specific parenting practices and adolescent drinking behaviors between 2007 and 2011 in the Netherlands. Specifically, we investigated whether there were any changes in adolescent alcohol use and parenting practices as they relate to the contemporaneous mass media campaigns. We further tested whether these changes differed across demographic subgroups, such as gender, age, and educational track (vocational versus academic).

We aimed to answer the following research questions:

1. Have alcohol-specific parenting practices changed between 2007 and 2011 and are these changes similar for parents of adolescents from different socio-demographic groups (adolescent gender, age, educational track)?
2. Have adolescent drinking behaviors changed between 2007 and 2011 and are the changes similar for different socio-demographic groups?
3. Are alcohol-specific parenting practices associated with adolescent drinking behaviors and are the associations similar for different socio-demographic groups?
4. Are the associations between alcohol-specific parenting practices and adolescent alcohol use stable over time?

We expected that, compared to 2007, parents in 2009 and 2011 would be more likely to perceive alcohol use as harmful for adolescents, report high-quality alcohol-specific communication with their child, and set rules with respect to their child's alcohol use. We also expected a decrease in adolescent alcohol use during this period. Prevention programs after 2006 targeted parents of adolescents under the age of 16, so it was expected that parents of 12- to 15-year olds would become stricter and that alcohol use would decrease more in this age group, compared to 16-year olds. We did not have a hypothesis on the moderating effect of gender or educational track. With respect to the association between alcohol-specific parenting practices and adolescent drinking behaviors, we expected a negative association, which was equally strong across adolescent demographic groups and stable across survey years.

Method

Study procedures

Data were derived from the Dutch National School Survey on Substance Use in 2007 and 2011 and from the Health Behaviour in School-aged Children study in 2009. The sampling and survey procedures for these surveys were identical and the present examination had a repeated cross-sectional design. The study included data from adolescents aged 12 to 16 attending the first four classes of general secondary education and one of their parents.

The samples were obtained using a two-stage random sampling procedure. First, schools were stratified and drawn proportionally according to the level of urbanization. Second, within each school two to five classes (depending on school size) were selected randomly from a list of all classes provided by each participating school. Within the selected classes, all students were drawn as a single cluster. The response rate of schools was 57% (2007), 48% (2009) and 48% (2011). The reasons for non-response were mainly related to (being approached for) participation in other research.

Research assistants administered self-complete questionnaires in the classroom (lasting approximately 50 min) in October and November of the corresponding year. Anonymity of the respondents was explained when introducing the questionnaire. Collecting all questionnaires in one envelope and sealing the envelope in the presence of the respondents further emphasized anonymity. Adolescent non-response was rare (7%) and was mainly because of illness.

Parental data were also collected using paper questionnaires in October and November of the corresponding year. During data-collection at the schools, adolescents were given a sealed envelope with the 'parent-questionnaire' and an accompanying letter. The students were instructed to hand over the envelope to one of their parents the same afternoon. Three weeks later, a written reminder was sent. The adolescent and parent questionnaires were