

Understanding what makes for effective conversations about alcohol between parents and their 15-17 year olds

EXECUTIVE SUMMARY – JULY 2017

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EXECUTIVE SUMMARY

AIMS

There is increasing awareness of the role that parents can have in the development of their children's drinking behaviour. The Centre for Health Research at the University of Brighton was funded by Drinkaware to understand how parental conversations can help reduce alcohol-harm amongst their 15-17 year old children. As such, this study aimed to understand what helps achieve effective conversations by addressing the following two research questions:

- 1. What are the barriers and facilitators to parents in the UK having effective current/future harm prevention conversations about alcohol with their 15-17 year olds?
- 2. What types of information, strategies and/or tools would enable parents in the UK to have more effective and on-going conversations with their 15-17 year olds?

METHODS

The project used a cross-sectional qualitative design. Recruitment took place over two phases to allow a purposive maximum variation sample of parents and young people. The final sample consisted of 48 parents and 16 young people (15-17 year olds) who took part in a semi-structured interview. The sample was diverse and included participants from throughout the United Kingdom. Thematic analysis was used to analyse the data separately for all parents, all young people, and 16 matched parent-child pairs.

MAIN FINDINGS

Parent interviews - The majority of parents drank openly in front of their children and this was considered to portray a sensible drinking message. Most parents were comfortable talking to their child about alcohol. It was considered that open and honest conversations helped demystify alcohol for young people. Most conversations that parents had with their children were small and informal and a wide range of triggers to these conversations were reported (for example: a television programme, witnessing someone drunk, social media). Although there were no major barriers reported that prevented parents from speaking to their child about alcohol, several topics were identified which parents felt less confident talking about such as units of alcohol, legal issues around alcohol, how to explain alcohol dependency to children, and types of alcoholic drinks that young people drink. There was some evidence that as children got older conversations became more frequent and more focused on safety.

Young person interviews — Young people generally exhibited low levels and infrequent occurrences of drinking. Alcohol-related conversations were generally viewed as being "in passing" and never a formal sit-down conversation. Timing of conversations was also important to young people, having a greater impact if they were at a suitable time or place, and when everyone was relaxed. Young people thought it was helpful to hear about their parents' "real life" experiences. The findings suggest that young people attach great value to the information from their parents. A range of triggers to conversations were reported but the most frequent instance was just before a child went to a party. The most commonly discussed topics were around sensible drinking and limiting the effects of alcohol. Although young people generally considered themselves knowledgeable about alcohol some noted that they wanted more information in certain areas such as how to find their "limit", different types and strengths of alcohol, and units of alcohol.

Matched parent-child interviews - Overall, the matched parent-child interviews were very consistent. Young people and parents generally reported similar accounts of their child's alcohol consumption. The mutual recollection of conversation starters and topics are indicative of the most salient and effective strategies to exchange knowledge about harm-reduction. There was also agreement regarding the style of conversation, which was viewed as an open and informal approach. It was fairly typical that not all topics were recalled by young people compared to those raised by their parent and vice-versa.

Overall, young people's low level of drinking and reported drunkenness suggests that the conversation triggers and the topics covered by parents could be considered as highly effective in generating harm-reduction behaviours.

STRENGTHS AND LIMITATIONS

This study provides an in-depth insight into the conversations that 48 parents have with their 15-17 year old children about alcohol. A unique aspect to this study is that 16 children of these parents were also interviewed. The sample was diverse with participants recruited from across the UK, a gender balance with respect to young people and parents, and parents from a range of BME backgrounds. However, interpretation of the findings and recommendations should be made in the context of the following considerations. Firstly, with regards to the sample, single-parent families, parents with lower levels of education, and parents and young people who experience problems with alcohol are underrepresented in this study. Secondly, the parents and young people that self-select to participate in a study about conversations may be those who are not having difficulty with conversations about alcohol. Thirdly, as there was no objective measure of conversations parents may over-report parent-child communication due to social desirability. Finally, parents' and young people's self-reported alcohol use may also be different to what they are actually drinking (either via under- or over-reporting).

RECOMMENDATIONS

Findings from the interviews with 48 parents and 16 young people were used to identify a set of recommendations to help parents communicate with their children about alcohol:

Modelling of parents' behaviour – It is important that parents recognise that their own attitudes and behaviour can impact and influence their child's attitude towards alcohol. Adopting a more open rather than authoritarian attitude to alcohol in the home can remove the taboo associated with alcohol.

First invitation to a party – Parents can play an important role in helping their child drink sensibly on the first few occasions where there might be alcohol present. For example, contacting the parents of whose party it is to find out more information, talking to the child about drinking sensibly, and putting in place harm-reduction strategies.

Style of conversation – An open and honest conversation can demystify alcohol for young people. Small, informal chats were viewed as the most appropriate way of speaking to children about alcohol compared to a more formal, "sit-down" style of conversation. It is important that young people are listened to and actively involved in any conversations.

When and how to start conversations – Timing of when to start conversations is important. There needs to be some relevant context and it is best to choose a time when everyone is relaxed. Parents might want to use any relevant opportunities that occur. For example, when watching a programme on television. Hearing about real-life examples seems to be an effective way to communicate information. It is also

important for parents to recognise that conversations might need to adapt to changing transitions (e.g. as their child approaches legal age).

What to talk about – The following topics seem important in harm-reduction: drinking water in between drinks; avoiding mixing alcohol; avoiding spirits generally but if used, not to drink them neat; eating well beforehand; drinking at a steady pace; keeping hold of drinks to avoid spiking; and the dangers of drink-driving. Topics which highlight the short-term dangers of alcohol appear to be more memorable and have more of an impact on young people. Findings suggest that parents and children might require more support with some topics. Messages between children and parents should be repeated and reinforced.

Several areas for future research are discussed including how important conversations might change when children reach the legal age to drink alcohol and drinking becomes more independent (possibly by following up this study's sample).