



Alcohol consumption of Australian parents: continuity and change in the new millennium

LASLETT, A., JIANG, H. & ROOM, R.
June 2017

Centre for Alcohol Policy Research
School of Psychology and Public Health

Contents

SUMMARY	4
Key findings	4
INTRODUCTION	5
Why study parental drinking patterns?	5
Historical patterns of parental drinking and the relation to changes in women's drinking	7
AIMS	8
METHODS	8
Survey data	8
Measures	8
Children	8
Parenthood, guardianship and adults living with children	8
Drinking variables	9
Analysis	9
Sample comparison of parents and non-parents	9
RESULTS	11
Comparing parents and non-parents in 2013	11
Young, mid and older aged parent drinking patterns in 2013	11
Parental drinking patterns over time	12
Changing abstinence rates among Australian parents and non-parents	13
Changes in risky drinking patterns among Australian parents and non-parents	15
Abstinence and risky drinking rates among different socio-economic groups	16
Changes in drinking pattern among different household types	17
Changes in attitudes to alcohol policy	18
DISCUSSION	20
Changing drinking patterns, social norms and roles for young parents	20
Stable or increasingly risky patterns of consumption in older parents	20
Increased abstinence among disadvantaged parents	21
Changing attitudes to alcohol policies	21
Limitations	21
REFERENCES	22

About the Centre for Alcohol Policy Research

The Centre for Alcohol Policy Research (CAPR) is a world-class alcohol policy research institute, led by Professor Robin Room. The Centre, which receives funding from the Foundation for Alcohol Research and Education (FARE) and La Trobe University, examines alcohol-related harm and the effectiveness of alcohol-related policies. CAPR not only contributes to policy discussions in Australia but also contributes to international studies of significance for the World Health Organization (WHO). An example of its international work is the GENACIS project, which examines gender, alcohol and culture in more than 40 countries. The Centre has also undertaken a pioneering study, *The range and magnitude of alcohol's harm to others*, that measures the burden of alcohol-related harms on people other than the drinker, otherwise referred to as third party harms. WHO is using the study as a model for such studies globally.

About the Foundation for Alcohol Research and Education

The Foundation for Alcohol Research and Education (FARE) is an independent, not-for-profit organisation working to stop the harm caused by alcohol. Alcohol harm in Australia is significant. More than 5,500 lives are lost every year and more than 157,000 people are hospitalised, making alcohol one of our nation's greatest preventative health challenges. For over a decade, FARE has been working with communities, governments, health professionals and police across the country to stop alcohol harm by supporting world-leading research, raising public awareness and advocating for changes to alcohol policy. In that time FARE has helped more than 750 communities and organisations, and backed over 1,400 projects around Australia. FARE is guided by the World Health Organization's Global Strategy to Reduce the Harmful Use of Alcohol for stopping alcohol harm through population-based strategies, problem directed policies, and direct interventions. If you would like to contribute to FARE's important work, call us on (02) 6122 8600 or email info@fare.org.au.

About La Trobe University

La Trobe University is an Australian public institute founded in 1964. In 1967, 552 students enrolled at La Trobe University, the third university to open in Victoria. It has since grown to accommodate more than 30,000 students including approximately 7,600 international students from over 90 countries. It now has a network of campuses with 21,000 students at our Melbourne campus and over 5,900 at our campuses in Albury-Wodonga, Bendigo, Mildura, Melbourne City, and Shepparton.

Researcher affiliations

1. Anne-Marie Laslett is a Research Fellow at the Centre for Alcohol Policy Research, La Trobe University and a Senior Research Fellow at the National Drug Research Institute, Curtin University
2. Heng (Jason) Jiang is a Research Fellow at the Centre for Alcohol Policy Research, La Trobe University
3. Robin Room is Professor and Director of the Centre for Alcohol Policy Research, La Trobe University

The correct citation for this publication is:

Laslett, A-M, Jiang, H, and Room, R. (2017) Alcohol consumption of Australian parents: continuity and change in the new millennium. Canberra: Foundation for Alcohol Research and Education.

Summary

This report analyses drinking patterns of Australian parents, examining trends in drinking (and not drinking) since the millennium. Using the National Drug Strategy Household Surveys (NDSHS) undertaken between 2001 and 2013, it aims to inform understandings of drinking patterns among mothers and fathers, as well as examining how these patterns differ from those of non-parents and whether these have changed or remain stable. The report discusses factors, including age and socio-economic status, that contribute to these changes and questions whether changes in parental drinking are connected to broader social changes.

KEY FINDINGS

- Parents in 2013 were less likely to report being abstainers than non-parents (19 per cent vs 23 per cent)
- Mothers were more likely to report being abstainers than fathers in 2013 (22 per cent vs 15 per cent)
- Fathers were more likely than mothers to report being risky drinkers in 2013 (49 per cent vs 26 per cent)
- Abstention amongst parents has increased from 16 per cent of parents in 2001 to 19 per cent in 2013
- The prevalence of risky drinking among parents diminished from 42 per cent in 2004 to 35 per cent in 2013 (to near the 2001 level of 36 per cent)
- Abstention in younger parents increased more during 2001 and 2013 than in the other age groups, to the extent that there is a higher rate of abstention in younger parents than in mid-aged and older parents
- Abstention rates increased between 2001 and 2013 for most groups of mothers and fathers, apart from the older mother group
- Risky drinking rates were higher for non-parents than for parents, and each fell according to a similar pattern during 2004 and 2013
- Risky drinking rates of younger fathers and mothers decreased more than in other parent groups
- There is a general shift in attitude among parents, as well as non-parents, that favours more restrictive alcohol policies – though these are still the least-favoured policies among those asked about alcohol policies
- Drinking patterns seem to be shifting in parents and non-parents in ways that are similar, suggesting that broader social and cultural factors are involved in changes in parental drinking behaviour

Introduction

WHY STUDY PARENTAL DRINKING PATTERNS?

Popular and academic psychology and sociology has devoted much attention to how children behave and trends and changes in behavioural development; yet how parents behave, including changes in behaviour upon becoming parents, and whether parents and parenting behaviours change over time, are questions which are less studied but deeply interesting.

Becoming a parent involves fundamental adaptation to a new role (Abrahams, Feldman, & Nash, 1978; Alexander & Higgins, 1993), that is guided loosely by models and influences of one's own parents, other parents, one's memories of being parented, parenting literature, and systemic influences (e.g. maternal and child and family healthcare and welfare). Adopting this role involves substantial changes to ways in which one spends their time, altering the balance spent on paid work, work in the home, child-caring and leisure.

For many young adults becoming a parent is associated with reduced alcohol consumption and is part of a process of maturing out of heavy drinking (Kuntsche, 2011). A parent's drinking pattern also has a range of effects on their children, as well as on the parents' own health and wellbeing. Despite a strong rationale for considering this topic, patterns of parental drinking have been seldom considered in Australia, except in the narrower frame of how they relate to the ways in which children drink.

This report primarily analyses one aspect of parental behaviour – patterns of drinking (or not drinking) alcohol, examining trends in parental drinking patterns since the millennium. It seeks to discuss and answer the following questions:

- Are parents' drinking behaviours and patterns changing?
- How, in what ways and directions, and among which groups?
- What factors are linked to stability and change in these patterns?
- Why is parental drinking changing?
- Are these changes connected to broader social changes?

This report addresses aspects of differences in drinking patterns between parents and non-parents and opens the discussion to whether changes in drinking patterns of mothers and fathers are related to changing parental roles, both as they transition into parenting, and as traditional parenting roles have changed over time, e.g. since the 1950s. For both men and women social roles change dramatically as they add fathering and mothering to their existing sense of self; with the physical and emotional needs of developing infants and children powerfully shaping parental behaviours.

Parents adapt to and cope with new and demanding routines and tasks in a variety of ways, and these new roles impact starkly on existing leisure activities. For women who become mothers, biological factors such as pregnancy, childbirth and breastfeeding, have substantial and multiple impacts on their lives in both vivid and subtle ways, and affect female drinking patterns. For instance, the vast majority of women in Australia alter their drinking habits if they are trying to conceive and/or once they realise they are pregnant (Callinan & Room, 2012). Although the role of fathers has changed markedly since the 1950s, it should also be stated that parental roles remain, in many cases, substantially gendered (Buchler et al, 2017). Once children are born, a range of social norms and systemic factors influence

how children are brought up, with one obvious factor being the substantially greater provisions for maternity leave than for paternity leave in Australia.

A substantial driver of research into parental drinking is concern over potential negative outcomes that may occur. Heavy parental drinking has been linked to a range of adverse consequences for parents themselves, including bad health, divorce (Keenan, Kenward, Grundy, & Leon, 2013) and intimate partner violence (Leonard, 2005). Problematic drinking can affect intimate partner and other family relationships in a range of ways, causing arguments, isolation from friends and other family members, disruption of social occasions, and compromising the responsibilities and roles parents are expected to undertake (Laslett, Jiang, & Room, in press).

Parental drinking affects children across their life cycle. There are at least five ways in which parental drinking can adversely affect children and influence a child's future drinking habits:

1. direct physiological effects (Foetal alcohol syndrome, etc.)
2. direct harm to the child by an intoxicated parent
3. preoccupation with drinking and associated activities diverting the parent's attention
4. parental modelling of behaviour which the child copies (or reacts against), and
5. third factors influencing both the child's and parent's drinking for example both are in the same cultural or language ethnic group.

Foetal alcohol syndrome, foetal alcohol spectrum disorder and foetal alcohol effects are rare but direct and severe consequences of heavy maternal drinking during pregnancy (Elliott & Bower, 2004). In infancy and during early and middle childhood, children can be affected by parents' heavy episodic drinking and chronic dependent patterns of alcohol consumption.

Parental heavy drinking is also associated with around one third of child protection cases and half of physical cases of family violence in Australia (Laslett et al., 2015). Children may experience direct physical and emotional effects of parents' drinking as well as the indirect effects from others (e.g. family members and friends and strangers), when drinking affects parental supervision.

Parental drinking can also affect the way children are cared for, whether they are verbally abused and physically hurt (Laslett, Ferris, Dietze, & Room, 2010), whether they experience more serious and repeated harms as measured in the child protection system (Laslett, Dietze, & Room, 2013; Laslett, Room, Dietze, & Ferris, 2012), or whether – in the most serious cases – they figure in child injury (Laslett, Catalano, et al., 2010) and homicide rates (Sen, 2006).

Parental drinking¹ has also been associated with increased rates of drinking among children during adolescence (Rossow, Felix, Keating, & McCambridge, 2015; Rossow, Keating, Felix, & McCambridge, 2016). This association is evident in the majority of prospective cohort studies recently reviewed. However, Jones et al.'s recent cross-sectional Australian study did not find evidence that parental drinking was consistently associated with adolescent drinking patterns, although it did find that maternal (and not paternal) drinking was associated with alcohol consumption in the last month by adolescents aged 12-17 years.

Heavier, more problematic drinking patterns among parents have been strongly associated with a range of adverse consequences for children, including poorer behavioural, psychological, social and health outcomes, as well as substance abuse problems. Problematic parental drinking can affect

¹including low level and heavy episodic drinking but not clinically dependent or "alcoholic" drinking

parent-child roles and routines, and damage social connections and family relationships (Orford, Velleman, Copello, Templeton, & Ibanga, 2010; Velleman & Templeton, 2007).

Historical patterns of parental drinking and the relation to changes in women's drinking

There has been little quantitative reporting of parental drinking patterns over time, although problematic drinking of mothers (in particular) and fathers has been scrutinised sporadically for centuries. Historically clinicians and religious and political leaders have been concerned with controlling women's drinking since early Roman times (with women being forbidden to consume undiluted wine); and in 18th Century England this was partly because of suspected consequences for their unborn children (Nicholls, 2009). In recent history in western industrialised countries, both parenting patterns and drinking patterns, particularly women's drinking patterns, have changed dramatically. However in Australia the data available on historical drinking patterns from the period of English settlement and control in the early 1800s and beyond has offered little quantitative evidence on general population patterns separated by gender, being mostly limited to sales data or treatment figures from individual institutions.

Parental drinking, the focus of this report, is set in a frame of expectations and patterns of behaviour that are informed by understandings of gender and age-related drinking. While per capita sales figures have been calculable for almost 100 years in Australia, surveys have only relatively recently enabled disaggregation by age and gender. For instance, national Australian alcohol and other drug household surveys commenced in 1985 and since that time (through to 2013) have consistently shown that men are less likely to be abstainers, and more likely to drink more often and at a greater volume, than women. Young people in the 20-29 year age group are the most likely of all age groups to be risky episodic drinkers, and in all age groups except the 15-19 year age group, men were more likely to drink at short-term risk than women. These findings are similar to those identified in the United States by Fillmore et al. (1991).

Parental drinking patterns have been even less studied and reported around the world than women's drinking patterns, and surveys to this day continue to report drinking patterns largely by gender and age, and sometimes socio-economic status. Obviously male and female drinking patterns are not synonymous with paternal and maternal drinking patterns, and often additional disaggregation has either not been possible or undertaken.

More qualitative sources have documented a large change in Australian women's drinking in the latter half of the 20th century, with women entering public drinking places, and with an increasing proportion of drinking in the home (Room, 1988). Alongside major changes in women's drinking patterns have been even more fundamental role changes. In the 1970s and the 1980s in Australia women added to their repertoire of the majority of domestic labour and most of the caring and child-rearing work (Brown, Lumley, Small, & Astbury, 1994) a substantial load of paid work. With paid work came financial independence, redefinition of leisure and family roles; and drinking was seen as one symbol of equality and freedom (Schmidt, 2014). While this occurred there is evidence that male partners have not increased their role in household and parenting to an equivalent extent, and women continue to undertake a greater share of child care and housework (Australian Bureau of Statistics, 2009; Craig, 2006). Men continue to make more time for leisure (Australian Bureau of Statistics, 2008) and drink more alcohol (AIHW, 2014). The environments within which men and women drink have also changed dramatically over time, with a much greater proportion of alcohol now being drunk within private domains (Callinan & Room, 2012).

Aims

This project aimed to examine whether trends in alcohol consumption among parents, carers and guardians (respondents who live with dependent children aged 0-14 years) have changed over a period of 13 years. The project undertook to understand whether drinking patterns have changed overall in mothers and fathers (and other male and female carers and guardians), as well as whether there were variations in parents and carers of different age-groups, and in socio-economic sub-groups of the population. Parents' and other guardians' drinking patterns were compared with the drinking patterns of adults without dependent children in the same age group. A wider variety of factors implicated in the stability and change in parents' drinking patterns were explored, and informed answers to questions about why parental drinking is changing or stable, and whether these changes were linked to other social changes.

Methods

SURVEY DATA

This project used data from the 2001, 2004, 2007, 2010 and 2013 National Drug Strategy Household Surveys (NDSHS). The 2001, 2004 and 2007 surveys were collected via a combination of computer assisted telephone interviews (CATI) – using landlines – and drop and collect methods. The 2010 and 2013 surveys used only the drop and collect method.

The 2001 survey included 26,744 people aged 14 years and over and had a response rate of 50 per cent. In 2004, 29,445 people provided information on their alcohol and drug use and related concerns, and the response rate was 45.6 per cent. The 2007 survey included 23,356 respondents and had a response rate of 51.6 per cent. The 2010 survey included 26,648 participants and 50.6 per cent of in scope households completed the questionnaire. The 2013 survey had a response rate of 49.1 per cent and included 23,855 participants (AIHW, 2014).

MEASURES

Children

In our analyses, children were defined as any dependent child aged 0-14 living with respondents in the household.

Parenthood, guardianship and adults living with children

For all of the years of the NDSHS years 2001 through 2013 respondents were asked whether they lived with dependent children and the ages of these children. In this paper all respondents who answered that they did live with dependent children and that these children were aged 0-14 years were included as parents, guardians or carers. In 2007 and from there on an additional question was added asking whether the respondent was the parent/guardian of any children living in the household. To check what proportion of adult respondents who completed the survey were not the legal guardians of children in the household these variables were cross-tabulated in 2007 and 2010 (see Table 1). Small proportions of these respondents – 4.9 per cent and 6.1 per cent respectively – reported that they were adults living with children but not the legal guardians of these children. In the 2013 survey whether the respondent was the parent or guardian of any dependent children living in the household was not

provided to the research team. To enable analysis over all 13 years of the survey, respondents who were aged over 18 years who lived with dependent children were included as an approximation of parents and guardians. Throughout this report respondents who reported living with dependent children aged 0-14 years are termed “parents”. Furthermore, the identified parents, guardians or carers aged below 18 were excluded from our sample, so that only adult parents were included in our analyses.

Table 1: Percentage of respondents living with dependent children who were parents or guardians of the children

HAVE DEPENDENT CHILDREN AGED 0-14 IN HOUSEHOLD		
Guardian or parents	2007	2010
No	208 (4.7%)	394 (5.8%)
Yes	4,222 (95.3%)	6,448 (94.2%)

Drinking variables

Graduated quantity-frequency alcohol questions were used to derive measures of frequency of drinking at various levels of risk. Risky drinking is defined in this survey as having 5 or more standard alcoholic drinks in a single drinking occasion at least monthly, in the last 12 months. Moderate drinking is defined as having drunk alcohol in the last 12 months without risky drinking behaviour. Attitudes towards a range of alcohol policies were asked across all of the years of the survey in a standardised way.

Demographic variables, including household composition, employment status, parent/guardian status, age and gender, were used as correlates of drinking patterns and attitudes. Remoteness (capital cities vs other) and quintiles of the socio-economic status of the respondent’s neighbourhood were applied by respondent postcode and used as individual level correlates for respondents. Parental respondent’s age has been classified as younger: 18-29 years; mid-age: 30-54 years; and older: 55 or more years.

Household composition is defined for respondents with dependent children in this report as being in: a couple family, a single parent (male or female) family, and other family types (including more than two adults).

ANALYSIS

Prevalence estimates of the various measures of consumption are presented as percentages and 95 per cent confidence intervals are shown, to allow judgements on the statistical significance of differences. The confidence intervals were examined to assess whether sub-groups (e.g. disadvantaged groups) of the population have different estimates in the survey years to other (e.g. more advantaged) groups. All results presented in the report were based on population-weighted sample analyses.

Sample comparison of parents and non-parents

Prior to analysing parental drinking, it is important to examine the survey samples from the perspective of what has changed over time in Australian society, as it is measured by the repeated population sample. This has been undertaken in Table 2 by comparing the earliest and latest samples. In both years, females were more likely than males to report being parents, and parents were more likely to

be mid-aged (30-54 years) compared with younger or older groups. Parents (compared with non-parents) were more likely to report being engaged in home duties and less likely to report being unemployed, a student or retired, than employed. Parents were also more likely to report being employed than being in other categories of un/employment than non-parents.

Between 2001 and 2013 there was little change in the percentage of parents aged 18-29 (younger parents), parents aged 30-54 years (the mid-age parent group) and 55+ years (the older parent group). The sample was also more educated in 2013 than in 2001, with a smaller proportion of parents not completing Year 12 and a larger percentage of parents attaining a tertiary degree or higher in 2013. There were few differences identified between the parent and non-parent groups using the Socio-Economic Index For Areas (SEIFA) for disadvantage and in terms of whether parents lived in capital cities or remote areas.

Table 2: Demographic statistics on parent and non-parent samples in NDSHS 2001 and 2013 (%)

	2001		2013	
	Non-parent n=15,778	Parent n=9,489	Non-parent n=15,532	Parent n=7,164
Gender				
Male	51.0 (50.0-51.9)	46.0 (45.2-46.9)	50.9 (50.0-51.9)	46.0 (45.2-46.9)
Female	49.1 (48.1-50.0)	54.0 (53.1-54.9)	49.1 (48.1-50.1)	54.0 (53.1-54.9)
Age				
18-29 yrs	28.6 (27.6-29.6)	16.8 (16.1-17.5)	29.7 (28.7-30.7)	16.0 (15.3-16.7)
30-54 yrs	30.4 (29.5-31.2)	79.3 (78.5-80.0)	23.4 (22.7-24.2)	79.4 (78.6-80.1)
55+ yrs	41.1 (40.2-42.0)	4.0 (3.6-4.4)	46.9 (45.9-47.9)	4.6 (4.2-5.0)
Education				
Below year 12	31.2 (30.3-32.1)	19.2 (18.6-19.9)	25.3 (24.4-26.1)	19.1 (18.4-19.7)
Year 12	17.8 (17.0-18.6)	15.2 (14.5-15.8)	16.9 (16.9-17.7)	14.8 (14.2-15.5)
Certificate & diploma	34.9 (34.0-35.9)	37.8 (37.0-38.7)	35.4 (34.5-36.4)	38.0 (37.2-38.9)
Bachelor or higher	16.1 (15.4-16.8)	27.8 (27.0-28.5)	22.5 (21.7-23.3)	28.1 (27.3-28.9)
Employment				
Employed	48.2 (47.2-49.2)	71.1 (70.4-71.8)	50.1 (49.1-51.1)	71.6 (70.8-72.3)
Unemployed	5.3 (4.2-58.4)	2.8 (2.5-3.1)	7.7 (7.1-8.4)	2.7 (2.5-3.0)
Home duties	4.9 (4.5-53.5)	16.2 (15.6-16.8)	2.7 (2.4-3.0)	16.1 (15.5-16.7)
Students	7.2 (6.6-7.8)	4.0 (3.7-4.4)	5.7 (5.2-6.3)	3.6 (3.3-4.0)
Retired & unable to work	31.2 (30.4-32.1)	4.1 (3.8-4.5)	30.5 (29.6-31.3)	4.2 (3.8-4.5)
Other	3.1 (2.8-3.5)	1.8 (1.6-2.0)	3.4 (3.0-3.7)	1.8 (1.6-2.0)
SEIFA (neighbourhood status)				

Most disadvantaged	17.6 (16.8-18.4)	15.7 (15.2-16.3)	18.8 (18.0-19.6)	15.7 (15.2-16.3)
Middle level (2nd-4th)	59.7 (58.8-60.7)	61.5 (60.6-62.3)	60.8 (59.8-61.8)	61.6 (60.8-62.4)
Least disadvantaged	22.7 (22.0-23.5)	22.8 (22.1-23.5)	20.4 (19.6-21.2)	22.7 (21.9-23.4)
Remoteness				
Capital cities	64.3 (63.4-65.3)	65.1 (64.3-65.9)	65.5 (64.6-66.4)	65.1 (64.3-65.9)
Remote area	35.7 (34.8-36.6)	34.9 (34.1-35.7)	34.5 (33.6-35.4)	34.9 (34.1-35.7)
Total	67.8 (67.2-68.5)	32.2 (31.5-32.9)	65.1 (67.2-68.5)	32.2 (31.5-32.9)

Results

COMPARING PARENTS AND NON-PARENTS IN 2013

Summarising the most recent National Drug Strategy Household Survey (NDSHS) in 2013 in Table 3, parents were less likely overall to report being abstainers than non-parents, significantly more likely to report being moderate drinkers, and significantly less likely to report being risky drinkers. Mothers were recorded as significantly less likely to report being risky drinkers than female non-parents, however fathers were as likely to report risky drinking as non-fathers.

Table 3: Prevalence of risky drinking among parents and non-parents in 2013 (%)

	MALE		FEMALE		TOTAL	
	Non-parent	Parent	Non-parent	Parent	Non-parent	Parent
Abstainer	18.3 [13.8, 24.0]	15.0 [13.4, 16.8]	28.9 [23.1, 35.3]	22.2 [20.1, 23.8]	23.3 [19.6, 27.6]	18.9 [17.8, 20.1]
Moderate drinker (1-4 ASD)	27.8 [22.1, 34.2]	35.6 [33.4, 37.8]	34.8 [29.2, 40.8]	52.0 [50.2, 53.8]	31.1 [27.1, 35.5]	44.4 [43.0, 45.8]
Risky drinker (5+ ASD)	53.9 [47.1, 60.6]	49.4 [47.2, 51.7]	36.5 [30.4, 43.0]	25.8 [24.3, 27.3]	45.6 [40.6, 50.3]	36.7 [35.3, 38.1]

Young, mid and older aged parent drinking patterns in 2013

When these 2013 NDSHS parental drinking pattern data are examined more closely in Table 4, by gender and within different age groups, abstention rates of mothers did not differ by age group. Abstention rates were also similar among fathers of different age groups. However, young mothers were less likely to be moderate drinkers and more likely to be risky drinkers than mid-aged mothers and older mothers. Younger fathers were significantly less likely to be moderate drinkers and more likely to be risky drinkers than older fathers and mid-aged fathers. Mid aged fathers were more likely to be risky drinkers than older fathers.

Comparing mothers with fathers in the largest group, the mid-aged parent group, mothers were more likely than fathers to be abstainers and moderate drinkers. Mid-aged mothers were also more likely to be abstainers than mid-aged fathers. Young fathers were much more likely to be risky drinkers than young mothers and less likely to be moderate drinkers, while abstention rates were similar between these groups. Fathers drank much greater volumes than mothers of all ages.

Table 4 Parent drinking status by age group in 2013 (%)

%	MALE			FEMALE		
	18-29 YRS	30-54 YRS	55+	18-29 YRS	30-54 YRS	55+
Abstainer	19.7	14.3	19.2	26.2	21.9	22.6
	[12.8,.26.6]	[12.8,.16.0]	[14.9,.24.4]	[22.3,.30.6]	[20.3,.23.5]	[16.9,.29.6]
Moderate drinker (1-4 ASD)	19.3	37.7	48.7	41.8	55.1	60.8
	[13.9,.26.3]	[35.6,.39.9]	[42.6,.54.7]	[37.5,.46.3]	[53.3,.56.9]	[53.3,.67.9]
Risky drinker (5+ ASD)	62.0	48.0	32.1	32.0	23.0	16.6
	[53.6, 69.7]	[45.7,.50.2]	[26.7,.38.1]	[28.0,36.2]	[21.6,.24.6]	[11.6,.23.1]
Mean drinking volume (mean number of ASD)	636.9	562.4	556.7	226.4	266.2	469.5
	[489.1, 784.7]	[525.3- 599.5]	[401.1- 712.2]	[180.7- 171.1]	[242.9-289.5]	[-14.6-953.7]

Parental drinking patterns over time

Parental drinking patterns have changed in the thirteen years for which data is available from the NDSHS (undertaken every three years between 2001 and 2013). As can be seen in Figure 1, in 2001, 16 per cent of parents were abstainers, and this climbed to around 19 per cent in 2010 and 2013. Correspondingly, the prevalence of risky drinking increased from 36 per cent in 2001 to 42 per cent in 2004, and then decreased to 35 per cent between 2004 and 2013. Moderate drinking has fluctuated only slightly over this period.

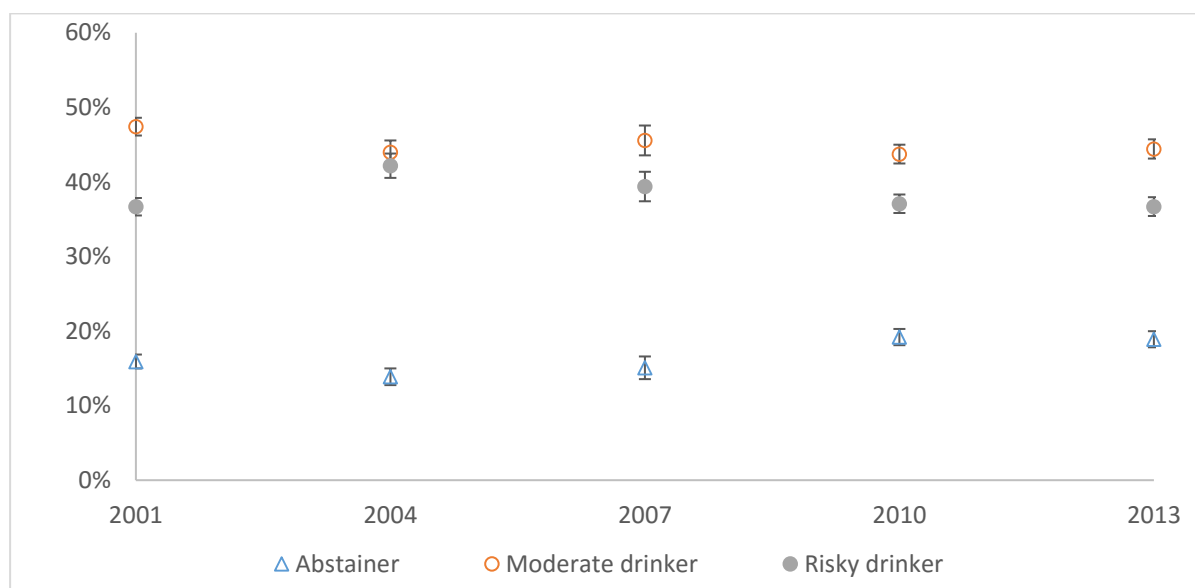


Figure 1: Trends of drinking prevalence among parents of children aged 0-14 years in Australia (95% Confidence Intervals are shown in the graph)

Changing abstinence rates among Australian parents and non-parents

Figure 2 demonstrates how parental abstinence patterns have fluctuated in a similar way to abstinence patterns of non-parents, albeit with some divergence evident in 2004. Interestingly, non-parents consistently report higher levels of abstinence than parents. It should be kept in mind that, reflecting Australian reproductive patterns, the parent group has fewer very young adults and many more older adults than the non-parent group, and that these differences in age composition are likely to affect the comparisons.

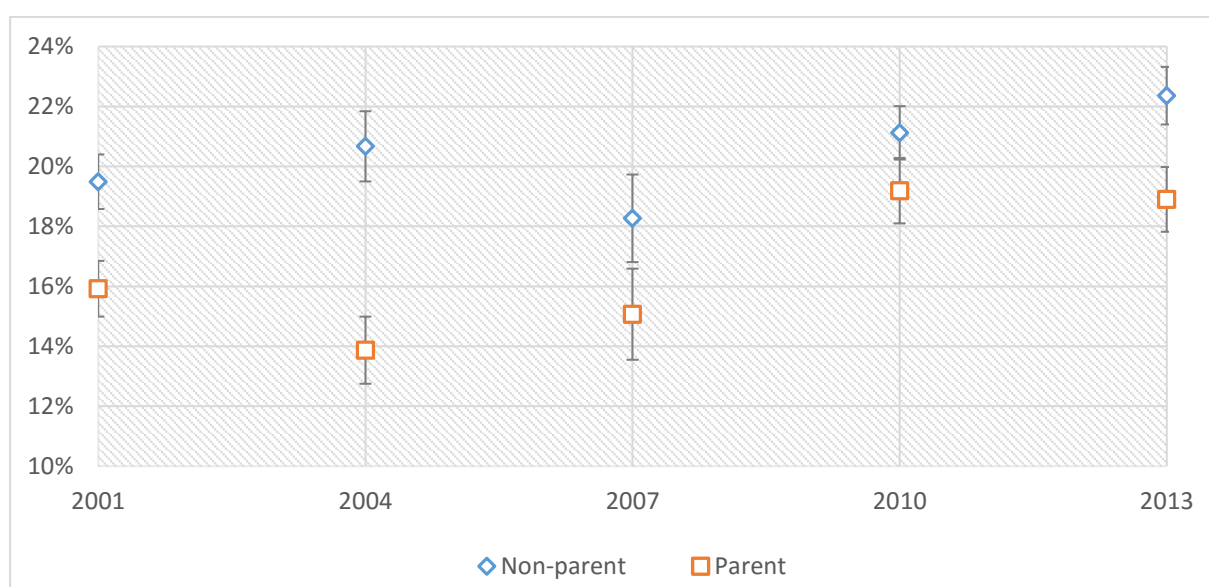


Figure 2: Changes in abstention rates of parents and non-parents over time (95% Confidence Intervals are shown in the graph)

Examining the patterns of abstinence from drinking among younger, mid and older aged parent groups, the rise in abstinence rates of younger parents is much more marked than that seen in the younger non-parent group and in the other age groups (see Figure 3). The rate of abstention in younger parents rose from 14.6 per cent in 2001 to 22.8 per cent in 2013. There is some evidence that the trend is moving in the opposite direction in the older parent group, with the exception of the 2010 data. The rate of abstention among older parents decreased from 30.5 per cent in 2001 to 24.9 per cent in 2013.

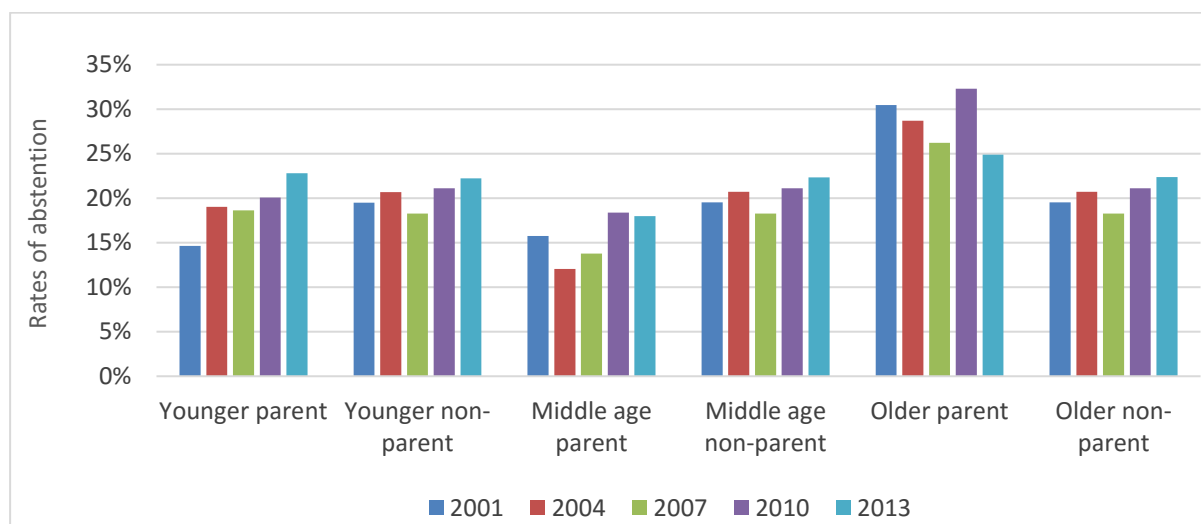


Figure 3: Changes in abstention rates of parents and non-parent in the three age groups over time

In Figure 4, disaggregating the data further indicates that there are increases in abstention rates among younger male parents, and to a lesser extent also in other aged male parent groups. There is also evidence of an increase in abstention among younger female parents, but the pattern fluctuates among middle age parents and decreases in older aged female parents. Older female parents appear to be decreasingly abstinent over time.

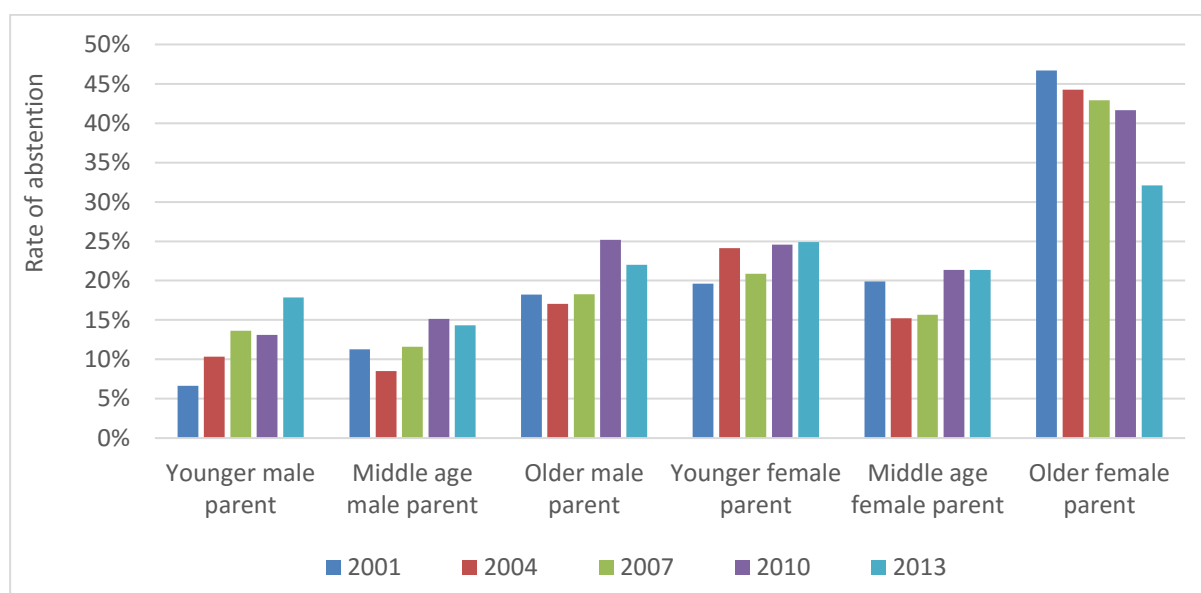


Figure 4: Abstention rates of parents across gender and age groups

Changes in risky drinking patterns among Australian parents and non-parents

Figure 5 shows similar trends in patterns of risky drinking for both non-parents and parents, with an initial spike and then a decrease between 2004 and 2013. Comparing 2001 and 2013, there was no statistically significant difference in risky drinking rates among parents or non-parents. The prevalence of risky drinking is consistently higher among non-parents compared with parents, and this difference was significant in all years apart from 2001.

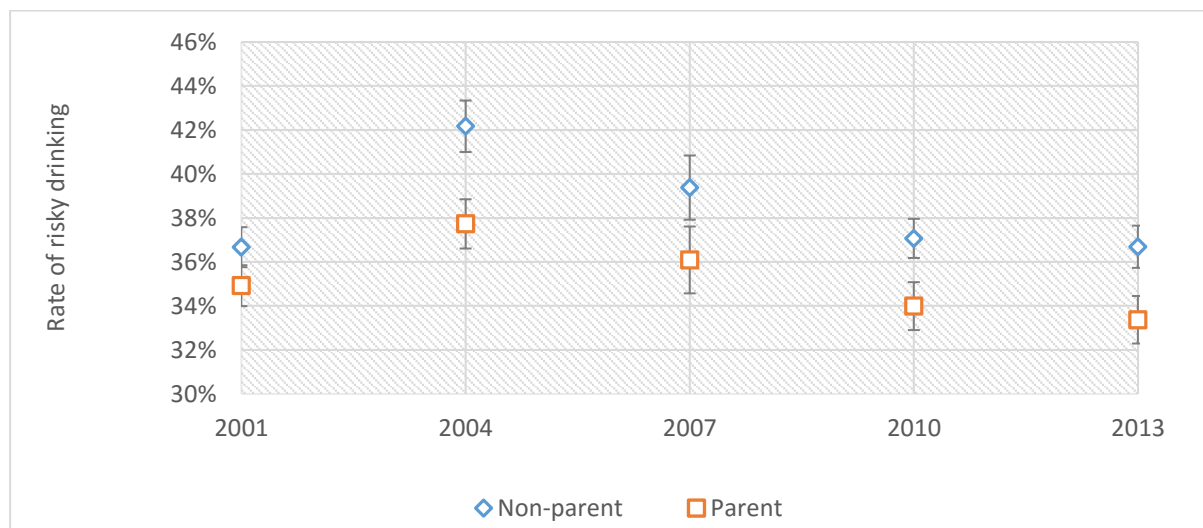


Figure 5: Rates of risky drinking among parents and non-parents in Australia over time

When risky drinking patterns (drinking 5 or more standard drinks in a single drinking occasion at least monthly was defined as risky drinking) of parents and non-parents are examined separately by age group in Figure 6, changes in risky drinking are particularly apparent in younger parents, with this group reporting a lower rate of risky drinking in 2013 compared with 2001. There is very little movement in the risky drinking rates of the mid aged parent and non-parent groups. The older parent risky drinking pattern decreases until 2007 and then begins to rise again.

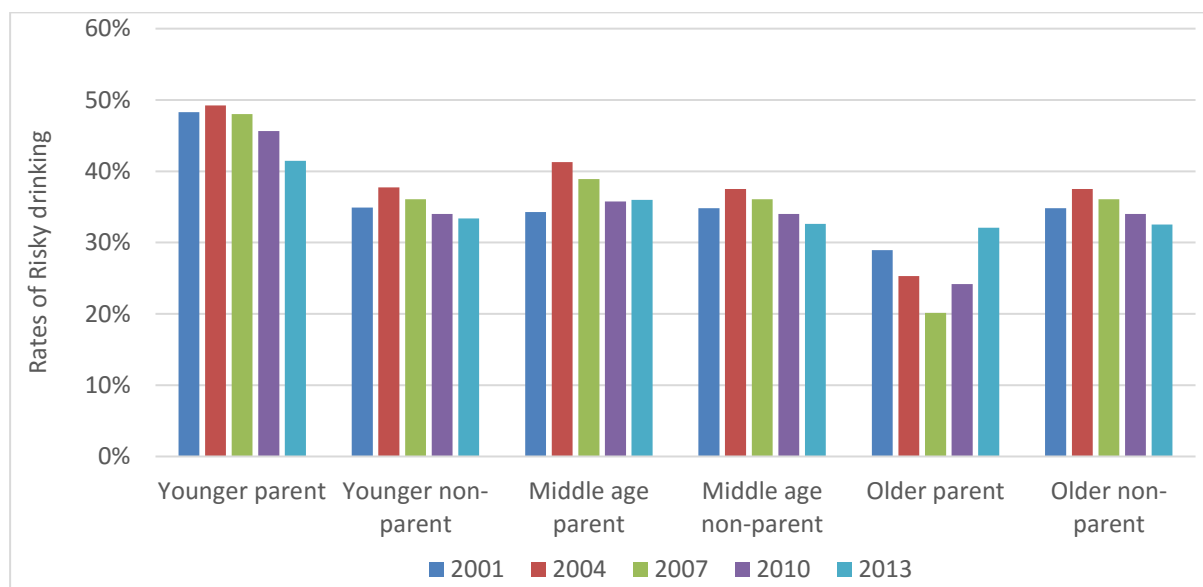


Figure 6: Rates of risky drinking among parents and non-parents in three age groups in Australia over time

Examining parental drinking patterns more closely, Figure 7 suggests subtle differences, with small declines in fathers' risky drinking patterns apparent between 2001 and 2013, with this most evident among younger fathers. After an initial decrease in risky drinking rates in 2004, small and steady increases in older mothers' risky drinking rates are apparent between 2004 and 2013.

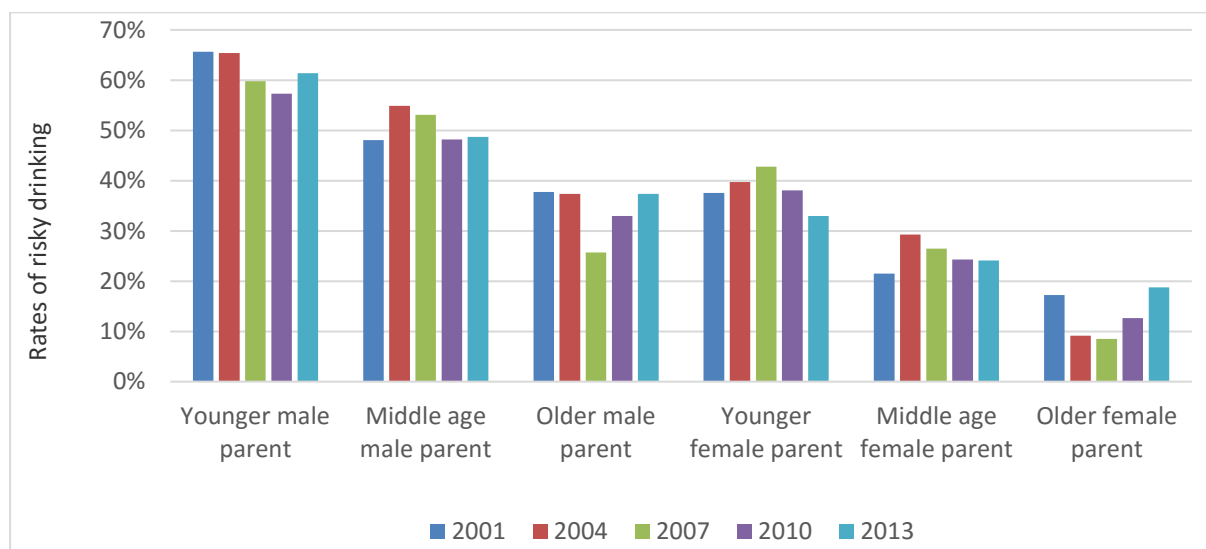


Figure 7: Risky drinking rates of parents across gender and age groups

Abstinence and risky drinking rates among different socio-economic groups

Abstinence rates increased gradually among the most disadvantaged parents from 2004 to 2013 (Figure 8). However, the abstinence rate for middle level and the least disadvantaged parents were relatively steady in this 13 year period.

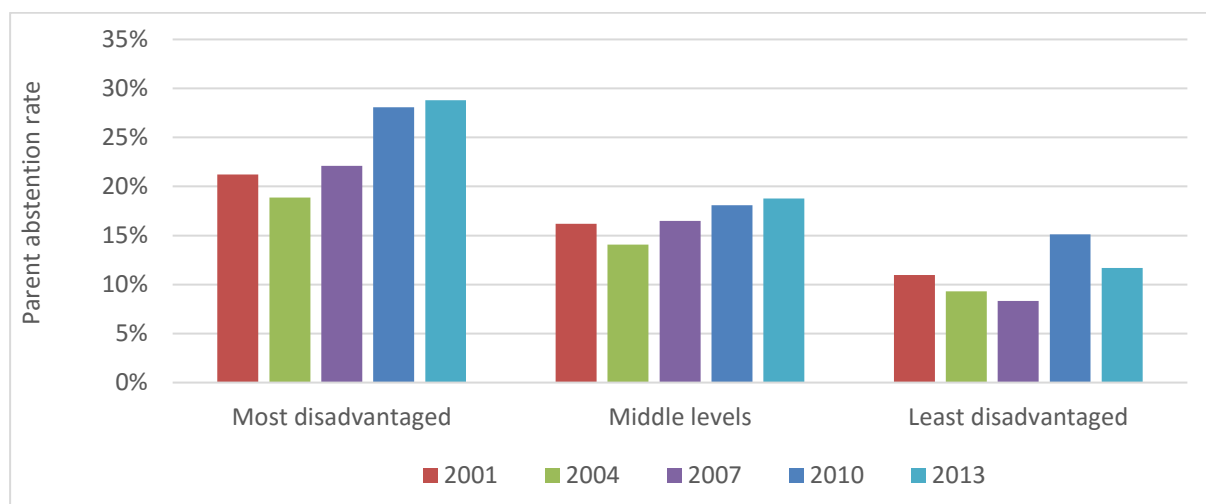


Figure 8: Changes in abstinence rates of parents in areas of varying disadvantage assessed using the SEIFA index

Figure 9 displays minimal changes in risky drinking rates in parents of all socio-economic groupings. Arguably a small decline is evident in risky drinking among the most disadvantaged group of parents in 2010 and 2013 compared with earlier levels.

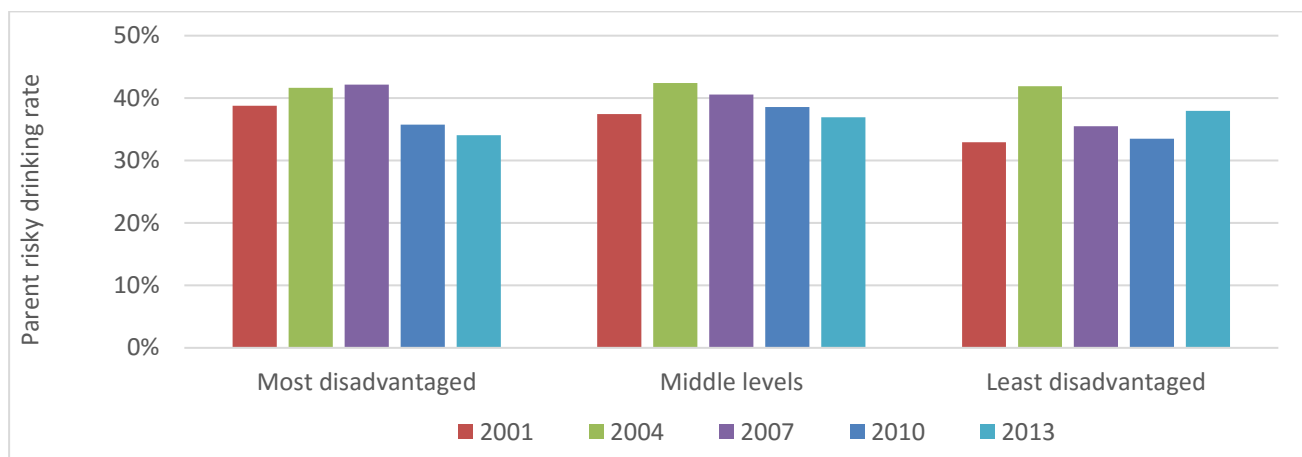


Figure 9: Changes in risky drinking rates of parents in areas of varying disadvantage level

Changes in drinking pattern among different household types

The results in Table 5 show that the trends in risky and moderate drinking and abstention were stable among female single parent families over the 2001 to 2013 period. In contrast, male single parent families decreased their risky drinking rates and increased their abstention and moderate drinking rates. Male and female respondents in couple relationships show slight increases in abstention and slight decreases in moderate drinking between 2001 and 2013.

Table 5 Changes in drinking patterns (%) of respondents living in different household types

	2001	2004	2007	2010	2013
Female single parent					
Abstention	22.1	20.0	20.7	26.0	21.2
Moderate drinking	46.5	46.9	45.0	41.7	45.6
Risky drinking	31.5	33.1	34.3	32.3	33.2
Female couple parent					
Abstention	19.3	20.6	16.7	21.8	22.6
Moderate drinking	57.5	53.5	56.2	55.3	53.2
Risky drinking	23.2	25.9	27.1	22.9	24.3
Male single parent					
Abstention	9.8	11.3	17.1	12.9	19.6
Moderate drinking	27.4	31.7	25.4	33.6	32.2
Risky drinking	62.9	57.0	57.5	53.4	48.3
Male couple parent					
Abstention	11.5	12.1	11.7	14.8	15.0
Moderate drinking	39.1	33.3	37.1	37.6	36.5
Risky drinking	49.5	54.6	51.2	47.6	48.6

Changes in attitudes to alcohol policy

Parents' and non-parents' attitudes to alcohol policy are measured by 5 point scales from 1 "strongly support" to 5 "strongly oppose". The percentage of parents and non-parents who indicated they supported or strongly supported a range of alcohol-related policies are described in Table 6.

The results from each survey year towards different alcohol policies are depicted (generally) in order of the least supported to the most supported. Parents in 2013 are supportive of the majority (11 of 15) of alcohol policies, with the exception of the four most unpopular strategies, which include raising the legal drinking age. Successive surveys examine how parental attitudes have changed over time and show that parents were increasingly supportive of most policies (A1-3, A7, A10-13), including the three most unpopular restrictive alcohol policies over this period and raising the drinking age. Thus support among parents improved for increasing alcohol prices, reducing the number of outlets, reducing trading hours for pubs and clubs, and decreasing the drinking age, but still not to the level that meant the majority of parents favoured change (despite evidence that suggests these policies are among the most effective).

A large percentage of parents indicated support for restrictions on late night trading, strict monitoring of late night licensed premises, limiting TV advertising after 9:30pm and banning alcohol sponsorship of sporting events. Non-parents' attitudes are slightly more favourable to restrictive alcohol policies than parents, and trends appear to be similar over the years.

Table 6: Changes of attitude towards alcohol policies among parents and non-parents from 2001 to 2013 (weighted percentage of support)

CHANGES OF ATTITUDE TOWARDS ALCOHOL POLICIES AMONG PARENTS	2001	2004	2007	2010	2013
A.1 Increasing alcohol price	20.1	20.5	22.9	26.8	27.3
A.2 Reducing number of outlets	27.7	26.6	29.8	31.3	33.0
A.3 Reducing trading hours for pubs and clubs	32.0	30.8	37.6	45.8	46.2
A.4 Serving only low alcohol drinks at sporting events/venues	65.1	59.9	59.8	58.1	54.4
A.5 Increasing no. alcohol free public events	67.6	63.9	62.6	61.5	60.8
A.6 Increasing no. alcohol free zones	68.3	64.9	63.6	64.9	63.4
A.7 Raising the legal drinking age	41.7	39.8	44.5	50.1	48.5
A.8 Stricter laws against serving drunk customers	86.5	85.6	84.8	83.9	83.8
A.9 More severe penalties for drink driving	88.4	87.0	87.7	87.1	86.7
A.10 Restricting late night trading of alcohol	51.1	51.0	57.1	62.3	64.6
A.11 Strict monitoring of late night licensed premises	74.0	72.5	76.5	80.3	80.7
A.12 Limiting TV ads for alcohol until after 9:30pm	72.2	73.5	74.2	72.0	75.4
A.13 Banning alcohol sponsorship of sporting events	45.0	45.5	48.4	47.7	54.4
A.14 Requiring national drinking guidelines on all alcohol containers	72.3	69.6	72.0	64.2	64.0
A.15 Increasing the size of SD labels on alcohol containers	69.1	66.8	66.6	61.1	59.9

CHANGES OF ATTITUDE TOWARDS ALCOHOL POLICIES AMONG NON-PARENTS	2001	2004	2007	2010	2013
A.1 Increasing alcohol price	21.0	20.7	24.5	29.2	28.8
A.2 Reducing number of outlets	30.1	29.4	33.9	36.8	37.4
A.3 Reducing trading hours for pubs and clubs	34.3	32.8	41.3	51.6	50.8
A.4 Serving only low alcohol drinks at sporting events/venues	65.3	61.2	61.6	61.9	58.2
A.5 Increasing no. alcohol free public events	66.9	63.8	63.9	62.9	61.7
A.6 Increasing no. alcohol free zones	66.1	63.1	64.4	65.5	63.6
A.7 Raising the legal drinking age	44.5	42.0	49.5	52.6	49.9
A.8 Stricter laws against serving drunk customers	86.0	84.5	84.7	84.3	83.8
A.9 More severe penalties for drink driving	87.0	85.8	86.2	85.2	84.9
A.10 Restricting late night trading of alcohol	53.4	52.8	60.5	67.1	67.6
A.11 Strict monitoring of late night licensed premises	74.9	72.7	76.9	81.2	81.2
A.12 Limiting TV ads for alcohol until after 9:30pm	70.5	72.2	73.6	72.9	73.8
A.13 Banning alcohol sponsorship of sporting events	46.1	47.5	50.4	50.6	55.7
A.14 Requiring national drinking guidelines on all alcohol containers	71.8	70.9	72.4	67.4	66.1
A.15 Increasing the size of SD labels on alcohol containers	68.9	67.4	66.8	63.1	61.4

Discussion

This study provides evidence that young parents in particular are increasingly not drinking, and that they are drinking in less risky ways. This contrasts in particular with the oldest parent groups with underage children in the household, who continue to drink and abstain at a similar level or in a more risky way.

CHANGING DRINKING PATTERNS, SOCIAL NORMS AND ROLES FOR YOUNG PARENTS

Young fathers' drinking patterns seem to be changing. Decreased risky drinking and increased abstinence among young male parents is consistent with the social trends for men to take on a greater proportion of child care and household work² than they have previously (Australian Bureau of Statistics, 2009; Craig, 2006). According to classic role theory, when a new (parental) role is added there will be less time to undertake activities that would have been part of previous roles (Kuntsche, 2011) – for instance, single young adult cultural lifestyles, young couple dating or steady relationship roles. Additionally, the greater the number of meaningful roles a person holds, the more their lifestyle will be structured around the tasks and activities of these numerous roles, and the more the person will be affected by the expectations and social norms perpetuated by those they interact with in the same cultural groups (Kuntsche, 2011). According to this theory, (new) parents will drink less. However, other researchers have theorised, in contradiction, that the addition of social roles will result in overburdening and reactive heavy drinking patterns to alleviate stress (Lahelma, Arber, Kivelä, & Roos, 2002).

Young mothers were also more likely to be abstinent in 2013 than they were in 2001. However, over time young mothers are increasingly likely to be employed, while they remain equally likely to be undertaking the vast majority of childcare and housework as they were previously (Australian Bureau of Statistics, 2009). Again this is consistent with there being less time to drink when people take on multiple roles. However, among young mothers there is not the same decline in risky drinking as can be seen among young fathers, with risky drinking among young mothers steady until 2010 and showing a drop only in 2013. Arguably, this may be consistent with the multiple burden role (Lahelma et al., 2002) which suggests that women are drinking more heavily when they get the opportunity.

In Australia, other factors that may be relevant in changing abstinence rates among young mothers may be increasing awareness of the risks of foetal alcohol syndrome and the drinking guidelines – which since 2009 recommend abstinence for pregnant women and while breast-feeding (Callinan & Room, 2012).

This report also provides evidence that drinking patterns seem to be shifting in parents and non-parents in ways that are similar, suggesting that broader social and cultural factors are also shaping changes in drinking behaviour of young people, and including young parents in this.

STABLE OR INCREASINGLY RISKY PATTERNS OF CONSUMPTION IN OLDER PARENTS

It seems that older female parents in particular are bucking the trends towards more moderate drinking seen in younger parents, with this group becoming less likely to be abstinent and more likely to drink in a risky way in the period between 2001 and 2013. It is important to discuss why this might

² Note: only 2 hours extra between 1992 and 2006 (Australian Bureau of Statistics, 2009)

be so. As parents age so do their children, and arguably parental roles become less physically demanding and require less constant supervision in comparison with times when dependents are babies, toddlers and younger children. Gradual shedding of, or changes in, parental roles mean older parents have more time for leisure and drinking-related activities. However, parents of older children are more likely to drive their children multiple places and parental drinking patterns are still important factors in the modelled behaviours children adopt. This explanation for why older female parents may be drinking more does not explain, however, why they would be doing so increasingly over time.

Cohort effects, where previously heavy drinking (less conservative) baby boomer and gen-X generations transition out of restrictive parental roles and incur increasing amounts of disposable income, may contribute to such patterns of consumption.

INCREASED ABSTINENCE AMONG DISADVANTAGED PARENTS

While changes in drinking trends over time are subtle between parent groups in the survey living at different levels of disadvantage, it seems that the most disadvantaged group is becoming more likely to abstain and less likely to drink riskily in comparison with the more advantaged groups in the survey. Perhaps the impact of the global financial crisis may be playing a role here. The effects of this were not felt in Australian households until 2009 (Australian Bureau of Statistics, 2010), and it is around this point that we see increases in abstinence and decreases in risky drinking in the most disadvantaged group.

CHANGING ATTITUDES TO ALCOHOL POLICIES

There is a general shift in attitude among parents and non-parents that favours more restrictive alcohol policies over time, although the most effective strategies continue to be the least popular. Parental attitudes have changed similarly to ways in which the attitudes of non-parents have changed. Abstention rates in young parents have increased over time, and particularly among young male parents and parents from areas with lower socio-economic status. This suggests a change in the cultural position of drinking among young parents towards a pattern that is becoming increasingly moderate, with more abstention and less risky drinking. It is likely that these changes may mirror changes in general youth drinking cultures.

LIMITATIONS

The series of NDSHS figures have not collected whether the respondent living with dependent children is the parent or guardian of the children in the household. However, as explained, only a small proportion of the respondents who live with dependent children reported they were not the guardians or parents of these children. The response rates and methods of data collection have varied slightly over the collection period, meaning comparisons should be undertaken with caution. However, these limitations do not preclude comparisons and are considered unlikely to affect results substantially.

References

- Abrahams, B., Feldman, S. S., & Nash, S. C. (1978). Sex role self-concept and sex role attitudes: Enduring personality characteristics or adaptations to changing life situations? *Developmental Psychology*, 14(4), 393.
- AIHW. (2014). National Drug Strategy Household Survey detailed report: 2013. Drug statistics series no. 28. Cat. no. PHE 183. Canberra: AIHW.
- Alexander, M. J., & Higgins, E. T. (1993). Emotional trade-offs of becoming a parent: how social roles influence self-discrepancy effects. *Journal of personality and social psychology*, 65(6), 1259.
- Australian Bureau of Statistics. (2008). 4153.0 - How Australians Use Their Time, 2006 Canberra: Commonwealth of Australia.
- Australian Bureau of Statistics. (2009). 4102.0 - Australian Social Trends, March 2009: Trends in household work. Canberra: Commonwealth of Australia.
- Australian Bureau of Statistics. (2010). The global financial crisis and its impact on Australia (Article contributed by the Reserve Bank of Australia). 1301.0 - Year Book Australia, 2009–10 Canberra: Commonwealth of Australia.
- Brown, S., Lumley, J., Small, R., & Astbury, J. (1994). The experience of motherhood. Melbourne: Oxford University Press.
- Callinan, S., & Room, R. (2012). Alcohol consumption during pregnancy: Results from the 2010 National Drug Strategy Household Survey. Canberra: Foundation for Alcohol Research and Education
- Craig, L. (2006). Children and the revolution: A time-diary analysis of the impact of motherhood on daily workload. *Journal of Sociology*, 42(2), 125-143.
- Elliott, E. J., & Bower, C. (2004). FAS in Australia: Fact or fiction? *Journal of Paediatrics and Child Health*, 40, 8-10.
- Fillmore, K. M., Hartka, E., Johnstone, B. M., Leino, E. V., Otoyoshi, M. M., & Temple, M. T. (1991). A meta-analysis of life course variation in drinking. *British Journal of Addiction*, 86(10), 1221-1268.
- Keenan, K., Kenward, M. G., Grundy, E., & Leon, D. A. (2013). Longitudinal prediction of divorce in Russia: the role of individual and couple drinking patterns. *Alcohol and Alcoholism*, 48(6), 737-742.
- Kuntsche, S. (2011). Snow White's heritage: gender, social roles and alcohol use. Thesis. Maastricht University.
- Lahelma, E., Arber, S., Kivelä, K., & Roos, E. (2002). Multiple roles and health among British and Finnish women: the influence of socioeconomic circumstances. *Social Science & Medicine*, 54(5), 727-740.
- Laslett, A.-M., Catalano, P., Chikritzhs, T., Dale, C., Doran, C., Ferris, J., . . . Wilkinson, C. (2010). The range and magnitude of alcohol's harm to others. Canberra: Alcohol Education and Rehabilitation Foundation.
- Laslett, A.-M., Dietze, P. M., & Room, R. G. (2013). Carer drinking and more serious child protection case outcomes. *British Journal of Social Work*, 43(7), 1384-1402.
- Laslett, A.-M., Ferris, J., Dietze, P., & Room, R. (2010). Social demography of alcohol related child maltreatment in the general population. Paper presented at the The 30th Australasian Professional Society on Alcohol and other Drugs (APSAD) Conference, 28 November - 1 December 2010, Canberra.
- Laslett, A.-M., Jiang, H., & Room, R. (in press). Alcohol's involvement in an array spectrum of harms to intimate partners. *Drug and Alcohol Review*.
- Laslett, A.-M., Mugavin, J., Jiang, H., Manton, E., Callinan, S., Maclean, S., & Room, R. (2015). The hidden harm: Alcohol's impact on children and families. Canberra: Foundation for Alcohol Research and Education.
- Laslett, A.-M., Room, R., Dietze, P., & Ferris, J. (2012). Alcohol's involvement in recurrent child abuse and neglect cases. *Addiction*, 107(10), 1786-1793.
- Leonard, K. E. (2005). Alcohol and intimate partner violence: when can we say that heavy drinking is a contributing cause of violence? *Addiction*, pp. 422-425.
- Nicholls, J. (2009). The politics of alcohol: A history of the drink question in England. Manchester, UK: Manchester University Press.
- Orford, J., Velleman, R., Copello, A., Templeton, L., & Ibanga, A. (2010). The experiences of affected family members: A summary of two decades of qualitative research. *Drugs: Education, Prevention & Policy*, 17(s1), 44-62.
- Peden, M. (2008). World report on child injury prevention: World Health Organization.
- Room, R. (1988). The dialectic of drinking in Australian life: from the Rum Corps to the wine column. *Australian Drug and Alcohol Review*, 7, 413-437.
- Rossow, I., Felix, L., Keating, P., & McCambridge, J. (2015). Parental drinking and adverse outcomes in children: A scoping review of cohort studies. *Drug and Alcohol Review*, n/a-n/a. doi: 10.1111/dar.12319
- Rossow, I., Keating, P., Felix, L., & McCambridge, J. (2016). Does parental drinking influence children's drinking? A systematic review of prospective cohort studies. *Addiction*, 111(2), 204-217. Schmidt, L. A. (2014). The equal right to drink. *Drug and Alcohol Review*, 33(6), 581-587. doi: 10.1111/dar.12215
- Sen, B. (2006). The Relationship between Beer Taxes, Other Alcohol Policies, and Child Homicide Deaths. *Topics in Economic Analysis and Policy*, 6(1), 1-17.
- Velleman, R., & Templeton, L. (2007). Understanding and modifying the impact of parents' substance misuse on children. *Advances in Psychiatric treatment*, 13(2), 79-89.

Centre for Alcohol Policy Research

215 Franklin St Melbourne VIC 3000

P: (03) 9479 8888

E: info@capr.edu.au

www.capr.edu.au

ISBN: 978-0-6480852-4-9



LA TROBE
UNIVERSITY



centre for alcohol
policy research



Foundation for Alcohol
Research & Education