

Attitudes and behaviours on supplying alcohol to under 18s

Qualitative research from
the 2019/20 Alcohol Use in
New Zealand survey (AUiNZ)

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Meisha Nicolson and Alyrra Aron

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Any queries regarding this report should be directed to Te Whatu Ora at the following address:

Te Whatu Ora – Health New Zealand
PO Box 2142
Wellington 6140
New Zealand
www.hpa.org.nz
enquiries@hpa.org.nz

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Background

Social supply is defined as parents or guardians, friends or others supplying alcohol to individuals under the minimum alcohol purchase age of 18 years. Socially supplied alcohol is a significant source of alcohol for young drinkers in Aotearoa New Zealand (Aotearoa) (Huckle & Romeo, 2018).

Many young people's first experience of consuming alcohol is at home, with their parents being a major supplier of alcohol, often initiating consumption with sips or small amounts of alcohol (Wadolowski et al., 2016). Parents can influence their children's alcohol use in direct (eg, offering and supplying alcohol) and indirect ways (eg, parental approval of alcohol use, monitoring activities while their child still lives at home, parental drinking) (Abar & Turrisi, 2008; Kaynak et al., 2014). While some parents believe introducing alcohol at a young age is a protective factor (eg, by teaching children how to properly handle peer pressure, by eliminating the mystery of alcohol making them less likely to drink in the future) (Jackson et al., 2012), there is evidence that socially supplied alcohol by parents is generally associated with increased alcohol use and alcohol harm in the future (Kaynak et al., 2014; Mattick et al., 2018; Te Hiringa Hauora | Health Promotion Agency, 2020; Yap et al., 2017). Parental provision that could lead to negative outcomes and increased alcohol use includes offering small amounts of alcohol, hosting events where alcohol is served, and allowing adolescent alcohol use (Kaynak et al., 2014).

Alcohol-related harm

Over the last 30 years in Aotearoa, the environment in which young people are exposed to alcohol has changed dramatically. There were a substantial number of alcohol policy changes between 1990 and 2000, including introduction of sale of alcohol at grocery outlets, increased alcohol advertising and a lowered minimum purchasing age (Huckle & Romeo, 2018). Across this period, there has been an increase in alcohol consumption and alcohol-related problems, in particular for young people and women (Huckle & Romeo, 2018).

Around 1 in 5 New Zealand adults (aged 15+ years) drink in a way that is hazardous to their health¹, with 18 to 24-year-olds having the highest proportion of hazardous drinking in Aotearoa (Health Promotion Agency, 2019; Ministry of Health, 2021). This means that many under 18-year-olds may be exposed to hazardous drinking behaviour of others in their home. Around 1 in 10 15 to 17-year-olds drink in a way that is hazardous to their health.

1 The New Zealand Health Survey (NZHS) defines hazardous drinking using the 10-question Alcohol Use Disorders Identification Test (AUDIT) developed by the World Health Organization. Hazardous drinkers are those who obtain an AUDIT score of 8 or more, representing an established pattern of drinking that carries a high risk of future damage to physical or mental health.

There are significant negative health effects of alcohol. Alcohol is a carcinogen and increases the risk of several different types of cancer (Shield et al., 2021). There is no safe level of alcohol consumption, and the risk of cancers and mortality rises with increasing levels of consumption (Griswold et al., 2018). Alcohol not only causes damage to the developing brain of young people under the age of 25, but also increases the risk of accidents and injuries (Law Commission, 2010).

Social supply in Aotearoa

In December 2013, the Sale and Supply of Alcohol Act 2012² made it an offence to supply alcohol to a minor in Aotearoa except as a parent or guardian of the minor, or someone who believes that they have the express consent of the parent or guardian of the minor. Express consent may include a personal conversation, an email or a text message that there is good reason to believe is genuine. While there are limits on the supply of alcohol to young people, it is not an offence in Aotearoa for a minor to drink alcohol unless it is in a public place (New Zealand Ministry of Justice, 2020).

In the most recent New Zealand Health Survey, 59% of 15 to 17-year-olds had an alcoholic drink in the last year (Ministry of Health, 2021). An earlier report using results from multiple surveys³ found that the majority of 15 to 17-year-olds who consumed alcohol in the past year were supplied by their parents (59%), and one-quarter (26%) were supplied by friends aged 18 years and older (Te Hiringa Hauora | Health Promotion Agency, 2017).

In addition, quantitative results from the 2019/20 Alcohol Use in New Zealand survey (AUiNZ) found that (Bailey et al., 2022):

- 7% of New Zealand adults socially supplied to someone under 18-years-old, rising to 34% for parents/guardians with children aged 15 to 17-years
- the majority of social supply was from parents/guardians to their own children or step-children (64% of suppliers)
- 75% of those who socially supplied reported being present for the consumption of the alcohol
- nearly a quarter (23%) of social suppliers did not think that it was okay for under 18s to drink alcohol.

The aim of the current report was to gain insight into adults' attitudes around why people may social supply alcohol, or think it is a good idea to social supply. This report presents findings from qualitative data collected on social supply of alcohol to young people under 18 years from the 2019/20 AUiNZ. This report is complementary to the accompanying AUiNZ quantitative report entitled '[Social supply of alcohol to under 18s: Quantitative research from the 2019/20 Alcohol Use in New Zealand survey \(AUiNZ\)](#)'.

2 For more information, go to <http://www.legislation.govt.nz/act/public/2012/0120/latest/DLM3339333.html>.

3 Surveys used include the 2013/14 and 2015/16 Attitudes and Behaviour toward Alcohol Survey (ABAS), the 2016 Health and Lifestyles Survey (HLS), and the 2014 Youth Insights Survey (YIS).

Methods

Survey

The AUiNZ is a nationwide alcohol monitoring survey, where data were collected in 2019/2020. Potential respondents were randomly selected from the Electoral Roll and asked to complete the survey either online or on paper. The survey covered alcohol consumption and behaviours, attitudes and beliefs about drinking, and experiences of short-term harm from alcohol.

Full descriptions of the survey methods and questionnaire have been previously published (Nielsen, 2021b, 2021a). The questionnaire and survey methods were assessed by the Ministry of Social Development Research Ethics Panel.

Data analysed for this report came from free-text responses associated with the following survey question:

“D4 How much do you agree or disagree with each of the following:

1. ‘It’s okay for under 18-year-olds to drink alcohol’ – Strongly disagree, disagree, neither agree nor disagree, agree, strongly agree
2. ‘It’s a good idea to introduce under 18-year-olds to drinking alcohol in the home’ – Strongly disagree, disagree, neither agree nor disagree, agree, strongly agree”

The free-text question was, “If you would like to comment on your answers to D4, please write this below.”

Whether or not respondents had socially supplied alcohol was determined by those who responded ‘yes’ to the question:

“In the last 12 months, have you given one or more drinks to anyone under the age of 18 years?” – Yes, No, Can’t recall

Participants

The overall survey sample consists of 4,545 respondents aged 18 years and over. The sample had an unweighted response rate of 27%. The sample was weighted and benchmarked to the New Zealand population. 35% of the sample drank above the daily limits of the low risk alcohol drinking advice. For more detail on the total survey sample, see the accompanying quantitative report (Bailey et al., 2022). Of the total 4,545 survey participants, 1,678 provided a free-text response to the question (37% of the total sample).

Respondents were excluded ($n = 42$) if they responded don’t know/can’t recall/no response when asked if they socially supplied in the last 12 months or when asked if they agreed/disagreed to the statement “It’s okay for under 18s to drink alcohol”. This resulted in a sample of 1,636 responses that were included in this analysis (36% of the total sample).

A preliminary check of respondent demographics found that these demographic characteristics were more likely than not to provide a free-text response: 18 to 24-year-olds, females, Māori, New Zealand European/Other, those with 15 to 17-year-olds in their household, and those who drank above the daily advice⁴.

Analysis

Using Braun and Clarke's (2006) process for thematic analysis, two researchers analysed the responses to the free-text question. Responses were analysed in six groups of participants based on their responses to the following two questions:

- 'It's okay for under 18-year-olds to drink alcohol' – Strongly disagree, disagree, neither agree nor disagree, agree, strongly agree
- 'In the last 12 months, have you given one or more drinks to anyone under the age of 18 years?' – Yes, No, Can't recall

The six groups were:

- Group 1a. Those who disagreed/strongly disagreed with underage drinking and socially supplied alcohol in the last 12 months
- Group 1b. Those who disagreed/strongly disagreed with underage drinking and didn't socially supply alcohol in the last 12 months
- Group 2a. Those who agreed/strongly agreed with underage drinking and socially supplied alcohol in the last 12 months
- Group 2b. Those who agreed/strongly agreed with underage drinking and didn't socially supply alcohol in the last 12 months
- Group 3a. Those who neither agreed nor disagreed with underage drinking and socially supplied alcohol in the last 12 months
- Group 3b. Those who neither agreed nor disagreed with underage drinking and didn't socially supply alcohol in the last 12 months.

4 A series of adjusted logistic regressions were performed to check the likelihood of respondents providing a free-text response. Only significant differences ($p < .05$) between groups are reported. Full analysis available upon request.

As shown in Table 1, the highest proportion of respondents was those who disagreed with underage drinking and had not socially supplied (Group 1b; 38%), followed by those who neither agreed nor disagreed with underage drinking and had not socially supplied (Group 3b; 26%), and those who agreed and had not socially supplied (Group 2b; 25%). The smallest proportion was those who disagreed with underage drinking and socially supplied (Group 1a; 2%).

The researchers first read all the data, and then divided the respondents into the six groups, and coded all response data. Codes were developed inductively and were not mutually exclusive. During the coding process, codes were discussed, refined and cross-checked between researchers to ensure coding validity. Broad themes were developed for sets of related codes. These themes were discussed, revised and cross-checked between researchers. The themes included respondents from one or more of the six respondent groups. Counts of data in each theme group were used to aid in reviewing the emerging themes. During the thematic analysis, the data were not examined according to age, gender, ethnicity and other socio-demographic characteristics due to constraints with time. The findings present key quotes that illustrate each theme.

Table 1. Unweighted number and proportion of respondents that provided a free-text response in each analysis group⁵

	Disagreed/strongly disagreed		Agreed/strongly agreed		Neither agreed nor disagreed		Row total	
	n	Percent total	n	Percent total	n	Percent total	n	Percent total
Socially supplied	37 (Group 1a)	2.3	97 (Group 2a)	5.9	57 (Group 3a)	3.5	191	11.7
Not socially supplied	616 (Group 1b)	37.7	401 (Group 2b)	24.5	428 (Group 3b)	26.1	1445	88.3

⁵ This table excludes respondents who provided a free-text response but reported they didn't know/can't recall/no response when asked if they agreed/disagreed to the statement "It's okay for under 18s to drink alcohol" or if they socially supplied in the last 12 months.

Findings

Theme 1: Alcohol is damaging for under 18-year-olds

A common theme among respondents who disagreed with underage drinking was around the danger of alcohol-related harm and the negative effects of alcohol on the physical and mental development of under 18s.

Alcohol can affect development and cause harm

Some respondents described alcohol as a highly addictive drug that can have negative effects on young people's physical and mental development, and can cause harm to self and others.

"Alcohol destroys brain cells, and is a highly addictive substance. Why we would condone giving it to anyone under 18 is ridiculous." (Group 1b Disagreed/strongly disagreed with underage drinking and didn't socially supply alcohol)

"There are so many under 18-year-olds that can easily be influenced into drinking and can cause a lot of harm to themselves and others" (Group 1b Disagreed/strongly disagreed with underage drinking and didn't socially supply alcohol)

18-years-old is too young to be drinking alcohol

There was a recurring theme that the age of 18 is too young to be drinking alcohol. Some respondents suggested raising the legal age to buy alcohol back to 21. There was also a recurring theme that under 18-year-olds lack the rational thinking required to drink sensibly as the brains of teenagers are not fully matured yet.

"18-year-olds barely have even the brains to make rational decisions with their daily lives, let alone drinking decisions. I believe it should be raised to at least 21." (Group 1b Disagreed/strongly disagreed with underage drinking and didn't socially supply alcohol)

Early introduction to alcohol might encourage drinking

Some respondents worried that an early introduction to alcohol would normalise drinking for young people and set a precedent that this was acceptable behaviour. Introducing alcohol to under 18s was seen as encouraging under 18s to drink.

"We have too much binge drinking from those under 18 so we don't want to encourage them more." (Group 1b Disagreed/strongly disagreed with underage drinking and didn't socially supply alcohol)

"Introduction to alcohol at home has both pros and cons, you are teaching them how to drink responsibly but this is [an] introduction that normalises the behaviour. In ideal world it should not exist but a parent who drinks can't banish their kids from it so best to introduce and [advise] on what all can go wrong if they [choose] to get drunk" (Group 1b Disagreed/strongly disagreed with underage drinking and didn't socially supply alcohol)

Theme 2: Perceived protective effect of early introduction

A theme across all groups, particularly among those that agreed with underage drinking, was that an early introduction of alcohol was perceived to be protective. Introducing alcohol at home was seen as a better alternative than under 18-year-olds having their first experience with alcohol in an uncontrolled environment outside of the home. A controlled introduction seemed to be preferred by respondents, even acknowledging the risk of underage drinking to the brain. Respondents thought that early introduction to alcohol could reduce future alcohol harm for the following reasons.

Prepare under 18-year-olds for inevitable exposure to alcohol

Alcohol was seen as an inevitable part of life and many respondents thought that under 18s would be exposed or get access to alcohol regardless of the laws, or of the involvement of their parent/guardian. Respondents thought that parents have a responsibility to prepare their children so they can better handle their later experiences with alcohol outside of the family home.

"Introducing under 18-year-olds to alcohol in the home gives them the chance to see how it influences them and how they react to it (mood, feel sick or dizzy) in a safe place rather than in a strange environment where they don't know how to get out of that situation. But that shouldn't mean it's okay for under 18s to drink often, just introducing them to it." (Group 1b Disagreed/strongly disagreed with underage drinking and didn't socially supply alcohol)

"I don't feel I have much influence over whether they experience alcohol. We have open and honest conversations at home about alcohol. So I can't influence much about whether my kids drink but I can influence HOW they drink. Not sure the question captures this nuance." (Group 2a Agreed/strongly agreed with underage drinking and socially supplied alcohol)

This preparation included preparing under 18-year-olds for the social pressure from peers to drink at parties.

"It also eliminates peer pressure, as if one was drinking at a party and got peer pressured to drink far more than they should have it may not have the best outcome." (Group 2b Agreed/strongly agreed with underage drinking and didn't socially supply alcohol)

Some respondents thought that banning or making alcohol taboo would increase its desirability and the possibility of rebellious behaviour or dangerous situations.

"If it were banned a lot of teenagers would still drink but it would be in an unsupervised environment in which they would be more likely to drink too much." (Group 2b Agreed/strongly agreed with underage drinking and didn't socially supply alcohol)

Opportunity to learn safe and responsible habits

Many respondents thought that introducing alcohol to under 18-year-olds at home was an opportunity for learning safe and responsible drinking habits. This included enabling young people to experience how alcohol affects the body and knowing limits. Some respondents thought that young people were less likely to binge drink or to get into unsafe situations as a result of this experience.

"When you say under 18, I have an almost 18-year-old at home. We chose to let her try alcohol in a controlled safe environment, so she knew what [effect] it would have on her, learn limits, rather than going out and getting absolutely drunk and not having that care or knowledge of the effects of alcohol." (Group 3a Neither agree nor disagree with underage drinking and socially supplied alcohol)

"I know about the harm that alcohol does to the teenage brain, however, seeing and experiencing responsible drinking in a supportive family/whānau situation could be beneficial in developing safe behaviours towards alcohol consumption." (Group 1b Disagreed/strongly disagreed with underage drinking and didn't socially supply alcohol)

Being introduced to alcohol in the home was also thought to provide opportunities for discussion about the experience.

Theme 3: Social supply is dependent on environmental factors

One of the major themes evident across all groups was the perception that alcohol can be responsibly introduced to under 18-year-olds without causing damage. This theme was strongest in groups that agreed with underage drinking and was weakest in groups that disagreed with under 18-year-olds drinking alcohol. A responsible introduction seemed to be conditional on the following factors.

Supervision

Parental or adult supervision were reported as necessary if under 18-year-olds were drinking.

"Agree only if it is closely supervised by parents. By doing that parents will then be able to see how their teenager can handle what amount of alcohol they consume. And they are in the safety of their home." (Group 2b Agreed/strongly agreed with underage drinking and didn't socially supply alcohol)

Safe and controlled environment

Respondents generally reported that a safe, supportive and controlled environment was necessary in considering introduction of alcohol to under 18s. However, some respondents reported that not every home is a safe environment for young people to be introduced to alcohol. This included situations where caregivers in their home environment may have an unhealthy relationship with alcohol and they may not be an appropriate model for behaviour or they may not have a positive relationship with the young person.

"For the second statement which lacks context I 'strongly agree' that it's ok for under 18-year-olds to drink alcohol '...in the home, with parental supervision.' Of course there could be both positive and negative home drinking environments." (Group 2b Agreed/strongly agreed with underage drinking and didn't socially supply alcohol)

"Although I no longer drink alcohol myself I understand the social pressures around teens drinking and would prefer my son to drink sensibly in small amounts at home with friends and family than to attend unsupervised parties where alcohol is available." (Group 1a Disagreed/strongly disagreed with underage drinking and socially supplied alcohol)

Drinking one or two glasses of alcohol

Introducing alcohol was referenced as an acceptable practice so long as excessive drinking was not encouraged.

"I think its [okay] for under 18s to see their parents/caregivers drink a drink or two. I don't think it is going to damage the under 18s for life if they once in a while have a small glass of wine or beer while they are with their parents." (Group 1b Disagreed/strongly disagreed with underage drinking and didn't socially supply alcohol)

"I think in a family situation a person under 18 can drink a low alcohol beer or a glass of wine this introduces them to drink socially." (Group 3a Neither agree nor disagree with underage drinking and socially supplied alcohol)

Having 'small amounts' was frequently referenced as acceptable, as well as low strength or diluted beverages.

"A lot of young people are exposed to alcohol regardless of whether parents are involved or not, so I think [it's] important to demonstrate a healthy relationship with alcohol. That may be by introducing it to them in small amounts prior to them leaving home and having full independence (when they often go crazy doing all the things they weren't allowed to do at home)." (Group 2b Agreed/strongly agreed with underage drinking and didn't socially supply alcohol)

"Personally I believe it is [okay] for 16/17-year-old to drink if they are around responsible adults and only consuming small amounts of alcohol." (Group 2a Agreed/strongly agreed with underage drinking and socially supplied alcohol)

Special occasions

Family events or special occasions like Christmas, birthdays or family dinner times were reported as appropriate places and times to introduce alcohol. Trying alcohol with food was a recurring theme. Parties with peers were considered inappropriate places for young people to have their first experiences with alcohol.

"[It's] [okay] to introduce alcohol to under 18s in a casual setting like at dinner with the family" (Group 2b Agreed/strongly agreed with underage drinking and didn't socially supply alcohol)

"I think under 18s (14 upwards) could taste a bit of their guardians' wine or beer. And once older around 16 or 17 even have a glass of wine or a beer at special occasions. This helps make it not such a big thing. They don't feel the thrill of drinking something illicit as they have already tried it in a no pressure low impact safe zone. I believe they are far more likely to be sensible drinkers that way. (Group 2a Agreed/strongly agreed with underage drinking and socially supplied alcohol)

"I see no problem with people under 18 having a small glass of shandy or wine at special occasions eg Christmas. In some cultures it is the norm. I would, however, be against adults regularly giving children alcohol." (Group 1b Disagreed/strongly disagreed with underage drinking and didn't socially supply alcohol)

Theme 4: Education on alcohol use as preparation

Parents teaching young people about alcohol use at home (eg, risks and consequences, responsible drinking) was a common theme across the groups, and was perceived to have a protective effect (see Theme 2). However, providing education was interpreted differently, with some meaning education through example (ie, modelling responsible drinking at home), and some through having open and honest conversations with their children. Not all forms of education on alcohol involved young people drinking, or seeing others drinking alcohol. However, some respondents did mention education through experiencing alcohol, as discussed in previous themes.

"I feel that teenagers should be exposed to alcohol in a way that encourages sensible and casual drinking. Setting the right example in the family home shows how alcohol is not to be binged and that getting drunk is not the goal in social atmospheres." (Group 2a Agreed/strongly agreed with underage drinking and socially supplied alcohol)

"I strongly believe education is the best policy but not through negative advertising such as crashes and personal stories rather being straight up about the facts and the effects on your body." (Group 1b Disagreed/strongly disagreed with underage drinking and didn't socially supply alcohol)

"Education of young people around what is alcohol and its effects is important and that starts at home as they need information to be prepared for outside the home. However they should not be encouraged to drink and drinking should not be celebrated or championed." (Group 3b Neither agreed/disagreed with underage drinking and didn't socially supply alcohol)

Some respondents reported that schools should also be responsible in educating young people on responsible alcohol use.

"I think having recovering alcoholics and drug addicts go to high schools and talk about real hard hitting facts would be really beneficial. I mean if school can talk about masturbation with your child why not cold hard facts about drugs and alcohol." (Group 1b Disagreed/strongly disagreed with underage drinking and didn't socially supply alcohol)

"Instead of banning alcohol to under 18 [year-olds], it's important for family & school to deliver a correct concept of [responsible] drinking to people who are under 18 [year-olds] so that they don't go crazy or set free once they hit 18 and start going out & drinking all night long." (Group 2b Agreed/strongly agreed with underage drinking but didn't socially supply alcohol)

Theme 5: Perceived good and bad drinking cultures

Harmful drinking culture in Aotearoa

Respondents who disagreed with underage drinking mainly highlighted the harmful drinking culture in Aotearoa. Alcohol was seen as a major part of the social scene; more specifically binge drinking was seen to be part of the New Zealand culture.

"I think the attitude towards drinking in New Zealand is too laid back as families allow kids to start drinking too early, and there isn't enough awareness about the effects of drinking in youth and binge drinking culture." (Group 1b Disagreed/strongly disagreed with underage drinking and didn't socially supply alcohol)

"New Zealand has a culture of drinking that needs to change" (Group 1b Disagreed/strongly disagreed with underage drinking and didn't socially supply alcohol)

Positive perception of European drinking culture

Those who agreed with underage drinking highlighted primarily positive aspects of their understanding of the European drinking culture. Examples of countries mentioned include France, Germany, Italy, Spain and the United Kingdom. They expressed that this European drinking culture was a good example for Aotearoa to follow. Positive perceptions of European drinking culture were attributed to the perceived responsible introduction of alcohol to children (ie, watered-down wine with meals, drinking in small amounts is normalised). Many respondents believed the myth that there is no binge drinking culture in Europe.

"I believe it is okay to introduce teenagers to alcohol before 18 [years] of age as it is all about trying new things in moderation. NZ culture is all about drinking to excess whereas the accepted European model is to introduce kids to wine and beer over a longer period of time. They then understand it is an accepted part of their culture and the privilege is not abused later in life." (Group 2b Agreed/strongly agreed with underage drinking but didn't socially supply alcohol)

"Look to European cultures (eg Italy, Spain & France) where alcohol is introduced alongside meals and binge drinking culture doesn't exist." (Group 2b Agreed/strongly agreed with underage drinking but didn't socially supply alcohol)

"It would be good if somehow we could nurture a culture like some Mediterranean countries where alcohol is drunk in the home with younger family so they grow up feeling more natural about it and less inclined to binge drink or drink because they think [it's] cool." (Group 1a Disagreed/strongly disagreed with underage drinking but socially supplied alcohol)

Discussion

Studies show that parental supply is more likely to contribute to increased alcohol use, and increased risk of alcohol-related harm later in life (Clare et al., 2019, 2020; Kaynak et al., 2014; Mattick et al., 2018). Despite this, in 2019/20, 7% of New Zealand adults reported to have socially supplied alcohol to under 18-year-olds in the last year, rising to 34% for parents/guardians with 15 to 17-year olds, and the majority (64%) were supplying to their own children or step-children (Bailey et al., 2022). The aim of this report was to gain insight into adults' attitudes around why people may social supply alcohol, or think it is a good idea to social supply. One-third (36%) of the surveyed sample provided a free-text response to the question of interest used in this analysis. While the data may not be representative of the views of the whole survey sample, the results still provide rich insights into attitudes around social supply.

This analysis of free-text responses in the AUiNZ survey complements the quantitative analysis available in the accompanying report (Bailey et al., 2022). In both the quantitative and qualitative analyses, it was evident that some people still socially supplied even though they disagreed with underage drinking. Based on the quantitative findings, nearly a quarter (23%) of social suppliers disagreed with underage drinking. When looking only at those respondents included in this qualitative analysis, a slightly higher percentage of respondents

had socially supplied (11%) than in the overall sample, and a lower proportion of social suppliers disagreed with underage drinking (19%). Most respondents reported not socially supplying in the last 12 months (89%).

In this report, it was apparent that many respondents seemed to believe that social supply was safe, but didn't actually socially supply. The fact that so few respondents socially supplied, even though many seemed to be supportive of it, may be indicative of a large proportion of respondents not living with a 15 to 17-year-old. Of all respondents that provided a free-text response, 14% had a child between 15 to 17-years-old living in their household. However, this was a slightly higher proportion of respondents compared to the full survey sample where 12% of respondents had a child between 15 to 17-years-old living in their household. The low prevalence of social supply may also reflect limitations of the question around social supply, which only asks if a person has supplied drinks to anyone under the age of 18 in the last 12 months.

The most common theme that arose, across all the groups, was the perception that alcohol can be responsibly introduced to under 18-year-olds without causing damage. Responsible introduction included parental or adult supervision, and in a safe and controlled environment, so long as alcohol was given in moderation or on special occasions only. Some respondents believed that parents/guardians had a lack of control over young people's exposure to alcohol. As a result, these respondents thought that providing a safe and controlled environment for young people's first exposure to alcohol at home was a way of having influence over young people's inevitable first experiences with alcohol outside of the family environment. This is a common theme in other studies with parents in Aotearoa and internationally (Gilligan & Kypri, 2012; Kypri et al., 2007). Many respondents acknowledged that not every home is a safe environment to be introduced to alcohol by parents/guardians, and thought that appropriateness of introducing alcohol at home was highly dependent on social and environmental factors. The high proportions of hazardous drinking in the adult population (Ministry of Health, 2021) reinforce this idea that not all homes are safe environments.

Another strong theme across all the groups was the perception that an early introduction to alcohol was protective and can prevent future harm for under 18-year-olds, including harm to self and others. The themes that the early introduction to alcohol can be done safely and that it is a protective factor can be closely tied with the theme of education on alcohol use at home and in school. These themes were the most common, even in the groups that did not agree with underage drinking. Several studies show that parental supply is not protective; rather it is more likely to contribute to an increased alcohol use, and increased risk of alcohol-related harm later in life (Clare et al., 2019, 2020; Kaynak et al., 2014; Mattick et al., 2018). While alcohol harm did arise as a theme, it was mostly isolated to those that did not agree with underage drinking and did not socially supply.

The respondents who mentioned a 'European' drinking culture, viewed it positively. This was more common among those who agreed with underage drinking. It was perceived that European countries do not have a binge drinking culture due to the common introduction of alcohol to under 18-year-olds. This is a common perception in other reports in Aotearoa and Australia (Cagney & Cossar, 2006; Drugs and Crime Prevention Committee, 2006), and is one of the factors that led to the change of the Sale of Liquor Act in 1989 (Walker, 2019). The myth that European countries do not experience alcohol harm is debunked by a range of negative health outcomes attributable to alcohol. For example, the use of population attributable fractions, which calculate national alcohol attributable cancer burdens, show that eastern Asia and central and eastern Europe have some of the highest burdens of cancer attributable to alcohol consumption compared to other countries from 17 world regions (Shield et al., 2021). Respondents who did not agree with underage drinking mostly mentioned the harmful drinking culture seen in Aotearoa. Again, this is reflective of the high proportions of hazardous drinking in Aotearoa, including among young people (Ministry of Health, 2021).

An interesting observation from this analysis was the recurring language used in the free-text responses that was consistent with terminology used by segments of the alcohol industry. This included 'responsible drinking', 'sensible drinking', the concept of 'in moderation', and 'safe drinking'. This recurring language appears to be embedded within society's understanding of alcohol.

There were some limitations to this study. Firstly, the data were not analysed according to socio-demographic characteristics (e.g., age, gender, ethnicity) due to constraints with time. Future research could be improved by investigating if there are differential beliefs on social supply across different socio-demographic characteristics. Another limitation was the survey questions analysed were broad and high level so it didn't capture specific aspects of social supply, such as on ongoing social supply, and perceived and actual first introduction to alcohol. Future research could include more specific questions on these aspects to gain a better understanding of the attitudes and behaviours of social supply.

This analysis indicates that there is a complex range of reasons why parents may choose to social supply, with the overarching theme that the perceived benefits of an early introduction to alcohol may outweigh any harms. Alcohol harms were not commonly mentioned by those that socially supplied or those that agreed with underage drinking. This suggests that the broad range of risks linked to adolescent alcohol use are not well understood, and there is a need for more consistent information for parents, especially on the perception that an early introduction of alcohol is a protective factor.

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