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Parents Who First Allowed Adolescents to Drink Alcohol in a Family Context During Spring 2020 COVID-19 Emergency Shutdowns

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 A B S T R A C T

Purpose: COVID-19 stay-at-home orders during Spring 2020 dramatically changed daily life and created significant challenges for families. We document levels and predictors of U.S. parents who newly allowed adolescents to drink alcohol at home during the shutdown.

Methods: Participants in an ongoing longitudinal study were two adolescent siblings (N = 911, M = 14.43, SD = 1.54 years) and one parent (N = 456; 85% mothers) who provided self-report data before the pandemic (T1) and during the shutdown.

Results: No parents permitted adolescent drinking with family at T1; nearly one in six allowed it during the shutdown. In full models, adolescents who previously drank (without permission) and had light or heavy drinking parents were more likely to be newly permitted to drink.

Conclusions: Parents' alcohol permissibility within family contexts changed during the pandemic and was shaped by both parent and adolescent drinking. Well-child visits should continue adolescent alcohol screening and parent support during and after the pandemic.

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IMPLICATIONS AND CONTRIBUTION

During challenging Spring 2020 pandemic shutdowns, nearly one in six parents of younger adolescents reported newly allowing children to drink alcohol at home. Parent alcohol permissiveness and early drinking are risk factors for binge drinking. Adolescent well-child visits should continue following alcohol screening guidelines and support parents to maintain alcohol-free childhoods.

Emergency shutdowns during the COVID-19 pandemic dramatically changed families' daily lives [1,2]. Stay-at-home

orders confined parents and children without schools, activities, or face-to-face interactions with friends [2–4]. Many parents struggled to manage children's emotional, interpersonal, and educational needs while facing employment, financial, and health concerns [1,2].

Prior to the pandemic, parents held ambiguous views about alcohol's benefits and harms. Non-abstainers tend to view light-

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to-moderate alcohol use as a mostly benign source of adult relaxation and pleasure [5]. Many parents believe that delaying drinking is safer for adolescents, partly due to acute risks, including injury or risky sex [6]. Nonetheless, some parents permit underage drinking [7]; varied reasons are proposed but poorly understood [7–10].

Consistent with emerging empirical data [8], we hypothesized that the number of parents allowing adolescent drinking would increase during the shutdown. Several rationales underlie this prediction [1–4,6,8,11]: (1) With increased stress, some parents would drink more often; (2) With drinking restricted to homes, opportunities for parents to share alcohol with children could increase; (3) With normal social activities curtailed, many parents and youth might feel isolated and bored; (4) Parents had limited options for normal family treats or privileges; and (5) Parents might fear acute risks of alcohol (e.g., virus exposure, injury) less if adolescent drinking occurred at home.

We hypothesized that parents allowing adolescents to drink in a family context would increase during the shutdown [8] and examined changes as a function of gender, age, birth order, family sociodemographics, parent drinking pattern and perceived risk, and prior adolescent drinking [10,12,13].

Method

Sample

Parents and adolescents in the longitudinal Parent and Adolescent Sibling Study (PASS) provided self-report data via confidential web surveys (T1, March 2019–March 2020) and during the COVID-19 shutdown (May 1–June 15, 2020). PASS is overseen by the institutional review board at Utah State University; parent informed consent and child assent were obtained. Using lists from a survey research firm to identify families with adolescents, PASS recruited families from five Midwestern U.S. states (Illinois, Indiana, Ohio, Pennsylvania, Wisconsin). The analytic sample includes 456 parents [85% mothers; *M* = 45.15

[*SD* = 5.37] years) and two adolescent siblings on average 2½ years apart (*N* = 911; Older: 51% female, *M* = 15.67 [*SD* = .68] years; Younger: 48% female, *M* = 13.14 [*SD* = 1.11] years).

Measures

Parent allows adolescents to drink with family. At both waves, parents were asked whether they allowed each child to drink alcoholic beverages at family meals or special occasions. At T1, none responded yes. During the shutdown, 16% reported allowing at least one child to drink at home: 46 allowed both, 24 only the older, and four only the younger. Analyses predict change to allowing use.

Sociodemographic predictors. Table 1 lists predictors, all assessed at T1. Parents reported adolescents’ gender and birthdates, and their own gender (85% female), ethnicity (White 85%, Black 9%, Latino 6%), education (college graduate [56%] vs. not), employment (currently employed [72%] vs. not), and family income (*M* = \$80,000–90,000).

Alcohol predictors. Based on self-reports, parents were coded as abstainers (27%), light drinkers (49%), or heavy drinkers (24%) [14]. Parents rated the perceived risk of drinking alcohol (0 “no risk” to 10 “extremely risky”; *M* = 6.45, *SD* = 2.69). At T1, adolescents reported whether they had ever drunk alcohol, including sips of another person’s drink (Older [Younger] siblings: 63% [43%] yes).

Analyses

A series of logistic regressions calculated odds ratios with 95% confidence intervals in models predicting parents permitting alcohol use during the shutdown. Robust standard errors were clustered at the family level. Table 1 shows gross (total) effects for each predictor and net effects with

Table 1
Predictors of parents allowing adolescents to drink at home during the COVID-19 shutdown: Odds ratios

	Gross/Total effects		Final model	
	OR	[CI]	OR	[CI]
Adolescent sociodemographics				
Male (vs. female)	.98	[.66, 1.44]	.98	[.63, 1.52]
Age	1.19***	[1.08, 1.32]	1.09	[.83, 1.44]
Older sibling (vs. younger)	1.48***	[1.21, 1.80]	.94	[.48, 1.87]
Parent sociodemographics^a				
Male (vs. female)	1.95*	[1.06, 3.59]	1.84	[.90, 3.77]
Black (vs. white)	.10*	[.01, .69]	.09	[.01, .68]
Latino (vs. white)	.60	[.21, 1.71]	.34	[.10, 1.19]
College education (vs. not)	1.17	[.66, 2.08]	1.53	[.70, 3.39]
Employed (vs. not)	1.32	[.75, 2.34]	1.17	[.60, 2.28]
Family annual income ^b	.98	[.92, 1.06]	.90	[.81, 1.01]
Parent alcohol use and risk perceptions^d				
Light drinker (vs. abstainer) ^c	2.02**	[1.19, 3.42]	4.26*	[1.60, 11.37]
Heavy drinker (vs. abstainer) ^c	1.54	[.87, 2.73]	3.93*	[1.29, 11.94]
Perceived alcohol risk	1.16***	[1.06, 1.26]	1.10	[.98, 1.24]
Prior adolescent alcohol use^d				
Ever drank alcohol (vs. not)	6.87***	[3.87, 11.83]	5.72***	[3.19, 10.28]

N = 456 families (456 parents, 911 adolescents). OR = odds ratio; CI = 95% confidence interval. All variables obtained from shutdown survey, unless noted.

^a Refers to parent survey respondent, except income.

^b Combined annual family income: 14-level ordinal variable, 1 (<\$10,000) through 14 (\$250,000+).

^c Light drinking = 7 (14) drinks or less per week for women (men); Heavy drinking = >7 (>14) drinks per week for women (men).

^d Adolescent report at prior wave of ever drinking alcohol, including sips of someone else’s drink.

all predictors including prepandemic adolescent's alcohol use.

Results

In gross models, children who were chronologically older (OR = 1.19), the older sibling in the pair (OR = 1.48), and who had previously consumed alcohol (without permission; OR = 6.87) were more likely to be allowed to drink during the shutdown. Permitting drinking was more likely among parents who were fathers (OR = 1.95), light drinkers (vs. abstainers; OR = 2.02), and viewed alcohol use as less risky (OR = 1.16), and less likely among parents who were Black (vs. White; OR = .10).

In the full multivariable model, parents allowing drinking was uniquely predicted by prepandemic adolescent alcohol use (OR = 5.72) and by the parent being a light (OR = 4.26) or heavy (OR = 3.93) drinker.

Discussion

Whereas no parents did so previously, during Spring 2020 shutdowns, almost one in six allowed one or both early-to mid-adolescent children to drink alcohol in a family context, years before legal drinking age. Children's prior drinking was the strongest predictor of parent permission changes.

Parents who drank themselves were also more permissive, cohering with prior work [7,8,10]. Research on the context and causes of family rule and practice changes is needed, including specific philosophies (e.g., safer than sneaking out, teaching responsible use), beliefs the pandemic created exceptional non-precedent setting conditions, or resignation to stress and challenges [1–4,8].

In normal times, when adolescent drinking typically occurs with peers, parent alcohol permissiveness—even at home—is a risk for faster escalations to heavy drinking [14,15]. This is true across countries with varying policies on drinking age and access restrictions [16]. Similarly, older siblings typically enjoy more privileges than younger siblings. The number of families newly allowing both siblings to consume alcohol at home was particularly surprising. Research should explore underlying causes for changes in parenting practices, test whether younger siblings were permitted to drink earlier than expected, examine permissiveness changes regarding diet, sleep, screen use, and other behavioral routines, and identify long-term effects on parenting and health after this exceptional period [1,2,4,17].

Study strengths include a longitudinal within-family design with data from multiple reporters before and during the shutdown. Limitations include a single item assessing permission to drink during family meals or special occasions. Rules may differ in other settings (e.g., parties with friends). Data were collected during widespread shutdowns. How general and alcohol-specific parenting changes long-term awaits future longitudinal research. Given the notable changes in parent behavior regarding children's alcohol use during 2020, consistent with American Academy of Pediatrics guidelines [18], well visits from age 11 should prioritize screening for alcohol use and support parents to maintain alcohol-free childhoods.

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