

‘They’re like little police’: Australian parents’ perceptions of their children’s awareness of drinking during COVID-19

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Abstract

Introduction. As a result of COVID-19 and associated lockdown restrictions, children may have been exposed to more home-based alcohol consumption and parents’ drinking practices. This paper explores Australian parents’ perceptions of their children’s awareness of drinking and their reflections on the impact of COVID-19 on children’s exposure and acquisition of alcohol-related knowledge. **Methods.** In-depth interviews were undertaken with 30 parents and carers of children aged four to 12 years from across Australia. Participants described their family lives, the role of alcohol, any changes in alcohol and family dynamics experienced because of COVID-19 and their children’s exposure and knowledge of alcohol before and during their experience of COVID-19. Using social learning theory as a guiding framework, transcripts were analysed to identify relevant themes. **Results.** Pre-COVID-19 children were commonly thought to be aware of behavioural changes owing to alcohol consumption, made associations between people, beverages and activities and recognised boundaries around consumption. COVID-19 was suggested to have impacted the environments in which children were exposed and the types of modelling and practices they were exposed to. It was more common for participants to describe COVID-19 affecting other children’s learning and knowledge of alcohol, rather than their own. **Discussion and Conclusions.** Participants were mindful of children’s knowledge and the role they played in modelling consumption practices prior to and during the COVID-19 lockdowns. There may be scope to use the insights provided here to support parents in modelling approaches and engaging with children about alcohol in ways that challenge or disrupt its prominence or acceptability. [Cook M, Kuntsche S, Pennay A. ‘They’re like little police’: Australian parents’ perceptions of their children’s awareness of drinking during COVID-19. *Drug Alcohol Rev* 2021]

Key words: COVID-19, alcohol, children, parent, exposure.

Introduction

The coronavirus (COVID-19) pandemic has brought significant changes to the lives of those around the world. Parents and carers have especially faced notable challenges, for example, having to adapt to working from home alongside home schooling and care arrangements. While parents and carers acknowledged using alcohol as a form of self-care and relaxation pre-pandemic, this was reported by some as becoming increasingly important during lockdown [1]. During the pandemic, many Australian parents and carers also reported increasing the frequency of their alcohol consumption alongside changes in drinking location [1,2]. While evidence has begun to chart the effect of the pandemic on parents and carers’ consumption and drinking practices, whether and how this affects those they care for, that is, children, has been little explored. Importantly,

regardless of whether consumption has increased during lockdown, children have been suggested to be more likely to be exposed to alcohol simply as the result of restrictions on movement, which has meant more consumption is occurring in the home [3], and potentially earlier in the day when children are present [1]. Research has linked future alcohol consumption and alcohol-related harms to exposure to alcohol and alcohol-related parental modelling through the inter-generational transmission of practices [4]. Consequently, there have been calls to examine the impact of parental drinking on children’s knowledge of alcohol especially during COVID-19 [5]. In light of these concerns, this paper explores Australian parents’ and carers’ perspectives about what, and how, their children learn about alcohol and drinking, and their reflections on the impact of COVID-19 on their children’s exposure and acquisition of alcohol-related knowledge.

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Parents, children and alcohol

Children have been shown to be knowledgeable of alcohol well before they first initiate consumption. Seminal research has shown that children as young as two years old can recognise alcohol by smell [6], and more recently research has suggested that children as young as four years old are aware of norms around consumption, for example, the situations in which it is more common to consume [7]. Researchers from the United Kingdom [UK] have reported that children between five and 12 years had awareness of the short-term effects of consumption, were aware of public health messaging around drink-driving and were aware of the sociality associated with drinking practices [8,9]. There are more mixed findings regarding children's attitudes towards their parents' consumption with studies from the UK finding some children aged five to 12 years were unaffected by parental consumption and drunkenness [8], while other children aged 11–17 years reported feeling worried or embarrassed [10]. Overall, these findings suggest children are aware and knowledgeable about alcohol, and that children's alcohol-related knowledge evolves and becomes more complex over time, in part the result of exposure to drinking and observation of parents modelling drinking practices (an example of social learning theory [11]) [12,13]. This body of research is primarily quantitative, and it may be useful to complement such work with qualitative investigations from parents and children about the social processes of exposure and knowledge acquisition.

Despite the growing body of research examining exposure to parental drinking [14,15] and the common assertion that 'the family is the primary context for the socialisation of drinking behaviour in young people' [16, p. 227], explorations of the role of alcohol within the family have been subject to limited qualitative investigation to date. Research has primarily focused on young adolescents and the intergenerational transmission of practices [17,18], or on groups deemed to be most at risk of harm [19]. While a small body of research from the UK focusing on children between five and 12 years has explored the home as a safe space for the introduction to alcohol [20], and there have been retrospective examinations of children's experiences of alcohol in Finland, Italy and Sweden [21,22], there remains a dearth of qualitative literature on the experiences of younger children (i.e. under 10 years). More work from a range of sources, including primary caregivers (i.e. parents), is also needed to understand what children know and how they learn about alcohol. With more practices happening within the family and the home owing to COVID-19, this limited research is concerning. Furthermore, we lack an understanding of

how children and parents are experiencing the pandemic and changes in alcohol consumption in the home; thus, the present research aims to address this knowledge gap by exploring their lived experiences.

Guiding conceptual framework

This study aims to contextualise the primarily quantitative research from the children's perspectives with qualitative research from parents' about their perception of what and how children learn about alcohol. This study also aims to understand the impact of COVID-19 and associated changes in consumption on what children know and how they know it. It is important to emphasise that this study relies on parents' perspectives and descriptions of their children's knowledge and in this way, we are relying on secondary accounts. We adopt a social constructivist approach, recognising that development and knowledge acquisition is situated in the social environment and actively constructed through interaction with others [23]. In doing so, we acknowledge the need to disrupt notions that children passively accept impositions from parents and other adults, and recognise that children are active in the construction and determination of their social world [24].

With the constraints of the data at hand we use a social learning lens to elicit an understanding of parents' perceptions of their children's awareness of drinking and their reflections on the impact of COVID-19 on children's exposure and acquisition of alcohol-related knowledge. Bandura's social learning theory is a theory of learning process and social behaviour, whereby behaviours are acquired through observational learning [11]. One forms an idea of how new behaviours are performed by observing other, more experienced persons (also known as models) performing the behaviour [11]. Social learning theory approaches the explanation of human behaviour in terms of a continuous reciprocal interaction between cognitive, behavioural and environmental determinants, with people neither driven solely by inner forces, or only by environmental stimuli [11]. This approach is useful for understanding behaviour as the result of interaction between persons and situations (rather than from either factor alone), and adopting this theoretical perspective also helped reconcile the tensions felt by the research team in coming from interdisciplinary sociological and psychological perspectives.

Methods

In-depth semi-structured telephone interviews were undertaken with 30 parents and carers from all

Australian states and territories, except the Northern Territory from which no participants agreed to participate in an interview. Participants responded to a Facebook advertisement for an online survey placed on the profiles of those 18 years and older, and after completing the survey participants were invited to leave their information if they were willing to take part in an interview. Participants were eligible if they were over the age of 18 years, currently resided in Australia and had at least one child or dependent between four and 12 years old. This age group was chosen as while these children may attend pre- or primary school education, parents remain primary sources of modelling and observational learning [11,12]. Interviews were conducted from July to September 2020, after the lockdown period had eased for those outside of Victoria [Note: When conducting the interviews, Victoria was under stage 4 restrictions, which involved a state of emergency, mandatory mask wearing, an 8 pm curfew and a 5 km travel radius. Other states and territories were returning to a 'COVID-normal' involving attending restaurants, returning to work and travelling interstate.]. Interviews lasted between 15 min and 1 h, were audio recorded and transcribed verbatim. Participants provided informed verbal consent before commencing the interview.

Participants were asked to tell us about their lives before and during their experience of COVID-19 (including any period of lockdown), the role of alcohol in their lives, any changes experienced owing to COVID-19 and about their children's exposure and knowledge of alcohol. Participants were between 27 and 55 years of age, predominantly middle-income earners, with 17 participants identifying as a woman, and 15 out of the 30 participants having at least one child who was six years or under (see Table 1 for participant demographics). Ethical approval for the study was obtained from the La Trobe Human Ethics Committee (HEC20192). Participants were offered a \$AUD50 supermarket voucher as reimbursement for their time.

Interviews were transcribed and uploaded to NVivo12. Coding was guided by Neale's Iterative Categorisation [25,26] involving reading, reflection and close analysis of the interview material, and following this approach, themes were derived deductively from the research aims and the interview guide, with inductive codes added as coding progressed. Broad themes were explored in depth to identify important phrases, categories and sub-themes, which were then brought together by recognising overall patterns and associations. In organising the data, we were informed by social learning theory [11] and the way in which parents and carers act as models for children to observe future behaviour and practices, that is, foregrounding the social learning process in our

Table 1. Participant demographics

	<i>n</i>
<i>State or territory</i>	
Victoria (VIC)	11
New South Wales (NSW)	7
Queensland (Qld)	4
South Australia (SA)	3
Tasmania	3
Western Australia	1
Australian Capital Territory (ACT)	1
<i>Household income^a</i>	
\$26 000–51 999	1
\$52 000–\$90 999	9
\$91 000–\$155 999	11
\$156 000+	8
<i>Child age^b</i>	
1–3 years	10
4–6 years	15
7–9 years	11
10–12 years	16
13 years+	8

^aOne participant chose not to provide their household income. ^bParticipants had up to four children (total does not equal 30).

exploration of the data by focussing attention on models, exposure and observational learning alongside the interactions between persons (e.g. parents) and situations/environments (e.g. COVID-19 context) [11]. When presenting a quote, we report participants' gender and state of residence during lockdown in recognition that the COVID-19 experience was rapidly changing and vastly different across Australia. Selected quotations are those most illustrative of the themes and concepts explored, and some interview extracts have been edited for grammar and semantic clarity.

Findings

Children's knowledge prior to COVID-19

First and foremost, parents and carers did not describe their children as naive with respect to alcohol pre-COVID-19. Children were often described as more aware of individual beverages, for example beer and wine, than of alcohol per se, and were described as having constructed clear associations between beverages and people—'I think if you said, do you know what beer does? They would just say, oh dad drinks it and mum drinks wine' [IV3, Man, VIC]. Alongside beverage-specific knowledge, participants also said that their children's knowledge was context and time dependent, for example, 'daddy will have a beer when

he gets home' [IV29, Man, NSW]. Some children were also described as being aware of certain time and context specific boundaries around consumption, for example that alcohol is not typically consumed in the morning, and had knowledge of the occasions or settings in which consumption was more likely, such as parties (i.e. situational drinking norms, see also [7]).

Participants also described their children as having knowledge of the association between consumption and embodied consequences, and often described this knowledge as tied to certain people, for example dad gets happy, mum gets cranky. Children were also described as being aware of the ways in which parents directly sought alcohol's embodied consequences and this was discussed by one participant to be the direct result of verbalised associations which she acknowledged she had made in front of her children (11 and 12 years old).

'I certainly talk about drinking wine on Friday nights – you know woo-hoo it's my wine night. Sometimes they'll say things like you've worked hard mum, you should have a glass of wine'. [IV27, Woman, ACT]

Many children were thought to be aware of the difference between one or two drinks and heavier consumption in terms of embodied consequences. Some children were described by their parents and carers as expressing their awareness of the association between the number of drinks and behaviour using language such as 'silly', rather than descriptors such as 'drunk'. As such, several children were described as unaware of what drunk was or meant, having explicitly asked their parents on several occasions to describe the concept. Notably, children were not described as feeling upset or uneasy by the embodied consequences they witnessed from their parents, that is, drunkenness, corresponding with previous research [8]. In one case however, a participant described a situation in which they encountered an unknown intoxicated person, and their child was described as feeling differently.

'[...] there's also been an occasion I think once when we were in public and there was a man who was yelling out profanities not to anyone in particular. So, my son [seven years old] was quite scared, and he asked me what was going on then'. [IV17, Woman, SA]

In parents' descriptions of children's knowledge of alcohol pre-COVID-19, we see how they suggest the ways and places in which parents consume alcohol as formative for children's attainment of alcohol-related knowledge and norm development. Children are described as engaging in observational learning,

internalising the practices and behaviour observed from parents and collating this information into ever more complex understandings of what it means to consume alcohol. Additionally, parents are described as both physical and verbal models, actively influencing the associations children are internalising and in turn expressing [11].

Boundaries of consumption

It was common for participants to describe their children perceiving alcohol to be an adult activity and something they, as children, should not consume (see also [12]). In this way, children were thought to have some understanding of the difference between alcohol and other beverages, that is, beverages they can and cannot consume. Participants discussed how for younger children this classification could also be a source of confusion, because soft drinks or coffee (that they might also not be allowed to consume) could be misclassified as alcohol.

'I don't think they would have that understanding [of alcohol] other than knowing that it was an adult drink. To that extent they would think of something like Red Bull as the same and probably think of like Coke and coffee in the same light as well because we don't give it to them'. [IV4, Woman, SA]

Misclassification was also thought to occur when the symbols or signals children had developed to classify alcohol and other beverages were challenged, for example punch, which looks similar to non-alcoholic beverages. When things were not immediately identifiable or were misclassified, parents described stepping in to help elucidate what was and was not alcohol and why. In this way, and as explicated by Bandura in the social learning theory approach, alongside acting as observational models, parents reinforced learning through verbal direction or verbal modelling, attempting to impart detail and nuances to behaviours [11].

Another boundary participants suggested children were aware of was drinking and driving. Participants described the way in which children engaged with these 'rules' around consumption, and as a result could be very vocal when they saw adults engaging in consumption that violated these boundaries. Children's understanding of the 'rules' or boundaries was described as very black and white, and they were not aware or did not have a strong understanding of the nuances around consumption, for example that you could still be under the limit after one drink and be

able to drive, as this father of two children aged eight and 10 years describes.

‘If I have more than one, they usually comment, or if we’re out for dinner or drinks they are very aware of how many drinks I’ve had and they’ll be like, dad can you drive? They’re like little police actually’. [IV28, Man, Qld]

It was through these discussions that parents demonstrated the significance of observation and of their role as models of behaviour in shaping children’s knowledge of the practices around consumption [11].

Attitudes towards and normalisation of alcohol in children’s eyes

For those participants who discussed children’s attitudes towards drinking, parents and carers primarily described their children as having negative attitudes towards consumption (see also [8,10]). Parents acknowledged that these negative views prevailed despite themselves sometimes discussing alcohol in a positive light and believing that their children afforded a ‘special’ status to alcohol. For example, one participant discussed how she viewed and contextualised wine as a treat—‘She’s definitely aware of it and we’ve had a couple of chats about how wine is a treat, and we shouldn’t be having it every day, yet we are’ [IV1, Woman, VIC]. In this case, children were described as having a clear understanding of a ‘treat’, including the rules around consumption, as a result of physical and verbal modelling from parents [11]. As such children often challenged parents when they consumed too often, hence violating the practices associated with a ‘treat’.

‘So, as I said it’s a treat, but we shouldn’t be having treats every day. So, now she’s kind of like oh mum, stop having wine’. [IV1, Woman, VIC]

For the older children in particular, their knowledge had moved onto being able to question behaviour. For example, one participant discussed how her children questioned why someone would consume alcohol if it makes you feel sick or unwell.

‘They understand that if you drink too much, you’ll be sick. They understand that and are old enough to question, like will sort of go well, why would you do that then?’ [IV11, Woman, NSW]

The extent of children’s knowledge, and their demonstrations of this knowledge, was described as quite confronting for some participants, especially when alcohol was considered a peripheral element or a small part of parents’ lives, practices and identities. The extent to which alcohol was a defining feature in how they saw and understood their parents was contextualised negatively by parents. This was exemplified in the following two quotations.

‘We just went out to lunch [...]. At one point [my daughter] was doing impressions of everybody and she’s going I’m daddy, this is what daddy is like [...] then she did me and she said I’m mummy and I like to drink wine. [...] I was like oh wow, you think that’s the defining thing about me’. [IV8, Woman, NSW]

‘[...] when they were in primary school they’d make me cards, and they’d draw beer on it, which, offended me at one level because I thought, I don’t drink that much beer, why is it such an important thing for them to associate with me as a father?’ [IV31, Man, VIC]

In saying this, participants did not describe changing their practices owing to these experiences. Just as children’s views of their consumption was not thought to be a good thing, parents also described seeing the normalisation of drinking in many contexts and the way it was embedded in broader cultural traditions to be concerning for their children.

‘[...] she’s normalised it, it’s just kind of what parents do, to her, I think, which is concerning. Ideally, we would change that, but it’s been trickier than we thought’. [IV1, Woman, VIC]

Finally, for a small group of participants, children’s knowledge was thought to be limited, with some parents believing that their children had no understanding of alcohol outside of the people they had seen consume and the practices associated with these people consuming.

COVID-19’s impact on knowledge and learning

As discussed, parents described their children as aware and knowledgeable of alcohol and drinking practices pre-COVID-19. This means children were far from naive regarding alcohol when they went into lockdown and when consumption patterns changed to some degree, for example, an increase in the frequency of their parents’ consumption (reported elsewhere; [1]). What became evident in participants’ discussions was

the way in which COVID-19 changed children's exposure to alcohol, rather than the content of knowledge.

For the most part, parents' discussions reflected their awareness of their role as models [11], and as such, they acknowledged that changes in their consumption patterns during COVID-19, when children were present, were likely to influence their children's knowledge.

'Because I drank more often, so obviously then they had a different role model of how you drink alcohol; instead of it being an end-of-the-week celebration that the week is done, suddenly it was every night. So, they were exposed seven times more often potentially'. [IV27, Woman, ACT]

Participants described many facets of drinking practices which they modelled to their children during the pandemic [11]. As the participant describes above, this could include frequency as well as differing motivations and effects. With children described as highly sensitive to changes to the norm, many parents described believing children would be highly aware of the impact of the pandemic on drinking.

Participants described how lockdown restrictions meant that what happened in the home had become more important—'a lot of those other outside the house sources of information have been curtailed' [IV10, Man, NSW]. While the absence of social occasions was thought to reduce exposure in some regards, alcohol was described as having entered spaces and practices, which had previously been absent of consumption or in which consumption had been constrained in different ways.

'I think before coronavirus, it would be highly unusual for them to see either of us drink more than one beer outside of a social setting. If it's only family at home, we sort of wouldn't generally have a drink, but yeah, the last few months, they've probably seen my husband and I drink at home more often than they previously would have done'. [IV11, Woman, NSW]

In this way, COVID-19 was suggested to have changed the acceptability of consumption practices and as such participants rationalised their consumption in different ways—"But because it was so kind of new and all-consuming, it felt like it was very, much more reasonable and justified to be drinking alcohol more often and more in front of them" [IV27, Woman, ACT]. Subsequently, considering children's exposure or making conscious decisions about the practices they witnessed became less important or considered. Other concerns or desires were described as taking precedent and while parents acknowledged these changes in

consumption practices may have affected what children saw, there was not thought to be an alternative (see also [1]). Furthermore, participants discussed how it was not just more consumption, but that there was more alcohol in the home, and thus children were more exposed to adjoining elements to the act of consumption itself, such as the glassware, bottles, etc., which made up the broader environment that interacted with what was learned observationally (i.e. part of the reciprocal interaction between environment, behaviour and cognitions; see [11]).

While participants expressed a feeling of solidarity with other parents during the pandemic—"I have a lot of empathy for a lot of the parents who I think are doing it really hard right now" [IV2, Woman, VIC]—and they expressed a desire not to judge others' practices or coping strategies, participants said that other children were more likely to be exposed to alcohol consumption during the lockdown than their own children were, 'I think with people whose family dynamic is different to ours and where things are much more compressed [...] I can see how that would occur, but in our household, no' [IV10, Man, NSW]. When addressing their modelling of consumption during the pandemic, many parents engaged in processes of 'othering' when emphasising the intersection between heightened emotions and behaviour owing to the unprecedented circumstances. Many participants expressed how it was likely that the increase in stress and parents' use of alcohol to manage stress may have affected other children's exposure to alcohol; there are 'the parents going for wine to sort of soothe themselves with, and kids who haven't seen that before will be seeing it'. [IV7, Woman, VIC]. But again, participants' discussions were contextualised in terms of an 'other', rather than directly referencing what was occurring in their own homes (see also [27]).

Finally, a small group of participants questioned whether children were perceptive enough to pick up on any changes in the norm or changes in practices owing to COVID-19. Participants emphasised in their accounts that it was important to consider children's exposure and learning within the context of the broader COVID-19 circumstances, with one parent noting that children may have been less observant because they too had other things on their mind, both in terms of COVID-19 and more generally—"...particularly at that time, there are a lot of other things taking up his attention, as well, so was he going, I see mum's having wine again tonight? Don't think so" [IV12, Woman, Qld]. It is important to note these participants believed their children were aware of alcohol, but that changes to lifestyle more generally owing to COVID-19 had not perceptively changed children's alcohol-related knowledge.

Discussion

This paper has explored Australian parents' and carers' perceptions of their children's awareness of drinking and their reflections on the impact of COVID-19 on children's exposure and their acquisition of alcohol-related knowledge. Parents were mindful of their children's knowledge and the role they played in introducing and modelling consumption practices prior to and during the COVID-19 lockdowns. While drinking is commonly associated with teenage years, previous quantitative research has demonstrated that children have some awareness and understanding of alcohol and drinking practices from the age of two [6,12]. This was supported in our research, with all parents describing their children as being aware of alcoholic beverages and the practices around consumption, that is, timings, contexts, person-specific norms and boundaries.

In emphasising children as active constructors of their social world and in foregrounding the way they learn alongside parents and carers' practices (following the social learning theory approach [11]), we see children's knowledge as continually growing and contextualised within their broader understandings of the world around them. Parents described the ways through which children observed and transformed information, coalescing with pre-existing structures and understandings, to develop their world view. For children, alcohol seemed to be defined by its boundaries, not only in terms of an activity they could not engage in, or a beverage they could not consume, but also in terms of parents' practices, that is, drinking and driving, with the constraints around this knowledge black and white. Our finding that children were not described as feeling upset or uneasy by the embodied consequences they witnessed from their parents, that is, drunkenness, but were by those of unknown others, contributes to the literature on children's mixed attitudes towards consumption [8,10,28]. It may be that regularly observing intoxication-oriented drinking may foster positive rather than negative emotional reactions, or that differences to previous work may reflect cultural differences in drinking practices, norms or drinking culture [21,22]. Our methods (i.e. secondary accounts) may also be a limitation here, and qualitative research with children themselves is clearly needed. Children were described as actively engaging and challenging their parents on the subject of alcohol consumption. Subsequently, the way children learn about alcohol is in many ways no different to the way they learn about other practices, that is healthy eating, etc.

In participants' discussions, context, space and proximity were described as having affected children's exposure to alcohol during the lockdown. As has been suggested elsewhere [1], limits on movement and

resultant bodily density in homes meant practices, which may have otherwise occurred outside the purview of children, were now occurring in spaces they inhabited and within their view. In terms of observational learning and exposure, this is highly relevant, with research showing that it is not just parental drinking, but drinking that occurs in the presence of children (i.e. following a social learning theory perspective, drinking which children can observe), which is most important for knowledge development [14]. Furthermore, participants suggested that COVID-19 restrictions did not change the content of children's knowledge, but rather impacted the frequency and environments in which they were exposed and the types of modelling and practices they were exposed to. Our findings contribute more broadly to a growing body of Australian research on the impacts of the pandemic [2], including on parents and carers who faced notable challenges which have been argued to be entangled with alcohol consumption [1].

When asked specifically about the impact of COVID-19 on their children's exposure and knowledge of alcohol, parents described believing that it had not changed appreciably during the lockdown, but that there is likely to have been other families who did experience more significant changes. Participants accounts demonstrated a reactive reliance on defensive 'othering' [27,29]. Engaging in othering processes may have been a way to manage feelings of guilt and any perceived potential judgement of their parenting practices. When answering these questions, participants often avoided associations with the perceived influences of their behaviour, potentially defending themselves from the moral stigma attached to drinking in the presence of their young children. While it was never the intention, and researchers took great care to avoid stigma and judgement, it may be that the questions inadvertently bestowed judgment. But it may also suggest a level of stigma remains attached to the entanglement of drinking and parenting practices, which prohibits parents from reporting the experience of pleasure around consumption, especially when children are around or are a consideration. We do acknowledge, however, that the current study may not reflect the experiences of particularly heavy or problematic consumers. As has been argued elsewhere [2], acknowledging and understanding parents' experiences of pleasure alongside children's wellbeing is not irreconcilable and it should be an endeavour of future research and health promotion to enable engagement with both concepts.

It must be acknowledged that this study relies on parents' descriptions of their children's knowledge and in this way, we are relying on secondary accounts, which may not always be reliable. There is a clear need for first-hand data collection with young children

themselves, beyond existing quantitative data, as they are demonstrably knowledgeable about alcohol, and there is a need to elicit more nuanced understandings of their perceptions about alcohol, their knowledge acquisition and the way they understand their parents' drinking. The social learning theory approach has allowed us to see people and their environment as reciprocal determinants; however, the focus chosen (parents as the primary sources of modelling and observational learning) has meant other influences outside the family unit have been obscured, for example the media or peers. Given the salient role parents play in exposing their children to alcohol from a very young age, parents' perspectives, and the use of social learning theory, is still valuable for understanding what young children know. However, examining these forms of data with alternative or complementary theoretical lenses may provide fresh insights. For example, understanding parents and children's perceptions using a family practices approach [30] or broader theories such as bioecological systems theory [31] might offer new ways of understanding the interrelated effects of broader environmental and structural influences, alongside the family. Additionally, while not within the scope of the current project, we encourage researchers to consider the gendered aspects of children's learning and knowledge, particularly following social learning theory that considers model similarity (i.e. gender) to influence observational learning [11].

Conclusion

Overall, our work contributes to the limited research on young children's knowledge of alcohol in Australia, providing valuable qualitative insight on the social processes of exposure and knowledge acquisition. The perspectives of parents are important, as it is their modelling practices which can be the target of health promotion work. For example, while demonstrating that parents are aware of their children's knowledge, we have also begun to highlight parents' concerns about confronting the normativity and omnipresence of alcohol, which they in many ways feel helpless to prevent. As such, there may be scope to use the insights provided here to support parents in modelling approaches or engaging with children about alcohol in ways that challenge or disrupt its prominence or acceptability.

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Conflict of Interest

The authors have no conflicts of interest.

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