Executive Summary

Intro: Wanaka is a resort town located in Central Otago, made up of 6500 permanent residents and over 100,000 guests each year (Statistics NZ, 2013). With a strong local culture centred on tourism and recreation, alcohol consumption is arguably more normalised in Wanaka than in other small New Zealand towns. This more relaxed attitude towards drinking is likely to have negative consequences for some members of the Wanaka community. In New Zealand, one in five adults have a hazardous drinking pattern, and research has shown that parental drinking patterns influence drinking onset and behaviour in their children (Ministry of Health, 2017a; Rossow et al, 2015). A prior study, "Harming me, Harming you" by Hammond (2016), investigated the extent and nature of alcohol use among Wanaka youth aged 13-15 years, and found that some were drinking excessively and experiencing related harm. Furthermore, the key source of their alcohol supply was found to be the parents. That study recommended that adult attitudes and perspectives be investigated to better understand the drivers of social supply to young people. As such, the overall objective of this research is to explore attitudes and behaviours of Wanaka parents towards the supply of alcohol to under 18 year olds.

Methods: A 47-question online survey was sent to 499 parents of students, in years 9 to 13, at Mt Aspiring College in Wanaka. The data was analysed using mixed methods analysis to gain an understanding of parent's perspectives on alcohol supply and use by under 18s as well as their own drinking behaviours. From this analysis recommendations were formed for possible intervention strategies and future research.

Results: One hundred and thirty-three (27%) parents responded to the survey, with the majority of respondents being New Zealand European mothers. The age most parents were comfortable with their young person consuming alcohol was 16 years (with supervision) and 18 years (without supervision). Nearly half (46%) of the parents with 16 and 17 years olds supplied their child with alcohol for a supervised occasion and a quarter supplied for an unsupervised occasion. Beer and RTDs were the most commonly supplied alcoholic beverages, and most parents appeared to supply between one and four drinks. However, nine percent of parents said that they supply their underage young person with five or more drinks, which were likely to be RTDs. Parental concerns about drinking consequences were more focussed on the short-term consequences, such as sexual assault and drink driving, and this was even more apparent in parents of 16 and 17 years olds.

Discussion: Alcohol is consumed for a variety of reasons and can mediate both positive and negative health and social outcomes (Murphy et al, 2016). Enjoyment and sociability are examples of positive outcomes from alcohol whilst poorer neurocognitive performance, and decreased verbal and visual memory and executive functioning are negative outcomes (Mongan et al, 2009; Squeglia et al, 2014). Parental attitudes towards alcohol consumption can have a significant effect on adolescent alcohol consumption, as well as hazardous drinking behaviours in later life (Murphy et al, 2016; Rossow et al 2015).

In the prior study by Hammond (2016) Wanaka youth aged 13-15 reported that most parents (approximately 82%) consumed alcohol in the home. When parents were surveyed it was found that 84% of respondents were likely to consume alcohol in the home. This shows

that the Wanaka youth are in tune and are aware of parental alcohol consumption, as well as the behaviours surrounding alcohol consumption which may result in earlier initiation of alcohol consumption, and greater likelihood of hazardous drinking behaviours (Murphy *et al*, 2016). The "social norms" of parents being comfortable with their underage young person consuming alcohol, and the peer pressure felt by parents to allow their young person to drink is an avenue of significance for developing alcohol harm reduction strategies in the community.

Conclusion: This survey explored one quarter of the Mt Aspiring College parent population's perspectives on alcohol consumption by under 18s. It was found that the majority of respondents were comfortable with their young person consuming alcohol from 16 years of age, and over half of respondents supplied their young person with alcohol. However, there was a notion that parents felt pressured to supply the alcohol. It was made apparent that alcohol harm reduction interventions need to be tied into a whole community objective of decoupling alcohol with normalisation. This can be achieved at three levels: increase personal ability to resist pressure; reduce social supply pressure; and change local social norms surrounding alcohol consumption.

Recommendations: This survey has produced four overarching recommendations to influence change to the social norms experienced by young people and parents in the Wanaka community.

Social Norms	Consistent effort be made to change social norms – this needs to be led by those with the most power in Wanaka, such as Wanaka Police, and Mt Aspiring College.
Whānau education and support	This survey identified that parents feel pressure to supply, and the earlier study shows that students feel pressure to drink, therefore a two pronged approach is required. This includes educating whānau about alcohol harm and equipping them with strategies to resist pressure, whilst promoting communication between parents to decrease the social pressure to supply.
Parent Information night	An information night for parents, run by experts and supported by Wanaka Police, educating parents on the short- and long-term implications of underage alcohol consumption.
Advocacy and collaboration with other sectors.	Sustained advocacy to the QLDC for alcohol-free events, expanding alcohol bans areas and times, and pairing alcohol harm reduction with other health promoting messages, such as Smokefree campaigns. Collaborating with outlet owners to find out their perspectives of the alcohol environment, and their perceived areas of improvement.

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1 Introduction

In today's society alcohol is consumed for enjoyment and sociability and is perceived as an integral part of our culture (Murphy *et al*, 2016; Mongan *et al*, 2009). Because of this, alcohol plays a complex role by mediating both positive and negative health and social outcomes (Murphy *et al*, 2016). In high-income countries, such as New Zealand, alcohol consumption is a major risk factor for premature death among young people (Rhem *et al*, 2009; Toumbourou *et al*, 2007). Alcohol also increases the risk for dementia, breast cancer, colorectal cancer, cirrhosis and alcohol dependency (Grønbæk, 2009). However, in some individuals, alcohol can reduce the risk of cardiovascular disease and death (Grønbæk, 2009; Corrao *et al*, 2000).

In New Zealand, one in five adults (20%) report a hazardous drinking pattern,[1] and 56.3% of youth aged 15-17 years reported having an alcoholic drink in the past 12 months (Ministry of Health, 2017a). Mechanisms contributing towards youth drinking are diverse. Literature shows that parental drinking patterns are associated with higher rates of drinking in their children (Rossow *et al*, 2015); other research shows young people drink for social facilitation and improvement of social gatherings (Cooper, 1994; Feldman *et al*, 1999; Windle, 1996; Windle & Windle, 1996). Despite the lack of consensus around the mechanisms behind young people's alcohol consumption, it is obvious that parents have a role to play.

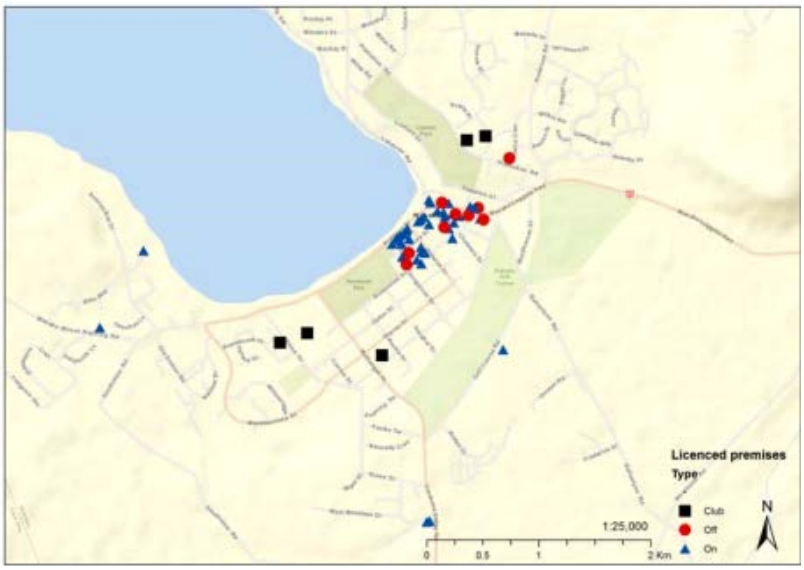

Figure 1: Licensed Outlets in Wanaka (Hammond, 2016)

Wanaka is a resort town, of approximately 6,500 permanent residents, situated on the shores of Lake Wanaka in Central Otago (Statistics NZ, 2013). Wanaka plays host to over 100,000 guests per year making it a significant tourist destination (Statistics NZ, 2018). Because of the tourism culture in Wanaka, there is a dominant presence of alcohol, which may contribute to normalisation of drinking for sociability (Hammond, 2016). As of November 2017, there are 56 licenced premises in Wanaka, including Albert Town, this is an

[1] Hazardous drinking is defined as an established alcohol drinking pattern that carries a risk of harming the drinker's physical or mental health, or having harmful social effects on the drinker or others (Ministry of Health, 2017a).

increase from 41 in June 2016 (fig. 1) (Ministry of Justice, 2017; Hammond, 2016). Wanaka can be considered a high alcohol density environment with 27 alcohol outlets per square kilometre. This is significant as there are over 950 students at Mt Aspiring College, and research has shown that alcohol density plays a role in the initiation and levels of excessive alcohol consumption among youth (Chen *et al*, 2010). There is an alcohol ban in place between 10pm and 6am every day, which means consumption of alcohol on the streets is not allowed, however this does not deter people from consuming alcohol during the day (QLDC, 2014).

A previous study conducted, "Harming me, Harming you," by Hammond (2016) investigated the extent and nature of alcohol use among Wanaka youth aged 13-15 years. It found that alcohol consumption within families was affecting the entire family, so youth drinking was recommended to be reframed as "family drinking." Because of this, and previous research showing the relationship between parents perspectives on alcohol and youth initiation, the current survey was initiated (Murphy *et al*, 2016).

The overall objective of this survey is to explore attitudes and behaviours of Wanaka parents towards the supply and use of alcohol by under 18 year olds. This will help to inform the development of effective community-based approaches to reducing the supply and use of alcohol by under 18s in the Wanaka community.

2 Methods

The Parent's Perspective survey is a follow-on from the Harming Me, Harming You report, which aimed to understand the extent and nature of alcohol use by Wanaka youth in context of their overall health and wellbeing (Hammond, 2016). This research aimed to understand from a parent's perspective, their attitudes and behaviours around supply of alcohol to under 18 year olds.

The online 47-question survey was developed in a collaborative partnership between the Wanaka Alcohol Group (WAG) and the Health Promotion Agency (HPA). The NZ Youth 2012 survey served as a guide for the development of the survey (University of Auckland, 2012). For validation purposes, a series of relatively short (approximately 30-45 minutes) in-depth interviews were conducted with 13 individuals. An experienced qualitative research specialist conducted the interviews for cognitive testing purposes in order to fine tune the wording and flow of the questionnaire. These interviews also aided in the identification of potential gaps in the questionnaire. Feedback was recorded through the use of written notes, and the questionnaire was revised based on those notes.

The finalised online questionnaire was sent to 499 parents of year 9-13 students at Mt Aspiring College in Wanaka. The questionnaire was accessible for a four-week period following the initial email invitation. Participants were reminded of the questionnaire through the school newsletter, the 'Messenger' news booklet, and Radio Wanaka.

Survey data was analysed using mixed methods analysis to gain an understanding of parent's perspectives on alcohol supply and use by under 18s as well as their own drinking behaviours. From this analysis recommendations were formed for possible intervention strategies and future research.

3 Results

3.1 Demographics

In total, 133 parents completed the survey, a response rate of 29%. One participant had to be excluded as they identified that they did not have any children between 9-17 years of age. The majority of respondents were European females. Therefore, the results of this research will be heavily weighted towards maternal perspectives (table 1). Forty seven percent of respondents had two children aged between 9-17years, whereas 38% only had one child. For those parents with two or more children, they were asked to choose and state which aged child they would like to answer for when questions dictated that they think about only one child. The majority (28%) responded in regard to their 17 year. old, followed by 16 year. old (25%), only one parent chose to answer for their 11 year old. For some of the results, parents with 16 & 17 year olds were extracted, this is because parents with children closer to the legal drinking may be more aware of alcohol and its immediate affects.

Table 1: Demographics

	n	%
Gender		
Male	16	12.1%
Female	116	87.9%
Age		
35-44	26	19.7%
45-54	93	70.5%
55-64	13	9.8%
Ethnicity[2]		
NZ European	120	90.1%
Māori	6	4.5%
Pacific Peoples	-	-
Asian	4	3.0%
Middle Eastern, Latin American, African	1	0.8%
Other	1	0.8%
Number of Children		
1	50	37.9%
2	62	47.0%
3	15	11.4%
4	5	3.8%
Age of child specified for questions		
11yrs	1	0.8%
12yrs	4	3.1%
13yrs	7	5.3%
14yrs	21	16.0%
15yrs	28	21.4%
16yrs	33	25.2%
17yrs	37	28.2%

3.2 The age parents are comfortable with their young person consuming alcohol

The most accepted ages for youth to drink with supervision was 16 years and 17 years (65%), and 18 years without supervision (63%) (fig 2). Overall, 69% of respondents were

[2] Ministry of Health (2017b) ethnicity codes were used to determine ethnicity when multiple ethnicities were chosen.

comfortable with underage youth drinking alcohol with supervision, and 17% without supervision. There appeared to be more leniency towards alcohol consumption by youth for special occasions, such as Christmas and birthdays; with 77% of respondents being comfortable with their underage youth consuming alcohol. Three percent of those, were comfortable with youth aged 13 years or younger consuming alcohol.

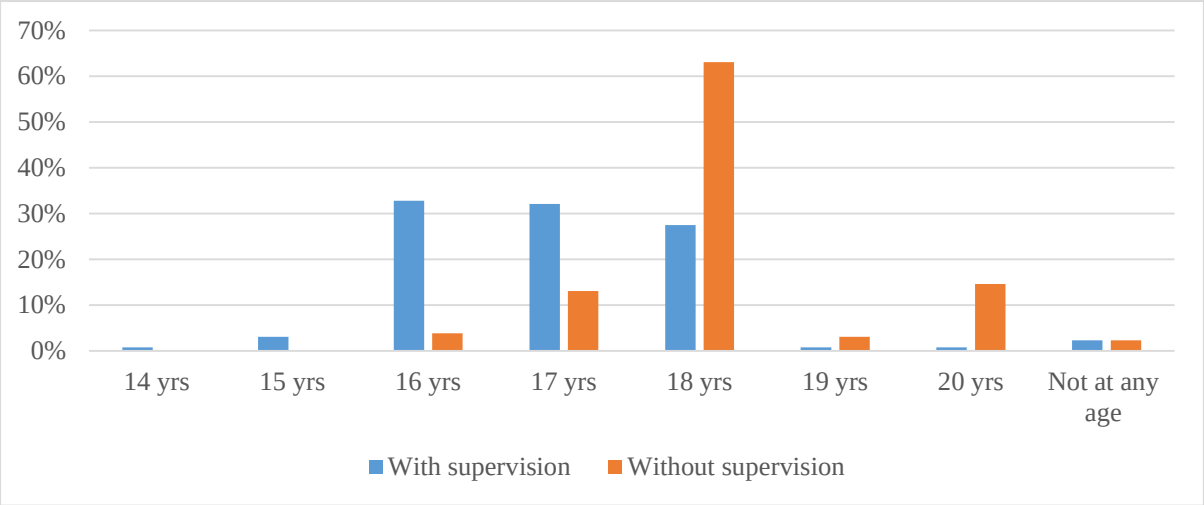

Figure 2: Ages parents are comfortable with their young person consuming alcohol

3.3 Parents perspectives towards their own drinking

A large majority (94%) of respondents either agree or strongly agree that it's okay for parents/guardians to drink in front of their young people. However, 88% of respondents agreed that it is not okay for parents/guardians to be drunk in front of young people. Fifty six percent of respondents consumed at least one alcohol beverage per week, with 9% of females and 19% of males in the survey drank more frequently than Ministry of Health Guidelines[3]. The most common time for respondents to consume alcohol was during the weekends (50%). However, this was very closely followed by a combination of weekdays and weekends (47%). Women were more likely to consume alcohol on weekends (51%) compared with men who were more likely to consume alcohol on a combination of weekdays and weekends (58%). Eleven respondents commented saying they only drink onspecial occasions.

3.4 Parents ability to communicate and limit alcohol consumption

Respondents had high levels of confidence when it came to talking with their young person about alcohol. Sixty seven percent of respondents were very confident, and only 1% were not confident. When it came to setting limits 82% always or often set limits on how much alcohol their young person consumed, and 15% rarely or never set limits. There did not appear to be a large difference between the parents of 16 and 17 year olds and the entire population (63% vs. 67%).

The majority of parents (83%) believed that they could teach their young person to drink responsibly through role modelling the behaviour. And when given the statement "parents/guardians can do little to stop or limit their young person's drinking" 84% of respondents either disagreed or strongly disagreed.

[3] Ministry of Health (2017a) Guidelines recommend at least 2 alcohol-free days per week

When asked whether parents need advice on preventing underage drinking, 60% agreed or strongly agreed, and 29% were ambivalent. Sixty nine percent of respondents either agreed or strongly agreed with the statement "Parents/guardians need advice on how to safely supply alcohol to under 18s." However, when given the chance to write a comment, seven respondents stated that parents should not be supplying alcohol to under 18s.

3.5 Concern of outcomes relating to drinking

The consequences parents were more concerned about was sexual assault (53%), followed by drinking and driving (42%) and unprotected sex (40%) (fig 3). When parents who were answering for their 16 and 17 years old were looked at, sexual assault was the most concerning outcome (34%), very closely followed by injury, unprotected sex, and drinking driving (33%). It appeared that later life outcomes, such as alcohol dependency, mental health issues and future career implications were less of a concern to parents, especially those with 16 and 17 years olds.

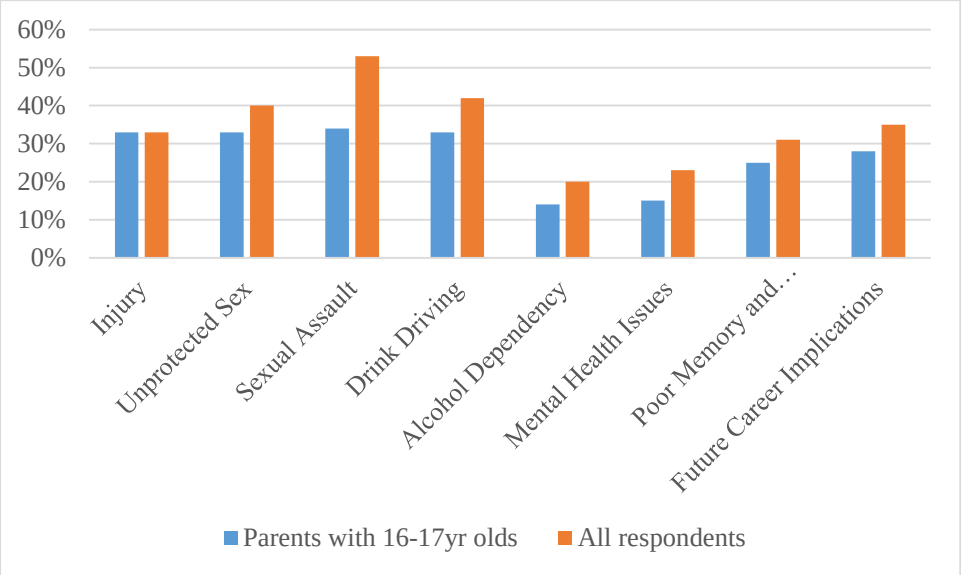

Figure 3: Outcomes of greatest concern – comparison of Parents with 16 & 17yr olds and all respondents

3.6 Parental concerns of current drinking environment

When asked whether parents were concerned about their young person's attitude to alcohol, thirty percent of parents were concerned, and this number increased to 40% in parents with 16 and 17 years olds. However, when asked whether they were concerned with the amount of alcohol their young person consumes, 54% of respondents said their young person doesn't drink, and this was the same in parents of 16 and 17 year olds. Between all parents and parents of 16 and 17 year olds, 32% of both groups said they weren't concerned about their young person's alcohol consumption. When the respondents who were concerned about their teenager's alcohol consumption were given the opportunity to elaborate, responses included:

"Asking strangers to buy alcohol for them from the Bottle Shops and the staff selling it knowing that the U18s are outside"

"I have other children that have gone on to be heavy drinkers despite good family values and role modelling"

"…out of the house at parties, where there's no real supervision"

There were 6 responses stating parents were not concerned as their young person was "drinking very responsibly" at this stage.

Peer pressure was also identified as a concern, with 69% of respondents saying their young person had experienced some form of pressure to drink alcohol. Pressure on parents was also apparent with 43% stating they had experienced pressure to allow their young person to drink.

"…the massive pressure through all NZ culture… it is really hard to stand outside the norm especially as a teenager…"

There appeared to be a lot of concern about parental attitudes towards underage drinking:

"Concerned about how parents in Wanaka…think it's ok for kids as young as 15 and 16 to go out and drink…"

"There seems to be an acceptance by many parents that underage drinking is ok…Parents don't want their child to be the one that's 'different' when everyone else is doing it."

The underdeveloped teenage brain was also a concern for parents regarding alcohol and their young person:

"…it has a detrimental effect on developing brains and has no benefits"

3.7 Supply of alcohol to young people

When asked about supply of alcohol, 48% of parents had supplied their 16 or 17 year old, and 11% had supplied their 11-15 year old alcohol, at least once in the last month. This decreased to 26% in 16 and 17 year olds and 6% in 11 – 15 years olds, when the occasion did not have parental supervision. Three respondents stated that although they did not provide alcohol to their young person someone else supplied it. Half (52%) of the respondents, either never or rarely, gave consent to another adult to provide their young person with alcohol.

For the 16-17 year old population, beer appeared to be the most commonly supplied alcohol followed by Ready to Drinks (RTDs) and cider (fig 4). The most common quantity of alcohol provided is 1-2 drinks (n=39), followed by 3-4 drinks (n=14), however four respondents (9%) said they provided more than 5 drinks to their young person, and these were more likely to be RTDs, which often have a higher alcohol percentage than beer (Appendix A).

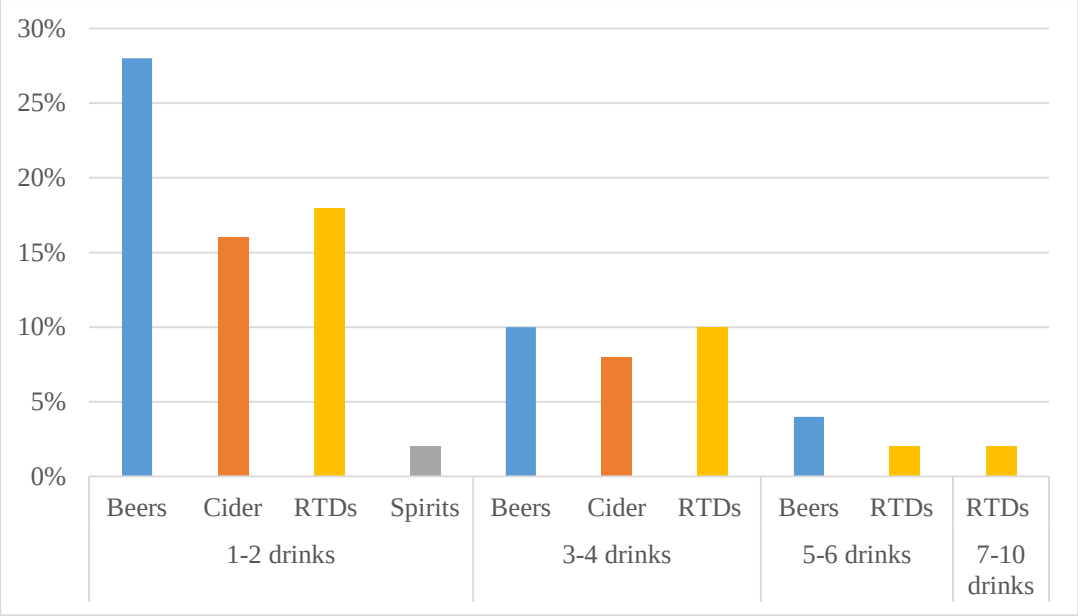

Figure 4: Type of alcohol supplied to 16-17 years olds

Of the 23 parents who said their young person had, in the past 6 months, experienced negative effects due to alcohol, 20 parents had 16-17 year olds, and 3 parents had 11-15 year olds. It is noted that 106 parents responded "no" to the question. The most common experience (32%) was a hangover the day after drinking. This was followed closely by experiencing symptoms of intoxication (30%) and 2 respondents said their young person experienced an assault. Respondents did note, however, that they are aware that their young person doesn't always tell the truth about what happens. There appeared to also be a theme of social supply, with three respondents saying their young person was drunk despite them not supplying any.

"Lying. Getting strangers to buy drinks for them. Drunken stupidity"

"Excessive alcohol when I supplied none"

3.8 Parental Information and Support

Thirty four percent of the respondents felt they had some information and support regarding young people and alcohol and 21% felt they had a lot of information and support. However, 15% of respondents felt they had little to no information or support. Respondents were less likely to discuss ways to discourage young people from drinking with other parents, compared with their family (fig 5). However, when asked about extra support, eight parents indicated they would like better communication between parents so that all parents are on the same page about alcohol supply at social gatherings. Increased parent communication could act as a vehicle to reducing peer pressure parents are experiencing to supply their young person with alcohol.

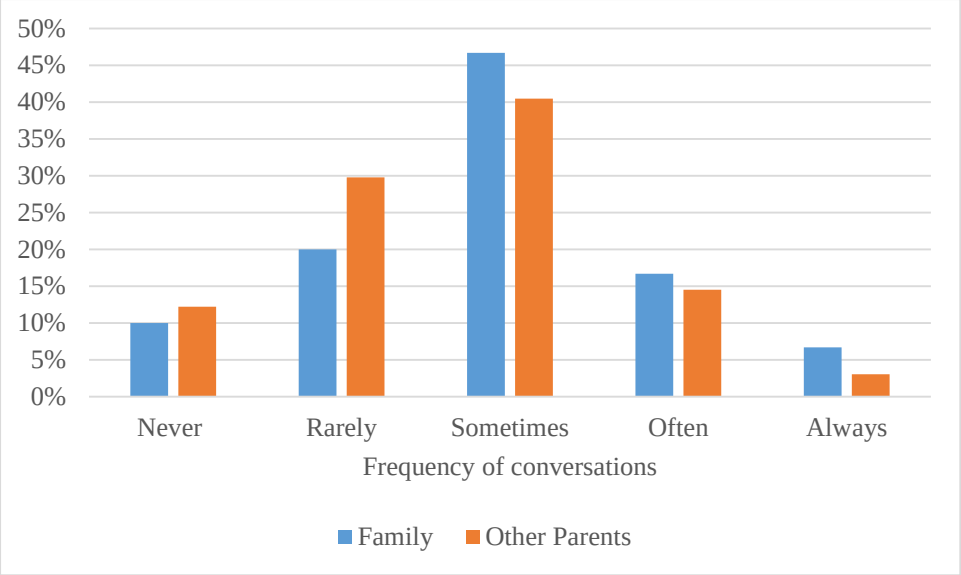

Figure 5: How often parents discuss with others regarding discouraging young people from drinking

When it came to sources of trusted information regarding young people and alcohol, parents felt that the Police were the most trustworthy (73%) followed by the school and experts (69%) equally. It appeared that other parents and the community were the least trustworthy source of information (37% equally). There also appeared to be no real difference between sources of trusted information between all parents and the parents of 16 and 17 years olds.

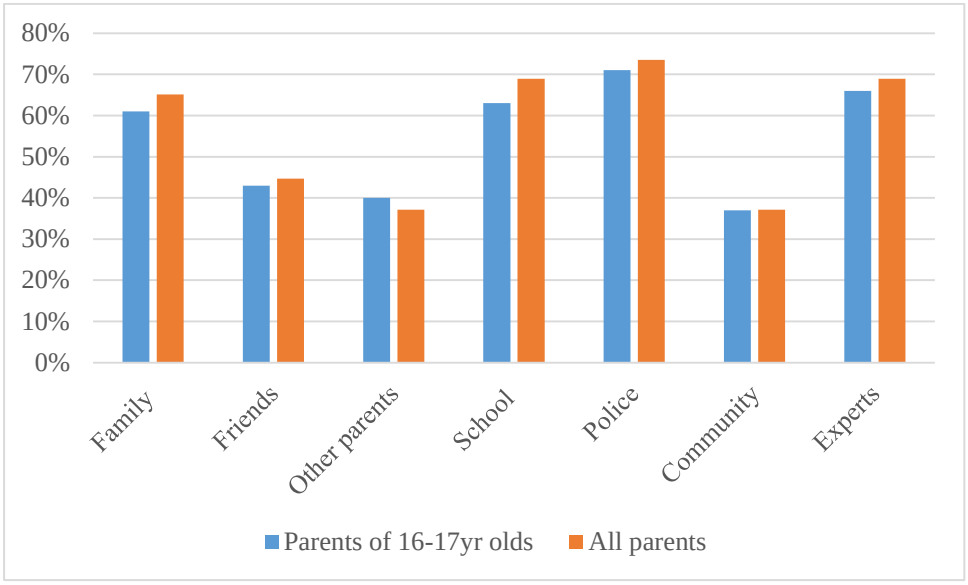

Figure 6: Comparison of sources of trustworthy information

5 Discussion

The aim of this survey is to explore attitudes and behaviours of Wanaka parents towards the supply and use of alcohol by under 18 year olds. Previous research has shown that parental attitudes towards alcohol consumption can have a significant effect on adolescent alcohol behaviours (Murphy *et al,* 2016). A large systematic review of cohort studies by Rossow *et al* (2015) found that parental drinking predicts drinking behaviour in their children. This is further evidenced by Murphy *et al* (2016), where hazardous paternal alcohol consumption resulted in a three times greater risk of adolescent hazardous alcohol consumption. When Wanaka youth were asked about parental alcohol consumption, most parents (approximately 82%) were reported to consume alcohol at home (Hammond, 2016). The respondents of this survey confirmed this with 84% saying they consumed alcohol in the home. This shows that the Wanaka youth are in tune and are aware of parental alcohol consumption. This may result in earlier initiation of alcohol consumption, and greater likelihood of hazardous drinking behaviours (Murphy *et al,* 2016). Although the relationship between parental and adolescent alcohol consumption cannot be inferred from this study, it has a strong evidence base from previous research.

Further research showed that rule-setting in parents has a significant effect on early adolescent drinking (Van Der Vorst *et al*, 2007). Therefore, it is encouraging to see that of the 70 parents who responded about setting limits on alcohol consumption, 66% said they always set limits, and 15% rarely or never set limits. The remaining 62 respondents reported they didn't set limits as their young person doesn't consume alcohol. Parenting style has also been argued to affect alcohol use by adolescents, with authoritarian (strictness but not warmth) and neglectful (neither warmth nor strictness) parenting styles having a stronger relationship with adolescent alcohol use (Calafat *et al*, 2014). This was not investigated in this survey, however could be an area for future research. This survey did show that a significant proportion of parents (65%) were comfortable with their 16 and 17 year olds consuming alcohol in a supervised setting, and a quarter of those were comfortable in an unsupervised setting. This is despite the legal age of alcohol consumption being 18 years. Of concern is the 6% of parents who reported being comfortable with their young person between 11-15 years drinking in an unsupervised setting. This could be attributable to the pressure 43% of parents reported experiencing to allow their young person to drink alcohol. However, further research needs to be conducted to determine where the pressure is coming from, e.g. their children, other parents, media etc.

It is difficult to directly compare the findings of this survey with those from Hammond (2016), because different age groups are represented. However, it does appear that there is a consensus that approximately 60% of parents are suppling their teenagers alcohol. The majority of parents (69%) supplied their 16 and 17 year olds between 1 and 4 drinks, which is within the guidelines for adults expressed by Health Promotion Agency (2017b) (NHMRC, 2009). What is of concern is that 8% of parents who supplied alcohol are supplying more than 5 alcoholic drinks to their young person. There are many reasons why this might be, such as difficulty finding information regarding youth and alcohol, and lack of whānau support (Research New Zealand, 2008). The most commonly supplied form of alcohol was beer followed by RTDs. The supply of RTDs and beer to underage youth appears to be similar across other regions in New Zealand (Research New Zealand, 2008). For teenagers between 15 and 17 years of age, drinking non-alcoholic beverages is best, however

low-alcohol options are more appropriate than RTDs or bottles of wine (see appendix A) (HPA, 2015; NHMRC, 2009). Due to the association between alcohol consumption between 12-18 years of age and poorer neurocognitive performance on working memory, verbal and visual memory and executive functioning, supply of alcohol could be an opportunity for education with parents to reduce alcohol harm (Table 2) (Squeglia *et al*, 2014; Murphy *et al*, 2016).

Table 2: Summary the effect of alcohol on adolescent brain development (Squeglia et al 2014).

Cognition	↓ Visuospatial functioning, learning and memory, attention
Brain Volume	↓ Hippocampus, prefrontal cortex, cerebellum volume
Cortical thickness	↑ Frontal cortices (female) ↓ frontal cortices (male)
White-matter integrity	↓ White-matter integrity
Brain Activation	↓ Activation before initiation alcohol use; ↑ activation post heavy drinking

Parents were aware that, even when they supplied alcohol, their child was receiving alcohol by other people, such as friends and strangers, and in some occasions young people were arriving home drunk despite no parental alcohol supply. Parents also commented saying that teenagers would get older friends to purchase alcohol on their behalf whilst they waited outside. A study by SHORE & Whariki (2009) found that for New Zealand youth, friends are the most common supplier of alcohol and supply higher quantities compared with parent suppliers. In New Zealand, it is an offence to purchase alcohol with the intent of supplying to a minor, however this is not applicable to the parent or guardian (HPA, 2017a). Therefore, future interventions may need to focus on educating parents around ways to prevent social supply as well as police presence around liquor stores to prevent legal age people purchasing alcohol for underage youth.

5.1 Limitations

This research population is likely to have bias because of 499 respondents the survey was sent to, only 132 completed it, and of those 87.9% were female. Therefore, any interventions which come of this research may better suit mothers compared with fathers. Those who responded to the survey are likely to have a different relationship with alcohol to those who did not respond to the survey. Similarly, their children may have different drinking patterns compared to the children of non-responders. Sampling bias is a significant limitation of this study, like all studies of this type.

The length of the survey may have also played a role in the number of responses collected as well as a proportion of questions not attaining a 100% response rate. This is because research has shown that greater survey length significantly depresses response rate (Dillman, 2000).

5.2 Recommendations

The overarching recommendation would be for emphasis on actively changing the social norm of alcohol consumption by 16 and 17 years olds in the Wanaka district. Social norm is defined as social expectations that shape individual attitudes and behaviours (Haider, 2017). Results of this survey showed that parents know the underage youth should not be consuming alcohol, however still supply alcohol due to cultural and peer pressures. New social norms to be promoted could be: that is not acceptable for underage teens to consume alcohol; or that it

is normal for parents to talk to supervising parents prior to social gathering. Social norms have the ability to make parents feel empowered and can send a strong message around the acceptability of underage alcohol consumption. The process of integrating new social norms takes time and consistent investment, requiring clear and consistent messaging. Thus, change needs to be led by those with the most influence in the community, such as Queenstown Lakes District Council (QLDC), the Police, and Mt Aspiring College.

The research has posed the question: Should alcohol harm reduction resources be targeting solely on the community or whānau education as well? Parents are more likely to look to their own family as a trusted sources of information regarding youth alcohol consumption compared with friends and the community. Communication between parents was suggested as a way to facilitate conversations around gatherings and supply in an effort to reduce pressures on parents and change the norm of underage alcohol consumption. This network would need to be part of a two-pronged approach, the second prong being whānau education and support. Educating families and the wider whānau about alcohol will aid in providing consistent messaging and rules, and support from the community and Police will help with the sustainability of rule setting and alcohol harm reduction messages.

Parents explicitly indicated that they would benefit from an information night discussing the risks of underage drinking, the health and social implications, how to say no to supplying alcohol, as well as alternatives to alcohol. This research showed that parents were concerned with short-term outcomes relating to alcohol, such as sexual assault and drink driving, and later life outcomes, such as alcohol dependency and mental health issues, were not as much of a concern. Therefore, it is important that parents are aware of the short-term and long-term outcomes from underage alcohol consumption. The research also indicated that the information night would need to be run by an expert, with support from the local Police for parents to feel that they are receiving trustworthy and correct information.

Due to the density of alcohol outlets in Wanaka, and the relationship between alcohol density and adolescent imitation of alcohol consumption; advocating to the QLDC for alcohol-free events, expanding alcohol bans areas and times, may result in a change of the social norm of alcohol consumption. Pairing alcohol harm reduction messages with other messages such as Smokefree areas, can help Wanaka to become more health promoting, resulting in better health outcomes for the community. It may also be beneficial to find out perspectives of outlet owners on the alcohol environment, and what their perceived areas of improvement are.

6 Conclusion

This survey explored one quarter of the Mt Aspiring College parent population's perspectives on alcohol consumption by under 18s. It was found that the majority of respondents were comfortable with their young person consuming alcohol from 16 years of age, however this age decreased when it was a special occasion. Parents are confident in talking to their young person about alcohol, but also recognised that they needed more information and advice on how to prevent underage alcohol consumption. They also indicated their concerns around social supply of alcohol and drink driving. Support and information was more likely to be better received when it was communicated by the Police, Mt Aspiring College staff, and trusted experts.

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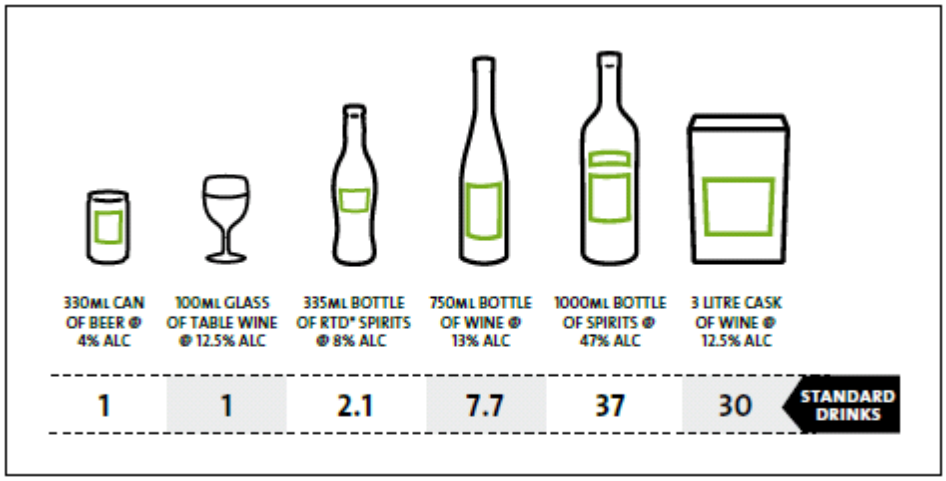
8 Appendix A: Guides to standard drinks (HPA, 2015).



*RTD (READY TO DRINK)