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Australian Government  
Department of Health



THE UNIVERSITY OF  
SYDNEY  
Matilda Centre

## Today's webinar

The relationship between social media, alcohol use and parental monitoring across adolescence



In case you missed it...



Parties, gatherings and sleepovers: How can parents keep their teens safe?

Available on demand at  
<https://positivechoices.org.au/teachers/parties-gatherings-and-sleepovers>

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# Housekeeping

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1 You are in listen-only mode

2 This webinar is being recorded and will be made available on the Positive Choices portal, along with a handout of the slides.

3 We will have a question and answer session towards the end of the webinar. Please type your questions using the comment box available.



# What is Positive Choices?

The screenshot shows the Positive Choices website interface. At the top, there are navigation links for Teachers, Parents, and Students, along with Sign In, Register, Getting Started, and Contact Us. Below this, there are links for Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse resources. The main header features the Positive Choices logo, a search bar for teacher resources, and a 'Drug and Alcohol Information' section with the tagline 'Get informed, stay smart, stay safe' and a button 'Where to get help and advice'. The main content area is divided into six categories, each with a play button icon: Teachers and Wellbeing Support Staff Resources, Parent Resources, Student Resources, Aboriginal and Torres Strait Islander Resources, Culturally And Linguistically Diverse Resources, and a 'First time here? Watch this video!' section. At the bottom, there is a 'Sign up now!' button.

Developed by NDARC and NDRI, in consultation with teachers, parents & students. Funded by Australian Government Department of Health.

Central access point for trustworthy, up-to-date drug & alcohol information & educational resources

Learning resources, factsheets, videos, & games to engage young people with drug education

Access to classroom-based drug prevention programs that are proven to reduced drug-related harms



# Social Media, Alcohol Use, and Parental Monitoring across Adolescence

Ms Anna Smout



**Australian Government**  
**Department of Health**



## Parenting in the tech age:

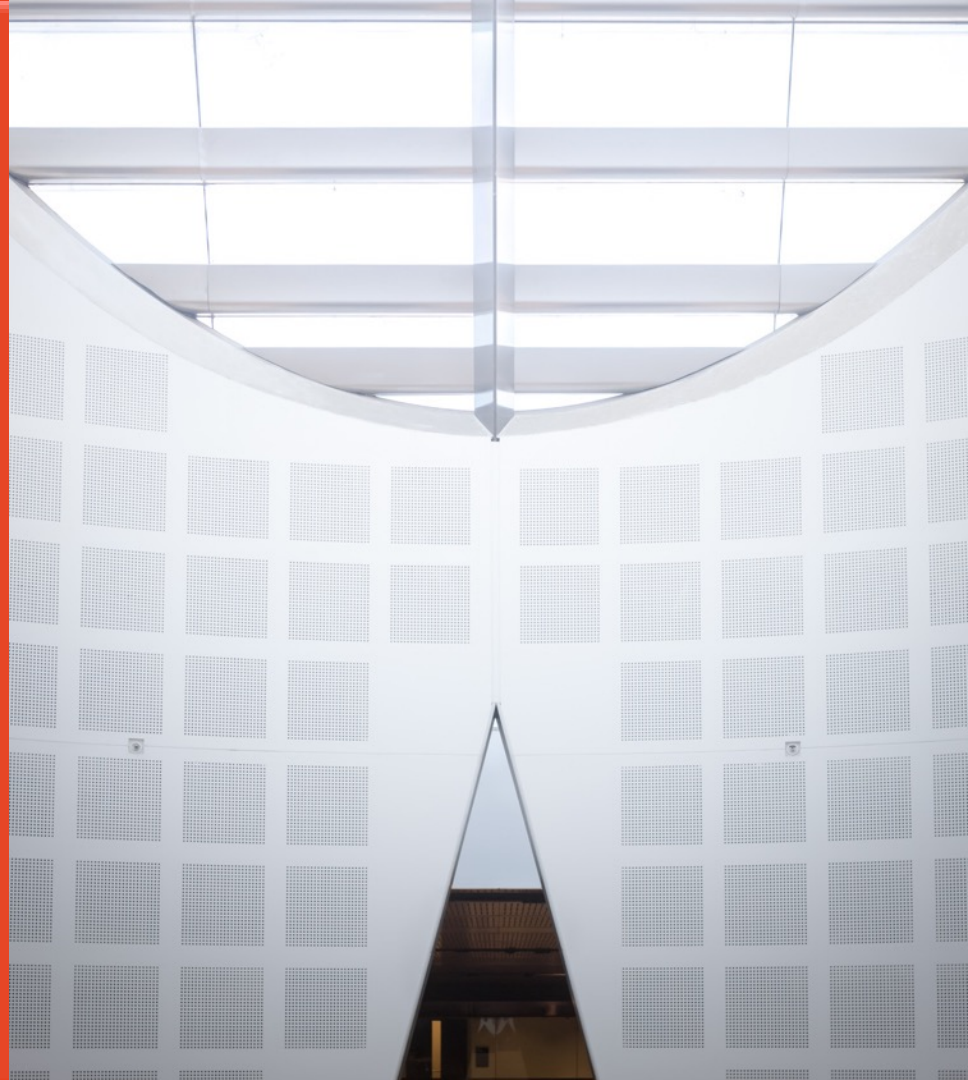
The relationship between social media, alcohol use and parent monitoring in adolescence.

### Presented by

Anna Smout

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Mental Health and Substance Use

Faculty of Medicine and Health



# Acknowledgements

## **CAP Study Investigators:**

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The authors have no conflicts of interest to declare.

## **CAP study participants and schools.**

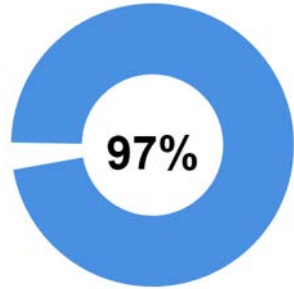


# Background: Social networking statistics



**8 IN 10  
AUSTRALIANS**

*(Sensis, 2017)*



**14-15  
YEARS**



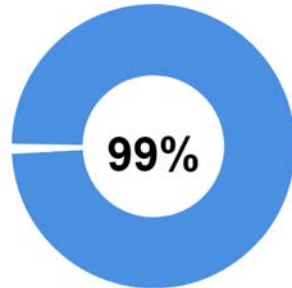
**3+ hours** per day



Up to **50+** visits

**16-17  
YEARS**

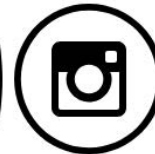
*(ACMA, 2013)*



81%



72%



66%



65%



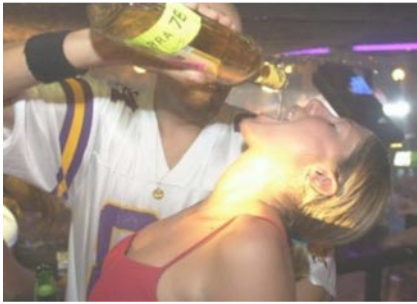
28%



# Social networking and adolescent drinking

- More time spent on **social networking sites (SNS)** → increased frequency of drinking among adolescents

*(Boyle et al., 2016; Moreno et al., 2015; Pegg et al., 2018)*



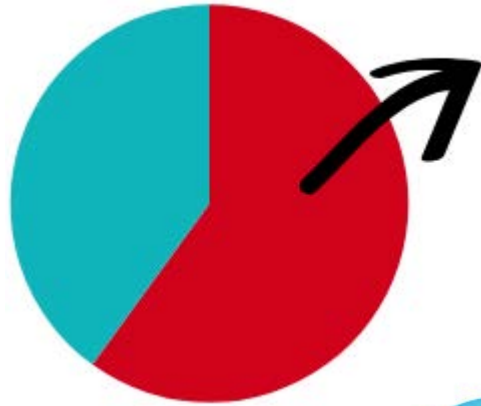
Alcohol-related content  
generated by peers  
*(Moreno & Whitehill, 2014)*



Inflation of perceived peer norms  
*(Litt & Stock, 2011)*

- Content analyses find **most** profiles contain references to alcohol use

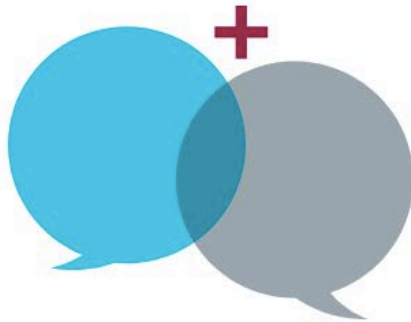
# Parent monitoring (“mediation”)



- 60% of Australian parents reportedly never monitor their child’s SNS use (APS, 2017)

## TYPES OF PARENT MEDIATION

(Fikkers et al., 2017; Gentile et al., 2014.)



ACTIVE



RESTRICTIVE



CO-USE

# The present study: Research questions

## To investigate:

1. Does exposure to peer-generated content depicting risky substance use on SNS affect the relationship between time spent on SNS, and drinking frequency?
2. Does **parent monitoring** affect the relationship between:
  - Time spent on social media and drinking frequency?
  - Exposure to peer content and drinking frequency?
3. **Is this occurring as early as age 13?**



# Participants and method

Climate and Preventure (CAP) study **control group**

- **Number of participants = 527**
- 65% female
- Mean age: 13.0 years

A trial designed to assess the effectiveness of a school-based approach to the prevention of substance misuse and related harms. **Self-report survey data** collected across 5 time points:



Baseline (13 years)	13.5 years	14 years	15 years	16 years
2012	2012	2013	2014	2015

# Measures

- **Drinking frequency**
  - Number of days per month a **standard drink was consumed**, over the past 6 months
- **Social media**
  - **Hours spent per day** using SNS (0 – 12)
  - **Seeing pictures** of kids drunk, passed out or using drugs on SNS (Yes or No)
- **Parent monitoring**
  - Whether their **parents monitor** SNS use (Yes or No)
- **Covariates**
  - Participant sex
  - Impulsivity, sensation seeking, hopelessness, anxiety **sensitivity** as measured by the Substance Use Risk Profile Scale (**SURPS**) – (Woicik et al., 2009).

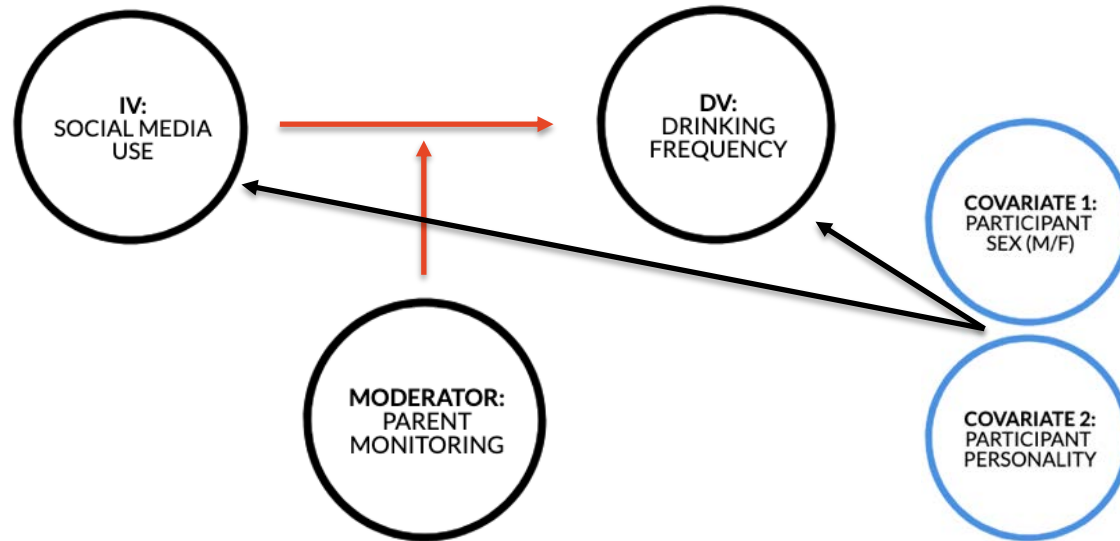


# Regression analysis

Used to **examine the relationship** between two or more variables of interest.

There are many different types, but they all **examine the influence of one or more independent variables (IV)** on a **dependent variable (DV)**.

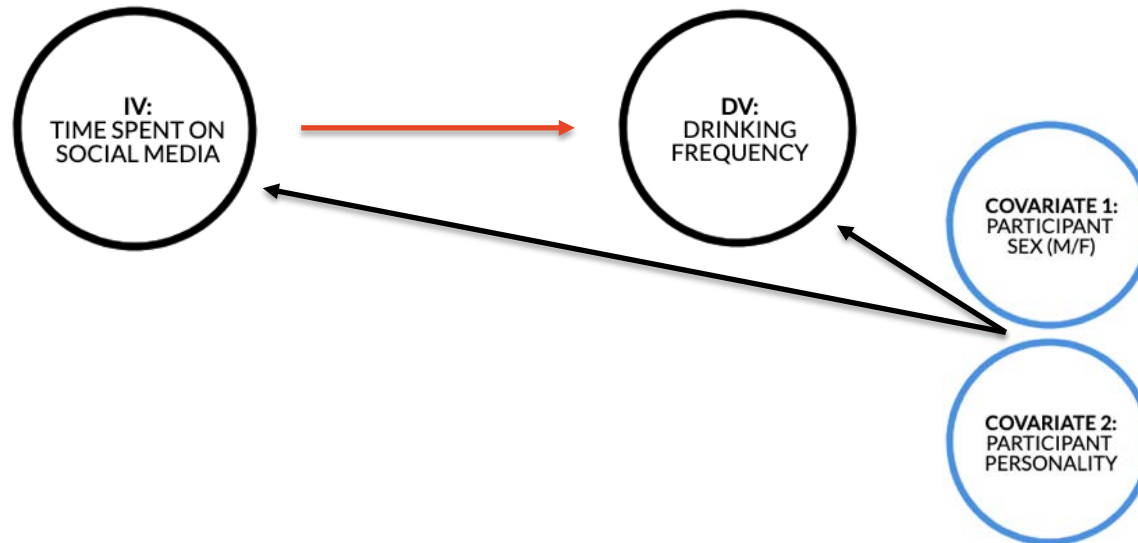
In our case:



# Results



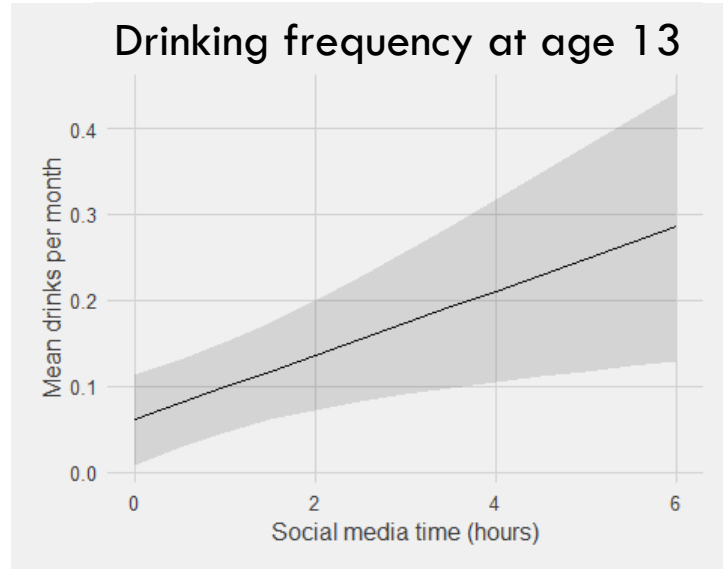
# QUESTION 1





# TIME SPENT ON SOCIAL MEDIA

**More hours per day spent on social media is associated with increased drinking frequency ( $p < 0.001$ ).**

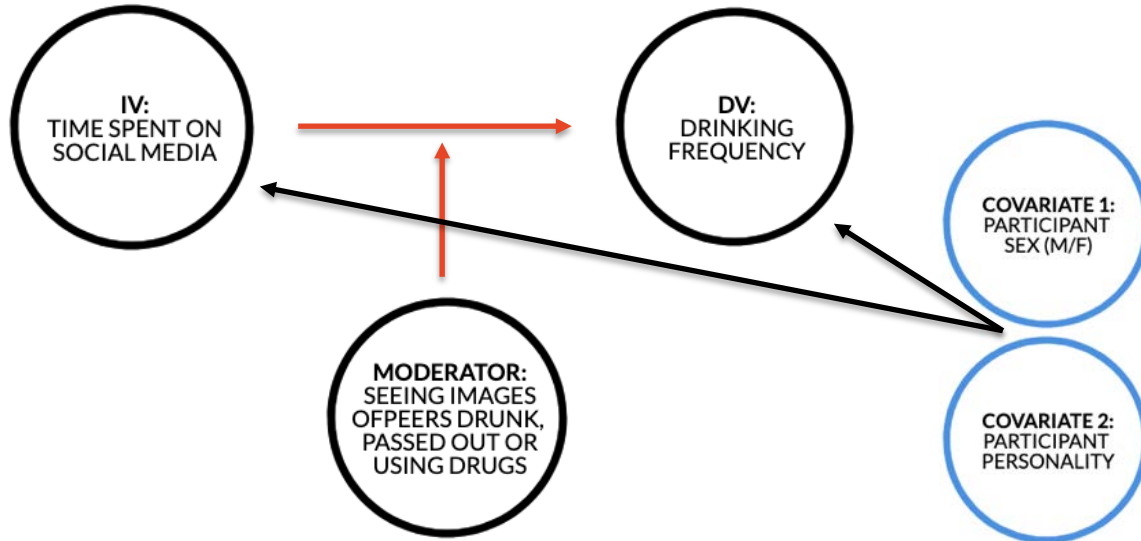


	Estimate	Std. Error	T value	Sig. (p>.05)
(Intercept)	.070	.038	1.842	.066
SocialHours	.081	.022	3.674	.000*

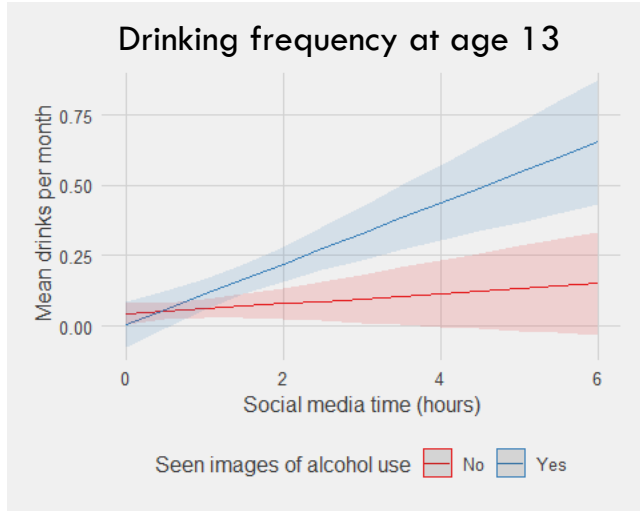


**( $P < 0.05$  = 'significant')**

# QUESTION 2



# SEEING IMAGES ON SOCIAL MEDIA

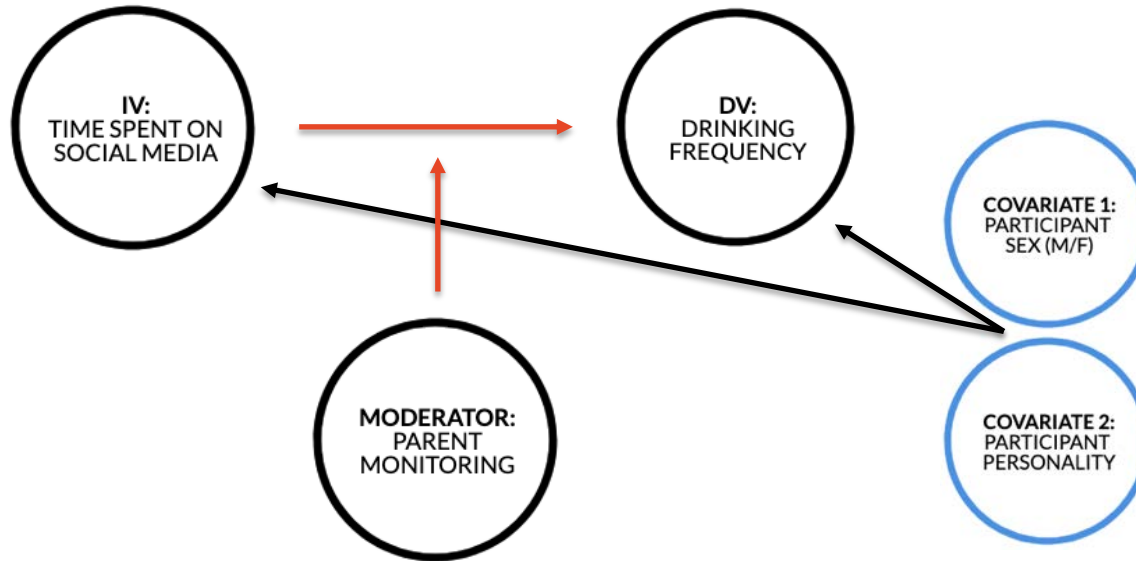


More social media hours per day predicts increased drinking frequency **only when adolescents reported seeing images of their peers drunk, passed out or using drugs.**

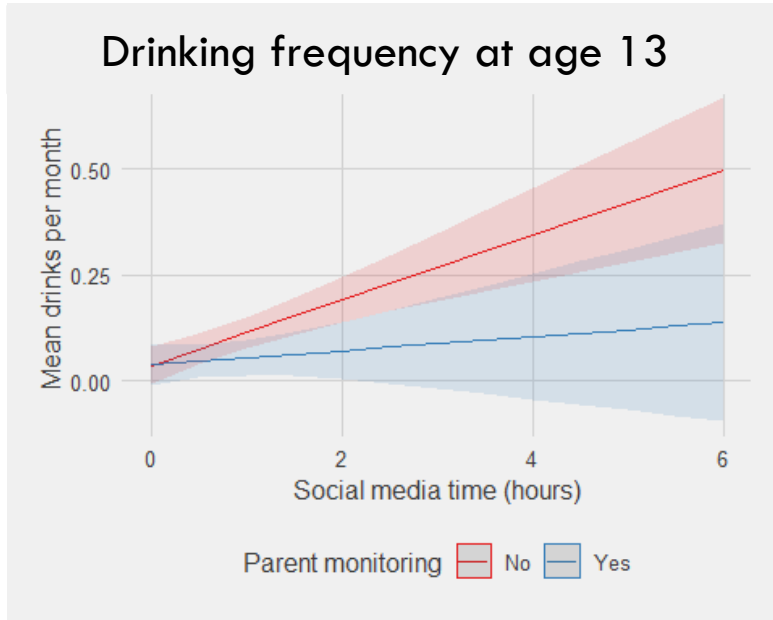


	Estimate	Std. Error	t value	Sig. (p>.05)
<b>(Intercept)</b>	0.043	0.018	2.351	0.019
<b>SocialHours</b>	0.018	0.017	1.059	0.290
<b>SeeingImages(Yes)</b>	-0.039	0.045	-0.879	0.380
<b>SocialHours* Seeing ImagesYes</b>	0.090	0.029	3.123	<b>0.002*</b>

# QUESTION 3



# PARENT MONITORING + SOCIAL MEDIA TIME



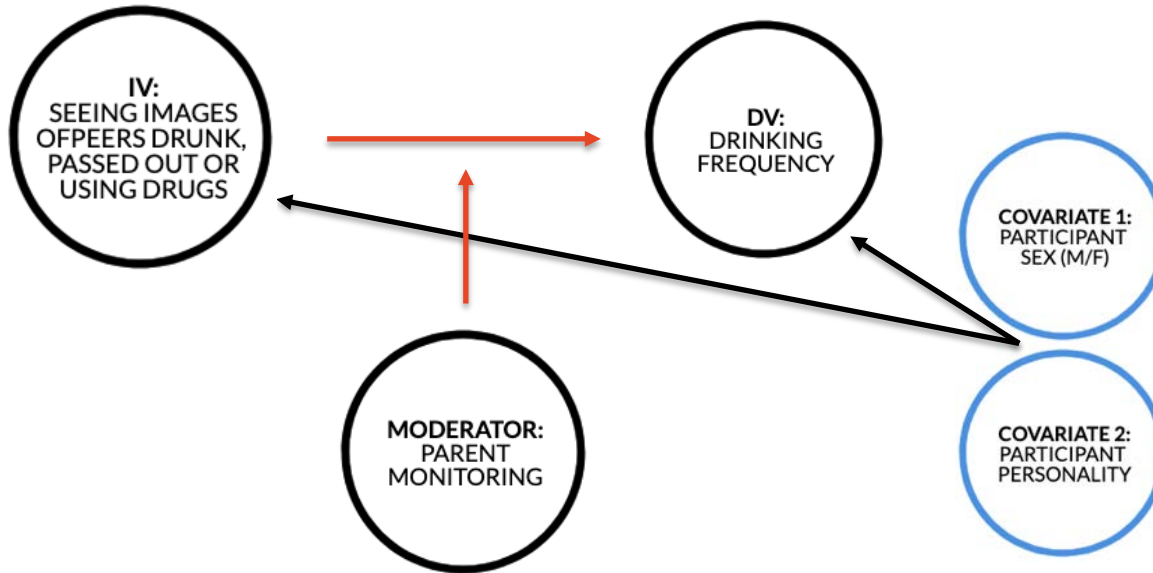
**With any perceived parent monitoring, the relationship between social media hours and drinking frequency is significantly reduced.**

BUT... this finding was no longer statistically meaningful once we accounted for participant sex and personality.

**COVARIATE 1:  
PARTICIPANT  
SEX (M/F)**

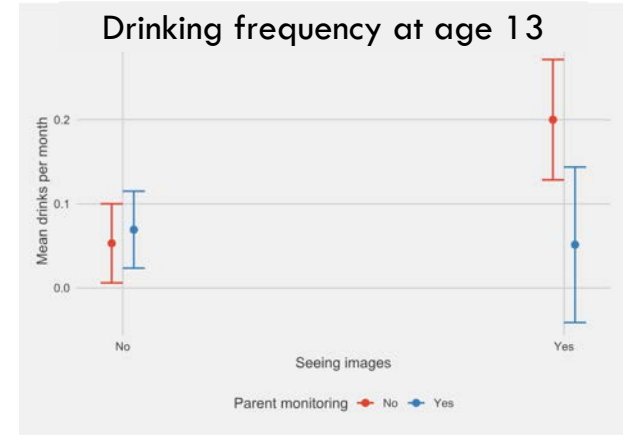
**COVARIATE 2:  
PARTICIPANT  
PERSONALITY**

# QUESTION 4



# PARENT MONITORING + SEEING IMAGES

At age 13, seeing images of other kids drunk, passed out or using drugs on social media is associated with a higher frequency of drinking, **but parent monitoring appears to counteract this.**



	Estimate	Std. Error	t value	Sig. (p>.05)
(Intercept)	0.053	0.024	2.209	0.028
SeeingImages(Yes)	0.147	0.044	3.363	0.001
ParentMonitor(Yes)	0.016	0.033	0.484	0.629
SeeingImagesYes*ParentMonitorYes	-0.165	0.068	-2.409	<b>0.016</b>

# IN SUMMARY

1. More time spent on social media is associated with increased frequency of drinking at age 13  
However...
2. Exposure to content of peers engaging in risky substance use **moderates** this
3. Parent monitoring **moderates** the relationship between seeing images and drinking frequency





# IMPLICATIONS for parents and young people

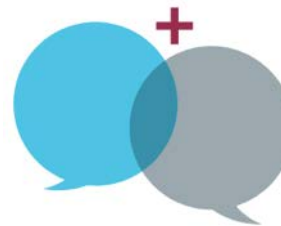
## 1. Reduce social media use in early adolescence

- Due to it's association with increased drinking



## 2. Begin early!

- Critical discussions about peer content
- ACTIVE > RESTRICTIVE?



ACTIVE



RESTRICTIVE



CO-USE

# What about in later adolescence?

Additional analyses have shown:

- Relationships seen today were not as strong in older age groups (14, 15 and 16)
- Longitudinal analyses show:
  - Seeing images predicts increased drinking across ages 14, 15 and 16
  - Parent monitoring at age 13 did not significantly affect drinking frequency in the longer term.



**An early window of influence for parents.**

# Study limitations and next steps...

## Limitations

- Cross-sectional data: cannot infer causality
- Reliance on self-report

## Next steps:

Paper in preparation as part of doctoral thesis

**Thank you!**



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**Q & A**



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