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Original research article

Transmission of alcohol abuse behavior from parents to their children in the Czech population

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Abstract

Background: From the point of view of social learning and the socio-environmental perspective, alcohol abuse in parents appears to be an essential risk factor for later drinking problems in children. Such behavior is directly related to the initiation and continuation of substance abuse through genetic influences and passing on the patterns of behavior. The frequency of alcohol consumption depends on the behavior patterns, while the variables of the child's age and gender also play their role. In particular, early initiation into drinking is considered riskier.

Aim: To analyze the connection between the frequency and amount of alcohol consumption by children and the patterns of alcohol consumption among persons who are responsible for their upbringing.

Research sample: In terms of age and sex, a representative child population (n = 2948); males (1492; 50.61%) and females (1456; 49.39%) aged 6–17 years.

Methods: An online research tool developed within the Social Survey Project platform. The statistical significance was tested using the χ^2 statistic for two-dimensional (C×R) contingency tables.

Results: Alcohol consumption in the presence of children is related to the amount of alcohol consumed. Children of abstainers, who do not drink in front of their children, or who consume alcohol to a limited extent, are more likely to not consume alcohol at all. Large quantities of alcohol are consumed by children whose parents often drink in their presence. For children aged 15–17, alcohol consumption is not related to its availability at home if they consume it in small quantities.

Conclusion: The prevention of negative social phenomena starts in the family, long before the child reaches the age when he or she begins to be threatened by these phenomena. As a non-specific prevention, we can, in particular, perceive the method of upbringing in the family, where mutual trust and safety are developed, and the child has a solid background and develops appropriate patterns of behavior.

Keywords: Alcohol; Behavior patterns; Parenting; Prevention

Introduction

Alcohol abuse causes considerable health and social risks in both the adult and child population. In the Czech Republic, the phenomenon is quite widespread, but it is trivialized by society. Alcohol consumption is part of many rituals, from which children and teenagers are not excluded. The primary family is the traditional environment where children can consume alcohol under the supervision of adults, not just secretly among their peers. Risky behavior regarding alcohol abuse significantly reduces the chance of a healthy and high-quality life. Children are the most at-risk and endangered group. Even postponing alcohol consumption to older age contributes to the reduced level of harm it causes (Hawkins et al., 1997; Mason et al., 2011). With respect to alcohol use in families, one's behavior is formed mainly through socialization and specific behaviors that are closely related to alcohol (Barnes et al., 1986; Darling and Steinberg, 1993). From this point of view, clear rules in the family contribute to reducing the risk of alcohol consumption during adolescence, or at least to delaying the start of the consumption (van der Vorst et al., 2006).

In their research, Cablova et al. (2016) demonstrated that there is a relationship between parenting style and regular or risky alcohol consumption among children and adolescents. From the point of view of the educational process, it is evident that authoritarian and neglectful upbringings are especially problematic. An authoritarian upbringing is harmful from the point of view of later abuse, especially for smaller children, while a neglectful upbringing is harmful for adolescents, who show a higher le vel of independence and competence, but also a high level of alcohol use. More recent studies have further examined the individual aspects of upbringing and its specific risk and protective factors, such as alcohol offered by parents, parental attitudes, parental alcohol consumption, and parental supervision. It is evident that these specific manifestations are related to alcohol use and adolescent behavior (Aiken et al., 2022; Chan et al., 2017; Guerin and White, 2018; Guo et al.,

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2001; Jongenelis et al., 2018). Alati et al. (2005) draw attention to the risks of early exposure to alcohol use by the mother in front of the children. Another study also considers mothers to be more problematic role models in this regard (Handley and Chassin, 2013).

Parents are one of the main suppliers of alcohol for many children (Aiken et al., 2022; Guerin and White, 2018; Hearst et al., 2007; Jongenelis et al., 2018). Often this behavior is justified by the "safe" introduction of alcohol (Gilligan et al., 2012, 2014; Kypri et al., 2007; Mattick et al., 2018; Ward and Snow, 2011), even though there is no evidence of the benefits of this behavior (Clare et al., 2019). The perception of the "safe" introduction of alcohol to children has been the subject of many studies. The rationalization of this behavior can take a different form for the mother and the father. As noted by Jones et al. (2015), the mother's decision to provide alcohol consists of a rationalization such as: "I help the child to be happy and popular". A father's motivation in relation to his son may be similar, "he wants his son to fit in and be accepted", but the desire to make his son happy and to be seen as a "cool" dad or a "friend" also plays a role.

Parental drinking in the presence of children is generally viewed as problematic (Latendresse et al., 2008; van den Eijnden et al., 2011). It is more problematic when both parents drink, rather than just one (Li et al., 2002). Tildesley points out that from the point of view of social learning and the socio-environmental perspective, parents' alcohol abuse appears to be a basic risk factor for later drinking problems in children (Tildesley and Andrews, 2008). Such behavior is directly related to the initiation and continuation of substance abuse, both through genetic influences and by passing on the patterns of behavior. The frequency of alcohol consumption depends on the behavior patterns, while the variables of the child's age and gender also play their role. In particular, early initiation into drinking is considered riskier (Bucci et al., 2021).

Although strict rules are generally recommended, Pistella draws attention to the risks of excessive supervision (helicopter parenting), which can have the opposite effect (Pistella et al., 2022). An overly intrusive parenting style may be a risk factor for maladaptive behavior in children, including substance abuse, especially when associated with low parental warmth and involvement. Therefore, the connection between the quality of the emotional bond between children and their parents and its subsequent effect on alcohol consumption may also be significant.

To discover the influence of the family on children's alcohol consumption and to support the concept of parents' behavioral patterns transmission, an extensive literature review was carried out in accordance with the PRISMA methodology. Six electronic databases were searched, and the citation lists of published articles found: Embase, PubMed, CINAHL, ScienceDirect, JSTOR, and PsycINFO. We searched for papers that aimed to measure parenting style risk factors in childhood and adolescence as predictors, or papers that assessed any variables related to the passing on of alcohol-related behavior patterns. During the research, we discovered that an overview study with a similar focus had been published in this field (Čablová et al., 2014), which was followed up by primary research (Cablova et al., 2016). This work became a starting point for grasping the issue. In the Czech Republic, we found no research aimed at measuring parental alcohol consumption as a pattern of children's behavior. Therefore, foreign research results were used to conceptualize these patterns and their transmission. However, in the published research papers, children were often considered objects of the research instead of active and participating subjects (Flick, 2018). This is a new approach, formerly discussed and adopted in the field of education (Průcha et al., 2013), that we follow in contemporary research. This paper intends to introduce this approach in social and health research in the Czech Republic.

Based on previous findings in the literature, this paper aims to analyze the relationship between the frequency and amount of alcohol consumption by children and the patterns of alcohol consumption among those responsible for their upbringing, based on data from a survey of the population of the Czech Republic.

Materials and methods

Data collection took place in all regions of the Czech Republic. The measurement took place in the form of an online research tool created within the Social Survey Project platform (Pospíšil, 2018).

Study sample and procedures

Within the stratification groups, the questionnaires were widely and randomly distributed amongst the population by over 200 trained volunteers. In addition, a total of 240 schools selected via random systematic selection from the list of elementary schools, special education schools, grammar schools, secondary vocational schools, and training schools were approached. The list of schools from which the selection was performed can be found on the website https://www.seznamskol.eu. Schools were offered to participate in the research with the possibility of obtaining the results for their school. A total of 7 schools used this option and entered their specific code in the questionnaire. Based on that, the data were then filtered for the purposes of the given school and the results provided to the schools upon their request. Schools that did not want to obtain the results for their own use had the option to participate without the specific code. The schools' reactions to our offer were of three kinds. Some schools, of which there were unfortunately only a very limited number, responded very positively to the offer and showed great interest in the results. Most schools did not respond to the offer in any way, and we do not know if they paid any attention to it at all. The third type of reaction was alarming in terms of further prevention. The school principals in this group consulted a prevention methodologist who declined any participation in the research (often with an objection that can be summarized as follows: "It is better not to know; it could pose a danger to the school.")

In the child population sample (n = 3631), gender was determined using a closed categorical scale consisting of the following categories: male (1,492; 41.09%) and female (2,139; 58.91%). Due to the representativeness of the sample, a divide was made according to gender so that, in accordance with the CZSO, boys predominated (CZSO, 2021). In the representative sample (n = 2,948) the distribution by gender was as follows: male (1,492; 50.61%) and female (1,456; 49.39%).

The age of the respondents was determined using a closed question. Only respondents aged 6-17 could answer the questionnaire. For research purposes, age categories were created according to two age stages with four-year and two-year intervals. Stages 6–14 (1,240; 42.06%) and 15–17 (1,708; 57.94%) were analyzed separately. We defined and used the age categories based on social context, not ontogenetical stages. The children and young people in these two groups were (a) selected from the unique school grade (lower-secondary school, high school) and (b) considered as members of the same peer group

(pupils of the lower-secondary school, pupils/students of the high schools). According to previous findings (Tildesley and Andrews, 2008, Ennett et al., 2013; Guo et al., 2001; Koning et al., 2012; Spijkerman et al., 2008; Wood et al., 2004), these two social groups have different reasons for alcohol consumption and have significantly different sources for the patterns of behavior they adopt. In terms of the gender of the sample, girls slightly predominate over boys. although this predominance is only up to 10% above the required state according to the distribution of the population in this age category (CZSO, 2021), a cut was made to a representative population with regard to gender. Thereby avoiding possible distortion of the results due to the predominance of girls.

Study measures

The questionnaire included a binomial filter question, which read as follows: "Have you ever tasted alcohol?" Children who had tasted alcohol were then asked about their level of abuse (any consumption of any type of alcoholic beverage is considered abuse for this group of underage respondents (Act no. 65/2017 Col.).

Without the filter question, all children were then asked about their experiences with alcohol in the family and about the form and effect of preventive measures. For a more detailed analysis of abuse rates, two questions were used:

How often do you drink alcohol?
- Every day.
- Almost every day (at least 5 times a week).
- Several times a week (3–4 times a week).
- Once or twice a week.
- Several times a month (2–3 times a month).
- Once a month.
- Rarely (several times a year).
- It happened only once.

How much alcohol do you drink?
- Only a sip.
- In small quantities to quench thirst - maximum 1 beer or 1 Frisco, or another similar drink.
- More than enough to quench my thirst, but not enough to make me drunk.
- In an amount that induces a state of drunkenness in me.
- I don't care and get drunk to the point where I have no control over myself.

Both questions had to be categorized when applying the statistical tests.

To measure the variable "alcohol consumption in the presence of children", the following question was used: Do your parents or people with whom you live drink alcohol in your presence?
- Yes, they often drink alcohol in my presence.
- Yes, but they drink alcohol in my presence to a very limited extent (for example at family celebrations).
- No, never in my presence.
- No, my parents are abstainers (they don't drink alcohol at all).

A binomial question was used to measure the availability of alcohol at home: Is alcohol stored in your home in places where you normally have access to it?

The statistical significance of the hypothesis was tested using the χ^2 statistics for two-dimensional (C×R) contingency tables (Azen and Walker, 2011; Sheskin, 2011). To better interpret the results, the adjusted residuals (z) were calculated in each cell. The degree of statistical dependence is expressed by asterisks in the tables (* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$).

The aim of the research was to find whether, among children, there is an association between the frequency and amount of alcohol consumption and the patterns of alcohol consumption among those responsible for their upbringing. This main aim was divided into four particular aims (PA), which led to testing four dependencies:

PA1 To test the relationship between alcohol consumption in the presence of children and the amount of alcohol consumed.

PA2 To test the relationship between alcohol consumption in the presence of children and the frequency of alcohol consumption.

PA3 To test the relationship between home availability of alcohol to children and the amount of alcohol consumed.

PA4 To test the relationship between home availability of alcohol to children and the frequency of alcohol consumption.

Risky behavior in adolescence is a normative part of adolescent development, and alcohol consumption is a relatively tolerated pattern of behavior in adolescence. In contrast, alcohol consumption during childhood is considered unacceptable and extremely harmful (Jessor et al., 1995; Moffitt and Caspi, 2001; Silbereisen et al., 2013). For that reason, hypotheses where this fact could affect the results are tested separately for the group of children (6–14 years – PA1-4a) and adolescents (15–17 years – PA1-4b).

Results

Based on the data validation, no statistically significant differences were identified between the Czech and Moravian regions in relation to tasting alcohol ($p = 0.851$), the possibility of seeing parents in a drunken state ($p = 0.506$), nor in the age when children try alcohol for the first time ($p = 0.084$). Moreover, the Czech and Moravian regions do not differ when it comes to the person who allows the children to try alcohol for the first time ($p = 0.238$). The only areas in which these regions differ in a statistically significant way is the availability ($p = 0.016$), frequency ($p = 0.014$), and amount ($p = 0.011$) of alcohol consumed.

Only 533 (18%) children had never tasted alcohol (392 aged 6–14, and 141 aged 15–17). Almost half of the children (46.58%) tasted alcohol for the first time between the ages of 11 and 14. Children who tasted alcohol before beginning their compulsory education (under 6 years of age) constitute 7.66% of our sample. In 36.97% of cases, one of the parents (more often the father) is the first one to give the child alcohol. 8.41% of children often or very often see their parents drunk. 76.49% of children stated that they usually have access to alcohol at home. Among them, older children slightly predominate. However, 66.21% of children in the 6–14 age group have access to alcohol. Alcohol is very often consumed in the presence of children in 24.93% of households.

Alcohol consumption in the presence of children is related to the amount of alcohol consumed in both age groups. For children aged 6–14 [Chi-square test results: χ^2 (df = 6) = 68.9023, $p < 0.0001$, $n = 1240$], the assumption is that children of abstaining parents (z: 3.57***) who do not drink in front of their children (z: 2.90**) or consume alcohol to a limited extent (z: 2.77**), are more likely to not consume alcohol at all (Table 1).

Table 1. The relationship between alcohol consumption in the presence of children and the amount of alcohol consumed (PA1a), including intrinsic analysis

	Do your parents or people with whom you live in the same household drink alcohol in your presence? 6–14 years				
How much alcohol do you drink?	Yes, they often drink alcohol in my presence	Yes, but they only drink alcohol in my presence to a very limited extent (for example, at family celebrations)	No, never in my presence	No, my parents are abstainers (they don't drink alcohol at all)	Total
Small amount	141 z: 0.35	354 z: 0.98	24 z: –0.84	22 z: –1.90	541
Large amount	250 z: 3.98***	507 z: –2.81**	43 z: 0.06	39 z: –1.71	839
Never	45 z: –5.46***	228 z: 2.41*	20 z: 0.92	35 z: 4.42***	328
Total	**436**	**1089**	**87**	**96**	**1708**

The transmitted patterns are fully applied in children aged 15–17 [Chi-square test results: χ^2 (df = 6) = 47.0968, $p < 0.0001$, $n = 1708$]. Large amounts of alcohol are consumed by children whose parents often drink in their presence (z: 3.98***). On the other hand, limited drinking in front of children in this age range works as abstinence (Table 2).

Table 2. The relationship between alcohol consumption in the presence of children and the amount of alcohol consumed (PA1b), including intrinsic analysis

	Do your parents or people with whom you live in the same household drink alcohol in your presence? 15–17 years				
How much alcohol do you drink?	Yes, they often drink alcohol in my presence	Yes, but they only drink alcohol in my presence to a very limited extent (for example, at family celebrations)	No, never in my presence	No, my parents are abstainers (they don't drink alcohol at all)	Total
Small amount	141 z: 0.35	354 z: 0.98	24 z: –0.84	22 z: –1.90	541
Large amount	250 z: 3.98***	507 z: –2.81**	43 z: 0.06	39 z: –1.71	839
Never	45 z: –5.46***	228 z: 2.41*	20 z: 0.92	35 z: 4.42***	328
Total	**436**	**1089**	**87**	**96**	**1708**

The research also confirmed the effect of drinking alcohol in the presence of children on the frequency of alcohol consumption in both age ranges. Children aged 6–14 frequently consume alcohol [Chi-square test results: χ^2 (df = 6) = 111.3989, $p < 0.0001$, $n = 1240$] in cases where their parents often drink in front of them. On the other hand, alcohol consumption is rejected by children whose parents are abstainers (z: 5.79***) or who do not drink in front of their children (z: 4.84***) – Table 3.

Table 3. The relationship between alcohol consumption in the presence of children and the frequency of alcohol consumption (PA2a), including intrinsic analysis

	Do your parents or people with whom you live in the same household drink alcohol in your presence? 6–14 years				
How much alcohol do you drink?	Yes, they often drink alcohol in my presence	Yes, but they only drink alcohol in my presence to a very limited extent (for example, at family celebrations)	No, never in my presence	No, my parents are abstainers (they don't drink alcohol at all)	Total
Often	54 z: 4.91***	63 z: –3.62***	9 z: –0.16	4 z: –1.34	130
Rarely	204 z: 4.15***	460 z: 0.93	32 z: –4.46***	22 z: –4.62***	718
Never	41 z: –7.64***	258 z: 1.40	49 z: 4.84***	44 z: 5.79***	392
Total	**299**	**781**	**90**	**70**	**1240**

The same pattern of behavior is confirmed by children aged 15–17 [Chi-square test results: χ^2 (df = 6) = 76.6011, p < 0.0001, n = 1708]. Frequent consumption of alcohol is reported by children whose parents often drink in front of them (z: 7.31***). In contrast, children of abstainers do not drink at all (z: 3.85***). Children whose parents drink to a limited extent in the presence of their children also rarely consume alcohol themselves (z: 4.65***) – Table 4.

Table 4. The relationship between alcohol consumption in the presence of children and the frequency of alcohol consumption (PA2b), including intrinsic analysis

	Do your parents or people with whom you live in the same household drink alcohol in your presence? 15–17 years				
How much alcohol do you drink?	Yes, they often drink alcohol in my presence	Yes, but they only drink alcohol in my presence to a very limited extent (for example, at family celebrations)	No, never in my presence	No, my parents are abstainers (they don't drink alcohol at all)	Total
Often	256 z: 7.31***	424 z: –5.30***	37 z: –0.23	30 z: –2.54*	747
Rarely	166 z: –4.81***	569 z: 4.65***	37 z: –1.05	48 z: 0.40	820
Never	14 z: –4.43***	96 z: 1.12	13 z: 2.33*	18 z: 3.85***	141
Total	**436**	**1089**	**87**	**96**	**1708**

The availability of alcohol to children in the household is related to the amount of alcohol consumed in both age groups. Children aged 6–14 do not consume alcohol if alcohol is not available at home (z: 8.81***). On the contrary, those who have access to it at home consume alcohol in small quantities (z: 7.53***) or even in large quantities (z: 3.00**) [Chi-square test results: χ^2 (df = 2) = 77.8075, p < 0.0001, n = 1240] – Table 5.

Table 5. The relationship between availability of alcohol to children at home and the amount of alcohol consumed (PA3a), including intrinsic analysis

How much alcohol do you drink?	Is alcohol stored in your home in places where you normally have access to it? 6–14 years		
	Yes	No	Total
Small amount	308 z: 7.53***	70 z: –7.53***	378
Large amount	82 z: 3.00**	21 z: –3.00**	103
Never	431 z: –8.81***	328 z: 8.81***	759
Total	**821**	**419**	**1240**

Research has shown that for children aged 15–17, alcohol consumption is not related to its availability at home if they consume it in small quantities. Differences [Chi-square test results: χ^2 (df = 2) = 58.5130, p < 0.0001, n = 1708] are revealed in case of unavailability of alcohol and no consumption (z: 7.60***) and in case of large consumption and availability (z: 4.43***) – Table 6.

A test of another hypothesis confirms the above findings. Younger children who do not have access to alcohol at home do not drink it at all (z: 10.27***). Children who have the access drink alcohol often (z: 2.53*), but also rarely (z: 8.10***). The differences are statistically significant [Chi-square test results: χ^2 (df = 2) = 105.5134, p < 0.0001, n = 1240] – Table 7.

Table 6. The relationship between home availability of alcohol to children and the amount of alcohol consumed (PA3b), including intrinsic analysis

How much alcohol do you drink?	Is alcohol stored in your home in places where you normally have access to it? 15–17 years		
	Yes	No	Total
Small amount	466 z: 1.67	75 z: –1.67	541
Large amount	738 z: 4.43***	101 z: –4.43***	839
Never	230 z: –7.60***	98 z: 7.60***	328
Total	**1434**	**274**	**1708**

Table 7. The relationship between home availability of alcohol to children and the frequency of alcohol consumption (PA4a), including intrinsic analysis

How much alcohol do you drink?	Is alcohol stored in your home in places where you normally have access to it? 6–14 years		
	Yes	No	Total
Often	99 z: 2.53*	31 z: –2.53*	130
Rarely	542 z: 8.10***	176 z: –8.10***	718
Never	180 z: –10.27***	212 z: 10.27***	392
Total	**821**	**419**	**1240**

For children in the 15–17-year-old category, the influence of home availability of alcohol on the frequency of alcohol drinking is even more pronounced [Chi-square test results: χ^2 (df = 8) = 123.2730, p < 0.0001, n = 1708]. Children who have access to alcohol drink it significantly more often (z: 5.56***) than children who do not have access (Table 8).

Table 8. The relationship between home availability of alcohol to children and the frequency of alcohol consumption (PA4b), including intrinsic analysis

How much alcohol do you drink?	Is alcohol stored in your home in places where you normally have access to it? 15–17 years		
	Yes	No	Total
Often	669 z: 5.56***	78 z: –5.56***	747
Rarely	680 z: –1.12	140 z: 1.12	820
Never	85 z: –8.00***	56 z: 8.00***	141
Total	**1434**	**274**	**1708**

Discussion

In the Czech Republic, alcohol is very easily accessible to children. According to one report (Mravčík, 2022), 17% of 11-year-olds, 43% of 13-year-olds, and 76% of 15-year-olds have experience with alcohol consumption. The study by ESPAD (European Monitoring Center for Drugs and Drug Addiction, 2020) states that less than 1% of 11-year-olds, 5% of 13-year-olds, and almost 24% of 15-year-olds have repeated experiences of drunkenness (*i.e.*, they have experienced drunkenness at least twice in their life). These data confirm the reliability and validity of our findings.

If a child witnesses their parents' alcohol consumption, they may be inclined to taste alcohol or, in the worst case, drink it at an early age. At first, it is not a habit, but a positive attitude towards alcohol that is formed in the child. This, however, can lead to other problems in adulthood (Aiken et al., 2022; Hosek, 1998). Children who live in alcoholic families adopt the behavioral patterns of their parents. Children whose parents consume alcohol frequently start drinking alcohol very early (Aiken et al., 2022; Eto and Sugimoto, 2021). Our research has shown that children aged 15–17 fully adopt their parents' behavior patterns. Therefore, whether the child perceives the parents' drinking as usual, depends on the setting and situation. (Aiken et al., 2022; Hosek, 1998).

The findings, which identify children between the ages of 6 and 15 as the most at-risk group, present a significant challenge for the prevention of alcohol abuse in the Czech population. As one of the key topics, preventive programs are part of both the Framework Educational Program for Basic Education, section of Health Education (MEYS CZ, 2021), as well as the conceptual documents of the educational strategy of the Czech Republic (Fryč et al., 2020). In addition to the role of basic education in the field of prevention – the effectiveness of which is often questioned by the children themselves (Olecká, 2022) – social pedagogy can play an important role in the prevention process. Its methods and forms of work are significantly more effective for preventive action, both in terms of the place of action (in the family environment, during leisure time, etc.), as well as in terms of access to children and communication with them (Potměšilová, 2013; Sobková et al., 2015). Proper prevention should not only consist of offering alcohol to the children, but in training them to refuse it (Machová and Kubátová, 2015). Primary prevention can play an equally important role when working with peer groups during leisure time (Kaplánek, 2022) or within low-threshold institutions (Majzlíková, 2006).

In our research sample, frequent alcohol consumption is reported by children whose parents often drink in their presence. Alcohol offers from both peers and parents tend to increase in frequency and quantity (and may occur simultaneously) during adolescence. Parents are more likely to supply alcohol in sips in early adolescence, while peers supply it in large quantities in mid-to-late adolescence (Clare et al., 2019; Guerin and White, 2018; Jongenelis et al., 2018; Mattick et al., 2018). This pattern of behavior is common despite the well-documented parenting practices in which strict enforcement of no-drinking rules is a significant protective factor against adolescent alcohol abuse. If we compare the risk of parents providing the alcohol and obtaining alcohol from other sources, it turns out that obtaining alcohol from other sources is riskier (Mattick et al., 2018).

The influence of peers tends to increase in adolescence. However studies emphasize that strict rules, close supervision of children, and appropriate parental rewards for good behavior can help prevent children from drinking alcohol, even if they receive these incentives outside of the family (Ennett et al., 2013; Guo et al., 2001; Koning et al., 2012; Spijkerman et al., 2008; Wood et al., 2004). The same studies also show that quality parent-child communication can help prevent teen drinking, even with moderate consumption. The authors consider quality communication to be such in which the child feels good and is well understood (van den Eijnden et al., 2011). Bellis et al. (2009) explain the benefit of moderate drinking at home in connection with open communication by the fact that a non-drinking family environment can reduce the risk of adolescent alcohol use, but at the same time may increase alcohol consumption in public places. Causality is not completely clear and the issue is complicated by the interrelationship of the variables. Parents communicate with their children more about alcohol when they are experiencing problems caused by their own drinking. Thus, parental alcohol problems appear to be positively related to alcohol communication. This paradoxically reduces the risk of excessive drinking and alcohol problems among teenagers. In addition, however, parental abuse and related permissive attitudes of parents toward alcohol are directly correlated with excessive drinking and alcohol-related problems among adolescents (Mares et al., 2011).

Positive parenting in childhood and adolescence influences children's resistance to alcohol abuse (Boden et al., 2021; Rossow et al., 2016; Ryan et al., 2010; Tael-Öeren et al., 2019; Yap et al., 2017). This is confirmed by numerous findings that demonstrate positive links between the behavior of parents when drinking alcohol and the development of similar behavior in their children (Casswell et al., 2002; Johnson and Johnson, 2001; Kandel, 1980; Latendresse et al., 2008; Li et al., 2002; Lieb et al., 2002; Pedersen and Skrondal, 1998; Su et al., 1997). One of the explanations for these associations is 'social learning theory' (Bandura and Walters, 1977), according to which children learn through observation and interaction with those closest to them. The reason for this association between parental drinking and the subsequent drinking of children may also be that parents who consume alcohol lose their ability to be responsible parents, are inconsistent in their education, and the parent-child relationship deteriorates (Barnes and Farrell, 1992; Barnes et al., 1986; Brook et al., 1990; Chassin et al., 1993; Dishion and Loeber, 1985; Hoffmann and Su, 1998; Holden et al., 1988; Holmes and Robins, 1987; Windle, 1996).

Another aspect is the storage of alcohol in accessible places (Friese et al., 2012). According to our research, the availability of alcohol to children in the household is related to the

amount of alcohol consumed in both age groups – and is why children consume alcohol significantly more often and in large quantities. There is considerable evidence that the availability and ease of access to alcohol is associated with greater alcohol consumption and alcohol-related problems among adolescents (Komro et al., 2007; van den Eijnden et al., 2011).

Conclusion

The prevention of negative social phenomena, in our case alcohol abuse, begins in the family, long before the child reaches the age when he or she begins to be threatened by these phenomena. Non-specific prevention can be the way of upbringing in the family, where mutual trust and security are built, and the child has a solid background. It is very effective to spend leisure time together, participating in various activities that lead to bonding. Mutual respect and good relationships bring the child a sense of security. The positive parenting and parental behavioral patterns in childhood and adolescence discussed above influence children's resistance to alcohol abuse. Nevertheless, children play an active role in this transmission, and this role is not recognized in detail. The process of pattern adoption is significantly influenced by parental behavior, but the children's perspective is also essential. Children's point of view, which was measured in our research, shows that there is a relevant need to continue with this research and conduct a deeper analysis of parent–child pattern transmission in relation to abusive behavior.

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Ethical aspects and conflict of interests
The authors have no conflict of interests to declare.

Přenos vzorců chování souvisejících se zneužíváním alkoholu z rodičů na děti v české populaci

Souhrn
Východiska: Z hlediska sociálního učení a sociálně environmentální perspektivy se zneužívání alkoholu rodiči jeví jako zásadní rizikový faktor pro pozdější abúzus alkoholu jejich potomků, neboť takové chování přímo souvisí s iniciací a pokračováním zneužívání návykových látek nejen prostřednictvím genetických vlivů, ale i předáváním vzorců chování. Frekvence konzumace alkoholu závisí právě na těchto vzorcích chování. Svou roli hrají i proměnné jako věk a pohlaví dítěte. Zejména časná iniciace abúzu alkoholu je považována za rizikovou.
Cíl: Analyzovat souvislost mezi frekvencí a množstvím konzumace alkoholu u dětí a vzorci konzumace alkoholu u osob, které jsou zodpovědné za jejich výchovu.
Výzkumný vzorek: Z hlediska věku a pohlaví reprezentativní dětská populace (n = 2 948); chlapci (1 492; 50,61 %) a dívky (1 456; 49,39 %) ve věku 6–17 let.
Metody: Online výzkumný nástroj vyvinutý v rámci platformy Social Survey Project. Statistická významnost byla testována pomocí statistiky χ^2 pro dvourozměrné (C×R) kontingenční tabulky.
Výsledky: Konzumace alkoholu v přítomnosti dětí souvisí s množstvím konzumovaného alkoholu. Děti abstinentů, kteří před svými dětmi nepijí nebo alkohol konzumují v omezené míře, častěji alkohol nekonzumují vůbec. Velké množství alkoholu konzumují děti, jejichž rodiče často pijí v jejich přítomnosti. U dětí ve věku 15–17 let nesouvisí konzumace alkoholu s jeho dostupností doma, pokud ho konzumují v malém množství.
Závěr: Prevence negativních sociálních jevů začíná v rodině, a to dlouho předtím, než dítě dosáhne věku, kdy začne být těmito jevy ohroženo. Za nespecifickou prevenci můžeme považovat zejména způsob výchovy v rodině, kde se rozvíjí vzájemná důvěra a bezpečí a dítě má pevné zázemí a rozvíjí vhodné vzorce chování.

Klíčová slova: alkohol; prevence; výchova; vzorce chování

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