

# ALCOHOL REDUCTION AMONG STUDENTS: A REVIEW OF RELATED LITERATURE

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## ABSTRACT:

*Drinking continues to be widespread among adolescents, as shown by nationwide surveys as well as studies in smaller populations. According to data from the 2005 Monitoring the Future (MTF) study, an annual survey of youth, three-fourths of 12th graders, more than two-thirds of 10th graders, and about two in every five 8th graders have consumed alcohol. And when youth drink they tend to drink intensively, often consuming four to five drinks at one time. MTF data show that 11 percent of 8th graders, 22 percent of 10th graders, and 29 percent of 12th graders had engaged in heavy episodic drinking within the past two weeks. The National Institute on Alcohol Abuse and Alcoholism [NIAAA] defines binge drinking as a pattern of drinking alcohol that brings blood alcohol concentration [BAC] to 0.08 grams percent or above. For the typical adult, this pattern corresponds to consuming five or more drinks [men], or four or more drinks [women], in about 2 hours. Hence, there is a necessity to keep the literature related to this topic reviewed.*

**Key Words:** Alcohol, Students, Adolescents etc.

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## INTRODUCTION:

Alcohol is the drug of choice among youth. Many young people are experiencing the consequences of drinking too much, at too early an age. As a result, underage drinking is a leading public health problem. Each year, approximately 5,000 young people under the age of 21 die as a result of underage drinking; this includes about 1,900 deaths from motor vehicle crashes, 1,600 as a result of homicides, 300 from suicide, as well as hundreds from other injuries such as falls, burns, and drowning.

Yet drinking continues to be widespread among adolescents, as shown by nationwide surveys as well as studies in smaller populations. According to data from the 2005 Monitoring the Future (MTF) study, an annual survey of youth, three-fourths of 12th graders, more than two-thirds of 10th graders, and about two in every five 8th graders have consumed alcohol. And when youth drink they tend to drink intensively, often consuming four to five drinks at one time. MTF data show that 11 percent of 8th graders, 22 percent of 10th graders, and 29 percent of 12th graders had engaged in heavy episodic drinking within the past two weeks. The National Institute on Alcohol Abuse and Alcoholism [NIAAA] defines binge drinking as a pattern of drinking alcohol that brings blood alcohol concentration [BAC] to 0.08 grams percent or above. For the typical adult, this pattern corresponds to consuming five or more drinks [men], or four or more drinks [women], in about 2 hours.

## REVIEW OF RELATED LITERATURE:

According to the National Institute of Alcohol Abuse and Alcoholism (2019), as children move from adolescence to young adulthood, they encounter dramatic physical, emotional, and lifestyle changes. Developmental transitions, such as puberty and increasing independence, have been associated with alcohol use. So in a sense, just being an adolescent may be a key risk factor not only for starting to drink but also for drinking dangerously.

**Risk-Taking**—Research shows the brain keeps developing well into the twenties, during which time it continues to establish important communication connections and further refines its function. Scientists believe that this lengthy developmental period may help explain some of the behaviour which is characteristic of adolescence—such as their propensity to seek out new and potentially dangerous situations. For some teens, thrill-seeking might include experimenting with alcohol. Developmental changes also offer a possible physiological explanation for why teens act so impulsively, often not recognizing that their actions—such as drinking—have consequences.

**Expectancies**—How people view alcohol and its effects also influences their drinking behaviour, including whether they begin to drink and how much. An adolescent who expects drinking to be a pleasurable experience is more likely to drink than one who does not. An important area of alcohol research is focusing on how expectancy influences drinking patterns from childhood through adolescence and into young adulthood. Beliefs about alcohol are established very early in life, even before the child begins elementary school. Before age 9, children generally view alcohol negatively and see drinking as bad, with adverse effects. By about age 13, however, their expectancies shift, becoming more positive. As would be expected, adolescents who drink the most also place the greatest emphasis on the positive and arousing effects of alcohol.

**Sensitivity and Tolerance to Alcohol**—Differences between the adult brain and the brain of the maturing adolescent also may help to explain why many young drinkers are able to consume much larger amounts of alcohol than adults before experiencing the negative consequences of drinking, such as drowsiness, lack of coordination, and withdrawal/hangover effects. This unusual tolerance may help to explain the high rates of binge drinking among young adults. At the same time, adolescents appear to be particularly sensitive to the positive effects of drinking, such as feeling more at ease in social situations, and young people may drink more than adults because of these positive social experiences.

**Personality Characteristics and Psychiatric Co morbidity**—Children who begin to drink at a very early age (before age 12) often share similar personality characteristics that may make them more likely to start drinking. Young people who are disruptive, hyperactive, and aggressive—often referred to as having conduct problems or being antisocial—as well as those who are depressed, withdrawn, or anxious, may be at greatest risk for alcohol problems. Other behaviour problems associated with alcohol use include rebelliousness, difficulty avoiding harm or harmful situations, and a host of other traits seen in young people who act out without regard for rules or the feelings of others.

**Hereditary Factors**—Some of the behavioural and physiological factors that converge to increase or decrease a person's risk for alcohol problems, including tolerance to alcohol's effects, may be directly linked to genetics. For example, being a child of an alcoholic or having several alcoholic family members places a person at greater risk for alcohol problems. Children of alcoholics (COAs) are between 4 and 10 times more likely to become alcoholics themselves than are children who have no close relatives with

alcoholism. COAs also are more likely to begin drinking at a young age and to progress to drinking problems more quickly.

Research shows that COAs may have subtle brain differences which could be markers for developing later alcohol problems. For example, using high-tech brain-imaging techniques, scientists have found that COAs have a distinctive feature in one brainwave pattern (called a P300 response) that could be a marker for later alcoholism risk. Researchers also are investigating other brainwave differences in COAs that may be present long before they begin to drink, including brainwave activity recorded during sleep as well as changes in brain structure and function.

James (2014) suggested that some studies suggest that these brain differences may be particularly evident in people who also have certain behavioural traits, such as signs of conduct disorder, antisocial personality disorder, and sensation-seeking or poor impulse control. Studying how the brain's structure and function translates to behaviour will help researchers to better understand how pre drinking risk factors shape later alcohol use. For example, does a person who is depressed drink to alleviate his or her depression, or does drinking lead to changes in his brain that result in feelings of depression?

Wilkins (2015) opined that other hereditary factors likely will become evident as scientists work to identify the actual genes involved in addiction. By analysing the genetic makeup of people and families with alcohol dependence, researchers have found specific regions on chromosomes that correlate with a risk for alcoholism. Candidate genes for alcoholism risk also have been associated with those regions. The goal now is to further refine regions for which a specific gene has not yet been identified and then determine how those genes interact with other genes and gene products as well as with the environment to result in alcohol dependence. Further research also should shed light on the extent to which the same or different genes contribute to alcohol problems, both in adults and in adolescents.

**Environmental Aspects**—Pinpointing a genetic contribution will not tell the whole story, however, as drinking behaviour reflects a complex interplay between inherited and environmental factors, the implications of which are only beginning to be explored in adolescents. And what influences drinking at one age may not have the same impact at another. Genetic factors appear to have more influence on adolescent drinking behaviour in late adolescence than in mid-adolescence.

Environmental factors, such as the influence of parents and peers, also play a role in alcohol use. For example, parents who drink more and who view drinking favourably may have children who drink more, and an adolescent girl with an older or adult boyfriend is more likely to use alcohol and other drugs and to engage in delinquent behaviours.

Researchers are examining other environmental influences as well, such as the impact of the media. Today alcohol is widely available and aggressively promoted through television, radio, billboards, and the Internet. Researchers are studying how young people react to these advertisements. In a study of 3rd, 6th, and 9th graders, those who found alcohol ads desirable were more likely to view drinking positively and to want to purchase products with alcohol logos. Research is mixed, however, on whether these positive views of alcohol actually lead to underage drinking.

Mahanta J. (2016) pursued a cross sectional survey using a pre-designed questionnaire. Personal interview was conducted to collect the data about pattern of alcohol use, duration and information about parents and peer. About 36 % out of 1285 students have tasted/ used homemade alcoholic drinks (HADs) and 12.3 % used commercially available alcoholic drinks (CADs). Significantly, higher numbers ( $P < 0.001$ ) of adolescent students above 15 years used CAD in comparison to children below 15 years. However, the number of younger students was higher in using HAD. Minimum a great first experience of CAD was 7 years and that of HAD been 4 years; the duration varied from 1 to 8 years and 1-15 years, respectively. Parent's behaviour of taking tobacco and or alcohol influenced the habit of their children. Father's habit was found to be associated with male off spring's habit of taking CAD. About 16 % of the students use done or more substances along with alcohol.

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