

## Alcoholism among Youth

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### Abstract

Many adolescents and young adults engage in drinking behavior, which result in acute and chronic negative consequences (e.g., unintentional injuries, arguments, unplanned and/or unprotected sexual activities, trouble with police/authorities, poor academic/work performance, suicide, and death), and alcohol dependence. Social influence is foremost among the causes attributed to the initiation and maintenance of alcohol use during this period.

Multiple biological and psychosocial factors mutually influence each other in causing alcohol abuse; it would be incorrect to view psychosocial causes as either independent from, or competing with, biological causes. Rather, alcohol use and alcoholism are best viewed as end products of a combination of biopsychosocial influences.

**Keywords:** alcoholism, psycho-socio predictors, well-being, youth

### Introduction

Alcoholism, or alcohol dependence, is the most severe form of alcohol abuse. It is a chronic disease characterized by the consumption of alcohol at a level that interferes with physical and mental health and with family and social responsibilities. An alcoholic will continue to drink despite serious health, family, or legal problems. Alcoholism is influenced by both genetic and environmental factors. Alcoholism is chronic: It lasts a person's lifetime. It usually follows a predictable course and has recognizable symptoms.

Alcohol abuse and alcoholism cut across gender, race, and ethnicity. Nearly 14 million people in the United States are dependent on alcohol. More men than women are alcohol dependent or have alcohol problems. Alcohol problems are highest among young adults ages 18-29 and lowest among adults ages 65 and older. Also, people who start drinking at an early age have a greater chance of developing alcohol problems at some point in their lives.

Alcohol also affects women differently than men. Women become more impaired than men do after drinking the same amount of alcohol, even when differences in body weight are taken into account. In addition, chronic alcohol abuse takes a heavier physical toll on women than on men. Alcohol dependence and related medical problems, such as brain, heart, and liver damage, progress more rapidly in women. (Zucker 1994)

Data tabled before the Rajya Sabha during the ongoing Monsoon session of the Parliament showed that India records about 10 suicides due to drug or alcohol addiction. The data, provided by the National Crime Records Bureau, showed that the states of Maharashtra, Madhya Pradesh, Tamil Nadu and Kerala are at the top of the table of drug-related suicides. According to the National Crime Records Bureau, there were 3,647 such suicide cases in India in 2014, of which Maharashtra reported the highest, at 1,372. This was followed by Tamil Nadu, with 552 cases and Kerala, with 475.

### Developmental Issues

Alcohol use and alcoholism can best be studied within the context of psychosocial development throughout the life span (Tarter and Vanyukov 1994), and research interest in applying a developmental perspective to alcohol problems is increasing. Findings suggest that early developmental antecedents to alcoholism can be seen even in the preschool years in the form of deficits in self-regulation, emotional reactivity, and conduct problems (Tarter and Vanyukov 1994; Zucker 1994).

Research suggests that developmental changes in older adolescents and young adults as they experience the freedoms and responsibilities of this age period influence drinking behavior (Bachman and Wadsworth 1997).

From the developmental perspective, the heavy drinking often seen in late adolescence is linked to adolescents' moving away from parental restrictions and living in college environments, including fraternities and sororities (Cashin *et al.* 1998).

### Family History of Alcoholism

It has long been recognized that alcoholism "runs in families." A family history of alcoholism is a well-established risk factor for the development of alcoholism (Cotton 1979; McGue 1994) <sup>[6]</sup>. Nonetheless, the majority of children of alcoholics do not develop alcohol use disorders. In fact, there is great variation among children of alcoholics with regard to their use of alcohol, and recent research has been directed at explaining this variation.

Nonetheless, research aimed at clarifying why children of alcoholics are more likely than others to develop alcohol problems can reveal much about how the same risk factors are at play in children without a family history. Sensitivity to the Effects of Alcohol. "Alcohol effects" mediational models are based on the hypothesis that children of alcoholics have greater sensitivity to the stress response-dampening effects of alcohol (Pihl and

Peterson 1995)<sup>[9]</sup> and less sensitivity to the negative effects of alcohol (such as body sway and intoxication).

### **The Role of Executive Functioning**

Some theorists suggest that early conduct problems—which evolve according to the deviance proneness model into a broad set of “under controlled” behaviors, including alcoholism—are related to neuropsychological deficits in “executive functioning.”

Finally, investigators have suggested that individuals with deficits in executive function also are unable to regulate their own mood, making them more sensitive to stress. These individuals would be particularly vulnerable to the stress response dampening properties of alcohol (Pihl and Peterson 1995)<sup>[9]</sup>.

### **The Role of Parenting and the Family**

Environment researchers have examined parenting and family environment in an attempt to understand both the transmission of alcoholism from generation to generation and the causes of alcohol use and misuse in the wider population (Barnes *et al.* 1994; Wills and Cleary 1996)<sup>[2, 13]</sup>.

Evidence suggests that children of alcoholics grow up in homes in which parenting and the family environment are poor (Jacob and Leonard 1994; Zucker *et al.* 1996)<sup>[4]</sup>.

However, poor parenting may be a product as well as a cause of behavioral difficulties in children. Some researchers have noted that children with conduct disorders may evoke poor parenting (Ge and Cadoret 1996)<sup>[7]</sup>.

In a study of more than 1,700 adolescents, those who received more emotional support from their parents were found to drink less; the parental support seemed to work by enabling these adolescents to cope better with life stresses, which prevented them from turning to heavy drinking (Wills and Cleary 1996)<sup>[13]</sup>.

### **Motivation to Drink**

One area of psychosocial research on alcohol use focuses specifically on what motivates individuals to drink. Perhaps the most commonly studied motivation involves alcohol’s ability to reduce anxiety, thus making it a way to cope with stress (Cappell and Greeley 1987; Sher 1987; Wills and Filer 1996)<sup>[4, 13]</sup>. The Ninth Special Report to the U.S. Congress on Alcohol and Health (NIAAA 1997). This report also suggested that the strength of the relationship between stress and alcohol consumption varies across the life span, being weaker in adolescents and more pronounced in older adults.

### **Stress Reduction**

Evidence that some people use alcohol to reduce stress is complex and inconsistent for a number of reasons, not least of which is that there are multiple determinants of alcohol use. Only subgroups of individuals use alcohol to cope with stress.

Financially stressed individuals who reported that they had tangible support, such as help with transportation and chores, were less likely to have drinking problems than were other financially stressed people without this support.

### **Mood Enhancement**

Another reason for the modest relationship between stress and drinking is that other motives and determinants of alcohol use can overshadow stress-reduction motives. Alcohol, for example, can be used to enhance positive mood, a motive that has received recent research interest (Cooper *et al.* 1995)<sup>[5]</sup>.

### **The Role of Cognition: Beliefs about Alcohol**

As someone makes the decision to drink, expectancies about alcohol’s effects may be the common pathway mediating the effects of many other psychosocial variables that set the stage for the decision (Smith *et al.* 1995)<sup>[10]</sup>.

Recent studies have shown that high school students who drink are more likely than those who do not drink to have these positive and largely unconscious memory associations about alcohol (Stacy *et al.* 1996)<sup>[11]</sup>.

Research on familial transmission of alcoholism in particular focuses on how genetic vulnerabilities are translated in the context of the family and social environment into alcoholism.

Recent research traces the evolution of the disorder of alcoholism along the life span and teases out the motivational factors—both emotional and cognitive—that induces individuals to drink.

Arnett (2005)<sup>[1]</sup> has suggested that increase in drinking during emerging adulthood are normative in Western society because of the many developmental changes taking place at this age. Social control lessens during this period, and people become freer to choose behaviors (e.g., heavy drinking) and lifestyles that are not constrained by others. Along with identity exploration and trying out various behaviors, adults may seek out the altered states of consciousness that different substances can induce. In addition, constructing a stable identity can be confusing and difficult, and some emerging adults may use substances to relieve their identity confusion. Adulthood is also a period of instability, and people often are involved in unstable social networks. Clearly, no one set of norms governs drinking behavior. People are free to make their own decisions independently and to do things that may not be acceptable in either adolescence or young adulthood, including using illegal substances.

By constructing models of how the risk factors identified interact, then testing these models empirically—seeing to what extent the models can predict who will drink and to what extent—scientists are identifying risk factors for alcohol misuse, as well as potential mediators and moderators of this risk.

### **Summary**

Drinking among youth is culturally normative for most, although a minority of adults will have drinking patterns that do not run true to this course—either they abstain completely or their drinking continues to increase after they reach adulthood. The decline in heavy drinking that occurs from the middle of emerging adulthood into young adulthood primarily results from increased responsibilities associated with marriage, parenthood, and career.

For the most part, the key factors that influence drinking

in emerging adulthood are similar to those which influence adolescent drinking, although peer influence becomes increasingly more important than parental influence as the child ages, as do freedom from social control and stress related to attaining adult roles. Thus, moving out of the constraints of high school and away from parents makes emerging adulthood a stage of the life cycle in which people are at high risk for heavy drinking and alcohol-related problems. Maladaptive drinking behavior, in turn, may delay the accomplishment of developmental milestones, creating a self-defeating cycle for some. More research is needed about the intermediate and long-term effects of alcohol use during emerging adulthood, as well as the intrapersonal factors that facilitate or impede maturation out of heavy drinking.

### Implications for Prevention Programs and Interventions

Because some emerging adults will maintain or increase their problematic alcohol use over time rather than mature out of heavy drinking and related problems (Jackson *et al.* 2001), it is important to intervene with emerging adults before they develop long-lasting alcohol use patterns or disorders. Given that more than half of their college sample reported drinking to get drunk or "high" during their freshman year, Jackson and colleagues (2001) suggested that it is important to implement interventions prior to or upon college entry. Such interventions should focus on reducing the harms associated with heavy drinking (e.g., Marlatt *et al.* 1998). Universal screening is recommended to identify high-risk students and refer them to appropriate interventions. Recent advances in Internet-based screening have made it possible to screen large numbers of students for potential risk and provide them with immediate feedback on their drinking and risks, peer norms, and techniques to reduce risk. These interventions have been found to change perceived norms and reduce alcohol consumption (e.g., *Neighbors et al.* 2004), although more research is needed.

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