Motivations for alcohol use in late adolescence and educational strategies of intervention

Cristina – Corina Bențea*

"Dunarea de Jos” University of Galati, 63-65 Garii Street, Galati, 800003, Romania

Abstract

Alcohol is one of the most widely used drugs in the world. Alcohol use and consumption is a global problem which compromises both individual and social development. The statistical incidence of the alcohol users is high on adolescence age. Empirical research showed that many adolescents start to drink at very young ages from different reasons. This paper aims to identify some of the important motivations which cause and sustain the alcohol use among older adolescents and to evidence the multidimensional aspects of this behavior. Participants were adolescents, first year students, with ages from 19 to 22 years. It was used the self reported-questionnaire method. The findings highlighted the variability of the reasons and beliefs which determinate the alcohol use in the late adolescence and were analyzed in relation to actual theoretical explanatory perspectives. Some possible educational directions and strategies with a preventive purpose in school counseling have been discussed.

Keywords: Adolescent, adolescence, alcohol use, risk factor, motivation, school, educational preventive strategies.

1. Theoretical backgrounds

In many societies and cultures, the alcohol use is a normal and habitual component of the food consumption. However, alcohol abuse is an indicator of a pathological lifestyle and one of the most widespread drug addiction, with destructive effects on individual’s health and development, both his biological and psychological levels, family and the whole society. The research concerning alcohol use is various and has multiple directions of approach. A large number of studies focused on this behavior among adolescents. Adolescence is a critical age,
with many internal contradictions, mental conflicts, and psychosocial favorable traits for alcohol use. In many societies, the alcohol use is a common behavior among teenagers, especially in students from high schools, colleges or universities.

Alcohol use behavior varies depending on different indicators and factors: demographic, individual, social, educational, and community (Windle, 1999). Research showed that age, gender, ethnicity are predictive demographic variables for adolescent alcohol use. Boys have a higher statistical proportion in the category of abusive (in quantity and frequency) and problem alcohol users, while girls are occasional and moderate consumers (Barnes & Welte, 1986).

Concerning the initiation, alcohol use often begins in adolescence. Scientific research from the recent decades indicated a decrease in the age at which adolescents start to use alcohol from late or middle to early adolescence (12-13 years). The adolescent alcohol use has long-term negative effects on evolution as young adult, cognitive and adaptive skills, identity development, self-autonomy achievement, constructive relationships with their family and peer group (Baumrind & Moselle, 1985). The earlier alcohol use occurs, the more negative long-term effects (Bukstein, 1995). Adolescent alcohol consumption is associated with many serious social and developmental issues and behavior problems such as: school absenteeism, acts of aggression and violence, suicidal behavior, driving under the influence of alcohol, delinquency, antisocial behaviors, neuropsychiatric disorders etc.

The degree of risk for alcohol use varies with other individual factors, biological and psychological. The alcohol consumers are characterized by the following dispositional traits: low frustration tolerance, tendency to avoid than to resolve problems, impulsive acting, low availability to delay gratifications, inadequate needs and expectancy levels in comparison with real possibilities and capacities, depressive tendencies, interpretative aspects, low self-esteem, reduced or absent critical spirit, low self-monitoring, strong sensations searching, self insecurity and inhibition, dependence on others, fear of pain and success, aggressive tendencies, confused identity status and social role (Windle & Windle, 2009).

Recent empirical studies focused on identifying factors that influence the beginning and spread of alcohol use with the aim of development programs and preventive strategies of intervention as more effective. Social factors are both risk and protective factors for starting of the adolescent alcohol use (Windle & Windle, 2009). Of the socialization factors, parents, sibling and peer groups have important influences on the initial decision of the teenagers to use alcohol, but also in the development of this behavior over the time. Family socialization practices and parental models, such as the alcohol use by the parents, positive and tolerant parental attitudes towards this behavior, transmitting values and beliefs about drinking alcohol can influence the teenagers’ behavior of alcohol use through mechanisms of social learning. Also, the alcohol use by the brothers or sisters can influence the affiliation and integration in peer groups where alcohol is available and not restricted by the group norms and, in turn, encourages the consumption of alcohol by teenagers (Windle, 2000). Conversely, positive interaction within the family, the proactive family practices consist in constant surveillance by the family, understanding of the family rules, positive family climate and high emotional intimacy, affection for parents, parents’ disagreement with respect to alcohol use, lack of alcohol use and antisocial behaviors on brothers or sisters can delay the beginning of the alcohol use (Windle, 1999). Other socialization factors which influence the alcohol use are the peer relationships. The integration of adolescent in the peer group where alcohol use is allowed stimulates the development of the consumption and can generate effects such as school academic failure, absenteeism, violent and aggressive acts. Research indicated that in early adolescence the parental influence is stronger than peers. If the beginning of alcohol use occurs in this period, it is more probably caused by the parental than the peer group influences (Windle & Windle, 2009). If the moderate level of alcohol use is influenced by the processes of socialization which encourage this consumption, the alcohol problems are associated with the family disintegration and a poor psychological support (Colder & Chassin, 1999).

As initiation, the extension and persistence of the alcohol use is influenced by multiples factors: biogenetic, educational, cognitive, academic, psychological, social, cultural, and community factors which stimulate the
increase of the frequency and quantity use. The characteristics of young adolescent alcohol users are the early beginning of the alcohol use, before 12-13 years old, the antecedents of alcoholism in their family history, childhood externalizing behaviors, depressive disorders, and suicidal behaviors (Rose, 1998). Comparative with abusive users the alcohol problem users have the following characteristics: higher levels of externalization of the childhood behaviors (difficult relationships with peer, beats), many uninhibited and aggressive behaviors, harder perceiving of the emotional family support, more friends among alcohol users and a higher probability of alcoholic family risk (Windle, 1999; Colder & Chassin, 1999; Windle, 1994). These adolescents had behavioral problems in the past and have delinquent behaviors in present, benefit from a low family support and love, a strong affiliation of alcohol and drugs user peer groups, strong depressed affects, and use alcohol to face stressful life situations. Their behavioral problems began in childhood, continue during the adolescence and, probably, will continue after this age (Windle & Windle, 2009).

2. Purposes of study

Based on the results of the previous studies that have made possible the knowledge of the phenomenon, we endorsed the identification of the characteristics relating to the variability of consumption of alcohol to adolescents: beginning of consumption, quantity and frequency, aspects concerning constant or recurring. The second purpose of the study aimed the identification of the motivations of alcohol use in the late adolescence (20-23 years), as a first step for development strategies of educational intervention focused on prevention, delaying or decrease of alcohol consumption and use among older adolescence.

3. Methodology

3.1. Participants

The sample consisted of 100 participants, selected randomly, older adolescents with ages from 19 to 22 years (mean = 20.42). The adolescents were first year students, 72 male and 28 female. 64 were students in technical and 36 in humanities and social faculties. 34 were from rural areas, living in the university campus, and 66 from urban environment, living either with their parents, or separately from them.

3.2. Procedure

It was used a self-reported questionnaire with 8 items that required participants information related to the age at which they started to use alcohol, the quantity and frequency of their consumption over a period of 30 days, the constant or occasional character of the alcohol use in the same time, commonly alcoholic drinks used, the place and the social environment where they usually use alcohol, the reasons for consumption, and intention to cessation of use.

4. Results and discussion

The results showed that 71% of adolescents have consumed, for the first time, a larger quantity (more than a few sips) of alcoholic drinks at ages from 15 to 18 years, 12% between 12-15 ages, 9% of them when they were over 18 years old, 5% to less than 12 years and 3% had never consumed alcohol. According to the World Health Organization, the indicators for the moderate alcohol consumption are: less or equal to two alcohol units per day for men, and less or equal to one unit per day for women, where one unit of alcohol = 20g pure alcohol ~ 1 beer (500 ml) ~ 1 glass of wine (200 ml) ~ 1 shot of strong drink (40 ml). 88% of participants have declared they drank more than one unit of alcohol per day in the last 30 days. Also, according to the World Health
Organization, the indicators of the risk alcohol consumption are: more than 14 alcohol units per week or more than 4 alcohol units once a situation/occasion for men, and more than 7 units per week or more than 3 units once, per one occasion for women. Relative to these indicators, 62% of adolescents said they had consumed four or more units of alcohol within a few hours, once one occasion, while 41% have reached the state of drunkenness.

Concerning the frequency, quantity and the constant or occasional character of the alcohol use, 23% of adolescents said that they drank 4 or more units of alcohol once, within a few hours, in 1-2 days from the last 30 days, 52% in 3-5 days from the last 30 days, 13% in 6-9 days, and 12 % have not drank in any one day in the last 30 days. The most commonly alcoholic drinks used by adolescents are beer (65%), wine (30%) and strong drinks (5%).

The usual places and situations where adolescents are consuming alcohol are the bars, restaurant, and discos - 88% of teenagers, at their colleagues and friends’ home - 37%, at home - 23%, on the street, in the park - 7% (for this item participants could make one or two choices). The social context where the consumption commonly occurs is represented by the presence of their friends and colleagues - 86% of adolescents, their family, parents - 10%, and 4% of participants are drinking alone. Only 41% of those who usually use alcohol had ever proposed to give up while only 20% really tried to cessation of alcohol use more than once.

Identifying the adolescents’ motivations for their alcohol consumption and use has revealed the following results:
- 37% of adolescents consume alcohol when they are among and together with their friends who do this, to have fun with friends and colleagues, in order not to create a separate opinion by the peer group,
- 35 % use alcohol to overcome the stressful life events and conflictive situations in relationships with their family and friends, in order to decrease mental tension,
- 13% consume alcohol to be braver, stronger, more courageous, to easily communicate with others and to be in good spirits,
- 6% consume alcohol because they observed this behavior in their family,
- 6% consume alcohol to self reward after a fulfilling, achievement, success (such as pass an exam),
- 3% use alcohol because they like to consume and they can't abstain from drinking.

It can see that the most adolescents consume alcohol as a result of the peer group pressure, when they find among friends who do this, to have fun with them and in order not to have a separate opinion by group. The belief of these adolescents is that to do the same thing like other peers is a sign of integration within the group. They think their alcoholic behaviors are understandable by the peer group, and they will never be excluded if do like others. Because more adolescents have high needs of group affiliation, social approval and recognition by peers, the alcohol use becomes for them, especially for low self confident adolescents, a mean of affirmation in the eyes of their friends and in collective opinion. In consequence, alcohol consumption becomes more and more risk because it could be tolerated and encouraged by peer group.

Also, many older adolescents are using alcohol to face stressful life events, in order to self regulate their negative emotions generated by the conflictive situations. The belief that the alcohol can help them to forget troubles, worries and problems, as it can reduce their negative affects often leads adolescents to an excessive consumption. In fact, it is about only a tendency of avoidance the stressful problems which are denying and it is not about a direct confrontation and resolution of them. The alcohol is giving only the illusion of power and holding control over the events. This finding was also underlined by other research which has shown the cognitive expectations related to alcohol, the dispositional characteristics and the coping style motivate adolescent use alcohol to face problems, and to reinforce their positive emotions and, consequently, the alcohol use increases from these reasons (Cooper, Frone, Russell, & Mudar, 1995). In this category are included adolescents which use alcohol because they observed this behavior in their family and as a response to conflicts with their parents. Therefore, conflicts between parents and adolescents appear to be an important cause. Chaplin et al. (2012) found that responses to parent-adolescent conflict interactions is associated with adolescent alcohol
use and risk of abuse. Also more studies have found that less parental support and more family conflicts are significant predictors for alcohol use in adolescents.

Not in the end, an important proportion of adolescents consume alcohol to intensify their positive emotions and for the need of searching sensations. Therefore, the alcohol users are motivated by the belief that alcohol makes them more sociable, braver and stronger, by the desire to impress others, to overcome the inhibitions, and easily communicate with others persons from group of friends. So, alcohol is viewed as exciting and provocative, and the alcohol consumption becomes a means of stimulating the socio-emotional functions.

5. Directions of educational intervention. Conclusions

In adolescence, alcohol use has been learned by social learning. Family environment and peer group are important causal factors in adolescents’ alcohol use. Social learning theory highlights the effect of social modeling. Also, adolescents who frequently perceive more people drinking (peers and parents) tend to learn and repeat this behavior in the future. This process of social learning supposes three psychosocial mechanisms: a) alcohol use learning is based on social observation of other significant persons’ behaviors (family members, friends, peers, social models), 2. alcohol use learning process supposes developing positive attitudes towards alcohol and its effects, 3. alcohol consumption is a result of social imitation and social modeling processes by peer influences (Baban, 2001).

Identifying the motivations and beliefs which generate the initiation and extension of alcohol consumption is the first step of the approach to identify the risk factors in adolescence alcohol use. Starting from this point could be developed two types of programs and strategies of alcohol use intervention focused either on preventing or delaying, or on decrease or cessation of alcohol use and treat the existing problems and disorders in the case of abusive alcohol consumption. Successful implementation of these strategies requires convergent actions of simultaneous intervention on different levels: educational, family, social, community, and media (Schinke, Botvin, & Orlandi, 1991).

In instructive and education domain, such strategies can be focused on alcohol use preventing or delaying by providing an educational support. Therefore, in school counseling, the alcohol use preventive strategies suppose a lots of dimensions and directions of action such as: a) offering students and their families information concerning individual and social effects of alcohol use behavior, b) individual discussions and group debates with students focused on understanding the peer group influence and how it causes alcohol use behavior, c) discussions with students and their parents concerning family and media influences and support, and their role in initiation and consumption of alcohol in adolescence, d) understanding the fact that alcohol use is an addictive behavior which seriously affect academic performance and achievement, personal and professional development of young people, e) developing a negative attitude towards alcohol use and positive attitudes concerning a health life-style, f) training of students to develop specific skills to withstand on social influences which encourage the decision of alcohol consumption, continuous use or even increase it (Norman & Turner, 1993), g) students’ training to acquire and develop decision-making abilities, stress management, and critical thinking as necessary self-regulation skills for prevention of alcohol use initiation, h) school counseling activities focused on the development and enhancement of self-identity and self-esteem in adolescents. The main purposes of these educational preventive strategies are to determine students to be conscious of destructive effects of alcohol use as an addiction, to train their assertive skills, and to develop their alternative behaviors for alcohol use centered on positive attitudes and values which promote health, physical and psychical well-being. For this reason, is recommended to include the different preventive messages regarding alcohol use in various instructive and educational activities from school and out of school (Baban, 2001).

Assessment of the short and long term effectiveness of these educational programs depends on many variables: the level of alcohol use. In choosing one or other direction of intervention we start from the knowledge
of the diversity risk factors which provides vulnerability to alcohol use in adolescence, the motivations and beliefs which determine the alcohol use, and the specific psychosocial features of the target-group.

This study has certain limitations: First, the findings are limited by the characteristics of the sample. Because the participants are students at university with a certain level of training and education, the results cannot be generalized to all older adolescents. Second, all participants are from different faculties and specializations but on the same university. Third, the sample is not small, but medium size. For these reasons, the conclusions could only provide a starting point for other longer-term prospective research focused on identifying and understanding the motivations and beliefs as risk factors which may lead and explain the alcohol use along the transition from older adolescence to young adulthood, in combination with processes of development of identity and personality.

References