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ALCOHOLISM AND COPING STRATEGIES AMONG IPB STUDENTS

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ABSTRACT

This study aimed to assess the alcohol consumption habits and the different coping strategies of a group of students from the Instituto Politécnico de Bragança - IPB (Polytechnic Institute of Bragança) with a sample made out of 126 of its students (n=126). For this study, which is descriptive-correlational and transversal, a socio-demographic questionnaire, the AUDIT (Alcohol Use Disorders Identification Test, Cunha 2002) and the Brief COPE questionnaire (Pais-Ribeiro, J. and Rodrigues, A. 2004) were used as evaluation instruments. Findings were that the majority of young students stated they do not have significant life problems, that they have good social supports and they do not consume alcohol in an inadequate way. Similarly, the coping strategies that they indicate as most frequent seem also to be the most adaptive, which may help to explain the fact that most do not perceive significant current problems and do not resort to alcohol in an inadequate way.

Keywords: Coping Strategies, Alcohol, Young Students.

JEL Classification: Y90.

1. INTRODUCTION

Excessive consumption of alcohol among college students has been the focus of major concern for decades (Wechsler, Dowdall, Davenport, and Castillo, 1995; O'Malley and Johnston, 2002; Pedersen and von Soest, 2013). The use of psychoactive substances, especially alcohol, is present in commercials, movies and other media, and the association of these substances to desirable factors such as pleasure, beauty, sexual success, power and others, explicitly or implicitly sets up an important risk factor and enabler of consumption (Pedrosa, Camacho, Passos and Oliveira, 2011). The university experience grants often the first opportunity to join a group of peers without family supervision, making them more vulnerable to previously forbidden experiments (Tapert, Aarons, Sedlar and Brown, 2001; Windle, 2003), particularly in the typical college festivals: initiation ritual, welcoming the freshmen, academic week, "ribbon burning" and other (Harford, Wechsler and Seibring, 2002).

Portugal ranks 14th, compared to 21 countries analysed in regards the number of college students who consume alcohol (Dantzer, Wardle, Fuller, Pampalone, and Steptoe, 2006).

The assumption at the core of these approaches that coping strategies are an essential basis and at the same time powerful mediating factors when it comes to making healthy decisions and consequently avoid health hazardous behaviours, in particular alcohol consumption, smoking and drugs that would be regarded as inadequate strategies that the subject uses to cope with adversity has grown (Kassel, Jackson, and Unrod, 2000; Vaughan, Corbin, and Fromme, 2009).

Alcohol is the substance most commonly used among young people (O'Malley and Johnston, 2002), resulting its excessive consumption potentially in negative consequences for the various areas of a person's life, from the physical and emotional health of their social sphere. Excessive alcohol consumption increases the risk of developing obesity, cancer, cardiovascular and hepatic diseases; it is associated with the decline in cognitive and executive functions; encourages aggressive behaviour and improper conduct; and exposes its consumers to risky sexual behaviours (Arria,

Dohey, Mezzich, Bukstein, and Van Thiel, 1995; Anderson, 1997; Smith, 2007; Chen, Rosner, Hankinson, Colditz, and Willett, 2011). Furthermore, alcohol induces in smoking behaviour (Dierker Lloyd-Richardson Stolar, Flay, Tiffany, Collins, Bailey, Nitcher, Nitcher and Clayton, 2006; Nitcher, Nitcher, Carkoglu, and Lloyd -Richardson, 2010).

The adverse effects produced by alcohol abuse tend to be masked due to the permissiveness of consumption and socio-cultural beliefs rooted in today's society, which contribute to a certain predisposition to not recognise alcoholism, disregarding this problem often shrouded in an atmosphere of social acceptance and almost as a required habit (Landeiro, 2011).

Baer, MacLean and Marlatt (1998, cit in Vasconcelos-Raposo, Gonçalves Teixeira and Fernandes, 2009) recognised that the type of alcohol consumption in adolescence tends to be episodic and occasional in nature, where regular and/or chronic ingestion patterns assume a considerably lesser expression. Anchored to this finding other authors report that teens drink predominantly in recreational and hedonistic environments connected with celebration, in events related to the social gatherings, festivity and entertainment (Anderson, 1997; Mackintosh, Hastings, Hughes, Wheeler, Watson and Inglis, 1997).

Despite that some personal characteristics help to explain excessive alcohol consumption, the biggest argument provided in these situations are primarily social and environmental influences that are felt. Namely the fact that alcohol is widely available in academic parties contributes to a large extent for its consumption as a socially accepted and expected behaviour, compared to an environment in which the offer is not available like this (Dierker *et al.*, 2006).

Alcohol intake, is greatly due to the fact that individuals have the belief that this relieves negative emotional states, working as a coping strategy, although maladaptive (Cooper, Russell Skinner, Frone, and Switch 1992; Kassel, Jackson, and Unrod, 2000; Filho and Teixeira, 2011), often used to cope with the stress felt by consumers (Rodrigues, Salvador, Lourenço and Santos, 2014), aiming to “escape” from day-to-day problems, or simply for becoming more disinhibited socially (Sher and Rutledge, 2007; Vaughan, Corbin, and Fromme, 2009). A national study sponsored by the University of Aveiro concluded that alcohol consumption translates often in an avoidance coping strategy - those who consume more alcohol perceive less stress - establishing itself as a maladaptive strategy (Rodrigues, Salvador, Lawrence and Santos, 2014).

The word “coping” does not have an exact and direct translation into Portuguese, however, it is used as “ways to deal with”, or “mechanisms that people usually use to deal with stress-inducing agents” (Ramos and Carvalho, 2007). Lazarus and Folkman (1984) pioneered the coping theory, relating coping processes as a response to stress in order to reduce their adverse properties. The choices of these strategies, which may be adaptive or maladaptive, depend on the personality archetype of each individual as well as the previous experiences, resources and strategies they had. According to them, coping has two main functions: 1) coping focused on emotion, which is the emotional regulation through efforts to think and act properly (e.g.: discuss ones problem with another person); 2) coping focused on the problem, which reflects the change in individual-environment relationship, establishing appropriate action plans that enable people to cope with stress inducing situations (Ramos and Carvalho, 2007).

The choice of a particular coping strategy comes from a phased cognitive process: the subject performs a primary evaluation (the situation can be perceived as good or bad, as challenging, harmful or threatening, according to the meaning it gives it), followed by one secondary assessment if the situation is perceived as stressful (in which the individual makes an assessment of the resources it has to deal with the situation and studies its coping strategies), and finally, after focusing its strategies on emotion or the problem, performs a reevaluation (the subject evaluates the efforts mobilised to deal with the anxiety generating situation) (Ramos and Carvalho, 2007; Araújo, Pansard, Boeira and Rocha, 2010). Indeed, coping can be understood as: “Constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (Lazarus and Folkman, 1984, p.141). In a research carried out by Ramos and Carvalho (2007), which assesses stress levels and coping strategies of university students in Coimbra, it was concluded that the students surveyed had low stress levels and do not tend to use inadequate coping strategies, instead they demonstrate awareness of the most adaptive and suitable ones.

Focusing now on the above mentioned study, our goals are to assess levels of alcohol consumption and coping strategies of young students; compare the levels of alcohol consumption and coping strategies on students who claim to have some problems in life that affect their daily well-being and the ones who refer not having them.

Based on this theoretical framework, which contains information and concepts that underlie the operationalization of the variables under consideration, a methodological summary and exposition of statistical results and their discussion will follow, in order to make a few explanations and closing remarks.

2. METHOD

2.1 Study type

A descriptive and correlational study (insofar as it is intended to describe how the studied variables behave and correlate in this sample), with a transversal design (collection carried out in a single moment).

2.2 Participants

To carry out this research a non-probabilistic sample was collected, chosen by convenience, of 126 participants, young students of the IPB, from the different years of three courses: pharmacy, gerontology and nursing.

2.3 Instruments

In the present study, we used three questionnaires: the socio-demographic, the Brief Cope and the AUDIT.

The socio-demographic questionnaire prepared for this study includes relevant demographic questions such as gender, age, marital status, year and course as well as some broader issues that prove relevant to this research, including whether they have or not a significant problem in life that affects their daily wellbeing of the young (who answered "Yes", should tick the experienced problems from the various defined options), perceived social support (on a scale of 1 to 6, where 1 is very weak and 6 excellent), and evaluation of dysfunctional alcohol consumption by relatives of the respondent.

The Brief Cope (Carver, C., 1997; Adaptation by Pais Ribeiro and Rodrigues, 2004) consists of a questionnaire of 28 items, which evaluates the coping strategies that the subject uses, with a Likert type response pattern, ranging from 0 to 3 (0 – I never do it; 1 - I do sometimes; 2 - I do frequently; 3 - I almost always do). This instrument derived from a previous, more extensive, version.

The AUDIT (Alcohol Use Disorders Identification Test - WHO) is a tool developed by the World Health Organisation, which includes 10 questions with answer options 0-2 or 0-4, depending on the question. This is a monitoring tool, which explores the subject's alcohol consumption, as well as problems arising from this. It can also be graded following a rating by dependency zones: Zone I (low risk) - 0-7 points; Zone II (risky use) - 8-15 points; Zone III (harmful use) - 16 to 19 points; IV zone (probable addiction) - 20-40 points. From the identification of the risk zone, it becomes possible to offer customised professional guidelines focussed on individual consumption patterns (Moretti-Pires and Corradi-Webster, 2011).

3. RESULTS

3.1 Sample's characterisation

The study participants are mostly women (112 women (88.9%), 14 men (11.1%), the average age is 20.6 years, with a minimum age of 18 years and maximum of 33 years with a standard deviation of 2.14 years, the participants are mostly single (60.3%) and/or are in a love relationship (37.6%).

The most represented course is nursing with 63.5% of the respondents, followed by Gerontology (24.6%) and the least represented is Pharmacy (11.9%). Similarly, the 3rd year is most represented in the sample (43.7%), followed by the 2nd (31%) and 1st (25.4%).

Most young students said that at the time of response to the survey, they didn't perceive any problem in their life (physical, psychological or social) that harmed their daily well-being (69.8%); however, from the total number of respondents, the most mentioned problems relate to Stress and Anxiety (20.6%), Family Problems (11.1%) and Demotivation (7.9%). If we only consider the group of 38 individuals who reported problems, 26 refer feeling stress and anxiety problems.

Respondents rate their social support as good (49.2%) or very good (30.2%), and none labelled it as poor or very poor.

When asked about the existence of household members with inadequate alcohol consumption behaviour, most respondents answered negatively (86.5%). Of those who answered affirmatively, their responses focussed on some family figures such as the father (5 responses) and uncles (12 replies).

3.2 Results | alcohol consumption

With regard to alcohol consumption as measured by the AUDIT, the results obtained through descriptive statistics allow us to create a profile of the young students, where the majority of the sample data is aggregated:

- Consume alcoholic beverages 1 to 4 times per month (58%);

- When they drink, they drink 1 to 2 alcoholic beverages (47.6%);
- Almost never drink 6 alcoholic beverages on a single occasion (68.2%);
- Do not have difficulties to stop drinking when they wish (> 90.5%);
- As a rule, they don't jeopardise the completion of tasks and obligations (> 83.3%);
- As a rule, they don't have a need to drink first thing in the morning to cure a hangover (> 91.3%);
- As a rule, they have no guilt or remorse feelings from having drunk (> 77.8%);
- Usually don't have memory loss from drinking (> 70%)
- Do not get injured or collaterally injure someone because of having been drinking (90.5%)
- 95.2% report never having been called to attention by family members or professionals because of excessive drinking.

3.3 Results | coping strategies

The coping strategies most used by the surveyed young students, focus on Reflection and Active Confrontation, which is to think of the best way to handle with the situation as well as about possible solutions to the problem; Redirection of thought / Auto-Distracton Strategies - to redirect attention to other activities or thoughts, such as shopping, watching TV, reading, going to the cinema, among others; and Positive Revaluation, which implies refocusing and see the positive side of the situation.

Therefore, the less used coping strategies by respondents appear to be the use of substances (turn to alcohol, drugs, pills); Give up / Disinvestment, which implies giving up or withdraw efforts of trying to solve the problem; Denial, which entails the attempt to reject the reality of the stressful event.

3.4 Results | Pearson correlations

There is a positive correlation (0.056) between the existence of problems in life and alcohol consumption, however, this correlation is not statistically significant (sig. = 0.537).

We also verified the existence of a negative correlation (-0,247), which is statistically significant (0.005) between the existence of problems and the use of the substances (such as alcohol) to cope with the situation, that is, as coping strategy. A negative correlation between variables indicates that Y tends to decrease with the increase of X: much trouble, less consumption of alcohol. Students who reported having problems in life do not resort to alcohol as a way to face adversity (of 38 students who reported problems in life, 28 never do). Instead, those who say they have no problems in life, at the time of the sample collection, tend to consume alcohol more frequently.

4. DISCUSSION

In short, most of the young students stated they had no meaningful problems in life and that they had good social support. With regard to alcohol, the majority of young students claimed to have contact with these beverages but not in an excessive or dysfunctional manner in relation to the frequency and quantity. In effect, responding to the first two objectives of this study, the surveyed young students seem to apply appropriate coping strategies that may explain the fact that most do not perceive significant current problems and do not resort to alcohol in an inadequate way.

Anchored in the existing set of theoretical assumptions, the explanation for these results could be the fact that the consumption of alcohol for many young students is episodic and occasional in nature and in festive atmosphere (Anderson, 1997; Mackintosh, Hastings, Hughes, Wheeler, Watson and Inglis, 1997; Rey Calero and Calvo Fernández, 1998; Baer, MacLean and Marlatt, 1998 cit in Vasconcelos-Raposo, Gonçalves Teixeira and Fernandes, 2009).

Although some personal characteristics contribute to excessive alcohol consumption, mainly socio-environmental influences appear to be in its genesis (Dierker *et al*, 2006; Mosque, Bucarechi, Castel, and Andrade, 1995). Thus, life problems that cross our day-to-day - family problems, self-esteem problems and interpersonal problems, among others - are the source of alcohol consumption as an inappropriate coping strategy. Thus, the fact that most of the sample under study has denied significant problems in life at the moment, can explain to a large extent the tendentious regimanted and occasional pattern of alcohol consumption.

The results show us that the young students who say they have no problems in life are those who tend to consume alcohol more frequently compared to those who report having a problem. As an explanatory basis, we can think that as human beings, when faced with problems that interfere with our wellbeing, we tend to feel less desire for socialising, to go out to have fun and drinking alcohol, which consequently is less available. Instead, students with problems tend to concentrate their efforts on finding solutions to their problems and reflect on how to best deal with them.

In parallel, the promotion/education for health has persisted, both in research as well as in regards to the definition of prevention and intervention strategies, which, somehow, can contribute to the awareness and responsibility of

young students in monitoring alcohol consumption.

Ramos and Carvalho (2008), while studying coping strategies and stress in a similar sample, found that students do not tend to use negative coping strategies, instead relying more often on adaptive strategies, not perceiving significant stress levels.

Finally, we leave food for thought for what may have influenced the results, which lies in the fact that this sample has been collected in late September and early October, so an early and adaptation phase for students, less conducive to festivities and alcohol consumption.

A constraint of our study is that the sample is made up almost entirely of women. This is due to the composition of the courses that represent the sample, which mostly comprise females. It is our goal in the future to increase the sample size of this study in an attempt to balance the representation of gender.

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