

# The levels of alcohol usage health and social care essay



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LITERATURE REVIEW One of the key issues in looking at substance usage is understanding what is the norm for consuming alcohol. which is how much do people normally drink on a typical night out and in what patterns. Do people drink everyday or one or two nights a week at weekends. Do they only drink when they are eating out or eating at home. especially as Irish people have a reputation as been quite fond of the drink or having the craic as the Irish like to say. In a study done by (Mc Kinney, 2005) into drinking habits in Northern Ireland which was conducted covering a six month period in 1998. This study also looked at the influence contextual variables and the frequency and quantity of alcohol consumption in Northern Ireland. Drinking habits are some what different than the drinking habits of Europe and even that of it's nearest neighbour the United Kingdom. In Europe there is more of a tradition of drinking more frequently but of consuming less alcohol. Where as in Northern Ireland has a tradition of a more concentrated form of drinking. 30% of adults abstain from alcohol in Northern Ireland which is a high percentage of the population (Blaney and Mc K-enzie, 1978; Sweeney et al., 1990). But the people who do drink tend to consume more alcohol less often and then consume larger amounts of alcohol (Blaney and Mc K-enzie, 1978; Sweeney et al., 1990; Harbinson and Hare , 1982). As (Harbinson and Haire, 1982 have shown that drinking is heaviest amongst the younger age group and that drinking amongst women seems to be on the increase. lot of research has been conducted on looking at drinking practices as in user characteristics terms. These practices have varied according to sex, educataion, religious affiliation, income, ethnicity, urbanisation and marital status (Calahan et al., 1969; Casswell, 1980; Dight, 1976). Recent research has been less focused on the individual characteristics and more on the <https://assignbuster.com/the-levels-of-alcohol-usage-health-and-social-care-essay/>

influential factors. Important deterrents of alcohol consumption which were contextual and situational where the demographics were varied (Clarke, 1977; Halford, 1993). Bars are where men traditionally consume alcohol whilst women tend to drink at home in Great Britain (Dight, 1976; Wilson, 1980). what the study found (McKinney, 2005) was that the high abstinence rate reported in (DHSS, 1999) of 30% was not replicated only showing an abstinence rate of 8%. The researchers contributed this maybe non drinkers not taking part in the survey. Also the study (DHSS, 1999) consisted of an interview, where as (McKinney, 2005) questionnaires were used. The study also showed that drinking on weekends was more frequent than drinking during the week. A Northern Ireland drink survey (1999) reported that a range of 13% -16% of participants consumed alcohol on week days. where as (Mc Kinney, 2005) reported a range of 15-28% for week day drinking. Different findings were reported by (McKinney, 2005) for drinking patterns for Friday and Saturday night with 59% of participants drinking Friday night and 73. 6% on Saturday nights. The study by (Mckinney, 2005) would seem to suggest that more drinking is done at Friday and Saturday nights. In other areas the study seems to confirm the findings of another study (DHSS, 1999) that drinkers tended to drink more in one sitting 10 units. In the (McKinney, 2005) study 60% of participants reported this high frequency and high consumption. The research also confirmed that rather than drink at home people still preferred to drink in pubs. Although this pattern seems to be changing with the introduction of the smoking ban and stricter drink driving laws. What was also found was that beer drinkers consumed more alcohol than spirit drinkers with 67. 4% who drank beer and 34. 7% drinking six or seven nights a week. Which is different to the findings of the (DHSS, 1999)

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study of 8% for daily drinkers. Together with the high frequency of beer drinkers was the high consumption of alcohol, 16 units of beer in contrast to people who drank wine 4 units and twice that of spirit drinkers of 8 units.

This seems to back the findings of (Stockwell et al., 1992) that in a natural setting beer drinkers consume about three times that of spirit drinkers. The study (Mckinney, 2005) also showed that women less beer than men.

Looking at the findings of (Mckinney, 2005) is that it seems to be the norm in Ireland to consume a lot of alcohol in one setting. The research also showed that people drink more than one type of beverage on a night out. With some people meeting up with friends in their houses before going to the pub.

Research that shows how gender can influence substance abuse has shown that there is a fundamental differences between men and women. Women normally are less prone to develop alcohol related problems than men and then drink less alcohol than men according to research carried out by (Filmore et al, 1997). Although if subsequently women do develop substance abuse problems, women develop these problems quicker than males. As a result of this there is a shorter period of time between the negative aspects of drink and the beginnings of regular drunkenness (Randall et al, 1959).

Such as poor impulse control, poor self-esteem and physical problems.

Women also find it harder to maintain normal social responsibilities and social roles. There is also a shorter time interval between seeking treatment from regular drunkenness. Woman also experience more health problems than men which are more severe (Bradley et al, 1998). Additional concerns have been raised by the recent findings of (McPherson et al, 2004) by the similarity in the patterns of substance abuse between men and women. The

first step for treatment in substance abuse problems is identifying that  
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problem. In a paper the National Centre on Addiction and Substance Abuse have shown that there is a difference in the way that problem is identified between the genders. Women especially older women the problems are less likely to be identified in a health care setting (Brienza and Stein, 2002). Men on the other hand are less likely to be identified with substance abuse problems than women in child protection services (Fiorentine et al, 1997; Grella and Joshi, 1999). Employers and schools are less likely to refer women for substance abuse problems than men (Morgenstern and Bux, 2003).

Another strong predictor of substance usage is an adolescents peer group. Different studies have shown that friends of adolescents who use alcohol can influence that adolescent to use alcohol (Andrew, Tildesley, Hops, & Li, 2002; Henry, Slater & Oetting, 2005; Ennett & Bauman, 1993). It has been shown that through a delinquent peer group an adolescent can maintain a positive attitude to substance usage. Which leads then to an increase in that persons participation and acceptance of risky behaviours (Wright & Fitzpatrick, 2004). Half of the variance in substance usage can be predicted by peer group association according to the Peer Cluster Theory (Oetting & Beauvais, 1986). Other studies have also shown that delinquency, substance abuse and poor school performance can be predicted by peer group association (Kim, 2004; Bauman & Ennett, 1996; Santor et al, 2000; Johnson et al, 2005; Rice et al, 2005). Kandal et al 1978 showed that pressure from a persons best friend has the most effect on substance usage. Amongst researchers there is an ongoing debate about which has the biggest influence on substance usage. Whether it is social support from friends or family.

Adolescents with a lot of parental support seem to engage in less negative social behaviours (Hankins, Catalano & Miller 1992). Social Control Theory  
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predicts that this support through close relationships will have a positive outcome for the adolescent substance usage (Hirsch, 1969; Tomberry, 1987). Adolescents are more prone to engage in delinquent activities and that parental support has a positive effect on negative peer pressure. Adolescents who's parents offered high levels of social support are less likely to drink to excess than adolescents who's parents offer low social support (Marshal & Chassin, 2000). But then according to the Social Learning Theory (Bandura, 1986) adolescents will mimic the behaviours of a role model. According to that theory if the parents drink excessively then so will the adolescent. The relationship between self attitude and substance usage has been the central hypothesize of theoretical models,(Kaplan, 1980). Low self-esteem leads to substance usage in adolescents is the basic premise of these theories. Self enhancement through substance usage has been seen as an abnormal response to negative self attitudes,(Kaplan, Martin & Robbins, 1982). Family structures and socioeconomic status are also related to self-esteem and control,(Dornbusch, Carlsmith, Ritter, Leidman, Hastorf and Gross, 1985, Ilfield, 1978, Mirowsky & Ross, 1990). These variables are also associated with adolescent substance usage,(Fleming & Bauman, 1990, Murry, Perry, O Connell & Schmid, 1987). Self- esteem and substance usage seem to have some relationships as found by (Kaplan, 1975, Kaplan et al, 1982). There seems to be some ambiguity between the positive and negative dimensions about the prediction of substance usage (Kaplan, 1980). Other research (Hirsch, Levenhal and Glynn, 1984, Newcomb and Harlow, 1986) suggests negative dimensions are more relevant for substance usage. As children progress through adolescence there's less supervision by the parents as the adolescent take more responsibility for

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themselves (Shearer et al, 2005). Decreased feelings of attachment and bonding to parents (Steinberg & Silk 2002). It would seem that self esteem in adolescence is closely affiliated by how close they feel to parents (Parker & Benson, 2004). There also seems to be a correlation between the well being psychologically of the adolescence in the growing sense of independence and the associated relationship with their parents. These two variables make it hard to work out how they influence self-esteem (Allen et al, 1994). There is a large amount of research which shows that when people are conducting risky healthy behaviours such as substance abuse. They will try to discount or minimize that behaviour with different cognitive strategies, which are sometimes referred to as self serving biases. Like when college students are asked to compare the risky behaviours they themselves engage in . In comparison to other college students who have the same patterns of alcohol drinking. They report that the risky behaviour is below average (Borsari & Carey, 2001; McQueen, 2003). Also college students who are heavy and frequent drinkers will play down the consequences of this risky behaviour and even question the scientific value of any anti drink campaigns as found by (Leffingwell, Neumann, Babitzki and Boczar, 2007). Self esteem is a factor in self serving biases. Studies in general have shown that lower health risk perceptions are reported by people with high self esteem, than people with low self esteem . Woman with low self esteem report greater vulnerability to contracting STDs and pregnancy than women with high self esteem. Even though both sets of women have the same preventative behaviours and levels of sexual risk (Boney-McCoy, Gibbons & Gerrard, 1999; Smith, Gerard & Gibbons, 1997). Also (Gibbons, Eggleston and Benthin, 1997) found that high risk related attitudes for smokers who quit with high self esteem.

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Engaged in lowering the smoking related perceptions of risk and what commitments they would make on another attempt to quit smoking. Whilst smokers with low self esteem did not change their commitment to try and quit. Maintaining a consistent self concept either negative or positive is important. A person in trying to maintain this consistency will minimize any information that threatens his or her self concept. The adolescence period is characterised by feelings of stress (Henricson & Roker, 2006). Stress is an individuals emotional, behavioural, cognitive and physiological total response to a stressor. First there is an environmental approach to stress. This defines stress as an experience in a persons life over a certain length of time. These experiences place different demands as key life events and so effect people differently and are weighted differently depending on the person (Holmes & Rahe 1967). Then secondly there is the psychological approach this is how an individual evaluates and perceives life events. This approach follows the traditional of a distinction between seeing the stressor as a primary appraisal and then when a coping response is needed. The person appraises whether recourses are needed and what's available (Lazarus & Folkman, 1984). Mitic et al., 1987 showed that in the relationship between substance usage and stress, females and male students who had responded positively to a problem drinking scale three or more times. Showed significantly higher mean scores psychologically than other stress scores of other students. Another researcher (Hoffman & Su, 1998) reported that adolescents who had been exposed to a higher stress environmentally through a family environment were at a higher risk of drug use. In another study (Siqueira et al, 2001) showed that adolescents between the ages of 12 to 21 years of age who had less developed coping skills and negative life

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events history were more inclined to marijuana usage. Then (Gunthey and Jain, 1998) whilst measuring life stress and a general measure of identity in students aged between 18 to 25 years of age found that drug users lacked social skills, self acceptance and personal competence were more aggressive and more irresponsible than non drug users. In an attempt to link stress, identity status and health worries like risky substance usage (Wires et al, 1994). Found that the findings of the research were inconclusive, this also showed the need for further research. A specific form of secondary appraisal which is a psychological resource is mastery. This can be used to withstand environmental stressors by withstanding threats which are primary appraisers. In contrast to believing that life is ruled fatalistically it measures how a persons volition affects that persons life circumstances. This can maybe give some protection against barriers that can impede the development of a healthy ego identity. Such as substance abuse and stress which previously have been associated with better coping skills for stressful life issues (Pearlin & Schooler, 1978; Pearlin et al, 1981). Parents can be expected in their role as parents to offer support during this changing time for adolescence. And as (Papini & Roggman, 2000) seemed to find that good communication and trust on both sides can act as buffers as the adolescents go through a stressful time. A lot of support from parents has a low association with alcohol (Duncan, Duncan & Strycker, 2000). Also seems to show lower substance abuse (Measelle, Stice & Spinger, 2006). The research on support and stress and emotional health may point to the development of a tendency for adolescents to try alcohol earlier. A lot of literature about substance abuse and conduct behaviour seems to point to a likely association between the two of them (Costello, Erkranlı, Fedorman & Angold, <https://assignbuster.com/the-levels-of-alcohol-usage-health-and-social-care-essay/>

1999; Fergusson, Harwood & Riddle, 2007; King & Chassin, 2008; King, Iacono & McGue, 2004; Loeber, Stouthamer-Loeber & White, 1999; Mason & Windle, 2002). When community and family support are missing and the social environment is destructive behaviours that are risky are likely as an external locus of control (Blum, 1998). In the development of adolescents responses to events in life which are stressful, studies in psychological and sociological studies have shown that community, family and peers help in the learning of these responses (Warren, 2000). Research into substance usage seems to show that adolescents living in one parent families households are more likely to engage in risky behaviours than adolescents living in two parent family households. Risk behaviours such as tobacco use, drug taking and alcohol (Blum et al, 2000; Flewelling & Bauman, 1990; Oman, Mc Leroy et al., 2002; Santelli, Lowry, Brenner & Robbin, 2000; Upchurch, Aneshensel, Sucoff & Levi-Storms, 1999; Young, Jenson, Olsen & Cundick, 1991). One research study reported that adolescents living in one parents family households had higher rates of drinking alcohol 12%, smoking tobacco 2% and smoking marijuana 7% than adolescents living in two parent families (Fleming & Bauman, 1990). Blum et al, 2000 also found that adolescents in one parent family households were 29% more likely to have drunk alcohol and 37% more likely to have smoked tobacco in adolescents who were in seventh grade and eight grades when compared to two parent family households and 6% more likely to have drunk alcohol and 17% more likely to have smoked tobacco in the 9th to 12th grade compared to adolescents living in two parent family households. Looking at this data large numbers of adolescents who seem to be at risk of tobacco, alcohol and drug use especially adolescents living in one parent family households. Looking at <https://assignbuster.com/the-levels-of-alcohol-usage-health-and-social-care-essay/>

research data on one parent family households in comparison to two parent family households large numbers of adolescents seem to be at a higher risk of engaging in high risk behaviours such as smoking tobacco, drug taking and alcohol usage. Especially now as 33. 3% of children are born outside marriage up from 14. 6% in 1990 (Eurostat, 2010). Research that takes into consideration the different psychological and social factors and demographics in one parent family households especially those that look at adolescents seems to be warranted as the research might offer some explanation on the different psychological mechanisms involved.