

Binge drinking among college students

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Joel Castaneda August 3, 2011 HSC 421 Prof. Garrido Binge Drinking Among College Students With extreme rates of binge drinking among young adults, college students continue to be a primary focus for a range of alcohol prevention efforts. The rates of binge drinking among college students is nearly double the rates for high school students, which may indicate that the college environment encourages high risk drinking. Many students view heavy drinking as a rite of passage that everyone must go through in life and be looked at as being “cool. Young adults aged 18-22 enrolled full-time in a college were more likely than their peers not enrolled full time to use alcohol, drink heavily, and binge drink (Cremeens, 1). Half of these binge drinkers who binge drink do so more than once a week. Binge drinking on college campuses has become a recognized activity to do being influences from either other college students or friends, followed by harmful effects on a student's body even resulting death. Binge drinking results from a student's submission to peer pressure, the lack of outside control over the student, and the denial that drinking leads to severe consequences.

Binge drinking is defined as five or more drinks in a row for men and four or more drinks in a row for women in about two hours. Many students participate in binge drinking to be socially accepted into a group, but other students find it difficult to make the choice to be the sober. Many binge drinkers realize that there is little immediate outside influence to push them away from the alcohol and they abuse their independence (Norman, 2011). Most binge drinkers do not consider themselves to be problem drinkers; which adds to the difficulty in solving this college epidemic.

They associate binge drinking with a good time, but many are blind to the harm it causes, such as failing grades and unplanned sexual encounters which may lead to sexually transmitted diseases or unplanned pregnancies. Binge drinking has become an accepted part of the college experience for many students. Although there are other reasons a student may choose to binge drink, the influence of friends, the lack of outside control and the denial of drinking-related problems are the main forces driving the need to consume alcohol to the point of physical harm.

The extreme denial that the alcohol can cause severe problems lies at the root of the college binge drinking crisis. Once students have an established binge drinking habit, they do not want to believe that something that helps them forget their responsibilities could be harmful. In many situations, binge drinking goes undetected because people believe if their friends are engaging in the same drinking habits, they must be acceptable. Women who regularly compare their drinking to men's drinking are more likely to underestimate the severity of their drinking.

When young girls start drinking at such an early age, their brain starts developing and it interferes with their brain activation. This can become a problem because it might have negative impacts on concentration and can cause problems when driving, playing sports involving complex moves, using a map or remembering how to get somewhere. Since this has become such a problem on college campuses, many universities have implemented a variety of programs as a means to reduce heavy drinking to try and reduce the misperceptions of college drinking of students.

The theory of Planned Behavior is utilized as a framework for predicting binge drinking among young college students. According to the TPB, the cause of this behavior is due to the individual's intention to engage in the behavior which is determined by three constructs. First, is the individual's attitude towards the behavior. Second is the individual's perception of the social pressure from important others to perform or not perform the behavior. Third is the individual's perception of the ease or difficulty of performing the behavior, which is seen to cover the influence of both internal and external control factors (Norman, P. Conner, M. , 26). Constructs that make up the Theory of Planned Behavior are attitude toward the behavior, subjective norms, perceived behavioral control, intention, and behavior. The Health Belief Model is another theoretical foundation for researching binge drinking. This model is a value-expectancy theory, meaning everyone has the desire to avoid an illness or get well and the belief that a specific behavior will prevent the illness from occurring.

In relation to this study, a parent wants their child to avoid heavy drinking during their college years, and the belief that a parent has some influence on their child behavior to prevent heavy drinking (Cremeens, 3). Constructs that make up the Health Belief Model are perceived susceptibility, perceived severity, perceived benefits, perceived barriers, and cues to action. As a model of health behavior, the Transtheoretical Model potentially offers a mechanism to identify and describe processes that are purported to motivate, prepare and assist individuals in realizing behavior change.

This model has also had a significant impact on the way the substance use disorders are understood and treated. It has also examined the extent to which the TTM stage paradigm offers an apt description of individuals with substance use problems, and their readiness to change their substance use problems, and their readiness to change their substance user behavior (Migneault, Adams, Read, 438). Constructs that make up the Transtheoretical Model are precontemplation, contemplation, preparation, action, maintenance, and termination.

Using the Transtheoretical Model, heavy drinkers might be asked if they are planning to reduce their drinking to a smaller amount within the next six months. Based on their responses they would be assigned to precontemplation, contemplation or preparation stages to see if they do have intent to change their behavior. This model is usually used for behaviors that can be changed in the long run and not immediately. In the other hand the Health Belief Model and Theory of Planned Behavior is used for shorter amount of time.

Along with, the Health belief Model is used as a framework to explore parent-child communication patterns among first-year college students as a mean of reducing heavy drinking (Cremeens, 4). Parents try to talk to their children and let them know what they might expect in college and be aware of the dangers behind it. For example, reminding them of a family member or a good friend of their dying in a car accident due to drunk driving. This will usually help students realize that driving while under the influence is not a fun thing to do.

Compared to the other two models, the Theory of Planned Behavior is the only one that deals with the individual's intention to engage in the behavior. Using the other two, someone else has to influence a person to stop drinking. The individual's attitude is important, they know that drinking is bad for them so they want to stop drinking and stay sober or at least not drink as much. All three of the models have to do with the attitude being the strongest predictor of binge drinking intentions by not caring about what harm they can cause to their bodies when they drink.

Lastly, models and theories discuss that excessive drinking for a long period of time, causes higher levels of temptation to drink and lower levels of confidence to stop drinking. Binge drinking is common and dangerous but is not a well-organized public health program. There are some recommendations that can be done to try and lower the number of young adults that perform this behavior. The U. S. Government can promote programs and policies that work to prevent binge drinking. They can also provide states and communities with information and tools to put into practice prevention strategies that work.

Along with, they can evaluate programs and policy effectiveness that are already in place and track trends in binge drinking. States can review interventions that are known to work to reduce binge drinking adopted by local leaders. The state can also reduce alcohol marketing to the youth. Most importantly, they can grow partnerships between schools, community organizations, law enforcement, and public health agencies to reduce binge drinking. Furthermore, doctors, nurses, and other providers can choose not

to binge drink themselves. They can screen patients for binge drinking and use behavioral counseling to reduce problem drinking.

Lastly, they can support community efforts to reduce binge drinking by passing out flyers explaining the dangers and results of drinking. All people can choose not to binge drink themselves and help others not to do it. Not drinking and driving and if you plan on drinking take a sober designated driver. Choose not to drink if they teens, pregnant, or may become pregnant. Talking with a health care provider about their drinking behavior and requesting counseling if they drink too much can be recommended. Lastly, people can participate in community efforts to prevent underage and binge drinking (CDC, 2010).

Deciding what role alcohol will play is a choice that every student must make. Having friends who drink, a lack of control from outside sources and the denial of the consequences of bingeing are not excuses for drinking excessively. Drinking with friends can seem more tempting than studying, feeling stressed out, bored or lonely, but as many students find out, the consequences are not worth the short-term relief. In reality, the emotional regret of an unplanned sexual encounter or failing grades outweighs any temporary negative feelings.

Drinking as a result of any of these causes demonstrates a weakness in character and the inability to make educated decisions. References Centers for Disease Control and Prevention, (2010). Binge drinking: what can be done? Atlanta, GA: Retrieved from <http://www.cdc.gov/vitalsigns/BingeDrinking/WhatCanBeDone.html> Cremeens, J. L. , Usdan, <https://assignbuster.com/binge-drinking-among-college-students/>

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