

**Alcohol Use Among Youth In Cochin City**  
**A Sociological Study Among The College Students**

**By**

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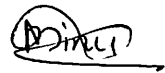
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## **DECLARATION**

I, MARY MINU N.A, hereby declare that the thesis titled, "ALCOHOL USE AMONG YOUTH IN COCHIN CITY- A SOCIOLOGICAL STUDY AMONG THE COLLEGE STUDENTS" submitted to Mahatma Gandhi University, Kottayam, in partial fulfillment of the requirements of the degree of Bachelor of Arts in Sociology is a bonafide work carried out in the guidance of Assistant Professor Smt.Elizabeth Abraham St. Teresa's College, Ernakulam, and that it has not found the basis for award of any degree or diploma .

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## **CERTIFICATE**

I, hereby, certify that the thesis prepared and submitted by Ms. MARY MINU N.A 'ALCOHOL USE AMONG YOUTH IN COCHIN CITY A SOCIOLOGICAL STUDY AMONG THE COLLEGE STUDENTS IN ERNAKULAM' is the original investigation which she and her team carried out under my guidance and supervision.



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## CHAPTER I

### INTRODUCTION

“Drinking has drained more blood, sold more home, plunged more people into bankruptcy, armed more villains, stained more children, snapped more wedding ring, defiled more innocents, blinded more eye, twisted more limbs, dethroned more reason, wrecked more womanhood, dishonored more womanhood, broken more hearts, blasted more lives, driven more to suicide and dug more graves than any other poison scourge that sent its death dealing wares across the world” - Evangeline Booth (2001)

Social scientist became interested in alcohol after the repeal of prohibition in the use in 1933. Alcoholism now came to be conceived of not as a moral failing but as a disease. The disease model attributed chronic excessive drinking to a biochemical abnormality in certain individual which create a craving for alcohol once their drinking careers began-(Encyclopedia of social drinking – kuper Adam, kuper Jessica.)

Signs of alcoholism or dependence include the following:

- ❖ The only indication of early alcoholism maybe unpleasant physical responses to withdrawal that occur during even brief periods of abstinence
- ❖ Alcoholics have little or no control over the quantity they drink the duration or frequency of drinking.
- ❖ They are preoccupied with drinking , deny their own addiction and continue to drink even they are aware of the dangers,
- ❖ Over time, some people become tolerant to the effect of drinking and require more alcohol to become intoxicated, creating the illusion that they can “hold their liquor”.
- ❖ They have blackouts after drinking and frequent hangovers that cause them to miss work and other normal activities.

Social scientist has however been slow to develop a Sociological theory of alcohol abuse& alcoholism and they have been impeded in part by their association with alcoholism

interventionists. While this association has been the basis for the increasing commitment of public resources to alcohol and related research.

### **Alcoholism in India**

Alcohol is one of the commonly consumed intoxicating substances in India. It has traditionally been drunk in tribal societies, although it has won increasing social acceptance among other groups, urban males being the prime example. It is easily available and widely used, especially at festivals. At the moment the use of alcohol is infrequent among women who also tend to resist the habit among male family members. Between 15 and 20 per cent of Indian people consume alcohol and, over the past twenty years, the number of drinkers has increased from one in 300 to one in 20. According to The Hindustan Times, it is estimated that of these 5 per cent can be classed as alcoholics or alcohol dependent. This translates into about five million people addicted to alcohol.

In India about 15 to 20 %of the people take alcohol. According to a study made by the all India institute of medical science, Delhi, over the past 20 year, the number of drinking in our country has increased from one in 300 one in 20 . However alcoholics comprise 5% while the occasional drinkers account for 95%. In India the use and abuse of alcohol has been spreading in the recent decades.

In India, the intake of Indian made foreign liquor is growing at the rate of 15% per annum. According to industry sources it has also been found that about 65%of the Indian liquor market is controlled by whisky. The production and sale of liquor in the whole country has increased almost 20 times, the result is that the liquor habit entered a large number of families with one or more member dinking.

The term alcoholism was introduced in Sweden in 1849 and the concept of alcoholism as an illness began to gain ground in the late 19<sup>th</sup> century in both Europe and united state in1966. The American medical association officially used the term 'disease' for alcoholism for the first time .

The cause of increase in the drinking population in the youth age group is stated to be due to the disappearance of the stigma associated with drinking. Alcoholism is a major social

problem in our country .It is very harmful not only for the individual but also for his family and the society at large. Alcohol is considered as an important element in the economics of many nations supporting international commerce creating employment opportunity and providing tax revenues.

Over the years, the age at which youngsters begin to consume liquor has come down in Kerala. In 1986 the age was 19, by 1990 it had dropped to 17, and by 1994 the age was 14.

Of what is actually consumed, the Intake of Indian Made Foreign Liquor (IMFL) is growing at the considerable rate of 15 per cent a year. Again, The Hindustan Times says that 65 per cent of the Indian liquor market is controlled by whiskey manufacturers. The state of Kerala stands first in per capita consumption of liquor at 8.3 liters followed by Punjab 7.9 liters.

#### **Alcohol Situation in India among youth**

Today in India, the tendency to alcohol consumption has percolated down to the youth. The media has played a leading role in encouraging the use of alcohol among young people by such means as the portrayal of drinking in congenial social settings, by associating the habit with glamour and celebrity status, and by direct and indirect advertising.

#### **Varieties of Indian liquor**

The varieties of alcohol manufactured for consumption in India are:

- Beer
- Country Liquor
- Indian Made Foreign Liquor (IMFL)
- Wines

Indian liquor brands have registered significant growth in recent years - some of the top Indian alcohol brands showing an increase of as much as 50 per cent in sales (1993-97). United Breweries registered an increase of nearly 20 per cent in sale in the year 1998-99.

## **Taxes on alcohol**

Alcohol is a significant contributor to government revenues in many states. In most states this accounts for over 10 per cent of total state tax revenues, whilst in the Punjab this accounts for over one third.

**Policy measures in India-** Alcohol policy is under the legislative power of individual states. Tax increases will further add to economic hardship for consumers and have little or no impact on the reduction in other negative impacts. There would, however, be an increase in corruption, crime, and the production and consumption of illegal liquor.

An important aspect of policy is to delay initiation among youth. One way of doing this is to enforce age limits. The legal minimum age to purchase liquor ranges from 18 years in some state to 25 years in others. Delhi has minimum age limit of 25 years. So far, the efficiency of enforcement has not been studied. It has, however, been shown that an increase in the age of legal drinking from 18 years to 21 years achieves nearly 60 per cent of the effect of prohibition on alcohol consumption.

## **Legislation: alcohol advertisement**

The Cable Television Network (Regulation) Amendment Bill, in force September 8, 2000, completely prohibits cigarette and alcohol advertisements. The government controlled channel, Doordarshan, does not broadcast such advertisements but satellite channels however are replete with them.

## **Efforts to counteract the problem**

Ministry of Social Justice and Empowerment has been active in this field. In 1985-86 it urged the establishment of a reduction programme. The ministry cooperates with media and youth organizations and collaborates with the Ministry of Health and Family Welfare and with NGOs involved in the problem. The Ministry of Social Justice and Empowerment, in partnership with the United Nations International Drug Control Programme (UNDCP) and the International Labor Organization (ILO), has launched three major initiatives for alcohol and drug demand reduction. On-Governmental efforts have been led by the Indian Health Organization (IHO), Youth for

Christ India (YFC), Health Related Information Dissemination Amongst Youth (HRIDAY), and the Student Health Action Network (SHAN).

### **Alcoholism in Kerala**

Kerala has the highest consumption of alcohol per capital in the country. Each year the state consumes 2.2gallons of liquor per capital about three times the national rate, according to India outlook magazine. Both national & local government also found several deification centers at public hospitals.

Drinking is an integral part of life for many Malayali men; indeed, the state consumes more alcohol than any other state in India. And it's during the ten-day Onam festival, or on any festivals or hartal days, that the drinking goes to greater heights – and greater, and greater, every year.

The volume of liquor sales has a visible effect in the day-to-day physical world: the clamour and bustle outside government 'civil supplies' liquor shops up and down the state. Seeing those thronging crowds is one of the most enduring experiences of Kerala. It isn't that price of liquor is rising dramatically, either. Studies have found substantial proportions of Kerala's road accidents, divorces, instances of spousal abuse and suicides are directly alcohol-related.

Alcohol consumption is invariably an important part in the social interaction of Malayalees. A conspicuous absence of alcohol in social functions like weddings and festivals would be frowned upon by those who believe that they cannot enjoy themselves without their feelings being altered by alcohol consumption.

## CHAPTER-II

### REVIEW OF LITERATURE

Going to college or university can be a very exciting period but one where young people can face a number of challenges. Many students may experience, often for the first time in their lives, a wide range of demands on individual, interpersonal, academic and societal levels such as leaving home, developing autonomy, making new friends and peer pressure which may put them at risk of substance misuse(Larimer et al., 2005). In addition, environmental, individual, personality and family factors such as drug-using peers, parental substance abuse and mental health problems continue to play a significant role as risk factors (Canning et al., 2004). The majority of students who use drugs at university first did so prior to entering, but a significant number of students start to do so after entering university. Additionally, the pattern of drug and alcohol use varies considerably between different department groups. For example, Webb et al (1997) found higher use of cannabis amongst arts and social science students than in students from other faculties.

There is evidence that experimenting with illegal drugs is considered to be normal by many students who appear to overlook the negative consequences drug and alcohol use may have (Larimer et al., 2005). There is a lack of information about the extent of the damage that drug and alcohol misuse causes in UK's university and college students. Evidence within the general population shows that binge drinkers have an increased risk of accidents and alcohol poisoning and that around 1.2 million violent incidents are alcohol related (Prime Minister's Strategy Unit, 2004).

In addition, 18% of people killed in road accidents have traces of illegal drugs in their blood (The Royal Society for the Prevention of Accidents, 2007). A survey among US college students showed that over 1,400 students aged 18-24 died in 1998 from alcohol-related causes, including fatal motor vehicle crashes (Hingson & Howland, 2002). Additionally, over 500,000 full-time 4-year college students were unintentionally injured under the influence of alcohol and over 600,000 were physically hit or assaulted by another student who had been drinking (Hingson et al., 2005).Alcohol and Drug Prevention in Colleges and Universities Alcohol is the most popular drug misused by young people (Advisory Council on the Misuse of Drugs, 2006). Gill (2002),

reviewing 25 years of research in alcohol consumption and binge drinking within UK undergraduate students, found that a significant number of male and female students drink more than the recommended weekly upper limit (14 units for women 21 for men).

Additionally, she concluded that the level of binge drinking in undergraduates may exceed the level observed in the general population and the level observed in US university students. Nearly half of young people drink above the sensible drinking recommendations (Home Office, 2006b). Data from the general population show that young people age 16-24 are more likely to exceed the recommended upper alcohol limit and be drunk compared with older adults. Additionally, hazardous drinking also increased over the decade 1992-2002 amongst young people (Advisory Council on the Misuse of Drugs, 2006).

### *Prevalence of Youth Drinking*

Thirteen- to fifteen-year-olds are at high risk to begin drinking. According to results of an annual survey of students in 8th, 10th, and 12th grades, 26 percent of 8th graders, 40 percent of 10th graders, and 51 percent of 12th graders reported drinking alcohol within the past month. Binge drinking at least once during the 2 weeks before the survey was reported by 16 percent of 8th graders, 25 percent of 10th graders, and 30 percent of 12th graders. Males report higher rates of daily drinking and binge drinking than females, but these differences are diminishing. White students report the highest levels of drinking, blacks report the lowest, and Hispanics fall between the two.

A survey focusing on the alcohol-related problems experienced by 4,390 high school seniors and dropouts found that within the preceding year, approximately 80 percent reported either getting "drunk," binge drinking, or drinking and driving. More than half said that drinking had caused them to feel sick, miss school or work, get arrested, or have a car crash.

Some adolescents who drink later abuse alcohol and may develop alcoholism. Although these conditions are defined for adults in the DSM, research suggests that separate diagnostic criteria may be needed for youth.

## ***Risk Factors for Adolescent Alcohol Use, Abuse, and Dependence***

***Genetic Risk Factors.*** Animal studies and studies of twins and adoptees demonstrate that genetic factors influence an individual's vulnerability to alcoholism. Children of alcoholics are significantly more likely than children of non alcoholics to initiate drinking during adolescence) and to develop alcoholism, but the relative influences of environment and genetics have not been determined and vary among people.

***Biological Markers.*** Brain waves elicited in response to specific stimuli (e.g., a light or sound) provide measures of brain activity that predict risk for alcoholism. P300, a wave that occurs about 300 milliseconds after a stimulus, is most frequently used in this research. A low P300 amplitude has been demonstrated in individuals with increased risk for alcoholism, especially sons of alcoholic fathers.

***Childhood Behavior.*** Children classified as "under controlled" (i.e., impulsive, restless, and distractible) at age 3 were twice as likely as those who were "inhibited" or "well-adjusted" to be diagnosed with alcohol dependence at age 21 . Aggressiveness in children as young as ages 5-10 has been found to predict AOD use in adolescence. Childhood antisocial behavior is associated with alcohol-related problems in adolescence and alcohol abuse or dependence in adulthood.

***Psychiatric Disorders.*** Among 12- to 16 year-olds, regular alcohol use has been significantly associated with conduct disorder; in one study, adolescents who reported higher levels of drinking were more likely to have conduct disorder .

Six-year-old to seventeen-year-old boys with attention deficit hyperactivity disorder (ADHD) who were also found to have weak social relationships had significantly higher rates of alcohol abuse and dependence 4 years later, compared with ADHD boys without social deficiencies and boys without ADHD.

Whether anxiety and depression lead to or are consequences of alcohol abuse is unresolved. In a study of college freshmen, a DSM-III diagnosis of alcohol abuse or dependence was twice as likely among those with anxiety disorder as those without this disorder. In another study, college



students diagnosed with alcohol abuse were almost four times as likely as students without alcohol abuse to have a major depressive disorder. In most of these cases, depression preceded alcohol abuse. In a study of adolescents in residential treatment for AOD dependence, 25 percent met the DSM-III-R criteria for depression, three times the rate reported for controls. In 43 percent of these cases, the onset of AOD dependence preceded the depression; in 35 percent, the depression occurred first; and in 22 percent, the disorders occurred simultaneously .

***Suicidal Behaviour.*** Alcohol use among adolescents has been associated with considering, planning, attempting, and completing suicide. In one study, 37 percent of eighth-grade females who drank heavily reported attempting suicide, compared with 11 percent who did not drink . Research does not indicate whether drinking causes suicidal behavior, only that the two behaviours are correlated.

#### ***Psychosocial Risk Factors***

***Parenting, Family Environment, and Peers.*** Parents' drinking behavior and favourable attitudes about drinking have been positively associated with adolescents' initiating and continuing drinking. Early initiation of drinking has been identified as an important risk factor for later alcohol-related problems. Children who were warned about alcohol by their parents and children who reported being closer to their parents were less likely to start drinking.

Lack of parental support, monitoring, and communication have been significantly related to frequency of drinking, heavy drinking, and drunkenness among adolescents. Harsh, inconsistent discipline and hostility or rejection toward children has also been found to significantly predict adolescent drinking and alcohol-related problems.

Peer drinking and peer acceptance of drinking have been associated with adolescent drinking . While both peer influences and parental influences are important, their relative impact on adolescent drinking is unclear.

**Expectancies.** Positive alcohol-related expectancies have been identified as risk factors for adolescent drinking. Positive expectancies about alcohol have been found to increase with age and to predict the onset of drinking and problem drinking among adolescents (51-53).

**Trauma.** Child abuse and other traumas have been proposed as risk factors for subsequent alcohol problems. Adolescents in treatment for alcohol abuse or dependence reported higher rates of physical abuse, sexual abuse, violent victimization, witnessing violence, and other traumas compared with controls . The adolescents in treatment were at least 6 times more likely than controls to have ever been abused physically and at least 18 times more likely to have ever been abused sexually. In most cases, the physical or sexual abuse preceded the alcohol use. Thirteen percent of the alcohol dependent adolescents had experienced posttraumatic stress disorder, compared with 10 percent of those who abused alcohol and 1 percent of controls.

**Advertising.** Research on the effects of alcohol advertising on adolescent alcohol-related beliefs and behaviors has been limited. While earlier studies measured the effects of exposure to advertising, more recent research has assessed the effects of alcohol advertising awareness on intentions to drink. In a study of fifth- and sixth-grade students' awareness, measured by the ability to identify products in commercials with the product name blocked out, awareness had a small but statistically significant relationship to positive expectancies about alcohol and to intention to drink as adults. This suggests that alcohol advertising may influence adolescents to be more favorably predisposed to drinking.

### ***Consequences of Adolescent Alcohol Use***

**Drinking and Driving.** Of the nearly 8,000 driver's ages 15-20 involved in fatal crashes in 1995, 20 percent had blood alcohol concentrations above zero. For more information about young drivers' increased crash risk and the factors that contribute to this risk, see *Alcohol Alert No. 31: Drinking and Driving*.

**Sexual Behaviour.** Surveys of adolescents suggest that alcohol use is associated with risky sexual behavior and increased vulnerability to coercive sexual activity. Among adolescents surveyed in New Zealand, alcohol misuse was significantly associated with unprotected

intercourse and sexual activity before age 16. Forty-four percent of sexually active Massachusetts teenagers said they were more likely to have sexual intercourse if they had been drinking, and 17 percent said they were less likely to use condoms after drinking.

***Risky Behavior and Victimization.*** Survey results from a nationally representative sample of 8th and 10th graders indicated that alcohol use was significantly associated with both risky behavior and victimization and that this relationship was strongest among the 8th-grade males, compared with other students .

***Puberty and Bone Growth.*** High doses of alcohol have been found to delay puberty in female and male rats, and large quantities of alcohol consumed by young rats can slow bone growth and result in weaker bones. However, the implications of these findings for young people are not clear. (*Youth Drinking: Risk Factors and Consequences--A Commentary by NIAAA Director Enoch Gordis, M.D.*)

A Sociological Analysis of Alcohol and Marijuana Use and Abuse among Young People in Grenada Researched & Written by: Claude Douglas Sociologist, 2006 investigates the factors for the use and abuse of alcohol and marijuana among young people (ages 15-35). Case studies were carried out in three communities that are believed to have a high incidence of alcohol and marijuana use and abuse; they include Woburn in St. George, Trench Town (Grenville) in St. Andrew and Gun Battle (Gouyave) in St. John. Additionally, in-depth interviews and focus group discussions were held with young people who are enrolled in school and school leavers. The unprecedented study focused on attitudes, beliefs, values and norms that influence the use and abuse of the aforementioned drugs.

Results suggest that the social factors contributing to use and abuse can be put into basic categories: 1) social stereotyping of alcohol and marijuana; 2) traditional customs and beliefs; 3) home influence; 4) peer influence; 5) the postmodern youth culture; 6) economic factors; 8) religion and other social factors such as sex and gender, class, education and region. The results obtained from young people were almost consistent with those obtained from the professionals.

*Parenting influences on adolescent alcohol use by Louise Hayes, Diana Smart, John W. Toumbourou and Ann Sanson suggests the following findings.*

### ***Parental factors***

Parents' own use of alcohol is related to adolescents' alcohol consumption. An Australian cross-sectional study (Quine and Stephenson 1990), with 2336 primary school children in Grades 5 and 6, found that even young children were significantly more likely than other children to have the intention to drink, or to have drunk a glass of alcohol, if their parents drank at least weekly. They were also more likely than other children to accept a glass of alcohol from a friend if their parents drank at least weekly.

With regard to drinking behaviour, as opposed to intentions, the importance of parents and peers was shown in a sub-sample of these children. From the sample of 2336 children, there were 720 children classified as either occasional or more frequent drinkers. These children were significantly more likely to drink frequently if a close friend also drank, more likely to drink if a sibling drank, and the significance of parental drinking was third in importance (Quine and Stephenson 1990). Thus in this study the intention to drink appeared to be primarily influenced by parental behavior, but for actual drinking behavior (as opposed to intentions) parental influence was ranked third, after the influence of peers and siblings.

An analysis within the Australian Temperament Project (Prior et al. 2000) found that while the most significant predictor of substance use at age 15-16 years was antisocial behaviour at 13-14 years; substance use was also associated with maternal smoking and drinking, as well as poorer attachment to parents, and other child characteristics such as thrill seeking.

Some research suggests that when parents use alcohol frequently, their adolescents have an increased likelihood of being exposed to alcohol-related risk behaviors. In a survey of 658 Victorian students aged 16-17 years, Bonomo et al. (2001) found adolescents who had experienced an alcohol-related injury were 1.8 times more likely than other adolescents to have parents who drank alcohol daily. (There was also a significant relationship with sexual risk taking behavior, with adolescents who reported sexual risk taking behaviors being 3.1 times more likely than other adolescents to report that their parents drank daily).

## Summary

The research reviewed reveals that parents' own use of alcohol increases the likelihood that adolescents will also consume alcohol. Australian research has shown that parental alcohol use is also associated with greater alcohol-related risk behaviors in adolescents. Other research suggests that parental alcohol use impacts indirectly, by changing parental management skills. Although limited, some alternative research suggests that controlled parental alcohol use may have a buffering effect when used within ritualized family practices.

Biological links between parental alcohol dependence and adolescent alcohol use have been found. Additionally, other research indicates that parental alcohol dependence has indirect effects on adolescent alcohol use, through the changes it exerts on parenting behaviors and socialization patterns. Exposure to parental alcohol abuse has been shown to influence adolescent attitudes toward alcohol, and appears to result in positive, rather than negative, attitudes. The studies reviewed have examined adolescent levels of use, risky use and abuse, with connections between parental alcohol use or alcoholism and adolescents' initiation of alcohol use under-studied at present.

Prevailing cultural norms regarding adolescent alcohol use appear to exert a powerful influence. In countries where there is a tolerant or permissive attitude towards youth alcohol use, youth patterns of risky use tend to be higher than in countries where the climate is less favorable towards youth alcohol use.

Perceived social reasons of drinking including (1) drinking by friends, (2) perceived attitudes of parents and friends toward whether the respondent drinks, and (3) perceived prevalence of general drinking among peers and adults.

## CHAPTER III

### Sociological Theories of Drug Abuse

#### **Introduction**

This chapter discusses sociological theories of substance use and abuse. For our purposes, sociological theories understand substance abuse as a societal phenomenon, having largely cultural, social, and economic origins or ties. Such causes are often external to the individual, i.e., they are not biological, genetic or psychological traits possessed by them. Instead, these theories direct our attention away from individuals to both the immediate and more distant social worlds around them.

#### **Sociological definitions of drug and alcohol abuse**

Sociologists tend to focus more on the social meaning of drugs and alcohol, norms and patterns regarding their consumption in certain settings, and consequences resulting there from. They typically do not focus on genetic predispositions, chemical imbalances, neurological processes, or personality traits. For example, Anderson (1998) articulated a more sociological definition in her cultural identity theory (see more below).

(1) a pattern of regular and heavy use over a significant period of time, (2) a set of drug related problems (at work, or with interpersonal relationships, one's own health, and formal social control agencies), (3) previous and failed attempts to terminate drug consumption, and (4) self-awareness as having a drug and/or alcohol problem.

#### **Origins of Substance Abuse Theories**

Before we discuss specific theories, it is useful to review the major under-pinnings of these three paradigms since their tenets shape the theories below and offer us a way to identify both common ground and differences among them. At a basic level, sociology categorizes theory into the structural-functional, social-conflict, and symbolic interactionist paradigms. Many different theories map onto these three paradigms, including those we review in this chapter.

**Structural-Functionalism.** The structural-functional paradigm- credited largely to August Comte, Emile Durkheim, and Talcott-Parsons- adopts a macro (broad focus on structures that shape society as whole) view of society as a complex system whose parts work together to promote solidarity and stability. Humans are believed to be able to thrive under these conditions. The focus is on society as an entity that can flourish, making things like unity, cohesiveness, stability, and order fundamental necessities for social existence. Chaos, instability, and alienation disrupt society's functioning and are considered undesirable.

A second important proposition is that consensus about morality and values and conformity to norms are necessities for society's smooth functioning. Consensus and conformity ensures, according to structural-functionalists, solidarity and stability. Conflict and deviation challenge those things. Thus, while some conflict and deviation can be expected, especially as societies grow and become more complex, too much conflict and deviation will hinder solidarity and stability and thus throw society into a state of chaos. Structural-functionalists maintain that dysfunction and alienation in society's components fosters alienation or anomie, which can become a motivator for conflict, deviance and chaos.

**Symbolic Interactionism.** Unlike the structural-functionalist and social-conflict paradigms, the symbolic interactionist perspective takes a more micro-level orientation to deviance and drugs, or a more close-up focus on social interaction in specific situations. It sees society as a product of the everyday interactions of individuals. Thus, society and reality are what people make them. This latter point earmarks a critical tenet of interactionism; that realities and society are created or socially constructed by individuals. What is required for these constructions? At one level, consensus or shared meaning. Therefore, like structural-functionalism, symbolic interactionism embraces the idea of consensus. However, since the social construction of symbols can vary dramatically among individuals and groups, symbolic interactionism also acknowledges variation and conflict.

The social construction of reality is important in understanding deviance like drug use. According to interactionists, deviance is what is so labeled, or what people say it is. It does not exist objectively or naturally. Thus, nothing is inherently deviant or wrong. Such designations are socially defined by people, who reach those conclusions via shared and contested views of the world, society, and their own lived experience. By showing that some drugs were once

accepted and legal to consume only later to be criminalized, we demonstrated at a basic level the inner propositions of symbolic-interactionism: the social reality, meaning, and reaction to drugs and alcohol have changed over time.

**The Social-Conflict Paradigm.** Unlike the two prior paradigms which embrace the idea of consensus, social-conflict theories view society as an arena of inequality and conflict. Conflict arises over disparities in material (e.g., wealth, property) and immaterial resources (i.e., power, ideology, and group identity). . For conflict theorists, society's structure is controlled by those with the greatest economic, social, and cultural assets. This "capital" enables them to rise to positions of power in the public and private sectors, where they continue to create structures that perpetuate their power and interests.

For conflict theorists, deviance is theorized as a response to the alienating conditions of material and immaterial inequality and group (e.g., ethnic and racial minorities) marginalization. While it is true that not all individuals experience inequality and marginalization and resort to deviance to remedy their situations, conflict theorists argue that those who do so are either actively engaged in changing systems of inequality and related government policies or resisting the status quo via adopting alternative lifestyles and defiant identities.

### **Social Process Theories**

Social process or socialization theories focus on how people or groups become involved with drugs and alcohol, how their involvement changes over time, and what might initiate that change. Process theories are developmental in the sense that they identify key factors over a period of time, one demarcated by social boundaries and meanings leading to drug and alcohol related behaviors and consequences. Both social process theories discussed in this section—labeling theory and social control theory—adopt the structural functionalist tenets about consensus and solidarity.

These theories emerged in the sociology of deviance literature years ago, which was, early on, interested in the process of becoming deviant. Thus, social process theories like labeling theory are really theories of deviant behavior and identification.

### **Labeling Theory and Deviant Roles, Careers, and Identities.**



Symbolic interactionists, like Hughes, Becker, Lemert, Goffman, Matza, Brown, Denzin etc., have traditionally maintained that deviance, such as drug and alcohol use and abuse, could best be understood as a type of “career,” or a set of behaviors, roles, and identities that comprise a lifestyle, running counter to conventional society in some ways and consistent in others. In short, deviance, like drug use, was best understood as a phenomenon that changed over time, with a beginning or entry point and often a desistance or end point. The “middle” period featured enmeshment in deviance, with the adoption of drug-related roles and identities. Their concept of “career” embodies this notion of deviance as a lifestyle, with fluctuations over time.

**Labeling and Adopting the Drug Addict Role.** With continued drug use and acceptance of the deviant label, individuals began adopting drug addict and alcoholic roles and identities. This transition indicates that drugs have become much more than substances one can chose to use. Drug addict and alcoholic roles and identities imply that substances have become a more all-encompassing activity around which the self is organized (roles) and defined (identities). Thus, termination from drug-taking behavior requires a redefinition of the self (Denzin and Anderson) and adoption of dramatically different roles (Stephens, Anderson).

### **Social and Self Control Theories**

A second popular social process theory is Hirschi’s social control theory. Its focus has been almost exclusively on deviant behaviors, such as delinquent acts (theft, vandalism, etc.) and drug use, rather than deviant roles and identities. It does not address the transition from drug use to abuse directly, but unlike interactionist theories, it does explain original or primary deviance. As a general theory of crime and delinquency, social control theory begins to a rather novel question: Why do people conform? This runs counter to the more common question– why do people deviate or break the law– asked by scholars and policy makers alike. Intrigued by society’s and sociology’s innocuous expectation of conformity, Hirsch began theorizing about deviance by assuming people would violate norms and break the law unless they were actively prevented from doing so. The key to such prevention was effectives socialization, which was a long process starting in childhood and lasting into adulthood. Thus, social control theory is considered one about process.

Who and what was responsible for this socialization? Hirschi pin-pointed three institutions or entities (i.e., families, peers, and schools) having the most profound impact on each of our lives, especially as children and adolescents. He argued that close associations with parents and siblings, law-abiding peers, and teachers or other school officials, for example, were required to control individuals' behavior. The establishment of a strong moral bond between the juvenile and society, consisting of an attachment to others, commitment to conventional behavior, involvement in conventional activities, and a belief in the moral order and law, promoted conformity and prevented delinquency. Thus, attachment, commitment, involvement and belief became four elements of a critical moral bond between the individual and society which would guard against deviance.

For Hirschi, delinquent behaviors, like drug use, would be a likely outcome of ineffective ties to these things, i.e., improper socialization. Specifically, it is likely to occur if there is inadequate attachment (to parents and school), inadequate commitment (to educational and occupational success), inadequate involvement in conventional activities (e.g., scouting and sports leagues), and inadequate beliefs in such things as the legitimacy and morality of the law.

## CHAPTER-IV

### METHODOLOGY

#### **General objective of study**

This study aims to find out the problem of alcohol use among the youth in Cochin city from a sociological perspective.

#### **Specific objectives**

1. To find out socio-economic profile of youth who consume alcohol
2. To find out the frequency and quantity of alcohol consumption
3. To find out deciding factors in alcohol consumption
4. To investigate the relation between peer pressure and alcohol use
5. To assess the effect of alcohol use on physical and mental health

#### **Hypothesis**

1. Higher the peer pressure, the earlier the initiation to drinking.
2. Higher the age, the lower the interest in alcohol use
3. There is a positive relation between alcoholism among parents and the drinking habit of children
4. Higher the socio-economic background, higher the incidence of liquor consumption

#### **Variables**

##### **Independent variables**

In the present study the independent variables are parental income, Age, peer influence, parental drinking etc.

##### **Dependent Variable**

In this study the dependent variable is the alcohol use by the respondent.

## **Research design**

A descriptive research design is followed in the present study.

## **Pilot study**

In order to test the feasibility of the present investigation, a pilot study was under taken in the two city colleges. It was found by the researcher that not all the students drink liquor, but a clear majority have tasted it at least once .The college authorities have granted permission to conduct the survey in their campuses.

## **Definition of concepts**

**YOUTH**-According to the general definition of human development, youth are people between the ages of fifteen (15) and thirty-five (35) years old.

### **Operational Definition**

In the present study youth is a group of people who comes under the age group 15-30 years.

**ALCOHOL**- is a drink containing ethanol, commonly known as alcohol. Alcoholic beverages are divided into three general classes: beers, wines, and spirits. Alcohol is a psychoactive drug that has a depressant effect. High blood alcohol content is usually considered to be legal drunkenness because it reduces attention and slows reaction speed. Alcohol can be addictive, and the state of addiction to alcohol is known as alcoholism.

### **Operational Definition**

In the present study Alcohol is any drink which contains ethanol.

## **Universe**

The universe of the study includes all the youth, within the age group of 15-30 who use alcohol in Cochin City.

## **Sample**

A total of 100 students were selected from the universe. The respondents are youth from two colleges, namely, Maharajas and Law college Ernakulam aged between fifteen to thirty.

## **Sampling method**

The sampling method used was snowball because the respondents in present study involve only those who use alcohol beverages. Since there is no official list regarding the regular drinkers, snow ball sampling was the only option.

## **Pretest**

After the questionnaire we prepared, the same was administered on a few students. On the basis of pretest the questions were reframed and the questionnaire was finalized.

## **Method of data collection**

A questionnaire was used to collect data regarding the socio-economic background, history of drinking, peer pressure, age differences in alcohol use, how to overcome the problem etc. A number of open-ended and close-ended questions were asked to collect their opinion regarding certain issues

## **Data analysis**

The data was analyzed with SPSS/PC+ software. Simple tables of all the relevant questions were generated with diagrams. Independent and dependent variables were compared to find out the cause-effect relationships like e.g., parental drinking and youth drinking, age and alcohol use, peer pressure and drinking etc. The tables were interpreted conclusions were drawn.

## **LIMITATIONS:**

Conducting research on alcohol poses serious challenges. One of the major challenges is the skepticism with which subjects viewed the study. Given the sensitive nature of the subject, many of the respondents were wary about the intent of the study. As a result, some of them were a bit reluctant to divulge information they believe could result in dire consequences for them. Some

went so far to verbalize their suspicion, stating that the research was being carried out to obtain information for the police.

Due to the subjects failure to commit to interviews, there had to be rescheduling of meetings to times most convenient to them. The difficulty with appointments was consequential for the timely period in which the research had to be conducted. The non-availability of official statistics on alcohol from government offices limited the research in one way or the other.

**CHAPTER-V**  
**USE OF ALCOHOL AMONG YOUTH IN COCHIN CITY**

**5.1 Socio-Cultural factors identified as contributing to the use of alcohol**

In Kerala, the consumption of alcohol is a pass-time activity that characterizes the social landscape. It is customary for adults to consume alcohol casually on a regular basis in the village shops and urban bars that line the narrow, winding streets.

Alcohol consumption is invariably an important part in the social interaction of Malayalees. A conspicuous absence of alcohol in social functions like weddings and festivals would be frowned upon by those who believe that they cannot enjoy themselves without their feelings being altered by alcohol consumption.

In the present study the sample is drawn from two city colleges which will give us a cross section of Kerala population. A total of hundred respondents were interviewed during data collection. Half the Sample represents Maharajas College and the other half is from Law College, Ernakulam.

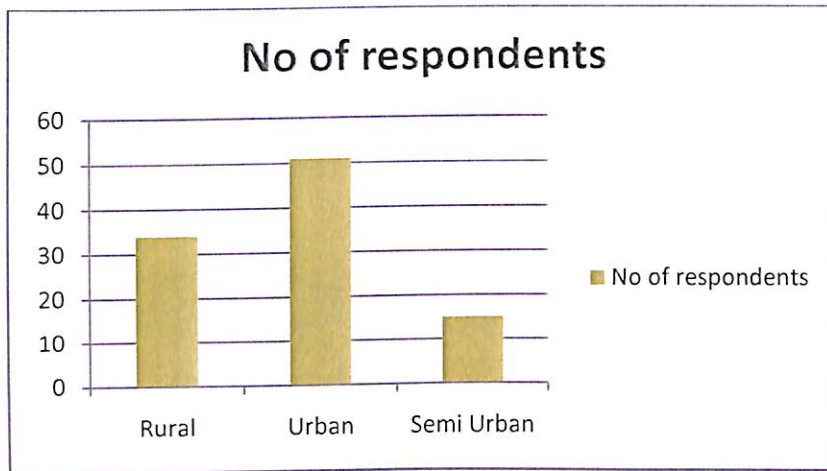
5.1 Table showing the of the respondents with regard to colleges

<b>College</b>	<b>No of respondents</b>	<b>Percentage</b>
Maharajas College, Ernakulam	50	50
Govt. Law College, Ernakulam	50	50
<b>Total</b>	<b>100</b>	<b>100</b>

**5.2 Rural-Urban Influences**

From the table below we can understand that urban influence is an important factor in the use of alcohol. The lack of or very little social control due to weak social attachment of the city life, is contributing to the greater use of alcohol in urban areas.

5.2. Figure showing frequency distribution of the respondent's place of residence



The sample consists of respondents from rural, urban and semi-urban areas. 51% comes from urban areas, 34% from rural area and 15% from semi-urban areas.

### 5.3 Home influence: early socialization

5.3. Table showing the respondents' type of family

Type of family	No of respondents	Percentage
Joint	10	10
Nuclear	90	90
Total	100	100

Majority of the respondents (90%) comes from nuclear families. Nuclear families create individualism and loneliness among youth due to both parents working outside and absence of grandparents and other relatives at home.

The process of socialization, that is, the principal means by which culture is transmitted from generation to generation, begins within the family. Of all the agencies of socialization, the family is considered, by far, the most important. The profound influence of the family on individuals' values, beliefs and attitudes is far reaching. Home is the child's world and what takes place within its confines is seen as normal.

Children would invariably think that those are healthy and normal activities. As a result, the children develop value systems that influence their choices. For instance, the choice to drink or not to drink alcohol depends quite a lot on the child's beliefs about alcohol. Since the mind of children is very impressionable, the tendency to imitate adult action is more. It is primarily for



this reason that teenage children and youth of alcoholics are more likely to start drinking and have problems with alcohol.

### 5.4 Age Distribution

5.4. Table showing the age distribution of respondents

Age	No. of respondents	Percentage
15-20	60	60
21-25	35	35
26-30	5	5
Total	100	100

The majority of respondents fall under the age group of 15-20 because this age group represents those who have just come out of their schools where they would not have experienced the freedom they get in colleges. Legally, the minimum age limit for alcohol consumption is 18, but we can see that increasingly young are being attracted towards alcohol use.

### 5.5. Relation between Age and Liquor use

5.5. Table showing the frequency distribution of respondents' liquor usage according to their age

Age	Liquor Usage				
	Daily	weekly	monthly	Rarely	Total
15-20	0	16	30	14	60
21-25	0	13	13	9	35
26-30	0	1	2	2	5
Total	0	30	45	25	100

The above table shows that the majority in the age group 15-25 drink monthly or weekly. The respondents in the age 26-30 drink monthly or rarely. This trend suggests that liquor usage is decreasing with increasing age. Respondents shows an increased curving for alcohol in the initial stages, consumption is declined in the subsequent stages.

## 5.6 Monthly income of family

5.6. Table showing the respondents monthly income of family

Income	No of respondents	Percentage
1000-10000	35	35
10001-50000	40	40
50001-100000	23	23
100001-200000	2	2
Total	100	100

The majority of respondents come from middle class section of the society. Only a small percentage falls in the High Income group. This trend may be because students from the Higher Income families prefer to opt for Professional courses or even tend to go out of state or country for their higher studies.

While family socio-economic status has been consistently associated with antisocial behavior, the relationship between socio-economic status and youth drinking is equivocal. Class or socio-economic status does not generally appear a strong predictor of youth alcohol use

## 5.7 Frequency of Drinking

5.7. Table showing the frequency of respondents' alcohol consumption

Frequency of drinking	Daily	Weekly	Monthly	Rarely	Total
No: of respondents	0	30	45	25	100
Percentage	0	30	45	25	100

None of the students drink daily hence there are no alcoholics in the sample. Majority of the students drink weekly or monthly. A quarter of the respondents drink at rare occasions like festivals or family functions. All respondents have taken alcohol more than once. Use of alcohol has become a regular feature of youth in the present times.

### 5.8 First use trends.

The age at which young people initiate this risk behaviour is another critical factor for consideration. While overall youth alcohol use rates give a perspective on current participation, age of first use is vital to an understanding of present and future trends. Experts agree that age of initiation is a powerful predictor of consequences and dependence.

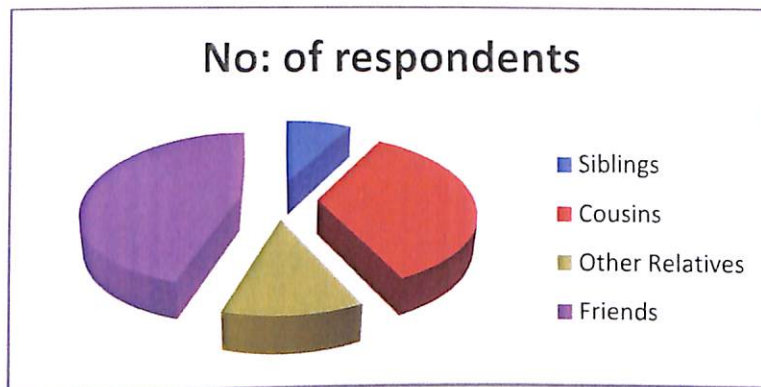
5.8. Table showing the respondents age of first use of alcohol use

Age	No: of respondents	Percentage
13-20	73	73
21-25	25	25
26-30	2	2
Total	100	100

Some of the respondents revealed that they first tried alcohol as early as 13 years. Studies suggest that adolescents who begin alcohol use at early ages not only use it more frequently, but also escalate to more frequent use more quickly and are less likely to stop using.

### 5.9 Preferred group for drinking

5. 9. Figure showing the respondents, preferred groups for drinking



Surprisingly, siblings are the least preferred category of the respondents for having liquor. The major contribution in this happens from cousins & friends who are also mostly in the same age category. They are the strongest influencers to them. Adolescence and youth are also stages of experiencing new attitudes, of intense sociability and conformity with group rules.

Pressure from friends and colleagues is stronger than ever. This explains the reason why 45% of the respondents who drink, did so to experiment with the alcohol during the socialization with friends.

It is argued that selective peer group interaction and socialization has the most powerful impact on use. Imitation of peers and vulnerability to social influence initiate and maintain patterns of drug use in peer groups. In a cohesive peer group, shared values and behaviours are reinforced and as a result there is a greater bond. In peer groups, popularity is an important goal. And, the internalization and expression of the values of the group contribute significantly to one's social acceptance.

### 5.10 Family history of drinking

The following table throws light on the question whether a parent or any close relatives consume alcohol.

5.10. Table showing the respondents' family history of drinking

	Yes	No
No: of respondents	60	40

Majority of the respondents claimed that they were also influenced by their parent or a close relative in taking to liquor. Although overall youth drinking levels are decreasing, adolescents who do drink are beginning earlier. The initiation into drinking begins at home. A lot of teenagers imitate their drinking parents, or at least they find a role model in them to justify their conduct. Curiously, there are drinking parents who get angry when they find out their children take in liquor...not noticing that they are the ones responsible. In homes where the pantry is always well stocked with alcohol, it means that it is at their disposal whenever there is a desire for it.

### 5.10 Favourite place for drinking

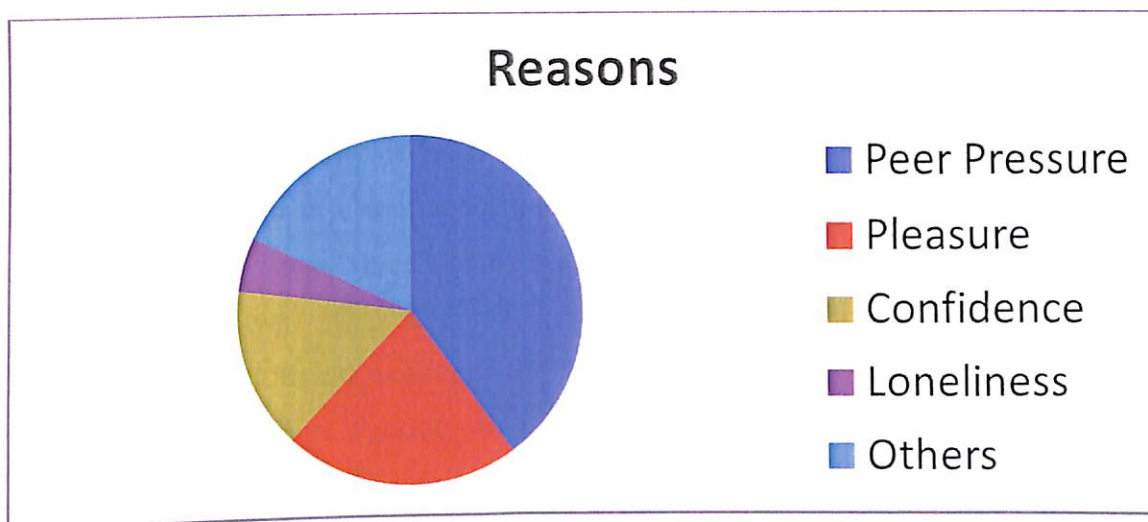
5.10. Table showing the respondents' preference for place of drinking

	Home	Friends Home	Bar	Hostel	Outdoors	College	Workplace	Moving car	Total
No: of respondents	30	26	15	8	5	2	8	6	100

Adolescents consume alcohol in a variety of contexts, including their own homes, homes of friends or acquaintances, bars or restaurants, hostels, outdoor settings (e.g., parks, beaches, sports stadiums), at college or work, and in moving cars. Based on the sample, the researcher found that the most highly endorsed locations for drinking are person's home, friend's home and bars.

### 5.11 Reasons for taking to drinks

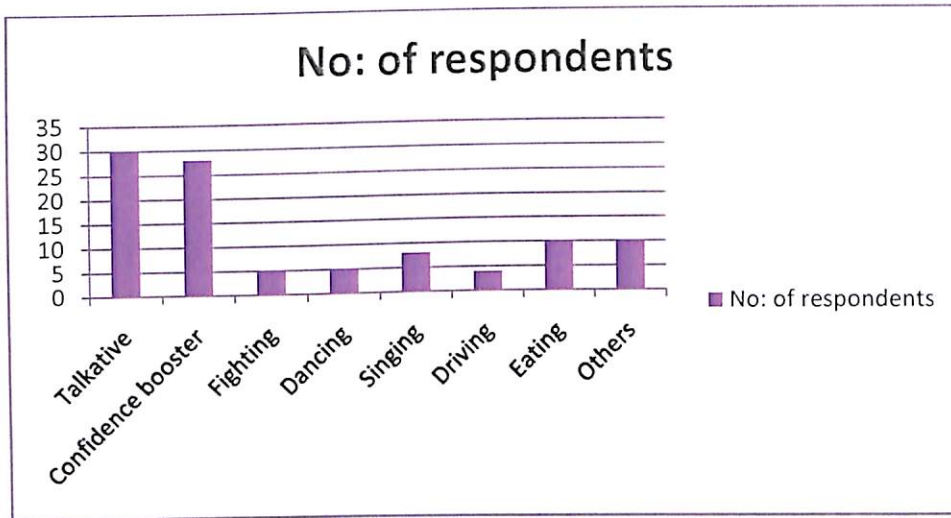
5.11. Table showing the respondents' reasons for alcohol consumption



Peer pressure is the overwhelming reason for the young respondents to start drinking. They feel left out or out of place in a group that encourages drinking. It is also a way to show others that you are no more a school kid though sometimes you may look like one of them. Drinking for pleasure & getting confidence also happens to some extent. Other reasons include celebrating someone's birthday, victory in competitions, college functions, family problems etc.

### 5.12 Impact on Physical & Behavioural aspects

5.12. Table showing the physical and behavioural effects of alcohol drinking



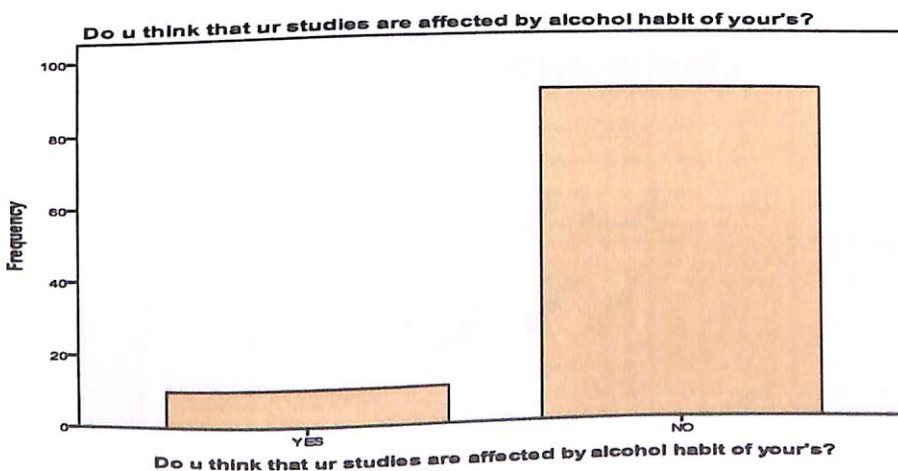
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The most common immediate impact of drinking is that the person starts to talk endlessly. Drinking is also seen as a confidence booster & motivates them to perform things they would otherwise shy away from. Some like to keep on eating after taking drinks.

### 5.13 Effect of drinking on Academic life

It is a common belief that drinking can have negative influence on the studies. But the analysis of data revealed another thing.

5.13. Figure showing the opinion of respondents' perceived impact on academic life

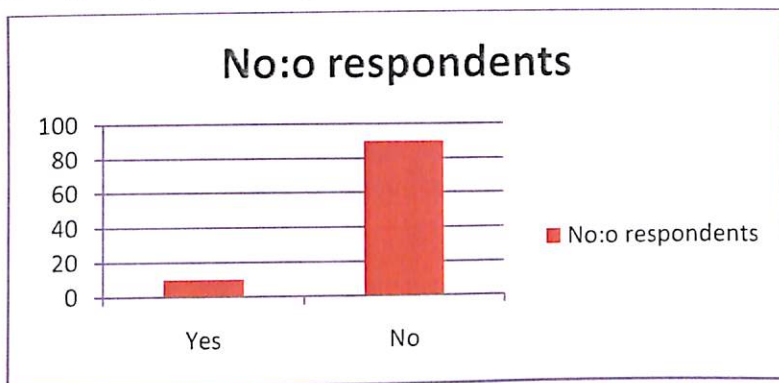


As per the respondents, Alcohol consumption is hardly linked to Academic performances. A huge majority of them states that there has not been any impact of drinking on their academic life.

### 5.14 Engaging in Fights after Drinks

To question regarding whether they engage in fights either physically or verbally the respondents reacted in the following way:

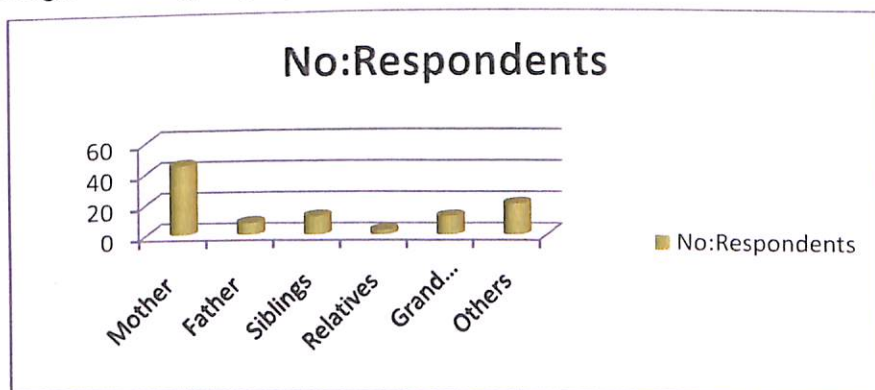
5.14. Figure showing the opinion with regard to fights after drinks



The majority of students do not engage in any fights. They claim to be calm and in good state of mind. But they said that they feel guilty when their parents find out the drinking activity.

### 5.15 Advice to quit Drinking

5.15. Figure showing the people who advice the respondents with regard to quitting alcohol usage



Parent relationships and family life strongly impact whether or not a youth will be involved in risk behaviours, including alcohol use. Children whose parents tell them to avoid alcohol are

less likely to drink alcohol. Children of parents who have favourable attitudes about drinking are more likely to initiate and continue to drink. The parents play a significant role in protecting children from alcohol use.

Parental presence was found to be another protective factor against alcohol use, although to a lesser degree. However, students who reported easy access to alcohol in the home were more likely to drink alcohol. Mother is an important influence who often tries to compel the students to withdraw from the habit of alcohol usage. The category of others include, teachers and friends

### 5.16 Pocket money from parents and Liquor Consumption

5.16. Table showing the relation between pocket money and liquor consumption

Whether Get pocket money	Frequency of liquor usage				Total
	Daily	Weekly	Monthly	Rarely	
Yes	0	26	33	16	76
No	0	4	12	9	24
Total	0	30	45	25	100

76% of the respondents get pocket money from the parents. Most of them are using this pocket money to buy liquor. When their money is over they borrow from friends for buying alcohol. Some students have part time jobs to compensate the lack of pocket money. Also the respondent's friends and cousins buy them drinks.

### 5.17 Age & Occasion of drinking

5.17. Table showing the respondents 'drinking with regard to preference of occasions

Occasion	Age Group			Total
	15-20	21-25	26-30	
Family functions	5	6	4	15
College functions	35	12	0	47
Religious functions	5	7	0	12
Other functions	15	10	1	26
Total	60	35	5	100

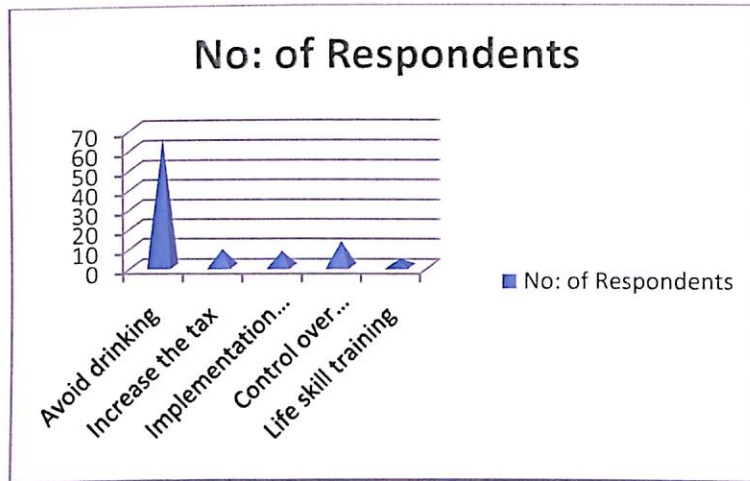
From the above table we can understand the youth's preference of occasions in which they drink. Youth in 15-25 age group drink more during college functions. While youth of 26-30 age group



drink more during family functions. The reason may be their increased independence due advanced age. 15-20 age group drink without the permission and acceptance of their elder family members.

### 5.17 Measures to control Alcoholism among Youth

5.17.Figure showing the respondents 'opinions with regard to the measures to control alcoholism among youth



To an open ended question about how to control alcoholism among youth variety of answers were given. Among them the most often repeated answer was Avoid drinking itself.66% of the sample expressed the same opinion as avoid drinking. Other answers were, increasing the tax, implementation of the laws more strictly, warning labels, control over advertisement, Life skill training etc.

Prevention measures aim to reduce alcohol abuse and its consequences. Such measures include policies regulating alcohol-related behavior on the one hand and community and educational interventions seeking to influence drinking behavior on the other hand.

## CHAPTER-VI

### CONCLUSION

#### **Major findings**

Alcohol consumption is invariably an important activity in the social interaction of Malayalees. A conspicuous absence of alcohol in social functions like weddings and festivals would be frowned upon by those who believe that they cannot enjoy themselves without their feelings being altered by alcohol consumption.

In the present study the sample is drawn from two city colleges which will give us a cross section of Kerala population. A total of hundred respondents were interviewed during data collection. Half the Sample represents Maharajas College and the other half is from Law College, Ernakulam.

- The sample consists of respondents from rural, urban and semi-urban areas. 51% comes from urban areas, 34% from rural area and 15% from semi-urban areas.
- Majority of the respondents (90%) comes from nuclear families. Nuclear families create individualism and loneliness among youth due to both parents working outside and absence of grandparents and other relatives at home. Since the mind of children is very impressionable, the tendency to imitate adult action is more. It is primarily for this reason that teenage children and youth of alcoholics are more likely to start drinking and have problems with alcohol.
- The majority of respondents fall under the age group of 15-20 because this is the age when students come out of their schools where they would not have experienced the freedom they get in colleges. Legally, the minimum age limit for alcohol consumption is 18, but we can see that increasingly young are being attracted towards alcohol use.
- The majority in the age group 15-25 drink monthly or weekly. The respondents in the age 26-30 drink monthly or rarely. This trend suggests that liquor usage is decreasing with

increasing age. Respondents shows an increased curving for alcohol in the initial stages, consumption is declined in the subsequent stages.

- The majority of respondents come from middle class section of the society. Only a small percentage falls in the High Income group. This trend may be because students from the Higher Income families prefer to opt for Professional courses or even tend to go out of state or country for their higher studies.
- None of the students drink daily hence there are no alcoholics in the sample. Majority of the students drink weekly or monthly. A quarter of the respondents drink at rare occasions like festivals or family functions. All respondents have taken alcohol more than once. Use of alcohol has become a regular feature of youth in the present times.
- Some of the respondents revealed that they first tried alcohol as early as 13 years. The present study suggest that adolescents who begin alcohol use at early ages not only use it more frequently, and are less likely to stop using.
- Surprisingly, siblings are the least preferred category of the respondents for having liquor. The major contribution in this happens from cousins & friends who are also mostly in the same age category. They are the strongest influencers to them. Adolescence and youth are also stages of experiencing new attitudes, of intense sociability and conformity with group rules. Pressure from friends and colleagues is stronger than ever. This explains the reason why 45% of the respondents who drink, did so to experiment with the alcohol during the socialization with friends. It is argued that selective peer group interaction and socialization has the most powerful impact on use. Imitation of peers and vulnerability to social influence initiate and maintain patterns of drug use in peer groups. In a cohesive peer group, shared values and behaviours are reinforced and as a result there is a greater bond. In peer groups, popularity is an important goal. And, the internalization and expression of the values of the group contribute significantly to one's social acceptance.
- Majority of the respondents claimed that they were also influenced by their parent or a close relative in taking to liquor. Although overall youth drinking levels are decreasing, adolescents who do drink are beginning earlier. The initiation into drinking begins at home. A lot of teenagers imitate their drinking parents, or at least they find a role model

in them to justify their conduct. Curiously, there are drinking parents who get angry when they find out their children take in liquor...not noticing that they are the ones responsible. In homes where the pantry is always well stocked with alcohol, it means that it is at their disposal whenever there is a desire for it.

- Adolescents consume alcohol in a variety of contexts, including their own homes, homes of friends or acquaintances, bars or restaurants, hostels, outdoor settings (e.g., parks, beaches, sports stadiums), at college or work, and in moving cars. Based on the sample, the researcher found that the most highly endorsed locations for drinking are person's home, friend's home and bars.
- Peer pressure is the overwhelming reason for the young respondents to start drinking. They feel left out or out of place in a group that encourages drinking. It is also a way to show others that you are no more a school kid though sometimes you may look like one of them. Drinking for pleasure & getting confidence also happens to some extent. Other reasons include celebrating someone's birthday, victory in competitions, college functions, family problems etc.
- The most common immediate impact of drinking is that the person starts to talk endlessly. Drinking is also seen as a confidence booster & motivates them to perform things they would otherwise shy away from. Some like to keep on eating after taking drinks.
- As per the respondents, Alcohol consumption is hardly linked to Academic performances. A huge majority of them states that there has not been any impact of drinking on their academic life.
- The majority of students do not engage in any fights. They claim to be calm and in good state of mind. But they said that they feel guilty when their parents find out the drinking activity.
- Parent relationships and family life strongly impact whether or not a youth will be involved in risk behaviours, including alcohol use. Children whose parents tell them to avoid alcohol are less likely to drink alcohol. Children of parents who have favourable attitudes about drinking are more likely to initiate and continue to drink. The parents play a significant role in protecting children from alcohol use. Parental presence was found to be another protective factor against alcohol use, although to a lesser degree. However,

students who reported easy access to alcohol in the home were more likely to drink alcohol. Mother is important influences who often try to compel the students to withdraw from the habit of alcohol usage.

- 76% of the respondents get pocket money from the parents. Most of them are using this pocket money to buy liquor. When their money is over they borrow from friends for buying alcohol. Some students have part time jobs to compensate the lack of pocket money. Also the respondent's friends and cousins buy them drinks.
- To an open ended question about how to control alcoholism among youth, variety of answers were given. Among them the most often repeated answer was "Avoid drinking" itself. 66% of the sample expressed the same opinion. Other answers were, increasing the tax, implementation of the laws more strictly, warning labels, control over advertisement, Life skill training etc. Prevention measures aim to reduce alcohol abuse and its consequences. Such measures include policies regulating alcohol-related behavior on the one hand and community and educational interventions seeking to influence drinking behaviour on the other hand.
- Youth in 15-25 age group drink more during college functions. While youth of 26-30 age group drink more during family functions. The reason may be their increased independence due advanced age. 15-20 age group drink without the permission and acceptance of their elder family members.
- Youth in 15-25 age group drink more during college functions. While youth of 26-30 age group drink more during family functions. The reason may be their increased independence due advanced age. 15-20 age group drink without the permission and acceptance of their elder family members.

### **Suggestions & Recommendations**

College administrators and their staff face numerous challenges when attempting to reduce the prevalence and severity of alcohol consumption and alcohol-related harm on their campuses.

Alcohol use and abuse is real and present problem. To curb the incidence of its use, there must be a concerted effort by all stakeholders. All institutions must come on board because none

is insulated from the disastrous effects of alcohol drinking. A number of approaches must be taken in dealing with this acute societal problem. The anti-drug crusade must be intensified, particularly against alcohol which

Because of its legal status is considered normal and harmless by many people. The following can be done to effectively deal with the use of alcohol.

### **Mentorship programmes**

Positive role models have proven to be possibly the most effective remedy against at-risk children. Many young people do not have significant others in their lives. The social Welfare department can implement a mentorship programme that would provide good role models to young people who would listen to and advise them on all aspects of their lives; encouraging and assisting them in social, moral and intellectual development. Mentors who are able to effectively articulate and demonstrate ideals that feed into the mentees' sense of responsibility; thus, influencing the choices they make. With a caring adult looking over their shoulder, young people would engage in more responsible behavior.

### **Character education**

The values of society must be made a priority item in the schools' curriculum. Today, many of our schools are breeding too many intellectual delinquents. The curriculum in the schools and colleges should impart value education and it should channelize the creative energies on the students in the right path.

### **Stiffer penalties**

It is argued that the light penalties imposed on individuals who commit the offenses do not act as a deterrent. Those convicted for their alcohol use are not sufficiently punished by the courts; therefore, they are not deterred by the law. The sale of alcohol to minors must be prohibited by law

## **Policy Interventions**

**Tax on alcohol:** Researchers find that alcohol taxes and prices affect alcohol consumption and associated consequences. Studies demonstrate that increased beer prices lead to reductions in the levels and frequency of drinking and heavy drinking among youth.

**Raising the Minimum Legal Drinking Age (MLDA).** MLDA legislation is intended to reduce alcohol use among those under 21, to prevent traffic deaths, and to avoid other negative outcomes. Raising the MLDA has been accompanied by reduced alcohol consumption, traffic crashes, and related fatalities among those under 21.

**Administrative License Revocation Laws.** Laws permitting the withdrawal of driving privileges without court action have been adopted by States to prevent traffic crashes caused by unsafe driving practices, including driving with a BAC over the legal limit.

**Warning Labels.** The mandated warning label on containers of alcoholic beverages aims to inform and remind drinkers that alcohol consumption can result in birth defects, impaired ability to drive a car or operate machinery, and health problems. Research indicates that public support for warning labels is extremely high; that awareness of the label's content has increased substantially over time. One study of pregnant women found that after the label appeared, alcohol consumption declined among lighter drinkers but not among those who drank more heavily.

## **Community and Educational Interventions**

**The Saving Lives Programme.** The Saving Lives Programme can be designed to reduce drinking and driving and to promote safe driving practices. Saving Lives involved the media, businesses, schools and colleges, citizens' advocacy groups, and the police in activities such as high school peer-led education, college prevention programs, increased liquor-outlet surveillance, and other efforts.

**Life Skills Training (LST).** LST teaches students skills to resist social influences to use alcohol and other drugs and to enhance general competence and self-esteem. LST has been found to increase students' knowledge of the negative consequences of drinking and to promote realistic, not inflated, perceptions of drinking prevalence



## **BIBLIOGRPHY**

- (1) **American Psychiatric Association (APA).** *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition.* Washington, DC: APA, 1994.
- (2) **NIAAA.** *Alcohol Alert No. 30: Diagnostic Criteria for Alcohol Abuse and Dependence.* Bethesda, MD: NIAAA, 1995.
- (3) **Johnston, L.D., et al.** *National Survey Results on Drug Use From the Monitoring the Future Study, 1975-1994: Volume I. Secondary School Students.* Rockville, MD: National Institute on Drug Abuse, 1995.
- (4) **University of Michigan.** "The rise in drug use among American teens continues in 1996." News and Information Services press release [early release of results from annual Monitoring the Future Study], 1996
- (5) **Ellickson, P.L., et al.** Teenagers and alcohol misuse in the United States: By any definition, it's a big problem. *Addiction* 91 (10):1489-1503, 1996.
- (6) **Martin, C.S., et al.** staging in the onset of DSM-IV alcohol symptoms in adolescents: Survival/hazard analyses. *Journal of Studies on Alcohol* 57:549-558, 1996.
- (7) **Jessor, R., & Jessor, S.L.** *Problem behavior and psychosocial development: A longitudinal study of youth.* New York: Academic Press, 1977.
- (8) **Donovan, J.E., & Jessor, R.** Structure of problem behavior in adolescence and young adulthood. *Journal of Consulting and Clinical Psychology* 53(6):890-904, 1985.
- (9) **Donovan, J.E., et al.** Syndrome of problem behavior in adolescence: A replication. *Journal of Consulting and Clinical Psychology* 56(5):762-765, 1988.

- (10) Donovan, J.E. Young adult drinking-driving: Behavioral and psychosocial correlates. *Journal of Studies on Alcohol* 54(5):600-613, 1993.
- (11) Leigh, B.C., & Stall, R. Substance use and risky sexual behavior for exposure to HIV: Issues in methodology, interpretation, and prevention. *American Psychologist* 48(10):1035-1045, 1993.
- (12) Johnston, L.D., et al. *National Survey Results on Drug Use From the Monitoring the Future Study, 1975-1994: Volume II. College Students and Young Adults*. Rockville, MD: National Institute on Drug Abuse, 1996
- (13) Schulenberg, J., et al. getting drunk and growing up: Trajectories of frequent binge drinking during the transition to young adulthood. *Journal of Studies on Alcohol* 57 (3):289-304, 1996.
- (14) McKinzie, D.L., et al. Effects of taste aversion training on the acquisition of alcohol drinking in adolescent P and HAD rat lines. *Alcoholism: Clinical and Experimental Research* 20(4):682-687, 1996.
- (15) Cloninger, C.R., et al. Inheritance of alcohol abuse: Cross-fostering analysis of adopted men. *Archives of General Psychiatry* 38(8):861-868, 1981.
- (16) Hrubec, Z., & Omenn, G.S. Evidence of genetic predisposition to alcoholic cirrhosis and psychosis: Twin concordances for alcoholism and its biological end points by zygosity among male veterans. *Alcoholism: Clinical and Experimental Research* 5(2):207-215, 1981.
- (17) Chassin, L., et al. Substance use and symptomatology among adolescent children of alcoholics. *Journal of Abnormal Psychology* 100(4):449-463, 1991.
- (18) Cotton, N.S. The familial incidence of alcoholism: A review. *Journal of Studies on Alcohol* 40:89-116, 1979.

## APPENDIX

### ALCOHOL USE AMONG YOUTH IN COCHIN CITY-A SOCIOLOGICAL STUDY AMONG THE YOUTH

#### QUESTIONNAIRE

NAME:

AGE:

EDUCATIONAL INSTITUTION:

PLACE OF RESIDENTS: RURAL URBAN SEMI URBAN

EDUCATIONAL: SEMESTER CLASS

FATHER OCCUPATION:

MONTHLY INCOME OF FAMILY:

POCKET MONEY: YES NO

IF YES HOW MUCH? :

PART TIME JOB:

TYPE OF FAMILY: JOINT NUCLEAR EXTENDED

WHAT IS YOUR HOBBY?

#### PART 2

1 How Often Do You Like To Drink Liquor?

Daily Weekly Monthly Rarely

2 At which occasion does u drink?

Family Function College Function Religious Festival Other

- 3 Do you drink alone or in-group?  
 Single      With friend's      cousin's      siblings      other relatives
- 4 From where do you drink?  
 Bar      home      friend's home      cars      other places
- 5 Which is your favorite brand?  
 Brandy      rum      whisky      beer      toddy      all these
- 6 How much you drink at a day?  
 Peg      large      half bottle      full bottle
- 7 At what age you start drinking?  
 10-15      15-20      20-25      25-30
- 8 How much money you have for drinking?  
 25-100      100-500      500-1000      1000 above
- 9 did you force to anyone to drinking?  
 Often      very often      sometimes      never
- 10 why did you start drinking?  
 Peer pressure      confidence      loneliness      pleasure      others
- 11 what is your attitude towards after the drinking?  
 Talkative      confidence booster      fighting      dancing      singing      driving  
 eating      others
- 12 did you think that drinking is inseparable part in modern life?  
 Often      very often      sometimes      never

13 Why do you continue drinking ?

Life style to mix with friends media none

14 Do you think that friends is the major influences for consume more liquor ?

Yes no

15 Do you think that alcohol consumption a hereditary habit your family members ?

Yes no

16 Do you think that your studies are affected by alcohol habit of yours ?

Yes no

### PART 3

17 How do your family members react to the drinking habit of yours ?

Angry hate you embarrassed (in college/neighbourhood) devolping delinquent tendencies devoping an aggressive attitude none \

18 Do you have behavioural problem after drinking ?

Talkative confidence booster fighting dancing singing driving eating others

19 If you drinking then it will be causing great sadness to which member of your family ?

Father mother sibling grand parents others none

20 Who advice you to quit alcohol ?

Father mother siblings relatives grand parents others

21 How often do they advice you to quit alcohol difficulties ?

Often very often sometimes never

22 Do you quarrel with other after consuming alcohol ?

Yes no

23 If yes what do you do ?

Verbal abuse      physical abuse      all these

24 Have you ever thought of stop drinking ?

Yes no

25 If yes what be the reason ?

26 What is the step, which can be taken for preventing the youth from becoming alcohol?

Avoid drinking itself      increase the tax      implementation of laws  
control over advertisement      life skills training