



**RESEARCH ARTICLE**

**SOCIAL PRESSURE TO USE ALCOHOL AMONG YOUTH WITH ADS AT INTEGRATED REHABILITATION CENTRE FOR ADDICTS, KAJAMALAI, TIRUCHIRAPPALLI**

**A. Nancy Doctoral Scholar and Dr. Sam Deva Asir**

Assistant professor, PG and Research Department of social work, Bishop heber college, Tiruchirappalli

**ARTICLE INFO**

**Article History:**

Received 2<sup>nd</sup>, April, 2015  
Received in revised form 10<sup>th</sup>,  
April, 2015  
Accepted 4<sup>th</sup>, May, 2015  
Published online 28<sup>th</sup>,  
May, 2015

**Key words:**

Social pressure, Alcohol  
involvement, Alcohol  
Dependence syndrome, Drug  
taking situations.

**Copyright** © Nancy .A and Sam Deva Asir R.M., This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited.

**ABSTRACT**

Research on the social pressures in alcohol dependence syndrome is associated with greater use of alcohol, more alcohol-related problems, and more severe symptoms of alcohol dependence. However, there is little known about the mechanisms by which how they can handle a social pressure, one who fails on that may be associated with these higher levels of alcohol involvement. The present study was designed to examine how individual differences in handling social pressure are associated with responses to alcohol cues. The researcher adopted 36 samples from Integrated Rehabilitation Centre for Addicts, at Kajamalai, Tiruchirappalli District and used purposive sampling in this descriptive study. The researcher outlines on Alcohol dependence syndrome from Indian context, consumption patterns, Health consequences and Psychosocial consequences, and societal costs. And provide some solutions towards India on this Alcohol Dependence Syndrome.

**INTRODUCTION**

"Social pressure" to drink from friends or others can make it hard to cut back or quit the alcohol dependence. Peer pressure, has the direct or indirect encouragement from one's own age group to engage in activities that they may or may not want to engage in (Santor, Messervey, & Kusumakar, 2000), is a major factor in the development of risk-taking behaviors (e.g., alcohol use, drug use, and tobacco use; Lewis & Lewis, 1984). Peers act as an influential model by introducing, providing, or pressuring risky activities (i.e., alcohol use) to other peers (Kinard & Webster, 2010).

**Recognized two types of pressure**

The first step is to become aware of the two different types of social pressure to drink alcohol—direct and indirect.

- Direct social pressure is when someone offers you a drink or an opportunity to drink.
- Indirect social pressure is when you feel tempted to drink just by being around others who are drinking—even if no one offers you a drink.

**The importance of Social Pressure in Alcohol use**

A common motive for first time drug and alcohol use is Peer pressure. This desire to fit in ensures that there is a constant

pool of new recruits who may later develop an addiction. Membership of a social group that supports drug or alcohol use encourages people to keep on using these substances. It is also the case that belonging to a group that supports recovery can help the individual escape drug abuse. Social pressure is an important factor when it comes to using alcohol and drugs. Research confirms that most adolescent drug users are introduced to this behavior by social pressure. The influence of social pressure lessens as people get older, but it can still have a large impact on people's behavior. Drunk driving is more likely to occur if the individual belongs to a group that condones heavy alcohol use. It is also usual for addicts to belong to a group that supports this activity.

**Social Pressure and Social Learning Theory**

Social learning theory describes how people learn from watching others. This is good news for humans because it means that they don't always have to stick their own hand the fire in order to learn that it is painful to do so. If the individual observes that other people appear to receive rewards for certain behaviors they will be tempted to model these behaviors. Thus if peers appear to get enjoyment from using alcohol or drugs, the individual will be tempted to emulate their behavior. Social learning is critical for human survival but sometimes it can go wrong if the behavior being imitated is self-destructive. Just as it is possible to learn bad behaviors from watching other people, it is also possible to unlearn them.

*\*Corresponding author: Nancy .A*

Department of Social work, Bishop Heber College, Tiruchirappalli

## Social Pressure and Social Support

Peers are an important element of social support. This is where the individual goes for physical assistance and emotional support. Peers can also help the individual understand who they are and how they fit in the world. The social support provided by peers can be broken down into four functions:

- Emotional support when times are tough
- An information resource
- Physical assistance
- A feedback function on the behaviour of the individual

## Support for Drug Use

Drug users will tend to spend time with others who share their habit. Within this group the use of these chemicals will be considered normal behavior. Members may actually see non-drug users as deviants and view them suspiciously. Substance abuse will be the main thing that unites this group. Their common interest will be getting high together.

People who belong to a group of substance abusers will be able to benefit from all the usual social functions that a collective of humans can provide. They will be able to share information about obtaining and using drugs. Each member may be willing to physically assist their peers—for example, by sharing their supply. The group will also offer emotional support, and provide feedback on how each member is behaving within the group. These peers offer comfort to the substance abuser and they will never judge this behavior negatively. It has been found that people who belong to a group that supports substance abuse will be far less likely to quit.

It can be difficult for the individual to give up the comfort of belonging to a group of fellow drug users or alcoholics. This is something the individual will need to do if they hope to escape their addiction. These peers are unlikely to support any decision to quit. They are more likely to try to sabotage such an attempt. If a person in recovery continues to spend a lot of time with their drug using or drinking peers it will increase their risk of relapse.

## Positive Peer Pressure in Recovery

It is common to associate peer pressure with negative behaviors but it can also be a force for positive change. If the individual belongs to a group that supports recovery from addiction, then it can encourage them to make positive changes in their life. One way this can happen is by increasing self-efficacy.

This is the belief the person has in their ability to achieve something. The higher their sense of self-efficacy the more likely they will be to achieve a goal. If the individual sees that their peers are able to build a good life in recovery, it may increase their motivation to do the same. A recovery network can provide all the social functions that the person once received from fellow drug users, only this time these functions will promote healthy living.

## REVIEW OF LITERATURE

**William B. Hansen et al., (1991):** The authors made a study on *Preventing alcohol, marijuana, and cigarette use among adolescents: Peer pressure resistance training versus establishing conservative norm*. They found two strategies for preventing the onset of alcohol abuse, and marijuana and cigarette use were tested in junior high schools in Los Angeles and Orange Counties, California. The first strategy taught skills to refuse substance use offers. The second strategy corrected erroneous normative perceptions about prevalence and acceptability of use among peers and established conservative groups norms regarding use. In their study, four experimental conditions were created by randomly assigning schools to receive (a) neither of the experimental curricula (placebo comparison), (b) resistance skill training alone, (c) normative education alone, or (d) both resistance skill training and normative education. Students were pretested prior to the program and post-tested 1 year following delivery of the program. Results shows, There were main effects of normative education for summary measures of alcohol ( $P = 0.0011$ ), marijuana ( $P = 0.0096$ ), and cigarette smoking ( $P = 0.0311$ ). All individual dichotomous measures of alcohol, marijuana, and tobacco use indicated significant reductions in onset attributable to normative education. There were no significant main effects of resistance skill training. There results suggest that establishing conservative norms is an effective strategy for preventing substance use.

**Keunho Keefe (1994):** The author made a study on *Perceptions of Normative Social Pressure and Attitudes toward Alcohol Use: Changes during Adolescence*. This study examined age differences in perceived normative social pressure and attitudes as well as the importance of these variables for adolescent alcohol use. Seventh, ninth and eleventh graders ( $N = 386$ ) completed a questionnaire. A majority of adolescents reported that friends pressured them not to use alcohol. Ninth and eleventh graders, however, perceived their friends as pressuring less against their alcohol use than did seventh graders. While parental influence decreased with age, peer influence did not show a consistent age difference across two drinking measures. As expected, the importance of perceived benefits increased with age, while that of perceived costs of alcohol use decreased with age. The findings suggest that the perceived normative pressure varies with the age and the behavior of the adolescent. **Cooper, M. Lynne (1994):** The author made a study on *Motivations for alcohol use among adolescents: Development and validation of a four-factor model*. In this study A 4-factor measure of drinking motives based on a conceptual model by M. Cox and E. Klinger is presented. Using data from a representative household sample of 1,243 Black and White adolescents, confirmatory factor analyses showed that the hypothesized model provided an excellent fit to the data and that the factor pattern was invariant across gender, race, and age. Each drinking motive was related to a distinct pattern of contextual antecedents and drinking-related outcomes, and these relationships did not generally vary across demographic subgroups. Results support both the conceptual validity of Cox and Klinger's model and the utility of this measure for clinical and research purposes across a diverse range of adolescent populations.

**Conger, Rand D et al., (1996):** In their book on Sibling relationships: Their causes and consequences. Advances in applied developmental psychology they wrote an article on *Siblings, parents, and peers: A longitudinal study of social influences in adolescent risk for alcohol use and abuse*. The authors evaluate a social process model of adolescent drinking behavior / attempted to trace a set of social influences from family processes to peer relations that was hypothesized to increase risk for adolescent drinking and drinking problems during the transition from early to middle adolescence / the model that guided the study proposed that, over time, family influences on adolescent alcohol use give way to the direct effects of friends on the tendency to drink prior to reaching the legal age for that behavior / according to the theoretical model, the long-term consequences of family risks for involvement with alcohol are realized primarily through sibling and parent activities that legitimize, encourage, or fail to inhibit association with friends who will act as models and, perhaps, as sources of social pressure to drink / this report specifically addressed the usually neglected role of siblings in family influences on drinking behavior.

**METHODOLOGY**

**Introduction**

Social pressure plays a major role in patients with alcohol dependence syndrome it makes them to depend the substance whatever they take. This study is an attempt to study social pressure which produces alcohol taking habit more and more.

**Significance of This Study**

Through various review of literature the researcher revealed that the social pressure plays a vital role in keeping the patient to be dependent on alcohol. Hence this present study highly focus on the various kinds of social pressure pertaining to keep the patient depend on alcohol.

**Title of the Study**

Social Pressure to use alcohol among youth with alcohol dependence syndrome (with special reference to Integrated Rehabilitation Centre for Addicts, at Kajamalai, Tiruchirappalli District)

**Aim of the Study**

Social pressure to use alcohol among youth with alcohol dependence syndrome at integrated Rehabilitation centre for addicts, at Kajamalai, Tiruchirappalli.

**Objectives**

- To find out the socio-demographic details of the respondent's.
- To assess the social pressure situations pertaining to alcohol use among the patients
- To find out the association between the dependent and independent variables.

**Hypotheses**

- There is no significant Association between social pattern of drinking and social pressure to use alcohol
- There is a significant Association between deterioration in standard of living and pressured to drink that can't be refused
- There is no significant Difference between total no of family members of the respondents and their overall social pressure

**Research Design**

Descriptive research design

Socio demographic characteristics' of respondents

	Variable	Frequency	Percentage
1.	Age		
	20 to 25	13	36.1
	26 to 30	14	38.9
2.	31 to 35	9	25
	Religion		
	Hindu	31	86.1
	Christian	3	8.3
	Muslim	2	5.6
	Occupation		
3.	Unemployed	1	2.8
	Private concern	17	47.2
	Government Job	8	22.2
	Self employed	4	11.1
	Agriculture	5	13.9
	Business	1	2.8
4.	Living arrangement		
	Staying alone	1	2.8
	Reside in family units	28	77.8
	Transient arrangements	7	19.4
5.	Family Type		
	Joint	16	44.4
	Nuclear	15	41.7
	Extended	4	11.1
	Not applicable for me	1	2.8
6.	Marital Status		
	Single	17	47.2
	married	18	50
	separated	1	2.8
7.	First used Substance		
	Tobacco	15	41.7
	Cigar/beedi	14	38.9
	Alcohol	7	19.4
8.	Social pattern of drinking		
	Drinking only in social situations	9	25
	Drink alone when socially isolated	2	5.6
	Always alone drinker	25	69.44
9.	Deterioration in standard of living		
	Yes	24	66.6
	No	12	33.3
10.	Call made to Whom when Drunk		
	Excessively to drive the vehicle		
	Sibling	2	5.6
	Friends	12	33.3
	Relatives	8	22.2
	Drive myself	14	38.9

Overall social pressure to use alcohol

Sl No	Alcohol taking pattern	Frequency N=36	Percent
1	sometimes	4	11.1
2	frequently	12	33.3
3	Very frequently	20	55.6

Association between social pattern of drinking and social pressure to use alcohol

Sl.no	Social pattern of drinking	Social pressure to use alcohol				Statistical inference
		Rarely (n=0)	Sometimes (n=4)	Frequently (n=12)	Very frequently (n=20)	
1	Drink only in social situations	0	2	2	5	$X^2=10.667$ Df=2 P > 0.05
2	Drink alone when socially isolated	0	1	0	1	Not
3	Always alone drinker	0	1	10	14	significant

Association between deterioration in standard of living and pressured to drink that can't be refused

Sl. no	Deterioration in standard of living	Pressured to drink and that i can't refuse				Statistical inference
		Rarely (n=6)	Sometimes (n=6)	Frequentl y (n=7)	Very frequently (n=17)	
1	Yes	2	3	5	14	$X^2=22.222$ Df=3 P < 0.05 Significant
2	No	4	3	2	3	

**Universe**

The universe of the study belongs to Alcohol Dependence patients between the age group of 20 to 35 admitted in Integrated Rehabilitation Centre for the addicts at Kajamalai, Tiruchirappalli.

**Sampling**

This research adopted 36 respondents as samples from the universe. Sampling technique adopted by the researcher is purposive Sampling.

**Tools for Data Collection**

The researcher used IDTS (Inventory for drug taking situations) along with socio demography details of the patient. The IDTS, developed by Annis and Martin (1985), is a 50-item self-report questionnaire that provides a profile of the situations in which a client has used alcohol or another drug over the past year was used.

**Statistical Test**

Chi-Square Test and one way ANOVA for interpreting the data.

**Barriers to Effective Alcohol Control Policies**

- Absence of a rational and scientific alcohol control policy and conflicts between the Centre and the State on issues regarding production, distribution, taxation and sales.
- Greater emphasis on the revenue generation and marketing / promotion of alcohol use and non-recognition of health and economic impact of alcohol related problems.
- Absence of an inter-sectoral approach to guide and implement policies and programs.
- Greater importance given to tertiary prevention as compared to primary and secondary prevention efforts.
- Inadequate training of health professionals in recognition of early alcohol related health problems and timely and effective interventions for cessation of use.
- Stigma associated with chronic alcohol use

One-way ANOVA difference between total no of family members of the respondents and their overall social pressure

Sl.no	Overall social pressure	Mean	S.D	SS	Df	MS	Statistical inference
1	Between Groups			2.175	2	1.087	
	G1 (n=7)	3.43	.535				
	G2 (n=28)	3.50	.694				F = 2.439 P > 0.05 Not Significant
	G3 (n=1)	2.00					
2	Within Groups			14.714	33	.446	

**Towards Solutions for India**

- A public health approach of identifying the problem, understanding the determinants, implementing interventions and evaluating what works should be the focus of future programs at all levels.
- The taxation policies need to take into account alcoholic content of the beverages and consumption patterns of individuals.
- Health promotion efforts (not health education alone) should be given importance in control of alcohol problems, thus indicating the need for a systems approach.
- Targeted and focused education programs with clear information on reducing consumption of alcohol along with dangers of increasing use should be undertaken.
- Community empowerment programs should be encouraged and supported.

**CONCLUSION**

In this context and in the emerging scenario of increasing harm from alcohol, it is crucial to evolve policies and programs which would improve health of the people. This requires a greater political commitment, professional involvement, cooperation of the media and an empowered society. In this entire process, health, safety and security of people and society should occupy the centre stage; it is time to move forward with a public health agenda and a coherent and rational approach. In the end, improving health of our society is the collective responsibility of one and all.

## References

1. Conger, Rand D, Rueter, Martha A. Brody, Gene H. Book: Sibling relationships: Their causes and consequences. *Advances in applied developmental psychology*, 10., (pp. 1-30). Westport, CT, US: Ablex Publishing, viii, 263 pp.
2. Cooper, M. Lynne (1994). Motivations for alcohol use among adolescents: Development and validation of a four-factor model, *Psychological Assessment*, Vol 6(2), 117-128.
3. Keunho Keefe (1994). Perceptions of Normative Social Pressure and Attitudes toward Alcohol Use: Changes during Adolescence. *Journal of studies on alcohol and drugs* formerly the journal of studies on alcohol, Volume 55, Issue 1.
4. Kinard, B., & Webster, C. (2010). The effects of advertising, social influences, and self-efficacy on adolescence tobacco use and alcohol consumption. *The Journal of Consumer Affairs*, 44(1), 24-43. doi:10.1111/j.1745-6606.2010.01156.x
5. Lewis, C. E., & Lewis, M. (1984). Peer pressure and risk-taking behaviors in children. *American Journal of Public Health*, 74(6), 580-584.
6. Santor, D. A., Messervey, D., & Kusumakar, V. (2000). Peer pressure, popularity, and conformity in adolescent boys and girls: Predicting school performance, sexual attitudes, and substance use. *Journal of Youth and Adolescence*, 29, 163-182.
7. William B. Hansen and John W. Graham (1991). Preventing alcohol, marijuana, and cigarette use among adolescents: Peer pressure resistance training versus establishing conservative norm. *Preventive Medicine* Volume 20, Issue 3, Pages 414–430

### How to cite this article:

Nancy .A and Sam Deva Asir R.M., Social Pressure To Use Alcohol Among Youth With Ads At Integrated Rehabilitation Centre For Addicts, Kajamalai, Tiruchirappalli. *International Journal of Recent Scientific Research Vol. 6, Issue, 5, pp.4218-4222, May, 2015*

\*\*\*\*\*