



Solitary drinking is associated with specific alcohol problems in emerging adults



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HIGHLIGHTS

- We test the associations between drinking contexts and specific alcohol problems.
- We show that solitary is linked to a host of severe problems in emerging adulthood.
- Solitary drinking was linked to hazardous alcohol use.
- Solitary drinking should be a target of alcohol interventions in emerging adulthood.

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ABSTRACT

Hazardous drinking in emerging adulthood is associated with multiple domains of alcohol problems, which range in type and severity. Alcohol problems at the severe end of the spectrum (e.g., impaired control) may be early warning signs of alcohol use disorders (AUDs) among emerging adults. However, given the emphasis in the literature on predictors of overall problem risk, we still know very little about predictors of these specific (and severe) domains of alcohol problems in emerging adults. Many emerging adults drink at social events (e.g., parties), but an estimated 15% engage in solitary drinking. Solitary drinking – a developmentally atypical behavior in emerging adulthood – may be especially risky. Data suggests that frequent solitary drinking may reflect a loss of control over drinking, leading to hazardous use and subsequent problems. Accordingly, we expected that frequent solitary drinking among emerging adults would predict severe alcohol problems that map onto diagnostic criteria for AUDs and these effects would be mediated by hazardous alcohol use. Undergraduates ($N = 118$) completed self-report measures as a part of a larger study on motivation and alcohol use. As predicted, path analysis showed that solitary drinking positively predicted hazardous alcohol use, and this in turn predicted severe alcohol problems associated with diagnostic criteria for AUDs, particularly risky behaviors and blackout drinking. Solitary drinking also positively predicted less severe problems of diminished self-perception and poor self-care through hazardous use. Though comparatively smaller, some indirect effects were observed from social drinking (at parties, but not at bars) to alcohol problems, via hazardous alcohol use. Overall, our results suggest that solitary drinking is particularly harmful in emerging adulthood.

1. Introduction

Alcohol use peaks in emerging adulthood (e.g., during university studies) (Johnston, O'Malley, & Bachman, 1998). While heavy drinking predicts problems at any stage in life, research points to specific risks in undergraduates, which range in type and severity (Merrill & Read, 2010; Merrill, Wardell, & Read, 2014). To illustrate, a Canadian campus survey indicated that 53% of students report experiencing hangovers;

25% report memory loss or regret from intoxication; and nearly 20% report being physically and/or sexually harassed (Adlaf, Demers, & Gliksman, 2005). Alcohol problems at the severe end of the spectrum (e.g., impaired control, and dependence symptoms) may be early indicators of the development of alcohol use disorders (AUDs) (Nelson, Little, Heath, & Kessler, 1996; Read, Kahler, Strong, & Colder, 2006). Research that examines the predictors of specific types of alcohol problems (especially those that are more severe) can inform early

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prevention and intervention efforts.

Much of the undergraduate drinking literature focuses on total number of alcohol problems (collapsing across multiple problem domains) (e.g., Kuntsche, Knibbe, Gmel, & Engels, 2005). While this work has been helpful for identifying predictors (e.g., personality traits Pihl & Peterson, 1995) of general elevated alcohol problems, there are issues with using a single total alcohol problems score. First, there can be substantial variability in associations across studies when using total alcohol problem scores. For example, conformity motives for drinking (i.e., drinking to “fit in”) are inconsistent predictors of total alcohol problems in undergraduates (Cooper, 1994; Magid, MacLean, & Colder, 2007; Merrill et al., 2014). However, when distinct alcohol problems domains are considered, conformity motives predict certain types of alcohol problems, and not others (Merrill & Read, 2010). Second, a total score may not accurately reflect risk severity. It is possible for two emerging adults to have the same overall score on a measure of alcohol problems. However, when examined closely, one person may endorse problems within a few domains at the severe end of the spectrum (e.g., dependence symptoms), whereas the other person may report problems across several less severe domains. Based on prior work (e.g., Nelson et al., 1996) and clinical observation, it could be predicted that the individual experiencing the few severe problems (i.e., ones overlapping with diagnostic criteria for AUDs) may be at greatest risk. Accordingly, it is important to consider distinct types of alcohol problems as outcomes in etiological models of emerging adult drinking. This would allow us to examine risk factors that relate to specific (and severe) alcohol problems in emerging adulthood.

Social learning theory posits that drinking context is a relevant proximal predictor of alcohol problems among emerging adults. While many undergraduates drink at social events (e.g., campus parties) (Johnston et al., 1998), about 15% of students drink outside of normative social gatherings (Neff, 1997; O'Hare, 1990). Solitary drinking – a developmentally atypical behavior in emerging adulthood – is believed to be especially risky and potentially pathological (Keough, Battista, O'Connor, Sherry, & Stewart, 2016; Keough, O'Connor, Sherry, & Stewart, 2015). Emerging work shows that solitary (versus social) drinking is particularly associated with hazardous patterns of alcohol use (e.g., drinking large quantities of alcohol in one sitting) (Bourgault & Demers, 1997; Creswell, Chung, Clark, & Martin, 2013; Holyfield, Ducharme, & Martin, 1995), whereas its association with more normative levels of use tends to be unsupported (Bourgault & Demers, 1997; Keough et al., 2015; Keough, Battista, et al., 2016; Keough, O'Connor, & Colder, 2016). Furthermore, the literature clearly demonstrates that frequent solitary drinking relates to elevated risk for experiencing alcohol problems (Christiansen, Vik, & Jarchow, 2002; Creswell et al., 2013; Keough et al., 2015; Keough, Battista, et al., 2016; Keough, O'Connor, & Colder, 2016). Based on the above literature, it is possible that frequent solitary drinking during the emerging adult undergraduate years reflects a loss of control over drinking. That is, those who engage in solitary drinking may not be able to limit their use to normative social contexts (Holyfield et al., 1995), and may begin experiencing severe problems that presage the development of AUDs (Creswell et al., 2013). Accordingly, atypical solitary drinking in university may be associated with a pattern of severe alcohol problems that maps onto the types of problems observed in AUD. We speculate that solitary drinking (a clinically relevant, low base rate behavior among emerging adults) may be an early warning sign for the development of AUDs later in adulthood.

The purpose of the present study was to extend previous work on drinking context and overall problem risk (Christiansen et al., 2002; Gonzalez, Collins, & Bradizza, 2009; Keough et al., 2015; Keough, Battista, et al., 2016; Keough, O'Connor, & Colder, 2016) by examining solitary drinking (versus normative social drinking) as a predictor of specific alcohol problems in emerging adults. We used the multidimensional Young Adult Alcohol Consequences Questionnaire

(YAACQ; Read et al., 2006) to assess alcohol problems in our sample of emerging adult undergraduates. The YAACQ was designed to capture eight alcohol problem domains specifically encountered in emerging adulthood. Six of these domains reflect severe and core problems associated with AUDs (i.e., *social/interpersonal problems*, *impaired control*, *risky behaviors*, *academic/occupational problems*, *physical dependence symptoms*, and *blackout drinking*), while the remaining two domains (i.e., *diminished self-perception*, and *poor self-care*) capture comparatively less severe problems. Given that drinking alone is believed to be atypical and particularly risky at this stage of life, we predicted that frequent solitary drinking would be associated with specific, more severe problems on the YAACQ that map onto diagnostic criteria for AUDs. Because this is a relatively new area of investigation, we also explored the associations between solitary drinking and other alcohol problem domains. Finally, consistent with the literature, we expected that hazardous alcohol use would mediate the associations between solitary drinking and specific alcohol problems (Creswell et al., 2013).

2. Materials and method

2.1. Procedure and participants

Data for the current study were collected as part of the baseline for a lab-based study on motivation and drinking (Keough, O'Connor, & Colder, 2016). Given that the study included an alcohol cue-exposure, eligibility for the larger study were: (1) 18–25 years old; (2) full-time student; (3) not an alcohol abstainer (> 1 drink per week); and (4) no history of very heavy alcohol use (< 35 drinks per week). Study eligibility was assessed using a brief telephone screening. Participants received course credit or monetary (\$10/h) compensation. The study sample included 118 undergraduates (68% women; $M_{age} = 21.15$ years, $SD_{age} = 2.70$) from English-speaking universities in Montreal. Many participants were European-Canadian (65%) and minority groups were Hispanic (8%), South Asian (7%), East Asian (6%), Middle Eastern (6%), African American (4%), and Aboriginal (4%).

2.2. Questionnaires

2.2.1. Drinking contexts

Three items were adapted from Cooper's (1994) drinking contexts measure. Specifically, students rated how often they drank alone (i.e., solitary drinking) and how often they drank at parties and at bars (i.e., two contexts associated with normative social drinking) in the past 6 months. Responses were made on a 5-point scale (1 = *almost never/never*; 5 = *almost always/always*). Each single item was used in analyses.

2.2.2. Alcohol problems

The Young Adult Alcohol Consequences Questionnaire (YAACQ; Read et al., 2006) was administered to assess eight alcohol problem domains: *social-interpersonal* (6-items), *impaired control* (6-items), *diminished self-perception* (4-items), *poor self-care* (8-items), *risky behavior* (8-items), *academic/occupational* (5-items), *physical dependence* (4-items), and *blackout drinking* (7-items). Participants indicated whether or not they experienced each alcohol problem in the past year (0 = no; 1 = yes). Sum subscale scores were created. Previous work supports adequate to excellent internal consistencies for the YAACQ subscales ($\alpha = 0.70$ – 0.91) (Read et al., 2006). Also, in addition to assessing problems unique to emerging adulthood, the YAACQ was designed to capture the problems central to AUDs (DSM-IV, American Psychiatric Association, 2000; Read et al., 2006). See Table 1 for current study internal consistencies, which were all acceptable to good.

2.2.3. Hazardous alcohol use

A measure of hazardous drinking was derived from the Alcohol Use

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