



How alike are young non-drinkers, former-drinkers, low-risk drinkers, and hazardous drinkers?



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HIGHLIGHTS

- We used AUDIT scores to identify non-, former-, low-risk, and hazardous drinkers.
- Non- and former-drinkers were more similar to each other than they were to drinkers.
- Low-risk drinkers were a distinct group different from hazardous drinkers.
- We should not treat young people as representing a drinking continuum.
- Interventions for high-risk drinkers should be distinguished from general campaigns.

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ABSTRACT

The aim of this study was to examine whether – in terms of personality characteristics and beliefs – former-drinkers and people who have never consumed alcohol exist on a continuum that includes low-risk drinkers and hazardous drinkers, or are distinct groups. An online questionnaire hosted on a secure server was completed by 1418 young people (642 men and 776 women) aged 16–21 living in South-East England. Participants' scores on the Alcohol Use Disorders Identification Test (AUDIT) were used to classify them as non-drinkers, former-drinkers, low-risk drinkers or hazardous drinkers. Multinomial logistic regression identified eight significant multivariate correlates that explained 39% of the variance in men's AUDIT category membership ($\chi^2_{(24)} = 263.32, p < .01$), and seven significant multivariate correlates that explained 41% of the variance in women's AUDIT category membership ($\chi^2_{(21)} = 332.91, p < .01$). The results suggest that non-drinkers and former-drinkers are more similar to each other than they are to both low risk and hazardous drinkers. We should not, therefore, treat these groups of young people as representing a drinking continuum. In particular, interventions for high risk young drinkers may be more effective if distinguished from general campaigns intended for all young people.

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1. Introduction

Alcohol consumption is an important aspect of British culture (Plant & Plant, 2006; van Wersch & Walker, 2009) and central to many young people's social lives (McAlaney & McMahan, 2007). Heavy episodic drinking (often called “binge drinking”) is more common among late adolescents and young adults than older segments of the population (Public Health Agency, 2010). Concern about the health and social consequences of heavy episodic drinking has motivated many studies of

correlates of young people's alcohol consumption (Atwell, Abraham, & Duka, 2011; Clark et al., 2012; French & Cooke, 2012; Hosier & Cox, 2011). However, relatively little attention has been given to young people who do not drink. This is somewhat surprising given that a substantial minority of 16–24 year olds are non-drinkers: 19% of men and 22% of women in the UK (ONS, 2010).

Studies that have focused specifically on non-drinkers have explored either: why individuals do not drink (e.g., Epler, Sher, & Piasecki, 2009; Huang, DeJong, Schneider, & Towvim, 2011); the negative perceptions of non-drinkers held by drinkers (e.g., Conroy & de Visser, 2013); or how non-drinkers respond to others' perceptions of their non-drinking (e.g., Conroy & de Visser, 2014; Piacentini & Banister, 2009; Seaman & Ikegwuonu, 2010). Although many epidemiological studies

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compare non-drinkers to drinkers, little is known about how young non-drinkers and drinkers compare in terms of personality or attitudes. Even less is known about how former-drinkers compare to other young people in these domains. It is therefore not clear whether never-drinkers and former-drinkers exist on a continuum that includes drinkers, or whether they are distinct groups. A fuller understanding of this issue could facilitate targeting of health promotion.

1.1. The Alcohol Use Disorders Identification Test (AUDIT)

The Alcohol Use Disorders Identification Test (AUDIT: Babor, Higgins-Biddle, Saunders, & Monteiro, 2001) was developed for use as a simple screening tool to identify excessive drinking and to aid brief assessment. It is also commonly used in research. The description of the AUDIT indicates that scores can be categorized to identify people with hazardous and harmful patterns of drinking (Babor et al., 2001). This may be important for diagnostic applications of the AUDIT, but it is unclear whether such categorization is always appropriate for research. It is not clear whether the cut-off scores indicate distinct groups or are thresholds for levels of concern. Furthermore, some have questioned the appropriateness of converting continuous data to categories (e.g., Butts & Ng, 2008; Owen & Froman, 2005).

1.2. Correlates of hazardous drinking

Research has identified important correlates of hazardous drinking among young people that may be important for characterizing former-drinkers and never-drinkers (e.g., Atwell et al., 2011; Borsari, Murphy, & Barnett, 2007; Gilles, Turk, & Fresco, 2006). Heavy drinking has been linked to personality factors such as less conscientiousness (Kashdan, Vetter, & Collins, 2005; Vollrath & Torgersen, 2002), and greater extraversion, impulsivity and sensation-seeking (Borsari et al., 2007; Sher, Bartholow, & Wood, 2000). It is also more common among those with lower general self-efficacy (Atwell et al., 2011; Gilles et al., 2006). Although sex differences are common in older adult samples – with men more likely to drink and to drink excessively – sex differences among young people tend to be smaller (Craig & Hirani, 2010; de Visser, Rissel, Smith, & Richters, 2006; Keyes, Grant, & Hasin, 2008). In addition to examining sex differences (i.e., comparisons between men and women), it is important to examine gender differences, because the subjective importance of masculinity and femininity may explain variance in drinking not accounted for by biological sex (de Visser & McDonnell, 2012).

In addition to these alcohol-independent measures, alcohol-specific attitudes and beliefs affect consumption. Heavy drinking is linked to Alcohol Outcome Expectancies (AOE: Leigh & Stacy, 1993) – i.e., beliefs about the likely outcomes of drinking (Atwell et al., 2011). People with lower Drink Refusal Self Efficacy (DRSE: Baldwin, Oei, & Young, 1993) tend to report more harmful patterns of alcohol consumption (Atwell et al., 2011; Gilles et al., 2006; Oei & Jardim, 2007). Normative beliefs and peer group expectations influence young people's alcohol consumption (Borsari & Carey, 2003; França, Dautzenberg, & Reynaud, 2010). Finally, more negative perceptions of non-drinkers are related to heavier alcohol consumption (Regan & Morrison, 2013; Zimmermann & Sieverding, 2010). Public health interventions often emphasize the health impacts of heavy drinking, but such concerns may not have a strong influence on behavior (de Visser, Wheeler, Abraham, & Smith, 2013; Hutton, 2012).

1.3. Study aims

The aim of this study was to examine whether – in terms of personality characteristics, and alcohol-related attitudes and beliefs – former-drinkers and people who have never consumed alcohol form a continuum that includes low-risk drinkers and hazardous drinkers, or are distinct groups. The choice of methods and variables was informed

by a recent study that identified sensation-seeking, attitudes toward drinking, self-efficacy, perceived peer drinking, and personality variables as key correlates of alcohol consumption among British university students (Atwell et al., 2011).

2. Methods

2.1. Sample

An online questionnaire hosted on a secure server was completed by an opportunity sample of 642 men and 776 women aged 16–21 years (*mean* = 18.1, *s.d.* = 1.4) living in South-East England. Table 1 displays the demographic profile and provides comparisons to relevant population-level data. The sample over-represented students (ONS, 2013) – 66% were secondary school students, 22% were students in further education, 11% were employed, and 1% were not in employment, education, or training – but this may reflect the sampling strategies. The prevalence of excessive alcohol use – i.e., daily alcohol intake more than double the recommended daily maximum number of UK units (i.e., >8 for men; >6 for women); and/or reporting a total weekly unit intake in excess of 21 units for men or 14 units for women – was comparable to that reported in population-representative surveys and other surveys of young people in the UK (e.g., Atwell et al., 2011). With the exception of religion, the demographic profiles of male and female respondents were not significantly different. The high proportion of non-religious young people relative to census data is not unique to this study (e.g., King et al., 2013).

2.2. Measures

History of alcohol use was assessed via two questions. Respondents indicated whether they had ever consumed alcohol. Those who had then indicated whether they had consumed alcohol in the year prior to completing the questionnaire.

The 10-item AUDIT scale addresses three domains of alcohol use: consumption frequency and volume; dependence; and alcohol-related problems (Babor et al., 2001). Scores were summed and drinkers were divided into low-risk drinkers (scores ≤ 8 for men, ≤ 7 for women) and hazardous drinkers (all other drinkers). AUDIT scores and the two alcohol use history questions were used to allocate respondents to one of four group: non-drinkers, former-drinkers; low-risk drinkers, and hazardous drinkers.

Participants used 7-point scales (“strongly disagree”–“strongly agree”) to respond to the statement “Concerns about my health exert a strong influence over my use of alcohol” (de Visser & McDonnell, 2012).

Sensation-seeking was assessed using 10 items (e.g., “I like doing things just for the thrill of it”; Zuckerman, Eysenck, & Eysenck, 1978; $\alpha = .90$). Three other personality dimensions were assessed by items preceded by a common root phrase “Typically I ...” followed by 10 items in each of three domains (Goldberg et al., 2006): Impulsivity ($\alpha = .80$; e.g., “easily resist temptations”); extraversion ($\alpha = .82$; “am the life of the party”); and conscientiousness ($\alpha = .90$; “am always prepared”). For all scales above, responses were made using 7-point scales (“strongly disagree”–“strongly agree”).

Two scales assessed Alcohol Outcome Expectancies (AOE: Leigh & Stacy, 1993). Ten items assessed the likelihood of positive drinking outcomes (e.g., “They enjoy the buzz”, $\alpha = .67$). Ten items assessed the likelihood of negative outcomes (e.g., “They become aggressive”, $\alpha = .88$).

Perceptions of the sociability of prototypical drinkers and non-drinkers were assessed using 7-point semantic differential scales (Zimmermann & Sieverding, 2011; prototypical drinkers $\alpha = .75$; non-drinkers $\alpha = .85$). The stem statement “For each pair of words, indicate which best describes your image of the person your age who

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