



Short Communication

Mediation–moderation analysis of problematic alcohol use: The roles of urgency, drinking motives, and risk/benefit perception

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ARTICLE INFO

Keywords:

Risk
Benefit
Urgency
Alcohol
Drinking motives

ABSTRACT

Objective: The goal of the current study is to examine how urgency, drinking motives, and risk/benefit perception concurrently influence problematic alcohol consumption in young adults.

Method: Participants were 281 young adults enrolled in large, public US mid-western university. The mean age of the sample was 19.81 ($SD = 1.82$) and 79.7% of the sample was female and 84.7% of the sample was Caucasian.

Results: A series of moderated-mediation analyses indicated the following: The relationship between negative urgency and alcohol use was mediated through coping motives, and this relationship between coping motives and alcohol use was moderated by benefit perception. The relationship between positive urgency and alcohol use was mediated through enhancement motives, and this relationship between enhancement motives and alcohol use was moderated by benefit perception.

Conclusions: This study suggests that modifying perceptions about the benefits of alcohol and drinking motives could be viable prevention and/or treatment strategy in this population, especially among those who exhibit urgent behaviors.

Published by Elsevier Ltd.

1. Introduction

Alcohol use and abuse among college students is a frequent and often dangerous problem (Hingson, Heeren, Winter, & Wechsler, 2005; Wechsler et al., 2002), leading the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to release an initiative on understanding risks associated with college student drinking, as well as developing attempts to prevent and treat heavy drinking in this age group (<http://www.collegedrinkprevention.org/>).

Research indicates that emotion-based dispositions toward rash action, known as positive (PUR) and negative urgency (NUR), are the unique aspects of impulsivity that are associated with alcohol quantity and problems (Cyders & Smith, 2007; Cyders et al., 2007, 2009; Fischer & Smith, 2008; Gonzalez, Reynolds, & Skewes, 2011; King, Karyadi, Luk, & Patock-Peckham, 2011; Smith et al., 2007), through, in part, enhancement and coping drinking motives (Cooper, 1994; Settles, Cyders, & Smith, 2010). A recent review also found that enhancement and coping motives predict moderate to heavy drinking; however, Knutsche, Knibbe, Gmel, and Engels (2005) found much variability in the relationship between drinking motives and alcohol outcomes, which is, as of yet, unexplained in the literature. One potentially important moderator of this relationship is the individuals' perception of how beneficial or risky alcohol use is.

Perception of benefit vs. risk is a strong proximal predictor of alcohol-related risk-taking that is affected by personality and other individual difference variables (Hampson, Sevenson, Burns, Slovic, & Fisher, 2001). Beliefs about potential benefits are related to engagement in risky behaviors, whereas perceptions of risk have a mixed relationship with alcohol use (see Fromme, Katz, & Rivet, 1997; Johnson & Fromme, 1994). Studies have found perception of risk to be negatively related to acute alcohol intoxication in young women (e.g., Maisto, Carey, Carey, & Gordon, 2002), and others suggest that perception of risk is lower in young adults who engage in risk-taking due to the view that they are “invulnerable” to negative outcomes from these behaviors (see Weinstein, 1984). Additionally, perceptions of benefit are a strong predictor of alcohol use over and above perceptions of risk among youths (Goldberg, Halpern-Felsher, & Millstein, 2002) and young adults (see Fromme et al., 1997; Johnson & Fromme, 1994).

1.1. The Current Study

To date, no models have empirically tested all of the above factors to concurrently influence problematic alcohol use: That is the goal of the current study. Given the above reviewed literature, we examined the following hypotheses: (1) The relationship between NUR and problematic alcohol use is mediated by coping motives, and this relationship between coping motives and problematic alcohol use is moderated by perception of risk; (2) The relationship between NUR and problematic alcohol use is mediated by coping motives, and this

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relationship between coping motives and problematic alcohol use is moderated by perception of benefit; (3) The relationship between PUR and problematic alcohol use is mediated by enhancement motives, and this relationship between enhancement motives and problematic alcohol use is moderated by perception of risk; and (4) The relationship between PUR and problematic alcohol use is mediated by enhancement motives, and this relationship between enhancement motives and problematic alcohol use is moderated by perception of benefit.

2. Method

2.1. Participants

Participants were 511 first-year students at a large, public US mid-western university. Eighty-one participants indicated that they had never had a drink of alcohol in their lives and an additional 83 participants indicated that they had had fewer than 4 alcoholic drinks in their lifetime; these individuals were excluded from further analyses, due to the fact that drinking motives (“I drink in order to...” likely have no meaning for this group. Finally, using criteria to be considered a young adult established by NIAAA, the final sample was restricted to those who were equal to or under the age of 25. Therefore, the final sample had 281 participants, 79.7% of the sample was female, with a mean age of 19.81 (SD = 1.82). 84.7% of the sample was Caucasian, 43.4% of the participants reported drinking alcohol at least once a month, 35.2% reported drinking 3 or 4 times a year, 19.9% reported drinking once or twice a week, and 1.4% reported daily consumption of alcohol.

2.2. Materials

2.2.1. The UPPS-P Impulsive Behavior Scale

(Lynam, Smith, Cyders, Fischer, & Whiteside, 2007). The UPPS-P is a 59-item self-report scale, items are answered using a 4-point Likert scale, ranging from 1 (agree strongly) to 4 (disagree strongly). The UPPS-P negative urgency (NUR; Cronbach's alpha = .81) and positive urgency (PUR; Cronbach's alpha = .84) subscales were used.

2.2.2. The Alcohol Use Disorders Identification Test: Self-report version

(AUDIT; Babor, Higgins-Biddle, Saunders, & Monteiro, 2001). The AUDIT is a survey containing 10 questions about individuals' problematic alcohol use (Cronbach's alpha = .79), rated on a 5-point Likert-scale.

2.2.3. Risk Involvement and Perception Scale

(RIPS; Siegel et al., 1994). The RIPS is a 57-item self-report questionnaire that seeks to measure the amount of risk or benefit that an individual perceives from different risky behaviors (such as drinking alcohol, having sex, or smoking cigarettes). Items are answered using a 5-point Likert scale. The RIPS scale had adequate internal consistency in the current sample (perceived risk: Cronbach's alpha = .87; perceived benefits: Cronbach's alpha = .77).

2.2.4. Drinking Motives Questionnaire-Revised

(DMQ-R; Cooper, 1994). The DMQ-R is a 20 item Likert-type self report measure, which assesses self-reported motivations for using alcohol. Items were rated from 1 (almost never/never) to 5 (almost always/always). Both the coping (Cronbach's alpha = .87) and the enhancement scale (Cronbach's alpha = .88) had adequate internal reliability.

2.3. Procedure

Participants were recruited through an online research participation website. All participants were enrolled in an Introduction to

Psychology course, were consented, and received course credit for their participation. Study hypotheses were empirically examined through a series of moderated-mediation analyses, as suggested by and using the macro provided by Preacher, Rucker, and Hayes (2007). We utilized the conditional indirect effect model deposited by Model 3 of Preacher et al. (2007), where the relationship between the mediator and the dependent variable is moderated by the moderator.

3. Results

3.1. NUR and Risk Perception

Hypothesis 1 concerned the moderated mediation between NUR and problematic alcohol consumption through coping motives, as moderated by perception of risk. Perception of risk did not moderate the relationship between NUR and problematic alcohol consumption through coping motives ($t = -0.78, p = .44$): as risk perception levels increased, the mediational relationship remained significant and did not change (from $z = 3.44, p < .001$ when perception of risk is 1 SD below the mean for the current sample to $z = 2.28, p = .02$ when perception of risk is 1 SD above the mean for the current sample).

3.2. NUR and Benefit Perception

Hypothesis 2 concerned the moderated mediation between NUR and problematic alcohol consumption through coping motives, as moderated by perception of benefit (Fig. 1). Overall, the hypothesis was supported. There was a significant mediational relationship that is moderated by perception of benefit ($t = 2.56, p = .01$): as benefit perception levels increased, the indirect effect of PUR on problematic alcohol consumption through enhancement motives changed (from $z = 1.33, p = 0.18$ when perception of benefit is 1 SD below the mean for the current sample to $z = 4.03, p < .001$ when perception of benefit is 1 SD above the mean for the current sample). Therefore, the mediational relationship between NUR problematic alcohol consumption by coping motives is stronger when benefit perception is high (and, in fact, the indirect relationship is non-significant when benefit is low).

3.3. PUR and Risk Perception

Hypothesis 3 concerned the moderated mediation between PUR and problematic alcohol consumption through enhancement motives, as

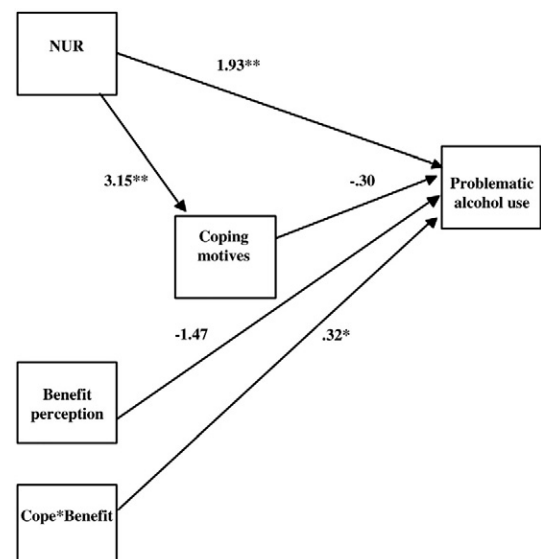


Fig. 1. Moderated mediation of NUR to coping motives to alcohol, as moderated by perception of benefit (* $p < .05$, ** $p < .001$).

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