



Prevalence of alcohol and nicotine dependence along with hopelessness and disability in campus residing students

Psychology

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ABSTRACT

For some people alcohol and nicotine are a part of many occasions but these drugs and drinks are addictive and dangerous for physical and psychological health. In this context, a study was conducted to understand the prevalence of nicotine and alcohol dependence and level of hopelessness and disability among campus residency students. The study was carried out on 126 male students of age 20-40 years. The tools used for this study were Fagerstrom Test of Nicotine Dependence (FTND), Clinical Institute Withdrawal Assessment of Alcohol Scale (CIWA-AR), Beck's Hopelessness Scale (BHS) and Indian Disability Evaluation and Assessment Scale (IDEAS). Frequency and percentage was applied to find the percentage of hopelessness, disability, alcohol and nicotine dependence among campus residency students of universities. Results reveal that the prevalence of nicotine dependence is moderate; alcohol dependence is low along with low level of hopelessness and disability among hostel residing students of universities. Implication and limitations of study was stated.

KEYWORDS:

campus residing students, FTND, CIWA-AR, BHS, IDEAS.

INTRODUCTION

The National Health Service estimates that around 9% of men in the UK and 3% women of UK show signs of alcohol and nicotine dependence. It means that drinking alcohol and smoking cigarettes becomes a part or sometimes the most important, factors in their life and they feel they're unable to function without it. (National institute of alcohol and nicotine dependence, 2005)

There are varying degrees of alcohol dependence and they don't always involve excessive levels of drinking. If some people find that the 'need' to share a bottle of wine with a partner most of the week, or always go for a few pints after work, just to unwind, they're likely to drinking at a level that could affect their long term health problems. People also become dependence on alcohol and nicotine .if they find it very difficult to enjoy or relax without having drink and smoke. They could have become psychologically dependent on alcohol and nicotine. Physical dependence can follow too, that is their body shows withdrawal symptoms, such as sweating, shaking hands, nausea, when their blood alcohol level falls. (Mascott, 2012)

Alcohol dependence can lead to a whole range of serious health problems

Alcohol dependence people increase the risk of higher blood pressure, stroke, coronary alcohol-related heart disease and alcohol related liver disease. Prolonged heavy drinking damages liver. An estimated seven out of 10 people with alcoholic liver disease have an alcohol dependency problem. (Sheron, 2000)

Nicotine Dependence

Tobacco smoking is a practice in which tobacco is burned and the smoke is inhaled or tasted. Smoking is primarily practiced as a route of administration for nicotine into the system rapidly. The most popular current method of smoking is through cigarettes, mainly industrially manufactured ones. Some people use hand rolled tobacco, while others smoke pipes, cigars or hookahs.

Nicotine dependence is an addiction to tobacco products caused by one of its ingredients- the drug nicotine. Nicotine is an addictive drug which causes mood-altering changes in the brain which are temporarily pleasing, making people want to use it more and more. (Nordqvist, 2015)

Alcohol consumption and tobacco use are closely linked behaviors. Thus, not only are people who drink larger amounts of alcohol tending to smoke more cigarettes. People diagnosed with it also had dependence on the other drug (Zancy, 2012).

Smoking rates among alcoholism have been estimated to be high as 90% with approximately 70% of alcoholics smoking at least one pack of cigarettes per day. Smokers are far more likely to consume alcohol than are non smokers, and smokers who are dependent than non

smokers. (Brealau, 1995)

Smoking rates in the general population has gradually declined over the past 3 decades the smoking rate among alcoholics has remained persistently high which may lead to high levels of depression, hopelessness and various types of disabilities (Hay et al., 1999).

The frequent occurrence and broad implications of concurrent alcohol and tobacco use, research and clinical efforts clearly must focus on people who abuse both drugs. Over the past decade, interactions between alcohol and tobacco and their affects have indeed receiving growing attention from both basic and clinical researchers. Alcohol dependence and smoking, individually and in combination are complex forms of addictive behavior that may be influenced by a variety of genetics, neurobiological, conditioning and psychosocial disabilities (Bobo and Husten, 2000).

Lots of researches have been done so far but the result and interventions are still lacking in the control and prediction of the factors contributing to the alcohol and nicotine dependence. Some recent researches in this area are as follows.

Zale (2016) indicated that smokers with chronic pain consumed more cigarettes per day, scored higher on an established measure of tobacco dependence, reported having less confidence in their ability to quit, and endorsed expectations for experiencing greater difficulty and more severe nicotine withdrawal during future cessation attempts. Mediation analysis further indicated that the inverse association between chronic pain and abstinences self-efficacy cessation failures.

Rasmussen (2017) studied that increased alcohol dependence availability during adolescent is associated with an increased risk of receiving disability pension due to all cause, alcohol use disorder. He compared with the control group adolescents exposed to the alcohol policy change were at an increased risk of receiving disability pension due to all cause (HR 1.09,95% CI 1.07-1.11) and alcohol use disorder (HR 1.17, 95% CI 1.05-1.30).

OBJECTIVES

1. To assess the prevalence of nicotine dependence among campus residency students of universities.
2. To assess the prevalence of alcohol dependence among campus residency students of universities.
3. To assess the prevalence of hopelessness among the campus residency students of universities.
4. To assess the prevalence of disability among the campus residency students of universities.

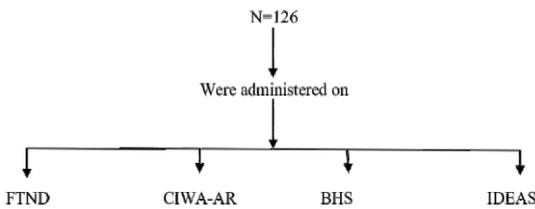
HYPOTHESIS

There will be differential results obtained in the level of alcohol dependence, nicotine dependence, hopelessness and disability among campus residency students of universities.

VARIABLES

1. Campus residency students
2. Alcohol dependence
3. Nicotine dependence
4. Disability
5. Hopelessness

RESEARCH PLAN



SAMPLE

The sample of the study comprised of 126 male students of hostel residency of universities which were administered on nicotine dependence, alcohol dependence, hopelessness and disability with the help of Fagerstrom Test of Nicotine Dependence (FTND), Clinical Institute Withdrawal Assessment of Alcohol Scale (CIWA-AR), Beck's Hopelessness Scale (BHS) and Indian Disability Evaluation and Assessment Scale (IDEAS).

RESULT TABLES AND GRAPHS

Table 1: Showing frequency and percentage of respondents lying in the category of low, moderate, and high levels of nicotine dependence on Fagerstrom Test of Nicotine Dependence (FTND).

Category	Frequency	Percentage
Low	16	12.69
Moderate	87	69.04
High	23	18.25
Total	126	

Graph 1: Showing percentage of respondents lying in the category of low, moderate and high levels of nicotine dependence on Fagerstrom Test of Nicotine Dependence (FTND).

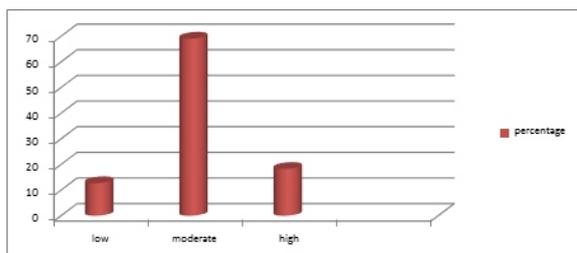


Table 2: Showing frequency and percentage of respondents lying in the category of low, moderate and high levels of alcohol dependence on Clinical Institute Withdrawal Assessment of Alcohol Scale (CIWA-AR).

Category	Frequency	Percentage
Low	63	50
Moderate	40	31.74
High	23	18.25
Total	126	

Graph 2: Showing percentage of respondents lying in the category of low, moderate and high levels of alcohol dependence on Clinical Institute Withdrawal Assessment of Alcohol Scale (CIWA-AR).

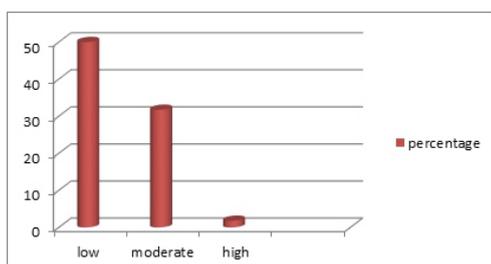


Table 3: Showing frequency and percentage of respondents lying in the category of no, low, moderate and high levels of hopelessness on Beck's Hopelessness Scale (BHS).

Category	Frequency	Percentage
No	91	72.22
Low	19	15.07
Moderate	05	3.96
High	11	8.73
Total	126	

Graph 3: Showing percentage of respondents lying in the category of no, low, moderate and high levels of hopelessness on Beck's Hopelessness Scale (BHS).

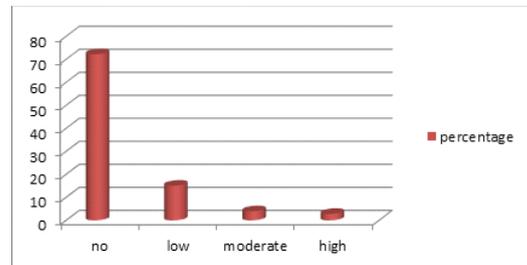
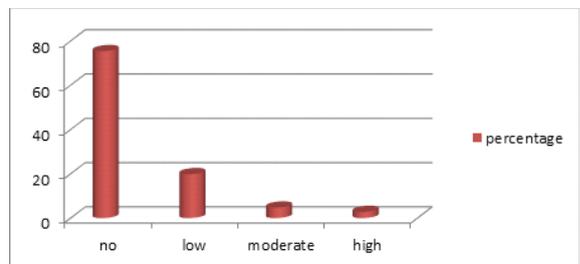


Table 4: Showing frequency and percentage of respondents lying in the category of no, low, moderate and high levels of disability on Indian Disability Evaluation and Assessment Scale (IDEAS).

Category	Frequency	Percentage
No	95	75.39
Low	25	19.84
Moderate	6	4.76
High	0	0
Total	126	

Graph 4: Showing percentage of respondents lying in the category of no, low, moderate and high levels of disability on Indian Disability Evaluation and Assessment Scale (IDEAS).



DISCUSSION

Some people depend so much on alcohol and drugs that they make these things as their part of life and neglect or ignore the harmful effects of these substances on both physical and psychological health.

The aim of the present study was to analysis the prevalence of nicotine and alcohol dependence along with hopelessness and disability among campus residency students.

The study was carried on 126 male students. The tools used for this study were Fagerstrom Test of Nicotine Dependence (FTND), Clinical Institute Withdrawal Assessment of Alcohol Scale (CIWA-AR), Beck's Hopelessness Scale (BHS) and Indian Disability Evaluation and Assessment Scale (IDEAS). Frequency and percentage was applied to find the percentage of nicotine, alcohol dependence and level of hopelessness and disability. Results were tabulated and interpretation of the data obtained is as follows-

The table 1 indicates the prevalence of nicotine dependence among campus residency students. The test was conducted on 126 campus residency students which showed that out of which 12.69% were found have low nicotine dependence, 69.04% were having moderate level of nicotine dependence and 18.25% male students were found to have high nicotine consumption. The reason behind this may be the influence of advertisements and media which attract them to take nicotine and encourage them to start smoking or have drugs which

according to them gives the impression that smokers are "ALIVE WITH PLEASURE".

The context is also supported by the study of Annika (2013) that among 37% of school children, 9% of university students and 27% of majority population peer group were get affected by cigarettes and tobacco. They also harm the people who are near to the cigarettes and breathe the smoke which is also known as second hand smoke. It is the smoke that comes out of the lit of cigarette and that a smoker exhales passive smoke, involuntary smoke and also called environmental tobacco smoke (ETS).

The table 2 highlights the prevalence of alcohol dependence among campus residency students. Out of 126 campus residency students, 50% were found to be in low category 31.74% were found to have moderate level of alcohol dependence and 18.25% male students had high alcohol dependence. This may be due to the easy availability of alcoholic beverages, social influence or inter-relationship problems. The role of media also plays an important role in enhancement of alcohol consumption. One of main reasons for alcohol consumption according to them was that it helps them to heal sorrows, overcome sadness, reduce the intensity of stress that arise due to the problems they are facing. Peer pressure also leads to alcohol consumptions all friends meet they take alcohol and their motive was to feel sociable and acceptance by their peers.

Table 3 states the percentage of hopelessness among campus residency students. The study was carried out on 126 males of campus residency students which showed that out of which 72.22% students had no hopelessness, 15.07% students had low level of hopelessness, 3.96% students were came under moderate category and 8.73% were found to have to had high level of hopelessness. This may be due to the desire to fit in their future academic progress and to belong to a group continues from adolescents to young adulthood. The college and hostel experience is a major transition for most people and adapting to its environment exerts dramatic pressure on students (Marlatt, 1999).

Table 4 indicates the percentage of disability among residency students. Out of 126 male students, 75.39% students observed to have no disability, 19.84% students were having low disability, 4.76% students found to have moderate disability and no students fall under the category of high disability. This may happen because the students of campus residency were able to maintain the normal activity guided by social norms and conventions. The students were able to maintain their personal hygiene, physical health, eating habits, personal belongings, living space. They were able to look after themselves like washing clothes, bathing and brushing their teeth. They were able to maintain good social relationships with others including initiating and maintain interactions with others in contextual and social appropriate manner.

This context is supported by Thomas (2010) disability due to alcohol and nicotine dependence can include the presence of physical or mental impairments that limit a person's ability to perform an important activity and affect the use of or need for supports, interventions are required to improve functioning.

CONCLUSION

From the study it may conclude that 18.25% students were found to have high nicotine consumption and 18.25% students were having high alcohol dependence along with 8.73% had high levels of hopelessness and 4.76% suffered from moderate disability among campus residency students of universities.

LIMITATIONS

The following limitations were identities by the researchers:-

- 1) This study was limited to university students from Rajasthan.
- 2) Students were assessed on only four variables.
- 3) The sample size was less.
- 4) Many respondents would not like to talk about their personal problems, which were included in this research.

IMPLICATIONS

Based on the above discussion, many strategies and directions may be advised for future researches in this area such as:-

- 1) Further studies are needed with larger sample size and deeper evaluation to generalize the result.

- 2) Some other variables may be included to achieve better information on the topic.
- 3) Further interventions and follow ups may be given to the participants and feedback may be taken.
- 4) Training may be provided to participants on the certain technique of physical workout, stress management and medication which insure longevity and would enhance quality of life.
- 5) Counseling strategies may be adaptive for enhancing physical, mental, emotional and cognitive state of participants.

It is therefore, suggested that the future researchers may start from where the present work ends. However, the present study serves its heuristic purpose.

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