INTRODUCTION

“Underage drinking and excessive drinking have negative effects on everything.” -- Dr. Judith Ramaley

Introduction

The behavior of any individual lies in motivation. He behaves as he does because he is motivated to do so. Motivation, thus, be regarded as something which prompts, compels and energizes an individual to act or behave in a particular manner at a particular time for attaining some specific goal or purpose. The motivation in academic line promotes achievement motivation, which is responsible for good academic achievement. Academic achievement and achievement motivation are affected by several factors, one among them is alcoholism.

ALCOHOLISM

In 2067-2025 B.C., the king Hammurabi of Babylonia popularized the sale and consumption of alcohol. The word ‘Alcoholism’ was first used by Magnus Huss. The word alcohol has been derived from the Arabic word ‘Alkuhl’ meaning “essence”.

Alcohol, a popular name for ethanol or ethyl alcohol, has been and continues to be the most widely used drug. People have been drinking alcohol for perhaps since 15,000 years. In ancient India, the consumption of alcohol, though permitted
for religious and medical purposes, was forbidden for those belonging to higher castes and women. During the Moghul period, under Babar’s reign, consumption of alcohol was widely prevalent. However, fearing defeat in battles, Babar prohibited the drinking of alcohol in his army and court. He himself kept strictly away from alcohol.

Before independence, the Indian National Congress in 1937 adopted prohibition as part of its programme to protect the weaker sections against the economically deteriorating effects of alcohol. Prohibition was also introduced as a directive principle in the Constitution. The states of Madras, Bombay and Saurashtra also introduced prohibition. In Madras State (now Tamil Nadu), except for a brief period of three years between 1971 and 1974, there has been continuous prohibition and, of course, now there is no ban on the sale of alcohol in the state. In Andhra Pradesh also, there was prohibition for some time, but now alcohol is consumed at will and pleasure as it is available abundantly.

From this brief outline, it may be noted that drinking has been prevalent in India from ancient times and prohibition of alcohol has been introduced at different times for different reasons - religious, moral, military, social, economic and political; whatever may be the reasons for prohibition, the factor that alcohol affects individuals, families and societies has been well recognized.

Man has long used psychoactive drugs not only to enhance pleasure and relieve discomfort, but also to facilitate the achievement of social, religious and
ritualistic aims. Accounts of use and abuse of psychoactive substances including alcohol, coca leaves, opium, and cannabis are as old as civilization and dependence on drugs were described by Greek, Roman and biblical authors.

In our society, use of certain substances to modify mood or behaviour under certain circumstances is generally regarded as normal and appropriate. Such use includes the use of caffeine as a stimulant in the form of coffee. There are also wide subcultural variations. In some groups, even the recreational use of alcohol is frowned upon; while in other groups, the use of various illegal substances for recreational use is well accepted.

For most classes of substances, **pathological use** is divided into substance abuse and substance dependence.

1. **Substance Abuse**: The criteria which distinguish non-pathological substance use from substance abuse are: (i) A pattern of pathological use. It is manifested by intoxication throughout the day, inability to cut down or stop use, repeated efforts to control use through periods of temporary abstinence or restriction of use to certain times of the day, continuation of substance use despite a serious physical disorder that the individual knows is exacerbated by the use of the substance, need for daily use for adequate functioning and episodes of a complication of the substance intoxication. (ii) Impairment in social or occupational functioning by the pattern of pathological use. Social relations can be disturbed (by the individual’s failure to meet important obligations to
friends and family, by display of erotic, impulsive, aggressive or criminal behaviour) and occupational functioning can deteriorate (if the individual misses work, school or college or is unable to function effectively because of being intoxicated or there is marked deterioration in physical and psychological functioning). (iii) Duration of disturbance lasts at least one month.

2. **Substance Dependence**: It is a more severe form of substance-use disorder and requires physiological dependence, evidenced by either tolerance or withdrawal. (i) Tolerance means that markedly increased amounts of the substance are required to achieve the desired effect or there is a markedly diminished effect with regular use of the same dose. (ii) In withdrawal, a substance-specific syndrome follows cessation or reduction in intake of a substance that was previously regularly used by the individual to induce a physiological state of intoxication. Dependence can be physical or psychological. The substances which produce both physical and psychological dependence include opiates, barbiturates, alcohol, stimulants, cannabis and hallucinogens.

3. **Habituation**: Habituation differs from dependence.
## Comparison Between Dependence and Habituation

<table>
<thead>
<tr>
<th>Dependence</th>
<th>Habituation</th>
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<tbody>
<tr>
<td>1. There is compulsion to take the drug.</td>
<td>1. There is only a desire to take the drug.</td>
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<tr>
<td>2. There is need to increase the dose or frequency because of tolerance</td>
<td>2. There is no need to increase the dose or frequency.</td>
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<td>3. It is followed by physical withdrawal symptoms (except cocaine)</td>
<td>3. It is usually not followed by physical withdrawal symptoms.</td>
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<td>4. It is detrimental to individual and society.</td>
<td>4. It is detrimental to individual only.</td>
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<td>5. Examples - Morphine, barbiturates.</td>
<td>5. Examples - Tobacco, certain analgesics.</td>
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4. **Addiction**: A state of periodic or chronic intoxication, detrimental to the individual and to the society, produced by the repeated consumption of a drug (natural or synthetic). The term ‘Addiction’ includes both ‘Dependence’ and ‘Habituation’.

**Epidemiology**: Most of the substance-use disorders are common, especially those associated with alcohol and tobacco. The exact prevalence in India is not known but opiates have become more and more common and the coming years are going to see use of cocaine. Substance-use disorders are more commonly diagnosed in men than in women. Alcohol abuse and dependence usually appear in the 20s, 30s and 40s of an individual.

**Predisposing Factors**: Whether or not a given person will develop
dependence on a particular drug will depend on the interaction of the factors, such as: (i) Personal Characteristics and Experiences of the Individual: The personality factors, which correlate with drug abuse, are social nonconformity, low self-esteem, depressive feelings, extrovert, sensation seeking curiosity, low frustration tolerance, impulsivity, need for immediate gratification, low religiosity, hostility, concern with personal autonomy, lack of interest in the goals of conventional institutions, and the presence of various psychiatric disorders (depression, mania, anxiety, neurosis, schizophrenia, antisocial and cyclothymic personality). (ii) Immediate Socio-Cultural Millieu: The socio-cultural precursors which facilitate the initiation or perpetuation of drug abuse are - problems within the family (breakup, divorce, violence, lack of communication, drug abuse in parents, etc.), peer pressure (stronger peer influence than parental influence, more support for problem behaviour from friends, incompatibility between peer and parental attitudes, company of delinquents), unemployment, low income, any abundance of information about drug effect and sources, abuse of socially acceptable drugs like tobacco, alcohol, cannabis, etc., and laxed legal system.

Alcohol is one of the most widely used psychoactive substances; approximately eight out of every 10 persons living in Europe and the Americas would report drinking in their lifetime. Fifty per cent of American students have had drinking experiences by the age of 13 years and the rate increases to 81.7 per cent at age 17. In Canada, 78 per cent of persons aged 15 years or more are alcohol users, with 12 per cent of the men and 3 per cent of the women falling within the
drinker-at-risk category (i.e., 14 units per week or more). This is the level of use associated with the highest probability of occurrence of untoward consequences. Higher frequencies of drinking (i.e., four or more times per week) are observed in the older age groups, while a heavy intake per single drinking occasion (i.e., five units or more) is more often reported by the population younger than 35 years of age.

The problem of excessive alcohol consumption is a major cause of public health concern in most countries of the world today. Heavy consumption, which involves far more than ‘dependence’, can cause untold misery to the individual, who is usually affected by other physical, psychological, and social disabilities as well.

**What is Alcoholism?**

As early as 1950, the World Health Organization (WHO) views the lack of a commonly accepted terminology as a serious obstacle to international action in the alcohol field.

Definitions of ‘alcoholism’ have been proposed by a range of professional and other bodies, from biomedical scientists, medical doctors and psychiatrists, psychologists, sociologists, patients in treatment, to the general public. Terms such as ‘alcoholism’, ‘addiction’, and ‘chemical dependence’ have passed into everyday speech, becoming ‘popularly enriched’ and ‘technically impoverished’. These terms mean different things to different people and often have pejorative connotations.
The lack of a precise definition of drinking problems has hampered interdisciplinary communication.

From the time of its inception in 1948, WHO played a major role in formulating public health definitions of ‘alcoholism’, ‘addiction’, and ‘dependence’ through a series of expert committees. Early definitions stressed the sociological rather than the physical aspects of dependence, ‘Alcoholics’ were defined as: “those excessive drinkers whose dependence upon alcohol has attained such a degree that it shows a noticeable mental disturbance or an interference with their bodily and mental health, their inter-personal relations, and their smooth social and economic functioning; or who show the prodromal signs of such developments.”

This definition had limited utility for biological research and psychiatric classification. Therefore, the 1955 Committee of Experts on Alcohol and Alcoholism highlighted the importance of physical criteria describing ‘alcoholism’ as “A chronic disease characterised by a fundamental disturbance of the nervous system which is manifested on a behavioural level by a state of physical dependence. The major forms of this dependence are either inability to stop drinking before drunkenness is achieved, or inability to abstain from drinking because of the appearance of withdrawal symptoms.”

**Alcohol Metabolism**

Alcohol, whether it is drunk or not, turns to vinegar (acetic acid). In body, it is mainly absorbed from small intestine and for this, two enzymes are required -
Alcohol Dehydrogenase (ADH, which is located in liver and converts it into acetaldehyde) and Aldehyde Dehydrogenase (Ald DH, which converts acetaldehyde into acetic acid).

**ADH**

\[
\text{CH}_2\text{CH}_3\text{OH} + \text{DPN} \rightarrow \text{CH}_3\text{CHO} + \text{DPNH}
\]

(Alcohol) (Acetaldehyde)

**Ald DH**

\[
\text{CH}_3\text{CHO} + \text{DPN} \rightarrow \text{CH}_3\text{COOH} + \text{DPNH}
\]

(Acetic Acid)

Alcohol, through oxidation, may result in increased formation of lactic acid (precipitates anxiety attacks), uric acid (precipitates gout) and fat (fatty liver). Alcohol increases high density lipoproteins in blood (which protect from coronary heart disease).

**Blood Alcohol Concentration (BAC) or Blood Alcohol Level (BAL)** is a reliable measurement of ethanol in the blood. Breath alcohol determinations should not be done within 15 minutes of having had a drink (as it gives false high readings because of retention of alcohol in oropharynx). Urine alcohol tests only generally reflect BAC.

As a rule, people do not drink only alcohol; they drink alcohol beverages, which contain ethyl alcohol, water and so called congeners like amino acids, minerals, vitamins, methanol and the 'higher' alcohols, known as fusel oil. Beverages differ
according to the sugar source; wine comes from grapes; beer comes from grain and hops; whisky from grain and corn, while rum comes from sugarcane and vodka from potatoes and grain. The alcohol is metabolized at the rate of one ounce per hour and 1 gram of this gives 7.1 kcals.

**Drinking Patterns**

Drinking patterns vary by age and sex. Most is known about patterns of normal drinking than about the prevalence of alcoholism. The American surveys of drinking practices reveal that about 70 percent of adults drink alcohol on occasion and that 12 percent are heavy drinkers. (A heavy drinker is defined as a person who drinks almost every day and becomes intoxicated several times a month, while a moderate drinker is one who does not take more than 0.8 gm/kg of pure alcohol per day, upto a limit of 80 gm, or an average of 0.7 gm/kg for 3 successive days)

Most alcohol is consumed by a small percentage of people whereas 70 percent of the drinking population consumes only 20 percent of total alcohol consumption. Thirty percent of drinkers consume 80 percent of the alcohol and 10 percent consume 50 percent.

Most of the ‘tonics-addiction’ is also a variety of alcohol dependence because most of the tonics contain a high concentration of alcohol.

**Pathogenesis**

There are three distinct phases in alcohol dependence, which finally lead to chronic phase.
1. **The pre-alcoholic symptomatic phase**: The candidate for alcoholism starts out drinking in conventional social situations but soon experiences a rewarding relief from tension. Gradually, the tolerance for tension decreases to such an extent that he resorts to alcohol almost daily. The transition from occasional to frequent drinking may take several months or as long as two years.

2. **The prodromal phase**: This phase is marked by the sudden onset of blackouts, the drinker may show signs of intoxication and may be able to carry on a reasonable conversation or go through quite elaborate activities, but will have no memory of these events the next day. Certain correlated behaviours now make their appearance, among which are: (i) Surreptitious drinking, in which the drinker seeks occasions for having a few drinks, unknown to others, for fear that they will misjudge him; (ii) Preoccupation with alcohol, which often takes the form of worrying about whether there will be enough to drink at a social gathering to which he is going and perhaps having several drinks ahead of time in anticipation of a possible shortage; (iii) HL Avid drinking, in which the drinker gulps the first one or two drinks; (iv) Guilt feelings about drinking behaviour; and (v) Avoidance of references to alcohol in his conversation.

3. **The crucial phase**: This phase is characterized by the loss of control over drinking, which means that any consumption of alcohol seems to trigger a chain reaction that continues until the individual is either too intoxicated or too sick to drink any more. Almost simultaneously with this loss of control, the
alcoholic begins to rationalize his drinking behaviour and produces the familiar alcoholic alibis. He begins to drop friends and quit jobs. This process leads to increased isolation and to further centering of his behaviour around alcohol. Then follows the stage of complications as improper nutrition and other complications also induce a marked decrease in sexual drive, a factor which increases the hostility of the alcoholic toward his spouse and gives rise to the well known 'alcoholic jealousy syndrome', in which the drinker blames his loss of sexual drive on his mate’s alleged extramarital affairs.

4. The chronic phase: As he becomes a morning drinker, he enters the chronic phase. As alcohol becomes increasingly dominant in the drinker’s life, he may find himself intoxicated. There is a marked impairment in thinking process. At this time, true alcoholic psychoses, such as delirium tremens may occur (characterized by tremors, palpitations, excessive anxiety, confusion and disordered perception, etc.). In this chronic phase, the alcoholic’s rationalizations begin to fail as they are mercilessly tested against reality; and in many alcoholics (approx. 60 percent), vague religious desires begin to develop. As the rationalization system finally gives way the alcoholic may admit defeat and become amenable to treatment. There are also spree drinkers (who at the time of stressful situation will lose control completely), and instant alcoholics (those suffering from multiple addictions, who do not follow all the stages and may skip one or another stage).
Causes of Alcoholism

The different biological and environmental factors related to development of alcoholism are:

1. **Biological factors**: Alcoholism runs in several families in developed countries. Children of alcoholics become alcoholic about 4 times more often those of non-alcoholics while over 40 percent had a parent - usually the father - who is an alcoholic. Many research studies developed the concept of ‘familial alcoholism’, which differs from ‘non-familial’ alcoholism that there is always a family history of alcoholism, it develops at an early age and is severe, often requiring treatment. Alcoholism is 3 times more common in men, have onset in 20s and 30s (early onset in men) and also depends on the type of occupation.

2. **Biochemical factors**: A genetically determined deficiency of brain neurotransmitters (endorphins) predisposes an individual to alcoholism (this explains that why out of every ten who start social drinking, only one or two becomes a chronic drinker).

3. **Psychological and Interpersonal factors**: A number of psychological and interpersonal factors have been advanced as possible answers to development of alcohol dependence. They are: (i) Psychological vulnerability is described in terms of pre-alcoholic personality (individual who is emotionally immature, expecting a great deal of the world, requiring an inordinate amount of praise and appreciation, reacting to failure with marked feelings of hurt and inferiority, having low frustration tolerance and feeling inadequate and unsure of their
ability to play expected male or female roles). Antisocial personality, anxiety neurosis and depression are the clinical syndrome commonly associated with excessive drinking. (ii) Stress, tension reduction and reinforcement: Alcoholism is a conditioned response to anxiety. It is a learned maladaptive behaviour which is reinforced and maintained by tension reduction.  (iii) Marital and other intimate relationships: Excessive drinking often begins during crises which tend to hurt and self-devaluation. Excessive use of alcohol is the third most frequent cause of divorce in the United States and persons who abuse alcohol are about 7 times more likely to be divorced or separated than non-abusers. The deterioration in the alcoholics intimate interpersonal relationship further augments the stress and disorganization in his life situation.  (iv) Childhood history of attention deficit of conduct disorder or both apparently increases a child’s risk of becoming alcoholic particularly if there is alcoholism in the family.  (v) Socio-cultural factors: In a general sense, present culture has become dependent on alcohol as a social lubricant and a means of reducing tension. The three important cultural factors that appear to play a part in determining the incidence of alcoholism in a given society are - the degree of stress and inner tension produced by the culture; the attitudes toward drinking fostered by the culture, and the degree to which the culture provides substitute means of satisfaction and other ways of coping with tension and anxiety.
Alcohol Problems

Not everyone experiencing an alcohol problem or alcohol-related disability will be suffering from alcohol dependence. Both dependent and non-dependent drinkers, particularly binge drinkers are at risk of problems related to heavy alcohol consumption. Indeed, epidemiological evidence supports the view that most alcohol-related harm in the general population occurs in heavy non-dependent drinkers.

Alcohol problems are extremely diverse. They have been defined as ‘those problems that may arise in individuals around their use of beverage alcohol, and that may require an appropriate treatment response for their optimum management’. The phrases ‘alcohol problems’ or ‘alcohol-related problems contain an assumption of causality. This issue is a complex one, involving individual differences and the social context of drinking as well as the pattern, duration, and intensity of alcohol use.

Alcohol problems can be related to the acute or chronic consumption of alcohol. A fractured ankle sustained by falling over while acutely intoxicated is an example of the former category. Cirrhosis of the liver is an example of a chronic problem. An individual who drinks in binges will experience different problems compared with someone who drinks the same amount of alcohol spread out over a week or a month or a year. The way in which a person behaves while intoxicated is another important factor determining the nature of alcohol-related problems. Dire social consequences of drinking such as job loss, imprisonment, marital and family break-up, and drink-driving have profound effects on the well being of the drinkers, their family, and society.
Drinking alcohol containing beverages is generally considered as acceptable and common habit in the United States and many European nations. The common causes of death among people with the alcohol related disorders are suicide, cancer, heart disease and hepatic disease. Alcohol abuse reduces life expectancy by about 10 years; alcohol leads all other substance in substance-related deaths.

Alcohol related disorders appear among people of all socio-economic classes. Moreover, these disorders are particularly frequent in people with advanced academic degrees and of upper socio-economic standing. About 30 to 40 percent of people with an alcohol related disorder meet the diagnostic criteria for major depressive disorder sometime during their lifetimes. Many people use alcohol for its efficacy in alleviating anxiety. Alcohol may be used in an attempt to self-medicate symptoms of agoraphobia or social phobia, but an alcohol related disorder is likely to precede the development of panic disorder or generalized anxiety disorder. Factors that have been associated with suicide among people with alcohol related disorders include the presence of a major depressive episode, weak psycho-social support systems, a serious coexisting medical condition, unemployment and living alone. A heritable biological brain function may predispose a person to an alcohol related disorder. Alcohol consumption can also lead to a sense of power and increased self-worth. Some social settings commonly lead to excessive drinking. Colleges and Universities in developed countries have recently tried to educate students about the health risks of drinking large quantities of alcohol.
Metabolism of Alcohol

About 90 percent of absorbed alcohol is metabolized through oxidation in the liver; the remaining 10 percent is excreted unchanged by the kidneys and the lungs. The rate of oxidation by the liver is constant and independent of the body’s energy requirements. The body is capable of metabolizing about 15 mg/dL per hour, with a range of 10 to 34 mg/dL per hour. Stated another way, the average person oxidizes three fourths of an ounce of 40 percent alcohol in an hour. In people with a history of excessive alcohol consumption, an upregulation of the necessary enzymes results in fast metabolism of alcohol.

Alcohol is metabolized by two enzymes; alcohol dehydrogenase (ADH) and aldehyde dehydrogenase. ADH catalyzes the conversion of alcohol into acetaldehyde, which is a toxic compound; aldehyde dehydrogenase catalyzes the conversion of acetaldehyde into acetic acid. Aldehyde dehydrogenase is inhibited by disulfiram (Antabuse), often used in the treatment of alcohol-related disorders. Some studies have shown that women have a lower ADH blood content than do men; this fact may account for women’s tendency to become more intoxicated than do men after drinking the same amount of alcohol. The decreased function of alcohol-metabolizing enzymes in some people can also lead to easy intoxication and toxic symptoms.
Alcohol Effects on Brain Biochemistry

In contrast to most other substances of abuse with identified receptor targets—such as the N-methyl-D-aspartate (NMDA) receptor of phencyclidine (PCP), no single molecular target has been identified as the mediator for the effects of alcohol. The long-standing theory about the biochemical effects of alcohol concerns its effects on the membranes of neurons. Data support the hypothesis that alcohol produces its effects by intercalating itself into membranes and thus increasing fluidity of the membranes with short-term use. With long-term use, however, the theory hypothesizes that the membranes become rigid or stiff. The fluidity of the membranes is critical to normal functioning of receptors, ion channels, and other membrane-bound functional proteins. In recent studies, researchers have attempted to identify specific molecular targets for the effects of alcohol. Most attention has been focused on the
effects of alcohol at ion channels. Specifically, studies have found that alcohol ion channel activities associated with the nicotinic acetylcholine, serotonin (5-hydroxytryptamine) type 3 (5-HT₃), and GABA type A (GABAₐ) receptors are enhanced by alcohol, whereas ion channel activities associated with glutamate receptors and voltage-gated calcium channels are inhibited.

**Alcohol Effects on Behaviour**

As the net result of the molecular activities, alcohol functions as a depressant much like the barbiturates and the benzodiazepines, with which alcohol has some degree of cross-tolerance and cross-dependence. At a level of 0.05 percent alcohol in the blood, thought, judgment and restraint are loosened and sometimes disrupted. At a concentration of 0.1 percent, voluntary motor actions usually become perceptibly clumsy. In most states, legal intoxication ranges from 0.1 to 0.15 percent blood alcohol level. At 0.2 percent, the function of the entire motor area of the brain is measurably depressed; the parts of the brain that control emotional behavior are also affected. At 0.3 percent, a person is commonly confused or may become stuporous; at 0.4 to 0.5 percent, the person falls into coma. At higher levels, the primitive centers of the brain that control breathing and heart rate are affected, and death ensures secondary to direct respiratory depression or to the aspiration of vomitus. People with long-term histories of alcohol abuse, however, can tolerate much higher concentrations of alcohol than can alcohol-naive people their alcohol tolerance may cause them to falsely appear less intoxicated than they really are.
Alcohol Effects on Body

1. Malnutrition and vitamin deficiency: Malnutrition can be a consequence of deficient food intake, more important in alcoholics seem to be maldigestion and malabsorption (‘secondary malnutrition’). Apart from the direct toxic effect of alcohol on most body tissues, malnutrition is an important contributor to organ damage in alcoholics. Vitamin metabolism may be profoundly affected by chronic alcohol consumption. As a consequence, many alcoholics have deficiencies in vitamins B₂ (thiamine), A, D, B₆, and E, and folate. This can lead to a variety of physical consequences, including damage to different organs.

2. Peripheral neuropathy: Besides its effect on the central nervous system, alcohol also damages motor, sensory, and autonomic nerves that control muscles and internal organs. Symptoms are weakness, numbness, pain, and a prickly feeling or burning of the skin, especially the feet. Usually, on neurological examination, the tendon reflexes are diminished or have completely disappeared and skin sensibility is reduced, especially in the feet and in the lower limbs. When patients abstain from alcohol, the progression of the symptoms can be stopped and even partial recovery is possible.

3. Muscles: Alcohol is toxic to skeletal muscles in a dose-dependent way. Alcoholics often suffer from malnutrition, which adds to the chronic changes in muscles. Chronic myopathy can be found in 40 to 60 per cent of alcohol-dependent patients. Pathophysiological mechanisms of muscle damage include alterations
in membrane fluidity, ion channels and pumps, as well as protein synthesis and hormonal dysfunction. Patients complain of pain and weakness. Swelling of the muscle can be easily detected. In chronic states, muscle atrophy is evident. There is no acute treatment for alcoholic myopathy other than abstinence, when acute myopathy can rapidly disappear; chronic myopathy usually improves, leaving persistent weaknesses.

4. Liver: The effects of ethanol on the liver are among the first and best-known symptoms of alcoholism, the first manifestation of alcoholic liver diseases is the fatty liver. It is followed by early fibrosis, which can be associated with alcoholic hepatitis. If the process continues, irreversible damage leading to severe fibrosis and to cirrhosis is observed. These effects occur through heavy alcohol consumption even in the absence of dietary deficiencies. Mortality from liver cirrhosis has long been an important correlate of the per capita consumption in a given population. Liver damage is also important because it produces an increase in liver enzymes such as aspartate transaminase, alanine transaminase, and α-glutamyl transferase which again are of great practical value as diagnostic markers of severe alcohol consumption. Alcohol accounts for more than 80 per cent of all cirrhosis deaths, a consequence that seems to be even more pronounced in women. The major adverse effects of alcohol use are related to liver damage. Alcohol use, even as short as week-long episodes of increased drinking, can result in an accumulation of fats and proteins, which produce the appearance of a fatty liver, sometimes found on
physical examination as an enlarged liver. The association between fatty infiltration of the liver and serious liver damage remains unclear. Alcohol use, however, is associated with the development of alcoholic hepatitis and hepatic cirrhosis.

5. Gastrointestinal System: Long-term heavy drinking is associated with developing esophagitis, gastritis, achlorhydria, and gastric ulcers. The development of esophageal varices can accompany particularly heavy alcohol abuse; the rupture of the varices is a medical emergency often resulting in death by exsanguination. Disorders of the small intestine occasionally occur, and pancreatitis, pancreatic insufficiency and pancreatic cancer are also associated with heavy alcohol use. Heavy alcohol intake may interfere with the normal processes of food digestion and absorption; as a result, consumed food is inadequately digested. Alcohol abuse also appears to inhibit the intestine’s capacity to absorb various nutrients, such as vitamins and amino acids. This effect, coupled with the often poor dietary habits of those with alcohol-related disorders, can cause serious vitamin deficiencies, particularly of the B vitamins.

6. Pancreas: About 5 per cent of alcoholics develop chronic pancreatitis. Ethanol seems to damage the pancreas slowly. In general, it takes between 10 and 15 years of heavy drinking before pancreatitis becomes clinically apparent. In the pre-somatic phase, certain changes such as fibrosis, calcium deposits, and especially loss of functioning in enzyme- and hormone-producing cells can be
demonstrated. The acute symptoms are abdominal pain and vomiting. Chronic complications include weight loss, steatorrhoea, and diabetes mellitus.

7. Skin: Originally, it was believed that skin alterations in alcoholics are due to alcoholic liver disease. However, more recent research revealed that the skin may be affected much earlier by alcohol misuse. Whereas, the palmar erythema and spider naevi are well-known consequences of alcoholic liver disease, which also serve as diagnostic markers for alcoholism, psoriasis and facial erythema have less often been linked with high alcohol consumption. Alcohol clearly has to be on the list of agents known to exacerbate psoriasis. One possible mechanism of the action of alcohol on the skin could be a defect in the immune system.

8. Heart: Cardiac myopathy is one of the oldest known physical consequences of high alcohol consumption. Similar to ethanol’s effects on skeletal muscles, the cells of the heart muscle are damaged by ethanol’s influence on ion channels and pumps, etc. Atrophy leads to a dilatation of the heart as a whole. Recently, the effect of alcohol on coronary heart disease has been widely discussed. Indeed, it seems that there is a beneficial effect of moderate alcohol consumption, at least in middle-aged men. It seems that an alcohol-induced increase in high-density lipoproteins and a decrease in low density lipoproteins may play a role in this process - an alteration in platelet aggregation could be one possible mechanism of action. Besides cardiomyopathy, cardiac arrhythmias is prominent consequence of alcohol consumption. Close to one-third of all cardiomyopathies can be attributed to alcohol consumption.
9. **Hypertension**: A dose-response relationship between drinking and diastolic and systolic blood pressure has been shown consistently. It is not clear, however, whether this relationship can only be seen above a threshold level of consumption. As a result, haemorrhagic stroke seems to be correlated with ethanol-induced hypertension.

10. **Cancer**: There is very clear evidence that alcohol increases the risk of cancer at the upper broncho digestive tract. This includes cancer of the mouth, pharynx, larynx, and oesophagus. Additionally, alcohol consumption correlates with primary liver cancer. A possible link between alcohol and breast cancer is still a matter of debate: three recent studies with large sample sizes found an excess risk for breast cancer. The same seems to be true for the correlation between beer drinking and cancer of the rectum.

11. **Sleep Effects**: Although alcohol consumed in the evening usually results in an increased ease of falling asleep (decreased sleep latency), alcohol also has adverse effects on sleep architecture. Specifically, alcohol use is associated with decreased rapid eye movement sleep (REM or dream sleep), decreased deep sleep (stage 4), and increased sleep fragmentation, with more and longer episodes of awakening. Therefore, that drinking alcohol helps people fall asleep is a myth.

**Laboratory Tests**

The adverse effects of alcohol appear in common laboratory tests, which can be useful diagnostic aids in identifying people with alcohol-related disorders.
The glutamyl transpeptidase levels are elevated in about 80 percent of all those with alcohol-related disorders, and the mean corpuscular volume (MCV) is elevated in about 60 percent, more so in women than in men. Other laboratory test values that may be elevated in association with alcohol abuse are those of uric acid, triglycerides, serum glutamic-oxaloacetic transaminase (SGOT) (also called aspartate aminotransferase (AST)) and serum glutamic-pyruvic transaminase (SGPT) (also called alanine aminotransferase (ALT)).

**Alcohol Intoxication**

Alcohol intoxication is not a trivial condition and in extreme cases can lead to coma, respiratory depression and death, from respiratory arrest or because of the aspiration of vomitus. Treatment for severe alcohol intoxication requires mechanical ventilatory support in an intensive care unit, with attention to the patients acid-base balance, electrolytes and temperature.

The primary medications for the control of alcohol withdrawal symptoms are the benzodiazepines that help control seizure activity, delirium, anxiety, tachycardia, hyper tension, diaphoresis and tremor associated with alcohol withdrawal.

When therapists use psychotherapy to focus on the reasons that a person drinks, the therapy is more successful than when it focuses on vague psychodynamic issues. To explore the reasons for drinking, therapists must focus on the situations in which the patient drinks, on the motivating forces behind the drinking, know the
results expected from drinking and on alternate ways of dealing with these situations. Involving an interested and cooperative spouse, companion, friend, or family member in conjoint therapy for at least some of the sessions is highly effective.

**Alcohol Withdrawal**

1. **Diagnosis and Clinical Features:** Alcohol withdrawal even without delirium, can be serious and can include seizures and autonomic hyperactivity. Conditions that may predispose to or aggravate withdrawal symptoms include fatigue, malnutrition, physical illness, and depression. The DSM-IV criteria for alcohol withdrawal require the cessation or reduction of alcohol use that was heavy and prolonged as well as the presence of specific physical or neuro-psychiatric symptoms. The DSM-IV diagnosis also allows for the specification ‘with perceptual disturbances’. One recent positron emission tomographic (PET) study of blood flow during alcohol withdrawal in otherwise healthy people with alcohol dependence reported a globally low rate of metabolic activity, although, with further inspection of the data it was concluded that activity was especially decreased in the left parietal and right frontal areas. The classic sign of alcohol withdrawal is tremulousness, although the spectrum of symptoms can expand to include psychotic and perceptual symptoms (such as delusions and hallucinations), seizures, and the symptoms of delumisemens (DTs) called alcohol withdrawal delinum DSM-IV tremulousness (commonly called the shakes or the jitters) develops 6 to 8 hours after the cessation of drinking, the psychotic and perceptual symptoms begin in 8 to 12 hours, seizures in 12
to 24 hours, and DTs during 72 hours, although physicians should watch for the development of DTs for the first week of withdrawal. The syndrome of withdrawal sometimes skips the usual progression and, for example, goes directly to DTs. The tremor of alcohol withdrawal can be similar either to physiological tremor, with a continuous tremor of great amplitude and of more than 8 Hz, or to familial tremor, with bursts of tremor activity slower than 8 Hz. Other symptoms of withdrawal include general irritability, gastrointestinal symptoms (such as nausea and vomiting), and sympathetic autonomic hyperactivity, including anxiety, arousal, sweating, facial flushing, mydriasis, tachycardia, and mild hypertension. Patients experiencing alcohol withdrawal are generally alert but may startle easily.

2. Withdrawal Seizures: Seizures associated with alcohol withdrawal are stereotyped, generalized, and tonic-clonic in character. Patients often have more than one seizure 3 to 6 hours after the first seizure. Status epilepticus is relatively rare and occurs in less than 3 percent of all patients. Although anticonvulsant medications are not required in the management of alcohol withdrawal seizures, the cause of the seizures is difficult to establish when a patient is first assessed in the emergency room; thus, many patients with withdrawal seizures receive anticonvulsant medications, which are then discontinued once the cause of the seizures is recognized. Seizure activity in patients with known alcohol abuse histories should still prompt clinicians to consider other causative factors, like head injuries, CNS infections, CNS
neoplasms, and other cerebrovascular diseases; long-term severe alcohol abuse can result in hypoglycemia, hyponatremia, and hypomagnesemia - all of which can also be associated with seizures.

**Treatment and Rehabilitation**

Although some clinicians, and some groups support the concept of controlled drinking, most clinicians and most well-controlled research studies indicate that complete abstinence from alcohol must be the centerpiece of a successful treatment strategy for alcohol abuse. People with alcohol-related disorders usually come to treatment because of pressure from spouse or employer or because of fear that continued drinking will have a fatal outcome. The patients who are persuaded, encouraged, or even enter into treatment by those important to them are more apt to remain in treatment and to have a better prognosis than are those who are not so pressured. Affected people who voluntarily come to a mental health worker after realizing that they are alcoholics and that they need help have the best prognosis, however.

1. **Pharmacotherapy:** Disulfiram (Antabuse) competitively inhibits the enzyme aldehyde dehydrogenase; even a single drink usually causes a toxic reaction because of acetaldehyde accumulation in the blood. Administration of the drug should not begin until 24 hours have elapsed since the patient’s last drink. The patient must be in good health, highly motivated, and cooperative, and the physician must warn the patient about the consequences of ingesting alcohol while taking the drug and for as long as two weeks thereafter. Those
who drink while taking the 250mg daily dose of disulfiram experience flushing and feelings of heat in the face, the sclera, the upper limbs, and the chest. They may become pale, hypotensive, and nauseated and experience serious malaise. They may also experience dizziness, blurred vision, palpitations, air hunger, and numbness of the extremities. The most serious potential consequence is severe hypotension. Patients may also have a response to alcohol ingested in such substances as sauces and vinegars and even to inhaled alcohol vapors from after-shave lotions. The syndrome, once elicited, typically lasts some 30 to 60 minutes but can persist longer. With dosages of more than 250mg, toxic psychoses can occur, with memory impairment and confusion. The drug can also exacerbate psychotic symptoms in some patients with schizophrenia in the absence of alcohol intake. Naltrexone decreases alcohol craving, probably by blocking the release of endogenous opioids. A dosage of 50mg once daily is recommended for most patients. It aids in achieving the goal of abstinence by preventing relapse and decreasing alcohol consumption.

2. **Behavior Therapy**: Behavior therapy teaches people with alcohol-related disorders other ways to reduce anxiety. Relaxation training, assertiveness training, self-control skills, and new strategies to master the environment are emphasized. Operant conditioning programmes condition people with alcohol-related disorders to modify their drinking behavior or to stop drinking. The reinforcements have included monetary rewards, an opportunity to live in an enriched inpatient environment, and access to pleasurable social interactions.
3. **Cognitive-behavioural therapy**: Recently, there has been increasing interest in cognitive-behavioural methods of treatment which tackle the drinking behaviour itself rather than underlying psychological problems. Such approaches stress the role of education and the improvement of social and interpersonal skills as these relate to alcohol abuse. For example, it may be helpful to identify situational or interpersonal triggers that cause an individual to drink excessively, and then to plan and rehearse new methods of coping with these situations. This is called relapse prevention. Many patients who abuse alcohol have general deficiencies in problem-solving skills, and appropriate training may help reduce relapse rates, particularly if combined with marital therapy.

**Prevention of Alcohol Abuse and Dependence**

In seeking to prevent excessive drinking and alcohol-related disorders, two approaches are possible. The first is to improve the help and guidance available to the individual. The second is to introduce social changes likely to affect drinking patterns in the population as a whole. Consumption of alcohol in a population might be reduced by four methods.

1. **The pricing of alcoholic beverages**: Putting up the price of alcohol would probably reduce the consumption.

2. **Advertising**: Controlling or abolishing the advertising of alcoholic drinks might be another preventive measure. It is unclear how far advertising
encourages use of particular brands of alcohol rather than overall consumption; the evidence on this point is somewhat conflicting.

3. **Controls on sale**: Another preventive measure might be to control sales of alcohol by limiting hours or banning sales in supermarkets. It is known that relaxation of restrictions led to increased sales in Finland and some other countries, but it does not follow that increased restrictions would reduce established rates of drinking. It is also possible that restricted licensing hours may produce more damaging patterns of drinking.

4. **Health education**: It is not known whether education about alcohol abuse is effective. Little is known as to how attitudes related to alcohol use are formed or changed. Although education about alcohol seems desirable, it cannot be assumed that classroom lectures or mass media propaganda would alter attitudes. Indeed, Plant, et.al. (1985) concluded, from a follow-up study of teenagers, that education had no significant effect on their drinking habits. More recently, MacKinnon, et.al. (1993) found that labelling containers of alcohol with a health warning made high school students more aware of the hazards of alcohol but did not significantly change their drinking habits.

**ACHIEVEMENT MOTIVATION**

The word motivation has been derived from the Latin word ‘motum’, which means to move, motor and motion. Motivation is an internal force which accelerates a response or behaviour. Some learners learn the same subject matter or task more effectively than others, some find it more rewarding and interesting than others;
and some enjoy it more than others. At any given time, learners vary in the extent to which they are willing to direct their energies to the attainment of goals, due to difference in motivation.

Motivation is a generic term referring to a family of concepts used to explain initiating, direction, maintenance and termination of activities undertaken by living organisms. It impels or pushes our organism into activity, giving it a direction. It is useful to explain the variability observed in behaviour. In particular, the choice of behaviour is the main question because living beings are always active. The fluctuation or change in preference for activity or choice of goal leads to choosing one activity over the other. In general, people approach certain goals or engage in certain activities that are expected to have desirable outcomes and avoid certain activities that lead to unpleasant or aversive outcomes. However, many people do like challenges, undertake difficult tasks and seek pleasure in engaging in adventures. These persons have different kinds and levels of motivation.

Arun Monappa and Mirza S. Saiyadin defined motivation as the level of desire of an individual to behave in a certain manner at a certain time and in a certain situation.

Bernard said that motivation is the stimulation of actions towards a particular objective where previously there was little or no attraction to that goal.

Blair, Jones and Simpson stated that motivation is a process in which the learner's internal energies or needs are directed towards various goals and objects in his environment.
Carroll (1969) said that a need gives rise to one or more motives. A motive is a rather specific process which has been learned. It is directed towards a goal.

Crow and Crow (1962) opined that motivation is considered with the arousal of the interest in learning and to that extent is basic to learning.

Good defined motivation as the process of arousing, sustaining and regulating activity.

Guilford (1950) stated that motivation is a motive in any particular internal factor or condition that tends to initiate and sustain activity.

Harold Koontz and Cyril O’Donnell defined motivation as the drive and effort to satisfy a want or a goal.

Hebb (1975) felt that motivation refers to existence of an organized phase sequence to its direction and content and to its persistence in given direction or stability of content.

Kelly (1955) explained that motivation is the central factor in the effective management of the process of learning. Some type of motivation must be present in all learning.

Lovell defined motivation more formally as psychological or internal process initiated by some need which leads to activity that will satisfy that need.

Maslow (1954) stated that motivation is constant, never ending, fluctuating and complex and that it is an almost universal characteristic of, particularly, every organismic state of affairs.
Rasen, Fox and Gregory (1972) defined motivation as a readiness to accomplish his desire. An individual’s success and achievement in life and learning depends on his motivation. Motivation arouses interest in learning. It is the central factor in effective management of the process of learning. If a child is motivated properly, he will have adequate achievement motivation. Achievement motivation may be associated with a variety of goals. In general, the behaviour adopted will involve an activity which is directed towards the attainment of some standard of excellence.

Achievement motivation refers to the desire of a person to meet certain standards of excellence. The need to achieve, also known as n-Ach, energises and directs behaviour and influences perception of situations. It is not biological but shows a tremendous effect on human behaviour. People differ in the degree to which they experience this need. Early studies conducted by McClelland (1961) and other researchers on achievement motivation are correlated with high scholastic performance and success in business. Such motivated people opt for moderately difficult tasks. They are future-oriented and persist more on the task. Also, they are upwardly mobile.

Achievement motivation is acquired by children during the formative stages of social development. They learn it from their parents, other role models and socio-cultural influences. They acquire the values that they should attain a good position, social standing and distinguished status in the society.
The basis of achievement motivation is achievement motive, i.e., a motive to achieve. Those who engage themselves in a task on account of an achievement motive are said to work under the spirit of achievement motivation. Therefore, in order to understand the meaning of the term achievement motive, it is essential to know in detail the nature and meaning of achievement motive.

Motives, can be classified into various types, when one is concerned with making and retaining friendship with opposite sex, we say he has sex motive; when a student desires to become monitor of his class or captain of the foot ball team, he is said to possess power motive; and his desire to seek the reward and approval of his teachers or parents is termed as approval motive. Similarly, the desire to improve his performance at school or to get a good grade or to become an engineer and so on is known as achievement motive.

Achievement motivation is relatively a new concept in the world of motivation. It is essentially a type of motivation that is personal in nature. It owes its birth to U.S.A. and basically a product of a system that is based on capitalism, cut throat competition, and blind race toward materialism.

Achievement was initially recognized as an important source of human motivation by the American psychologist Henry Murray in late 1930s. Although Murray identified achievement motivation as important to the behaviour of many people, it was the American psychologists David McClelland and John Atkinson who devised a way of measuring differences in achievement motivation.
McClelland, et. al. (1953) defined achievement motivation as a competition with a standard of excellence.

The achievement motive is conceived as a latent disposition which is manifested in overt striving only when the individual perceives performance as instrumental to a sense of personal accomplishment (Atkinson and Feather, 1966). Achievement motive is defined in terms of the way an individual orients himself towards objects or conditions that he does not possess. If he values those objects and conditions and he feels that he ought to possess them, he may be regarded as having an achievement motive (Irving Sarnoff). A system of good direction in human activity that is closely related to competence, aggressiveness and dominance is described by psychologists as achievement motivation (McDavid and Hasari). Achievement motivation may be associated with three varieties of goals, but in general, the behaviour adopted will involve an activity which is directed towards the attainment of some standard of excellence. Competition with other - in which they are beaten, may be included in it (McClelland and Atkinson). In general, achievement motivation is an expectancy of finding satisfaction in mastery of difficult and challenging performances whereas in the field of education, in particular, it stands for the pursuit of excellence.

Achievement motive comes into picture when an individual knows that his performance will be evaluated, that the consequence of his actions will be either a success or a failure and that good performance will produce a feeling of pride in accomplishment. Hence, achievement motive may be considered as a disposition
to approach success or a capacity for taking pride in accomplishment when success at one or another activity is achieved.

Contrary to the achievement motive, there is also an aversion tendency known as ‘avoidance motive’ - found in the human beings. The avoidance motive or the motive to avoid failure is considered a disposition to avoid failure and/or a capacity for experiencing shame and humiliation as a consequence of failure. Therefore, where achievement motive aims to maximize satisfaction of some kind, the aim of avoidance motive is to minimize pain by avoiding pain giving situation.

The persons having a greater degree of achievement motive or avoidance motive are found to have a peculiar level of aspiration. While the person having avoidance motive either will not like to take any task in hand or will choose most simple and easy task or will choose most difficult task where there is no chance for success. Thereby, he chooses such activities which minimize his anxiety about failure. On the other hand, the person in whom the achievement motive is stronger is found to set his level of aspiration in the intermediate zone where there is moderate risk. Further, when free to choose, such person always looks for new and more difficult task as he masters old problem. In this way, the person, who is more motivated to achieve, tries to maximize his own anxiety about failure, struggle hard for getting success and derive maximum pleasure from success.

Characteristics of the persons having high achievement motivation are:
1. The level of aspiration of such people is found to be higher. But they raise it step
by step and always set in it the intermediate zone where there is moderate risk.  
2. They show greater persistence in work at an achievement related task.  
3. They are found to derive more pleasure from success than the people who are weak in achievement motive.  
4. They show more efficiency or a higher level of accomplishment.  
5. There is strong desire to excel and beat others or to perform the best and shine in material terms, among such persons.  
6. They are found to possess more anxiety about getting success in comparison to the people who are weak in achievement motive.  
7. Persons having materialistic attitude, belong to higher caste and capitalistic strata, are found to possess strong achievement motive.

McClelland (1965) prepared a list of various propositions and conditions for developing achievement motivation, some of which are described below.

1. Reasons to develop a motive: The individual should have in advance many reasons to believe that he should develop an achievement motive.
2. Realistic and reasonable motive: The individual should understand that his motive is realistic and reasonable.
3. Clearly understanding and describing various aspects of the motive: The individual should be able to clearly understand and describe various aspects of the achievement motive.
4. Linking the motive to related actions and deeds: The individual should be able to link the motive to related actions and deeds in order to bring about change in thoughts and actions.
5. Linking the motive to events: If the individual is able to link the achievement motive to events in his day-to-day life, his thoughts and actions will be influenced by achievement motivation.

6. Seeing the motive as an improvement in self-image: The thoughts and actions of the individual will be influenced by the achievement motive when the individual sees the motive as an improvement in his self image.

7. Self commitment to achievement of concrete goals in life: The individual should be able to achieve concrete goals in life related to the achievement motive.

8. Keeping a record of progress towards achieving committed goals: Individual should keep a record of his progress towards achieving goals by which he is committed.

9. Warm feeling and honest support and respect by others: It is likely that changes in motives occur in an atmosphere where the person feels warmly but honestly supported and in which others respect him as an individual capable of guiding and directing his own behaviour in the future.

10. Significance of self-study: The setting should dramatize the significance of self-study and lift it out of the routine of everyday life. This will increase the probability of more changes in motive.

11. Achievement as a sign of membership in a new reference group: There is likelihood of occurrence of changes in motives if the achievement is a sign of membership in a new reference group.
It is the duty of the educator to help the student lacking the desire to achieve to acquire the desire or the motive.

**Achievement Motivation and Teacher**

In the role of a manager of learning activities, the teacher’s role is not only to assemble materials, organize them into viable units and draw up programmes and plans for putting them across his students, but he has also to devise strategies and tactics by which students may be persuaded to put their best foot forward and apply themselves wholeheartedly to the tasks he has assigned them in such a manner that they assume responsibility for their achievement and to arouse and encourage them to continue pursuing their learning goals effectively. Most of the students who join college do so with the explicit object of learning and achieving certain goals. The teacher’s task is to clarify these goals for both students and their parents and then try to arouse their interest in their pursuit.

The common Indian practice is to make students learn and achieve through one or the other form of correction, physical punishment or fear of failure. There is hardly any tradition of stimulating students who are not interested and at the best the indifferent students are tactically ignored. Even those who do encourage and stimulate their students and succeed in motivating learning and achievement in class work are not conscious of what they are doing.

Most teachers motivate students by holding periodical tests, examinations at the end of every term, awarding marks and prizes, passing judgements of ‘pass’,
offering temptations of a ‘prize’ or scholarship or inducing fear of ‘failure’. These are some of the types of pressures which teachers use to drive students to work hard and harder to achieve better. Tests and examinations should serve as useful tools to students for self-evaluation and to teachers for assessing achievement and learning, but too often they are used to produce and intensify anxiety among students. Pressure is mounted every day as examinations draw near, fear of failure among students of average rank creates undue stress and tension and often has a very harmful effect on academic achievement and on their performance. Several studies have been made on the facilitating and debilitating effects of anxiety state in a classroom climate and it has been found that students with aptitude and intellectual ability are less prone to anxiety. It is clear that anxiety when aroused in an examination has a debilitating effect on a student’s performance. Some good students too report that they get upset and do less well in examinations, that the more important the examination the less well they do and that even if they know the answers they are unable to get started because of anxiety and do worse than they should. Besides, such a pressure on students is produced; anxiety is bound to spoil teacher-student relations. Corrective measures often have the opposite effect of killing initiative and student’s sense of responsibility. They are keen only to carry out the commands of the teacher and make no effort at self direction and self achievement. Their attempts are generally along the lines laid down by the teacher and their main concern is to escape the censure of the teacher.
Some teachers motivate their students by insisting on expectancies. They keep repeating that students attend the college to learn and achieve what is prescribed for them. They keep giving the advice and directions regarding the tasks to be accomplished and they expect students to comply. As their approach is always of hope and confidence, they do succeed in motivating young people. Most of the teachers who succeed are otherwise effective and students respect their wishes. The total effect on students is the strong feeling that both teachers and students are engaged in tasks which are worthwhile and of vital importance.

Several studies reveal that by far the most effective approach in reinforcing achievement motive is to make the accomplishment of tasks satisfying and pleasant. Whatever may be the difficulty, however hard may be the task, if students enjoy doing it, if their experience is interesting and they expect to succeed, they will learn and achieve. Such teachers rely mostly on praise and recognition by awarding higher marks, giving special concessions and recognition and seeking the support of parents and too often they succeed. Most of the psychological researches lend support to the views that rewards are more effective than punishments. Rewarding correct learning increases the prospect of its recurrence as has been indicated in a class in which the social and emotional climate is healthy, mere completion of work in a group makes for strong motivation for achievement.

Happy interpersonal relations between the teacher and students are a strong motivating force in achievement. Where the teacher and students are happy with
each other, where the teacher has a deep interest in the welfare of his students and where both have confidence in each other’s good will, affection and friendship, the students will always be on the look-out to please and win the approval and recommendation of the teacher, to live and work up to his expectation and to enjoy doing what is expected of them. The teacher from his part must see that the tasks allotted to students are well within their capacity, that he himself not only feels but also shows himself involved in student’s efforts and activities.

**Achievement Motivation and Students**

Students attend the college to learn and achieve things and to make learning and achievement effective, the teacher has to appeal to the pre-existing needs, desires, interests and motives of students. Psychologists commonly agree that these physiological and psychological needs do motivate behaviour, learning and achievement and the teacher cannot afford to neglect them. But, when he has to create, induce and strengthen new needs, interests and motives and these needs must be based on pre-existing needs, interests and motives.

In colleges, curricular requirements and teaching loads are so heavy that the teacher sets the goals and pressurizes the students to achieve them within a prescribed period of time. He motivates students by expectations, demands or other types of coercive. Tasks are given every day and students complete them as they are expected to, without seeing the meaning and purpose, merit and value of what they have done. The responsibility and initiative belongs to the teacher and the
students have just to comply. They may see goals of the specific assignments by completing every day or week but not the overall goal which encompasses the smaller ones. Motivation in such an arrangement can be high, but often the teacher depending entirely on obedience and compliance has to fall back upon other crutches like rewards, punishments and pressures. There is a danger that students may weaken or falten in their effort because they do not see what this is all about. Fortunately, most students in India come from homes for which collegeing is a passage to an improvement in social status, employment and material advantage in life, and they themselves give up into the hands of the teacher and carry out his behest. But, if real education is self-education, if students’ perceptions and experiences are more important than those of the teacher, and if they have to develop initiative, self-direction and self-reliance, the goals they strive for must be chosen by them and not imposed on them by the teacher. The teacher’s help and guidance will always be needed but he should lay before them a number of alternatives and possibilities from which they make their choice. Often, students will want to know more about a topic. Before committing himself, the teacher should be ready with suggestions for further reading and inquiry. Sometimes, they may not be clear about the value of any goal and may be attracted by some superficial aspect. The teacher may clarify and may also provide opportunity for group discussion in which several members of the class participate and analyse different alternatives and plans.
This method will be more effective with college students than with school pupils, partly because the grown-ups develop self-reliance and wish to do without the help of the teacher, and partly because at the college level there are several streams of studies and courses and students are obliged to make a choice. Since this choice between humanities, science, computers, technology, commerce, management, agriculture, arts, etc., is going to make a difference to their later life and to the whims and fancies of parents or teachers. Of course, students do not understand the pros and cons of the several professions and careers to which a particular course will lead, but it is important and necessary to discuss goals with students and let them make the choice. In doing so, they may have to be told about their aptitudes and abilities, their capacity or otherwise to undertake a particular course, but ultimately the choice should be theirs. When goals are their own, the college work will seem more meaningful and worthwhile and no effort will be spared to do well.

There will be many students to whom the goal of preparing for life, a career or a profession does not hold any appeal. They are too much concerned with the present dawdling, seeing films or matches, gossiping and even feeling proud of neglecting their studies. A helpful remedy for such students will be provided by the new movement in Indian education for providing ‘work experience’ to students.

Teachers will certainly say that with crowded curricula and a limited period of time within which to cover courses, it is very difficult for them to let students take
the initiative, particularly when examination results are going to affect their annual promotion. They, therefore, opt for the short-cut route of laying down clearly what is to be learned and putting students through the paces to learn it. This difficulty of teachers is quite understandable, but no less understandable is the truth that young people learn best by what they themselves do and experience. Behaviour and movements induced from outside by the teacher may not have any meaning for the student.

In helping students to select their own goals, the resourcefulness of the teacher will be put to a severe test. He must have a rich and varied acquaintance with a large variety of people in history, fiction, biography and current life so as to be able to present several models and pictures of life and work, from the world of music, sports, entertainment, industry, science and literature so that students choose the kind of idols they should identify themselves with.

When students share in the information of goals, these goals can be used as a feedback. If the goals are stated by the teacher or a group of students in the class, feedback is involved in discussing the extent to which students clearly understand and accept them. When students understand their goals clearly, they will be able to gauge their progress towards the goals and this knowledge of their progress is an extremely effective form of motivation. Feedback will provide a clear insight into the meaning of goals. Praise is one of the most readily available methods of keeping students informed of their progress. By gestures and words, a teacher can convey
his approval or commendation and they act as an effective feedback for students. Even criticism is better than being utterly ignored. At least, the criticized student will feel that he does matter in the class.

**Achievement Motivation and Self-Concept**

Self-concept is the individual’s perception of his abilities and his status and roles in the outer world is called the self-concept. Current educational literature implies that a learner who has a suitable self-concept will learn more easily in school situation than one who has an inappropriate self-concept. It is frequently argued that a person who thinks himself stupid is likely to be more poorly motivated in an academic learning situation than a person who thinks himself bright. It is assumed that there is a causal relation between the self-concept and the rate of learning and achievement. But some researches show that it may be the other way round, the high quality of achievement may be the cause of superior self-concept.

There is another dimension of self-concept, which is very important from the point of view of achievement motivation. The self-concept also refers to the ideal self too, that is, the kind of person the individual aspires to be. While there is no reliable evidence as to the exact nature of the motivational influence which the ideal self-concept exercises on a student’s achievement, one study has revealed that those students who had shown greater discrepancy between ideal self and self-concept showed a high degree of achievement motivation.

One thing is clear that the ideal self is related to what is called the level of
aspiration, which is the level of future performance on a familiar task which an individual expects to reach. The expectation is defined in terms of the level the individual says he will perform on the task. Success will mean that he has surpassed the level he expects to reach, and failure is the reverse. Since success and failure are relative to the level of aspiration and are great reinforcing forces in learning and achievement, the self-concept and the level of aspiration are great motivational forces for learning and achievement. A student’s self-concept will decide what goals suit him and how he should strive for their realization, and it will also determine his level of aspiration. The more he expects of himself, that is, the higher his level of aspiration, the more effort he will put into achieving the task. The level of aspiration and the self-image change with the degree and extent of achievement and are susceptible to change by success. Failure seems to have less effect because it spurs some people to try harder, rather than lower the level of aspiration. In some cases, failure does lower the level of aspiration. Students who fail to achieve their goal often show a tendency to lower their level of aspiration in subsequent situations. Failure generates a state of anxiety and success fill one with hope, and both have strong influences on achievement.

Students differ in their self-image and levels of aspiration. Some place their expectations too high, others put them low and quite a few are very realistic in their expectations. So, the relation of self-concept and level of aspiration to achievement motivation is complex. Several studies state that there was no direct correlation between the level of aspiration and achievement motivation but it was found that
students who had a strong achievement motivation and were anxious about success in a stressful achievement situation have a lower level of aspiration than other students.

However, the self-concept does make a difference to learning and achievement. For enlisting achievement motivation, the teacher must know something about the students’ ambitions and aspirations, how they perceive themselves and what they hope to become in life. But in a general way, it may be said that all young people wish to feel adequate, to be admired and praised, to be considered capable and competent, to have a status in their group and to win self-esteem. It is for the teacher to devise situations in the classroom in such a manner that the feeling of esteem, adequacy and status depend on high achievement and a high level of aspiration is set consistent with the capabilities of students. Young people are generally eager for self-enhancement, they not only wish to be well spoken of but also are eager to work hard to achieve a position of respect among their classmates, and it is clearly the responsibility of the teacher that he should in cooperation with parents try to understand their aspirations and help and encourage them to realize them. Achievement motivation will spring from such needs and aspirations.

**Achievement Motivation and Social Factors**

In so far as the worth and esteem of a student depends largely on the reactions and evaluations of his classmates, the peer group or the class is an important factor in achievement motivation. It is a common experience that a young
person is more sensitive to the opinions and demands of his classmates than those of his teachers or parents, and his self-concept is largely influenced by them. Very often the classroom climate, the norms and code prevailing in the class, determine the responses that students make to the teacher’s solicitations and questions. They may help or obstruct learning. Usually, the teacher dominates the class by setting tasks and instilling a spirit of competition among students, and the desire to excel and distinguish over-rides group inhibitions, if any. This is frequently seen even in colleges where every effort is made to soften the excitement of competition.

Young students often identify themselves with one another, they love to be like their close friends. In some classes, there is great cohesiveness and group tasks are set, units of work are undertaken by small groups within the class and a spirit of give-and-take prevails. But, there is a danger in such a pattern of achievement motivation. The achievements of the class remain at the mediocre level. Outstanding achievement by individual students is facilitated by rivalry and competition, but then if one student scores very high, it makes the rest look bad, and an element of conflict mars the atmosphere of the class. If some students always top the class in every subject and activity, it is a great damper for the rest. So, the teacher must see that a happy balance is maintained between the high and the low in the matter of attention, encouragement and stimulation.

But, the classroom climate cannot remain unaffected by the atmosphere prevailing in the college. The motto of the college, the reputation it has made in the
local community, the distinctions in public examinations and tournaments of its former alumni and the way they are given prominence in the college, the values and ideals which the college cherishes, publicizes and expects its students to cultivate and follow, all these bear on the achievement motivation of students, and the classroom work cannot possibly remain unaffected by them.

**Achievement Motivation and Examination**

Examination success has always been used to motivate learning and achievement. Most parents and their wards look to examination success as the main aim of their educational effort, for the government and private agencies of employment set much store by examination results, and the teacher, hedged in by top-heavy syllabi and limited time, seldom fails to exploit this need for motivating his students for better and greater learning and achievement.

There is a hard core of educationists who attack examinations vehemently, but the vast majority of teachers value examinations for their potential for achievement motivation. It is difficult to imagine how it is possible to do without examinations, for in a society, people are constantly assessing each other and motivate one another in terms of such assessments, however diversely made. The most important thing is not to abolish examinations but to reduce the ill-effects of the prevailing examination system so that students are motivated to achieve worthwhile things. Some of the reforms called for are: 1. Reducing the emotional strain and tension which accompany examinations, 2. Introducing more varied kinds of
examinations, 3. Providing more opportunities for reassessment, and 4. Placing greater emphasis on activities disassociated from competitive examinations.

**Achievement Motivation and Parents**

Students with achievement motivation show many factors at work and among them are parental attitudes. It is obvious that achievement motivation tends to be high when parents have high aspirations for themselves, when their own achievements are noteworthy and when they stress and expect independence, excellence and high achievement from their children. Young people frequently tend to identify themselves with their successful parents and try to emulate their example. Dominant and demanding parents, however, tend to overwhelm them and they avoid involvement in tasks.

**Achievement Motivation and Leadership**

Kurt Levin distinguished between inner and induced motivation and Lippett and White in their classic experiment studied the effects of different leadership styles in children’s tendency to develop their own motivation with regard to group achievement. In authoritarian leadership, when policy is determined and dictated by the leaders, and evaluation is personal and arbitrary, students developed little of their own motivation. They worked productively when the leader was present but the lack of personal motivation was shown in reduction in productivity and increase in aggression when the leader left the room, absence of motivation when the leader arrived late, negligence in work, lack of initiative in offering spontaneous suggestions,
lack of pride in the products of the group effort. But, under democratic leadership, group discussion and decision were encouraged, students depended less on the leader, they went on working even when he was absent or late. Unity of work made them happy. They selected their own goals, they created their own forces towards the goal when achievement motivation was high.

**Inducing Achievement Motivation**

In inducing achievement motivation among students, various psychological processes are involved and these processes are inter-related. The first step is that of creating a particular cognitive structure. A person’s behaviour is guided by his perception of the world in which he lives. Action is taken on the basis of a person’s view of the facts of the situation and the facts are coloured by his beliefs and opinions, the private map, in order to say that he maintains the world. The content and relationships among parts of a person’s psychological world may be called his cognitive structure. Since this structure underlies all behaviour efforts to influence a student, behaviour will succeed only if this structure undergoes a change.

The first task of the teacher is to make young people understand very clearly why they have come to college for, what are the aims and objectives of course work, what is the programme for class work in this term or month and what is expected of them. This knowledge and understanding will re-orient them cognitively to college work. Many students come to college because their parents want them to get out of their way. They do not care what their wards learn or do not learn and
naturally, for such students, the college may not be a place for learning and achievement. On the other hand, there are students whose parents send them to college with the express intent that they learn and achieve things and this intent is very clearly dinned into their ears. The understanding, opinions and thoughts of the latter will incline them more to accept the messages of the teacher because they are consistent with their cognitive structure.

The second step is the creation of a motivational structure which means that the teacher must create in the minds of students, the needs, the interests and the purposes which will energize learning and achieving behaviour. If the teacher suggests to them, to choose the goal and if they are persuaded to accept them as worthwhile and vital, they will work for their achievement and fulfillment.

The needs of hunger and thirst are accompanied by a discomfort which energizes action but the motive for achievement does not carry with it any insistent prod within any clear limitation of time. Therefore, the teacher must see that achievement motivation gains control of students behaviour at a particular point of time. This is the third step of creating behaviour structure in the process of induction of motive. The teacher will have to keep other motive out of focus and assign specific tasks to be completed at a particular point in time the goal and tasks should be concrete and specific and if a time limit is given for their fulfillment and completion, it will precipitate learning activity and achievement.
ACADEMIC ACHIEVEMENT

Academic achievement can be understood as one’s learning attainments, accomplishments or proficiencies in performing a given task in education. Achievement is directly related to the growth and development of students in educational situations, where teaching and learning go hand-in-hand. The concept of achievement involves the interaction of three factors, viz., aptitude for learning, readiness for learning and opportunity for learning. The concept also involves health and physical fitness, motives and desires and emotional balances of the individuals in the fulfillment of the given tasks. Achievement in education implies one’s knowledge, understanding or skills in a specified subject or a group of subjects.

According to Webster’s Micro International Dictionary (1961), achievement means “the capacity to achieve the desired results”.

In the Oxford English Dictionary, it has the meaning: “The accomplishment, execution, carrying out, working out of anything ordered or undertaken, the doing of any action or work”. “Something performed or done, an action in emphatic sense, a notable deed, achievement”.

The term academic achievement is a very broad term, which indicates generally the learning outcome of students. Achievement of these learning outcomes require a series of planned and organized experiences and hence learning is called a process. In this process of achievement of change in behaviour, one cannot say that all students reach the same level of change during the same span of time. The level
of achievement reached by the students is called the academic achievement of students.

Education plays a vital role in building the society. A modern society cannot achieve its aim of economic growth, technical development and cultural advancement without fully harnessing the talents of its citizens. Educationists, thus, strive to fully develop the intellectual potential of the students and make efforts to see that their potentialities are fully realized and channelised for the benefit of the individuals and that of the society.

Educational opportunities, though open to all, do not seem to engage to any reasonable extent the capabilities of those who seek to avail of them. An eternal question baffling parents, educators and national planners is why do students of demonstrated ability flop in their academic efforts at school or college examinations?

The situations and the environments in which the learning is to be made by the learner influence the learning process. A well equipped healthy class-room environment proves a motivating force. The child likes to read, write or listen to the teacher carefully if he finds favourable environment and appropriate learning situations. The suitability of the building, the seating arrangement and other physical facilities available and affection he gets from his teachers, the mutual cooperation and help he gets from his classmates, the opportunity for participation he gets in the co-curricular activities, etc., will influence and motivate the learning behaviour of the child. Therefore, efforts should be made to provide suitable learning situations
Learning affects three major areas of behaviour of students: cognitive, affective, and psychomotor, respectively. It is difficult to say without proper evidence, that the students reach the same level in all the three domains at a time. Students may be at a somewhat higher level in one domain and at a somewhat lower level in other domain. This means that students may be at different levels of achievement in different areas. As the areas of affective domain and psychomotor domain are not sufficiently explored, it is generally a custom to restrict the term ‘college performance’ to the level of achievement of students in the cognitive areas of various college subjects. Here, one should not restrict oneself to only academic performances but also to the accomplishments in other areas. In order to find out the academic achievement of students, evaluation is necessary.

Evaluation is an integral part of the teaching-learning process and it involves identifying and defining instructional objectives in behavioural terms, using suitable learning experiences, and constructing suitable evaluation instruments and appraising various learning outcomes.

Virtually, all the teachers use some kind of tests to evaluate the progress of their students. Here are some of the principles of measurement at educational achievement as given by Robert Ebel (1971): 1. The measurement of educational achievement is essential to evaluate effective education. 2. An educational test is no
more or less than a devise for facilitating, extending and refining a teacher’s observation of students’ achievement. 3. Every important outcome of education can be a measurement. 4. The most important educational achievement is command of useful knowledge. 5. Written tests are well suited to measure the student’s command of useful knowledge.

There are many students who pass the examination, yet they fail to achieve as much as they can in terms of their abilities. These students are known as under-achievers. They are the persons who are quite capable, but fail to achieve in conformity with their capacities for several reasons. Perhaps, certain non-intellectual factors may interfere with their achievement.

An important need in the prediction of academic achievement is systematic research into personality characteristics and academic motivation which are conducive to academic achievement.

Achievement is a function of personal as well as environmental factors, individuals tend to mainly attribute their behaviour or level of performance more to one than the other of these two factors. Applied to education, it is an attempt to explain individual differences as the causes of their failures and successes in academic tasks and the effects of such beliefs (Weiner, et. al.).

Attribution in terms of personal and impersonal causes are everyday occurrences. Ability is considered as relatively a stable individual trait. Task easiness is a stable factor which is not within the student’s control and luck is an unstable
factor. Weiner and his colleagues (1971) analysed causal attribution in terms of these four factors: ability, effort, task difficulty and luck. On one hand, ability and efforts are considered personal or internal while task difficulty and luck are impersonal or external; and on the other, ability and task difficulty are considered stable while effort and luck are unstable factors.

Academic achievement is the performance of the student’s accomplishment in a subject. Study of academic achievement with some of its correlates has become a topic of key interest among the researchers today. It depends on a number of variables. Important among them are the students’ socio-economic status and their achievement motivation.

Taylor (1964) stated that the value the student places upon his own worth, effects his academic achievement. Very low level of expectation tends to make a student accept very low standard of achievement, very high expectation leads to discouragement and diminished effort because he feels he cannot live up to what is required of him. To be practical, the level of expectation needs to be general to suit to each individual’s capability.

Academic achievement, as excellence in all academic disciplines, includes excellence in sporting, behaviour, confidence, communication skills, punctuality, assertiveness, arts, culture, and the like. It refers to how students deal with their studies and how they cope with or accomplish different tasks given to them by their teachers. It is the ability to study and remember facts and being able to communicate knowledge verbally or down on paper.
Academic underachievement, more than academic failure, constitutes a grave problem as it amounts to wastage of human resources which is construed as an irreparable loss to the society, which any developing country can ill-afford. This stimulated a number of researchers to undertake studies, like the present study, on academic achievement. There are a number of researches on achievement and the factors that are influencing the achievement of students. Achievement is influenced by many factors like values, intelligence, creativity, socio-economic status, level of aspiration, etc.

**ALCOHOLISM AND STUDENTS**

Alcoholism is usually referred to as excessive drinking or dependence on alcoholic beverages which people drink for many reasons and in many ways, situations and styles. They should not be considered as alcoholics. The World Health Organisation (WHO) has defined alcoholics as “excessive drinkers whose dependence on alcohol has attained such a degree that they show noticeable mental disturbance or an interference with their mental and bodily health, their interpersonal relations, and their smooth social and economic functioning or who show the prodromal (beginning) signs of such developments”.

The term alcohol consumption encompasses two ideas important in characterizing an individual’s drinking behaviour: frequency (how often a person drinks) and quantity (how much a person drinks). Frequency of consumption refers to the number of days or, sometimes, occasions that an individual has consumed
alcoholic beverages during a specified interval (e.g., week, month and year). Quantity of consumption refers to the amount ingested on a given drinking occasion.

Alcohol is a central nervous system depressant. It decreases inhibitions and thus increases some behaviours that are normally under tight control. Alcohol is absorbed into the blood stream from stomach and small intestine. It is absorbed rapidly if the stomach is empty. Mixing alcohol with water slows down the absorption process, but adding soda to alcohol speeds it up.

The effects of alcohol vary with the amount of alcohol in the blood stream and with the weight and gender of the user. The behaviour of the individuals who have consumed alcohol is highly correlated to blood alcohol levels. With increasing amounts of alcohol in the blood stream, people typically exhibit progressively slowed behaviour, often they show severe motor disturbances such as staggering.

People drink alcoholic beverages for a variety of reasons. As a depressant, alcohol helps people get rid themselves from tension and anxiety. In doing so, they move from a state of active consciousness to once in which their tension is relieved.

Alcoholism is a chronic, progressive and often fatal disease. It is a primary disorder and not a symptom of other diseases or emotional problems. The alcohol consumption can be categorized into moderate drinking, hazardous (heavy) drinking and harmful drinking. The chemistry of alcohol allows it to affect nearly every type of cell in the body, including those in the central nervous system. After prolonged exposure to alcohol, the brain adapts to the changes that alcohol makes and becomes
dependent on it. The severity of the disease is influenced by factors such as genetics, psychology, culture and response to physical pain.

Genetic factors play a significant role in alcoholism and may account for about half of the total risk for alcoholism. Genes that regulate certain chemical byproducts of alcohol are under intense scrutiny. Alcohol is metabolized in a two-stage process: it is first converted to acetaldehyde, which is then converted into acetate. Acetate is toxic and in high amounts of it cause to flushing, dizziness, and nausea. Individuals with this genetic factor, then, are less likely to become alcoholic.

Alcohol releases the neurotransmitters (chemical messengers in the brain) like the Dopamine, Serotonin and Opioid peptides and other chemicals that produce pleasurable feelings. The media portrays the pleasure of drinking in advertising and programming. The medical benefits of light to moderate drinking are frequently publicized, giving ex-drinkers the spurious excuse of returning to alcohol for their health.

In human individual, adolescent-onset alcohol abuse has been associated with a reduction in the size of the hippocampus. Research also suggests that adolescents are less sensitive than adults to some of the alcoholic effects. Numerous other factors affect drinking behaviour among college students. These include biological and genetic predisposition to use, belief system and personality, and expectations about the effects of alcohol (Sher, et.al., 1999; Zucker, et. al., 1995). In addition to individual student characteristics, the size of a student body, geographical
location, and importance of athletics on campus are also associated with consumption patterns as are external environmental variables including the pricing and availability of alcohol in the area surrounding a campus. The prevalence of periodic heavy or high-risk drinking is greatest among young adults aged 19 to 24; and among young adults, college students have the highest prevalence of high-risk drinking.

Drinking behaviour is complex, and there is a need to broaden the range of issues studied, particularly extending analysis to the economic, political and ecological factors that have thus far received far less study than the psycho-social issues. Previous in US studies stated that currently 1.9 million young people - between the ages of 12 and 20 are considered heavy drinkers and 4.4 million are binge drinkers. Young people at the highest risk for early drinking are those with a history of abuse, family violence, depression and stressful life events. People with a family history of alcoholism are also more likely to begin drinking before the age of 20 and to become alcoholic. A survey of 5000 adults over 60 years of age reported that 15% of men and 12% of women were hazardous drinkers, and 9% of men and 3% of women were alcohol dependent. Most alcoholics are men, but the incidence of alcoholism in women has been increasing over the past 30 years. About 9.3% of women are heavy drinkers and 22.8% of men are binge drinkers compared to 8.7% of women. Severely depressed or anxious people are at high risk for alcoholism, smoking and other forms of addiction. Social phobia causes an intense fear of being publicly scrutinized and humiliated. Such individuals may use alcohol as a way to become
less inhibited in public situations. Although 54% of urban adults use alcohol at least once a month compared to 42% in non-urban areas, living in the city or the country does not affect the risks for bingeing or heavy alcohol use. People who carve sugar may also be at higher risk for alcoholism.

Signs of alcoholism or alcohol dependence include: i. The only indication of early alcoholism may be the unpleasant physical responses to withdrawal that occur during even brief periods of abstinence. ii. Alcoholics have little or no control over the quantity they drink or the duration or frequency of their drinking. iii. They are preoccupied with drinking, deny their own addiction and continue to drink even though they are aware of the dangers. iv. Over time, some people become tolerant to the effects of drinking and require more alcohol to become intoxicated, creating the illusion that they can hold their liquor. v. They have block outs after drinking and frequent hangovers that cause them to miss work and other normal activities. vi. They drink alone and start early in the day. vii. They periodically quit drinking or switch from hard liquor to beer or wine, but these periods rarely last. viii. Severe alcoholics often have a history of accidents, marital and work instability, and alcohol related health problems. ix. Episodic violent and abusive incidents involving spouses and children and a history of unexplained or frequent accidents are often signs of drug or alcohol abuse.

Alcoholism can develop incidentally and often there is no clear link between problem drinking and alcoholism. Eventually, alcohol dominates thinking, emotions and actions and becomes the primary means through which a person can deal with
people, work and life. Alcohol can affect the body in so many ways that researchers are having a hard time determining exactly what the consequences are from drinking. It is well known, however, that chronic consumption leads to many problems, some of them deadly. It is a particular danger for adolescents who may want to impress their friends with their ability to drink alcohol but cannot yet gauge its effects. Adult children of alcoholic parents are at higher risk for divorce and for psychiatric symptoms.

Drinking too much alcohol can cause mild neurological problems including insomnia and headache. Long-term alcohol use may physically affect the brain. Brain scans of people with long-term alcoholism have shown atrophy in different parts of the brain and reduced brain activity. People with alcoholism tend to have lifestyles that put them at higher risk for hepatitis B and C and problems in the gastrointestinal tract. The effects of alcohol on heart disease and stroke vary depending on consumption. Cardiovascular disease is the leading cause of death in alcoholics. Cancer is the second leading cause of death in alcoholics. Alcoholism reduces levels of the male hormone testosterone, contributing to impotency in men.

Awareness of alcohol use and misuse is not new. Anecdotal reports indicate that approximately 80% of college students in developed countries drink and that half of the college student drinkers engage in heavy episodic drinking. Excessive alcohol intake among college students is associated with a variety of adverse consequences: fatal and non-fatal injuries, alcohol poisoning, blackouts, academic failure, violence including rape and assault, unintended pregnancy, sexually
transmitted diseases including HIV/AIDS, and property damage. Students who engage in excessive drinking impact not just themselves, fellow students experience second-hand consequences ranging from disrupted study and sleep to physical and sexual assault.

The Research Society on Alcoholism (RSA) in USA provides a forum for communication among researchers who share common interests in alcoholism. The society’s purpose is to promote research that can lead the way toward prevention and treatment of alcoholism. The RSA (established in 1976) assists and encourages the application of research to the solution of problems related to alcoholism and also serves as a meeting ground for scientists working in all fields of alcoholism and alcohol related problems.

Commitments are needed from the community surrounding the college campus, as well as from funding sources such as foundations, national organizations, and the hospitality and alcohol beverage industries to support only comprehensive, research based strategies for addressing underage and excessive college drinking. Strategies are clearly needed to engage these students as early as possible in appropriate screening and intervention services - whether provide on campus or through referral to specialized community based services, one important effort to increase on-campus screening services.

Norms or values clarification examines students’ perceptions about the acceptability of abusive drinking behaviour and uses data to refute beliefs about the
tolerance for this behaviour as well as beliefs about the number of students who drink excessively and the amounts of alcohol they consume. Motivational enhancement is designed to stimulate students’ intrinsic desire or motivation to change their behaviour. Motivational enhancement strategies are based on the theory that individuals alone are responsible for changing their drinking behaviour and complying with that decision.

The programme, the Alcohol Skills Training Program (ASTP), is a cognitive behavioural alcohol prevention programme in USA that teaches students basic principles of moderate drinking and how to cope with high-risk situations for excessive alcohol consumption. To address these serious consequences of alcohol consumption by college students, the National Advisory Council to the National Institute on Alcohol Abuse and Alcoholism (NIAAA) established a Task Force on College Drinking in 1998. The composition of the Task Force was novel in USA. College presidents and research scientists were put together to ensure that the product would at the same time contribute to the scientific basis for addressing college drinking and would be relevant to the practical challenges faced by college administrators. The Task Force was charged with integrating available scientific research with experiences reported by administrators, service providers and students.

Thus, the culture of drinking is antiethical to the culture of learning, which is the core of higher education. It threatens the health and safety of all students, disrupts the academic process, frustrates faculty, and disturbs the lives of those in adjacent communities. So, campus based task forces have to direct prevention
programmes and efforts to develop specific strategies for promoting change in student organizations.

ACHIEVEMENT MOTIVATION AND ACADEMIC ACHIEVEMENT

Achievement motivation and academic achievement are inter-related and need a careful attention from teachers and students in the following aspects:

1. Goals and purposes should be clearly mentioned to students.
2. Material reinforces and verbal reinforces are to be judiciously used, whether positive or negative.
3. False incentives should be avoided.
4. Learning experiences should have some relevance and value.
5. Students’ learning is to be encouraged.
6. Success leads to realistic goals. The more positive the teachers’ approach is and the more pleasurable the associations are the higher would be the level of motivation.
7. Greater educational attention to individual needs of students need to be promoted and the best use of attractive abilities, their interests and expertise in teacher’s community should be made.
8. To make the class-room teaching must be made effective according to the interests and capacities of the pupil.
9. Flexibility in grouping the students should be encouraged. In this, the grouping of the students in a subject is done according to the interests and aptitudes of the students.
10. Quality of the instruction must be enhanced.

11. Community sense need to be developed.

12. Conservation and promotion of Indian culture and civilization are required.

13. Individuals need to be involved in the social welfare.

14. It needs to be evaluated that whether the students are really deriving greater educational value from the enriched and vitalized programme than they do formally.

15. It is to re-establish faculty ‘esprit de corps’ and school morale to assess in various ways the degree of improvement in personal and professional attitudes in human relations.

16. It is to estimate the success with which guidance procedures, differentiated programmes of study, courses and units of learning experience, individualized teaching and learning procedures and other educational measures designed to achieve greater satisfaction of individual needs.

17. It is to realize the fact that the so called general intelligence tests are not actually general but they measure only some specific abilities.

18. It is to achieve desirable goals by meaningfully involving teachers in making and carrying out plans that effect intelligence and personality, providing an atmosphere of acceptance, supporting and understanding, and helping people’s experience, feelings of warmth, helping people, making sound judgement and acting on the basis of careful study of adequate and accurate information.
19. Make certain that students have maximum opportunity for achieving new and higher quality perception. Perception occurs only when meaning is grasped.

20. The capacity of a person to improve his perceptions may be increased if some of his most pressing goals are met.

21. Schools should do what they can to help children achieve adequate concepts of self.

22. Teachers and counsellors should make every possible attempt to relieve threat whenever it is suspected that a child is handicapped in his perceptions.

23. School can help the student to achieve more useful perceptions independently, which help in fostering academic achievement and achievement motivation.

Considering the importance and the very role of achievement motivation and academic achievement in student’s life, this study has been undertaken to assess the levels of achievement motivation and academic achievement of alcoholic and non-alcoholic college students and also the correlation between them.

**STATEMENT OF THE PROBLEM**

A Study of Achievement Motivation and Academic Achievement of Alcoholic and Non-Alcoholic College Students

**NEED OF THE STUDY**

Now-a-days, drinking has become a fashion. Some students at highest levels education are also habituated to consume liquor and due to this, the academic achievement of college students is gradually decreasing. Therefore, alcoholism has
become detrimental to score high marks in their academics. The habit of consumption of alcohol influences negatively to some extent on the academic achievement and achievement motivation of alcoholic and non-alcoholic college students.

The tradition of drinking has developed into a kind of culture, belief and custom, entrenched in every level of college students’ environment, particularly in the West and advanced metropolis. Customs handed down through generations of college drinkers reinforce students’ expectation that alcohol is a necessary ingredient for social success. These beliefs and the expectations they engender exert a powerful influence over students’ behaviour towards alcohol.

Customs that promote college drinking also are embedded in numerous levels of students’ environments. The walls of college sports arenas carry advertisements from alcohol industry sponsors. Alumni carry on the alcohol tradition, perhaps less flamboyantly than during their college years, at sports events and alumni social functions. Communities permit establishments near campus to serve or sell alcohol, and these establishments depend on the college clientele for their financial success. Students deprive their expectations of alcohol from their environment and from each other, as they face the insecurity of establishing themselves in a new social milieu. Environmental and peer influences combine to create a culture of drinking. This culture actively promotes drinking, or passively promotes it, through tolerance, or even tacit approval, of college drinking as a right of passage.
A student with a high achievement orientation shows high motivation and learning. Praise is a more powerful motivator than either blame or reproof of the work performance of students. Interpretations of success and failure by students in terms of their level of aspiration, also influences motivation. The learning style of a student is likewise related to his motivational disposition.

So, teachers, administrators, policy planners and guidance personnel connected with educational programmes should think ways and means of reducing the alcoholism in college students and inculcating motivation in them for their better academic achievement so that they can step out of the college as responsible citizens.

**SCOPE OF THE STUDY**

The present study is confined to Guntur district, Andhra Pradesh. The sample selected for the study was alcoholic and non-alcoholic college students who were studying in universities or affiliated colleges of arts, commerce, science, medical, nursing, pharmacy, engineering, computers and management. The sample size chosen for the study was 900 (nine hundred) college students studying in different colleges.

The variables chosen for the study were the alcoholic and non-alcoholic college students of arts (M.A.), commerce (M.Com.), science (M.Sc), medical (M.B.,B.S.), nursing (B.Sc. Nursing), pharmacy (B.Pharm.), engineering (B.Tech.), computers (M.C.A.) and management (M.B.A.).
The other factors that contribute to the present study, viz., socio-economic status, home background, age, creativity, personality, birth order, intelligence, adjustment, attitudes (of students as well as of parents), other branches or disciplines of study were not taken into consideration. So, the researcher has confined the study to the alcoholic and non-alcoholic college students of arts, commerce, science, medical, nursing, pharmacy, engineering, computers, and management.

**OBJECTIVES OF THE STUDY**

The objectives proposed for the study were:

1. To find out the achievement motivation of college students.
2. To find out the achievement motivation of alcoholic and non-alcoholic arts students.
3. To find out the achievement motivation of alcoholic and non-alcoholic commerce students.
4. To find out the achievement motivation of alcoholic and non-alcoholic science students.
5. To find out the achievement motivation of alcoholic and non-alcoholic medical students.
6. To find out the achievement motivation of alcoholic and non-alcoholic nursing students.
7. To find out the achievement motivation of alcoholic and non-alcoholic pharmacy students.
8. To find out the achievement motivation of alcoholic and non-alcoholic engineering students.

9. To find out the achievement motivation of alcoholic and non-alcoholic computer students.

10. To find out the achievement motivation of alcoholic and non-alcoholic management students.

11. To find out the academic achievement of college students.

12. To find out the academic achievement of alcoholic and non-alcoholic arts students.

13. To find out the academic achievement of alcoholic and non-alcoholic commerce students.

14. To find out the academic achievement of alcoholic and non-alcoholic science students.

15. To find out the academic achievement of alcoholic and non-alcoholic medical students.

16. To find out the academic achievement of alcoholic and non-alcoholic nursing students.

17. To find out the academic achievement of alcoholic and non-alcoholic pharmacy students.

18. To find out the academic achievement of alcoholic and non-alcoholic engineering students.
19. To find out the academic achievement of alcoholic and non-alcoholic computer students.

20. To find out the academic achievement of alcoholic and non-alcoholic management students.

21. To find out the difference in the achievement motivation of alcoholic and non-alcoholic college students.

22. To find out the difference in the academic achievement of alcoholic and non-alcoholic college students.

23. To find out the correlation between achievement motivation and academic achievement of alcoholic and non-alcoholic college students.

24. To find out the correlation between achievement motivation and academic achievement of alcoholic and non-alcoholic arts students.

25. To find out the correlation between achievement motivation and academic achievement of alcoholic and non-alcoholic commerce students.

26. To find out the correlation between achievement motivation and academic achievement of alcoholic and non-alcoholic science students.

27. To find out the correlation between achievement motivation and academic achievement of alcoholic and non-alcoholic medical students.

28. To find out the correlation between achievement motivation and academic achievement of alcoholic and non-alcoholic nursing students.

29. To find out the correlation between achievement motivation and academic achievement of alcoholic and non-alcoholic pharmacy students.
30. To find out the correlation between achievement motivation and academic achievement of alcoholic and non-alcoholic engineering students.

31. To find out the correlation between achievement motivation and academic achievement of alcoholic and non-alcoholic computer students.

32. To find out the correlation between achievement motivation and academic achievement of alcoholic and non-alcoholic management students.

**EDUCATIONAL IMPLICATIONS**

Students should begin to learn with actual life situations for proper motivation. They should have intrinsic motivation to express themselves, to explore the environment and to satisfy their curiosity.

Goals and purposes should be clearly mentioned to students. Material reinforces and verbal reinforces are to be judiciously used, whether positive or negative. False incentives should be avoided. Learning experiences are more meaningful when they are related to individual’s interests, when they are involved in his living, when they not only contribute to his purposes at the time but enable him to make more intelligent adjustments in the future, when they involve discovery and problem solving rather than formal drill or mere memorization and when they result in satisfying social relations. If learning experiences have some relevance and value, students learning is encouraged. Success leads to realistic goals. The more positive the teacher’s approach is and the more pleasurable the associations are, the higher would be their level of motivation.
The present study

- Provides research-based information about how dangerous is drinking to college administrators and students, parents, community leaders, policy makers, researchers and members of the retail beverage industry.

- Offers recommendations to university vice-chancellors and registrars and college presidents and secretaries on the potential effectiveness of current strategies to reverse the culture of drinking.

- Offers suggestions to the research community for further research on preventing hazardous college student drinking.

- Promotes research integrating into college alcohol programme, and planning for the active participation of college and university authorities, cooperation from the larger campus community including faculty, personnel and the surrounding community.

- Helps in research on college alcoholism and in establishing effective preventive programmes.