Chapter - III

Review of Literature
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REVIEW OF LITERATURE

Introduction

This chapter deals with the presentation of literature review on alcohol expectancies. This précis is mainly divided into four sections. The first section deals with different roles and functions of alcohol expectancies. The second section describes the different sources of emergence of alcohol expectancies. The third section explains the different theories of alcohol expectancies and the measurement devices of alcohol expectancies. The fourth section sums up the detailed review of empirical studies related to alcohol expectancies and alcoholism development. Each and every section is detailed with the following headings.

3.1 Roles and Functions of Alcohol Expectancies
3.2 The Sources of Alcohol Expectancies
3.3 The Theories of Alcohol Expectancies and Measurements and Devices
3.4 The Empirical Studies Related to Alcohol Expectancies

3.1 Roles and Functions of Alcohol Expectancies

Alcohol expectancy constructs has become prominent in alcohol literature from the last three decades. A keen observation on the historic evolvement of the concept ‘Alcohol Expectancies’ comes from a landmark anthropological study by Mac Andrew and Edgerton, (1969) which gives evidence for the proposition that people hold durable beliefs about alcohol’s effects. Since then these beliefs are termed as alcohol expectancies.
As it was cited in Brown, et al., (1985b) the first indication that alcohol expectancies influence alcohol consumption’ has come from Marlatt, (1973). It was well established by Marlette and Rohsenow, (1980) that alcohol expectancies can influence the behavioural effects of alcohol and also it can mediate levels and patterns of alcohol consumption, hence expectancies play a crucial role in the etiology of problem drinking and alcoholism.

Different studies have found that alcohol expectancies form the base for decisions to drink (Smith, et al, 1989 and Goldman, et al, 1989; 1991). Expectancy theory has revealed that alcohol expectancies strongly correlate to the drinking behavior of both adolescents and adults, from low-level social drinkers to high level heavy alcoholics. Smith and Goldman, (1995) provide strong empirical support for their thesis that alcohol expectancies play a causal mediational role in teenage problem drinking.

Studies done by Wood, et al., (1996) have demonstrated that alcohol outcome expectancies are strong correlates of various aspects of alcohol use. Studies also have found that alcohol expectancies prospectively predict alcohol consumption in adolescents and college students. Another group of studies reveals that alcohol expectancies mediate drinking behaviour. In short it is concluded that individuals keep certain forms of alcohol expectancies in their memories from childhood onwards. The different roles and functions of alcohol expectancies in the initiation and maintenance of alcohol consumption are described below.

- Alcohol Expectancies in Adolescent’s Alcohol Consumption
- Alcohol Expectancies in Adult’s Alcohol Consumption

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The Predictive Role of Alcohol Expectancies in Adolescent’s Alcohol use

‘Age factor’ in Alcohol Expectancies and Alcohol use

Positive and Negative Alcohol Expectancies in Adolescents

Alcohol Expectancies in Alcohol Outcome Treatment

3.1.1 Alcohol Expectancies in Adolescent’s Alcohol Consumption

Studies evidence that relatively well developed expectancies exist prior to the time the youngsters begin to drink (Brown, et al., 1980). A study by Christiansen, et al., (1982) have found that even young adolescents with little or no drinking experience have well-formed expectancies. Some other studies also confirm that, expectancies develop, possibly before experience with alcohol and are related to adolescent drinking (Christiansen and Goldman, 1983; Brown, 1985; Christiansen, et al., 1985; Christiansen, et al., 1989).

A study by Miller, et al., (1990) has found that, alcohol expectancies are developed in childhood and have shown that these expectancies emerge around the third grade. The role of alcohol expectancies in the starting and maintenance of alcohol consumption have been well supported by the studies of Kraus, et al., (1994). Wilson, et al., (1996) have suggested that alcohol expectancies may affect adolescent’s chances of developing more serious drinking problems as adults. Studies on alcohol expectancies by Dunn & Goldman, (1996) and (2000) have undoubtedly agreed that, “children form expectancies before drinking is initiated”.

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3.1.2 Role of Alcohol Expectancies in Adult’s Alcohol Consumption

There are significant empirical studies that demonstrate that alcohol expectancies are intimately correlated with drinking behaviour of adults. The studies by Brown et al., (1980) have also shown that adults are found to hold six different categories of expectancies about the reinforcing effects of alcohol. Studies indicate that alcohol expectancies of the adults can distinguish between different patterns and types of drinkers (Faber, et al., 1980; Southwick, et al., 1981; Brown, et al., 1985). Some studies like Brown, et al., (1985b), and Cooper, et al., (1988) illustrated that expectancies predict problem and non-problem drinking, and abuse status among the adults.

Goldman, et al., (1991) asserts that alcohol expectancies play a mediational role in drinking behaviour of adults. Another study by Stacy, et al., (1991) has found that alcohol expectancies predict alcohol consumption among adult population. Some other studies have found that expectancies are closely associated with consumption patterns in adults (Knight and Godfrey, 1993; Lee and Oei, 1993). The study of Werner, et al., (1993), have remarked that heavy/high risk drinkers have expectancies that are substantively different from those of light/low drinkers. A study by Wood, et al., (1996) has demonstrated that alcohol outcome expectancies are strong correlates of various aspects of alcohol use. All these studies points out the role of alcohol expectancies in adult’s consumption behaviour.
3.1.3 Predictive Role of Alcohol Expectancies in Adolescent’s Alcohol Use

Excessive drinking during adolescence has been found to be predictive of later problems with alcohol. Brown, et al., (1980) was the first one, to predict the relationship between alcohol expectancies and alcohol consumption among the adolescents. Christiansen, et al., (1982) and Christiansen and Goldman, (1983) have demonstrated that expectancies add independent information to the drinking pattern of adolescents and enhance the predictability of their drinking style. This study also has shown that the best method for predicting adolescent alcohol consumption is to use significant relationship that has been found between expectancies and demographic/ background variables.

Research findings of Brown, (1985a) explicitly revealed the ability and role of alcohol expectancies to predict concurrent drinking over and above prediction, using background variables alone. According to them the best method of predicting adolescent alcohol consumption is by using the relationship found between expectancies and demographic or background variables.

Some studies of Bauman, et al., (1985; 1986) predict about the transition from non-drinker to drinker state and the onset of adolescent alcohol use. Anderson and Magnusson, (1988) had found that self-reported frequency of intoxication between the ages of 14 and 16 was predictive of being in alcohol abuse in young adulthood.

Studies of Christiansen, et al.,(1989) showed that expectancies can even predict future consumption patterns in adolescents and also have shown that these expectancies, present in young adolescents, predict early onset of drinking in
teens and more importantly, expectancies have been shown to prospectively predict problem drinking among the adolescents.

A prospective study among college students by Stacy, et al., (1990) had shown that expectancies predicted future drinking indirectly via intended future drinking. There are other studies that points out those alcohol outcome expectancies that prospectively predict differential drinking patterns among adolescents (Reese, et al., 1994; Smith, et al., 1995).

Thus researchers have shown the predictive role of alcohol expectancies in different patterns of alcohol consumption behaviours of the adolescents. These studies strongly argue that these expectancies predict the future onset of problem drinking.

### 3.1. 4 Role of ‘Age Factor’ in Alcohol Expectancies and Alcohol Use

The age is found to be an explicitly important variable in alcoholism development. In a study by Christiansen, et al., (1985) it was found that ‘as the age of the adolescents increase, they become increasingly convinced that alcohol improves social behavior, increases sexual arousal and decreases tension’.

Barnes and Welte, (1988) had shown that the earlier the person started to drink, the more likely they are to be heavy drinkers. More specifically it is recognized that the earlier the first drink, the more likely adults are to be heavier drinkers (Barnes and Welte 1990). In the same pattern, Kandel, et al., (1992) have shown that, the earlier an adolescent begins to experiment with alcohol and cigarette, the greater the severity and persistence of problems with illicit drugs.
As mentioned early, studies have shown that children begin to acquire alcohol expectancies at a very young age, perhaps as young as 3 or 4 years old. The study of Miller, et al., (1990) among children, have produced two primary findings: there was an overall trend of increasingly positive expectancies with age; and strikingly the bulk of increase was observed in the third and fourth grade. However researchers point out ‘early age’ of alcohol use, as one clear risk factor for the development of heavy drinking among adolescents. On the other hand, it is seen that many of the predictors of later alcohol misuse are also predictors of an earlier age of initiation of alcohol use (Hawkins, et al., 1992; 1995) and Goldman, (1994) points out that these normative age-related changes represent a significant challenge for prevention because endorsement of positive alcohol expectancies is a powerful risk factor for alcohol use and misuse.

There are strong evidences that, starting at quite an early age, children possess negative beliefs about alcohol effects. Harton and Latane, (1997) state that as children approach adolescence, there are age related changes from generally negative to more positive beliefs. In early childhood, alcohol expectancies tend to be negative, however, by fifth and sixth grade; these expectancies turn positive, focusing on the arousing and positive effects of alcohol use.

The age of onset to begin regular drinking, predicts the likelihood of adult alcohol dependence. Studies of Hawkins, et al., (1997) on predictors of alcohol and other drug misuse among adolescents, also have indicated that an early age of initiation is an important precursor to later misuse.
A report by Grant and Dawson, (1997) have shown that the age of onset to begin regular drinking produce the likelihood of adult alcohol dependence and this study suggests the importance of determining the factors that predict initiation of drinking in youth. Studies have proven that alcohol expectancies are largely positive by the time experimentation with alcohol begins (Dunn and Goldman, 1998) and with the age, adolescents become increasingly aware of potential benefits of drinking alcohol and become less convinced of costs or risks (Goldman, et al., 1999).

Harford and Muthen, (2000) also supports the fact that age of onset to begin regular drinking predicts the likelihood of adult alcohol dependence. Jeffe and Simkin, (2002) have opined that the age at which a risk factor has its greatest influence is also important to consider in the development of alcoholism. Another recent study by Hermos, et al., (2008) states that early age of onset of drinking is associated with alcohol problems and related, high-risk behaviors and consistently affirm that males who initiate alcohol use earlier, experience a higher level of problems with alcohol misuse in later life.

These reviews convince us that the precursors for later alcohol use and abuse are formed in childhood and that prevention efforts may need to begin as early as third grade. They also suggest that assessing the development of alcohol expectancies in early stages of life, is a potential window for prevention efforts.

3.1. 5 **Role of Positive and Negative Alcohol Expectancies in Drinking**

The studies on alcohol expectancies have observed that the alcohol expectancies can be either positive or negative and demonstrated that they play an
important role in deciding problem drinking. Positive alcohol expectancies are beliefs about the beneficial effects of drinking and the negative expectancies are beliefs about the destructive and devastative effects of drinking.

Positive expectancies of individuals are that alcohol produces pleasure, (alcohol makes one social, happy, and sexy), helps to relieve pain, reduces anxiety and tension, saves them from stress and frustrations, makes one more powerful, aggressive and self expressive, improves digestion and provides a feeling of well-being. Expectations of disinhibitions, relaxation / tension reduction and social and sexual enhancement are positive outcome expectancies which are most frequently generated. Studies affirm that positive expectancies are the major motivating and causative ingredients for alcoholism development.

Hangovers, cognitive impairment, sickness, aggression, academic problems and economic loss, resulting from alcohol use are the most frequently mentioned Negative expectancies (Crawford, 1984; Stacy, et al., 1990;1994; Leigh and Stacy, 1994; Wood, et al.1996).

Higher positive alcohol outcome expectancies were found to predict increased likelihood of alcohol consumption. A firm finding of Leigh, (1989) state that individuals with strong positive alcohol expectancies drink more and are at greater risk for problem drinking. This study has shown the association of positive alcohol expectancies with alcohol consumption and stated that positive alcohol expectancies are closely aligned with the motivation to drink.

Studies by Stacy, et al., (1990) have shown that positive expectancies formed in their memories can lead them to problem drinking while the negative
expectancies can restrict them from consuming alcohol. This study point out that when alcohol expectancies are strong and positive, individuals are more likely to begin drinking early in adolescence, and to get into alcohol problems. This study asserts that those positive expectancies are more readily accessible from memory than negative expectancies. The study further explains that the positive expectancies formed in their memories can fascinate and lead the adolescents to drinking and to more problem drinking while the negative expectancies can restrict them from the same.

The studies of Gustafson, (1993) and Collins, et al., (1990) also have stated that positive outcome expectancies are seen associated with problematic drinking patterns in different populations like, in-patient adolescent alcohol abusers, college students, and non-collegiate adults and alcoholics.

McMahon and Jones, (1993) have strongly argued that positive expectancies align with the motivation to drink where as negative expectancies align with the motivations to restrain. McMahon, et al., (1994) have even claim that negative but not positive expectancies were associated with alcohol consumption.

An important study of Nevid, et al., (1997) pointed out those men who had less positive expectation of alcohol and who were willing to face their negative feelings and cope with them more directly were actually less likely to drink under stress. Studies of Goldman, et al., (1999) establish that the anticipated positive or negative alcohol expectancies have some effects on behaviors, moods, and emotions that are good predictors of current and prospective alcohol use. It has
been suggested, for example, that positive expectancies may cause individuals to begin drinking where as negative expectancies might serve to limit the amount consumed (Lee, et al., 1999).

3.1.6 Role of Alcohol Expectancies in Alcohol Outcome Treatment

There are studies that draw relation between alcohol expectancies and treatment outcome for example, Brown, (1985). Studies of Rather and Sherman, (1989) have noticed that the change of expectancies was related to the post treatment success. This author pointed out that study done among members of alcoholic anonymous show that alcohol expectancies have predicted the length of sobriety from alcohol. In another study, Connors, et al., (1993) examined the ability of alcohol expectancies to predict outcome of treatment. They also found that alcohol expectancies were predictive of treatment outcome, although alcohol expectancies did not change significantly during treatment.

Review experience shows that there has been a tendency in the expectancy literature to focus on positive expectancies. Yet at least in some data the potential etiological importance of negative expectancies are highlighted. For example, there are some studies that suggest negative expectancies may provide the motivation for problem drinkers to reduce or stop drinking (Jones, 1990; 1992; 1993; Leigh and Stacy, 1993; Jones and Mc Mahon, 1992; 1993; 1994; Mc Mahon, 1994 ). These researchers claim that, negative expectancies promote motivation for recovery is one of the most important predictors of treatment outcome. Researchers have shown that, expectancies have another role of

Jones and McMahon (1994a), were the first to examine both positive and negative alcohol outcome expectancies, finding that negative expectancy scores predict abstinence, where as the positive expectancy scores did not. When positive and negative subscales were included, only expected negative consequences were significant predictors of treatment outcome (Jones & McMahon, 1994b).

3.2 Sources of Emergence of Alcohol Expectancies

Among the factors that have been identified as determinants of adolescent alcohol consumption, expectancies place an important position. The alcohol expectancies are developed from a variety of sources. Researchers keep different viewpoints on the developmental aspects of alcohol expectancies. The different sources from which alcohol expectancies emerge are mainly found from the theories of alcohol expectancies. This theoretical frame work provides deep insights into how a person develops these alcohol expectancies.

The factors that determine the sources of alcohol expectancies are more or less same as the decisive factors in alcoholism development. A number of individual risk factors associated with alcohol-related problems among teens also have been identified as influencing factors for the development of alcohol expectancies in adolescence.

There are many studies that repeatedly pointed out the influencing factors in the formation of alcohol expectancies. Christiansen and Goldman, (1983) stated
that demographic factors such as ethnic heritage and related customs, socialization variables such as parental modeling and attitude towards drinking, peer pressure, coping styles as well as prescribed religious belief systems about alcohol, have all been designated as fundamental influences in the early formation of alcohol expectancies. Goldman (1991) highlight, environmental factors such as parental alcoholism, family history of alcoholism and socio-cultural influences. Goldman et al., (1987) and Beck, et al. (1993) illustrate that drinking by parents, relatives, peers and media role models have been blamed as a source for the development of expectancies by influencing attitudes and values about drinking.

Personality characteristics, and other genetic factors and genetically influenced factors as temperament, biological vulnerability, sociocultural factors such as gender, race, socioeconomic status, and, or cultural influences and mass media. are also counted as sources.

Kraus, et al., (1994) stated that the early learning experiences are seen as the original cause of later behaviour; their influence is transmitted forward in time by the mechanism of stored memories concerning the behaviour. Howard, et al., (1995) stated that ‘the development of a set of alcohol expectancies is very fundamental to the learning of alcoholism’. These studies demonstrate that within the culture of an individual, central to socialization process, a set of alcohol expectancies are formed from childhood onwards. In this study the researcher sums up these different sources of alcohol expectancies and categorizes them as external sources and internal sources.
3.2.1 External Sources

The external sources of alcohol expectancies are mostly seen around the adolescents’ family situations. Families are undoubtedly an important source of resistance, as well as the primary source of alcohol’s initial meaning. Parental alcoholism and drug problems, lack of parental support, children of alcoholics (COAs), family history of alcoholism, genetic/hereditary factors, perceived use of drugs by siblings, peer group influences, neighborhood and community influences, and socio-cultural factors are counted as the external sources for the surfacing of alcohol expectancies.

- Parental Alcoholism and Drug Problems

Parental alcoholism is a serious problem, affecting the adolescents’ drinking behavior. Parents’ drinking behavior and favorable attitudes about drinking have been positively associated with adolescent’s initiating and continuing drinking. A study by Sher, (1991) states that parental alcoholism, increases the likelihood of alcohol misuse and dependence. Smith and Goldman, (1990); Sher et al., (1991) have pointed out that expectancies mediate family influences on teen drinking. It is advisable to remember the words of Baum rid, (1991); Barnes and Farrell, (1991) who have suggested in their study, that it is better to study how the parents buffer or protect children and adolescents from developing more sanguine beliefs about alcohol and its behavioral effects.

- Lack of Parental Support

These studies agree that those adolescents whose family relationships are impaired and who experience lack of parental support and lack of close
communication between parents and children have significantly shown to increase the frequency of drinking, heavy drinking, and drunkenness. Harsh, inconsistent discipline and hostility or rejection toward children, divorced parents and broken home situations, also increase adolescent’s drinking. As the children reach adulthood they will carry over all the negative practices like alcoholism and quarrelsome behaviour of the parents in their life.

- **Children of Alcoholics (COAs)**

  Studies in the field of Children of Alcoholics (COAs) state that they are at increased risk for alcohol abuse. Basically investigators found that sons of alcoholic fathers are more likely to develop alcoholism than sons of non-alcoholic fathers. (Barnes and Welte, 1990). Studies of Windle, (1999) establish that ‘Alcoholism’ runs in families and the children of alcoholics are four times more likely than other children to become alcoholics’.

- **Family History of Alcoholism**

  Positive family history is well recognized as one of the most powerful predictors of risk factor for becoming alcoholic (Cotton 1979). Several studies have demonstrated a relation between family history of alcoholism and the development of alcoholism. For example, Penick, et al., (1978; 1998) stated that individuals with a family history of alcoholism appear to have an earlier onset of drinking and an earlier onset of regular drinking. General population surveys reported that the initiations of alcohol use of adolescents’ are higher among families with histories of alcohol or drug dependence.
• **Genetic / Hereditary Factors in Alcoholism**

Studies show considerable evidences that genetic effects play a critical role in the development of alcohol dependence. In many cases adolescents with alcoholic parents are characterized by inherited alcoholism behaviour. Windle, M., (1996) ascertain that “The intergenerational transmission of alcohol addiction is one of the most devastating effects of enduring legacy of alcoholism”.

In 1994, Tarter and Vandyke proposed a liability model in which, they argue that some individuals are born with a genetic vulnerability to develop alcohol use disorders. This genetic liability is expressed in a variety of behaviors and traits subsequently exhibiting alcohol problems in adolescence. Jacob, et al., (2003) states that family environmental effects do make a difference between high and low risk genetic environment, regarding offspring for the development of alcohol-use disorders.

• **Perceived Use of Drugs by Siblings**

Elder sibling’s use of drugs influences are very important risk factors in alcoholism development. A study done by D'Amico and Fromme, (1997) affirm that older sibling’s substance use predicts early adolescent’s alcohol expectancies and subsequent substance use. Studies reveal that children between 9 and 12, who have a drug abusing older brother or sister, are more likely to use alcohol than other children. If they can be persuaded to turn off, we can reduce dramatically the likelihood that their brother and sister will turn on.
• **Peer Group Influences**

Many studies show that adolescents are drawn to consume alcohol by peer pressure, or by the influence of friends and relatives. Christiansen and Goldman, (1983) had stated that adolescent problem drinkers differ significantly from their peers in terms of their expectancies on the impact of alcohol. Alcohol use is inextricably linked to social relationships with peers.

Newcomb and Bentler, (1988) remarked that sociability expressed while drinking, can serve as a marker of successful peer relationships and social group bonding. The studies of Kandel, et al., (1990) say that individuals tend to seek out peers who have similar goals, values and behaviours. They may start consuming alcohol out of peer group pressure, to reduce anxiety or cope with stressful situation, and feel consumption of alcohol, as a right of passage into adult status. In addition, teens can see themselves from the perspective of their peers and are acutely aware that their own behaviour may affect their image and popularity. Affiliation with delinquent peers can easily bring them to more troubles.

Beauvais, et al., (1992) learned on the characteristics of Indian youth and drug abuse and reveals that angry youth are more likely to have drug-involved peers. They also suggest that the overall high rates of drug use found among Indian youth may be accounted for lack of educational and employment opportunity. Duncan et al.,(1994) supported the effects of family cohesiveness and peer encouragement on the development of adolescent alcohol use and affirm that alcohol use increases more rapidly during the adolescents’ transition to high school.
Another study by Gerrard, et al., (1999) have noticed certain association with peers who drink and dilutes parental influence over adolescent’ alcohol consumption. Researcher found that although parents’ sample and parent-adolescent relationships are important in shaping the adolescents’ drinking, association with peers who drink significantly attenuates this influence.

Bot, et al., (2005) studied the effect of alcohol expectancies on drinking behaviour of peer groups by observing in a naturalistic setting. The study found that expectancies on the positive and arousing effects of alcohol consumption were related to alcohol consumption in a naturalistic, social drinking situation, in addition to group effects of drinking. Expectancies on the negative and sedative effects of drinking, however, were not related to drinking.

Family environment and peer groups have an important bearing on initiation and continuation of substance use (Tsering and Pal, 2009). Strong family relations reduce the presence of negative peer influences by influencing the adolescent's choice of friends.

The effect of community influences toward drinking is well illustrated by Coleman et al., (1984) and Halonen, et al., (1996). Studies of Tsering and Pal, (2009) have also observed that, easy availability in the neighborhood was also an important correlate to continuation of substance abuse. Studies point out that anxiety and stress can increase alcohol abuse in other ethnic and cultural sub-groups.
Influence of Religion and Social Customs

Cultural attitudes about drinking are related to religious affiliation, for example the community of Muslims and Mormons, whose religious values prohibit the use of alcohol. In the same way, the orthodox Jews have traditionally limited their use, largely to religious rituals. Schaefer, (1974) had reported that people tended to drink to excess in societies in which the spirits of dead ancestors were believed to be, unpredictable malicious, and fickle. On the other hand, people in societies in which the families were dominated by father-son interaction tended to abstain from excessive drinking. It appears that religious sanctions and social customs can determine whether alcohol is one of the modes of coping, commonly used in a given group or society.

Socio-Cultural Influences

The social problems in the society and culture, like crime, poverty, inadequate housing, inadequate community resources, drug activities, accessibility of substances leads to the acceptance of alcohol and drug use. In a pioneering study of 56 Pre-literate Societies, Horton, (1943) found that the greater the insecurity level of the culture, the greater the amount of alcohol consumption. The social influences take up a primary position in the prediction of alcohol involvement and many prevention programs have incorporated this knowledge as part of their basic strategies to reduce adolescent alcohol use.

Influence of New Educational Environment

For many adolescents the habit of drinking begins when the adolescent moves away from home to begin college studies and face stressful realities, in
their life in student residences. The attractive school and college campus environment and other social network parties influence the young minds. Most of the youngsters start taking alcohol just for fun, entertainment or to be sociable. The desire to make new friends and to participate in the fabulous experience may lead to socially motivated heavy drinking. Windle, (1992) remark that the stressful aspects of adapting to a new social world and heavier academic demands may also promote alcohol use to help students to relax. Separation from family and old friends, new friendships, more academic choices, new academic demands, increased independence and decreased parental guidance and support, cause much stress on the adolescents.

The studies of Maggs, (1997) and Cooper et al., (1998); show the influence of social medias such as films and dramas. The large groups of students who live together may have parties and great times with alcohol.

3.2.2 Internal Sources

The internal sources are mainly related to the adolescents’ personality factors. They are: Adolescents’ Developmental Transitions, Age Factor and Onset of Drinking, Binge drinking, Adolescents’ Personality and skill development, Psychological or behavioral problems, Romantic and sexual relationships.

- **Adolescents’ Developmental Transitions**

Adolescence is a period of change, transition and metamorphosis. The stage of Puberty represents an obvious major transition. Adolescents experience multiple developmental transitions over a relatively short time. This is a period of significant change for the adolescent’s in their physical aspects as well as
behaviours patterns. Howard, et al., (1995) pointed out that alcohol researchers have focused very heavily on this developmental period to understand the emergence of drinking-related behaviors. Adolescents caught in the transition from childhood to adulthood, face stressful situations. In a bid to strike a balance in their role conflicts and confusion they often start experimentation with alcohol and drugs.

Researchers have pointed out that this period causes for a change and reorganization in their family relationships too. The increased autonomy and independence from parents is seen as an important change, ideally in a context of continued support and attachment (Silverberg and Gondoli, 1996). They may argue convincingly against the parents' instructions, may becomes folded into a larger group of friends, which also in turn is replaced by closed friendships and intimate relationships; and become concreted by a typically unquestioned self-definition. Developmental transitions are ‘the paths’ that connect us to transform physical, mental, and social selves (Schulenberg, et al., 1997). Certain socio-cultural norms promote alcohol drinking as a ‘rite of passage’ during the adolescent years. Alcohol use tends to increase as adolescents become more individuated from parents (e.g., Baer and Bray, 1999) and as parental monitoring tends to lessen (Barnes, et al., 2000).

The passage into young adulthood is a critical time during which diversity in life trajectories increases (Schulenberg et al., 2000). Amidst all these transitions, alcohol use and heavy drinking tend to escalate, a co-occurrence that is far more than coincidental (Schulenberg and Maggs, 2001). They have pointed
out that some of these adolescence engage in drinking to satisfy their curiosity, relieve boredom, to experience pleasurable feelings, and to escape from stress and frustrations in life.

- **Age Factor and Onset of Drinking:**

  Studies say that, a child who reaches age 21 without smoking, abusing alcohol or using drugs are virtually certain never to do so. Age is an important point in time in the etiology of alcohol abuse and alcoholism, where the initiation of drinking may set in and which may reach to a problem of lifelong difficulties. Grant and Dawson (1997) have found that the age at which a person first uses alcohol is a powerful predictor of lifetime alcohol abuse and dependence Hingson et al., (2006) have found that, ‘of the people who began drinking before age 14, mostly half of them (47%) became dependent at some point’. It is clear that adolescents who are drinking early are having more problems in life, associated with drinking. Researchers say that alcohol and cigarettes appear to serve as gateway drugs to the initiation of hard drug use among adolescents.

- **Binge Drinking**

  The National Survey on Drug Use and Health (NSDUH, 2006) defines ‘binge’ alcohol use as drinking five or more drinks on the same occasion i.e., at the same time or within a couple of hours of each other, on at least 1 day in the past 30 days. One to five binge drinking refers to the “consumption of a sufficiently large amount of alcohol to place the drinker at increased risk of experiencing alcohol related problems and to place others at increased risk of experiencing second hand effects” (Wechsler and Nelson, 2001).
Studies showed that individuals who increase their binge drinking from age 18 to 24 and those who consistently binge drink at least once a week during this period may have drinking problems. It is found that “Binge drinking, often begin around age 13, tends to increase during adolescence, and reach peak in young adulthood (ages 18-22), then gradually decrease” (NIAAA, 2005). Studies ascertain that all heavy alcohol users are also binge alcohol users. It seems relevant to remember the Japanese proverb “First the man takes a drink, then the drink takes another drink and then the drink takes the man”. This statement expresses how a person grows in the habit of drinking and finally reaches alcoholism. Many adolescents are on the threshold of this practice.

- **Adolescent’s Personality and Skill Development**

‘Adolescence’ is the formative years, where skills development related to adult functioning are taking place. The individual risk factors are also seen among the adolescents, one who has a low sense of self-esteem, whose skills with other people are below than others, who has trouble in coping with society and its institutions, and has trouble in making and keeping friends. However, Kandel, (1980) and Newcomb and Bentler, (1986) have shown that “it is also the period in which most youth initially experiment with alcohol and other drugs, and late adolescents thrash about the changes of puberty, struggle with the challenge of achieving an identity, preparing for adult roles by taking a job or continuing their education, and integrating sexuality into their relationship”.

The studies of Kandel, et al., (1986) remarked that the delay in the acquisition of these skills and related competencies, due to abusive drinking
practices can have unpleasant negative effects in later years. Stacy and associates, (1991), for example, says that adolescent personality factors are good predictors of excessive alcohol use in young adulthood and are strong predictors of serious complications from drinking.

Some research suggests that the relation between stress and alcohol may be moderated by psychological factors such as styles of coping and alcohol expectancies by gender. For e.g., Cooper, et al., 1992 in a study among more than 1000 adult drinkers revealed that drinking increased in relation to the level of stress among one group: men who tend to use avoidant forms of coping with stress and who have positive expectation about the effect of alcohol. Some of the variables related to problem drinking are identified by Pulkkinan & Pitkanen (1994) as aggression, low and high anxiety, and low pro-sociability, and poor academic performances.

• Psychological or Behavioral Problems

According to many studies in Psychology, alcoholism is a personality-dysfunction and people are addicted to drugs due to the personal peculiarities of the individual. It is explained in terms of oral fixation, oral craving, and poor feelings of inferiority, early deprivation, low self-esteem, dependency needs and under-development. It has been pointed out that ‘the problem of drinking behavior is merely a symptom of underlying personality dysfunction, and therefore the personality and other individual differences associated with alcohol abuse are to be studied clearly’ (Ambooken, 1992).
Although adolescents drink for many reasons, social motives are the most commonly reported (Stewart et al., 1996). Many researchers view ‘alcohol use’ as a way to pacify negative emotions such as depression and hostility (McCreary and Sativa, 1998; Hussong et al., 2001). Negative emotion regulation is widely regarded as an important motive for alcohol consumption in general population studies.

- **Romantic and Sexual Relationships**

  The adolescent years carry many dramatic changes in sexual feelings and identity, as well as experimentation with romantic relationships and sexual behaviours. Studies of Brooks-Gunn and Paik, (1993) illustrated that pubertal changes provide the biological foundation for these transformations. But the author also remarks that there are equally important cognitive, emotional, interpersonal and social antecedents as well as the romantic and sexual relationships.

  Alcohol use may be paired with early sexual experiences in several ways. Cooper and Routt, (1997) have found out that the desire to get to know potential partners may lead individuals to seek out social contexts where alcohol is served, and positive expectancies about the social and sexual enhancement properties of alcohol can increase motivations to drink. Alcohol consumption in turn can make sexual behaviours in general and unsafe behaviours in particular more likely by reducing inhibitions, giving courage and providing an "excuse" for getting wild (Dermen et al., 1998).
Just as new intimate relationships may increase alcohol use, the transition into more committed relationships, such as marriage or even engagement, can decrease it (Leonard and Rothbard, 1999). Indeed, this general "marriage effect" appears to explain normative age-related decreases in alcohol and other drug use (Bachman et al., 1997).

3.3 **Theories on Alcohol Expectancies and Measurements**

An array of theories, relating to alcohol expectancies, alcohol abuse and alcoholism are available in alcohol literature. Alcohol Expectancy Theory is a memory-based cognitive learning theory that narrates how any new behaviour is acquired and explains the relationship between the behavior and its consequences.

3.3.1 **Alcohol Expectancy Theory (1995)**

Alcohol Expectancy Theory represents the combination of a number of related theories, each of which is concerned with the cognitive mechanisms by which early learning experiences come in to influence later behavioural selection. The theory says, “The perception of an individual about the association between a given behaviour and certain outcomes, leads the individual to the storage of these associations in memory in the form of expectancies”. It is to be concluded that the term ‘Expectancy’ is a summary label for this stored information and these stored associations then influence the decisions in future choices of life.

In this manner, early learning experiences can serve as early or distal influences on later behaviour. Their influence is transmitted on and forwarded in time by stored information concerning the behaviour. Expectancies then influence
and mediate current behaviour (Goldman, et al., 1991; Goldman and Rather, 1993).

Within expectancy theory, behaviour is explained by individuals having expectations on particular reinforcing effects as the outcome of performing the behaviour in question. The theory upholds that “the expectations on a given behaviour, when reinforced by its effect, increase the likelihood of that behavior to occur”. With regard to alcohol, the consumption of alcohol is explained by individuals having alcohol outcome expectancies, for they appear to consume alcohol in a way that delivers the effects they expect.

The theoretical and clinical significance of the expectancy construct highlights the importance of studying individuals developing expectancies about the effects of alcohol consumption, and how these expectancies relate to the emergence of drinking behaviour. The theory sanctions the following principal findings relating to alcohol and consumption behaviour. They are:

1. Expectancies Correlate with Drinking Behaviour
2. Expectancies Predict Future Onset of Teen Drinking
3. Expectancies Mediate Learning Influences on Teen Drinking
4. Experimental Manipulation of Expectancy Reduces Alcohol Consumption

Alcohol expectancy theory hold up that pre-drinking expectancies for positive outcomes, lead to more positive initial drinking experiences, which in turn lead to still more positive expectancies, and so forth (Smith, et al., 1992; Goldman, et al., 1987).
Alcohol Expectancy Theory exhorts the conclusion that “finding ways to alter people’s alcohol expectancies in such a way that they no longer anticipate positive consequences from alcohol consumption (or anticipate positive consequences to a lesser degree) should result in a decrease in their level of drinking and/or the problems that arise from drinking because expectancies operate largely without conscious control”.

3.3.2 Other base line Theories

There are a number of other theories that have been used as a base to explain or conceptualize the role of alcohol expectancies in the postulation of Alcohol Expectancy Theory. The base line theories related to the development of alcohol expectancies are the following:

1. Tension Reduction Theories (1994)
3. Problem Behaviour Theory (1977)
4. Theory of Planned Behaviour (1975-)
5. Social Learning Theory (1962-)
6. Rotter’s Theory (1916-)

- Tension Reduction Theory (1994)

Cognitive- motivational models of alcohol use suggest a link between subjective reasons or motives for drinking and the amount of alcohol consumed. A common stereotype for the effects of alcohol is that as a drug, it acts as a stress antagonist. This theory was introduced by Conger (1956) as the Tension
Reduction Hypothesis (TRW). It is otherwise known as Tension Reduction Theory. The studies of Marlatt and Rohsenow, (1980) state that alcohol’s sedative action on the central nerves system serves to reduce tension, and because tension-reduction is reinforcing, people drink to escape from it.

The tension-reduction theory proposes that “the more often one drinks to reduce tension or anxiety, the stronger or more habitual the habit becomes. The tension-reduction theory of alcohol predicts that people who turn to alcohol to reduce tension will likely to drink more as the level of stress in their lives mount”.

Learning theorists have long maintained that one of the primary reinforces for using alcohol is relief from states of tension. More recent motivational models do not focus exclusively on the reduction of tension (Carey and Correia, 1997).

- **Two Factor Theory of Expectancy Action (1994)**

Oei and Baldwin, (1994) have put forward the Two Factor Theory of Expectancy Action, which suggests that expectancies, developed through operant learning and modeling processes and classically conditioned responses, operate to a large extent independently and differentially in different types of drinkers.

The postulators of the theory explain the two factor theory as the process of two phases. The first phase is the acquisition phase, which is seen as being dominated by controlled processing and involving instrumental learning process, where the decision to drink is mediated by the weighting up of positive and negative expectancies. The second phase is the maintenance phase. In this
maintenance phase of drinking, specific expectations about reinforcement are no longer in the form of conscious hypotheses, which may be examined and disputed, but become incorporated into a no-conscious process in which conditioned cues are automatically able to elicit the drinking response. In this model, non-problem drinkers’ drinking practices are best explained by the acquisition phase of the model and problem drinkers’ by the maintenance phase.

- **Problem Behaviour Theory (1977)**

  The Problem-Behavior Theory (PBT) was originally developed by Richard Jessor and Shirley Jessor (Jessor and Jessor, 1977). This theory was used for the explanation of variation in adolescent behaviours such as drinking, problem drinking, illicit drug use, cigarette smoking, and sexual precocity that are defined as problem behaviours by the larger society. (Donovan et al., 1999). Problem behaviour Theory focuses on the interaction of personality and environment (Jessor and Jessor, 1977). The theory highlights the interaction between Three Systems of Psychosocial Influences upon the individual.

  The first one is personality system that includes the individual’s values, expectations, beliefs, attitudes, and orientation towards self and others. The second one is the perceived environmental system that includes supports, influence, controls, models and expectations of others. The third one is the behavioural system that includes conventional behaviours and problem behaviours.
The theory explains the interaction of these three systems with a particular dynamic state called *proneness* that specifies the likelihood of occurrence of normative misbehavior. Thus it is theoretically meaningful to speak of personality proneness, environmental proneness, and behavioural proneness. According to the theory of problem behavior, the combination of this proneness generates the concept of psychosocial *proneness* that is used in the prediction and explanation of variation in problem behaviour. All the theoretical variables in the three systems may be therefore be seen as psychosocial risk factors for problem behaviour.

- **Theory of Planned Behaviour (1975)**

Theory of Planned Behaviour is the revised form of theory of reasoned action proposed by Fishbein and Ajzen, (1975) which speaks about how attitudes guide behaviour and which has been articulated in a comprehensive attitude-behaviour model. An attitude is thought to be an evaluative, summative judgment of behavioural beliefs linked to certain behavioural outcomes, multiplied by the valence attached to these outcomes (Ajzen and Fishbone, 1980).

According to this model, one’s motivation to perform a given behaviour is captured exclusively by one’s behavioural intentions, in turn, are determined by two factors: one’s attitude toward the behaviour and subjective norm (i.e., perceived social pressure to engage in a particular behaviour).
Social Learning Theory (Social Cognitive Theory)

The Social Learning Theory was put forward by Albert Bandura, a Canadian Psychologist from 1962. The social learning theory emphasizes personality development through observation, modeling and imitation. The theory is otherwise known as ‘social cognitive theory’ which is based on the ideas that people learn by watching what others do and that human thought processes are central to understanding personality.

The process of learning from other people’s behaviour or vicarious learning is the central idea of Social Cognitive Theory. For example, Bandura found that children, who observe aggressive behaviour of others, especially of elders, are likely to imitate that behaviour throughout their life. They argue that alcohol and drug abuse in young people may have roots in family relationships. If children observe their parents, siblings or other family members drinking excessively or taking pills in response to their problems, the children may drink or take pills when they are feeling stressed. We can learn by just observing another individual’s behaviour. We imitate the behaviours of others when beneficial consequences are observed.

Social learning theorist views the behaviour of role models, such as parents, as having important influence on personality development. It is the feature of the social learning framework that the particular alcohol outcome expectations held by an individual are the result of their direct and indirect

- **Rotter’s Theory (1916)**

  Julian Rotter believes that expectancies affect personality by playing a central role in developing, maintaining and altering behaviour (Rotter, 1982; 1966; 1990). In Julian Rotter’s system, the probability of a given behaviour depends on (1) what the person expects will happen following the response (outcome) and (2) the value the person places on that outcome. In essence, his approach is a subjective utility theory.

  Rotter assumes that expectancies and values that influence personality are acquired through learning and are part of each person’s knowledge of the world. In order to have expectancies about outcomes or to make judgments regarding their value, we must have learned about them directly or by observing the behaviour of others or from similar situations.

**3.3.3 Measurements and Scales of Alcohol Expectancy**

In measuring alcohol outcome expectancies, the most prevalent approach has been the use of standardized scales. Several questionnaires were developed to measure alcohol expectancies (Brown, et al., 1980; Southwick, et al., 1981; Christians, et al., 1982; Leigh, 1987a) all of which were constructed by factor analyzing a large number of descriptions of alcohol effects, then forming several subscales from items that loaded together on the individual factors. These instruments are generally known as ‘Alcohol Expectancy Questionnaires’.
The standardized ‘Alcohol Expectancy Questionnaires’ are Adult Form (AEQ), Adolescent Form (AEQ-A) and the Alcohol Expectancy Multi-Axial Assessment (AEMax) as well as their pertinent scoring information are available. The different questionnaires and their measurement scales are:

3. Assessment of Children’s Alcohol -Related Expectancies (CARE, 1990)
4. The Adolescent Relapse Coping Questionnaire ARCQ1990
5. Negative Alcohol Expectancy Questionnaire (NAEQ 1993)
7. Alcohol Expectancy Circumflex (AEC-1994)
8. Drinking Expectancy Questionnaire (DEQ 1996)
10. Alcohol Expectancy Multi-Axial Assessment (A.E. Max, 2004)

Apart from this, there are demographic and drinking styles questionnaires. A number of questionnaires are created by researchers to facilitate the collection of demographic information about respondents as well as a rough measurement of their alcohol consumption patterns. This is also known as general information questionnaire.
3.4 Review of Empirical Studies

The fourth section of the review of literature is the presentation of the Review of Empirical Studies on alcohol expectancies. The researcher collected and analyzed research studies from 1980-2010, with special reference to adolescent’s alcohol expectancies and categorized them in to six major parts as follows:

Part I Studies Related to the Roles of Alcohol Expectancies
Part II Studies Related to Reduction of Drinking Behaviour
Part III Studies Related to Alcohol Expectancy Challenge (Modification) Programmes
Part IV Studies Related to the Effectiveness of Life skills Education
Part V Studies Related to the Source of Emergence of Alcohol Expectancies
Part VI Studies Related to the Role of Psycho- Social Risk and Protective Factors

Part –I

3.4.1. Studies Related to the Roles of Alcohol Expectancies

According to Alcohol Expectancy Theory, the roles of expectancies are four fold and they are Expectancies correlate with drinking behaviour, Expectancies predict future onset of teen drinking, Expectancies mediate learning influences on teen drinking Experimental Manipulation of expectancy reduces
alcohol consumption. Based upon this, the present research organizes the role functions of alcohol expectancies under six headings:

- ‘Correlating Role’ of Alcohol Expectancies in Alcohol Consumption
- Mediational Role of Alcohol Expectancies in Alcohol Consumption
- Predictive Role of Alcohol Expectancies in Adolescent’s Alcohol use
- Predictive Role of ‘Age factor’ in Alcohol Expectancies and Alcohol consumption
- Predictive Role of Positive and Negative Alcohol Expectancies in Adolescents
- Predictive Role of Alcohol Expectancies in Alcohol Outcome Treatment

- **The Correlating Role of Alcohol Expectancies**

  There are many studies that express the correlational role of alcohol expectancies and few of them are cited as the following.

- **Studies among Non-Alcoholic Population**

  Brown, et. al., (1980), has investigated the correlating role of alcohol expectancies with their drinking behaviour using a self-developed questionnaire. The data were collected first by interviewing 125 male and female alcoholics, of widely diversified drinking backgrounds, and refined it statistically by using responses from an additional 400 subjects, and then administered it to 440 non-alcoholic subjects and finally factor analyzed. Six independent expectancy groups were extracted. This device is now known everywhere as, ‘Alcohol Expectancy Questionnaire- Adult Form’.
Rohsenow, (1983) had done a study among undergraduates, including males and females with the aim of finding out the relationship between alcohol expectancies and drinking habits. The subjects were 85 men and 65 women, between 18 to 25 years. Each completed the drinking practice questionnaire and the alcohol effects questionnaire. The study found that the subjects consistently expected alcohol to affect other people more than themselves for both positive effects such as social or sexual pleasure and negative effects such as impairment. Moderate and heavy drinkers expected alcohol to enhance their own social and sexual pleasure, aggression and tension reduction more than did light drinkers.

Mann, et al., (1987) conducted a study to examine alcohol expectancies and drinking motives as correlates of alcohol involvement, among high school adolescent students who are at high and low risk for future alcoholism. Alcohol expectancies and drinking motives were found to vary as a function of risk status and expectancies of altered social behaviour were particularly associated with low risk drinking. Expectancies of enhanced cognitive and motor functioning, expectancies of tension reduction, expectancies of deteriorated cognitive and behavioural functioning, personal motives and power motives were particularly associated with high – risk drinking.

Studies among Alcoholic Population

Brown, et al, (1985a) had another study on 580 samples, to find out whether alcohol expectancies have a link with the drinking patterns of adult alcoholics. This study directly compared the reinforcement expectancies of adult alcoholics (171) in alcohol treatment programmes with the expectancies of men
and women, hospitalized medical patients (65), and with college students (344), by using alcohol expectancy questionnaire. The study found that alcoholics were having stronger expectancies and expectancies were found to increase across and within the populations as function of drinking patterns.

Kline, (1990) studied the relation of alcohol expectancies and drinking patterns among alcoholics. The purpose of this study was to determine whether the correspondence of alcohol related expectancies and drinking patterns were different for black and white men and women undergoing residential treatment for alcoholism using, a hierarchical multiple regression algorithm. The data were collected from a sample of 234 persons, of whom 175 were men(105 black & 70 white) and 59 were women(25 black & 34 white), undergoing residential treatment for alcoholism. Most of the expectancies identified were for beliefs that alcohol enhances sexuality and induces relaxation. Expectations that alcohol improves sociability and elevates moods were the best predictors of multiple, negative drinking related consequences for all subjects.

Oei, et al., (1998) examined the discriminating ability of alcohol expectancies and drinking refusal self-efficacy. Drinkers (276) were self-selected from general(185) and clinical (91) populations, to complete a 40-minute questionnaire that asked about, alcohol expectancies, drinking refusal self-efficacy, consumption, degree of dependence and demographics. The results showed that in social drinkers both the expectancy and self-efficacy constructs were reliably able to discriminate between types of drinkers. Expectancy was
related to consumption in social drinkers, but did not appear to account for a
significant in problem drinkers.

- **The Mediation Role of Alcohol Expectancies**

  Collins, et al., (1990) have conducted a study among 150 undergraduates
(79 females and 71 males), to find out the mediaional role of alcohol
expectancies. The researchers used Drinking Habits Questionnaire (DHQ),
Alcohol Effects Questionnaire (AEQ) and General Information Questionnaire
(DIQ). The results suggest that the strength of an alcohol related expectancy must
be measured in its own right. This study expresses the uniqueness of alcohol
expectancy construct and its medaional role. The study has pointed out that the
strength or intensity of expectancies may mediate the link between alcohol
expectancies and drinking behaviour.

  Henderson, et al., (1994) conducted a study among 603 undergraduates,
to examine the mediational influence of alcohol expectancies in relation to family
history of alcohol abuse and a sensation-seeking temperament in a college
population. The alcohol expectancy questionnaire (Brown, et al 1987), the family
tree questionnaire (Mann, et al., 1995) and Eysenck personality questionnaire
(1975) were used for the study. Results of this study indicated that alcohol
expectancy act as a significant, partial mediator of the relationship between
sensation seeking and consumption. In this study family history of alcohol abuse
is not related to drinking outcome.

  Fillmore and Sprott (1996) examined the mediational role of
expectancies and the behavioral effect of alcohol among 66 male social drinkers,
between the age group of 19-26 years were assigned to one of three equal sized groups. All the participants were given a baseline training and training on psychomotor tasks. One group received a moderate dose of alcohol and performed the task. Another group received the same dose prior to performing the task. The last group served as a no treatment control group. Then the participants completed a rating scale which showed that they expected alcohol to mildly impair their task performance. This study demonstrated that alcohol related expectancies concerning impairment may mediate the behavioural effects of alcohol. The study also showed that the individual differences in the duration of drinking experience may influence these expectancies.

**Biscaro, et al (1996)** examined the importance of self-efficacy, problem solving appraisal, and alcohol expectancy, as predictors for the number of drinks and number of binge episodes in a college sample. The primary purpose of this study was to re-examine the importance of self-efficacy, problem solving appraisal, and alcohol expectancy as predictors for the number of drinks and number of binge episodes in a college sample. The result showed that alcohol expectancy emerged as a predictor of future alcohol use. Global Positive Changes and gender were the best predictors for the number of drinks and binge drinking.

**Turrisi, et al., (2000)** did a study on college student drinking to examine the theoretical models of drinking tendencies in non-traditional and traditional freshmen and upper class men. The Sample consisted of 364 students, both males and females (62.1%) from 3 groups- traditional freshmen, non-traditional freshmen and upper class men, of a moderately sized northwestern university. The
participants completed measures, assessing drinking tendencies, drinking consequences and drinking beliefs. The study concluded that different types of college students drink for different reasons, suggesting a “one size fits all” intervention is less likely to be effective. The findings are discussed with respect to different interventions for changing drinking tendencies, drinking consequences and drinking beliefs, and the timing of those interventions.

McCarthy, et al., (2001) did a study on disinhibition and expectancy in risk for alcohol use among White and Black college sample. The data were collected from 279 white and 200 black college students. Self-reported alcohol expectancy, disinhibition and drinking behaviour were assessed. Covariance structure analysis was used to test hypotheses separately for each sample, controlling for socioeconomic status. The result of this study indicated that black participants scored significantly lower on disinhibition, expectancy and drinking. Results showed that alcohol expectancy functioned as a mediator of the disinhibition-drinking relationship.

- The Predictive Role of Alcohol Expectancies

Studies have explored that expectancies prospectively predict alcohol consumption in adolescents and young adults. Many research studies related to ‘adolescent alcohol consumption’ have found that alcohol expectancies are strong dynamic self motives for drinking behaviour. These studies have shown that these expectancies are strong predictors of ‘future drinking behaviour’ in adolescents. Few such studies are presented here below.
• **Studies Among Adolescent Population**

Christiansen, *et al.*, (1982) had investigated, on the developmental aspects of alcohol related expectancies among 1,580 (12-19 year old) adolescents, separating the pharmacological effects from social-learning influences. To this end, an adolescent expectancy questionnaire was constructed. The content were factor analyzed to define the domain of adolescent alcohol expectancies. Factor analysis categorized the data into seven scale groups. The study concluded that alcohol expectancies were predictive with the finding that relatively well-developed expectancies do exist prior to alcohol use, but pharmacological experience with alcohol crystallizes existing expectancies.

Christiansen and Goldman, (1983) have done the continuation of the previous study among the same adolescent group 1, 580 (12-19 years) itself, on a different target topic that whether alcohol related expectancies versus demographic/background variables, in the prediction of adolescent drinking. Scientific procedures of factor analysis were followed and thus modification of alcohol expectancy measurement scale with seven domains was obtained. Results showed that expectancies at least equaled and even added to the predictive power of the background variables. Specifically, adolescent who drank in a frequent, social manner expected alcohol to enhance their social behaviour.

Christiansen, *et al.*, (1985) did a study on differential development of adolescent alcohol expectancies to see, if it predicts adult alcoholism. The objective was to investigate changes in adolescent's alcohol expectancies as a function of increasing age and drinking experience. The researchers compared
three different age groups (12–14, 15–16, and 17–19 years) from normal seventh to twelfth grade classrooms. Results showed that adolescents increasingly believe alcohol improves social behavior, increases arousal, and decreases tension. In contrast, the belief that alcohol improves cognitive and motor functioning increased and then decreased in a general adolescent sample, but remained high in problem drinking adolescents.

Christiansen et al., (1989) did another study to predict adolescent drinking behavior among early adolescent (seventh and eighth grades) students and to verify the influence of childhood experiences and association with alcohol use on later drinking practices. In this study the power of alcohol expectancies were measured to predict self-reported drinking onset and drinking behaviour. Results showed that five of seven expectancy scores readily discriminated between non-problem drinkers and those subsequently begin problem drinking and ascertain that expectancies have causal power on drinking behaviour and suggested prevention strategies. This study concludes that alcohol-related expectancy may serve as an intervening variable to connect these early experiences with the later, proximal decision to drink when opportunities for actual alcohol consumption arise.

Enngels, et al., (2005) did a study on the associations between drinking motives, alcohol expectancies, self-efficacy, and drinking behaviour in a representative sample of 553 Dutch adolescents and adults. The data were gathered by means of self-report questionnaire and a 14-days drinking diary. The
findings of multivariate analyses showed that drinking motives were related to
general indicators of drinking and to drinking levels in specific situations. The
result shows that Negative expectancies were related to general drinking
variables. Self-efficacy was moderately related to all drinking variables.

• Studies Done Among Children

Miller, et al., (1990) did a study on the emergence of alcohol expectancies
in childhood, to investigate the possible etiological role of these effects in the
development of alcohol use and alcoholism. A longitudinal study design among
114 elementary school children of both genders were distributed across grades
1 to 5 has been used to show that expectancies of 12 to 14 year old adolescents,
can actually predict drinking pattern and the onset of problem drinking. The study
used Children’s Alcohol related Expectancy Questionnaire, and Alcohol
Identification Test. Evaluation of this research produced two primary findings:
1) there was an overall trend of increasingly positive expectancies with age; and
2) strikingly the bulk of increase was observed in the third and fourth grade. The
results suggest that the precursors for later alcohol use and abuse are formed in
childhood and that prevention efforts may need to begin as early as third grade.

Smith and Goldman, (1995) through their study among seventh grade
students, who had not yet begun to drink at the study’s inception, provide strong
empirical support for their thesis that alcohol expectancies play a causal-
mediational role in teenage problem drinking. Alcohol Expectancy Questionnaire-
Adolescent Form (AEQ-A) was used in this study. They argue that these
expectancies predict the future onset of problem drinking among teenagers and mediate family influences on such behaviour.

Dunn and Goldman, (1998) had studied age and drinking-related differences in the memory organization of alcohol expectancies of children. The study assessed alcohol expectancies and alcohol consumption among 2,324 children, studying in 3rd-, 6th-, 9th, and 12th-grades of a large suburban-rural school district. Throughout this age range, older and higher drinking youth appeared to associate positive and arousing effects with alcohol cues, in contrast to lower drinking children, who appeared to mainly associate undesirable effects. These drinking-related differences in the organization of expectancy information are observable well before the onset of regular drinking habits and may influence the development of drinking in adolescence.

• The Predictive Role of ‘Age’ Factor in Alcohol Expectancies

Age is a risk factor in the etiology of alcoholism development. It was found that early age of onset of drinking is associated with alcohol problems and high-risk behaviours in later life. Studies reported that adolescents who try alcohol by age 12 are more likely to abuse alcohol later in adolescence. (Gruber et al., 1996). Studies have shown that the earlier the adult started to drink, the more likely they are to be heavy drinkers. Age of onset, to begin drinking has been shown as a predictive sign for developing alcohol abuse and alcohol dependent problem (Hill and Yuan, 1999) of later years. Some studies are cited here.

Hawkins et al., (1997) did a study exploring the effects of age of alcohol use initiation and psychosocial risk factors that predict alcohol misuse among
adolescents and on subsequent alcohol misuse. The data were collected from an ethnically diverse sample of 808 (412 male) students and their care takers. They were recruited in grade 5 at age 10-11 and followed prospectively on annual basis for the next 7 years to age 17-18. Structural equation modeling was used to examine hypotheses for the prediction of alcohol misuse. The results of the study showed that a younger age of alcohol initiation was strongly related to a higher level of alcohol misuse at age 17-18. The study also pointed out that most measured risk factors for alcohol misuse were mediated through age of initiation. This study indicates the importance of prevention strategies to delay the age of initiation of alcohol use.

Hawkins et al., (1997) age of alcohol use initiation and psychosocial risk factors that predict alcohol misuse among adolescents sample of 808 (412 male) students and their care takers.

Hill and Yuan, (1999) had conducted a study among high school seniors, to assess the age of onset to begin drinking in relation to family history of alcoholism. The data were collected from 52 children and adolescents at low risk for developing alcoholism and 73 children and adolescents at high risk families. Children and adolescents were belonging to the age group of 7-18 years old, who were evaluated annually 268 times of evaluation was done, providing 2.1 waves of longitudinal data concerning age of onset along with a number of predictions (Positive familial loading of alcoholism, extraversion, and manifest anxiety scene). The result was that high risk children showed a significantly earlier age of onset to begin drinking. Analysis revealed that the onset could be predicted by
positive familial loading of alcoholism and extraversion. The study concluded that age of onset to begin drinking has been shown as a to predictive factor in the development of alcohol abuse and dependent problem.

A study done by Poikolainen et al., (2000) among Finnish adolescents on predictors of alcohol intake and heavy drinking in early adulthood reveals the fact that relative contributions of earlier drinking and smoking v/s mental health risk factors in predicting alcohol intake and heavy drinking in young adulthood. The result reveals that alcohol intake and heavy drinking in young adulthood can be predicted by earlier self-reports of smoking and alcohol intake in adolescence.

A study by Hipwell et al., (2005) examined the prevalence of alcohol use and correlation of future intentions and alcohol related expectancies among young girls from ages 8 to 10 years. Alcohol use behaviors and attitudes were assessed annually over a 3-year period in a community sample of 1,161 preadolescent girls. The Result showed that Alcohol-related expectancies were predominantly negative during this period but decreased with age. Positive expectancies however, increased, particularly among white girls.

- **The Predictive Role of Positive and Negative Alcohol Expectancies**

  Jones and McMahon, (1992), studied on positive and negative expectancies in lone and group problem drinkers. Researchers found that measuring Positive expectancy of alcohol use does not discriminate between lone and group problem drinkers whereas measuring negative expectancy does. Reliably, lower measures in group drinkers is consistent with the early findings that negative expectancy provides the motivation for problem drinkers to quit and
that anything which inhibits the translation of negative experience into negative expectancy will correspondingly inhibit motivation.

**McMahon and Jones, (1993)** studied on negative expectancy in motivation, that has many roles in alcohol consumption and although motivation for recovery from alcohol problems is recognized as one of them. He opines that, the contribution of this approach is to acknowledge a more appropriate direction to enquire not ‘what make people drink’, but what makes people stop drinking.

**Jones and McMahon, (1994)** by their study on negative and positive Alcohol Expectancies as predictors of abstinence after discharge from a residential treatment program claim that, just as positive alcohol expectancy aligns with motivation to drink; negative alcohol expectancy aligns with motivation to restrain. A sample of 53 male alcohol dependent clients were given the alcohol expectancy questionnaire and the negative alcohol expectancy questionnaire. The result agrees that the potential importance of negative alcohol expectancy in drinking decisions is evident.

**Jones and McMahon, (1996)** did a study on Positive and Negative Alcohol Expectancy to value their multiplicative composite as predictors of post-treatment abstinence survivorship. They recognized that a subjective evaluation of expectancies ought to moderate their impact although the evidence for this in social drinkers is problematic.

**Aas, (1998)** conducted a study to investigate the relative influence of expectancy and alcohol consumption in a three wave longitudinal study among
Norwegian adolescents. The study used structural modeling techniques. Researcher took 924 seventh-grade students and gave self-administrated questionnaires to measure alcohol consumption and expectancies. Results support a reciprocal relationship between drinking and positive expectancies that also highlights the importance of both positive and negative expectancies on drinking, and early drinking.

Lee, et al., (1999) did a study on the relationship of positive and negative alcohol expectancies and patterns of alcohol consumption in social drinkers. This study investigated the relative contribution of positive and negative expectancies to the consumption of alcohol using an instrument designed to measure both positive and negative expectancies. 193 men and women from the general community participated in the study. Findings showed, while negative expectancies accounted for the greater proportion of variance of frequency of consumption, positive expectancies remained an important predictor of consumption.

Wiers, et al. (2000) conducted a study on positive and negative dose-related alcohol expectancies and the association with family history of alcoholism of alcoholic patients. The participants where 457 inpatients or outpatients for treatment of substance use disorders. The result of this study was that the family history of alcoholism was positively associated with positive expectancies, especially for high dose of alcohol. The result also showed that parental alcohol use and parental attitudes toward alcohol use influence the adolescent’s alcohol consumption.
Devine and Rosenberg, (2000) had done a study on 96 DUI male offenders of a 3’ day residential alcohol education programme, to understand and examine the relationships between positive expectancies and negative expectancies in drinking. The result revealed that both positive and negative expectancies were related to number of drinks. The study found that there was no statistical significant difference in drinking between the high positive /low negative and the high positive/ high negative group. This study provides additional evidence that negative alcohol expectances are related to drinking.

Lindman, et al., (2000) did a study to investigate the extent to which positive effect is a cross culturally expected norm of drinking alcohol. Data were collected from male and female population from eight countries. Researchers completed a survey inquiring about emotional and behavioral responses they expect people to experience after consuming alcoholic drinks, and about limited aspects of their own drinking habits. This study concluded that there were indications that the expectation of increased positive effect associated with drinking may be influenced by contextual factors and cultural traditions, making positive effect less easily attributable to the direct pharmacological action of alcohol consumption than has previously been believed.

Another study conducted by Lindman, et al., (2000) among 136, college students undergraduates in which 80% of them were females, evaluated the relationship between negative mood regulation (NMR) expectancies and problem-related drinking while controlling for the influence of alcohol consumption, coping behaviors, drinking motives, demographic variables and affective distress.
The results showed that the initial correlation analyses indicated a strong (negative) association between NMR expectancies and problem drinking behavior. The study concluded highlighting the potential importance of NMR expectancies as a risk factor for problem drinking.

The Role Alcohol Expectancies in Alcohol Outcome Treatment

There are certain studies that examined the ability of alcohol expectancies to predict outcome of treatment. These studies also found that alcohol expectancies were predictive of treatment outcome, although alcohol expectancies did not change significantly during treatment. Some studies that highlight the role of alcohol expectancies in treatment outcome.

**Brown, (1985)** studied on reinforcement expectancies and alcoholism treatment outcome after a one-year follow-up among 42 men who had undergone the inpatient alcoholism treatment. There was 28-days programme of treatment composed of therapeutic and educational activities. The relationship of alcohol related expectancies with the drinking behaviour and treatment compliance of alcoholics were examined after 1 year post-treatment, along with the utility of reinforcement expectancy as a predictor of alcohol treatment outcome. A consistent negative linear relationship between alcohol expectancies and measures of treatment success, were seen which expressed the role of expectancies in treatment.

**Connors, et al., (1993)** did a study on changes in alcohol expectancies and drinking behaviour among treated problem drinkers. The data were collected from 43 male and 20 female problem drinkers participating in an outpatient
treatment focused on drinking reduction techniques provided data on drinking
behaviour and alcohol expectancies at pavement, post treatment at an 18-month
follow-up. Result showed a significant relationship between decreases in alcohol
expectancies and decreased drinking. Decrease in alcohol expectancies were not
found over the of the 8-month treatment, but instead at the 18-month follow-up.

Part -II

3.4.2. Studies Related to the Reduction of Drinking Behaviour

This section is engaged with the presentation of various intervention studies
related to alcohol reduction programmes.

Marlatt et., al. (1998) evaluated the efficacy of a brief intervention
designed to reduce the harmful consequences of heavy drinking among high risk
college students. The subjects were 188 female and 160 male high school students
who were randomly assigned to receive individualized motivational brief
intervention in their first year of college studies or to a no treatment control
condition. A normal group was selected for comparison. Follow up assessments
over two years showed significant reductions in both drinking rates and harmful
consequences, for favoring students who were receiving the intervention. High
risk students continued to experience more alcohol problems than the comparison
group which showed major decline in problems.

Jaccard and Turrisi, (1999) have done a study on the development of an
intervention strategy to reduce alcohol impaired driving by adolescents. Parent
based intervention strategies were used to reduce adolescent alcohol impaired
driving. Additional data was obtained from the survey of Junior and High school
students. The result of these study shows that parent-based approaches are promising and represent an additional tool in the armament of strategies to reduce alcohol-impaired driving in adolescent populations and it present a theoretical framework for analyzing such behaviour

Cherry, et al. (1999) studied on the effects of a home based family intervention on adolescents to prevent adolescent alcohol use/misuse. The data were taken from 428 adolescents and their parents. Families were randomly assigned to either a three session of family intervention or a non-intervention control condition. A randomized pretest/posttest repeated measures were used. The results support the possible effectiveness of the family intervention as a universal prevention programme for decreasing alcohol initiation, alcohol use and subsequent misuse. The study suggests for further intervention approaches as very necessary for adolescents who have already used alcohol.

Williams, et al. (1999) did a study with the objective of reducing underage drinking and related problems. This study used multiple interventions on different populations like parents, peers, schools and communities, and underwent different phases. Results of this study showed significant reduction in drinking for those exposed to the interventions. The greatest programme effects were among baseline nonusers of alcohol.

Thomas and Seibold, (1995) conducted a study among 489 students from three U.S Universities. This study sought to explicate the factors contributing to college student’s decision to intervene or not to intervene in alcohol related situation. The study arrived at a conclusion that the results are to be discussed in
terms of approaching the study of alcohol interventions from a transactional influence perspective.

Long and Gelfand, (1992) conducted a survey among 298 practicing nurses employed by community hospitals to identify the practicing nurses knowledge about the biophysiological and psychosocial components of alcohol and its pharmacological effects. The investigation obtained self reported information by means of a questionnaire. Sixty six percent of the nurses answers were in correct with regard to to alcoholism a diseases Studies Related This survey suggest that content related to the pharmacological properties, the disease concept and the biophysiological and psychosocial effects of alcohol should be included in curriculum design.

Part -III

3.4.3 Studies Related to Alcohol Expectancy Challenge Programmes

Alcohol expectancies are of clinically important because they are potentially modifiable and thus they are potentially important targets for modification in intervention programme (Reese et al., 1994). Most of the empirically demonstrated effective prevention programs utilize behavior change and emphasize the training of life skills to enhance psychological and interpersonal competence.

The empirically tested prevention programs involve the following domains: descriptive skills of: resistance to peer influences, interpersonal competence, and coping and problem-solving skills and attitudinal change, are the two primary objectives of most prevention interventions, and the scientific
literature supports the utility and success of behavioral and cognitive-behavioral approaches in achieving these goals (Ammerman, Hersen, & Last, 1999).

- **Studies Related to Modification of Alcohol Expectancies**

- **Studies among College Students**

  Darkes and Goldman, (1993) conducted a comparative study on expectancy challenge program with "traditional" aimed at reducing drinking among college students. The study samples were 218 male undergraduates with a wide range of drinking practices, and were screened to produce an initial sample of 74 subjects who managed an average of 6 standard servings daily. A pre-post design was adopted and subjects were divided into 3 groups—group 1 received an expectancy challenge treatment, group 2 received a "traditional" information giving treatment and group 3 was the control. Results showed a significant decrease in drinking behavior and expectancy among the subjects in group 1. This change alter expectancy challenge provides support for inferring a causal role for alcohol expectancies in controlling alcohol consumption.

  Smith and Goldman, (1995) also suggest that experimental manipulation of alcohol expectancies can significantly reduce heavy drinking among college students. The authors also contend that assessments of expectancies may contribute to the identification of high-risk adolescents before they actually begin to drink.
Studies among Grade-School Children

Kraus, et al. (1994) did a study on modifying alcohol related expectancies in grade-school children to investigate whether children’s expectancies could be modified successfully. 292 second, third and fourth grade children, from two suburban Detroit elementary schools participated in the study; and the final data were collected from a sample group of 268 children.

Children’s expectancies were assessed by Children’s Alcohol Related Expectancies Questionnaire (CARE) and Background Demographic Questionnaire. It contain 39 item true - false test to predict future problem drinking onset, especially in adolescents, and used Alcohol Identification Test (Miller, et al., 1990) to help them to discriminate between alcoholic and non alcoholic beverages.

Children were randomly assigned to one of the four conditions: two expectancy modification conditions (using 10 minute video interventions), one control condition involving a 10-minute video presenting facts concerning alcohol’s deleterious effects, and one no- intervention control condition. The results showed that, expectancies were increased by one experimental condition and decreased by other; these changes were sustained at 4 week follow- up. The study concluded with significant results and confirmed that alcohol related expectancies can be modified during the years in which these expectancies are just forming.
• **Studies among Elementary School Children**

*Cruz and Dunn, (2002)* have done a study to lower the risk for early alcohol use by challenging alcohol expectancies. Study group consisted of 216 fourth grade students selected from two Central Florida elementary schools. Expectancies were assessed by children’s Memory Model – Based Questionnaire (MMEQ) and drinking patterns were obtained by Children’s Drinking Habit Questionnaire.

The study revealed that after intervention the children exhibited a greater likelihood to associate alcohol use with negative and sedative consequences, and decreased likelihood to associate alcohol with positive and arousing consequences. The study suggests that Expectancy Challenge interventions have been successful at modifying expectancies and subsequently decreasing alcohol consumption of adolescents, may be useful in reducing the likelihood of early alcohol use among children

• **Studies among Young Heavy Drinkers**

*Wires, et al., (2004)* did an experimental test of an alcohol expectancy challenge in mixed gender groups of young heavy drinkers, to test the effect of a multi session expectancy challenge in mixed gender groups of young heavy drinkers. The data were collected from 11 male and 15 female heavy drinking students. They were randomly assigned to the expectancy challenge or control condition. Positive expectancies decreased significantly in the experimental but not in the control group. In the experimental group, positive expectancies decreased significantly more in women than in men
Part-IV

3.4.4. Studies Related to the Effectiveness of Life Skills Education

Life skills Education is based on the teaching of generic life skills and includes the practice of skills in relation to major health and social problems. Life skills lessons should be combined with health information, and may also be combined with other approaches, such as programmes designed to effect changes in environmental and social factors which influence the health and development of adolescents.

In a study by Botvin, et al, (1980, 89) at Cornell university, life skills training programme on communication, decision making, stress and anxiety management, revealed that life skills education programme was effective in reducing smoking hobbit and alcohol and drug abuse.

A study by Errecart, et al, (1991) teaching communication skill, decision making skill and problem solving found that substance abuse was reduced.

Studies of Caplan, et al., (1992) has reported the social competence programme made significant improvement in subjects’ constructive conflict resolution with peers and impulse control.

Gainer, et al, (1993) in their study have taught the problem solving skills to 135 students in a violence prevention programme. It was found that in comparison to control group students, the programme participants were much likely to define social problems in older social groups, were less likely to provide violent solutions in hypothetical conflict resolutions, listed more negative consequences in using violence and were less inclined to legitimize violence.
Mc Lear, (1994) has found it as beneficial in AIDS education programme where couples with poor self-esteem were trained for gaining social support. Life skills education appeared to be successful in changing knowledge, attitude and behavior necessary for preventing spread of AIDS.

Epstein, et al., (2000) did a study on “Role of General and Specific Competence Skills in Protecting Inner- City Adolescents from Alcohol Use” among 1459 students attending 22 middle and junior high schools in New York City. The purpose of this longitudinal investigation was to test whether higher levels of general competence are linked to greater refusal assertiveness that is, in turn, related to less subsequent alcohol use among inner-city adolescents. The students self reported alcohol use, decision making skills, self efficacy and refusal assertiveness were the variables studied. Teams of three to five data collectors administered the questionnaire following a standardized protocol. The data were collected in school during a 40 minute regular class period. This research highlights the importance of addressing decision making skills, self-efficacy and refusal assertiveness with in adolescent alcohol prevention programmes.

Indian Studies

Rashid, (2004) in an intervention study on the coping skills of street children with substance abuse have extensively used life skills education.

NIMHANS has prepared a series of texts for life skills education known as ‘Activity Manual for Teachers on Health Promotion using life skills Approach (2002) ’ for 8th, 9th and 10th classes.
Michael, (2001) in the study of the life skills education namely, decision and problem solving on Pre and Post Assessment basis, finds the feasibility of the two mentioned skills while working with the street children.

Bharath Srikala, (1999) describes the current status of the programme in schools and highlighted the need of the programme in the schools, and also highlighted the need for institutionalization of the programme on life skills education in different schools in Bangalore city. Simultaneously community mental health unit NIMHANS is conducting life skills programmes in primary schools as well as high schools in different taluk headquarters of Karnataka.

Seshadri, (1999) in his paper on life skills education and methodology has mentioned that value education and similar concepts have a waxing and warning place in school curriculum. A life skill as a concept is an umbrella concept that brings together the different programmes and contents.

Jessy, (1998) has studied the efficacy of life skills education for high school students. Author taught these life skills (decision making; coping with stress and coping with emotions) to 45 students of 9th grades and the study revealed that there has been significant knowledge gain as far as decision making was concerned and so also with other few skills. Briefly, the programme equipped the children with knowledge in this area.

Part V

3.4.5 Studies Related to the Source of Emergence of Alcohol Expectancies

External Sources:
• **Studies Related to Parental Alcoholism**

  **Barnes and Welte, (1990)** have conducted a study to check the parental influences of drinking are maintained when the children are adults and further removed from early influences. The data were obtained by interviewing a representative general population sample of 6364 adults. The study concluded that early family influences have long term consequences on drinking behaviors of their offspring’s.

  **Sher, et al., (1991)** did a comparative study among 253 children of alcoholics and 237 children of non alcoholic to examine the parental alcoholism and its impacts on the development of expectances among children. It was found that among other variables the children of alcoholics had stronger alcohol expectances. This study also shows that the formation and maintenance of expectancies in adolescents is influenced by some of the demographic variables.

  **Zhang, et al., (1999)** had done a study on the influence of parental drinking and closeness on adolescent drinking, among 378 respondents. The results of this study found that only fathers’ drinking has a direct effect on adolescent drinking. Although closeness to mother is a significant protection against adolescent drinking, mother’s drinking has no effect on adolescent drinking.

• **Studies Related to Lack of Parental Support**

  **Hussong and Chassin, (1997)**, conducted a study among adolescent children of alcoholics, to test the effect of five protective factors- self-awareness, perceived control, family organization, behavioral coping, and cognitive coping,
that buffer COA s risk for substance use initiation during adolescence. Community sample of 454 COA s and matched control families were recruited to participate in a 3-year longitudinal study, involving annual computer- assisted interviews with adolescents and their parents. 267 subjects were finalized the following the criteria, if they had completed data at all three assessment periods and showed either abstinence through out the study or substance use initiation after the first wave of assessment. The result of this study found that adolescents with high family organization and with very low or very high levels of behavioral coping were less likely to initiate substance use. Another finding was that COA s with greater perceived control or extreme level of cognitive coping was less likely to initiate substance use than their peers.

• **Studies Related to Children of Alcoholics (COA s)**

Children of Alcoholics are at an increased risk for experiencing a variety of negative outcomes, including stress and early onset of alcohol and drug use. It has been reported that children of alcoholics are more likely than their peers to experience drinking problems.

A study conducted by Goodwin, (1985) compared four groups of young adult children of alcoholics (ACOA s) to assess the likelihood of becoming alcoholics. The groups included (1) sons of alcoholics raised by nonalcoholic foster parents, (2) sons of alcoholics raised by their biological parents, and daughters of alcoholics raised, (3) nonalcoholic foster parents and (4) their biological parents. The principal findings were that sons of alcoholics were about four times more likely than sons of nonalcoholic to become alcoholic adults,
regardless of whether they had been raised by their own alcoholic biological parents or by nonalcoholic adoptive parents.

Roosa, et al., (1988) conducted a cross-sectional survey of students in a large urban high schools. The purpose of the current study is to describe the development of the children of alcoholics life events schedule (COALES), an instrument designed to quantify the stressful experiences that are specific to the care taking environment of alcohol-abusing families. In her study of the children of Kauai, Werner reported that 40% of the children of alcoholics experienced serious coping problems by age 18.

Reese, et al., (1994), In this study examined the role of alcohol expectancies and parental alcoholism in prospectively predicting alcohol consumption and the consequences among the early adolescents. 454 children of alcoholics were selected and collected the data using computer assisted interviews. The analyses supported the utility of alcohol expectancies in prospectively predicting alcohol consequences over and above pre-existing alcohol consumption, and parental alcoholism.

Indian Studies

Vinita, et al., (2008) did a comparative study on psychosocial correlates in adolescent children of alcoholics and investigated on the manifestation of self-esteem and adjustment. The Self esteem Index and Adjustment Inventory were the instruments administered. An ex-post facto research design was used. Chi square, t-tests and Karl Pearson’s correlation coefficients were computed using SPSS for analysis. The data revealed lower self-esteem and poor adjustment in all domains.
of the adolescent COAs than the controls. These deficits can be attributed to the increased stress and vitiated alcohol complicated domestic environment of the COAs.

- **Family history of alcoholism**

  O’Malley and Maisto, (1985) conducted a study among non problem drinkers aged 19-30 to analyze the effect of family drinking history and expectancies on response to alcohol in men. The data were collected from total 24 students. The result suggests that there were no significant difference between the two groups on their self reported believes about the effects of alcohol. The study concluded with the suggestion that the findings of the study may be discussed as being one component of their heightened risk for developing alcoholism.

  Another study by Baer, et al., (1998) examined the relative importance of prenatal alcohol exposure and family history of alcoholism for the prediction of adolescent alcohol problems. The data was obtained from, 1,529 pregnant women with a self report of alcohol use, through a population based longitudinal study conducted during the year 1974-75. The researchers assessed history of drinking problems among first degree and second degree relatives of the adolescents. The result of this study showed that prenatal alcohol exposure was more predictive of adolescent alcohol use and its negative consequences than was family history of alcohol problems.

  Richard, et al. (1999) conducted a study to identify, familial and socio-regional environmental influences on abstinence from alcohol at age 16. The data were collected from a population based study of 5 consecutive birth cohorts of
Finnish twins. Measures of alcohol use, embedded into a health habits questionnaire, were taken from earlier epidemiological research with non-twin Finnish adolescents. The result of this study shows that abstinence rates from alcohol to age 16 are influenced by socio-regional variation. Sibling and parental influences are greater in some regional environments than others. The study concluded that environmental contexts affect the likelihood of maintaining abstinence from alcohol to mid-adolescence, and socio-regional variation modulates influences of siblings and parents.

- **Genetic factors in alcoholism and Hereditary Factors.**

  **Rose, et al., (1999)** conducted a study on “Familial and Socio regional Environmental Effects on Abstinence from Alcohol at Age Sixteen” to identify genetically informative data, familial and socio regional environmental effects on abstinence from alcohol at age 16. Researcher collected data from Finn -Twin 16, and used a population based study of five consecutive birth cohorts of finish twins (N=5,747 twin individuals), yielding 2,711 pairs of known zygosity Measures of alcohol use, embedded into a health habit questionnaire, were taken from earlier epidemiological research with non twin Finish adolescents . Environmental Contexts affect the likelihood of maintaining abstinence from alcohol to mid adolescents, and socio -regional variation modulates influences of siblings and parents. Abstinence from age16 exhibits very significant familial aggression, largely due to non genetic influences.

  **Koopmans and Boomsma, (1996)** from Amsterdam, Netherlands have done a study on “Familial Resemblances in Alcohol Use: Genetic or cultural
Transmission” among Twins. The data obtained from 403 Dutch families with twins aged 15-16 years old. The questionnaire contained questions about alcohol and tobacco use, sport activities, health, Social economic status, religion and a number of factors. For 15-16 years old the resemblance between parents and offspring could be explained either by genetic inheritance or cultural transmission. Shared environment explained between 58%-88% of the individual differences in adolescent alcohol use. For twins aged 17 years and older, 43% of the individual difference in alcohol use could be attributed to genetic factors. The study however concludes that these familial influences may be due to both cultural inheritance and to the genetic relatedness between parents and children.

Johnson and Johnson, (1999) have reviewed an article on “Cultural and Familial Influences that Maintain Negative Meaning of Alcohol”. The main purpose of this review was to highlight the ways that cultural and familial factors that may buffer children and adolescents from initiating alcohol use. This article uses the findings from studies of “Black and Hispanic adolescent and adult alcohol use to identify potentially important cultural and familial variables”. This research began with the notion that negative beliefs regarding alcohol and its effects protect young children from early alcohol involvement. The researchers then consider how for black and Hispanics, family structure, parent-child interaction patterns and value orientations function to maintain these negative belief schemas, thereby protecting children and adolescents from involvement with alcohol.
The black and Hispanic adolescents are less likely to be exposed to male drinking in the home and more likely to be exposed to abstaining maternal and peer group modes. This pattern of exposure is likely to produce and reinforce the generally negative beliefs that all children initially develop about alcohol. The study concluded by emphasizing the importance of studying non-mainstream groups who are more likely to abstain from alcohol use.

- **Perceived use of drugs by siblings**

  McGUE, et al., (1996) did a study on parent’s and sibling’s influences on adolescent’s alcohol use and misuse. The data were collected from a population sample of 653 adopted families. The findings of the study suggested that adolescent alcohol use is affected minimally by the parental problem drinking, but substantially influenced by siblings’ drinking effects.

- **Peer group influences**

  Beauvais, et al (1992) did a study to recognize the characteristics of Indian youth and drug abuse. They found that the overall high rates of drug use found among Indian youth may be accounted for lack of educational and employment opportunity and family influence is felt stronger. The study reveals that angry youth are more likely to have drug-involved peers. Risk factors for Indian youth are low family caring, age first drunk, poor school adjustment, weak family sanctions against drugs, and positive attitudes toward alcohol use, risk of school dropout, father not at home, and poor religious identification.

  A study conducted by Duncan, et al., (1994) on the effects of family cohesiveness and peer encouragement on the development of adolescent alcohol
use. The data in this study are part of a longitudinal study on the predictors and consequences of substance use among adolescents. The subjects were recruited from a moderate sized urban area. The data were assessed from 11, 12, 13, 14 and 15 years of age.

The result suggested a common trajectory existed by the cohort-sequential analysis, with alcohol use increasing more rapidly during the adolescents’ transition to high school. Family cohesion and peer encouragement for alcohol use were hypothesized to influence both initial status and the trajectory of alcohol consumption during adolescence.


Researcher found that evidence of transmission mediate adolescent alcohol consumption .They also provide evidence that although parents’ sample and parent-adolescent relationships are important in shaping the adolescents’ drinking, association with peers who drink significantly attenuates this influence

Bot, et al., (2005) studied the effects of alcohol expectancies on drinking behaviour in peer groups by observing in a naturalistic setting. The aim of the
study was the functionality of alcohol expectancies in predicting drinking behaviour in existing peer groups of young adults. A total of 238 participants in 28 peer groups were involved in this study. The study found that expectancies on the positive and arousing effects of alcohol consumption were related to alcohol consumption in a naturalistic, social drinking situation, in addition to group effects of drinking. Expectancies on the negative and sedative effects of drinking, however, were not related to drinking. The findings indicate that positive expectancies about the effects of alcohol and expectancies about the effects of alcohol on arousal are related positively to drinking level.

- The influences of the adolescent’s educational environment

Windle, (1992) remark that the stressful aspects of adapting to a new social world and heavier academic demands may also promote alcohol use to help students to relax. Separation from family and old friends; new friendship; more academic choices, and new academic demands; increased independence but decreased parental guidance and support, are causing much stress on the adolescents.

Alcohol Use among Collage Students:

Studies among college students drinking tendencies have indicated the weakening aspect of parental control as students leave home for college. The studies suggests that intervention should take place before the student enter the college environment, and should address the newfound responsibility students encounter as they make the transition from high school to college. It must be
taken in to consideration that college student drinking tendencies tend to be most pronounced during the early years in college.

**Harford and Muthen (2001)** conducted a study among 2,465 college students, to examine the relationships between prior problem behaviors and change in residence on alcohol use patterns. Significant results related to residence patterns and prior problem behaviors were yielded and the study affirms that problem behaviors were related to drinking patterns.

**Brown, et al., (2001)** conducted a study among 162 male adolescents between 14-18 years age, to examine the youth substance involvement over 4 years (using five waves of data collection) following treatment for alcohol and drug abuse. The results showed that alcohol and other drug use were reduced during the 4th year of post treatment with the exception of nicotine. Nicotine was the most commonly used substance throughout the 4 years after treatment. Findings demonstrate the importance of identifying transitional periods and the need for alternative intervention strategies that may help the progression of this population into young adulthood.

**Almendras, et al., (1999)** conducted a study to gain an insight into the prevalence of alcohol consumption among high school students in the city of Barcelona. Researcher was using an anonymous questionnaire for data collection which included information about frequency and quality of alcohol consumption. This study found that lifetime prevalence of alcohol consumption was 92.5% in 1992-93 and 77.0% in 1994-95. Male population had a higher intake, although risk
consumption rate (more than 40 g per day) was similar to that of females. The results of this study also show an increase in the quantity of alcohol consumed.

**Cheery and Correia, (1997)** conducted a study among 139 male and female (61%) college undergraduates to estimate the relationship between drinking motive and alcohol-related problems, after first accounting for high risk alcohol consumption and gender. All the subjects completed a battery of self-report questionnaires as part of a course requirement. Result supports the utility of motivational models of alcohol use in understanding alcohol-related problems in college students.

**Markowitz and Jones, (1988)** conducted a mail survey on alcohol and drug problems in schools, using the results of a National Survey of School Administrators’ in the United States. The results indicated that from 1980 to 1985, about one in six students attended schools that reported a problem with student alcohol use. In contrast, the proportion of students attending schools with a serious drug problem decreased from about one in four in 1980-81 to about one is seven in 1984-85. The most common explanation provided for decreasing student alcoholism or drug problem was changes in the school discipline policy or increased enforcement of the existing policy. The study provide evidence that parent-adolescent relationships are important in shaping the adolescents’ drinking, and pointed out that the association with peers who drink significantly attenuates this influence.
Related Indian Studies

Lal and Singh, (1978) conducted a study among 7000 adolescents in a village, belongs to Sangrur district to assess the prevalence rates of adolescent alcohol consumption. This study reports that 49.6% of males above the age of 15 years were alcohol consumers and those are classified as mild, moderate and heavy drinkers on the basis of their average daily intake and frequency of consumption but the percentages in each of the categories have not been mentioned.

Simons-Morton, (1999) conducted a study to examine factors associated with early alcohol experimentation. Researcher surveyed 4263 Sixth to eighth grade students from seven schools in a suburban school district. On the basis of this survey found that the prevalence of drinking in the last 30 days was 12.1% for boys and 13.1% for girls. 6.6% among eighth graders, 11.1% among seventh graders and 19.5% among eighth graders.

Mann et al., (1987) in a study among high school students to examine alcohol expectancies and drinking motives as correlates of alcohol involvement among adolescent at high and low risk for future alcoholism. On the basis of the study researcher found that particular expectancies are more strongly associated with alcohol involvement among high-risk adolescents.

Ellickson et al., (1996); studied the prevalence of alcohol consumption among adolescents misuse in high school seniors and dropouts. Researchers took 4390 samples and focused of 3 different dimensions of misuse - high-risk
drinking, alcohol-related problems and high consumption. Results showed that by grade 12, nearly 70% of these teenagers had exhibited some form of alcohol misuse within the past year. Two-thirds engaged in high-risk drinking and over 50% had experienced one or more alcohol-related problems. Males and females both exhibited high rates of alcohol misuse. The results emphasized the need for including different forms of alcohol misuse in prevention programs and in improving the understanding of its etiology.

Research on adolescent drinking clearly suggest that early alcohol use and social influences play a central role in the etiology of heavy alcohol use among adolescents. By identifying specific individual characteristics and skill deficits in early adolescence that lead to later heavy alcohol use, alcohol prevention programs that include a skills training or competence enhancement is needed.

- Studies Related to racial differences

Corvo Kenneth, (2000) did a study to investigate a post-hoc finding on racial differences in children's alcohol expectancies. Total 69 combined pupils were selected as sample. Independent samples t-tests were used to assess differences in alcohol expectancy scores (on the Children's Alcohol-Related Expectancies (CARE) questionnaire). This study find that black children more often reported beliefs that alcohol intensifies feelings and makes fighting easier may suggest differential exposure to models of behavior.
• **Internal Sources**

**Studies related to the problems of transition in adolescents**

A study did by **Baer and Bray, (1999)** on adolescent individuation and alcohol use, to evaluates the developmental psycho social model of adolescent drinking. The role of two aspects of adolescent individuation separation and inter generational individuation are examined with the context of family dynamics stress and peer associations. This study includes a sample of 1780 adolescents. The findings support the role of individuation as a contributing factor in adolescent alcohol use.

**Smith, et al., (1989)** have done a study on 499 adolescent students, in tenth through twelfth grade, on their drinking behavior from four suburban Metropolitan –area High schools. The Survey of Underage Drinking Styles (SUDS) with 250 item questionnaire (the alcohol risk awareness scale) was used to tap teen age alcohol use. The result showed that the problem starts with family interaction issues, which may lead to poor coping skills of the adolescents and it may further lead to other ways of compensations with alcohol. Their beliefs (expectancies) that alcohol improves mental and physical function and increases affiliation with and acceptance of the peer groups replace ‘lack of coping skills’.

• **Studies related to the problems of Antisocial Behaviour**

The adolescent anti social personality disorder (ASPD) and Conduct Disorder (CD) has been consistently associated with teen drug abuse. Conduct disorder tends to occur concurrently with alcohol with other drug abuse in the
general adolescent population. Conduct disorder is a common co morbid psychiatric diagnosis among teens in treatment for alcohol and drug.

Young, et al., (2007) did a longitudinal study among 2586 pupils to examine the direction of causation between young people's antisocial behaviour and alcohol misuse in the longer and shorter term, together with their joint effects on alcohol-related trouble. The study reveals that antisocial behaviour was the main predictor of alcohol misuse and alcohol-related trouble, with alcohol misuse impacting only modestly on antisocial behaviour and alcohol-related trouble in the shorter term.

Barnowl, et al., (2004) did a study to investigate whether aggressive and delinquent behaviour problems predict subsequent adolescent drinking behaviour and to what extent this association is mediated by alcohol expectancies. A hierarchical regression analysis revealed that both alcohol expectancies and peer delinquency/substance use predicted alcohol consumption of adolescents. Researchers concluded that alcohol expectancies and peer delinquency/substance use are both crucial to the amount and frequency of adolescent alcohol use. Researchers proposed designing prevention and intervention strategies for that age group.

Harford and Muthen, (2000) have done a follow up study, on a fourteen-year prospective National Survey conducted among 7,326 youth respondents between 15 and 22 years of age group, to find out the association between antisocial behavior and alcohol use disorders. The major findings of the study showed that both early illicit substance involvement and delinquency other than
illicit substance involvement were associated with both alcohol related outcome variables. The result showed the strongest association for the effects of early illicit substance involvement on alcohol abuse and dependence.

Brown, et al., (1996) have done a study among 166 adolescents (67 girls and 99 boys) aged 12-18 years, who were admitted for treatment, in adolescent alcohol and drug treatment programs, to examine the extent to which conduct disorder type behaviour predates substance use involvement. The method of interviewing the subjects during treatment and again at 6 months and 1 and 2 years of post treatment was applied. The results showed, vast majority (95%) of teens entering alcohol and drug abuse treatment programs displayed a history of conduct disorder type behavior. Boys displayed a greater number of conduct disorder behavior than girls.

- **Studies Related to Attitude and Expectancies**

  Expectancies can be seen as the component of attitudes toward alcohol which are also related to drinking behaviour. Expectancies, because it reflect the individual’s beliefs about alcohol’s effects, it can then be conceptualized as the cognitive or belief component of attitude (Leigh, 1989). Many studies have shown that attitude toward drinking are correlated with self reports of drinking habits e.g., McCarthy et al., (1983) or with intentions to drink.

  Attitude may be defined as a predisposition to respond in a certain manner (Fishbone, 1967). In terms of attitude theory (Fishbone and Ajzen, 1975), attitude include both a cognitive component ad an evaluative component. An attitude toward an object is composed of a set of beliefs about the characteristics or effect
of the object and the individuals’ perception of the goodness or badness of each of these characteristics.

Leigh, (1989) has done a study among psychology students including men and women to examined the relationships between attitudes and, expectancies in drinking behavior. The researcher had proposed that the observed relationship between expectancies and drinking behaviour is an artifact of an underling relationship between attitudes and behaviour. The results showed that Although Expectancies added significantly to explain variance in drinking when attitudes were in control, the increment was quite small.

Wood, et al., (1996) conducted a study among a group of 165 (79 males, 87 females) alcohol-using college students to examined the applicability of attitude theory to the study of alcohol outcome expectancies and the utility of self-generated outcome expectancies and subjective evaluations in predicting alcohol use and problems. The result indicates that the sheer number of alcohol expectancies accessible to an individual may be an important correlate of alcohol dependence and independent subjective evaluations.

Wall, et al., (1998) brought out the specific contributions of expectancies and attitudes to the theory of Planned Behavior. 360 undergraduate students, males and females who drank at least once a month participated in the study. Women’s expectancies for socializing enhanced the prediction of intensions to drink too much. Expectancies for sexual functioning and assertiveness improved the prediction of excessive consumption among males. The study concluded that
alcohol outcome expectancies, unlike attitudes are proximal predictions of excessive alcohol consumption among undergraduate.

**Burden and Maisto, (2000)** have done a study which included 171 students from an Introductory Psychology Course as sample. The aim was to investigate a model of college student alcohol use that not only included primary demographic and social factors shown to influence college student drinking behavior but also measured the influence of expectancies, evaluations of expectancies and attitudes in prospectively predicting drinking behaviour. The results of the study were replicated in a separate sample. This study suggest that attitudes towards alcohol use account for more variance in predicting drinking behaviour, than both alcohol expectancies and evaluations of those expectancies.

- **Studies Related to Self Efficacy and Coping Skills**

  People hold expectancies such that alcohol provide enough coping skills to function well, where questions arise if it is used to increase positive affect or decrease negative affect. This belief on this self regulatory function served by alcohol may be an adaptive coping strategy for many adults in starting and maintaining drinking habits.

  A number of studies have reported that maladaptive copying styles, for e.g., emotion-focused coping are associated with problem drinking behaviour. Consistent with this notion, the results of numerous studies point to a strong association between various indices of subjective stress and alcohol use. People drink alcohol for a variety of reasons Those who drink as a means of coping with negative mood; they are more likely to drink heavily and experience problems,
indicative of alcohol abuse or dependence relative to those whose drinking is governed by social or affiliate motives. Strong positive alcohol expectancies and using avoidant forms of coping with emotions were vulnerability factors for stress related alcohol use and abuse.

Connor, et al (2000), conducted a study among 359 volunteer students consisting of 113 men and 246 women under graduates to investigated the relationship between expectancies and drinking restraint behaviour. This study concluded that alcohol expectancies and drinking refusal self-efficacy may be acquired early in the development of drinking behaviour, as evidenced by stronger association with risky drinking; drinking restraint and its associated loss of control factors appear to be more specifically related to problem drinking.

- Studies Related to Tension-Reduction Expectancies

There are studies showing an influence of stress on alcohol consumption which most likely depends on the sample examined. In researchers view, the concept of stress relief by alcohol as a basic motivation for developing alcohol drinking habits is only applicable to subgroups of drinkers. The concept of stress relief by alcohol has led to many investigations in order to elucidate the mechanisms of interactions of stress and alcohol, and the stress reducing effect of alcohol as a motivation for alcohol consumption.

Hittner, (1995) examined the relationships among drinking frequency, gender, beverage preference, and tension-reduction outcome expectancies among 503 social-drinking college undergraduates. Results indicated that regardless of
preferred beverage type, “high” versus “low” frequency drinkers endorsed significantly greater tension-reduction expectancies. Results also indicated that males and “frequent” drinkers preferred beer as their primary alcoholic beverage. Supplemental analyses suggested that drinking frequency partially confounded the relationship between gender and beverage preference. Those results extend and refine previous research and had implications for alcohol misuse prevention and early intervention.

Sillaber, et.al., (2004) studied on stress and alcohol drinking. The hypothalamus, pituitary, adrenocortical (HPA) system is one of the biological systems affected by both stress and alcohol. However, there was a high individual variation in the response of the HPA axis to either stress or alcohol. Factors like quality, severity and duration of stress, dose of alcohol and frequency of stress or alcohol exposure add to the individual response to stress or alcohol. The individual response was determined by interactions of genetic, environmental and experiential factors. Individuals with a dysfunctional HPA axis, inherited and/or acquired, might represent such a subgroup of stress motivated drinkers.

Laurent et al., (1997) did a study “Stress, Alcohol-related expectancies and coping preferences: A Replication with Adolescents of the Cooper et al. (1992) Model” among 184 adolescents in grades 7-12 of which 59 percent were females. This study attempted to replicate with adolescents the stressor vulnerability model of adult drinking proposed by Cooper et al. 1992. According to the results, grade was a significant predictor although gender did not play a prominent role, as it typically does with adults. The results were similar to those
reported by Cooper et al., 1992 with adults and Evans and Dunn, 1995 with undergraduates, and support the utility of the stressor vulnerability model for understanding alcohol use among adolescents.

**Dumka, et al., (1995)** did a study among 93 two-parent families of fourth, fifth or sixth grade children to test a stress process model in which family stress (negative life events) and father’s family system resources (marital adjustment and positive father-child relationship) were evaluated as mediators of the relationship between problem drinking (father’s and mother’s) and father’s personal adjustment.

The results of this study indicates that father’s problem drinking contributed marginally to family stress and directly to fathers’ diminished personal adjustment. Family stress was related to reduce marital adjustment and personal adjustment. Mothers’ problem drinking contributed only to less positive father-child relationship. The study concluded that stress process model for fathers and mothers differ; in particular, family relationships do not appear to play a significant mediational role for fathers whereas they do for mothers.

**Johnson and Guerin Gerald, (1994)** did a study on negative affect, alcohol expectancies and alcohol-related problems. The data collected from the first epidemiological study of mainland Puerto Rican drinking, the researchers explore the relationships between negative affect, alcohol expectancies and drinking problems. Results revealed that the co-occurrence of depressed mood and drinking problems was strongly moderated by alcohol expectancies. More specifically, the co-occurrence was strongest among those Puerto Ricans who
most expected alcohol to elevate their mood. Findings were discussed in terms of their explication of the co-morbidity of depressive symptomatology and alcohol abuse.

Part - VI

3.4.6. Studies Related to the Role of Psycho Social Risk and Protective Factors

Scheier, et al., (1997), have done a study among 823 students belonging to 8th-10th grade. The results of the study confirm that peer models of drinking and normative expectations continue to exert a strong influence on alcohol consumption and it was also found that psychological factors are key determinants of both alcohol involvement and change in drinking patterns from initial use to more problematic use. The findings of the study pointed out the need for implementing prevention strategies that reinforce enhancement of appropriate skills and personal competencies. The study promotes that ‘enhancing competency skills’ occupies an important role in school-based preventive efforts to reduce alcohol and other drugs.

Costa, et al., (1999), was done a study among 1,591 adolescent students to identify the psycho social risk and protective factors together can, account for the emergence and development of problem drinking among adolescents. The result of the study shows that High risk and lower protection are each associated with greater problem use of alcohol. Among adolescents who are not problem drinkers, higher risk and lower protection accelerate the likelihood of becoming a problem drinker in subsequent years in adolescence. The study suggested that
intervention efforts to enhance protection especially for adolescents who are exposed to risk, should supplement efforts to reduce risk.

**Hops, et al. (1999)** did a study among black and white college samples on risk for alcohol use. This study examined early school-based academic and social variables with concurrent family conflict in predicting adolescent alcohol and other drug use. Children 365 were assessed in grades 2-4 on academic related and social behaviour variables using teacher rating and rankings, peer nominations and ratings and direct observation of playground and classroom behaviour. The study suggests that prevention efforts for alcohol and other drugs may be more effective if directed at earlier antecedent behaviour rather than those that are concurrent with substance use.

**Griffin, et al., (2000)** examined how several risk and protective factors measured during early adolescence were associated with heavy drinking in future life of high school seniors. As part of a school based survey 7th grade 1,132 students were the subjects, who reported experimentation with alcohol and cigarettes. The analysis revealed that many factors predicted the future problem drinking.

Positive alcohol expectancies predicted greater heavy drinking in boys, and friends smoking predicted later heavy drinking in girls. The findings suggest that early intervention programmes aimed at preventing alcohol use and other drugs should be established.
**Conclusion**

The study and parental influences/modeling is with a hypothetical questions ‘whether alcohol expectancies influence’ drinking behaviour, or not, have brought out many valid findings. Thus the theoretical and clinical significance of the expectancy construct highlights the importance of studying adolescent’s developing expectancies about the effects of alcohol consumption and how these expectancies relate to the emergence of drinking behavior in their future life.