# Alcohol Addiction in Young Adults: Psychological Approaches to Treatment and Prevention

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## **ABSTRACT**

Alcohol addiction among young adults has turned into a greater public health concerns over the years that add incredibly to morbidity throughout internationally. The present paper planned to critically and fundamentally evaluate the psychosocial theories to explain why few people develop an alcohol addiction and behavioral implications of those theories for reducing the harm related to alcohol addiction.

Keywords: Addiction; Substance abuse; Prevention

## INTRODUCTION

The alcohol was discovered centuries ago through its normal event in rotting organic product or aging dishes of grain in which air-borne yeasts and common sugars combine [1]. Despite the fact that the alcohol discovery might be coincidental, people quickly figured out purposefully to produce it. Alcoholic drinks got to be common in major aspect of all cultures. Alcoholic beverages were used in medicine, everyday drinks as part of social festivals and celebrations as means for spiritual practice and conflict resolution. As children become older, they often try to assert their independence and identity to challenge authority and using alcohol is one way to challenge this [2]. Various evidence based research efforts have undertaken to understand the roots of behavioral alcohol addiction for several years. The reason for this paper is to give vital data about alcohol addiction issues; hypotheses based psychological practices in treatment and prevention of alcohol addiction. According to various research datasets, the widespread presence of drug use and alcohol increases rapidly from early age to late adolescence, highest during the transition period to young adulthood, and declines through the remainder of adulthood [1]. These events are testing periods to an individual's development of social and emotional competency. Individual's identity and environment relies upon number of risk factors can produce different effects. Worldwide, WHO researchers report that men are more likely to use alcohol than woman. Around the world, it is estimated around 1.4% of the total population are suffering from alcohol addiction disorder and it became a grave concern in many countries like

Eastern Europe, Russia, USA and Asia countries Alcohol use and dependence are not always good and progressive for human beings [3].

The most serious alcohol problems are dangerous and physical outcomes of drinking alcohol such as kidney, heart and liver problems. The alcoholic meaning is more and more perceived as an unhelpful marker as well as it is regularly considered as a negative judgment. Being in the category of heavy drinker may therefore dishearten individuals from try to find help when they have an alcohol addiction issue [4]. Doctors, researchers and experts formally used alcohol addiction term as an alcohol dependence for those who are addicted, but who's drinking causes changing degrees of individuals, financial and social issues in their lives.

The essential and primary theories of alcohol addiction causes are summarized:

- According to disease theory that alcohol issues result in individuals with innate issues that makes it unthinkable for the addicts to control their alcohol addiction.
- According to Biological speculations that hereditary and genetic components in alcohol addiction issues while subtle specifics are not yet understood;
- According to Psychosocial hypothesis that personal psychological issues, social, and environmental factors lead adolescents to alcohol dependence. Evidence demonstrates that an intricate blend of genetic, social and psychological factors underlies addiction issues [5].

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The alcohol was discovered centuries ago through its normal event in rotting organic product or aging dishes of grain in which air-borne yeasts and common sugars combine [1]. Despite the fact that the alcohol discovery might be coincidental, people quickly figured out purposefully to produce it. Alcoholic drinks got to be common in major aspect of all cultures. Alcoholic beverages were used in medicine, everyday drinks as part of social festivals and celebrations as means for spiritual practice and conflict resolution.

## LITERATURE REVIEW

# Causes: Theories and debates

There are distinctive thoughts and at times solid differences in views about the reason of alcohol addiction among adolescents. There are greatest disagreement between the individuals who say the cause is a serious illness and the individuals who say it is a behavioral factor that incorporates various types of social and psychological issues. Various hypotheses have been proposed through many years and every proposal seems like to bode well in some ways. In any case, every hypothesis has additionally been appeared to be lacking in clarifying all situations.

## **Biological theories**

To understand addictions and vulnerabilities to addiction, many models and theories have been proposed and many of these models are not exclusive but complementary. One model called Centric reward model concentrated on pleasure circuits of the brain and involved in feeling good facets of taking drugs and involved in giving feeling like food or sex [6,7]. There is number of research evidence showing that biological and genetic variables have very important role in alcohol addiction. The WHO in 2001 outlined cutting-edge research evidence about the role of brain and chemicals functions in such kind of alcohol addictive behavior. Some research data evidence shows that few individuals and they are especially men having dependent relatives, might have sort of biological and hereditary predisposition to expanding issues. It does not mean that individuals will certainly become addicted and the fact is many individuals from alcohol dependence families do not develop these issues and problems. Although, some Individuals may have genetic characteristics that leads them at higher chances of developing alcohol addiction, if they drink alcohol on daily basis. Researchers still need to understand that the genetic factors how and why they affect few individuals in population. For such families, studies been done on identical twin brothers to show if one twin brother having alcohol addiction problem, in half of the cases it is seen the other does not having this kind of alcohol addiction problem. Lower levels of dopamine are connected with anxiety and stress. More elevated amounts of dopamine are included in sentiments of delight. Another kind of model is deficiency reward model in which individuals having addictions problem seeking to reward for hypo-functioning response signs in the creating dopamine pathway. If any individual drinks alcohol, it increases dopamine, making a man feel great and they drink again to get that same kind of feelings. Social, individual and environmental psychological factors

combines with biology leads to certain behavior and characteristics. The range of studies evidence displaying that biological and genetic element are concerned inside the development of dependence on alcohol [8]. The WHO has these days outlined a summary of the contemporary research approximately the function of brain feature and chemical compounds in such dependency. This does not imply that individuals will absolutely turn out to be Alcohol addicted. In truth, most people from alcohol addicted family do not expand troubles. Although, individuals might also have inherited certain hereditary & genetic traits that put them at greater chance of developing alcohol addiction if s/he drinks alcohol in greater quantity. Researchers do not yet remember the fact that how and why this viable inherited thing affects few people. Extra accelerated quantities of dopamine are blanketed in sentiments of delight. After drinking alcohol, dopamine level raises and man starts feel exquisite. Then he may additionally drink alcohol once more to take into account that identical feeling. Social, individual and environmental psychological factors combines with biology to having very important part in developing addictive behaviors [9].

## Disease theory

According to disease theory that the alcoholism is a chronic problem and man or woman who suffers from alcohol addiction disease cannot control heavily drinking. Since last many decades, the grounded convictions among Psychiatrist and psychologist in alcohol addiction prevention in across globe have been the impression that alcohol addiction is chronic and progressive physical disease that can be incurable and deadly. It is the conviction under this model that after drinking alcohol first time, the basic disease symptoms is activated in the body. The alcohol drinking disease leads them to drink more alcohol till it put an end to them emotionally, physically and spiritually. It is said that there is no cure of it but the person stops drinking; the effects of the alcohol addiction disease can be controlled. This is very basic perspective acknowledged by many medical psychiatrists across the world. The perception of addictive behavior as a basic illness developed as a response to the conviction that people who daily drink alcohol are simply terrible individuals. Some of the main criticisms of this disease

- There is no precise proof of a basic disease causes but research evidence shows that folks have a many complications with a range of issues;
- Many people who drink heavily stop their drinking on their own that demonstrate about is not genetic disease
- The model supports a faith in an absence of mechanism and convictions influence an individual addictive behavior
- Drinking is a conduct with issues growing only when the individual much of the time over consuming it and overdose that addictive behavior.
- Genetic and biological proof does not demonstrate an immediate and certain connection to alcohol addictive behaviors.
- This model having lot of shortcomings and not able to manage with discrepancies in addictive behavior.

#### **Psychosocial theories**

All researches and experts who trust in the disease model to an extent agree that social, environmental and psychological factors are important components in developing alcohol addictive behaviors. Numerous research demonstrates that learning in gathering and groups greatly effects on the increase of dangerous drinking behavior pattern. Individuals develop drinking habits for certain reasons that is because their past and present environment. The individuals who see generally uncontrolled drinking with the goal of inebriation figure out how to drink. Individuals are additionally modeled by the results of drinking. Individuals keep on behaving in certain ways on the off chance that they get positive outcomes for the conduct. People keep on behaving in certain ways on the off chance that they get constructive results for the behavior. If an individual's group friends drink and he is getting positive response from group for drinking in the same pattern, he will end up continuing the pattern. These positive outcomes might be more sincerely capable than negative ones like headaches or family issues. That is, individuals all the more regularly drink in problematical ways in circumstances of neediness precarious family problems, insecure family situations, and absence of supports and resources [1].

# Psychological preventions approaches

However, psychological factors contribute significantly to addiction recovery. The goal in psychological methods in addressing addiction recovery is to encourage within self, a desire for change. One way is to guide the person to accurately weigh the positive and negative effects of their addiction. For change to take place, one has to take ownership and take actions in achieving their goal. Simply stating the desire to change does not equate to making a change. In recovery, albeit an arduous task, the dysfunction in their affect, behavior and cognition has to be corrected to allow them to make pro-life choices [9]. Additionally, one may be required to reshape their social environment. The role of relationships is paramount in determining the likelihood of relapse or addiction occurring. Therefore, guidance has to be rendered to assist one in assessing if they have a healthy social circle, supportive of positive change [10].

# Cognitive Behavioral Therapy (CBT)

In CBT, therapists help to identify unhelpful beliefs by assessing the accuracy and its usefulness. One method of assessment is through real world "experiments" to test if they are true. For example, suppose someone believes that there's no sense fighting craving because they never cease. The therapist will ask them to conduct an experiment to see if this notion is true and as they discover that it isn't, the cravings will subside. Despite beliefs and expectations heavily influencing our perspectives, many are not aware of the extent of it. Kaminer et al. completed randomized control experiment comparing between CBT and therapy based on psychoeducation in treating adolescents (n=88) [11]. After 12 weeks of treatment he found that alcohol use among adolescents' significantly decreased. More often than not, this lack of awareness does not pose a problem especially for

positive, well-adjusted people [12]. On the other hand, it is critical for a person with negative emotions and incapability to cope with them to be aware due to the greater tendency to turn towards destructive behavior such as addiction [13]. Without self-awareness, it is impossible to correct the flawed belief system. With an accurate, positive and clear perception of the world, negative feelings will diminish alongside the need for addiction as relief. Similarly, many believe that external events and other people are the reasons of why they experience specific emotions. This problematic belief leads to feelings of helplessness and false conclusions as we feel we are not in a position to change those emotions. Hence, the dependence on addictive substances or activities as an escape from the painful emotions further increases. CBT requires one to recognize to need to own our feelings, and that we are the only ones responsible for our own emotions. By modifying our thoughts and beliefs, our feelings will follow suit [10].

# Structured brief counseling

Guided self-change is an organized advising and counseling that can be given independently or in groups. It depends on the conviction that greater part can address their own particular issues provided. They are driven and guided on what is required and make changes at home and within community. The length of counseling depends on the client's needs however 4 sessions is the average. The procedure is adaptable and can be adjusted to fit changing needs. The counselor needs to explain the guided self-management approach and ensure the clients are aware they will shoulder a large responsibility in determining the course of action of the treatment plan. One randomized experiment done by Azrin et al. with adolescents (n=26) with addiction disorders to either supportive counseling or Behavioral based therapy for 6 months, they attended 15 sessions of counseling [14]. After these sessions, they found improvement. It is imperative to obtain an accurate assessment of the severity of the client's problem. If a specific technique is useful for a client, it ought to be considered. For instance, not everybody needs to discuss their problems and sentiments. A few people want to pull back and handle pessimistic feelings secretly. They ought to be permitted to do as such unless they themselves need to talk. Assessment results are sincerely and consciously talked about with clients. Taking after that, the treatment arrangement is set up with client's inputs on objectives, education on alcohol, and particular selfimprovement and checking materials, homework assignments, and so forth. Each plan is specific to each client's needs. During regular sessions, the client will discuss the progress of the plan; if he is more aware of his own addiction, changes required Follow-ups and support sessions or groups can be rendered after the final formal meeting if the client wants them to be made and how he can keep up the positive changes. Subsequent follow-ups and support groups and gatherings can be rendered after the last formal meeting if the client needs them. Clients can likewise use simple assessment instruments on the off chance that they are pondering about their own drinking for example, by privately noting the questions and settling on a choice about whether they have to change or look for help [15].

## **Motivational interviewing**

A body of research evidence shows that individuals' willingness to change plays a main factor in achievement. Any changes in behavior is possible if the person himself recognizes his issues and a problem and desires to change themselves and do something about it. In any situation of life, persons can change in the best way once they have decided that there is a need to change and doing something about it. Marlatt et al. conducted randomized control experiments with high school seniors (n=348) with motivational Interviewing intervention during their initial year in college and he found after 6 months follow up assessment, significant reduction of alcohol consumption were recorded [16]. Nowadays Psychologists come to an understanding that motivational interviewing is the most effective way to treat the clients and help them to enable their own personal awareness about harmful consequences and the need to work their own behavioral issues [17]. Motivational interviewing works at the people behavior change as a procedure that exceptionally relies on upon the individual's thinking and reasoning about alcohol use and issues. They ought to just be worked through the problems and precede onward once more [1]. This Motivational interviewing additionally look at the behavior change as a framework that relies on upon the individual's thinking about alcohol use and harmful outcomes with respect to this addictive behavior. The counselors must be able to help to work via their psychological problems and pass on once more [18].

## **Develop divergence**

The counselor could ask a few non-confrontational questions associated with many past and present events that enable encouragement to client thinking about the conditions and function about part of alcohol but in any case client needs to make the associations between themselves.

## **Resistance rolling**

The counselor should no longer argue if the client denies issues or resist looking at their own behavior. As an alternative, the counselor needs to subsequently, mildly flip resistance

## Psychodynamic/psychoanalytical therapy

Psychoanalytical treatment considers that any individual's dysfunctional behavior related to their past bad experiences which include the ones within the subconscious. The basic belief of this therapy to go through clients present and painful past experiences and looking through the connections with those experiences between present and past events so that they'll be able to change for the better. The aim of this therapy is to attain healing and emotional wellbeing of the client.

# CONCLUSION AND DISCUSSION

Any habit is not easy to break; therefore it would be quite helpful if they get some help and advice from counselors, friends and community services. The role of relationships is paramount in determining the likelihood of relapse or addiction occurring. Psychological interventions requires one to recognize to need to own our feelings, and that we are the only ones responsible for our own emotions Therefore, guidance has to be rendered to assist one in assessing if they have a healthy social circle, supportive of positive change. Empathy helping the addicts in building a solid relationship of trust, self-esteem, understanding, expression of feelings, encouragement and feelings without any counselor judgment [19]. The counselor should continually make it clear that clients have the will and personal strength to see the changes for the healthy life if they want to and make them successful and strong to deal with any situation. The counselor enables the client to believe to trust in him/herself. Once clients themselves have determined that they'll need to do something about the addiction issues and then both party (counselor and client) can pass to the subsequent stage-creating a plan for residential remedy and treatment.

## REFERENCES

- Korhonen M. Alcohol problems and approaches: Theories, evidence and northern practice" National Aboriginal Health Organization. Ajunnginiq Centre National Aboriginal Health Organization. Ottawa, Ontario, Canada, 2004.
- Potenza M. Biological contributions to addictions in adolescents and adults prevention, treatment, and policy implications. J Adolesc Health. 2013:52(202);S22-S32.
- 3. Ritchie H, Roser M. Alcohol consumption. Our-World-In-Data, 2018
- 4. Gruenewald PJ, Ponicki WR. The relationship of alcohol sales to cirrhosis mortality. J Stud Alcohol. 1995:56(6);635-641.
- Sadock BJ, Sadock VA. Alcohol-related disorders section of Substance-related disorders. In Kaplan and Sadock's Synopsis of Psychiatry (10th edn). Philadelphia: Lippincott Williams and Wilkins, 2007; pp. 390-407.
- 6. Nestler EJ. Is there a common molecular pathway for addiction?. Nature Neuroscience. 2005:8(11);1445.
- Volkow ND, Li TK. Drug addiction: The neurobiology of behaviour gone awry. Nature Reviews Neuroscience. 2004:5(12); 963
- 8. Babor TF, Higgins-Biddle JC. Brief Intervention for Hazardous and Harmful Drinking: A Manual for Use in Primary Care." World Health Organization Department of Mental Health and Substance Dependence. 2001.
- Babor TF. AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care. (2nd edn). World Health Organization, Geneva, 2001.
- Schulenberg JE, Maggs JL. A developmental perspective on alcohol use and heavy drinking during adolescence and the transition to young adulthood. J Stud Alcohol Suppl. 54-70, 2002:(14);54-70.
- 11. Kaminer Y, Burleson JA, Goldberger R. Cognitive-behavioral coping skills and psych education therapies for adolescent substance abuse. J Nerv Ment Dis. 2002:190(11);737-745.
- 12. Hingson RW, Howland J. Comprehensive community interventions to promote health: Implications for college-age drinking problems. J Stud Alcohol Suppl. 2002:14;226-240.
- Grant B, Dawson DA. Age of alcohol onset and its association with DSM-IV alcohol abuse and dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey. J Subst Abuse. 1997: 9;103-110.
- 14. Azrin NH, Donohue B, Besalel VA, Kogan ES, Acierno R. Youth drug abuse treatment: A controlled outcome study. J Child Adol Subs Abuse. 1994:3(3);1-16.

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- 15. Hughes K, Yeo PP, Lun KC, Thai AC, Wang KW, Cheah JS. Alcohol consumption in Chinese, Malays and Indians in Singapore. Ann Acad Med Singapore. 1990:19;330-332.
- 16. Marlatt GA, Baer JS, Kivlahan DR, Dimeff LA, Larimer ME, Quigley LA, et al. Screening and brief intervention for high-risk college student drinkers: results from a 2-year follow-up assessment. J Consult Clin Psychol. 1998:66(4);604.
- 17. Deas D. Evidence-based treatments for alcohol use disorders in adolescents. Pediatrics. 2008:121(4);S348-S354.
- 18. Grunbaum JA, Kann L, Kinchen SA, Ross JG, Gowda VR, Collins JL, et al. Youth Risk Behavior Surveillance: National alternative high school Youth Risk Behavior Survey, United States, 1998. J Sch Health. 2000:70(1);5-17.
- Windle M. Alcohol use among adolescents. Thousand Oaks, CA: Sage, USA, 1999; p. 42.