Social contexts of drinking and subsequent alcohol use disorder among college students

MAJOR FINDINGS:

The Social Context of Drinking Scales describe the situational, temporal, and motivational factors which influence drinking. Six different contexts have been identified for college students: social facilitation (to ease social interaction); peer acceptance (to feel as part of a group); emotional pain (to reduce negative emotions or forget problems); family drinking (at family social or religious events); sex-seeking (to bolster confidence to speak with or “hook up” with someone); and motor vehicle (drinking in a parked car or while driving around).

Social context scales are useful because they provide information on individual drinking patterns, and, in conjunction with factors like quantity and frequency of alcohol consumption, can help predict the risk of developing a drinking problem. In a study of 652 individuals recruited at college entry, researchers found that certain social contexts of drinking during the first year of college were associated with subsequent alcohol problems (i.e., meeting DSM-IV criteria for alcohol abuse or dependence and/or drunk driving) two or three years later, independent of demographics and drinking during the first year.

Three contexts distinguished students who would later meet DSM-IV criteria for alcohol abuse or dependence from other drinkers: social facilitation, sex-seeking, and drinking in the context of a motor vehicle. Individuals who drank for peer acceptance or to relieve emotional pain had higher likelihood of future alcohol dependence, relative to non-problem drinking. Drinking for emotional pain also predicted higher risk for alcohol dependence relative to just alcohol abuse. Four different contexts—namely, drinking for social facilitation, emotional pain, sex-seeking, and within a motor vehicle—predicted increased likelihood of driving while drunk in the third or fourth year.

Further analyses showed that drinking in a motor vehicle during the first year was an especially important predictor of future alcohol abuse, dependence, and as expected, drunk driving (even after accounting for the other five context variables, as well as demographics and drinking during the first year). Family drinking, or drinking with family members during religious or celebratory events, was the only context not associated with any future alcohol problems.

Practice and Policy Suggestions: The findings from this study have implications for both assessment and treatment of problem drinking among college students. Along with more comprehensive measures, the Social Context of Drinking Scales might be useful for identifying first-year students who are at risk for developing alcohol abuse or dependence and/or driving drunk, and could be useful for confidential screening, evaluation, and intervention purposes.

Of major interest to:
- College Administrators
- Parents
- Educators
- Health Professionals
- Students
- Law and Policy Makers

The College Life Study (CLS) is a longitudinal study of 1,253 college students at a large, public, mid-Atlantic university. This study is one of the first large-scale scientific investigations that aims to discover the impact of health-related behaviors during the college experience. Any first-time, first-year student between 17 and 19 years old at the university in the fall of 2004 was eligible to participate in a screening survey. The researchers then selected students to participate in the longitudinal study, which consisted of two-hour personal interviews administered annually, beginning with their first year of college. A full description of the methods used is available.1,2 Inherent to all self-reporting research methods is the possibility for response bias. Because the sample is from one large university, the ability to generalize the findings elsewhere is uncertain. However, response rates have been excellent and attrition bias has been minimal.

For more information about the study, please visit www.cls.umd.edu or contact Amelia M. Arria at the University of Maryland School of Public Health at aarria@umd.edu.


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