

BETTER SAFE THAN SORRY: ALCOHOL ABUSE IN STUDENT POPULATION AND ITS CONSEQUENCES

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Review paper

Abstract

The paper provides an overview of the existing knowledge of alcohol consequences among young people. Its abuse in this vulnerable population is a widespread public health problem with a growth tendency. An overview of the risk factors of individual and environmental factors has been made in the context of the alcohol abuse among young people, with special emphasis on young people coming from families with a history of alcohol abuse and those who are alcoholics themselves. The phenomenon of alcohol abuse was mentioned in the athlete's student population, and the review of the role of kinesiologist in the primary prevention of alcoholism as an expert in the organization of activities for the development of social skills of young people. They also considered modern prevention of alcoholism among young people with the aim of reducing risky behavior, and the need for additional youth education on healthy lifestyles was discussed.

Key words: alcoholism, young people, abuse, students, alcohol-related consequences, prevention.

Introduction

Alcohol is considered one of the oldest and most affordable drugs. In today's society, consumption is largely tolerated, and in some cases it is considered socially accepted behavior. From an evolutionary perspective there is an interesting hypothesis that the consumption of alcohol through fermented fruit by mammals throughout history has always been part of everyday life and is considered as such by normal habit (Dudley, 2000). Although criticized, perhaps this theory partly explains why sometimes social attitudes can have a stimulating effect (e.g., advertising drinking in media campaigns), or they can act as an incentive to the decision to use alcohol. In most societies it is a legalized substance, most commonly used for relaxation and relaxation, which owes its inhibitory effect. Although alcohol-free society does not see a problem, the International Statistical Classification of Diseases and Related Health Problems-ICD is classified into Group Disease and Behavioral Disorders (F10) ("WHO"). From occasional consumption to alcoholism, there are several stages; the beginnings of alcohol drinking, the controlled drinking phase, and the stage of uncontrolled drinking. It is indisputable that alcohol abuse is a real public health problem in all age groups, but there is also evidence that moderate consumption has some beneficial effects (Turner, Bennett, & Hernandez, 1981; Koppes, Dekker, Hendriks, Bouter, & Heine, 2005; Chen, Rosner, Hankinson, Colditz, & Willett, 2011). On the other hand, there is alcoholism as a multidimensional genetic-psychosocial-environmental disorder. Because of its complexity, the degree of influence of each factor on its development, as well as manifestations, has not been clarified. Also, it is important to mention the existence of an imprecise termic drinking (contrary to total abstinence) that does not cause the problem to

the consumer, is quantitatively moderate and thus contrasts with excessive drinking. The term is the subject of numerous professional discussions because it is contrary to the very definition of alcoholism as a chronic progressive disease. Logic suggests that addiction as such at the beginning eliminates control, for moderate drinking is just a step towards re-establishing addiction. The standard drink in many countries means the quantification of alcohol content regardless of its type and size of packaging, and the definition largely depends on local customs (e.g. the standard quantity does not have to be the same in Japan and Croatia). Alcoholic beverages contain ethyl alcohol (C₂H₅OH) which is separated by distillation, and the strength of the alcoholic beverage is determined according to its concentration. All types of psychoactive substances act to change activity in the central nervous system, changing the activity of synaptic (noradrenaline, acetylcholine, glutamate, dopamine, serotonin and gamma aminobutyric acid) neurotransmitter systems (Jung, 2001).

From the point of view of neurophysiological processes it is important to mention that it causes a person's psychological abilities if consumed in large doses, causing a strong abstinence syndrome after cessation of consumption and that certain tolerance may develop. Alcohol affects the permeability of the neuronal membrane, immediately after consumption, raising the level of dopamine and noradrenaline. In the case of severe addiction, a person experiences a reverse proportional effect on dopamine gain. It is considered that addictive behavior is the result of cumulative responses to alcohol exposure in combination with genetic background and influencing environmental factors over a given period of time (Spanagel, 2009).

There are certain factors that significantly increase the risk of alcohol dependence, including anxiety, depression and PTSD. Also, certain personality features such as passive addiction, amplitude, and antisocial personality disorders correlate with a high degree of alcoholism (Cloninger, 1987; Schubert, Wolf, Patterson, Grande, & Pendleton, 1988). Along with cardiovascular and malignant diseases Alcohol consumption is the world's third-largest global risk factor that accounts for about 2.5 million deaths per year (WHO Alcohol), which is why overvalues represent a significant social burden in most countries of the world, especially in lower income countries. With these allegations, the problem of alcoholism has not yet been treated as a priority public health problem and consequently devoted more attention to some other conditions and diseases that pose a significantly lower risk to the area.

Alcoholism is most often isolated by attracting the attention of social structures when people under their influence are involved in activities that endanger others' lives, while the general problem is relatively inanimate compared to, for example, narcotics addicts. The population-sensitive group is young people between 15 and 25 years old, due to the fact that there is a statutory provision prohibiting the sale of alcoholic drinks to minors (depending on the country the ban applies to young people up to 18 or 21 years of age).

Alcohol-related issues are fairly wide-ranging and affect both individuals and society. Drinking culture is learned early, placing young people in a particularly negative position as their abuse causes somatic ostracism and psychological disturbance to consumers. The alcohol consumption indicator per capita leads to interesting information on more than twice the amount of consumption in the EU but the world with the highest values in the countries of Central and Eastern Europe (World Health Organization, 2014). This is clearly stated about the need to raise awareness among young people about the consequences that alcohol produces on health, social and economic levels.

Alcohol abuse in the student population

The 14-year-long Norwegian alcohol use study (Bye & Østhus, 2011) reveals that during this period consumption increased by 40% in users aged 15 and over. The same study reveals that men are drinking more and more alcohol than women, which is not related to wine consumption. The proportion of people who drink alcohol at least twice a month or more has increased over the same period of time in all age groups. Alcohol consumption and drinking to the state of intoxication have been shown to be still widespread among young people, with the same incidence in both sexes. The frequency of drug abuse among young people is higher than in the general population, especially if they move in the middle where it is very difficult to resist social and

peer pressure, which makes them particularly vulnerable and vulnerable to misuse (Steinberg, 2014). Epidemiological studies point to serious problems of alcohol abuse among young people, which should not be confused with the problem of alcoholism in other population groups. The drinking of young and adults in the monogamous is different, from the greater quantity young people consume on occasion, the sensitivity to alcohol and the effects produced by the abuse, the developmental differences, and thus the impact on brain development (Windle, 2016).

Furthermore, the 2009 study finds that use (Singleton & Wolfson, 2009). The effects of heavy drinking lead to a rise in the number of bodily injuries among students, and approximately half of the alcohol-related injuries are believed to be related to alcohol abuse and can be avoided by removing such an alcohol consumption pattern (Moure-Rodríguez et al., 2016). The same form of drinking also contributes to the increased intake of medications by students, including those without a medical prescription (Caamano-Isorna, Mota, Crego, & Cadaveira). Adolescence is an important and highly sensitive stage of life when young people tend to try out new things. To prevent these behaviors from becoming addictive, it is necessary to identify certain patterns of behavior early on and intervene.

Students from families of alcoholics

It is commonly considered that young people who have a family history of alcohol dependence and are more inclined to become alcoholics (Stabenau & Hesselbrock, 1983). As already mentioned, the environment in which students are located can act as an incentive to take alcohol (freedom away from parenting, the influence of peers, the desire to be "cool" and feel adults), and family history also seems to be a big risk. Already in high school, there was a difference in the amount of alcohol consumption between family history students and their peers who do not have a family history of alcohol abuse (Ross & Hill, 2001). Also, it is of great importance to whoever drinks in the family, father or mother.

Additionally, students with alcoholic alcoholism are more likely to develop alcoholism than those with only one alcoholic parent (Westermeyer, Yoon, & Thuras, 2007). Some research suggests that a father's alcoholic has a greater influence on the ability of a child to become alcoholics in the future than in the case of mother-to-people abusing the substance (Braitman et al., 2009). The impact of alcoholism on young people living in such families is intense and complex, and the relationship to the level of children - parents and alcoholics is described as unstable. Students from such families need to be given more attention because they are more likely to experience adolescent crises due to the family situation, which, if they are not timely addressed, can be transformed into social pathology.

Student athletes and alcohol abuse

Although there is a commonly held belief that sporting activities act as a protective factor, some research has shown that student athletes are beginning to consume alcohol at an earlier age than individuals who do not deal with sports (Hildebrand, Johnson, & Bogle, 2001). Some authors explain the fact that alcohol problems may have arisen much earlier than the faculty, that athletes are experiencing greater physical and mental disabilities, and that they are under increased time and social pressures in fields, sports and academia (Watson, Brenner & Swanik, 2007). The high level of stress seems to have a very bad impact on students, and many people are attracted to alcohol to help with the pressures (Colder, 2001). Furthermore, some research leads to constant search for excitement as a part of personality associated with problematic alcohol consumption, and it has been shown that these tendencies are more pronounced in athletes than in non-sports students (Baer, 2002, Hartman & Rawson, D.). Student athletes also tend to have distorted opinions about the amount of alcohol they consume, so their colleagues seem to consume more and drink more frequently than themselves (Thombs, 2000).

The same author's study reveals that students acknowledge that they consume significant amounts of alcohol during the competitive season, but at the same time believe that they do not endanger either their sports or academic performance. All this should be borne in mind when designing prevention strategies to help athletes develop a protective mechanism and thus reduce the risks of problematic drinking. It is important to fully understand the motives of alcohol-taking in that specific population and to try to redirect them to alternative ways of overcoming (for example, developing stress-bearing techniques, pointing out that the need for excitement can be met through some adrenaline sport, referring them to different Methods of relaxation that can be applied, as well as point to the importance of social support if alcohol is used as a way of wearing a pressure). Understanding the variables that lead to drinking alcohol problems is a key step in prevention and increases the success of such strategies.

Individual and environmental factors that contribute to excessive alcohol intake

In a particularly high risk group, students who already have psychological problems, those who have already had alcohol problems or have been sanctioned in any way, and students who have been involved in high risk behavioral patterns in the past (Mallett et al ., 2013). As a risky event and activity with the possible alcoholic consequences of literature, the transition from high school to college (Borsari, Murphy, & Barnett, 2007) is a particularly delicate period in which students establish their identity away from

parenting, and broaden their social network. The habits established in this period tend to be mapped to the adult age (Grant et al., 2006). Special occasions (e.g. holidays and birthdays) also increase the risk of excessive alcohol consumption in the student population (Lewis, Neighbors, Lee, & Oster-Aaland, 2008; Patrick, Morgan, Maggs, & Lefkowitz, 2011). The same applies to some sporting events, especially football matches, which bear the risk of extreme ritual drinking of alcohol on a day of play (Glassman, Dodd, Sheu, Rienzo, & Wagenaar, 2010), and potentially leading to the outbreak of violence at stadiums. It should also be noted that social activities often involve students, including drinking large quantities of alcohol in a relatively short period of time, such as chefs, beer pong, drinkopoly, etc. Inclusion of students in such behaviors also increases the likelihood of sexual assault and / or unwanted relationship (Johnson & Cohen, 2004).

Consequences of excessive alcohol intake among students

Alcohol abuse problems can be divided into categories (Perkins, 2002), depending on their influence. Literature most often divides them into the harm the consumer consumes in the form of potential physical injuries, illnesses associated with excessive consumption, the risk of unwanted and unprotected sexual intercourse, drunk driving, the impact on the quality of sports performance, etc. The second category is the damage that the consumer It causes other people in the context of theft of property, vandalism, physical and sexual violence, public order and peace, etc. The third category refers to the costs associated with the institution the student is attending, and most commonly includes the vandalized or damaged faculty's property, the institutional costs in the form of increased emotional and employee engagement time around alcohol abuse cases in student attendants and potential legal costs can burden the academic institution.

Research shows that male students are prone to inappropriate behavior in the public, aggressive outbreaks, and generally deviant behavior in case of misuse (Buelow & Koepfel, 1995; Wechsler, Davenport, Dowdall, Moeykens, & Castillo, 1994; Leichliter, Meilman & Cashin, 1998) Alcohol, compared to students. Although male students are more inclined to apply puddles as a result of their uncontrollable drinking, the gender gap disappears when assessing the damage they inflict upon themselves. Apart from the somatic abortions caused by the abuse of alcohol (disturbed metabolism of sugar, lipid, vitamin B group and protein, effect on reproductive function, irritability, etc.), significant influence also has on poor academic success (Singleton & Wolfson, 2009, Meda et al.). Several studies confirm the correlation between average weekly alcohol consumption and low average rating (Engs, 2002, Presley, 1993).

Alcoholism also results in reduced productivity and is directly related to the size of a personal document (Mullahy & Sindelar, 1990). Although at first glance it has little to do with the student population because their status implies that they are not employed, but it is of great importance when considering that the beginning of alcoholism among young people in correlation with the lower level of education will result in lower profits in the future (Harwood, Fountain, & Livermore, 1998).

Role of kinesiologists in primary prevention

In order for them to be able to act preventively at all, it is essentially important that parents have relevant and verified information regarding all addictions, not just alcoholism. Schools are most likely to carry out workshops on addictions for students, and it is advisable for parents to be part of them. The family is the primary source of education, and in the case that parents themselves are not sufficiently informed about the support, of course there is no such thing. The general recommendation of the expert is to talk about the addiction to the children in an informal environment, very early, and certainly not before the adolescence, because in that period they become highly susceptible to peer recognition. Identifying with a group, having to deal with authority, fear of failure, insecurity, curiosity, or pure can have an incentive to take the substance so far and it is therefore important to start preventing the adolescent from having a predictable attitude on what to do (Curcio, Knott, & Mak, 2015; Ziaaddini, Dastjerdi, & Nakhaee, 2007; Kluck et al., 2014).

It is important to emphasize the importance of personality and social affiliation. The family plays a very important role in primary prevention, while further support is at a wider social level. Adolescents are very curious but their curiosity can be directed towards socially desirable behaviors, in which the role of the community is desirable; Family, school, sports clubs, teachers, trainers etc. It is well known that the positive effects of sporting activities are not limited to physical health, but also include improved mental health. Even the health definition itself of the World Health Organization (WHO) speaks of health as a harmony of physical, mental and social. In the footsteps of this knowledge, sport as a form of non-discerning activity has shown positive effects on the development of young people (Linver, Roth, & Brooks-Gunn, 2009). Some research has given priority to team-based individual sports because they proved to be effective in combating social isolation of youth (Barber, Eccles, & Stone, 2001; Gore, Farrell, & Gordon, 2001). It also has a positive impact on self-esteem development and increased life satisfaction. Sport plays a very important role in the socialization of young people, can be the source of social support, and its influence can also be used to gain self-confidence, which is, alongside self-esteem and self-esteem, a disadvantage to addicts in general.

Special emphasis and role has the leisure and leisure time that kinesiologists will be able to accomplish for social skills development activities and thus contribute to the reduction of unfavorable patterns of behavior. In leisure time, we are most often engaged in activities that give us pleasure, which is ideal to instruct young people on sports as an appropriate activity for their needs and interests. The modern times of young people fall into the position of passive consumers, thus contributing to inadequate movement, lack of creativity, and generally passive leisure time. There are numerous ways of organizing free activities, and the knowledge and experience of kinesiologists in encouraging physical activity and experiential learning through sport can be of great benefit to young people.

Strategies for alcoholism prevention in young people

Models of primary prevention of alcoholism among young people may be: sociocultural (more difficult changes in dysfunctional social norms, attitudes and values), health-educational (related to knowledge development, skills and promotion of responsible behavior in the targeted population), sociopsychological (spreading perceptions and fingering opportunities (Non-alcoholic alternatives), reduced availability of alcohol (regulation of commercial and public alcohol availability), systemic (methods applicable at all levels of the system that need to influence changing community drinking standards), and focus on individual problems (eliminating specific alcohol-related issues Which the community considers unacceptable) (Conyne, 1984). The smallest prevention programs usually contain a number of elements from a lot of different models that should overlap in real time.

In Croatia there is a National Plan for Suppression of Drug Abuse for Dividing from 2015 to 2017 ("Croatia - National Action Plan for the Suppression of Drug Abuse in the Republic of Croatia for the period 2015-2017, nd), whose main goals and priorities are reduction of demand (prevention of addiction to children and youth, prevention of workplace addiction, treatment and psychosocial treatment, and re-socialization and social integration of users, tackling the offer (suppression of drug supply and availability, illegal production and precursor traffic, and penal policy). At the European level, there is an Action Plan for Reduction of Harmful Use of Alcohol 2012-2020, 2017, which includes a wide range of guidelines and programs, that can be implemented relatively and easily, greatly reduce their abuse and promote health. Generally, all action plans, whether local, regional, national or European, are based on the same principles, although each of them requires multisectoral action and promotion. Addiction populations should be demystified, especially during maturation and socialization, and youth educated about the adverse effects that alcoholism carries on health.

Education itself is not enough and it is advisable to act on it in public, trying to change the attitude of the society towards addicts, while promoting effective interventions that can be undertaken. At the state level it is necessary to take active measures to reduce the physical availability of alcohol on the market for risky populations and potentially reduce the limit of legally permitted alcohol concentration in the blood.

The price of alcohol is also an important factor, which is cheaper it is more accessible to a wider layer of society, potentially increasing its harmfulness. Preventive programs, especially those that are part of compulsory education, should be implemented on micro-regions, but should not be restricted to compulsory formal education. It is understood that civic education, as well as all kinds of health education, are part of the school curriculum.

If not, it is still possible to run programs that deal with healthy lifestyles under professional guidance (pedagogue, kinesiologist, psychologist, defectologist) and informally in the form of workshops or as part of a sports club. The media plays an important role because, as they have already stressed, they can act as an incentive to a consumer decision. Their impact can be turned to the benefit of educating the masses of people, especially since they spend a great deal of their time online (e.g. an educational video about the dangers of drunk driving on Facebook / Instagram / Snapchat).

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Prevention programs should strive to broaden the general Knowledge about safe use and the dangers of alcohol abuse among young people, and every opportunity should be taken to further emphasize the importance of healthy social relationships, family interactions and individual abilities to adapt to life situations in preventing all unwanted behaviors and alcoholism.

Conclusion

Alcoholism is a medical and social problem. It is a challenge to the broad spectrum of consequences that range from personal, family to professional and social. It is generally considered that the abuse of alcohol is higher, the quality of life of the beneficiaries is lower. Alcoholism can be treated, and the addict needs to be subjected to rehabilitation that is often complex and long-lasting requires not only large personal, but also engagement of the wider community, and of course Lifelong maintenance. Treatment phases mostly depend on the clinical picture of the disease, but education is in any case an integral part of the process. Drinking habits are created early, and abuse of alcohol in the student population continues to be a globally widespread problem. Particularly concerned is the fact that the number of young people who have problems with alcohol increases year by year. Increased exposure to alcohol is associated with poor outcomes for adult consumers, which is why young people need to implement prevention strategies in particular.

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RADIJE PREVENIRATI NEGO ŽALITI: ZLOUPORABA ALKOHOLA U STUDENTSKOJ POPULACIJI I POSLIJEDICE

Sažetak

U radu se daje pregled postojećeg znanja o posljedicama alkohola među mladima. Njegova zlouporaba u ovoj ranjivoj populaciji je široko rasprostranjeni javnozdravstveni problem s tendencijom rasta. Pregled faktora rizika individualnih i okolišnih čimbenika je napravljen u kontekstu zloupotrebe alkohola među mladima, s posebnim naglaskom na mlade ljude koji dolaze iz obitelji s povijesti zloupotrebe alkohola i onih koji su alkoholičari sami. Fenomen zloupotrebe alkohola spominje se u studentskoj populaciji sportaša kao i pregled uloge kineziologa u primarnoj prevenciji alkoholizma kao stručnjaka u organizaciji aktivnosti za razvoj društvenih vještina mladih ljudi. Također se razmatra moderna prevencija alkoholizma među mladim ljudima s ciljem smanjenja rizičnog ponašanja i potrebe dodatnog obrazovanja mladih o zdravom načinu života.

Ključne riječi: alkoholizam, mladi ljudi, zlouporaba, studenti, posljedice povezane s alkoholom, prevencija

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