

Impact of Social Representations on Alcohol Consumption

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Abstract

Article presenting research results on the pattern of alcohol consumption, associated social representations and concept of disease in 20 families of patients with dual diagnosis of a therapeutic community and in virtue of this development of a preventive process aimed at reducing the level of consumption and increase of family support levels from the modification of social representations or beliefs associated with it. The study was qualitative, descriptive level, non-experimental method. The information collection elements were constituted by individual clinical histories, initial interview and a Likert type questionnaire prepared by the Specialist constituted by 15 items organized in three areas, these being, Level of alcohol consumption, associated social representations and knowledge and family support, with previous and subsequent application to the psychoeducational process. The results show an impact on alcohol consumption associated with the modification of social representations after the development of a preventive program of affective cut and information.

Keywords: Social representations; Alcohol consumption; Families

Introduction

Our current reality, framed in globalization, has been called to face a number of changes imposed by the evolution itself that invite the conscientious analysis of the factors that have occurred and that have precipitated that this reality is sharpened; one of them, but the saddest is the consumption of alcohol. The situation acquires complexity if one takes into account that alcohol consumption is a reflection of a way of adapting to society. Therefore, it cannot be glimpsed in a reductionist way and attributed simply to a disease, or to an isolated fact free of the influence of the community.

The abuse of alcohol consumption ranks third among the risk factors of the global burden of disease. In terms of mortality, it is reported to cause 2.5 million deaths annually; likewise, 320,000 young people between 15 and

29 years of age die from causes related to its consumption, which represents 9% of deaths in this age group [1].

The recent Study on Patterns of Harmful Consumption and Consumption of Alcohol in Colombia 2012 of the Latin American Faculty of Social Sciences (Flacso), based in Costa Rica, reveals that although alcohol consumption in Colombia does not exceed that of Europe or countries such as Canada and the United States; South America is one of the nations where these drinks are consumed the most: 6.3 liters of alcohol per person per year, with Antioquia and La Costa being the ones with the highest drink rate, with 8.6 liters of alcohol per capita per year.

Family history and behavior of alcohol consumption as a sociocultural factor in adolescents and others who consume alcohol daily remained stable, customary

consumption decreased and the dependent consumption index registered a significant increase, which went from 2.1 to 4 , 1%, while from 2008 to 2011 the high consumption remained the same, and the customary decreased from 2.2 to 1%. In this order of ideas we are facing a growing reality that from all perspectives translates into a detriment at the social level.

In the course of the research conducted, it has been observed that those who are more likely to consume alcohol are those exposed to different sociocultural risk factors such as the consumption of significant persons such as friends and family (parents), especially if they show a positive attitude towards this behavior in front of their children. This is possibly due to the fact that the father figures have a unique role in the formation of healthy or unhealthy behaviors; social influence and their habits are reproduced through socialization, which is the basis for the formation of attitudes, personality, self-concept, values and behaviors of their children [2].

Drugs a Social Concept

The sociological understanding of the phenomenon of drug use requires two aspects to be considered. In the first place, that drug addictions (in the plural) are a phenomenon of a complex nature in which emergence, persistence and extension are factors of various kinds, namely, organic, psychological, sociological, etc. From the organic level, drugs are or contain chemical substances that interact with the biochemical system producing changes in the perceptions, feelings and behavior of the human organism. This chemical stimulation is different depending on the nature of the substance, the amount present in the body, the mode and speed of administration, the physiological or psychological state of the individual, and the physical and social environment at the time of consumption, the reasons and expected results of it, etc [3,4].

The second aspect is that there is no correspondence between the chemical nature of drugs and their social significance. The phenomenon of drug addiction cannot be reduced to a biochemical game. One thing is the chemical concept of the drug (substance that by its chemical nature affects the structure or function of a living organism) and another social meaning. The latter, in addition, is not unique but varied, and comes to harbor value judgments about the adequacy or inadequacy of the use of drugs and even contradictions. The chemical concept does not include value judgments; the social concept of drug has to do precisely with the social valuations of which it is object. Regardless of its chemical nature, there are substances that are socially

recommended (drugs), accepted (alcohol, tobacco, coffee) and rejected (drugs, in the generic sense of the term). In what is thought to be a drug, high variability is recorded. It is this disparity in the valuations of groups of substances that leads to talk about the ambivalence of the social concept [3,5].

The dimension that drug addiction has acquired as a problem in advanced societies has contributed to the notion of what is drug social meanings have been added.

Associative Relationships between Beliefs about Social Use and Consumption

The concept of 'social representation' was coined in order to denote the social phenomenon as a reality that is related to the behavior of the people who make up the social groups, being Moscovici [6] the fundamental reference in this field of study. Megías, et al. [7], based on contributions such as Moscovici's, consider social representations as an ordered set of values and beliefs that allow people to communicate and, thus, to orient themselves in the social context to which they belong, understand their actions and explain and defend their identity. In addition, to summarize the concept of social representations, the three main characteristics that define them according to Wagner and Elejabarrieta [8] are indicated: (1) they are socially constructed; (2) show a wide homogeneity and distribution within the groups involved; and (3) as knowledge of a social nature they suppose a high relation between processes and contents of thought.

In this way, social representations favor the development of a strong association between their content and the behavior of the people who share them, generating a specific type of knowledge whose role is crucial in the way people think and organize his life. So much so that social cognition must be especially addressed in the study of the variables that determine health and social well-being, since through the process of social influence it is possible to establish and change the attitudes, values and behaviors of people [9], which could be very important in the prevention of drug addiction.

In this same line, it should be made explicit that in a study by Moral, et al. [10], the effectiveness of preventive strategies aimed at strengthening non-permissive attitudes to promote changes towards the non-use of drugs is confirmed. In other words, social representations, in addition to being constituted by values, notions and beliefs, also imply attitudes that in turn are related to behavior [7].

Likewise, Basabe and Páez [11] attach great importance to social representations for the understanding of alcohol consumption among young people, as a clearly social phenomenon. On the other hand, in a work by Pons, Berjano and García the relationship between alcohol consumption and manifest attitudes towards that consumption was confirmed. It has also been found that the belief about the amount of alcohol consumed by other students is associated with a higher consumption of said drug [12]. In addition, it seems that people's attitudes about drugs are related to their consumption [13], that adolescents' attitudes about drug use as well as the norms of the peer groups change before they begin to consume [14] and that there is a general change of attitudes, conditioned by beliefs, prior to behavior change [15].

It has been shown that ecstasy consumption is largely modulated by the type of social representation that people have about the effects of this drug [16], since consumption it is associated with favorable attitudes towards it [17]. In a study conducted in several European countries, it was observed that knowing the expectations of people about the effects of ecstasy or the perceived dangers of their consumption could determine the type of behavior they would show. Thus, knowing this attitude or, what is the same, knowing the content of social representations generates certain predictive capacity of consumer behavior.

At least this is what Calafat, et al. Therefore, such social representations seem to have a direct influence on people, taking into account that the content, the structure and the relationship between these and the behavior is also determined by the historical moment and social context in which they are found. People [7,18], in addition to the personal environmental context [18,19].

Psychosocial Factors Associated with the Early Consumption of Alcohol

When looking at the psychosocial factors that can be associated with alcohol consumption, it has been found that those who are more likely to consume alcohol are those exposed to different sociocultural risk factors such as the consumption of alcohol by significant persons such as friends and family (parents), especially if they show a positive attitude towards this behavior in front of their children. This is possibly due to the fact that the father figures have a unique role in the formation of healthy or unhealthy behaviors; social influence and their habits are reproduced through socialization, which is the basis for the formation of attitudes, personality, self-concept,

values and behaviors of their children [2]. It has been documented that when parents are consumers of alcohol it is likely that children reproduce the same consumption behaviors and even matching the patterns of consumption of parents; However, this relationship has not been conclusive in all cases [20,21].

The foregoing allows us to see that human actions depend, to a large extent, on broader contexts as well as on a progressive mutual accommodation between a developing human being, and the changing properties of the environments in which they live [22].

It should be noted that the psychological theories of Bandura and Walters [23], highlight learning through the observation of models and how the influence exerted by it depends on its characteristics [24], within which is its social position, competence, the perceived, attractive similarity and the existing relationship with the observer; so that in adolescents the behavior regarding the consumption of alcohol of the people close determines their attitudes, intentions, perceptions and consumption behaviors [25].

In a study called "The pattern of alcohol consumption in adults from the perspective of adolescents" [26] was able to identify that the adult model of alcohol consumption plays a fundamental role in the conceptualization of the drink that he makes; The normalization of alcohol and its connection with acts of celebration in adults translates to them the idea of absence of risk in their consumption, the conceptualization of alcohol under the prism of legal drug causes its use to be considered as "legitimate" and for last, taking into account that drinking is the way to "celebrate" adolescents speak of "tradition" and believe that their own way of doing it fits that tradition.

Methodology

The purpose of this study was to identify the pattern of alcohol consumption, social representations associated with it, and the concept of disease that 20 families of patients with dual diagnosis of a therapeutic community had, and by virtue of what was identified, develop a preventive process aimed at reducing of the level of alcohol consumption and increase of family support levels from the modification of social representations or beliefs associated with it.

The information collection elements were constituted by a detailed review of the individual medical records of each of the users and family groups, the development of

an initial interview aimed at establishing the first contact and identification of boarding needs and a questionnaire. Likert type prepared by the Specialist consisting of 15 items organized into three areas, these being alcohol consumption level, social representations associated with it and knowledge and family support, performing two applications thereof, and prior intervention and subsequent to this in order to know the impact of it.

Once the process of recognition of the population was carried out, it was necessary to identify the pressing needs at a preventive level, finding a gap in the absence of a program aimed at families and the promotion of psychoeducational spaces and / or learning oriented to prevention with this population group. So, taking as a point of reference the theories above, we proceed to apply a Likert-type questionnaire aimed at identifying the level of alcohol consumption, beliefs or social representations associated with it and the level of family support under of this, identifying itself against the levels of alcohol consumption that close to 73% is found in said practice, 28% reveals consumption wishes, 38% consumes liquor under a celebration, 55% consumes alcohol in family and for a 100% of respondents have never been prevented from consuming by a family member.

Regarding beliefs or social representations, 58% think that all families drink alcohol, 12% think that drinking alcohol is a normal behavior, 87% present control ideas stating that they agree with the statement that the consumption of alcohol is controlled Nothing has to happen; 12% show that they agree with the idea that alcohol does not hurt because it is a legal drug and 25% consider that drinking alcohol is a way to enjoy it as a family.

From this perspective, it was determined that the preventive process would be aimed at reducing control beliefs associated with consumption as well as the index of alcohol consumption under a celebration and in family spaces; This is done through the implementation of a boarding program based on support for the processes of construction of group knowledge.

Results

Once the psychoeducational program was developed and after the subsequent application of the Likert scale, an increase of 15% was obtained in terms of the number of abstinent relatives in the consumption of alcohol as well as a 30% increase in the desire for alcohol consumption during the development of the preventive program, which, if contrasted with the decrease in the

consumption pattern, would indicate that the lower the index of consumption, the greater the desire to carry it out.

With regard to the intake of alcohol by a celebration there was a 25% decrease in such behavior, decreasing to 13%.

Regarding the frequency of alcohol consumption in the family, a 14% decrease in this practice was evidenced, going from having 12% who exercised it 1 or 2 times a week to becoming part of the group that performs said consumption in the form monthly, comprising 41%.

There were no changes regarding the attempt to prevent the consumption of alcohol by any member of the family, maintaining the percentage at 100%.

Concerning the representation that all families consume alcohol, a decrease in this belief of 37% was obtained. With regard to the belief that "Drinking alcohol is normal" an 8% decrease was obtained in it, reaching 96% who disagree.

In response to the social representation that "If you control the drink does not have to happen anything" was obtained a decrease of 63% of those who approved the belief, disagreeing 75% after participating in the program.

With regard to the belief that "Alcohol is legal and therefore does not hurt" after the development of the preventive program increased the percentage manifesting disagreement, reaching a figure of 92%. In response to the representation that "Alcohol is a way to enjoy as a family" in the previous application was disagreed 73% and in the subsequent 88% there was an increase of 15% in the opposite population to said belief.

In the variable of perception of disease, there was an increase of 17% in the population that is fully in agreement with the fact that their relative has a disease, going from 58% to 75%; and an increase of 5% in those who think that this approach is relative. Regarding the perception of family accompaniment, there was an increase of 15% in the belief that family members require total family support.

However, despite the figure revealed in the family accompaniment variable, it is evident in the first application that the prevalence in the perception of care was distributed in a very low 19%, not at all 31% and relatively 15% with a low population in the indicator completely; that is, despite recognizing the need for

family support, they were not willing to provide this after discharge, which was modified after knowledge about the disease and acquisition of new coping strategies; so that the percentage of those who are willing to provide full support and 21% to those who intend to perform partial or relatively increased to 67% [27-31].

Conclusions

Once the prevention program has been carried out, it is evident that the family is an actor and manager of the change process; It has always been within the same that the individual has managed to acquire and introject beliefs, behavior patterns, action models and sociocultural references that will predispose him in the way he will act and face his reality, so that by means of the present study he remains in evidence that any process oriented to the promotion of skills in families will result in a satisfactory evolution of the patient who is institutionalized, facilitating the perception that this has of the process of getting sick and of its role in the modification of it.

By virtue of the analysis of the results developed, the following conclusive elements are established

- If it is possible to achieve an increase in the percentage of abstemious subjects after the development of preventive programs of affective cut and information.
- A directly proportional relation was found between the time of abstention and the experimentation of consumer desires, that is, the lower the index of consumption, the greater the desire to carry it out.
- Regarding the frequency of alcohol consumption in the family, there was a 14% decrease in this practice, from having 12% who exercised it 1 or 2 times a week to 21% but reducing the monthly consumption to 0%.
- It was found that the indices of alcohol consumption are directly proportional to the existence of control ideas associated with it, so that a reduction of 63% of those who approved this belief was obtained, while the consumption indices decreased in turn. .
- It was established that 27% of the population held control beliefs associated with consumption, which constitutes a significant risk factor in this practice.
- There is cognitive dissonance and incongruence between the perception of the need for family support and the real support they are willing to offer, that is, despite recognizing the need for family support, family members are not willing to provide it after leaving, associating with fears, anxieties and poor awareness of illness.
- Regarding the variable of perception of illness, only 58% of respondents acknowledge that their family member really has one, which was associated with

their constant and permanent assistance to the psychoeducational process as well as activities that are part of the program, to the detriment of the other 42% who, while not admitting the existence of such a disease, will not undertake actions in favor of improving it.

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