How alcohol consumption affects mental health among Ireland’s third level college students.

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Title

How alcohol consumption affects mental health among Ireland’s third level college students.
Abstract

Alcohol use is a major concern in Ireland, therefore this study has examined the effects of aggressive and impulsive behaviour as well as one’s mental health associated with alcohol use among college students. Data was obtained using the Alcohol Expectancy Questionnaire -2 (Rohsenow, 1983), the Barratt Impulsiveness Scale, version 11 (Patton, Stanford and Barratt, 1995) and the General Health Questionnaire – 12 (Goldberg and Williams, 1988). Results from a quantitative survey design consisting of 86 participants indicate no significant difference in male and female alcohol use. Further, insignificant results showed no association between alcohol use, mental health, aggression and impulsivity. It was however discovered, that females consume almost as much alcohol as males.

Keywords: Alcohol use, college students, aggression, impulsivity, mental health.
1.0 Introduction

Alcohol tends to be one of the most abused substances in Western Countries (Lieber, 1995). The aim of this research project is to investigate the experiences, effects and attitudes of alcohol consumption in relation to mental health, aggressive and impulsive behaviour among Ireland’s third level college students. This paper will examine how alcohol use has resulted in Irish adults being among the highest consumers of alcohol in Europe (Hope, 2008).

An individual’s awareness and attitudes play a major role in the way in which they drink. Research conducted by Dring and Hope (2001) indicates that consumption of alcohol in young people is highly influenced by the media, the same study further suggests a link between drinking and socialization and being accepted by peers. This thesis will look at the reasons that motivate the individual to drink and the pressure young adults experience in order to be accepted by their peers. Peer influence seems to be a major factor, why college students consume high amounts of alcohol (Berkowitz as cited in Wheeler, 2010). A mounting body of evidence suggests that those individuals who have friends that drink, are more likely to consume alcohol (Borsari and Carey, 2001) and those who frequently binge drink tend to have friends who also drink (Mofitt, Caspi, Rutter and Silva, 2001; Reifman, Barnes, Dintcheff, Farrell and Uhteg, 1998).

With alcohol being readily available whether at home or among peer groups, more children and adolescents start to drink and develop alcohol-related health problems (Harvard Health Publications, 2013). This paper will demonstrate some of the interpersonal problems
resulting from alcohol, including aggressive and impulsive behaviour and psychological well-being and how these impact on both the individual and society.

Gender will also be researched, previous research in this area carried out by Fillmore, Golding, Leino, Motoyoshi, Shoemaker, Terry, Ager and Ferrer (1997) suggests higher levels of alcohol use among males, nevertheless different studies point out increased rates of female drinking (Cahill and Byrne, 2012; Johnston, O’Malley, Schulenburg and Bachman, 2006).

1.1 Alcohol Expectancies and Alcohol Use

Evidence suggests an association between major depression and alcohol dependence in young adults (Grant and Herford, 1995). Moreover, alcohol has the tendency to prolong depression, the risk factor for relapse to heavy drinking occurs from persistent depression during abstinence from alcohol (Hasin, Tsai, Endicott, Mueller, Coryell and Keller, 1996). According to Crome, Ghodse, Gilvarry and McArdle (2004) adults may experience social, biological and psychological issues from consuming large quantities of alcohol at a young age. Simply believing that alcohol has been consumed can change one’s behaviour (Goldman, Brown and Christiansen, 1987; Goldman, Darkes and Del Boca, 1999).

Alcohol expectancies refer to the beliefs people hold about alcohol’s expected effects on behaviour, moods, and emotions (Leigh, 1989). Alcohol expectancy domains include enhanced socialization, relaxation, altered cognition, affective change etc. (Young, Connor, Ricciardelli and Saunders, 2006).

Alcohol abuse amongst college students is a significant health problem (Ham & Hope, 2003). Lately, responsible alcohol use has been encouraged more widely on college campuses.
However, binge drinking remains still popular in this culture (Saunders, Kypri, Walters, Laforge and Larimer 2004).

Social cognitive theory proposed by Bandura has contributed to the understanding of the development of alcohol misuse and dependence (Young et al., 2006). Thus, alcohol expectancies are based on social learning theory and are established at a very young age based on cultural norms, modeling and observation (Bandura, 1966). Alcohol expectancies can be divided into positive and negative expectancies. Positive expectancies are the beliefs that alcohol consumption results in desirable outcomes (Finn, Bobova, Wehner, Fargo and Rickert, 2004). These include, decreased tension, feelings of sociability and feelings of power and aggression (Palfai and Wood, 2001). Negative alcohol expectancies on the other hand, refer to the negative effects people expect to receive after consuming alcohol, such as a hangover and increased impulsive behaviour (Finn et al., 2004). In addition, Rohsenow (1983) points out those who drink alcohol occasionally expected more positive feelings from alcohol use, compared to heavy drinkers as they expected more impairment from alcohol.

Risk factors associated with alcohol use such as family history, personality characteristics, and the environment have been found not to influence drinking directly, but influence the expectancies a person might have that increase the effects of alcohol (Darkes, Greenbaum & Goldman, 2004). Interestingly, Schuckit’s & Smith’s (2000) study showed that positive alcohol expectancies did predict alcohol dependence, even after the amount of alcohol consumed has been decreased.
1.2 Binge Drinking

According to Drinkaware.ie drinking ‘binge’ few years ago was known to last at least several days, where the person was in an intoxicated state, neglecting his or her duties. The World Organization points out having at least six standard drinks per occasion is considered as binge drinking. It is however, important to note that the amount of alcohol consumed could occur while one is eating, therefore it cannot be considered as binge drinking. Further, recent research suggests binge drinking is more harmful than continues drinking, as brain cells are damaged quicker (Drinkaware.ie). Conflicting evidence suggests consuming two bottles of wine per occasion is considered as binge (Hansagi, Romelsjo, Gerhardsson de Verdier, Andereasson and Leifman, 1995). Most people who engage in binge drinking are not alcohol dependent.

Interesting figures published by Naimi, Breweer, Mokdad, Clark, Serdula and Marks (2003) indicate that 70% of adults 26 years and older engage in binge drinking episodes. The same study also points out that binge drinkers compared to non-binge drinkers are 14 times more likely to be involved in dangerous driving. Males tend to binge drink twice as often as females, consuming about eight alcoholic drinks on one occasion (Centers for Disease Control and Prevention, 2012). With evidence conflicting as this, it is hard to distinguish who can be labeled as a binge drinker. Perhaps someone who is intoxicated and commits harmful acts or perhaps one needs to have a certain amount of alcohol in the bloodstream to be considered a binger.

A mounting body of evidence suggests that frequent binge drinking is associated with many health problems and risky behaviours such as intentional and unintentional injuries, engaging in unprotected sex, liver disease and many more (Centers of Disease Control and Prevention, 2012).
Johnston, O’Malley, Bachman and Schulenburg (2011) conducted a study in the United States and found a drop in binge drinking of almost one-third (32.3%). According to the above mentioned study, binge drinking among students has decreased from 41.2% to 27.9% between 1980 and 2003.

Although many students have experienced the effects of alcohol before entering college, certain factors can lead to increased alcohol consumption, including the availability of alcohol, academic stress and less interaction with parents.

1.3 Drinking Behaviour Young Adults & Peer Influence

A College Lifestyle and Attitudinal National (CLAN) Survey has been conducted by Hope, Dring and Dring (2005) in order to establish students profile of lifestyle habits. Undergraduate full-time students from twenty-one colleges in Ireland have participated in the above mentioned survey. The study found that students consume alcohol to increase sociability, enjoyment and relaxation. However, some students consume alcohol to forget their worries and when anxious or depressed. The same study revealed that, the first drink among males was before the age of 14, however, the average age when students start to drink was 15 years. CLAN figures showed that male first year students had the highest number of binge drinking, whereas female second year students were highest. The preferred drink among males was beer, whereas female’s favorite drinks were beer and spirits. According to the Survey of Lifestyles, Attitudes and Nutrition (SLÀN) report 45% of men consume alcohol at least 2-3 times a week compared to 29% of women.

According to the European School Survey Project on Alcohol and other Drugs (ESPAD) (2011), Irish adolescents both drink frequently and to intoxication. Irish students reported to
consume 6.7 centiliters of pure alcohol, compared with the ESPAD average of 5.1 centiliters. It is however, important to note that the frequency of heavy drinking in Irish students is not much different compared to other countries. Furthermore, the study reports a decrease in alcohol consumption among the Irish youth between 2003 (83%) – 2011 (78%).

Gender differences in student drinking motivation have been examined, therefore Ratliff and Burkhart’s (1984) study suggests males and females have different expectations in what alcohol use will result. They concluded that men expect to experience a greater degree of aggressive arousal and social deviance as a result of their drinking, while woman drink to increase social pleasures. It is however, important to note that the recommended weekly maximum intake is lower for females (not exceeding 11 standard drinks) than males (not exceeding 17 standard drinks) of alcohol per week (Cahill and Byrne, 2012). The measure used in the United Kingdom is called a ‘unit of alcohol’, a typical drink in Ireland is called “standard drink”. A British unit of alcohol is equal to 8ml of pure alcohol, however research conducted in Ireland found that a typical standard drink contains 10ml of pure alcohol. (Hope, 2010). Hope (2009) defines a typical ‘standard drink’ as a half pint of beer (4.3%) 9.8ml of pure alcohol, one small glass of wine 100ml (12.5%) 10ml of pure alcohol and one single measure of spirits (37.5%) 10.7ml of pure alcohol.

Research carried out by the Health Research Board indicates 672 alcohol-related deaths between the years of 2004 and 2008, 2/3 of which were males (Kelly, 2011). Among those figures 40% of poisonings involved alcohol, while the remaining half involved other drugs such as prescription sedatives or anti-depressants. The same study revealed that young alcoholics aged between 24 and 35 were found to be most susceptible to liver disease of which 36.8% have died from this condition (Kelly, 2011).
A study on families where alcohol abuse occurs daily has demonstrated that these children are at higher risk for abusing alcohol than children from non-alcoholic families (Cotton, 1979; O’Gorman, 1981). Children from low socioeconomic status (SES) families who are also emotional instable, have difficulties to develop a secure and emotionally stable identity (Dodge, Pettit and Bates, 1994). Thus, the child of an alcoholic may start experiencing problem drinking as a teenager or perhaps when entering college, where academic pressure is intense and where alcohol is consumed frequently. Furthermore, children of alcohol abusers were more likely to admit having an alcohol problem (Berkowitz and Perkins, 1984).

Research on peer pressure indicates to be one of the most common reasons that young adults begin to drink (Jaccard, Blanton and Dodge, 2005). In order to be accepted by their peers, adolescent feel like they need to do something, mostly being theft or consuming large amounts of alcohol. Acceptance by peers is an important part during the adolescent and teen years, when young people start to understand themselves and their identity. Further research in this area carried out by Courtney and Polich (2009) states that, when drinking alone college students reported not to experience the same euphoria as when drinking in a group. In addition, during the first few month of college students are most vulnerable, this time usually leads them to engage in risky behaviour, like heavy drinking and drug experimentation.

A study carried out by Van Schoor, Bot and Engels (2008), found significant results in a correlation between peer drinking and observed drinking. Participants scoring high on drinking levels tend to socialize with those who also reported to consume large quantities of alcohol. Their findings propose that agreeable individuals were more prone to peer influence than individuals scoring low on agreeableness measures.
Adolescents need to learn to recognize peer pressure and avoid making decisions based on what others people do, say or think. If they allow others to make their decisions for them, they will find themselves doing things they don’t want to do, like consuming large quantities of alcohol and taking illegal drugs.

1.4 Aggression

Aggressive behaviours are quite common in males and alcohol can play a large part in triggering this aggression (Renfrew, 1997). McClelland, Davis, Kalin and Wanner (1972) point out that men drink primarily to feel stronger, especially those who are concerned with power. McClelland and his Colleagues also believe ‘that thoughts of personal power that accompany alcohol consumption may be manifested as aggression’ (1972, p. 334).

Subra, Muller, Bègue, Bushman and Delmas (2010) proposed that aggressive thoughts are automatically activated through alcohol related cues. Thus, the study suggests that actual alcohol consumption is not necessary to increase aggression. However, it is not known whether alcohol causes aggression or if aggressive individuals tend to drink more. A study on adolescent development with a total of 391 participants indicates that young adults between the age of 18 and 22, 30% of males and 25% of females reported having engaged in a fight while intoxicated (Giancola, 2002).

According to Geen (1990) elicitation of aggression depends on the genetic make-up, personality, frustrating or provocative environmental stimuli that produce stress, arousal and anger. Although research indicates that alcohol consumption leads to aggressive behaviour, however not all people become aggressive when they drink.
Marlatt’s and Rohsenow’s 1980’s alcohol effects study revealed that the mere belief of administering alcohol is enough for alcoholics to cause cravings and lose control, as well as causing changes in social anxiety, aggression, sexual arousal, and mirth in social drinkers. According to this study (1980), College social drinkers expect others to be more strongly affected by alcohol than themselves.

Street violence is known to be a big problem which is usually associated with alcohol consumption. According to the figures published by the HSE which suggest that alcohol related violence is a major problem in Ireland. A survey on crime and victimization indicated ‘that the rate of physical assaults had increased by 71% between 1998 and 2003, from 0.7% to 1.2% and was 1.1% in 2006’ (Hope, 2008, p.21). According to Morgan, McGee, Dicker, Brugha, Ward, Shelley, Van Lente, Harrington, Barry, Perry and Watson (2009) 7% of men have reported being in a fight compared to only 3% of women. The majority of these occurrences happen after periods of heavy drinking and SLÀN (2007) discusses how ‘binge drinkers are almost five times more likely to be involved in a fight because of their drinking compared to non-binge drinkers…’ (Morgan et al., 2009).

Similar research conducted by Arseneault, Moffit, Caspi, Taylor and Silva (2000) shows that the majority of aggressive acts have been committed by individuals who have previously consumed alcohol. Before considering a clear link between alcohol intake and an increase in aggressive behaviour it is important to note that alcohol decreases aggressiveness in some individuals (Lipsey, Wilson, Cohen and Derzon, 1997). For instance, Moeller, Dougherty, Lane, Steinberg and Cherek (1998) found that aggressive behaviour results from alcohol consumption in individuals with antisocial personality, and low levels of serotonin (Hoaken and Pihl, 2000).
Furthermore, a study using primates revealed those with low levels of serotonin were more likely to display aggression throughout life (Doudet, Hommer, Higley, Andreason, Moneman, Suomi and Linnoila, 1995). Despite these findings, no longitudinal research has been carried out that predicts the relationship between low levels of serotonin and lifetime rates of violent behaviour when under the influence of alcohol.

1.5 Mental Health

Mental health studies examine areas of one’s psychological make-up and thus, can provide an understanding on conditions which may only be visible during heavy alcohol use.

Baker and Velleman (2007) proposed that the link between depressive disorders and alcohol consumption can harm the individual and may eventually lead to suicide. Building upon previous research Rohde, Lewinsohn and Seeley (1996) conducted a study and found that 50% of individuals who are alcohol dependant also suffered from existing depressive disorders.

Females have been identified to be at greater risk of depressive symptoms, internalizing problems and depressive disorders compared to males (Lewinsohn, Rohde and Seeley, 1998). Males on the other hand, have been found to develop substance use disorders (Poulin, Hand, Boudreau and Santor 2004). However, figures of a Finnish study demonstrated that frequent alcohol use caused depressed mood in both males and females (Torikka, Kaltiala-Heino, Rimpelä, Rimpelä and Rantanen 2001). A study carried out in 2006 suggests that many people consume alcohol to help them cope with emotions, they would otherwise find difficult to cope with. In other words, individuals drink to change mood or mental state. Despite these findings, it has been suggested by the Institutes of Alcohol Studies (2013) that light to moderate drinking
can improve one’s mood and social adjustment, in addition it may help non-problem drinkers cope with stress or other negative emotional states.

At first alcohol produces feelings of happiness and well-being, but can lead to a major fall in mood just hours after use or the following day. An experience, people sometimes associate with feelings of hopelessness. A decrease in mood can lead to suicidal thoughts if someone is already experiencing symptoms of depression (Sher, 2005).

Every person’s mental state is affected differently by alcohol, depending on the amount of alcohol consumed and how long one has been drinking. People who rarely drink will experience feelings of relaxation and may become overconfident (Peele and Grant, 1999). Individuals who consume alcohol regularly will begin to experience feelings of nervousness, restlessness and even relationship troubles. Heavy drinkers will experience paranoia, insomnia and hallucinations (Shivani, Goldsmith and Anthenelli, 2002).

Brain functions are directly affected by heavy alcohol use, altering various brain chemical and hormonal systems, which are involved in the development of many common mental disorders (Koob, 2000). Thiamine (B1) is a necessary nutrient which the body uses for energy, figures show that almost 89% of alcoholics are deficient in this particular vitamin (Martin, Singleton and Hiller-Sturmhöfel, 2003). Those people who lack thiamine show symptoms of depression, loss of mental alertness or may even develop brain disorders such as Wernicke-Korsakoff syndrome (WKS) (Martin et al., 2003). Improvement in brain structure and function can be noticed in some individuals after they had been sober for at least one year (Bates, Bowden and Barry, 2002).
Mental Health seems to be influenced by diet, sleep, alcohol and drug use (Friedl and Ward, 2007). The same study states ‘efforts to encourage healthy eating…and reduce alcohol consumption can make a significant contribution to improving emotional well-being and cognitive function’ (2007, p. 7). According to the Mental Health Foundation a good balanced diet can prevent certain mental health problems such as depression, attention deficit hyperactivity disorder (ADHD) etc. Those reporting to have mental health problems consume less healthy foods and more unhealthy foods. Therefore, individuals experiencing symptoms of depression should consider avoiding drinks containing alcohol.

1.6 Impulsivity

Von Diemen, Bassani, Fuchs, Szobot and Pechan-Sky (2008) put forward that alcohol causes an increase in impulsive behaviour, which is not only dangerous for themselves, but for others as well. Two subtypes of alcoholism have been identified by Cloninger (1987): Type I alcoholics generally drink alcohol to reduce anxiety, while type II alcoholics show impaired impulsive behaviour and tend to be more aggressive. Further research in this area indicates high scores of impulsive and aggressive behaviour among children of alcoholic fathers (Giancola, Peterson and Pihl, 1993; Tomori, 1994).

A study on adolescent male found an increase of risky behaviour after periods of heavy drinking (White, Marmorstein, Crews, Bates, Mun and Loeber 2011). White and Colleagues (2011) attempted to find out whether young adults who drink heavily show an increase in impulsive behaviour. The study suggests consuming high amounts of alcohol in adolescence may lead brain structure and function to alter, that are responsible in reducing behavioural (impulse) control, which leads to more heavy drinking (White et al., 2011). Data came from a sample of
over 500 males, who were followed annually until age 18, with another follow up six to seven years later. Having a Blood Alcohol Concentration (BAC) level of 0.08% or higher was defined as heavy drinking. The results showed a significant increase in impulsive behaviour when the boys engaged in heavy drinking the previous year (White et al., 2011).

If heavy drinking is decreased during adolescent, impulsivity can be decreased by preventing damage to crucial brain areas. Von Diemen et al., (2008) findings suggest lower levels of impulsivity were achieved in individuals who stopped heavy drinking at some stage during adolescence. Therefore, decreasing drinking during adolescents could result in improved self-control at later ages.

Alcohol and impulsivity is known to be a dangerous mix: Individuals with poor impulse control and drinking problems are more likely to die within 15 years (Blonigen, Timko, Moos and Moos, 2011). Blonigen and colleagues (2011), tested whether alcohol misuse increases the risk of premature death. The researchers tested 515 people when they first came to seek help for drinking problems and again one year later, the participants were followed for another 15 years. During the investigation, 93 individual died. A year after seeking help for their drinking problems, those who scored high on a measure of impulsivity were more likely to die in the following years (Blonigen et al., 2011).

Further studies have examined the relationship between alcohol dependence and impulsivity in college women. Stojek and Fischer (2012) recruited 319 female first semester college students of which 235 were drinkers. After completing the short-form Michigan Alcoholism –Screening Test (S-MAST), the study found an increase in alcohol dependence in those who acted quick and irresponsible when under stress. According to Stojek and Fischer
women who are aware of their careless acting and thinking, should note that drinking leads to negative consequences, especially if they impulsively consume alcohol while in that negative mood.

1.7 Purpose of the Study

The motivation behind choosing to investigate this area is largely due to the fact that a lot of previous research conducted which the researcher examined dealt with the general population and their drinking behaviours. Thus, the researcher aims to determine the major influential mental health factors in student alcohol use.

The view that males tend to drink more than females has been challenged as well, however in the study conducted by Cahill and Byrne (2012) women showed similar drinking behaviours as their male counterparts. Despite these findings, it is necessary to investigate the Irish youth to determine whether there will be a significant difference in alcohol consumption between males and females.

Aggression, mental health and impulsive behaviour is stated to be of importance in the literature reviewed for this dissertation, the purpose is to gain further understanding on how alcohol misuse affects the individual’s well-being. It is therefore necessary to analyse and examine psychological experiences around areas of aggression, mental health and impulsive behaviour.

Examining aggressive behaviour may lead to crime reduction and security for others. It is also necessary to examine young adult’s impulsive behaviour, as this can provide an insight into both aggression in the form of crime and also areas of mental health and the usage of alcohol as an escape mechanism.
The area of how frequent both men and women drink will also be investigated. Several studies point out, that about half of college students consume large amounts of alcohol. Making students aware of their alcohol intake, may make them realize the consequences connected with their drinking habits.

1.8 Hypotheses

Hypothesis one: Male and Female third level college students will differ significantly in their alcohol consumption.

Hypothesis two: There will be a positive correlation between aggression and higher levels of alcohol consumption.

Hypothesis three: Male and Female college students will differ significantly in terms of mental health.

Hypothesis four: College students who consume alcohol frequently will have significantly increased impulsive behaviour.
2.0 Methodology

2.1 Participants

For this research project Dublin Business School (DBS) students from a number of psychology courses were randomly selected. Prior to handing out the questionnaires the researcher fully informed the participants that participation was voluntarily and completely confidential. Data were collected from both Bachelor degree and Diploma students from both day and evening time classes. A total of 86 male and female third level college students were analyzed in this study, 29% (n=29) were male and 57% (n=57) were female. The participants varied in age, the youngest was 18 years old and the oldest was 50 years old. The mean age for females was $(M=26.47, SD=7.91)$ years and $(M=27.25, SD=7.48)$ years was the mean for males. The research is aiming to find a relationship between student’s alcohol use and their mental health as well as a difference between gender, age and level and frequency of alcohol consumption. The discussion section will further discuss, argue and compare the findings with previous findings mentioned in the literature review.

2.2 Design

Quantitative survey design was used for thesis using questionnaires. Choosing this method of research is the most effective method available to collect data from a large population. The design was chosen from reviewing previous studies carried out with similar design used, to find a correlation between alcohol consumption and factors such as aggression, mental health and impulsivity. The variables for this particular correlational research being measured are gender and levels of alcohol use as predictor variables (PV) and aggression, mental health and impulsivity as criterion variables (CV).
2.3 Materials

All participants used pen/pencils to complete a booklet consisting of, The Alcohol Expectancy Questionnaire (AEQ-2; Rohsenow, 1983), the Barratt Impulsiveness Scale, Version 11 (BIS-11; Patton, Stanford and Barratt, 1995) and the General Health Questionnaire (GHQ-12; Goldberg and Williams, 1988). In addition, participants were also asked to give information about gender, age, levels and frequency of alcohol use. The SPSS 18 program was used to input data, produce graphs and obtain results.

2.3.1 Demographic Questionnaire

This questionnaire was specifically designed for this research to find out information such as: gender, age and the amount of alcohol consumed on a typical night out as well as participants weekly alcohol intake.

2.3.2 Alcohol Expectancy Questionnaire

The Alcohol Expectancy Questionnaire (AEQ-2; Rohsenow, 1983) is a self-report measure designed to assess participants “positive effects attributed to moderate alcohol consumption” (Brown, Goldman, Inn and Anderson, 1980). The questionnaire is broken down into six different expectancies: (1) global, positive, transforming agent (28 items), (2) sexual enhancement (7 items), (3) enhancement of physical and social pleasure (9 items), (4) socially assertive personality changes (11 items), (5) relaxation or tension reduction (9 items) and (6) feelings of arousal or aggression (5 items). As such only items from the sixth expectancy consisting of 5 items were analyzed in this study, which is ‘Alcohol increases feelings of arousal and aggression’. Participants were asked to state their personal effects and expectancies regarding alcohol consumption, responding to either positive or negative effects. Some examples
of the questions asked were “Drinking makes me feel flushed”, or “Drinking increases male aggression”. The reliability for the sixth subscale estimates of .270.

### 2.3.3 Barratt Impulsiveness Scale

The Barratt Impulsiveness Scale, Version 11 (BIS-11; Patton, Stanford and Barratt, 1995) is a 30 items self-report questionnaire designed to assess participant’s general impulsiveness. The questionnaire is comprised of six first-order factors: Attention (5 items), Motor (7 items), Self-Control (6 items), Cognitive Complexity (5 items), Perseverance (4 items) and Cognitive Instability (3 items) and three second-order factors: Attentional Impulsiveness (8 items), Motor Impulsiveness (11 items) and Nonplanning Impulsiveness (11 items). By summing either the first-order or second-order factors, a total general impulsiveness score is attained. Some of the questions asked were “I plan tasks carefully”, “I act on impulse” and so on. The items are scored using a four-point scale, which ranges from Rarely/Never (1) to Almost Always/Always (4). The reliability coefficient for BIS-11 ranges from .79 to .83.

### 2.3.4 General Health Questionnaire.

The General Health Questionnaire (GHQ-12; Goldberg and Williams, 1988) is a twelve items self-administered questionnaire designed to measure psychiatric illness. This questionnaire consist of six positive mood states (e.g. was able to enjoy normal day to day activities) and six negative mood states (e.g. felt unhappy or depressed). Each statement has four possible answers, which differ from question to question; not at all, no more than usual, rather more than usual or much more than usual. All responses are scored from zero to three.
2.4 Procedure

Permission to hand out booklets to day-time and evening-time classes was sought from Dublin Business School Lecturers. Prior to handing out the questionnaires, the researcher explained the nature of the study and asked the participants to read the consent letter attached to the booklet (see Appendix 1) In addition, the researcher clearly communicated that participation was voluntarily and completely confidential, participants were also informed of their right to withdraw from the study at any time. At the end of each booklet, contact details of organizations were attached which students could get in touch with if they had been affected by any of the questions asked (see Appendix 6). Filling out the questionnaires took approximately 10-15 minutes. After questionnaires have been completed, they were placed in an envelope. The researcher thanked the participants for their time in taking part and they were once again assured confidentiality.

2.5 Ethical note

Dublin Business School ethical guidelines were strictly followed. Each questionnaire had a brief introductory note about the nature of the study. Participants were informed that all information given would remain strictly confidential. At the back of each booklet, contact details of organizations were provided in case participants were affected in any way by the questions asked. Participants were also informed of their right to withdraw from the study at any time.
3.0 Results

3.1 Descriptive Statistics

Due to not normal data non-parametric tests were ran to obtain results for this study.

In relation to student’s alcohol consumption on a night out as well as their weekly intake, participants reported a mean number of drinks consumed on a typical night out (Figure 1) as 3.05 (SD = 1.26), 1.73 was the mean for student’s weekly alcohol use (SD = 1.12) (Figure 2).

Of all males that were analyzed in this study 20.93% reported to consume 1-5 drinks per week, whereas only 2.33% reported to drink 20 or more drinks containing alcohol (Figure 3).

In comparison, 38.37% of female’s weekly alcohol intake were 1-5 drinks, while 2.33% stated to consume 20 or more drinks (Figure 4).

Figure 1 represents the amount of alcohol consumed by students on a typical night out.
Figure 2 represents student’s weekly alcohol consumption.

A summary of descriptive statistics of the BIS-11 total scores along with the total scores of all three subscales has been established (Table 1). In addition, the mean and SD of total aggression and total general health have been added.

Table 1 Summary of descriptive statistics of impulsiveness, aggression and general health.

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attentional Impulsiveness</td>
<td>17.21</td>
<td>3.46</td>
</tr>
<tr>
<td>Motor Impulsiveness</td>
<td>23.83</td>
<td>4.52</td>
</tr>
<tr>
<td>Nonplanning Impulsiveness</td>
<td>25.42</td>
<td>4.71</td>
</tr>
<tr>
<td>Total BIS-11</td>
<td>66.73</td>
<td>9.82</td>
</tr>
<tr>
<td>Total Aggression</td>
<td>8.16</td>
<td>1.23</td>
</tr>
<tr>
<td>Total Mental Health</td>
<td>12.49</td>
<td>6.64</td>
</tr>
</tbody>
</table>
3.2 Hypothesis one:

Hypothesis one states that there will be a difference among male and female college students in their alcohol consumption. A Mann-Whitney U test was conducted in order to explore if there was a significant difference in student’s alcohol intake during a typical night out (Table 2). Males had a mean rank of 46.69, compared to the mean rank of 41.88 for females. The Mann-Whitney revealed that males and females did not differ significantly in terms of their alcohol intake on a typical night out ($z = -0.868$, $p = 0.385$). Therefore the null cannot be rejected.

A Mann-Whitney U test was performed in order to find a significant difference in student’s weekly alcohol consumption (Table 2). Males had a mean rank of 43.67, compared to the mean rank of 43.41 for females. The Mann-Whitney revealed that males and females did not differ significantly in terms of their weekly alcohol consumption ($z = -0.052$, $p = 0.959$). Therefore the null cannot be rejected.

| Table 2 A Mann-Whitney U test displaying students alcohol consumption during a night out and per week |
|------------------------------------|------------|---------------|----|--------|
| Alcohol intake night out           | N          | Mean Rank     | Sum of Ranks | Z     | p      |
| Males                             | 29         | 46.69         | 1354.0       | -0.868| 0.385  |
| Females                           | 57         | 41.88         | 2387.0       |       |        |
| Alcohol intake per week           | N          | Mean Rank     | Sum of Ranks | Z     | p      |
| Males                             | 29         | 43.67         | 1266.5       | -0.052| 0.959  |
| Females                           | 57         | 43.41         | 2474.5       |       |        |

*P significant at .05 level. Descriptive and Inferential statistic levels for alcohol consumption of males and females.*
Figure 3 displaying males weekly alcohol use.

Figure 4 displaying females weekly alcohol use.
3.3 Hypothesis 2:

Hypothesis two aims to find a positive correlation between aggression and higher levels of alcohol consumption. Spearman’s Rho was performed to determine whether a positive link exists between aggression and alcohol consumption of a typical night out. A Spearman’s rho correlation found that there was no significant association between alcohol consumption and aggressive behaviour (rs(86) = -.098, p = .371). Therefore the null cannot be rejected.

3.4 Hypothesis 3:

Hypothesis three proposed male and female college students will differ significantly in terms of mental health. A Mann-Whitney U test was conducted to find significant differences among males and females in terms of their mental health. Males had a mean rank of 43.25, compared to the mean rank of 41.36 for females. The Mann-Whitney test found that there was no significant difference between mental health in males and females (z = -.338, p = .736). Therefore the null cannot be rejected.

A Mann Whitney U test was employed in order to find a significant difference in student’s feelings of unhappiness and depression. Males had a mean rank of 47.16, compared to the mean rank of 41.64 for females. The Mann-Whitney test found no significant difference between feelings of unhappiness and depression in males and females (z = -1.05, p = .293). Therefore the null cannot be rejected.

3.5 Hypothesis 4:

Hypothesis four states that college students who consume alcohol frequently will have significantly increased impulsive behaviour. Spearman’s rho was conducted to explore whether a
significant link exist between alcohol consumption and increased impulsive behaviour. The mean scores for weekly alcohol consumption was 1.73 (SD = 1.12) and for Total BIS-11 was 66.73 (SD = 9.82). A Spearman’s rho correlation found that there was no significant association between weekly alcohol consumption and impulsivity (rs(79) = .079, p = .490). Therefore the null hypothesis cannot be rejected. In addition, the correlation between weekly alcohol use and all three subscales was found to be non-significant; Attentional Impulsiveness (rs(82) = .058, p = .606), Motor Impulsiveness (rs(83) = -.004, p = .972) and Non-planning Impulsiveness (rs(86) = .010, p = .925).
4.0 Discussion

4.1 Interpretation of findings

The purpose of this dissertation was to find a difference in the amount of alcohol consumed by males and females in Ireland’s third level college students. Specifically, the research focused to find a link between student’s alcohol use, aggressive and impulsive behaviour. It was expected that those with higher alcohol intake would have increased aggressive and impulsive behaviour. Further it was hypothesized, that student’s would differ in terms of their mental health when alcohol is consumed.

After analyzing the data, it was found that hypothesis one was not supported, however previous studies found a difference in alcohol consumption among males and females (Fillmore et al., 1997). Further, this study did not find a relationship between aggression and higher levels of alcohol use, which is unexpected as previous studies found contrary results (Renfrew, 1997; Arsenault et al., 2000; Giancola, 2002; Morgan et al., 2009). Rohde et al., (1996) and Torikka et al., (2001) found significant results in the use of alcohol and depressive moods, however the results of this research did not support the previous studies. Further it is important to note, that this study like previous studies (Von Diemen et al., 2008; White et al., 2011; Stojek and Fischer, 2012) was aiming to find an increase in impulsive behaviour, when alcohol is consumed. However, unexpected non-significant results were found when data was analyzed.

4.1.1 Gender differences in alcohol consumption

Previous studies report higher amounts of alcohol consumed among males (Fillmore et al., 1997), however females tend to drink at least as much as their male counterparts (Cahill and Byrne, 2010). According to CLAN figures, males reported to have had their first alcoholic drink
before the age of 14, while the SLÀN survey reports 40% of males and 29% of females consume alcohol at least 2-3 times a week. It is further important to note, that Irish adolescent drink to intoxication, consuming 6.7 centiliters of pure alcohol, while the average ESPAD intake of pure alcohol is 5.1 centiliters. Unexpected results from the present study report no difference in alcohol consumption among males and females. Therefore, the first hypothesis was not supported. It is however, important to note that the insignificant results may be due to the uneven number of males and females. Several studies have reported increased rates of female alcohol use (Cahill and Byrne, 2010; Johnston et al., 2006). Thus, alcohol use is becoming more equal between males and females. For instance females drink to enhance social pleasure, while males expect to experience greater aggressive arousal (Ratliff and Burkhart, 1984).

4.1.2 Aggressive behaviour and alcohol use

This study aimed to find a link between aggressive behaviour present in individuals after having consumed large amounts of alcohol. This research found non-significant results, which was unexpected as previous studies provided significant results between increased aggressive behaviour and alcohol use (Arsenault et al., 2000; Morgan et al., 2009). Therefore, the second hypothesis in this study was not supported. For instance, Morgan et al. (2009) found that 7% of men and 3% of women have engaged in a fight after consuming large quantities of alcohol. In addition SLÀN (2007) states that individuals who binge drink are five times more likely to pick a fight than non-binge drinkers. Geen (1990) also provided evidence for a link between aggression and alcohol use. Thus, a combination of genes, provocative environment and anger are all factors that contribute to the elicitation of aggressive behaviour. Individuals with low levels of serotonin have also been linked to demonstrate aggressive behaviours, which occurred from alcohol consumption (Hoaken and Pihl, 2000).
4.1.3 Mental health and alcohol use

Results obtained from analyzing peoples mental health responses in connection with weekly alcohol intake indicate to be non-significant. Therefore hypothesis number three was not supported. Findings are contrary with previous studies, where an association of 50% between alcohol and depressive disorders has been found (Rohde et al., 1996). Evidence put forward by Torikka et al. (2001) indicated that depressed mood occurs in both males and females after frequent alcohol use. However, it is not known whether alcohol causes depression or if depressed individuals drink high amounts of alcohol to change mood or mental state. This sudden change or decrease of mood may eventually lead to suicidal thoughts (Sher, 2005). Further studies have examined the relationship between alcohol and mental health and found that diet has an influence on one’s psychological well-being. Therefore, those with mental health issues have been found to consume more unhealthy foods and consume more drinks containing alcohol.

4.1.4 Impulsivity and alcohol use.

The relationship between student’s weekly alcohol intake and impulsive behaviour was found to be insignificant, therefore the final hypothesis was not supported. Nevertheless, results from previous studies have shown a significant link between alcohol use and increased impulsive behaviour (Von Diemen et al., 2008). White et al. (2011) found that adolescence who drink heavily have altered brain functions and structures, which are responsible in reducing impulsivity, thus, it leads individuals to consume more alcohol. Further Von Diemen et al. (2008) points out, if individuals stopped consuming high amounts of alcohol during their adolescent years, brain damage can be prevented, lower levels of impulsivity and an improvement in self-control could be achieved.
4.2 Limitations of the Study

This research conducted makes contributions in several areas. First, respondents were randomly selected from both morning and evening classes, thereby providing a good age range. Secondly, even though the findings did not suggest a significant difference in male and female alcohol use as previous studies have illustrated (Fillmore et al., 1997), however, the results of this study provide shocking findings, as females are seen to consume almost as many alcoholic drinks as males. Although, this study had a small sample, but sufficient for the analysis undertaken and included participants from various classes, a few limitations must be considered.

The findings of this research have several limitations. This research had a small sized sample of students from only one college, therefore it would be beneficial to recruit a larger sample with equal numbers of males and females from several colleges to improve validity. In addition this study only looked at student’s alcohol consumption on a night out and per week, longitudinal research is required to determine a more precise link between frequent alcohol use, aggressive and impulsive behaviour and one’s mental health.

An additional limitation was the restricted section of the AEQ-2 questionnaire, as only one of the six subsections was used in this study. Thus, if all items would have been included, a possible significant result could have been achieved.

Although, the questionnaires used for this study have previously shown to be reliable and valid, however, some students may had difficulties understanding some questions or may have not answered truthfully. Even though, participants were informed that all information given would remain confidential.
4.3 Future Research

The research presented had limitations as previously discussed, therefore future research in some areas is recommended. It might be of benefit to analyze student’s motivations to drink and to what extend peer pressure is experienced to consume large amounts of alcohol in order to be a part of a group. It would also be of interest to examine different colleges in terms of their drinking behaviour as well as students from different socioeconomic backgrounds in order to determine various aggressive behaviours and impulse control. In addition, longitudinal research is needed to understand the changes in students drinking behaviour overtime and whether aggressive and impulsive behaviour will increase with continues use. Also the relationship between constant alcohol use and one’s mental health needs to be examined in a longitudinal study. Thus, the study might be able to provide an understanding whether alcohol leads to depression or if people who are already experiencing depressive symptoms consume more alcohol in order to cope with their problems. Advertisements towards responsible drinking need to be further developed and expanded.

4.4 Conclusion

The present study has not confirmed the findings of previous research carried out. For instance, the difference between male and female alcohol use (Fillmore et al., 1997) indicate that males do consume more alcohol compared to females. As the CLAN report puts forward, young men have reported to have had their first alcoholic drink before the age of 14 and showed higher numbers in binge drinking during their first year in college.

Secondly, the link between increased aggressive behaviour and higher levels of alcohol consumption was not present, as in previous research (Arsenault et al., 2000; Morgan et al.,
Evidence suggests that those individuals with antisocial personality (Moeller et al., 1998) and low levels of serotonin (Hoaken and Pihl, 2000) act aggressively after consuming alcohol. In addition, figures from the HSE point out an increase in physical assault on Ireland’s streets by 71% between 1998 and 2003.

Thirdly, Rohde et al. (1996) and Torikka et al. (2001) found that males and females differ significantly in terms of their mental health, reporting females to experience greater depressive symptoms (Lewinsohn et al., 1998). However, research conducted by the Institute of Alcohol Studies (2013) suggests otherwise, indicating moderate amounts of alcohol may improve one’s mood and help to combat negative emotions. Alcohol, when it’s rarely consumed can improve one’s confidence, on the other hand, constant alcohol use will lead to hallucinations and sleep disturbances (Shivani et al., 2002).

Finally, in relation to student’s impulsive behaviour while under the influence of alcohol, the present study did not find a correlation that could confirm previous research (Von Diemen et al., 2008). White et al. (2011) did in fact identify that adolescent male who drink excessive amounts of alcohol show increased impulsive behaviour. Research which is almost identical to Stojek and Fischer (2012), who found an increase in alcohol dependence in those college women who were irresponsible and quick to act in stressful situations.

In conclusion to the present study, none of the hypotheses were supported by previous research, this could be due to the fact that nowadays females consume almost as much alcohol as their male counterparts. It is however evident, that Ireland still displays concerning figures when it comes to the consumption of alcohol among young adults. The media and peer pressure have a major influence on young adults, encouraging one to consume large amounts of alcohol in order
to belong to a certain group. Implications from heavy alcohol use leads to an increase in crime rates and mental health issues. Therefore Ireland’s young adults need to understand the dangers and risks when they engage in heavy drinking, especially in the college environment, where students are most likely to binge drink and experiment with illegal drugs. Whether crime can be reduced by making alcohol less available for adolescent is a factor important to note and hope for.
References


Johnston, L. D., O’Malley, P. M., Schulenberg, J. E., & Bachman, J. G. (2006). *The aims and objectives of the Monitoring the Future study and progress toward fulfilling them as of*


Appendix 1

Consent Letter

Drinking habits among College Students

This study aims to investigate alcohol consumption among Irish male and female college students. Please answer each section as honestly as you can, do not spend too long thinking about each question as there are no right or wrong answers.

Any information that you give will remain strictly confidential, please do not write your name anywhere on this survey. You have the right to withdraw from the study at any time, if you wish to do so. I hope you find this interesting, and I would like to thank you in advance for your time and cooperation.

Questionnaire: The overall aim of the study being conducted is to determine the major effects alcohol consumption has on young adults. All participants must have reached the minimum age of 18.

If you require any further information concerning this research, please contact me Eugenie Hecht at the address below.

Email:

Eugenie Hecht (researcher) *********

Pauline Hyland (supervisor) *********
Appendix 2

Alcohol Consumption Scale

Age: __________

Gender: Male: __________ Female: __________

How many standard drinks containing alcohol do you have on a typical night out with your friends? (Ireland 1 Standard Drink = 10ml of alcohol equivalent to 1 small glass of Wine 100 ml, 1 Single measure of spirits or Half Pint of lager beer/cider).

- o 1 or 2
- o 3 or 4
- o 5 or 6
- o 7 to 9
- o 10 or more

On average how many alcoholic drinks do you have per week?

- o 1-5 drinks
- o 6-10 drinks
- o 11-15 drinks
- o 16-20 drinks
- o 20 or more drinks
Appendix 3

ALCOHOL EXPECTANCY QUESTIONNAIRE - III

(ADULT)

The following questions contain statements about the effects of alcohol. Read each statement carefully and respond according to your own personal thoughts, feelings and beliefs about alcohol now. We are interested in what you think about alcohol, regardless of what other people might think.

If you think that the statement is true, or mostly true, or true some of the time, then circle "Agree" on the answer sheet. If you think the statement is false, or mostly false, then circle "Disagree" on the answer sheet. When the statements refer to drinking alcohol, you may think in terms of drinking any alcoholic beverage, such as beer, wine, whiskey, liquor, rum, scotch, vodka, gin, or various alcoholic mixed drinks. Whether or not you have had actual drinking experiences yourself, you are to answer in terms of your beliefs about alcohol. It is important that you respond to every question.

Alcohol increases feelings of arousal and aggression.

Agree Disagree Drinking makes me feel flushed.
Agree Disagree I feel powerful when I drink, as if I can really influence others to do as I want.
Agree Disagree Drinking increases male aggressiveness.
Agree Disagree After a few drinks, it is easier to pick a fight.
Agree Disagree At times, drinking is like permission to forget problems.
**Appendix 4**

**Barratt Impulsiveness Scale**

DIRECTIONS: People differ in the ways they act and think in different situations. This is a test to measure some of the ways in which you act and think. Read each statement and put an X on the appropriate circle on the right side of this page. Do not spend too much time on any statement. Answer quickly and honestly.

<table>
<thead>
<tr>
<th></th>
<th>Rarely/Never</th>
<th>Occasionally</th>
<th>Often</th>
<th>Almost Always/Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>2.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>3.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>4.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>5.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>6.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>7.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>8.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>9.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>10.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>11.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>12.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>13.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>14.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>15.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>16.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>17.</td>
<td>I act “on impulse.”</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>18.</td>
<td>I get easily bored when solving thought problems.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>19.</td>
<td>I act on the spur of the moment.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>20.</td>
<td>I am a steady thinker.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>21.</td>
<td>I change residences.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>22.</td>
<td>I buy things on impulse.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>23.</td>
<td>I can only think about one thing at a time.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>24.</td>
<td>I change hobbies.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>25.</td>
<td>I spend or charge more than I earn.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>26.</td>
<td>I often have extraneous thoughts when thinking.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>27.</td>
<td>I am more interested in the present than the future.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>28.</td>
<td>I am restless at the theater or lectures.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>29.</td>
<td>I like puzzles.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>30.</td>
<td>I am future oriented.</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
Appendix 5

General Health Questionnaire

Please read the following statements and underline the answer that you think most relates to you over the last few weeks.

Have you recently:

<table>
<thead>
<tr>
<th></th>
<th><strong>Been able to concentrate on whatever you’re doing?</strong></th>
<th><strong>Better than usual</strong></th>
<th><strong>Same as usual</strong></th>
<th><strong>Less than usual</strong></th>
<th><strong>Much less than usual</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td><strong>Lost much sleep over worry?</strong></td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td>3</td>
<td><strong>Felt that you are playing a useful part in things?</strong></td>
<td>More so than usual</td>
<td>Same as usual</td>
<td>Less useful than usual</td>
<td>Much less useful</td>
</tr>
<tr>
<td>4</td>
<td><strong>Felt capable of making decisions about things?</strong></td>
<td>More so than usual</td>
<td>Same as usual</td>
<td>Less so than usual</td>
<td>Much less capable</td>
</tr>
<tr>
<td>5</td>
<td><strong>Felt constantly under strain?</strong></td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td>6</td>
<td><strong>Felt you couldn’t overcome your difficulties?</strong></td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td>7</td>
<td><strong>Been able to enjoy your normal day to day activities?</strong></td>
<td>More so than usual</td>
<td>Same as usual</td>
<td>Less so than usual</td>
<td>Much less than usual</td>
</tr>
<tr>
<td>8</td>
<td><strong>Been able to face up to your problems?</strong></td>
<td>More so than usual</td>
<td>Same as usual</td>
<td>Less able than usual</td>
<td>Much less able</td>
</tr>
<tr>
<td>9</td>
<td><strong>Been feeling unhappy and depressed?</strong></td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td>10</td>
<td><strong>Been losing confidence in yourself?</strong></td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td>11</td>
<td><strong>Been thinking of yourself as a worthless person?</strong></td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td>12</td>
<td><strong>Been feeling reasonably happy, all things considered?</strong></td>
<td>More so than usual</td>
<td>About same as usual</td>
<td>Less so than usual</td>
<td>Much less than usual</td>
</tr>
</tbody>
</table>
Appendix 6

Contact numbers of Organizations for concerned students

If you are concerned with or affected by any of the raised issues please do not hesitate to contact the following organizations.

Alcoholics Anonymous
Unit 2, Block C, Santry Business Park,
Swords Road,
Dublin 9,
Tel: 353 1 8420700
Fax: 353 1 8420703
Email: gso@alcoholicsanonymous.ie

Aware Helpdesk
72 Lower Leeson Street, Dublin 2
Tel. 01 661 7211
Fax. 01 661 7217
Email. info@aware.ie

HSE Addiction Services
Beldale View, Belcamp Lane, Darndale
Dublin 17
Tel. 01 848 8951

Shine Contact Details
38 Blessington Street
Dublin 7
Tel. 01 860 1620

I would once again like to thank you for taking part in this study and would remind you that all information given here will remain strictly confidential. If you would like to know more about this study, please do not hesitate in contacting me at the address printed on the front of this booklet.