METHODOLOGY

The college students aged 18 to 24 are seemed to be vulnerable to alcohol problems because of lack of knowledge about the effects of alcohol. This study is to find out how far a psychosocial education about alcohol related problems can help the students to understand the danger behind alcohol (health hazards due to excess of alcohol intake) and to find out reduction in motives and intake.

Hypothesis of the study

1. There is no significant difference between the Graduate students from 1st year, 2nd year and 3rd year regarding their effects of alcohol usages.

2. There is no significant relationship between alcohol consumption and their living conditions.

3. There is no significant difference between the mean score of above 20 years and below or equal to 20 years of age with respect to College students in the respective College with respect to level of alcohol utility problems.

4. There is no significant relationship between the income received from parents and alcohol utility problems of college students.

Target: 225 college students from the age group of 18 to 24

Procedure:
1. taking written informed consent
2. randomizing the students to intervention groups
3. Providing psychosocial education in alcohol related problems for 225 students for a period of six months

Psychosocial education materials may include the following items.

- Definition, meaning and use of alcohol,
- What are the motives for drinking
✓ Why we need to control the intake of alcohol
✓ What is moderate drinking
✓ Who all are beneficiaries of moderate drinking
✓ How alcohol intake effects physically, psychologically, socially economically etc.
✓ What are the prevention methods that can help excessive drinking in college students?

The implementation of the psychosocial education may expect to promote:

✓ To reduce to moderate alcohol consumption in heavy drinkers
✓ To reduce alcohol-related negative consequences
✓ Healthier choices among young adults regarding alcohol
✓ Accurate knowledge about alcohol
✓ To improve coping skills for alcohol-related risk reduction

Inclusion criteria

1. Selecting only college students who are doing their Graduation.
2. Choosing researcher’s own work place for data collection for more accuracy in research work.
3. Choosing the students from the streams of BBM, B.Com, and BCA,
4. Choosing only male students and who drinks or like to drink
5. Choosing 1st year 25 students of BBM, 25 students of BCOM, and 25 students of BCA

And

2nd year of BBM 25 students, BCOM 25 student and BCA 25 students

And

3rd year of BBM 25 students, BCOM 25 students and BCA 25 students

Exclusion criteria
1. Excluding all other college graduate students
2. Excluding all Post Graduate students.
3. Restricting the study in one place for better value and more approachable for the collection of data
4. Restricting to students who really interested in psychosocial education in alcohol related problems.
5. All female students excluding from the study.
6. All non drinkers of students also excluding g from the study

**Tools used in this research study:**

1. **Consent form**

2. **Socio-demographic data sheet** contains Gender, Age, Course and Year, College, whether currently living with the family or not, Type of family and whether they belong to Nuclear, Extended, Joint family

3. **Standardized Questionnaires**

**Drinking Motives Questionnaire-Revised (DMQR)**

The Drinking Motives Questionnaire-Revised (DMQR) contains 20 reasons why people might be motivated to drink alcoholic beverages. Participants rate on a 5-point scale how frequently each of the 20 listed reasons motivate them to drink alcoholic beverages. The measure yields four scale scores reflecting different motives for drinking alcohol. (Kuntsche Emmanuel et al, 2009)

**Alcohol Use Disorders Identification Test (AUDIT)**

Developed by the World Health Organization to identify persons with hazardous and harmful alcohol consumption as well as alcohol dependence. Although other self-report instruments have been found to be useful, the AUDIT has the advantages of being short, easy to use, and flexible, yet provides valuable information for feedback to patients; Consistent with ICD-10 definitions of harmful alcohol use and alcohol dependence; Focused on recent alcohol use; Validated in
many countries and available in many languages. The AUDIT consists of ten questions. The first three items measure the quantity and frequency of regular and occasional alcohol use. The next three questions ask about the occurrence of possible dependence symptoms, and the last four questions inquire about recent and lifetime problems associated with alcohol use.

Once screening has been conducted, the next step is to provide an appropriate intervention that meets the needs of each patient. Typically, alcohol screening has been used primarily to find persons with alcohol dependence, who are then referred to specialized treatment. In recent years, however, advances in screening procedures have made it possible to screen for risk factors, such as hazardous drinking and harmful alcohol use. Using the AUDIT, the SBI approach described in this manual offers a simple way to provide each patient with an appropriate intervention, based on the level of risk. The four levels of risk and corresponding AUDIT scores are as follows:

<table>
<thead>
<tr>
<th>Risk Level Intervention AUDIT Score*</th>
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<tbody>
<tr>
<td>Zone I Alcohol Education 0-7</td>
</tr>
<tr>
<td>Zone II Simple Advice 8-15</td>
</tr>
<tr>
<td>Zone III Simple Advice plus 16-19</td>
</tr>
<tr>
<td>Brief Counseling and Continued Monitoring</td>
</tr>
<tr>
<td>Zone IV Referral to Specialist 20-40</td>
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<tr>
<td>for Diagnostic Evaluation and Treatment</td>
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*The AUDIT cut-off score may vary slightly depending on the country’s drinking patterns, the alcohol content of standard drinks, and the nature of the screening program.

Consult the AUDIT manual for details. Clinical judgment should be exercised in the interpretation of screening test results to modify these guidelines, especially when AUDIT scores are in the range of 15-20.

The four levels of risk and corresponding AUDIT scores shown in are presented as general guidelines for assigning risk levels based upon AUDIT scores. They may serve as a basis for making clinical judgments to tailor interventions to the particular conditions of individual patients. This approach is based upon the premise that higher AUDIT scores are generally indicative of more severe levels of risk. The cut-off points, however, are not based on sufficient evidence to be normative for all groups or individuals. Clinical judgment must be used to
identify situations in which the total AUDIT score may not represent the full risk level, e.g., where relatively low drinking levels mask significant harm or signs of dependence. Nevertheless, these guidelines can serve as a starting point for an appropriate intervention. If a patient is not successful at the initial level of intervention, follow-up should yield a plan to step the patient up to the next level of intervention. (Babor F. et al, 2001)

4. **Psychosocial education materials** - Selected from various brief interventions in management of individuals with alcohol-related problems

**Source of data collection:** The sample will be collecting from a universe of college students studying in Kristhu Jayanthi College Bangalore using convenience sampling method.