

SOCIO-ECONOMIC STATUS AND FAMILY ADJUSTMENT AMONG ALCOHOL-ADDICTED EDUCATED YOUTH WITH SPECIAL REFERENCE TO SARUPATHAR, GOLAGHAT, ASSAM

Paulus Kullu, Dr. Probin Topno & Dr. Dinachandra Singh Chingakham

**Paulus Kullu, Research Scholar, Department of Education, Arunachal University of
Studies Department of Education**

Dr. Probin Topno, Asst. Professor Bosco Institute, Jorhat Assam

**Dr. Dinachandra Singh Chingakham, Research Supervisor, Associate Prof. & Head of the
Department of Education, Arunachal University of Studies**

Abstract

In the present world of competition, modernity, and show-off, normative and controlled drinking behaviour, a feature of ancient drinking patterns is affected. Alcoholism has turned out to be a social problem in the present day. Though in the early period, it was used in the form of medicine with the changing society and passage of time, it has turned into a burning problem in a society that not only affects the victim but also the people around him/her. Alcohol consumption can be seen frequently in adolescents and especially students of young age. Nowadays, most of the mortality rate is increasing due to the impact of alcohol both physically and mentally. People should be aware of the health condition of the alcohol consumer and its effects. They should not think of treatment for alcoholism to be a stigma, that still prevails in society. It has been observed that family and socio-economic status of a person have some impact on the drinking pattern of alcohol. Assam is rich in diverse races and tribes, it is found that alcohol is taken as a beverage in many customs and rituals which can be considered as an initiator of alcohol consumption in the youth of young age. It is very necessary to be aware of alcoholism its changing signs and how different factors are associated with it so that they can gain control over alcoholism and build a developed society. The young age children are less aware of the effects of alcoholism in their later life which is one of the factors that increase the alcoholism rate.

The researcher chose this topic to study as per his observation that most of the educated youth of the Sarupathar area of Golaghat district consume alcohol from a

very young age (school days) and this leads to addiction and their life is affected in the latter period of life stage. Also due to alcoholism their social behavior changes, affecting their family environment and also their socio-economic status. The researcher is also interested in exploring the existing problems and different causes that lead to alcohol consumption in the target individuals. The findings of the study showed that very few respondents are from high SES (21.7 percent). Many of them majority of the respondents were from moderate SES 50.0 percent. 31.7 percent of the alcohol-addicted educated youth was from low SES.

Keywords: Socioeconomic status, Family adjustment, General health, Alcoholism, Youth.

Introduction

The history of mankind reveals that there have always been those who for a variety of reasons have resorted to substances, which can alter sensations, mood, and consciousness and produce euphoric effects. The use of alcohol in India has long traditional and social roots dating back to 2000 BC to early Indo-Aryan civilization. Aryans would consume *somras* a liquid as a beverage on all occasions like festivals and different sacred rites. Likewise, there are many different intoxicating liquids consumed since years ago for various purposes and are referred to in many hymns of different *Vedas*. It has also been mentioned that *Kshatriyas* used *Sura* a beverage distilled from rice meal. In many ancient literature, it has been verified that alcohol was present in ancient society in one way or the other.

In India, alcoholic beverages are produced as licensed industrial sectors and illicit home brews. The industrialized sector grows rapidly where the maximum share is of the beer industry while the wine industry is less. The spirit industry is mainly divided into two parts- Indian Made Foreign Liquor (IMFL) and country Liquor. In May 2020, Assam increased excise duty on IMFL by 25 percent. (The Sentinel , 2021).

Alcoholism is characterized by the repeated drinking of alcoholic beverages to an extent that exceeds customary use or compliance with the social customs of the community and that adversely affects the consumer's health or interferes with social or economic functioning (M.Keller, 1955).

Alcoholism mostly gets influenced/ initiated due to depression, influence of peer groups, family issues, dropout, a trend, out of curiosity, and also due to some customs. Often nowadays it can be observed that most people consume alcohol, especially the youths on dates. Most of

the time young children in their early adolescence start consuming alcohol to seek refuge from their problems of life as it gives a temporary respite from the troubles. Gradually, the drinking becomes frequently used and he/she becomes dependent on it as most of them are emotionally immature and lack self-confidence. Thus, this may lead to alcoholism and substance abuse at an early age. Don Cahalan (Ahuja, 1992) has given a five-fold classification of alcohol drinkers based on the frequency of drinking (and not on the quantity of alcohol taken):

1. *Rare users*- who drink once or twice a year.
2. *Infrequent users*- who drink once or twice in two to three months which is less than once in month.
3. *Light drinkers*- who drink once or twice a month.
4. *Moderate drinkers*- who drink three or four times a month.
5. *Heavy drinkers*- who drink every day or several drinks during the day.

Lower socio-economic status results in higher rates of depression, anxiety, attempted suicide, cigarette dependence, illicit drug use, and episodic heavy drinking among adolescents (Fred C. Pampel, 2010). Throughout one's life, socioeconomic circumstances have an important role in determining one's behavior and functioning. SES is defined by the American Psychological Association (APA) as an individual's or group's social status or class, which is frequently determined by a mix of education, money, and occupation (Susan C. Saegert, 2007). SES also considers a person's or a group's financial, social, cultural, and human capital resources (Justice, 2016).

The researcher is concerned about different parameters influencing/ initiating alcohol consumption along with its effect among educated youths. The study is mainly focused on individuals in the early adolescent and adolescent stage as it was observed that most of the educated youth consume alcohol and many have become addicted people too. Even though various factors lead to alcoholism in the study main focus is on the socio-economic status and family adjustment role along with the general health among the addicts of educated youth.

Objectives of the Study:

1. To study the socio-economic status of alcohol-addicted educated youth.
2. To find out the family adjustment of alcohol-addicted educated youth.
3. To understand the general health of the participants.

Hypothesis

H₁- Socio-economic status and general health of alcohol-addicted educated youth is associated

H₀- Socio-economic status and general health of alcohol-addicted educated youth is not associated

H₂- Socioeconomic status and family adjustment of the alcohol-addicted educated youth is associated.

H₀- Socioeconomic status and family adjustment of the alcohol-addicted educated youth is not associated.

H₃- Family adjustment and general health of the alcohol-addicted educated youth is associated.

H₀- Family adjustment and general health of the alcohol-addicted educated youth is not associated.

Literature Review

A wealth of research has delved into the intricate interplay between socio-economic status (SES) and alcohol addiction. Notably, individuals from lower SES backgrounds appear to face an elevated risk of developing alcohol-related issues, attributed to the myriad stressors associated with economic disadvantage (Conger & Elder, 1994; Pampel et al., 2010). Moreover, the nexus between educational attainment and SES emerges as a significant factor, with higher education levels seemingly acting as a protective shield against substance abuse (Newbury-Birch et al., 2002). However, the dynamics among education, SES, and alcohol addiction remain intricate and exhibit variations across diverse populations. Within the familial sphere, a pivotal role in shaping behaviors and influencing the development of substance abuse problems is ascribed to family dynamics. Studies underscore the protective role of positive family relationships, effective communication, and familial cohesion, while simultaneously emphasizing the heightened risk associated with dysfunctional family environments (Velleman, 2004; Barnes et al., 2006). Research has further explored the impact of family adjustment and support systems on individuals grappling with alcohol addiction. Positive family dynamics, characterized by supportive relationships and effective communication, are posited to facilitate the recovery process. Conversely, strained family relationships may impede treatment outcomes (Copello et al., 2002; Kelly & Moos, 2003).

Cultural and social factors add another layer of complexity to the relationship between SES, family adjustment, and alcohol addiction, particularly in the context of educated youth. Considerations of cultural norms, social stigma, and access to resources emerge as pivotal in shaping the experiences of this demographic dealing with alcohol-related issues (Room et al., 2005; Keyes et al., 2010). Delving deeper, psychosocial elements, encompassing stress and mental health challenges, intersect prominently with both SES and educational attainment. Elevated stress levels during educational journeys have been identified as contributors to substance abuse, underscoring the multifaceted nature of these relationships (Degenhardt et al., 2003; Green & Ritter, 2000). Peer influence and social networks emerge as influential factors in understanding alcohol addiction among educated youth. Studies highlight the impact of peer pressure, social norms, and substance availability within social circles on the likelihood of alcohol misuse (Borsari & Carey, 2001; Ennett et al., 2008). Gender differences warrant attention, as research suggests varying relationships between SES, family dynamics, and alcohol addiction for males and females. Gender-specific factors, including societal expectations and roles, play a role in shaping alcohol-related behaviors (Nolen-Hoeksema, 2004; Erol & Karpyak, 2015). Exploring intervention strategies and treatment outcomes is imperative for comprehending how socio-economic factors and family dynamics influence addiction treatment success among educated youth. Tailoring treatment approaches to the socio-economic context and available family support becomes pivotal in enhancing efficacy (Miller & Wilbourne, 2002; McKay et al., 2009). Longitudinal studies tracking individuals from adolescence into young adulthood provide valuable insights into the dynamic relationships evolving over time. Understanding developmental perspectives contributes to the design of targeted prevention and intervention programs (Brook et al., 2010; Zucker et al., 2011).

[Methodology & Tools for data collection](#)

The descriptive design of the quantitative approach is applied to the research. Samples were selected from the Sarupathar area of Golaghat District, Assam. Convenience sampling of Non-Probability Sampling Design was used for identifying the sample unit. The sample size was 60.

Tools for data collection, three standardized scales were used of;

- Kuppaswamy scale 2020 to measure the socio-economic status of the alcoholic-educated youth.
- PAFAS scale to measure the family adjustment of alcohol-educated youths.
- SF-36 questionnaire to measure the general health of the alcohol-educated youth.

Data analysis and interpretation

Table 1
Demographic Profile of the Respondents

<i>Particular</i>	Response	Frequencies	Percentage
<i>Age of the Respondents</i>	Early Adult	19	31.7
	Adult	28	46.7
	Late Adult	13	21.7
<i>Sex of the Respondents</i>	Male	55	91.7
	Female	5	8.3
<i>Education Qualification</i>	Class X	9	15.0
	H.S	19	31.7
	Graduates	32	53.3
<i>Social Group of the Respondents</i>	Adivasi/Tea Tribes	34	56.7
	Assamese (Ahom)	8	13.3
	Nepali	7	11.7
<i>The religion of the Respondents</i>	Hindu	27	42.2
	Christian	34	53.1
	Others	3	4.7

With the passage of age, many experiences and knowledge can be gained, and thus the decision-making capability also varies with age (Stephens, 2018). The younger age group of people consumes more alcohol than those of older age people. People of younger age are more prior to high-risk alcohol intake however higher risk is found within the moderate age people. In terms of higher-risk drinking, the young-middle age groups had greater chances than the youngest age group, but the oldest group had lower odds (SURASAK CHAIYASONG1, 2018).

The above table shows the age group of the respondents. The respondents were divided into three categories using a quartile. The first group was named as young group as they belonged to the age group of 15 to 19, the respondents who belonged to the age group of 20-22 and were

termed as middle-aged age and those who were of the age of 23-27 were categorized as old. The youngest respondent was of 15 years of age and the eldest was of 27 years of age. The mean of the ages of these respondents was 21 years. The standard deviation was 2.98. In this research, the opinion of the respondents who belong to the middle-aged is dominant.

In many studies, it has been evident that male has a higher frequency of alcohol consumption than females. Men were continuously more likely than women to drink in general and in large quantities, while women were consistently more likely to abstain from alcohol for the rest of their lives (Wilsnack, 2009).

In the research, it was found that the respondents were male with 91.7 per cent which is the highest and the percentage of the respondent with 8.3 per cent are female. This indicates that the research mostly consists of male respondents than female.

The education qualification of graduation is the highest with a total 53.3 per cent followed by H.S with 31.7 per cent and the lowest number of respondents who are in Class X with 15 percent.

Through the study of a few articles, it was found that educational qualification is associated with alcohol intake and dependence on substance abuse. Education imparts accurate health information and improves cognitive abilities that influence health-promoting decisions (Rosa M. Cnum, 1993). More frequent drinking can be found with more educational level as they are influenced by peer groups and in attending different programs. Furthermore, those with less years of schooling are more likely to report consuming more alcohol on a single occasion and experiencing alcohol-related damage (Daniel B. Rosoff, 2021).

The study also tried to identify the respondents from different communities. The respondents were from the Adivasi/Tea Tribe Community, Assamese (Ahom) and Nepali Community. Similarly, looked at the religion practiced by the respondents.

Socio-Economic Status of the Respondent:

Socioeconomic status is an economic and sociological combination to measure the individual family's economic and social position in a society. Thus, the individual perception differs with different families. Thus, SES is an important variable to study to know the association within different SES of families.

Table 2

Socioeconomic Status of the Respondents

Responses	Frequency	Percentage
Low Socioeconomic Status	17	28.3
Moderate Socioeconomic Status	30	50.0
High Socioeconomic Status	13	21.7
Total	60	100.0

Table2 given above represents the socio-economic status (SES) of the respondents from the study area. From the given figure above, we can say that moderate SES shows the highest response with 50.0 per cent followed by low SES with 31.7 per cent and high SES has the least number of respondents with only 21.7 percent.

Socio-economic status can involve many factors but the main used measures are- education, income, and occupation. This determines the SES of an individual and it shows a vary result in alcohol consumption of a person. Through the studies (HILLIARD, 2018) it can be known that both high and low SES adults drink frequently but the low and moderate SES adults are more prior to poor health than the high SES. Individual socioeconomic level was positively related with drinking status, according to a 2016 study; that is, the greater an individual's income, the more alcohol he or she consumed.

Table 3

Family Adjustment

Responses	Frequency	Percentage
Low-Level Adjustment	15	25.0
Moderate-Level Adjustment	33	55.0
High-Level Adjustment	12	20.0
Total	60	100.0

Table 3 given above represents the family adjustment (FA) of the respondents from the study area. From the given figure above, we can say that from moderate level of FA group is the highest with a total of 55.0per cent followed by the low level of the FA group with 25per cent and the high level of FA group has the least number of respondents with only 20.0 percent.

Alcohol addiction is increasing rapidly in developing countries like India. Alcoholism has far-reaching implications, particularly for the family, and can result in catastrophic situations. Family environment and adjustment to the problems prevailing can affect the intake of alcoholism among educated youths with alcohol dependence (Nagalakshmi, 1995).

Table 4
General Health

Responses	Frequency	Percentage
Excellent	2	3.3
Very Good	10	16.7
Good	28	46.7
Fairs	13	21.7
Poor	7	11.7
Total	60	100.0

Table4 given above represents the General health (GH) of the respondents from the study area. From the given figure above, we can say that the maximum number of people in general health condition is in good condition with the highest total 46.7per cent followed by a fair group of people with 21.7 per cent.

The link between alcohol intake and health is intricate and multifaceted. The worldwide burden of disease caused by alcohol is significant, accounting for 3.2 per cent of global mortality and 4.0 per cent of the global burden of disease assessed in DALYs. Alcohol's effect on the organs might be direct or indirect, depending on the person's overall health (Geetanjali Poonam1, 2016).

Bivariate Table and Interpretation

Table 5
Socio-Economic Status & General Health

<i>General Health</i>	Socio-Economic Status			Total
	Low Socioeconomic Status	Moderate Socioeconomic Status	High Socioeconomic Status	
<i>Poor Health</i>	3(20)	11(52.4)	1(6.7)	21(100)
<i>Normal Health</i>	3(12.5)	15(62.5)	6(25)	24(100)
<i>Good Health</i>	8(53.3)	6(40.0)	1(6.7)	15(100)
<i>Total</i>	15(25)	32(53.3)	13(21.7)	60(100)

df=4

 $\chi^2 = .293$

Bivariate analysis was done to find the association between the General health and socio-economic status of alcohol-educated youth. Table 5 shows the bivariate analysis. It is found that the alcohol-educated youth who fall in the low socio-economic status category show poorer health than those of high socio-economic status.

However, the chi-square test proves that there is no significant association between general health and socioeconomic status as the P value was found to be .293 which is more than the conventional value of .05.

SES is also a consistent and reliable predictor of a vast array of outcomes across the lifespan, including physical and psychological health. The link between SES and AUD is not one-way, although it does have impacts in both ways. People with a lower socioeconomic status are more likely to have unfavorable alcohol-related effects than those with a higher socioeconomic status (Susan E. Collins, 2016).

Table 6**Family Adjustment & Socio-Economic Status**

Family Adjustment	Socio-Economic Status			Total
	Low Socioeconomic Status	Moderate Socioeconomic Status	High Socioeconomic Status	
Low-Level Adjustment	1(6.7)	11(73.3)	3(20)	15(100)
Moderate Level Adjustment	12(36.4)	14(42.4)	7(21.2)	33(100)
High-Level Adjustment	4(33.3)	5(41.7)	3(25)	12(100)
Total	17(28.3)	30(50)	13(21.7)	60(100)

Df= 4

X²= .231

Bivariate analysis was done to find the association between family adjustment and socio-economic status. Table 6 shows the bivariate analysis. It is found that the educated youth who fall into the lower socio-economic status show a high level of family adjustment in comparison to the higher SES.

Families are influenced by their social status throughout time, and socioeconomic deprivation has severe repercussions for both adults and children. Family adjustment is however related to the SES as the income, and education of the parent influences the behavioral and thinking capability which ultimately impacts their interaction and family environment (Rand D. Conger, 2010).

However, the chi square test proves that there is no significant association between FA and SES as the P value was found to be .231 which is more than the conventional value of .05.

Table 7**Family Adjustment & General Health**

<i>Family Adjustment</i>	General Health			Total
	Poor Health	Normal	Good	
<i>Low-Level Adjustment</i>	5(33.3)	5(33.3)	5(33.3)	15(100)
<i>Moderate Level Adjustment</i>	6(18.2)	20(60.6)	7(21.2)	33(100)
<i>High-Level Adjustment</i>	4(33.3)	7(58.3)	1(8.3)	12(100)
<i>Total</i>	15(25)	32(53.3)	13(21.7)	60(100)

Df= 4

X²= .3

Bivariate analysis was done to find the association between family adjustment and general health. Table 7 shows the bivariate analysis. It is found that the alcoholic-educated youth who fall into the high-level adjustment category have less good health i.e., 8.3 per cent in comparison to the low level of family adjustment.

The effects of parental AD and secondary drug disorders were assessed in multiplex families with a high risk of alcohol dependence (AD). A strong bond between parents and children decreases the risk of heavy alcohol consumption in adolescents. Adolescents who lived with both biological parents were less likely to drink heavily than those who lived in alternative situations as less adjustment is needed between the members of the child living with the prior condition mentioned (Kristjan Kask, 2013).

However, chi-square test proves that there is no significant association between general health and family adjustment as the P value was found to be .3 which is more than the conventional value of .05.

Findings & Conclusion

Age

The respondents were divided into three age groups- early adult, adult, and late adult. The highest respondent was found to be of adult age. The youngest respondent was of 15 years of age and the eldest was of 27 years of age. The mean of the ages of these respondents was 21 years. The standard deviation was 2.98. In this research the opinion of the respondent who belongs to middle-aged (20-22) is dominant.

Gender

There were two categories for gender- male and female. The percentage of respondents who is male 91.7 per cent is the highest and the percentage of respondents 8.3 per cent are female. The research is been dominated by male respondents.

Educational Qualification

The educational qualification of the respondent is been categorized as class 10, H.S, Graduates. Respondents from graduation are the highest with a total 53.3 per cent followed by H.S with 31.7 per cent and the least number of respondents who are in CLASS X with 15 percent. that the findings of this research are dominated by the opinions of the respondents who are in Graduation.

Socioeconomic Status of the Respondents

A major finding of this research is that very few respondents are from high SES (21.7 percent). Many of them majority of the respondents were from moderate SES 50.0 percent. 31.7 per cent of the alcohol-addicted educated youth was from low SES. This finding assumes importance as the respondents were adolescents and it was a growing period for them, where the youths were going through different changes as children often grow quickly during this period physically and mentally. As the respondent chosen are alcohol-addicted youth, the SES of their parents shows an influence on the intake of alcohol. SES status influences individual decision-making and also the frequency of alcohol consumption. It was found that most of the alcohol addicts go to school and college, thus their behavior changes along with the economic environment they are residing. Further analysis showed that the majority of the respondents were from the moderate and low SES showing more frequency of alcohol consumption within them.

Further analysis was done using bi-variate tables and chi-square has shown that the alcohol-addicted educated youth falling under low SES shows poor health than those of high SES. This is an important insight as it shows how the SES of the parents is involved in the drinking pattern

of the youths. SES has many factors to measure but the ones used here are education, occupation, and income. Youths belonging to high SES will have different thinking capabilities as well and they might receive more pocket money than those of low SES, it was also seen that the frequency rate of drinking is higher in high SES alcohol-addicted educated youths but the general health adverse effects can be seen in the lower SES individuals, it might be because of their contents and composition of alcohol consumption.

However, in the chi-square test, the result showed that there is no association between the socio-economic status and general health of the respondents.

Along with this, the research also brings further light to the association between family adjustment and the socio-economic status of the respondents. It was found that alcohol-addicted youths belonging to low SES need more family adjustment. Family adjustment is however related to the SES as the income, and education of the parent influences the behavioral and their thinking capability which ultimately impact on their interaction and family environment. More adjustment can be in terms of responsibility by different members in the family of low SES and this might give rise to alcohol intake among the youth. Also, family having some alcoholic history may influence the alcoholism pattern of the educated youth. As for the treatment of the alcoholics, there will be a need for more financial support and moral support, and as discussed in the above interpretation low SES youth are more before health issues, so adjustment will be more in the family of low SES.

The chi-square test shows null hypothesis and shows that there is no association between the socio-economic status and family adjustment of the respondent.

Family Adjustment of alcohol addicted educated youth

Another major finding in the research is done on the family adjustment of the respondents. The majority of the respondents are from moderate family adjustment (55 percent), and the least are from high family adjustment i.e., 20 percent. The family environment has a peculiar role in the behavioral activities of an individual. Since the respondents are students as well as adolescents, their behavior and other activities reflect their family environment not only this even they consider themselves to be responsible for many things of the family. Being an alcoholic, the family members need to adjust to many problems and take up the responsibility to shape the child's behavioral and decision-making capability.

Further research is attempted to find out if there is any association between the family adjustment and the general health of the respondents by using a bivariate table and chi-square test. It was found from the bi-variate table that the alcoholic-educated youth who fall into the high-level adjustment category have less good health i.e., 8.3 per cent in comparison to the low level of family adjustment. A high family adjustment means the problem is more in the family which also means that the alcoholic behavior is more and thus, they result in poor health. Whereas those from low family adjustment can mingle with their family members a bit easier and are comfortable with the family environment thus impacting the alcohol intake reduction and thus can ensure more good health. Also, those living with both biological parents are less likely to drink than those living with single parents. Family can help in different interventions to reduce the alcohol risk in their children.

However, when conducting the chi-square test it shows no association between the family adjustment and the general health.

The general health of the participant

The research also sheds some light on the general health condition of the respondents. From the research, it was found that the majority of the respondents have good health 46.7 per cent followed by the fair group with 21.7 percent. Alcoholism affects health in many different ways both physically and mentally. Not only the health but the behavioral and social environment of the individual also gets affected by consuming excess alcohol. The people built a different thinking and started living a different way of livelihood based on the norms of alcoholism in that particular area. In some places as the respondents are young, they fear to open up about the problem of alcoholism even to their parents as they consider alcoholism as a stigma in the environment. Thus, they pay less attention to the risk of alcoholism and this affects their health and it gets affected day by day.

Conclusion and Suggestions

Even though the research study is one of the few problems existing in this area, the researcher has tried to cover some of the important variables which include socioeconomic status, family adjustment, general health, and other demographic profiles. the study doesn't provide an in-depth explanation of the research. Throughout the study, many articles and journals were referred but very few articles were found where the alcoholism of a student's impact on the family was studied. Thus, further studies can be done on the area to find out more investigation on the topic. From the findings, it is been revealed that most of the hypotheses were null. The

researcher got good experience working on the topic of alcoholism and its different parameters; also, the researcher was able to gain knowledge on the respective topic. If the researcher gets a chance to research the same issue, he will try to give the intervention on that topic.

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