
PSYCHOLOGICAL WELLBEING OF THE ADOLESCENT CHILDREN OF ALCOHOLIC PARENTS OF COASTAL AND NON-COASTAL AREAS OF KERALA

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Abstract

Researchers have shown the detrimental effects of alcohol use by an individual are widespread and noticeable in all spheres (physical, psychological, social, and economical) of an individual's life. The poor quality of life and alcoholic dependency of these coastal people of Kerala, mostly male, disturbs family atmosphere and education of the children. As studies say most of the evenings in the family of alcoholic dependents have quarrels and disturbance in the family atmosphere. This badly affects the children born and brought up in those families having alcoholic parents whether they are of coastal or non-coastal. Psychological wellbeing of the children of alcoholic dependents is often at question and often challenging. Research describes psychological wellbeing of children of Alcoholic Parents using descriptive research design and proportionate random sampling by which 50% from Thrissur district and 50% from Ernakulam District irrespective of their gender to collect data. The result shows psychological wellbeing of the adolescent children of alcoholic addicted parents based on their geographical area- coastal and non-coastal- and gender- male and female- which is distributed equally is found with moderate level. Children of such parents face stress, anxiety, low self esteem and poor goal orientation in the life. A boost in this can facilitate improve their orientation in life, purpose in life, personal growth experience and thereby experience mastery over their life with autonomy. Creative and constructive interventions by social workers and psychologists can be catalyst to generate individual with integral growth and positive personality which can build the nation.

Key Words: Psychological Wellbeing, Children, Alcoholic addicted parents, Coastal and Non-Coastal districts, Kerala

1. Introduction

The effects of alcohol use by an individual are widespread and noticeable in all spheres (physical, psychological, social, and economical) of an individual's life. Researchers have shown the detrimental effects of alcohol on brains and risk taking behaviours, resulting in later alcohol dependence, sexually transmitted infections, unplanned pregnancies, sexual assaults, suicide and additional deaths. Since every person is part of a family, it impacts other family members as well. Further, the collective and long-term effects are felt by all sectors of the society we live in, the greatest by the health sector. Alcohol consumption has health and social consequences via intoxication (drunkenness), alcohol dependence. In addition to chronic diseases that may affect drinkers after many years of heavy use, alcohol contributes to traumatic outcomes that kill or disable at a relatively young age, resulting in the loss of many years of life due to death or disability (WHO, 2004).

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Alcoholic addiction is a chronic disease with genetic, psychosocial, neurological and environmental factors influencing its development and manifestations (Maher, 2017). The reasons we drink and the consequences of excessive drinking are intimately linked with our mental health. It has been mysterious to ordinary people (Foundation, 2008). Yet one in four of us experience a mental health issue each year. The need for mental health to be demystified is urgent. One of the least explored but fundamentally important factors in the mental health of general population is our use of Alcohol. Alcohol is tied up with many areas of our lives, we use it in different ways to help us relax, feel brave, introduce ourselves, drown our sorrows, seal business deals, celebrate life events, to remember, to forget, welcome people, get to know people, say good bye and sometimes because we have forgotten how to do anything without Alcohol (Jain, Jay Mishra, & Singh, 2017). Addiction is almost always about trying to fix feeling bad. It is a condition that results when a person ingests a substance (eg. Alcohol, cocaine, nicotine) or engage in an activity such as gambling, pornography etc that can be pleasurable, but continuous use of which becomes compulsive and interferes with ordinary life responsibilities such as work, relationship and health etc. Users may not be aware that their behaviour is out of control and causing problems for themselves and others (Trust, 2017).

Coastal people of Kerala is known for their livelihood struggles and living patterns. Mostly coastal people in Kerala depend on sea and other allied works. Those people depends sea have physical exertion to earn their livelihood as they go for daily living and this requires not much education rather skill gradually obtained from experience. Since majority of them employ physical labour often depends on alcohol and other drugs for relaxation. They are not even guided properly to save their earning and do not negate the provisions and efforts made by government and other organizations in this regard to. The poor quality of life and alcoholic dependency of these coastal people, mostly male, disturbs family atmosphere and education of the children. As studies say most of the evenings in the family of alcoholic dependents have quarrels and disturbance in the family atmosphere. This badly affects the children born and brought up in those families. Stress and anxiety, alcoholic and drug addictions, behavior disorders are often identified in those children living under the care and protection of alcoholic parents whether they are coastal or non-coastal. Psychological wellbeing of the children of alcoholic dependents is often at question and often challenging. Children of alcoholic dependents whether coastal or non-coastal are undergoing are often challenged by social, physical, mental health balancing requirements.

1.1 Alcoholic consumption and Wellbeing

Drinking alcohol is commonly used to celebrate, relax, or socialize with others. Our age, family history, how often we drink, and how much person drink are important variables when considering our relationship with alcohol. However, drink in excess, as a way to cope with or avoid other problems and stressors, it can lead to physical and emotional problems .Alcohol abuse cuts across gender, race, and ethnicity. Nearly fourteen Million people—more men than women—in the United States are dependent on alcohol or have alcohol problems. Issues surrounding alcohol are highest among young adults ages 18 to 29 and lowest among adults ages 65 and older. Short-term effects of alcohol consumption include memory loss, hangovers, and blackouts. Long-term problems associated with heavy drinking include stomach ailments, heart problems, cancer, brain damage, memory loss, and liver cirrhosis. Heavy drinkers also markedly increase their chances of dying from automobile accidents, homicide, and suicide. Alcohol use and abuse is also linked to a higher incidence of unemployment, domestic violence, and legal issues (Nutt et al, 2000). Co-morbidity is existence of a psychiatric disorder with alcohol use disorder. This dual diagnosis reports 60-70% of cases. One among the fundamental reason for psychiatric disorder is chemical imbalances taken place in the brain.

The risk for developing alcoholism is influenced by both genetic and environmental factors. Alcohol abuse tends to run in families: The rate of the condition is three to four times higher in close relatives of alcoholics, and the risk increases according to the closeness of the genetic relationship. Environmental factors include cultural attitudes about drinking, availability of alcohol, stress levels, substance abuse by peers, positive expectations about the use of alcohol, and maladaptive ways of coping. Impulsivity as a personality variable is also linked to high alcohol use and abuse. The risk for abusing alcohol also increases if individuals use drinking to avoid thinking about things, to numb themselves to their problems, to cope with anxiety, fears, or mood issues, or to enhance their creativity. (Jacob et. al.1999)

COA research has also focused on other areas of mental health functioning, which are often classified as internalising problems (including depression, anxiety and social withdrawal) and externalising problems (including physical aggression, oppositional or defiant behaviours, engagement in illegal activities). Overall, studies suggest an increase in depressive symptomatology, specific anxiety disorders, generalised distress and lowered self-esteem in COA compared with nonCOA (Harter, 2000). However, the results are mixed with regard to internalising problems, and it is likely that the relationship between parental alcohol use and later psychological functioning is multifaceted and complex. For example, Harter and Vanecek (2000) found that the family environment was more

strongly associated with negative assumptions about the self and the benevolence of the world than parental alcoholism or childhood abuse. The relationship between parental alcohol dependence and externalising problems is more consistent and the majority of study findings indicate increased antisocial or under controlled behaviour in COAs (Lieberman, 2000).

Study conducted by Oliver B Williams findings revealed growing up in a household with alcoholic or mentally ill parents is more likely to produce lower self-esteem, greater dysphoria, and more anxiety in adulthood. To test this hypothesis, 139 undergraduate and graduate students completed measures of anxiety, depression, social avoidance, self-esteem, and social support. Results showed that adult children of alcoholics, adult children of mentally ill, and adult children of substance-abusing mentally ill had lower self-esteem and were more socially anxious than normal controls. Adult children of mentally ill parents were more depressed and showed greater trait anxiety than did adult children of alcoholics and controls. The impact of parental pathology is diminished when the adult child has a large and/or satisfactory social support network.

The relationships between parent-adolescent conflict and adolescent psychological well-being were examined in children's and parents' reports of parent-adolescent conflict. The results indicate that parent-adolescent conflict based on ratings obtained from the different sources was concurrently related to hopelessness, life satisfaction, self-esteem, purpose in life, and general psychiatric morbidity. Analysis suggest that the relations between parent-adolescent conflict and adolescent psychological well-being are bidirectional. Although the strengths of association between parent-adolescent conflict and adolescent psychological well-being were similar for male and female adolescents, father-adolescent conflict, relative to mother-adolescent conflict, was found to exert a stronger influence on adolescent psychological well-being (Taylor & Francis, 1998).

1.2 Alcoholic Consumption Prevalence in India

Public Health Problems Caused by Harmful Use of Alcohol prevalence of alcohol use at the household level and at the individual level. It is observed in a population-based study in Bangalore that 36% of the households in rural areas and 34% in semi-rural or transitional towns had at least one alcohol-user in the 15 to 60 year age group. In another study on health behaviour surveillance, it was observed that the prevalence rate of habitual alcohol use among the 15 to 55 year olds was 90/1000 population. The group interaction revealed the magnitude of the problem to be much larger. The group of men opined that nearly 60% among the youth consume alcohol and it was felt that its use was starting at a younger age than before.

Alcohol-related psychiatric problems have been documented in psychiatric morbidity surveys in general populations and also in specific populations. The prevalence of alcohol abuse has varied between 13/1000 to 14/1000. A WHO sponsored study on unrecorded consumption of alcohol of 15 000 households throughout the state of Karnataka, estimated the prevalence of alcohol use as 30% of all adult males in the state and about 1% of all adult females (Bengal, 2003). The head-of-household survey undertaken by Mohan & Sharma (1995), in Delhi reported that 26% of residents in urban slums were substance abusers, the majority involving alcohol. Specific population surveys of alcohol use have been carried out amongst school students, industrial workers, medical personnel, etc. and rates ranging between 10–66% have been reported.

The United Nations Office on Drugs and Crime and the Ministry of Social Justice and Empowerment, Government of India, have recently reported the extent, pattern and trends of drug abuse in India, including alcohol abuse (Ray, MacKillop & Monti, 2010). Triangulating the different methodologies the study has attempted to provide a realistic picture of the extent, pattern and trends of drug abuse in the country. By a country-wide two-stage stratified random sample, the National Household Survey reported the current one-month-period use for alcohol to be 21.4%. Of the total alcohol-users, 17%, were classified as dependent users based on ICD 10. Applying the prevalence estimates to the population figures of India for 2001, it was estimated that there are 62.5 million alcohol-users (62.5/1000 population) and 10.6 million dependent users in India (Ray, MacKillop & Monti, 2010). "In accordance with the growing consumption of alcohol all over the country, the hospital admission rates due to adverse effects of alcohol consumption are also increasing." Several studies indicate that nearly 20–30% of hospital admissions are due to alcohol-related problems (direct or indirect).

1.3 Alcohol Dependence in Kerala

Contemporary Indian society is obsessed with the use of alcohol. Kerala, God's own country, is one of the highest consumers of alcohol in India. Alcohol drinking patterns in India evolved over centuries. In ancient period, India had an ambivalent drinking culture. Establishment of East India Company led to liberalization of liquor market in India, leading to an increase in alcohol use. Kerala was one of the states where alcohol consumption has been traditionally high. Subsequent period witnessed a reduction in age at initiation of alcohol use in India, especially

Kerala. Most of the people who stated drinking at a young age drank heavily. This resulted in an increase in Alcohol Dependence.

Kerala has a long history of alcohol use. Coming to modern era, socio-political characteristics of Kerala has evolved its drinking behaviour. Alcohol use among tribal people in Kerala exemplifies that pattern, as 'Tribals drink both country-made arrack (known as kottuvady) and also foreign liquors like brandy and Western-oriented lifestyles, including increased drinking of factory produced strong drinks, of which whiskey is generally the most widely used' In recent times, Kerala has become highly materialistic, as far as the consumption of alcohol is considered. The state is ranked at the top in alcohol use in the country. The consumption pattern has steadily increased from 1980 to 2010. Per capita consumption of alcohol in Kerala is 8.3 Liters, according to Alcohol and Drug Information Centre (ADIC), India (2017). Twenty percent of the general population of state uses alcohol. Intensity of drinking also is more in Kerala (14% of population consume alcohol daily), as compared to the other states of the country (where on an average, 11% drink on a daily basis). Particularly, a greater proportion of males aged 50-54 years, separated persons and widowers use alcohol every day, in comparison to other states of the country. The age of first drinking has also decreased steadily from 19 years (1986) to 13 years (2001). Data on sales reveal a sharp increase in sales since the mid-1990s]. Government has failed in addressing issues of Alcohol use, even though there are enough laws for the prohibition of Alcohol abuse, one of those being this directive principle of state policy. As time passed by, the state government was not sensitive enough in implementing prohibition. Consequently, liquor business turned out to be the second largest means of income for state government.

2. Significance of the Study

Alcohol consumption is the greatest risk factor for disease and disability in middle-income countries and the third highest in the world (World Health Organisation, 2011). Alcohol-dependence is characterised by behavioural, cognitive and physiological symptoms including "a strong desire to take the drug [alcohol], difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state" (World Health Organization, 2006).

The effects of harmful drinking spread wider than the individual consuming the alcohol, often impacting friends, family and colleagues before any negative health consequences can be identified in the drinker. The effects can be as damaging to the family as to the person drinking, with children being the most affected (Klingemann & Gmel, 2001). The Alcohol Harm Reduction Strategy suggests there are 780,000 - 1.3 million children affected by parental alcohol problems in the UK (Prime Minister's Strategy Unit, 2004). However, these estimates, originally reported in Euro care and COFACE (1998), are out-dated and were calculated from studies in European countries with different alcohol consumption patterns. The lower estimate is based on adolescents in Denmark reporting a parent being hospitalized with an alcohol-related illness. Since many problem drinkers are never hospitalized, or their illness is not identified as associated with alcohol, this is likely to be an underestimate of the problem. The upper estimate is calculated using the number of children who experienced harm from parental alcohol use reported in the Finnish national alcohol policy.

It is now being recognized that alcohol-related harm is unrelated to addiction but is related to intoxication or other physiological processes triggered by alcohol use. The pattern of drinking is thus more important rather than the addiction status of an alcohol-user. The group at risk is the new user, especially the youth, who, due to their relative inexperience in handling an alcoholic drink, get invariably drawn into adverse consequences of alcohol use (eg. road traffic injuries, fights, anti-social behaviour. Among the youth, alcohol use usually begins as 'experimentation' often initiated in peer groups. Unlike smoking though, drinking does not take place during the actual time spent at school. School friends usually form the first group in which alcohol consumption is initiated. It may also occur within the family, at social gatherings on special occasions such as birthdays or marriages, where alcohol is served. There is now evidence that drinking alcohol is being initiated at progressively younger ages. There has been a significant lowering of the age at initiation of drinking in India. There is possible relationship between the alcoholic addiction of parents and wellbeing of their children who are supposed to be cared and nurtured by them as they grow up, especially to earn livelihood and education. Often failing in this lead the children a feeling of shame, guilt and earn poor psychological wellbeing. This leads the researcher to identify psychological wellbeing of the children of the alcoholic dependent parents in Kerala. An enquiry thus becomes requirement to identify whether psychological wellbeing of the children of alcoholic dependents is differed based on geographical area of their living?

3. Method and Materials of the Study

3.1 Objectives of the Study

1. Understand socio-demographic Profile of the Respondents.
2. Study psychological wellbeing of children of Alcoholic Parents.
3. Compare psychological wellbeing of the respondents based on their gender and area of residence

3.2 Sampling of the Study

Researcher used Proportionate random sampling by which 50% from Thrissur district and 50% from Ernakulam District irrespective of their gender. From each district one hundred and fifty respondents is selected as sample from the list available from the Hospitals who fulfill the Inclusion and Exclusion criteria. It means out of 50% (150) samples in a district 75 respondents are selected from coastal and 75 respondents are selected from non-coastal area.

3.3. Tools of Data Collection

1. **Socio Demographic Profile:** Researcher used a self-constructed tool to study socio-demographic profile of the respondents. It includes area of the respondent, gender, siblings, extracurricular activities, alcohol consumption and regularity in attending parents meeting of the respondents living in costal and non-coastal area.
2. **Ryff's Psychological Well-Being Scales (PWB):**42 Items version is used having six dimensions namely, autonomy, and environmental mastery, purpose in life, positive attitude, self-acceptance and personal growth. Higher the score higher the psychological wellbeing and lower the score lower the social wellbeing.

4. Result and Discussion of the Study

The life style of the costal and non-costal people is varied in terms of their environment of social status and cultural life. As per the study design the respondents of the study was selected purposefully fulfilling inclusion exclusion criteria. As per the study in order to provide equal and balanced view of the respondent total number of the respondents is selected equally representing costal and non-costal area i.e., 150 each. Gender perspective of the people living in costal and non-costal area is important for the study. Gender influences attitudes and behavioural patterns and an equal distribution of the both genders, male and female, is made by the researcher. Sibling relationship of the respondent may influence social and psychological well-being. The sibling may act supporting and promoting roles in the formation of the behaviour and social life of the respondents. The respondents as per the study majority of them have (84%) sibling in their families.

Adolescents, especially in the late adolescent period are influenced by the peer group on social and cultural pattern. They do go in participating curricular and extracurricular activities to make sure that they are appreciated and respected by the society. As per the study 77.7% (233) are involved in extracurricular activities which may point towards the social life of the respondent. Majority of the respondents have seen their parents consuming alcohol more than four days in a week though quantity may be varies irrespective of their costal and non-costal area and gender. It means alcoholic addiction of their parents has decisively influence their life and living style. All the respondents have disagreed to the statement that their parents are regularly attending the parents meeting organized by the institution, where they pursue their studies. It is expressed that least significance given by the parents in the academic life of the respondents.

Considering the autonomy of the respondents on the basis of psychological well-being 62% of the respondents are disagreeing to the statement that they face opposition to express their opinions. While enquiring in to the self-judgment capacity of the respondents, majority of them felt that they can make their own self judgment which is often influenced by others. It is also enquired by the researcher about their confidence to express their opinion publically and found that majority of them (N.192) are not worried about feeling of others on the same.

Looking in to the response of respondents with regard to their environmental mastery in relation to the psychological well-being majority of them found that they are able to take care of their own feelings (N.211) and able be good with people very well (N.219). Contradicting it is found that the respondents are unable to meet demands of their everyday life. They are facing difficulty to arrange their life according to the need of the time

(N.220) though they are often overwhelmed in expressing their feelings 230. It implies that the respondents are sometimes struggling to face the demands of life though they sense that they are in charge of their feelings.

In terms of personal growth of the respondents the researcher has studied while considering the psychological well-being. Facilitating activities in common can support the positive growth and majority of the respondents responded that they are not interested in participating activities that promote their growth. It is also observed that a major portion of the respondents seen highly positive about them. Majority of the respondents (N.218) did not enjoy new situations in life they face though they know that they need to develop as a person which is a continuous process.

Though majority has agreed that 171 they are willing to extend their help and cooperate with the societies activities. They do find strain in establishing the personal and mutual cordial relationship in the society. The strain is reflected in their response that they do not experience conducive and good situations to foster good relationship with the members of the society (N.183). This indicates that the respondents do not enjoy positive relationship with the members of the society.

An individual especially adolescents should be able to form goals in life that motivate for the activities and provide directions to the life. While enquiring about their strength of direction of life a slight majority (N152) has agreed that they had a sense of direction in their life and contradicting they have stated they have no wish to do something in the life (196) and want to wander aimlessly (N.206). The respondents disagreed to the statement they are making plans to enjoy their lives (N.235) through trivial activities (N.266). The response of the respondents do give a sense to the readers that most of the respondents are having less direction towards positive goals in the life to be achieved.

Majority of the respondents (N.212) are happy of their life especially the way it has been turned into at present and they also express that they like people and the way they interact with them (N.256). It is also noted that respondents do not feel confidence and positive outlook to life (N.157). A consider number of respondents disagreed (N.204) that they like most of the aspects and dimensions of the life, which is exhibited in self-disappointed in their life (N.212) which is also evident in their agreement that they keep negative attitude in their life (188). Therefore it can be concluded that most of the respondents though claim to have positive attitude in the life, seen disappointed, keep negative attitudes in life in most of the aspects in their life.

Table1. Distribution of the Respondents Levels of psychological Well-being

Sl.No	Levels of Social Wellbeing	No.	Percentage
1	Low	19	06.3%
2	Moderate	281	93.7%
	Total	300	100%

As per the above data it is observed that all the respondents are having moderate level of psychological well-being irrespective of gender and geographical area of residence. This implies that alcoholic addiction of the parents may have played a crucial role in the formation of psychological well-being of the adolescent children of both costal and non-costal area. The moderate level of psychological well-being denotes that there is an urgent need to intervene by the social workers to enhance their psychological well-being from moderate to high.

Table 2. Levels of psychological well-being based on geographical area of the respondents

Sl. No	Levels of psychological well-being	Costal		Non-Costal	
		N	%	N	%
1	Low	11	(7.3%)	8	(5.3)
2	Moderate	139	(92.7%)	142	(94.7)

Total	150	(100%)	150	(100%)
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Table 3. Levels of psychological well-being based on gender of the respondents

Sl. Nno	Levels of psychological well-being	Male		Female	
		N	(%)	N	%
1	Low	7	(4.7%)	12	(8%)
2	Moderate	143	(95.3%)	138	(92%)
	Total	150	(100%)	150	(100%)

As per the above table the level of psychological wellbeing of the respondent is found to be moderate. Psychological wellbeing of the respondents compared based on their geographical area, costal and non- costal and gender, male and female which are distributed equally interestingly it is observed that none of the respondents are found with high level of psychological wellbeing. It may be due to the influence of alcoholic addicted parents and their family background. As per the study the area of residence-geographical area whether it is costal or non-costal- and gender -whether male or female- do not make any difference in the levels of psychological wellbeing. It implies that alcoholic addiction of the parents do have pertinent role in the formation of social well-being of the adolescent children.

5. Suggestions of the Study

1. Improvement in the School Counselling services in required and government needs to initiate steps to boost the services rendered in the schools and community on counseling services
2. Initiatives of the non-governmental organizations to render counseling and mental health services in this areas need to be improved
3. Alcoholic addiction is a serious concern in the area and initiatives such as counseling and de-addiction centers to be started and revitalize the existing services
4. School mental health services are to be boosted as an initiative of the National health mission
5. Mental health of the Children needs to be a matter of serious concern and services to improve their mental health is to be initiated
6. Community and Family health, especially mental health services are to be initiated and strengthen the existing ones
7. Invite involvement of social work professionals and social work colleges on community mobilization against alcoholic addiction and creation of awareness on ill effects of alcohol consumption

6. Conclusion

Adolescent mental health is a serious concern of today. The number of children prone to stress, anxiety and personality disorders are increasing day by day and parents are struggling to cope up with them. Alcoholic addiction of parents have decisive role in the formation of behaviour formation and academic performance of the children. Kerala being one of the highest alcohol consuming state in the country has most of the parents, mostly fathers or head of the house, consume alcohol and often a minority becomes addicted to it. Children of such parents face stress, anxiety, low self esteem and poor goal orientation in the life. As per the study children of such parents whether living in coastal or non-coastal are and belong to any gender experience moderate level of psychological wellbeing. A boost in this can facilitate improve their orientation in life, purpose in life, personal growth experience and thereby experience mastery over their life with autonomy. A creative and constructive intervention by social workers and psychologist can be catalyst to this and thereby generate individual with integral growth and positive personality which can build the nation.

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