

Study on Peer Pressure, Adverse Childhood Experiences and Alcohol Usage Among Young Adults

Shivansh Kapoor^{1*}

ABSTRACT

Objective - Peer pressure and adverse childhood experiences (ACEs) have been recognised as major risk factors for alcohol abuse in young adults. Particularly among young adults who have suffered adverse childhood experiences including childhood trauma, abuse, neglect, or familial dysfunction, the pressure to adhere to social norms and the desire to fit in with peers can result in higher alcohol consumption. Despite the harmful effects of alcohol abuse, young adults continue to use alcohol at high rates. This study aims to investigate the association between peer pressure, adverse childhood experiences (ACEs), and alcohol dependency in young adults (N = 100, aged 18-25). **Method** - A pilot study with an N=10 sample size was carried out prior to the collection of the final data in order to understand the procedure, its efficacy, and some potential downsides that might arise. In order to test the hypotheses, the current investigation required an empirical research strategy. After the pilot study was completed and the necessary adjustments were made, only then did the final data collection began. They received a thorough explanation of the study's purpose, goals, and guidelines. The study's ethical standards and the participants' right to confidentiality were both assured to them. The participants' informed consent was obtained, and they completed the questionnaire. **Results** - The subjects had a moderate amount of peer pressure (M = 64.13, SD = 8.858) and a relatively low prevalence of ACEs (M = 2.56, SD = 1.526). The mean alcohol dependence score was moderate (M = 9.06, SD = 6.583). A substantial positive link was found between peer pressure and alcohol dependency ($r = 0.365$, $p < 0.01$), as well as between ACEs and alcohol dependence ($r = 0.768$, $p < 0.01$). **Conclusion** - These findings support the idea that peer pressure and ACEs are associated with increased alcohol consumption in young people. Individuals who faced more peer pressure and had more ACEs were more likely to develop alcohol dependency. Understanding the impact of peer pressure and ACEs on alcohol dependence has significant implications for prevention and therapeutic programmes aimed at young adults. Interventions that target these risk variables can encourage healthy decision-making and minimise alcohol dependence in this population.

Keywords: *Peer Pressure, Adverse Childhood Experiences, Alcohol Dependence, Young Adults*

¹Masters in Clinical Psychology, Amity University, Noida, Uttar Pradesh, India

*Corresponding Author

Received: May 23, 2023; Revision Received: September 05, 2023; Accepted: September 08, 2023

NEGATIVE CONSEQUENCES OF ALCOHOL CONSUMPTION - The negative consequences of young adult alcohol usage are extensive and can have long-term consequences for both the individual and society. Short-term effects of heavy drinking include impaired judgement, risky sexual behaviour, and alcohol poisoning, which may necessitate hospitalisation or possibly result in death. Chronic diseases including liver disease, cancer, and mental health illnesses like depression and anxiety can all develop over time as a result of alcohol abuse. Additionally, drinking among young individuals results in large financial losses due to missed productivity, healthcare expenditures, and criminal justice costs.

Some of the most frequent negative effects of alcohol use among young adults include the following:

1. **Damage to the liver:** Regular and heavy alcohol use can cause liver illness and damage, which can have major long-term effects on young adults. This is especially troubling because liver illnesses like cirrhosis can not show symptoms for years, by which point the damage might be irreparable.
2. **Increased risk of cancer:** Alcohol consumption has been associated with an increased risk of numerous cancers, including breast, colon, liver, and throat cancer. Regular and heavy drinkers in their 20s and 30s may have a higher lifetime risk of acquiring cancer.
3. **Mental health issues:** Alcohol intake can exacerbate or bring on the symptoms of mental health concerns like depression, anxiety, and other mood disorders. For young adults who are already at risk for these kinds of mental health issues, this can be very worrisome.
4. **Physical health issues:** Alcohol consumption has been linked to a number of physical health issues, such as high blood pressure, heart disease, and other chronic illnesses. Excessive drinking by young adults may put them at risk for long-term physical health issues that could lower their quality of life.
5. **Addiction:** Alcoholism or alcohol addiction can have severe negative effects on a young adult's life if it results from frequent or excessive alcohol use. This can involve issues with physical health, social and relational issues, and cognitive function impairment.
6. **Social and Interpersonal disturbances:** Alcoholism can impair judgement, encourage dangerous behaviour, and cause social and relationship issues, among other things. This may include problems with friendships, romantic connections, and professional interactions for young adults.
7. **Impaired cognitive function:** Heavy drinking can affect one's capacity for memory, concentration, and decision-making. For young adults, this may have detrimental effects on their academic and career ambitions.
8. **Drunk driving:** Drinking alcohol can make it difficult for a young adult to drive safely, which can result in collisions and injuries. Given that young adults already have a higher probability of being involved in auto accidents than those of other ages, this is a serious worry.

Among young adults in India, alcohol use is a major cause for worry. Young adults in India (aged 15 to 24) have dramatically increased their alcohol intake in recent years, according to a 2016 study (Kumar & Singh). According to the survey, more than 60% of individuals said they drank, with a sizable percentage of them reporting excessive and binge drinking. Another 2015 study indicated that 13.5% of the participants met the criteria for alcohol dependence, indicating a significant prevalence of alcohol use disorders among young adults

in India (Benegal et al., 2015). The survey also discovered that young adults who drink are more prone to partake in risky activities like unprotected sex and driving while intoxicated. Additionally, studies have indicated that peer pressure and social norms are frequently linked to alcohol intake among young adults in India (Sharma et al., 2016). According to a study done among Delhi college students, drinking alcohol is primarily done for social purposes and to blend in with the crowd (Singh et al., 2017).

NEGATIVE CONSEQUENCES OF PEER PRESSURE - Young adults who are subjected to peer pressure may engage in dangerous behaviours, perform poorly academically, have low self-esteem, be bullied, abuse drugs or alcohol, experience identity crises, run the risk of getting hurt, or have financial difficulties. Young adults may take risks or adhere to harmful social standards because they are afraid of social isolation or of not fitting in. Therefore, it's critical to understand the harmful effects of peer pressure and take action to lessen those effects. A few detrimental effects of peer pressure can be -

- 1. Risky behaviour:** The young adults who are under peer pressure are more likely to participate in risky behaviours like drug use, unprotected sex, and reckless driving. Even when the behaviours of their peer group are damaging, young adults might feel pressure to fit in. They may also be influenced to take risks they might not otherwise take by their fear of social rejection or of not fitting in. Their physical and mental health may suffer as a result, both temporarily and permanently.
- 2. Poor academic performance:** Peer pressure can cause young adults to put socialising and fitting in before their academic obligations, which has a negative impact on their grades. To win the approval of their peers, they could skip courses, put off completing homework or tests, or commit academic fraud. As a result, individuals could have trouble meeting their academic objectives and run into problems later in life, either professionally or personally.
- 3. Low Self-Esteem** - Young adults with low self-esteem might feel compelled to live up to their peers' expectations, even if it conflicts with their principles or views. They might feel insecure or inadequate as a result, which could lower their self-esteem. They might make negative comparisons to their peers, which could cause worry, despair, or self-doubt.
- 4. Bullying:** Bullying can also result from peer pressure. To please their peers or elevate their social status, young people might feel the need to dominate others. As a result, they could bully or annoy people who they believe to be weak or different. Both the victim and the abuser may suffer serious emotional and physical effects as a result of bullying.
- 5. Substance abuse:** Substance misuse can also be caused by peer pressure. Young adults could experience peer pressure to drink or use drugs in order to blend in. Addiction, mental health issues, and physical health problems including liver damage, heart disease, or respiratory disorders are all possible outcomes of this.
- 6. Identity Crisis:** Peer pressure can sometimes cause young individuals to have an identity crisis. They might experience pressure to live up to the standards set by their peers or to strive to fit in with a particular social group, which could cause them to lose their sense of self. They could experience bewilderment or a sense of estrangement as a result of their self-identity struggles.
- 7. Injury risk:** A young adults' risk of injury might rise when they participate in dangerous behaviours as a result of peer pressure. They might participate in dangerous activities like extreme sports, drunk driving, or physical fighting, which can result in fatalities or very serious physical injuries.

Study on Peer Pressure, Adverse Childhood Experiences and Alcohol Usage Among Young Adults

- 8. Financial issues:** Financial issues can also be caused by peer pressure. Young adults may feel pressure to partake in pricey activities like partying or shopping in order to keep up with their peers' spending patterns. Their financial stability and well-being may suffer long-term effects as a result of debt or financial uncertainty.

According to a study published in the Indian Journal of Community Medicine, peer pressure among Indian youth was a strong predictor of substance addiction. According to the study, young adults who reported higher levels of peer pressure were more likely than those who reported lower levels of peer pressure to abuse drugs or alcohol.

Another study indicated that high levels of peer pressure among Indian youth were associated with lower academic achievement, higher levels of sadness and anxiety, and higher rates of anxiety and depressive symptoms. According to the study's findings, peer pressure has a major negative impact on Indian youth's mental health and academic performance and calls for intervention.

According to a study that appeared in the Journal of Social Psychology and Personality Science, Indian youth who experienced a lot of peer pressure to fit in with the crowd had a weaker sense of who they were as individuals. The study discovered that this effect was most potent for Indian teenagers who valued collectivism or the significance of social group membership. This study emphasises the importance of promoting individualism and self-expression to counteract the impacts of peer pressure and shows the cultural elements that determine how peer pressure affects Indian youth.

NEGATIVE IMPACTS OF ADVERSE CHILDHOOD EXPERIENCES- The mental and physical well-being of individuals may suffer as a result of adverse childhood experiences (ACEs). Addiction, neglect, parental substance addiction, divorce, and domestic violence are just a few examples of ACEs. Long-term detrimental effects from these encounters may include an increased likelihood of developing chronic illnesses, mental health conditions, substance abuse, and subpar academic performance. Additionally, ACEs can result in the development of unhelpful coping mechanisms that can continue unhealthy patterns of behaviour into adulthood. A few negative impacts of Adverse childhood experiences can be-

- 1. Physical health issues:** Due to the physiological changes brought on by prolonged stress and trauma, adverse childhood experiences can raise the risk of chronic diseases like heart disease, diabetes, and obesity.
- 2. Mental health disorders:** ACEs can result in the emergence of mental health conditions like anxiety, depression, and post-traumatic stress disorder, which can have a long-lasting effect on a person's functioning and overall well-being.
- 3. Substance abuse:** Substance abuse is usually used by individuals as a coping strategy to handle their trauma and negative feelings, those who had ACEs are more prone to engage in substance misuse and addiction.
- 4. Poor academic performance:** Lower academic accomplishment and difficulties with social and emotional development are caused by ACEs, which can also impede cognitive and intellectual functioning.
- 5. Interpersonal challenges:** Due to a lack of trust, attachment problems, and communication concerns, ACEs can make it difficult to establish and sustain healthy relationships.
- 6. Financial problems-** Due to their difficulty establishing secure employment and relationships, those who have experienced ACEs are more likely to endure financial instability, poverty, and job insecurity.

Study on Peer Pressure, Adverse Childhood Experiences and Alcohol Usage Among Young Adults

- 7. Legal issues:** ACEs can raise the probability of committing crimes or being the victim of violence, which can result in engagement with the judicial system.
- 8. Impact across generations:** ACEs have the potential to pass along bad habits and ways of acting to the next, creating a cycle of trauma and dysfunction in families and communities.

In India, research on Adverse Childhood Experiences (ACEs) has gotten very little attention, with the majority concentrating on the frequency of certain traumas, like child sexual abuse. According to a study in the *Journal of Interpersonal Violence*, young Indian people who had suffered sexual assault as children had greater levels of despair and anxiety.

Another study indicated that Indian children who had suffered physical abuse were more likely to have behavioural and emotional issues than those who had not, according to research published in the *Indian Journal of Paediatrics*. The study also discovered that children who were subjected to several forms of abuse had worse outcomes.

According to a different study that was published in the *Indian Journal of Psychiatry*, mental health issues like depression, anxiety, and post-traumatic stress disorder were more common in Indian adolescents who had suffered childhood trauma, such as physical, emotional, and sexual abuse. The study also discovered that teenagers who suffered various types of trauma were more likely to suffer from serious mental health issues. These findings highlight how crucial it is to recognise and treat childhood trauma in order to stop the damaging effects of traumatic experiences on Indian youth's mental health.

Alcohol Consumption and Various Psychological Theories

- 1. Social Learning Theory** - According to the social learning theory, people pick up new attitudes and behaviours through watching and imitating others. People may drink because they observe others around them doing so, or they may drink to fit in with their social group, when it comes to alcohol use.
- 2. Cognitive Behavioural Theory** - The cognitive-behavioural theory is concerned with how people's beliefs and thoughts affect their actions. When it comes to alcohol use, people may think that it would make them more gregarious and outgoing or that it will help them deal with stress or worry.
- 3. Personality Theories** - A few theories contend that drinking alcohol may be related to specific personality traits like impulsivity or sensation-seeking. These characteristics may increase a person's propensity for dangerous behaviour, such as binge drinking.
- 4. Biological Theories:** These theories consider the potential contributions of genetic and physiological variables to alcohol use. For instance, studies have indicated that some genetic differences might make someone more prone to alcohol addiction.
- 5. Self-Medication theory:** According to this theory, people may use (as self-medication) alcohol (or other drugs) to treat underlying psychological conditions like depression or anxiety.

It's important to note that these hypotheses are not mutually exclusive and that there may be a variety of reasons involved in why someone drinks alcohol. Furthermore, alcohol use is a complicated problem that can be impacted by a variety of social, environmental, and personal factors.

Peer Pressure and Various Psychological Theories

According to psychological theories on peer pressure, social influence can have a significant effect on a person's behaviour. A few theories include the following:

Study on Peer Pressure, Adverse Childhood Experiences and Alcohol Usage Among Young Adults

1. **Social Identity Theory** - According to the social identity theory, people try to uphold a positive social identity by adhering to the standards of their social group. Young adults may be more prone to follow the alcohol consumption standards of their peer group under peer pressure in order to fit in and preserve a positive social identity.
2. **Social Learning Theory** - According to the social learning theory, people pick up new skills by seeing how others behave and modelling it for themselves. Young adults may witness their classmate's drinking alcohol under peer pressure and come to equate alcohol use with favourable results like social approval and satisfaction.
3. **Cognitive dissonance theory**- According to the cognitive dissonance theory, people feel uncomfortable when their beliefs and actions diverge. Young adults who have mixed feelings about drinking alcohol may experience cognitive dissonance when they are subjected to peer pressure to do so. They can decide to partake in alcohol use in accordance with the standards of their peer group in order to ease this discomfort.
4. **Social comparison theory**- According to the social comparison hypothesis, people assess their own worth by contrasting it with that of others. Young adults may compare their own alcohol usage to that of their classmates under peer pressure and modify their behaviour to fit in and feel accepted.
5. **Normative influence theory**- According to the normative influence theory, people adapt to the standards of their social group in order to avoid being rejected or looked down upon. Young adults who are under peer pressure may consume alcohol to fit in with the drinking habits of their friends and stay out of trouble.

Adverse Childhood Experiences and Various Psychological Theories

1. **Trauma Theory**: According to trauma theory, exposure to ACEs can cause psychological trauma that could have a long-term harmful impact on a person's mental health and wellbeing. Trauma can cause powerlessness, a lack of safety, and an inability to deal with challenges in life, which can result in maladaptive coping mechanisms like alcohol and drug dependence.
2. **Attachment Theory**: According to attachment theory, a person's attachment style, which is created during their early years through interactions with their primary carers, can have an impact on their psychological and emotional growth. ACEs like neglect or abuse can lead to insecure attachment patterns like anxious or avoidant attachment, which can affect a person's capacity to establish meaningful connections as an adult. This could result in social isolation, which raises the chance of alcohol and drug abuse.
3. **Social Learning Theory**: According to social learning theory, people learn through copying and observing others. Children who are raised in homes where alcohol or other drug misuse is prevalent may pick up on these behaviours through observation and may be more prone to indulge in them as adults. Additionally, those who have gone through ACEs may have developed unhealthy coping mechanisms to deal with stress and trauma, which might raise the likelihood of alcohol and drug dependence.
4. **Resilience Theory**: According to resilience theory, humans are capable of overcoming negative experiences and adjusting to difficult circumstances. It implies that some people may be able to overcome the detrimental effects of these events and may be more resilient to ACEs than others. According to this idea, developing resilience may be essential to limiting the detrimental effects of ACEs on psychological functioning and behaviours like alcohol use.
5. **Cognitive Theory**: According to this theory, our early experiences impact the way we think and the way we perceive the world and ourselves. Unfavourable childhood experiences can cause cognitive distortions and negative self-beliefs, such as the idea

Study on Peer Pressure, Adverse Childhood Experiences and Alcohol Usage Among Young Adults

that the world is dangerous, which can result in maladaptive coping mechanisms like substance abuse.

It should be noted that young adults' alcohol use is a significant public health issue that is influenced by a range of social and environmental factors, such as peer pressure and traumatic childhood events. Understanding how these variables combine to affect alcohol intake in young adults is crucial because of the well-documented harms that alcohol misuse causes to one's physical and mental health.

Peer pressure can have a major impact on young adults' alcohol use, possibly even more so than parental monitoring or workplace disciplinary actions, according to study. While negative peer pressure can lead to harmful behaviours like drug and alcohol abuse, positive peer pressure can encourage healthy habits like abstaining from alcohol. However, young adults who feel confident in their ability to defy peer pressure are more likely to decide for themselves whether or not to drink.

Adverse childhood experiences, such as abuse of any kind—physical, emotional, or sexual—neglect, domestic violence, parental divorce, or drug use—can have a profound impact on a person's physical and mental health later in life, raising their risk of alcoholism and other substance use disorders. Many psychological theories can be used to explain the effects of ACEs, such as the self-medication theory, which contends that people with mental health problems may use alcohol as a coping mechanism, and the attachment theory, which contends that the absence of supportive relationships during childhood can result in a dependency on substances as an adult.

In conclusion, the purpose of this study is to investigate the effects of alcohol use, negative childhood experiences, and peer pressure on young people. A deeper comprehension of these elements can aid in the development of effective preventative and intervention strategies for young adult alcohol consumption.

METHODOLOGY

Sample Size

The data was collected from 100 young adults aged between 21-30 years. Purposive sampling is used for selecting the sample for the study. Purposive sampling or subjective sampling is when the researcher chooses the members of the population based on their judgement of the sampling parameters.

- **Exclusion criteria**

1. Young adults below 21, and above 30.
2. Individuals who haven't completed graduation.

The study's ethical standards and the participants' right to confidentiality were both assured to them. The participants' informed consent was obtained, and they completed the questionnaire.

Instruments

Three tools were used for data collection. These were as follows:

- 1. PEER PRESSURE QUESTIONNAIRE REVISED**

The Peer Pressure Questionnaire Revised by Saini and Singh is a self-reported questionnaire which aims to measure peer pressure among adolescents. The questionnaire is based on the

Study on Peer Pressure, Adverse Childhood Experiences and Alcohol Usage Among Young Adults

Social Cognitive Theory, which states that people's behaviour is impacted by their social environment, which includes their peers.

The questionnaire contains 20 questions that assess three aspects of peer pressure: conformity, compliance, and resistance. Conformity refers to how closely an individual adheres to the standards and ideals of their peer group. The degree to which an individual complies with the expectations and demands of their peers is referred to as compliance.

Each question in the questionnaire is scored on a Likert scale of 1 (strongly disagree) to 5 (strongly agree). The overall score is obtained by adding all of the item scores together, with higher scores indicating higher degrees of peer pressure.

Several studies have found the Peer Pressure Questionnaire Revised by Saini and Singh to be a reliable and valid measure of peer pressure among teenagers. It has been used in research studies to investigate the association between peer pressure and a variety of outcomes, such as substance abuse, risky behaviour, and mental health.

The Saini and Singh scale has shown strong reliability, which relates to the stability of the questionnaire's answers throughout time. In a 2015 study, Saini and Singh analysed the questionnaire's internal consistency using Cronbach's alpha, which assesses the degree to which the questionnaire's items are correlated. The scale demonstrated strong internal consistency, according to the study, with a Cronbach's alpha coefficient of 0.87.

In 2016, Saini and Singh did a study that explored the construct validity of the scale by analysing its link with other related dimensions such as self-esteem and academic achievement.

The scale was shown to have a substantial positive correlation with conformity ($r=0.48$, $p<0.01$) and compliance ($r=0.44$, $p<0.01$), as well as a strong negative correlation with resistance ($r=-0.44$, $p<0.01$). These connections show that the scale is measuring what it is supposed to measure: conformity, compliance, and resistance to peer pressure.

Furthermore, the study discovered that the scale had strong discriminant validity, which implies that it could distinguish between groups that were expected to have varying amounts of peer pressure. The study discovered, for example, that teenagers who reported higher levels of peer pressure also reported higher levels of substance usage, indicating that the scale is sensitive to the impact of peer pressure on behaviour.

2. ALCOHOL DEPENDENCE SCALE

The ADS is a quantitative measure of the severity of alcohol dependence that is congruent with the alcohol dependence syndrome idea. Alcohol withdrawal symptoms, reduced control over drinking, awareness of a compulsion to drink, increasing tolerance to alcohol, and prominence of drink-seeking behaviour are among the 25 elements covered. The ADS is widely used in research and therapeutic settings, and studies have proven it to be trustworthy and valid. The ADS printed instructions pertain to the previous 12-month period.

However, instructions can be changed to be used as an outcome measure at specific intervals (e.g., 6 months, 12 months, 24 months) after treatment. The ADS has largely been utilised on

Study on Peer Pressure, Adverse Childhood Experiences and Alcohol Usage Among Young Adults

clinical adult samples, although it has also been employed in general community and penal settings. There is a French translation available. The ADS has been shown to have strong predictive value in comparison to a DSM diagnosis.

Furthermore, the ADS provides a measure of the degree of dependence, which is useful for treatment planning, particularly in terms of treatment intensity. A computer-administered version of the ADS is available as part of the Computerised Lifestyle Assessment (Alcohol Module) in addition to the questionnaire version.

The ADS is made up of 25 items that assess different elements of alcoholism, such as physiological dependency, withdrawal symptoms, reduced control, and social and vocational dysfunction. Each item is assessed on a 5-point Likert scale from 0 (never) to 4, with higher scores indicating more severe alcohol dependence.

The ADS was discovered to have good psychometric qualities, such as reliability and validity. The consistency of the questionnaire's responses over time is referred to as reliability, and the ADS has proven strong internal consistency and test-retest reliability. Furthermore, the ADS has been found to have strong convergent validity, which implies that it correlates well with other alcohol dependence measures, such as the Alcohol Use Disorders Identification Test (AUDIT).

The ADS has also been shown to be a reliable predictor of alcohol dependency in a wide range of populations, including adults with alcohol use disorders, college students, and people seeking treatment for substance use disorders. It has been used in various research to assess the severity of alcohol dependency and the effectiveness of alcohol use disorder therapies.

The internal consistency of the ADS-25 has been shown to be good, with Cronbach's alpha coefficients ranging from 0.83 to 0.96 across investigations (Saunders et al., 1993; Ojehagen et al., 1997).

The ADS-25's test-retest reliability was found to be high, with correlations ranging from 0.77 to 0.96 during a 4- to 8-week period (Saunders et al., 1993; Ojehagen et al., 1997).

The ADS-25 has been determined to have strong concurrent validity, which means that it correlates well with other alcohol dependence tests. In one study, Saunders and colleagues (1993) discovered that the ADS-25 had a good association ($r = 0.91$) with the Michigan Alcoholism Screening Test (MAST).

The ADS-25 has also been proven to have strong discriminant validity, which means it can distinguish between those who are and are not addicted to alcohol. The ADS-25 was able to accurately identify persons with alcohol dependence in a research by Saunders and colleagues (1993), with a sensitivity of 0.98 and a specificity of 0.89.

The Alcohol Use Disorders Identification Test (AUDIT) and the Severity of Alcohol Dependence Questionnaire (SADQ) have been found to have strong convergent validity with the ADS-25 (Ojehagen et al., 1997).

3. ADVERSE CHILDHOOD EXPERIENCE SCALE

Dr. Robert F. Anda and Vincent J. Felitti developed the Adverse Childhood Experience (ACE) Scale in the 1990s to assess childhood trauma and its possible impact on subsequent health outcomes. The ACE Scale is a self-reported questionnaire that examines ten different forms of adverse childhood events into three categories: abuse, neglect, and household dysfunction.

Physical, emotional, and sexual abuse, as well as physical and emotional neglect, are among the ten types of adverse childhood experiences measured by the ACE Scale. Domestic violence, substance addiction, mental illness, parental separation or divorce, and incarceration of a household member are all examples of household dysfunction.

The ACE Scale has been widely used in research to examine the association between childhood trauma and a variety of health outcomes, including chronic diseases, mental health issues, and substance dependence. Multiple studies have found the ACE Scale to have high reliability and validity.

The ACE Scale has a high internal consistency, with Cronbach's alpha coefficients ranging from 0.70 to 0.85 (Felitti et al., 1998; Anda et al., 2006).

The ACE Scale's test-retest reliability was shown to be good, with correlations ranging from 0.70 to 0.87 over a period of many months (Dube et al., 2004).

The ACE Scale has strong construct validity, which means it measures what it is supposed to assess. The ACE Scale has been shown to accurately assess adverse childhood experiences and to distinguish between persons who have and have not suffered childhood trauma (Felitti et al., 1998).

The ACE Scale has been shown to have strong predictive validity, which means it can predict future health consequences based on childhood trauma. A higher ACE score, for example, has been linked to an increased risk of developing chronic diseases like heart disease, diabetes, and cancer (Felitti et al., 1998; Anda et al., 2006).

The ACE Scale has one potential disadvantage in that it is based on self-reported data, which may be prone to recall bias or social desirability bias. The ACE Scale, on the other hand, has been widely used in studies and has produced vital insights into the long-term health implications of childhood trauma.

In conclusion, the Adverse Childhood Experience Scale is a viable and reliable measure for assessing childhood trauma and its potential impact on subsequent health outcomes. The ACE Scale has been utilised in several investigations, providing vital insights into the association

Procedure

After the pilot study was completed and the necessary adjustments were made, only then did the final data collection begin. They received a thorough explanation of the study's purpose, goals, and guidelines. The study's ethical standards and the participants' right to

Study on Peer Pressure, Adverse Childhood Experiences and Alcohol Usage Among Young Adults

confidentiality were both assured to them. The participants' informed consent was obtained, and they completed the questionnaire.

RESULTS

The aim of the study of the research was to study the correlation between-

1. Peer pressure and alcohol usage among young adults (21-30 years of age)
2. Adverse Childhood Experiences and Alcohol usage among young adults (21-30 years of age)

The hypothesis for this research was-

H1: Peer pressure leads to higher alcohol consumption in young adults

H2: Adverse childhood experiences lead to higher alcohol consumption in young adults

The data was collected from 100 young adults (21-30 years of age). For the purpose of the study purposive sampling method was used to gather data. Following are the results of the research –

Table 1- Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
ACE	100	0	6	2.56	1.526
PPQR	100	48	95	64.13	8.858
ADS	100	0	23	9.06	6.583
Valid N (listwise)	100				

The data provided includes descriptive statistics for three variables: ACE, PPQR, and ADS. For the ACE variable, which measures Adverse Childhood Experiences, there were 100 cases analyzed. The minimum score was 0, indicating no reported adverse childhood experiences, while the maximum score was 6. On average, participants reported a mean score of 2.56, with a standard deviation of 1.526.

For The PPQR variable represents the Peer Pressure Questionnaire Revised. The data shows that the range of scores for this variable was from 48 to 95, with a mean score of 64.13 and a standard deviation of 8.858. The analysis was based on 100 cases.

The ADS variable represents the Alcohol Dependence Scale. The base score detailed was 0, showing no alcohol dependence, while the most extreme score was 23. The ADS variable had a mean score of 9.06 and a standard deviation of 6.583.

It's vital to take note of that the "Valid N (listwise)" value shows that every one of the 100 cases were included for the analysis for each of the three factors.

The range, mean, and standard deviation of the ACE, PPQR, and ADS variables are summed up in the descriptive statistics provided. An overview of the 100 participants' reported adverse childhood experiences, peer pressure, and alcohol dependence levels is provided by these statistics.

Table 2.
Correlations

		ADS	PPQR
ADS	Pearson Correlation	1	.365**
	Sig. (2-tailed)		.000
	N	100	100
PPQR	Pearson Correlation	.365**	1
	Sig. (2-tailed)	.000	
	N	100	100

***. Correlation is significant at the 0.01 level (2-tailed).*

The correlation analysis conducted between the ADS (Alcohol Dependence Scale) and PPQR (Peer Pressure Questionnaire Revised) variables resulted in the following findings:

- The Pearson correlation coefficient between ADS and PPQR was found to be .365**. The correlation is positive and indicates a moderate association between the two variables. The correlation coefficient of .365 suggests that there is a significant positive relationship between alcohol dependence and peer pressure.
- The p-value associated with this correlation coefficient is .000, which is below the threshold of statistical significance (usually set at .05). This indicates that the correlation is unlikely to have occurred by chance alone and suggests a robust relationship between ADS and PPQR.
- The correlation analysis was based on a sample size of 100 cases for both ADS and PPQR variables.

In summary, the correlation analysis reveals a significant positive correlation between alcohol dependence and peer pressure. These findings suggest that individuals who experience higher levels of peer pressure are more likely to exhibit greater alcohol dependence. However, it is important to note that correlation does not imply causation, and further research is necessary to explore the nature and underlying mechanisms of this relationship.

**Please note that the response assumes that the correlation coefficient and p-values provided are accurate and have been reported correctly.

Table 3.
Correlations

		ACE	ADS
ACE	Pearson Correlation	1	.768**
	Sig. (2-tailed)		.000
	N	100	100
ADS	Pearson Correlation	.768**	1
	Sig. (2-tailed)	.000	
	N	100	100

***. Correlation is significant at the 0.01 level (2-tailed).*

The correlation analysis conducted between the ACE (Adverse Childhood Experiences) and ADS (Alcohol Dependence Scale) variables resulted in the following findings:

- The Pearson correlation coefficient between Adverse childhood experience and Alcohol dependence scale was found to be .768**. The correlation is positive and

Study on Peer Pressure, Adverse Childhood Experiences and Alcohol Usage Among Young Adults

shows a strong association between the two variables. The correlation coefficient of .768 points out that there is a significant positive relationship between the adverse childhood experiences and alcohol dependence.

- The p-value associated with this correlation coefficient is .000, which is below the threshold of statistical significance (usually set at .05). This indicates that the correlation is unlikely to have occurred by chance alone and suggests a robust relationship between ACE and ADS.
- The correlation analysis was based on a sample size of 100 cases for both ACE and ADS variables.

In summary, the correlation analysis reveals a significant positive correlation between reported adverse childhood experiences and alcohol dependence. These findings suggest that individuals who have experienced higher levels of adverse childhood experiences are more likely to exhibit greater alcohol dependence. However, it is important to note that correlation does not imply causation, and further research is necessary to explore the nature and underlying mechanisms of this relationship.

The results of the correlation analysis revealed significant findings related to the variables examined in this study.

Firstly, a strong positive correlation was observed between Adverse Childhood Experiences (ACE) and Alcohol Dependence (ADS), with a Pearson correlation coefficient of .768**. This indicates that individuals who reported higher levels of adverse childhood experiences were more likely to exhibit increased alcohol dependence. These findings emphasize the potential impact of early-life experiences on alcohol-related behaviors later in life.

Secondly, a moderate positive correlation was found between Alcohol Dependence (ADS) and Peer Pressure (PPQR), with a Pearson correlation coefficient of .365**. This suggests that higher levels of peer pressure were associated with increased alcohol dependence. This highlights the influence of social factors, particularly peer pressure, on alcohol-related behaviors.

These significant correlations imply that adverse childhood experiences and peer pressure may contribute to the development and escalation of alcohol dependence. The findings underscore the importance of considering these factors in prevention and intervention strategies targeting alcohol-related issues.

DISCUSSION

This dissertation successfully confirmed the hypotheses that were proposed regarding the relationship between peer pressure and alcohol usage, as well as adverse childhood experiences (ACE) and alcohol usage among young adults. The findings of this study shed light on the significant associations between these variables and contribute to our understanding of the factors influencing alcohol-related behaviors in this population.

The results of the correlation analysis revealed a positive correlation between peer pressure and alcohol usage among young adults. This implies that as peer pressure increases, so does the likelihood of engaging in alcohol consumption. These findings highlight the influence of social factors and the importance of considering peer dynamics in alcohol-related interventions and prevention strategies for young adults.

Study on Peer Pressure, Adverse Childhood Experiences and Alcohol Usage Among Young Adults

Additionally, the study found a positive correlation between adverse childhood experiences and alcohol usage among young adults. This suggests that individuals who have experienced more adverse childhood experiences are more likely to exhibit higher levels of alcohol usage. These findings underscore the long-lasting impact of early-life experiences on alcohol-related behaviors and emphasize the need for comprehensive approaches that address the psychological and emotional consequences of adverse childhood experiences in alcohol interventions.

The confirmation of these hypotheses contributes to the existing literature and supports the development of targeted interventions and prevention programs aimed at reducing alcohol usage among young adults. By identifying the significant role of peer pressure and adverse childhood experiences in alcohol-related behaviors, policymakers and healthcare professionals can implement effective strategies to address these factors and promote healthier decision-making among young adults.

It is important to note that this study focused specifically on young adults, and further research is needed to validate the generalizability of these findings to other age groups and populations. Additionally, qualitative studies and longitudinal research can provide deeper insights into the mechanisms and potential causal relationships between peer pressure, adverse childhood experiences, and alcohol usage.

In summary, this dissertation's findings provide empirical evidence supporting the hypotheses of a positive correlation between peer pressure and alcohol usage, as well as adverse childhood experiences and alcohol usage among young adults. These findings have implications for both research and practice, emphasizing the need for targeted interventions that address social influences and early-life experiences in alcohol-related interventions and prevention efforts for young adults.

REFERENCES

- Hingson, R. W., Zha, W., & White, A. M. (2017). Drinking beyond the binge threshold: Predictors, consequences, and changes in the US. *American Journal of Preventive Medicine*, 52(6), 717-727.
- Substance Abuse and Mental Health Services Administration. (2020). Results from the 2019 National Survey on Drug Use and Health: Detailed Tables. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.
- Wechsler, H., Lee, J. E., Kuo, M., Seibring, M., Nelson, T. F., & Lee, H. (2002). Trends in college binge drinking during a period of increased prevention efforts: findings from 4 Harvard School of Public Health College Alcohol Study surveys: 1993-2001. *Journal of American College Health*, 50(5), 203-217.
- White, A. M., Kraus, C. L., & Swartzwelder, H. S. (2006). Many College freshmen drink at levels far beyond the binge threshold. *Alcoholism: Clinical and Experimental Research*, 30(6), 1006-1010.
- Roy, R. (2015). Peer pressure and its impact on teenagers' identity and behaviour: A literature review. *The International Journal of Indian Psychology*, 3(3), 142-155. doi: 10.25215/0303.153.155
- National Institute on Alcohol Abuse and Alcoholism. (2020). Alcohol facts and statistics. Retrieved from <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/alcohol-facts-and-statistics>

ROLS -

- Smith, A. R., Chein, J., & Steinberg, L. (2014). Peers increase adolescent risk taking even when the probabilities of negative outcomes are known. *Developmental psychology*, 50(5), 1564–1568. <https://doi.org/10.1037/a0035696>
- Florić, O. K., Pavlović, A., & Ninković, S. (2021, February 8). *Peer Pressure and Academic Achievement as Predictors of Adolescent Risk Behaviors | Knežević Florić | Teme*. Peer Pressure and Academic Achievement as Predictors of Adolescent Risk Behaviors | Knežević Florić | TEME. <https://doi.org/10.22190/TEME200712076K>
- Jensen, L. A., & Dost-Gözkan, A. (2014, March 14). Adolescent-Parent Relations in Asian Indian and Salvadoran Immigrant Families: A Cultural-Developmental Analysis of Autonomy, Authority, Conflict, and Cohesion. *Journal of Research on Adolescence*, 25(2), 340–351. <https://doi.org/10.1111/jora.12116>
- Mehdizadeh, S. (2010). Self-presentation 2.0: Narcissism and self-esteem on Facebook. *Cyberpsychology, behavior, and social networking*, 13(4), 357–364. <https://doi.org/10.1089/cyber.2009.0257>
- Rulison, K. L., Kreager, D. A., & Osgood, D. W. (2014). Delinquency and peer acceptance in adolescence: A within-person test of Moffitt's hypotheses. *Developmental Psychology*, 50(11), 2437–2448. <https://doi.org/10.1037/a0037966>
- Varela, A., & Pritchard, M. E. (2011). Peer influence: use of alcohol, tobacco, and prescription medications. *Journal of American college health: J of ACH*, 59(8), 751–756. <https://doi.org/10.1080/07448481.2010.544346>
- Van Hoorn, J., McCormick, E. M., Rogers, C. R., Ivory, J. D., & Telzer, E. H. (2016). Differential effects of peer presence on risky decision-making across adolescence. *Developmental psychology*, 52(9), 1578–1588. <https://doi.org/10.1037/dev0000168>
- Tomé, G., Matos, M., Simões, C., Diniz, J. A., & Camacho, I. (2012). How can peer group influence the behavior of adolescents: explanatory model. *Global journal of health science*, 4(2), 26–35. <https://doi.org/10.5539/gjhs.v4n2p26>
- LaBrie, J. W., Kenney, S. R., Lac, A., Garcia, J. A., & Ferraiolo, P. (2009). Mental and Social Health Impacts the Use of Protective Behavioral Strategies in Reducing Risky Drinking and Alcohol Consequences. *Journal of college student development*, 50(1), 35–49. <https://doi.org/10.1353/csd.0.0050>
- Armenta, B. E., Whitbeck, L. B., & Gentzler, K. C. (2016). Interactive effects within the prototype willingness model: Predicting the drinking behavior of indigenous early adolescents. *Psychology of Addictive Behaviors*, 30(2), 194–202. <https://doi.org/10.1037/adb0000104>
- Patrick, M. E., & Lee, C. M. (2012). Daily variations in Spring Break alcohol and sexual behaviors based on intentions, perceived norms, and daily trip context. *Journal of studies on alcohol and drugs*, 73(4), 591–596. <https://doi.org/10.15288/jsad.2012.73.591>
- Squeglia, L. M., Spadoni, A. D., Infante, M. A., Myers, M. G., & Tapert, S. F. (2009). Initiating moderate to heavy alcohol use predicts changes in neuropsychological functioning for adolescent girls and boys. *Psychology of Addictive Behaviors*, 23(4), 715–722. <https://doi.org/10.1037/a0016516>
- Merrill, J. E., & Read, J. P. (2010). Motivational pathways to unique types of alcohol consequences. *Psychology of addictive behaviors: journal of the Society of Psychologists in Addictive Behaviors*, 24(4), 705–711. <https://doi.org/10.1037/a0020135>
- Morean, M. E., & Corbin, W. R. (2010). Subjective response to alcohol: a critical review of the literature. *Alcoholism, clinical and experimental research*, 34(3), 385–395. <https://doi.org/10.1111/j.1530-0277.2009.01103.x>

Study on Peer Pressure, Adverse Childhood Experiences and Alcohol Usage Among Young Adults

- Martens, M. P., Ferrier, A. G., & Cimini, M. D. (2007). Do protective behavioral strategies mediate the relationship between drinking motives and alcohol use in college students?. *Journal of studies on alcohol and drugs*, 68(1), 106–114. <https://doi.org/10.15288/jsad.2007.68.106>
- Scott-Sheldon, L. A., Carey, K. B., Elliott, J. C., Garey, L., & Carey, M. P. (2014). Efficacy of alcohol interventions for first-year college students: a meta-analytic review of randomized controlled trials. *Journal of consulting and clinical psychology*, 82(2), 177–188. <https://doi.org/10.1037/a0035192>
- Ortiz, E., Shorey, R. C., & Cornelius, T. L. (2015). An Examination of Emotion Regulation and Alcohol Use as Risk Factors for Female-Perpetrated Dating Violence. *Violence and victims*, 30(3), 417–431. <https://doi.org/10.1891/0886-6708.vv-d-13-00173>

Acknowledgment

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Kapoor, S. (2023). Study on Peer Pressure, Adverse Childhood Experiences and Alcohol Usage Among Young Adults. *International Journal of Indian Psychology*, 11(3), 3125-3140. DIP:18.01.297.20231103, DOI:10.25215/1103.297