



THE INFLUENCE OF TOBACCO AND ALCOHOL CONSUMPTION ON SOCIABILITY

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Abstract

The nature of addictions such as tobacco and alcohol represent an area studied mostly in the context of medicine. In that context, the psychological study offers a new insight in understanding those types of substance consumption in terms of cognitions, behaviors and social environment. This study proposes to investigate the variability of sociability in terms of alcohol and tobacco users, as to take notice whether these behaviors replace maladaptively healthy social mechanisms of society. In this case, this study has implications both in psychological study, as of theoretical implications, and in common knowledge, because if people know what really makes them take risks regarding their health, they might take other healthier decisions. The results, even though were not significant, still offer a greater understanding as to why people drink alcohol and smoke tobacco.

Keywords: *Tobacco usage, Alcohol usage, Sociability, Coping mechanism, Social psychology*

1. INTRODUCTION

1.1. The consumption of alcohol and tobacco

1.1.1. Tobacco consumption

The tobacco consumption represents the biggest preventable risk factor in developed countries (Bergen & Caporaso, 1999). In this sense, the prevalence of tobacco addiction was reduced drastically in the latest years, alongside with the diseases associated with nicotine consumption, but it still represents a risk factor

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manifested especially along the young, persons with low socio-economic status, low educational achievement and persons that come from disadvantaged environments (Bergen & Caporaso, 1999; Rizeanu, 2018).

The addictive nature of smoking appears in order to maintain a high level of nicotine in the brain of the users.

According to figure 1, the smoking behaviour can be interpreted in terms of motivations, as addiction or habit, and as a result of peer pressure, the equilibrium between those two explaining both the initial phases of the addiction as well as the later stages.

From a health psychology standpoint, smoking represents a complex construct that gathers a series of individual and social characteristics. Smoking cessation can be temporary or permanent, relapsing representing a reappearance of the first stage. Contrary to this, it is known that smoking relapsing concludes in a higher level of use of any addictive substance, and especially tobacco (Glassman, 1990). It appears as if the smoking cessation can be a group event, thus a person ceasing smoking can determine other people to quit smoking as well, provoking a chain reaction towards nicotine addiction (Christakis & Fowler, 2008).

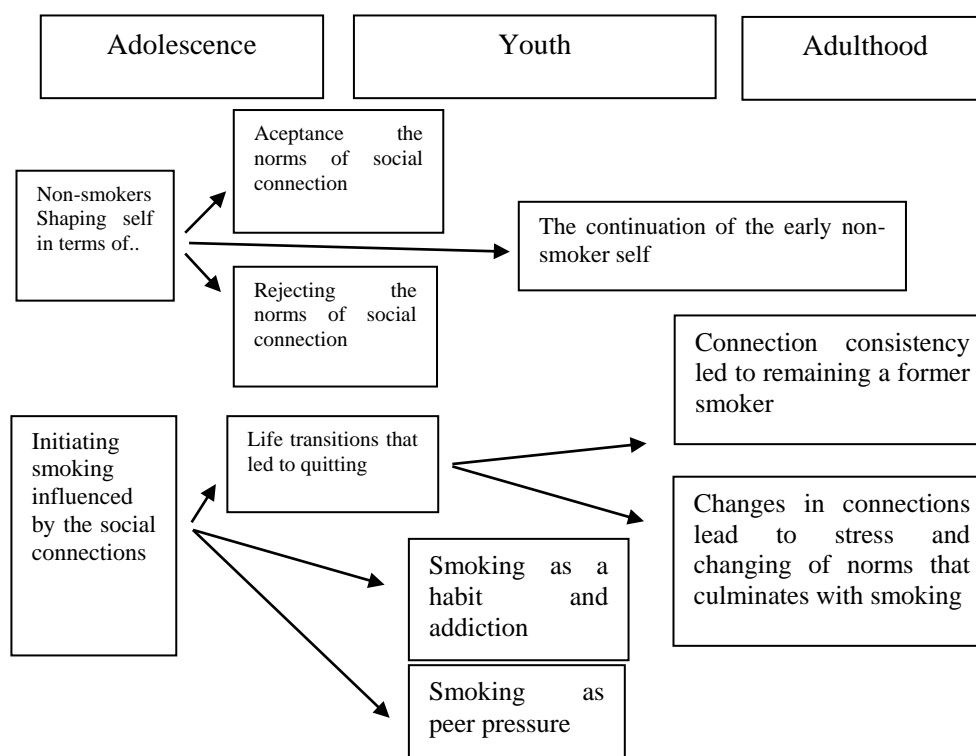


Figure 1 – The dynamic between social connections and smoking (Thomeer, Hernandez, Umberson, & Thomas, 2019)

1.1.2. Alcohol consumption

Alcohol addiction and abuse can produce substantial morbidities. In this sense, the alcohol abuse can be associated with severe anxiety, depressive episodes, insomnia, suicidal tendencies and other substance abuse (Rizeanu, 2014). Regular abuse of alcohol can predispose the individual to heart diseases, stroke, cancer and cirrhosis, affecting the gastrointestinal, cardiovascular and immune system. From a psychological standpoint, alcohol abuse can lead to temporary cognitive deficiencies, wake-sleep cycle disorders and anterograde amnesia. All these are ways in which the alcohol consumption reduces the life quality overall and the natural functioning ability of a person’s body (Schuckit, 2009). Additionally, excessive abuse of alcohol was associated with non-fatal injuries, suicidal tendency, sexually transmitted diseases and violence (Gmel, Rehm, & Kuntsche, 2003). The drinking behavior starts usually in the adolescence (Johnston, O’Malley, Bachman, & Schulenberg, 2004), fact that supports the importance of promoting informative campaigns and the study of the relationship between addictions and results of them both short term and long term (Rizeanu, 2012).

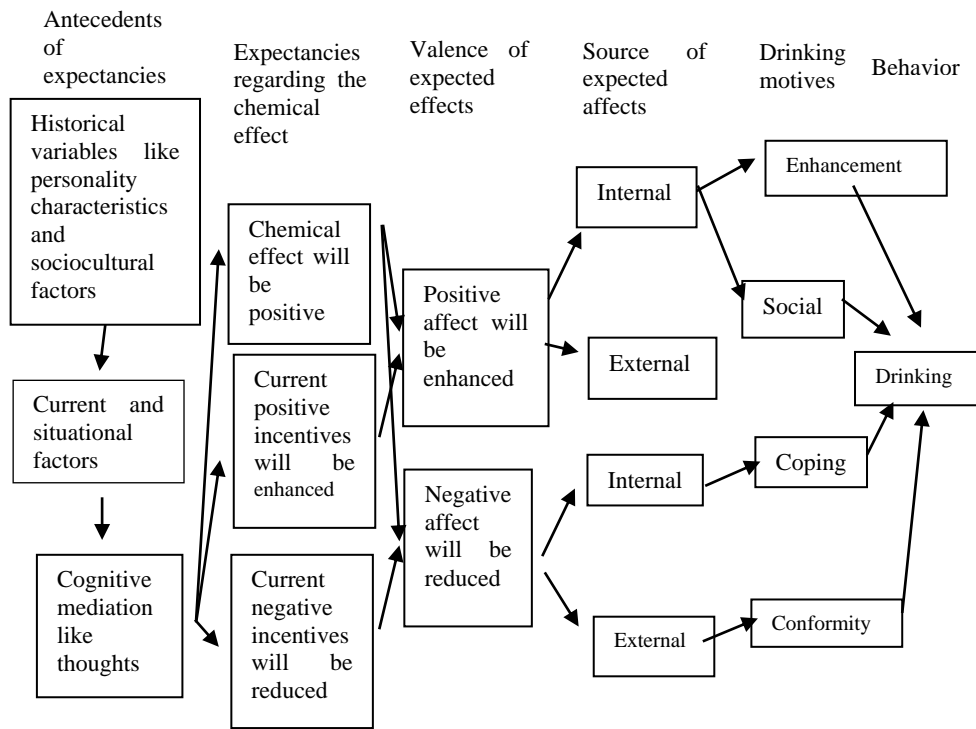


Figure 2: The dynamics of alcohol consumption: Reasons and motives for drinking (Cooper, 1994; Cox & Klinger, 1988; 1990)

Heavy drinking was associated especially with the coping need (Abbey, Smith, & Scott, 1993), thus the decision of alcohol abuse can be viewed as a sum of multiple factors in the emotional and rational areas. In general terms, alcohol consumption starts from four motives: enhancement, social, coping and conformity (figure 2).

Regarding alcohol consumption, it was raised in the last years, especially in China and in developing countries, but surprisingly, it reduced in the developed countries.

1.2 Smoking and drinking as social facilitating behaviours

Smoking represents a dynamic behavior that fluctuates during life in relation to natural changes in life and social connections (Elder, Johnson, & Crosnoe, 2003), presenting components such as: avoidance, initiation, continuation, stopping and relapsing of the smoking behavior. This type of behavior is prevalent especially in the youth, being initiated in adolescence and diminishing in terms of a person assuming the adult role (CDC, 2011; Chen & Jacques-Tiura, 2014). During life, there are transitions that determine behavioural changes relating health. These social transitions come with norms, responsibilities, stressors and sanctions according to the shared values in the respective environment (Frech, 2014; Pampel, Mollborn, & Lawrence, 2014; Rizeanu, 2015).

The nature of social relationships during lifetime can influence trajectories in human lives according to the principle of linked lives (Carr, 2018). This principle stipulates the idea that individual life is mixed in complex social relationships that can influence health decisions including decisions regarding smoking.

Even though the principle of linked lives supports the idea that the greatest influence in individual life is the interaction with other persons in the immediate social circle, Erickson (2003) supports the idea that even persons in enlarged social circles such as co-workers or distant friends can have a significant influence regarding health behaviours.

The allegiance to social networks alongside smokers rises the person's risk to initiate smoking (Christakis & Fowler, 2008), while the non-smoker status is especially prevalent in the case of persons that have a large family that shares religious values. Most of non-smokers share this status because they attached it to their self, this aspect being enforced by social support, beliefs, attitudes regarding health and other components of the belief system associated to their psyche.

Regarding the social influence on the smoking, four mechanisms are responsible of the most of the variance regarding smoking, social support, social strain, contagion and social control. Social connections can generate social support (Thoits, 2011), that can lead to the extinction or interruption of the smoking

behavior. At the same time, social connections can induce stress, that can determine the activation of smoking as a coping mechanism (Umberson et al., 2008; McDermott, Dobson, & Owen, 2006; Reczek, Thomeer, Kissling, & Liu, 2016). Regarding contagion, it can explain the reasons for the enlarging of the smoking circles, that also prevent people from quitting (Margolis & Wright, 2015). Also, social control processes can determine variations in terms of tobacco consumption and changes to the smoker/non-smoker status, according to social models associated to smoking regarding members of a certain group (Umberson, Donnelly, & Pollitt, 2018).

The study realised by Thomeer, Hernandez, Umberson & Thomas (2019) identifies the dynamic between tobacco consumption and sociability, integrating in his model (Figure 1) aspects such as norms, dynamic change and relationship circles, but also the smoker's motivations in relation to the non-smoker motivation of maintaining the associated status.

On the other hand, the alcohol consumption seems to be in an even closer link to the social environment, as the figure 2 explains, there seem to be two main reasons for drinking associated with social relations, social enforcing and conformity. Accordingly, an individual can expect to an enhancing of certain positive effects, or a reduction of negative effects, from a social standpoint translating to receiving social attention and approval. Additionally, an individual can think in terms of conformism and tension avoidance among the group members. Even though there seem to be predisposing traits associated with the initiation of said behaviours, the main determinant factors for maintaining these behaviours remain situational and social factors (Baer, 2002; Quigley & Marlatt, 1996).

In terms of personality, an important role in initiating drinking and smoking behaviours goes to traits such as novelty seeking, extraversion, impulsivity and neuroticism being associated with a bigger consumption of substances and a greater chance of consumption altogether (Breslau, Kilbey, & Andreski, 1993; Kassel, Shiffman, Gnys, Paty, & Zettler-Segal, 1994)

In terms of sociability, both smoking and alcohol intake can be viewed as having two types of effects, actively and passively. Actively, smoking can be viewed as a social behavior as long as there is a known fact that smokers tend to get more breaks at work and they can integrate themselves better in the smoking circles by engaging in this behavior themselves. Also, actively, alcohol has the role of reducing censorship and of dynamizing the individual, being easier for him to express values, beliefs and attitudes in the behavioural area. In regards to the passive role of alcohol intake and smoking, as referred to the period after the substance has lost the influence on the individual, there is a question regarding what kind of habitual response effect can these social behaviors have on an individual in terms of sociability and communicatively. This represents the

question in the current study, regarding the degree in which the smoking and drinking behaviors predict a greater general sociability.

This issue raises other certain questions such as whether people consume substances to supplement certain deficiencies regarding socialisation or they use them to overcome certain social anxieties that keeps them from living in the social environment accordingly to their individual needs. If this is the case, the present study could provide an insight regarding the mechanisms involved in initiating this kind of addiction and could offer clarifications regarding the degree in which psychological elements meet practical elements through the lens of substance abuse.

2. OBJECTIVE AND HYPOTHESES

2.1. OBJECTIVE

The current study has the objective to measure the differences in sociability in terms of smoker/non-smoker and drinker/non-drinker status. Whether these differences exist or not, it will provide important insight in the social side of addictions, in terms of initiating and maintaining a potentially dangerous health behavior.

2.2. HYPOTHESES

H1- There is a significant difference in sociability between smokers and non-smokers.

H2- There is a significant difference in sociability between drinkers and non-drinkers.

H3- There is a correlation between the alcohol and tobacco consumption.

3. METHOD

3.1. Participants

The research sample included 142 participants, 84.5% of them being women, and 15.5% males who ranged in age from 20 to 62 years. The mean age was 29.40 years ($SD=9.776$). The participants were chosen conveniently from students of Hyperion University, Faculty of Psychology and Educational Sciences, Department of Psychology.

3.2 Measures

In this study was used the SOCIABILITY scale (Goldberg et al., 2006), alongside questions that involved whether participants consume tobacco or alcohol. The SOCIABILITY scale mentioned above includes 10 items such as “Can't do without the company of others” measured on a five-point Likert scale (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree).

3.3 Procedure

The research sample completed the SOCIABILITY scale on-line, via Google Forms. Data was collected in 2020. Before completing the assessment, the participants were informed of what this research program entails, asking them to sign an informed consent agreement, describing the working procedure, the benefits and the risks of the program and the confidentiality, then asking them if the collected data during the program can be used for research purposes.

4. RESULTS

In order to test the research hypotheses, we analysed the data as it follows: we applied a independent t-test for both alcohol consumption and tobacco. The results were not significant for neither the first, nor the second hypothesis, obtaining a p of 0.25 for tobacco consumption, and for being greater than the alpha threshold of 0.05, we must reject the first hypothesis (table 1). For the second hypothesis, we obtained a p of 0.72, and again, being greater than the alpha threshold of 0.05, we must reject the second hypothesis (table 2). These results show that nor the consumption of alcohol, nor the consumption of tobacco significantly determine a greater level of sociability. In this context, smoking and drinking remain active mechanisms of socialization with no latent effect on socialization overall. In terms of reliability, the SOCIABILITY scale showed a Cronbach's Alpha of .589.

As for the third hypothesis, even though the literature would suggest both alcohol abusers and tobacco users share a certain degree of similarity in terms of personality and demographic variables, there is no relationship between these two substance uses, as the correlation between the smoker status and the drinker status turn out to be of 0.76, at a p of .36 (table 3) being greater than the alpha threshold of 0.05, we must reject the third hypothesis.

Table 1: Independent t-test for determining the influence of tobacco consumption on socialization

	M	t	df	p
Tobacco	0.46	0.523	140	0.259

Table 2: Independent t-test for determining the influence of alcohol consumption on socialization

	M	t	df	p
Alcohol	1.63	1.297	140	0.728

Table 3: Correlation between alcohol and tobacco consumption

	1	2
1. Smoking status		
2. Alcohol	0.076	

5. CONCLUSIONS

Even though the hypotheses of this study were rejected, it still offers a significant insight in the smoking and drinking behaviors. As it was stated in the introduction, the active effect of increased socialization tendencies remains valid, but as the results shown, there is no significant passive increase in socialization tendencies.

These results can also be interpreted as to why the addictive character even exists from a psychological standpoint. Thus, people that usually drink or smoke do not create additional coping mechanisms for help in social situations in the absence of these substances, as they continue to use them for the very same reason.

These results also provide another reason for people to take healthier decisions, as it was shown that tobacco and alcohol use do not make people more sociable or friendlier. After use, individuals are exactly the way they were before consumption in terms of sociability.

This study has its limits, among which counting the homogeneity of the sample in terms of age, socio-economic status and gender. Thus, future studies could consider investigating the same hypotheses using a larger, more heterogenous sample, or even use an experimental design in order to prove the proper causality.

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