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Role of Self-Determination in the Alcohol Consuming Behavior of Youth

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Abstract

Background of the Study: Alcohol, a substance known for its harmful effects and mind-altering properties, is deeply embedded in contemporary social settings, often considered a staple element of social gatherings for many individuals. Aim: The aim of the current study was to explore the role of self-determination, in the alcohol consuming behavior of youth. Method: The study was conducted with (n=300) youth who were consuming alcohol on regular basis representing different socio-economic status namely upper, middle, and lower from various parts of India. Age of the participants ranged from 19 years to 30 years. Mean age of the participants was 24.48 (SD= 3.25). Measures: Treatment self-regulation questionnaire and psycho-social drinking inventory were used to assess the youth alcohol consumption (social influence, stress reduction, and sensation seeking) for data collection.

Results: The inferential statistics results revealed a significant urban and rural areas difference in the dimensions of self-determination, and dimensions of psycho-social drinking behavior measure. Correlational analysis revealed a significant negative correlation of autonomous motivation (a dimension of self-determination), with the dimensions of psycho-social drinking behavior among youth". The multiple hierarchical regression analysis revealed that autonomous motivation, controlled motivation and Amotivation (dimensions of self-determination) significantly predicted the social influence of youth. Moreover, two dimensions of self-determination (autonomous motivation & Amotivation) significantly predicted sensation seeking among youth. Limitations and implications of the study has also been pointed in the relevant section of the study.

Keywords: self-determination; autonomous motivation; controlled motivation; amotivation; alcohol consuming behavior

Introduction

Alcoholism poses a significant threat to life and has important socio-economic effects. Alcohol misuse can also pose threats to others and society, including family relationships, acquaintances, coworkers, and strangers, such as foreigners. Around 200 injuries, diseases, and health problems are linked to alcohol consumption. Alcohol consumption increases the likelihood of developing behavioral and mental disorders, including alcohol addiction and severe non-communicable diseases like several malignancies, cardiovascular disease, and liver cirrhosis, among others. Alcohol-related fatalities are more common in younger age groups (World Health Organization, 2019).

Self-determination theory (Deci & Ryan, 1985) posits that people acquire motivational orientations toward independence and self-command. Autonomy is linked to self-development and engaging in activities that align with one's own hobbies and well-thought-out goals (Deci and Ryan, 1985). Deci and Ryan (1985) found that the autonomy orientation is associated with ego growth, interest, personal growth, self-awareness, and self-worth. On the other hand, the controlled orientation is related to basing behaviour on internalized "should" and "ought's" and external regulation of behaviour, such as doing something to obtain a reward or avoid something negative. (Deci and Ryan, 1985; Knee et al., 2001; Neighbors et al., 2002) found that a controlled motivation is linked to the Type-A coronary-prone behaviour pattern, hostility, ego involvement, an external control, and private and public awareness of one's own identity. SDT is an "Organismic meta-theory" (Deci &Vansteenkiste, 2000), suggesting that people have an innate tendency towards prosperity, development, and well-being. SDT recommends that people have three basic psychological needs – "autonomy, competence, and relatedness" (Fortier, Williams, Sweet, & Patrick, 2009).

Treatment personnel who used more non-coercive tactics and autonomy to guide substance users

through the change process had a direct impact on people's treatment motivation, resulting in more positive treatment outcomes (Klag, 2006). In conclusion, the data validated the efficacy of the SDT model in predicting dropout processes and outcomes, as well as therapeutic community drug and alcohol treatment. Chawla et al. (2009) concluded that the relationship between heavy drinking consumption and self-determination depends on the perception of a friend's approval and disapproval.

Autonomous motivation involves pursuing goals that hold personal significance, with intrinsic motivation being the most common type along the PLOC continuum. Intrinsic motivation implies engaging in behavior without external conditions or rewards. Identified regulation, another autonomous form of motivation, resembles intrinsic motivation on the continuum and involves doing something because it contributes to achieving personally meaningful goals. On the opposite extreme of the continuum from intrinsic motivation lies external regulation, the most prevalent type of controlled motivation. Individuals exhibiting external regulation engage in behaviours due to external reinforcements, such as obtaining rewards or avoiding punishment. Introjected regulation, akin to external regulation, represents a controlled form of motivation where individuals act because they feel compelled to do so, often to avoid negative emotions or gain self-worth.

Research, such as that conducted by Chatzisarantis et al. (2003), demonstrates a strong association between autonomous forms of motivation and adaptive outcomes, particularly in maintaining healthy behaviours. However, the application of SDT to explain alcohol-related behaviour is relatively limited, with existing studies primarily focusing on student groups (Larimer, 2003; Chawla et al., 2009; Neighbors et al., 2010).

Rationale of the Study

Studies have been conducted on metacognitive beliefs, and alcohol consuming behavior, but very few studies have been done on, self-determination and alcohol consuming behavior. Studies that have been conducted in this area are contradictory, and these variables have not been studied together in any study. Most of the previous studies have been conducted on students and adolescent populations; very few have focused on youth. Socio-economic status is also being considered as an influencing factor.

The preceding review suggests that, self-determination is interesting topic of research in the area of health psychology. Alcohol consuming behavior and self-determination, have not been studied together in the context of youth's health. A perusal of studies indicates that the requirement of research in the domain of health psychology. Role of self-determination, in alcoholic behavior have not been analyzed systematically.

In crux, there are inconsistencies and misinterpretations sustained in the literature and there are certain widespread myths in popular sayings in the pseudo-scientific spheres. It cannot be studied in isolation from the most recognized socio-economic & psychological context, because previous studies do not entirely explain the alcohol consuming behavior in youth. Hence, a large body of research is required now to eradicate or erase all these. Therefore, keeping in light the aforesaid background, research gaps, and contradictions in the literature the following objectives and hypotheses have been framed for the present study.

Present study has been conducted with a specific aim to assess and compare the self-determination, and alcohol consuming behavior between the participants of different localities also it was aimed to explore the relationship of self-determination (autonomous, controlled and Amotivation) with the alcohol consuming behavior of youth. Considering the aim and reviewed literature it was hypothesized that participants of rural and urban areas will score significantly different on self-determination and alcohol consuming behavior. Further, it was also hypothesized that self-determination (autonomous, controlled & Amotivation) will be positively associated with the alcohol consuming behavior of youth.

Method

Participants

The study was conducted with (n=300) youth who were consuming alcohol on regular basis representing different socio-economic status namely upper, middle, and lower from different urban and rural areas different districts of southern Haryana. The age of the willing participants varied between 19 and 30 years. Mean age of the participants was 24.48 (SD= 3.25).

Those participants who represented different districts of southern Haryana and were consuming alcohol on regular basis selected for this study. Their alcohol consumption was assessed by some screening questions related to their frequency, time, and brand

of alcohol. Those who have answered positive on these questions were selected for the study. A convenient sampling method was adopted in drawing the participants; Variables such as participants' age, education, SES of the family and status of drinking in family members were recorded. The sample distribution and demographic characteristics of the participants were presented in the below mentioned Table 1 Correlational design was applied to explore the relationship between variables.

Table 1: Demographic characteristics of the participants

Demographic Variables		Frequency	Percentage
Age	19	20	6.6
	20	19	6.3
	21	23	7.7
	22	34	11.3
	23	35	11.7
	24	25	8.3
	25	28	9.3
	26	17	5.7
	27	21	7
	28	22	7.3
	29	56	18.7
Education	Up to 5thStandard	46	15.3
	6th to 12thStandard	85	28.3
	Graduation	99	33
	Post-Graduation and Above	70	23.3
Locality	Rural	159	53
	Urban	141	47
Family History of Alcohol	Yes	152	50.7
	No	148	49.3
Institute	Government	157	52.3
	Private	143	47.7
Socioeconomic Status	Upper	45	15
	Upper Middle	106	35.3
	Lower Middle	68	22.7
	Upper Lower	69	23
	Lower	12	4

Measures

Psycho-social Drinking Inventory

The Psychosocial Drinking Inventory comprises 51 starting items that reflect three dimensions of inter- and intrapersonal drinking factors: social influences, stress reduction, and sensation seeking, originally developed by (Fisher, Fried, & Anushko, 2007). From this inventory 24 items have been selected that deemed applicable and administered on to study participants to assess their alcohol consuming behavior. Students estimated their likelihood of drinking in response to several events on a 5-point Likert-type scale, where 1 indicates (extremely unlikely to drink) and 5 indicate (extremely likely to drink). Additionally, alpha reliability for the three dimensions of this scale was computed and found to be .58 for the first factor "Social Influence," .82 for the second factor "Stress Reduction," and .81 for the third factor, which is sensation-seeking.

Treatment Self-Regulation Measure (TSRQ) for Alcohol Consumption

This measure has been developed by Ryan and Connell (1989). It is a 15-Item half-report measure which was rated on seven-point scale (not at all true (1) to very true (7)). TSRQ measure consisted of three domains self-regulation (autonomous motivation, controlled motivation, & Amotivation). Alpha reliability for 15 items has consistently been above .90, and in autonomous motivation, alpha coefficients ranged from .87 to 91 across time points. The TSRQ was first used for "behaving in a healthy way" (Deci, Freedman, Grow, Ryan, & Williams, 1996), then used in perceived locus of causality and internalization of children and adolescents (Connell

& Ryan, 1989), alcohol consumption (Ryan, Malley, & Plant, 1995), smoking to adolescents and youth (Cox, Deci, Kouides, & Williams, 1999), patients with diabetes (Williams, Freedman, & Deci, 1998), adherence in adult outpatients (Grolnick, Deci, Ryan, Rodin, & Williams, 1998), and also in attitudes, beliefs and motives in addiction recovery.

Procedure

The mentioned measures were individually administered to 320 youth, with 20 data removed due to outliers. Before the actual administration, all participants received clear instructions for each measure, and any questions they had were duly addressed. All participants were asked to provide their informed permission, who were allowed ample time to respond to all the measures. Each participant was requested to respond to each item of the measure. Despite some dropouts, there was genuine support from the participants. In case of confusion or queries, necessary clarifications were given.

Results

The obtained data were analysed by computing the mean, standard deviations (SD), t-test, correlation coefficients, and multiple hierarchical regression analysis. Details of the results have been presented in Table 2.0 to 2.3.

Table 2: Mean, SD, and t-score of participants from rural and urban locale on Dimension Self- Determination, and Dimensions of Psycho-social Drinking Behaviour Measure

Variables	Locality	N	Mean	SD	df	t-score
Autonomous Motivation	Rural	159	22.48	8.39	298	-1.15
	Urban	141	23.56	7.73		
Controlled Motivation	Rural	159	35.31	7.12	298	10.52**
	Urban	141	25.28	9.35		
Amotivation	Rural	159	141	3.98	298	-2.52*
	Urban	10.45	11.73	3.98		
Social Influence	Rural	159	17.49	3.12	298	2.89**
	Urban	141	16.33	3.82		
Stress Reduction	Rural	159	33.97	6.26	298	1.49
	Urban	141	32.73	8.15		
Sensation Seeking	Rural	159	35.37	6.78	298	1.96*
	Urban	141	33.57	9.06		

"Note. N= Number of Participants, SD= Standard Deviation, df= degree of freedom $^{*}p<.05$. $^{**}p<.01$".*

The table indicates that urban and rural participants scored significantly differently on controlled motivation ($t=10.52$, $p<.01$) and Amotivation ($t=2.52$, $p<.05$). Rural participants tend to have higher controlled motivation ($Mean=35.31$, $SD=7.12$) than urban participants ($Mean=25.28$, $SD=9.35$). On the other hand, urban participants scored higher in Amotivation ($Mean=11.73$, $SD=4.81$) than rural participants ($Mean=10.45$, $SD=3.98$).

On other variables such as stress reduction, autonomous motivation, no significant differences were found between urban and rural participants. In brief, it can be said that urban and rural participants exhibit similar behavior on these measures.

Table 3: Correlation Coefficients of Dimension of Self-Determination with the Dimensions of Psycho-social Drinking Behavior

Variables	Autonomous Motivation	Controlled Motivation	Amotivation	Sensation Seeking	Stress Reduction	Social Influence
Autonomous Motivation	-	.01	.13**	-.14**	-.18**	-.18**
Controlled Motivation		-	-.19**	.13**	.12**	.17**
Amotivation			-	.14**	.09	.14**
Sensation Seeking				-	.40**	.42**
Stress Reduction					-	.56

*Note. **p<.01.*

The results presented in Table 3.5 demonstrate a significant and negative correlation of autonomous motivation (dimension of self-determination) with all three dimensions of psycho-social drinking behavior

of youth (r= -.14, p < .01) sensation seeking; (r= -.18, p < .01), stress reduction; (r= -.18, p < .01) social influence respectively. Moreover, controlled motivation was found to be positively associated with the sensation seeking (r= .13, p < .01), stress reduction (r= .12, p < .01) and social influence (r= .17, p < .01) dimensions of psycho-social drinking behavior of youth. Furthermore, Amotivation were positively correlated with the dimensions of psycho-social drinking behavior of youth (r= .14, p < .01), sensation seeking; (r= .14, p < .01), social influence, while a positive correlation was observed with the stress reduction dimension of psycho-social drinking behavior the coefficient did not reach significance.

Table 4: Multiple Hierarchical Regression Analysis on Dimensions of Self-Determination as Predictors and Dimensions of Psycho-social Drinking Behavior (Social Influence) as Criterion Variables.

Variables	B	95% CI for B		SE B	β	R^2	ΔR^2
		LL	UL				
Step 1						.031	.031**
Autonomous Motivation	-.08**	-.13	-.03	.03	-.18**		
Step 2						.061	.029**
Autonomous motivation	-.08**	-,13	-.03	.02	-.18**		
Controlled Motivation	.07**	.02	.10	.02	.17**		
Step 3						.101	.040***
Autonomous Motivation	-.09***	-.14	-.04	.02	-.21***		
Controlled Motivation	.08***	.04	.12	.02	.21***		
Amotivation	.16***	.07	.25	.05	.21***		

*"Note.CI= Confidence Interval, LL= Lower Limit, UL=Upper Limit, SE=Standard Error **p<.01, ***p<.001".*

The results presented in Table 3.6 illustrate the contribution of autonomous motivation, controlled motivation, and Amotivation in the social influence measure of psycho-social drinking behaviour. In step 1, the R^2value of 0.031 indicates that autonomous motivation explains 3.1 per cent of variance in social influence measure of psycho-social drinking behavior (F (1, 298) = 9.67, p < .001). The findings revealed that autonomous motivation negatively predicted social influence (β= -0.18, p < .01) behavior of psycho-social drinking among youth. In step 2, the R^2value of .061 shows that the together autonomous motivation and controlled motivation explains 6.1 per cent of variance in the social influence, (F (2, 297) = 9.60, p < .001) measure. The results indicate that autonomous motivation significantly and negatively (β= -0.18, p < .01) predicted social influence behavior among youth, while controlled motivation significantly and positively predicts social influence (β= 0.17, p < .01) behaviour of youth. The ΔR^2 value of 0.029 suggests a 2.9 percent change in the variance between model 1 and model 2, (ΔF (1,297) = 9.25, p < .001).

In step 3, the R^2value of .101 indicated that the inclusion of Amotivation explains 10.1 percent of variance in social influence, (F (3, 296) = 11.04, p < .001). The results show that autonomous motivation significantly and negatively (β= -0.21, p < .001) predicts social influence, controlled motivation significantly and positively (β= 0.21, p < .001) predicts social influence, and Amotivation significantly positively predicts social influence (β= 0.21, p < .001) behaviour among youth. The ΔR^2value of .040 indicates a 4 percent variance difference between model 2, 3, (ΔF (1, 296) = 13.15, p < .001).

Table 5: Multiple Hierarchical Regression analysis of Dimensions of Self-Determination as Predictors and Dimensions of Psycho-social Drinking Behavior (Stress Reduction) as Criterion Variables

Variables	B	95% CI for B		SE B	B	R^2	ΔR^2
		LL	UL				
Step 1						.032	.032
Autonomous Motivation	-.16**	-.26	-.06	.05	-.18**		
Step 2						.048	.016
Autonomous Motivation	-.16**	-.26	-.06	.05	-.18		
Controlled Motivation	.09*	.01	.18	.04	.13*		

*"Note.CI= Confidence Interval, LL= Lower Limit, UL=Upper Limit, SE=Standard Error*p<.05. **p<.01".*

The results presented in Table 3.7 demonstrate the impact of autonomous motivation and controlled motivation in the stress reduction measure, a dimension of psycho-social drinking behavior. In step 1, the R^2 value of .032 indicates that autonomous motivation explains 3.2 per cent of variance in stress reduction, (F *(1, 298) = 9.99, p < .01*) measure. The findings revealed that autonomous motivation significantly and negatively predicted stress reduction (β= *-0.18, p < .01*) behavior for psycho-social drinking measure. In step 2, the R^2value of 0.048 shows that the combined impact of autonomous motivation and controlled motivation explains 4.8 per cent of variance in stress reduction, (F *(2, 297) = 7.48, p < .001*) behavior among youth. The results indicate that while autonomous motivation (β= *-0.18, p > .05*) has not predicted the stress reduction, controlled motivation positively predicts stress reduction (β= *0.13, p > .05*) but the beta value was not found significant. The ΔR^2value of 0.016 suggests a 1.6 percent variance difference between model 1, 2, (ΔF *(1, 296) = 4.84, p > .05*).

Table 6: Multiple Hierarchical Regression Analysis on Dimensions of Self-Determination as Predictors and Dimensions of Psycho-social Drinking Behavior (Sensation Seeking) as Criterion Variable

Variables	B	95% CI for B		SE B	B	R^2	ΔR^2
		LL	UL				
Step 1						.020	.020
Autonomous Motivation	-.14*	-.25	-.03	.06	-.14*		
Step 2						.044	.034
Autonomous Motivation	-.16**	-.27	-.05	.06	-.16**		
Amotivation	.28**	.08	.49	.10	.16**		

*"Note.CI= Confidence Interval, LL= Lower Limit, UL=Upper Limit, SE=Standard Error *p<.05. **p <.01".*

The results presented in Table 3.8 demonstrate the contribution of autonomous motivation, controlled motivation and Amotivation in stress reduction dimension of psycho-social drinking behavior. In step 1, theR^2value of .032 indicates that autonomous motivation explains 3.2 per cent of variance in stress reduction, (F *(1, 298) = 9.99, p < .01*) behaviour of psycho-social drinking behaviour. The findings revealed that autonomous motivation significantly and negatively predicts the stress reduction (β= *-0.18, p < .01*) behaviour of psycho-social drinking behaviour.

In step 2, the R^2value of 0.048 shows that the combined impact of autonomous motivation and controlled motivation explains 4.8 percent of variance in stress reduction measure (F *(2, 297) = 7.48, p < .001*). The results indicate that while autonomous motivation (β= *-0.18, p > .05*) negatively predicted the stress reduction, controlled motivation positively predicted the stress reduction (β= *0.13, p > .05*) behaviour but beta value was not found significant. The ΔR^2value of 0.016 suggests a 1.6 percent variance difference between model 1, 2, (ΔF *(1, 296) = 4.84, p > .05*).

Discussion

It was hypothesized that "Autonomous motivation (dimension of self-determination) would be negatively associated with the alcohol consuming behaviour of youth". Findings of this study supported this hypothesis and revealed that autonomous motivation reduced the alcohol consuming behaviour of youth. Research, such as that conducted by Chatzisarantis et al. (2003), demonstrates a strong association between autonomous forms of motivation and adaptive outcomes, particularly in maintaining healthy behaviours. However, the application of (SDT) to explain alcohol-related behaviour is relatively limited, with existing studies primarily focusing on club of student (Larimer, 2003; Chawla et al., 2009; Neighbours et al., 2010). Studies conducted by Ng et al. (2012), Labhart Graham, Wells, and Kuntsche (2013), and Merrill, Vermont, Bachrach, and Read (2013) investigated the correlation between desire fulfillment, intrinsic drive, and behaviors that improve one's health, revealing a correlation between before drinking and the negative impact of drinking. The findings indicating that individuals tend to be autonomously motivated to engage in pre-drinking are concerning. Pre-drinking behavior seems to align with autonomous motives and the fulfillment of psychological needs, thereby making it likely to occur. However, some of the consequences relationship with pre-drinking is detrimental, which contradicts other goals that are directly related to one's well-being, such preventing illness. This presents a possible incompatibility between goals and results. Pre-

drinkers who are motivated by autonomy may lack awareness of the potential health hazards (Labhart et al., 2013; Reed et al., 2011), or they might be believe that these risks apply to them (Pavey & Sparks, 2010). Therefore, given that individuals are autonomously motivated to engage in these health-risky behaviors (Amiot et al., 2013).

Drinking motives exhibited a negative association with autonomous motivations, which represent the sense of choice and option for responsible intake. However, the correlations between these constructs were little to average in size, signifying that they were not redundant. Autonomous motivations for responsible consumption acted as defensive factors against consequences associated with alcohol consumption, particularly protective behavioral Strategies, while drinking motives served as hazardous factors for consequences associated with alcohol consumption, particularly alcohol use disorders. Although drinking motivations generally explained more variance, equally motivational components predicted consuming-related consequences more strongly than the other. These findings suggest that integrating incentives into discussions about drinking and responsible drinking could enhance our understanding of college students' alcohol-related behaviors and their associated detrimental effects (Richards, Pearson, & Field, 2022). It was hypothesized that "controlled motivation and Amotivation (dimensions of self-determination) would be positively associated with alcohol-consuming behaviour of youth". The findings of the current research supported the hypothesis and revealed positive correlation of controlled motivation and Amotivation with the alcohol consuming behaviour of youth. The present study also supported by various studies viz. Groshkova (2010) and Mancini (2008) suggest that SDT provides a valuable framework for understanding motivation and alcohol use. SDT posits people are inspired to take action by diverse factors, ranging from voluntarily actions (intrinsic motivation) to behaviour controlled by external actions. Intrinsic motivation involves engaging in behaviour for its inherent enjoyment or interest, believed to be of higher quality and leading to favorable outcomes. Extrinsic motivation encompasses behaviours driven by external forces, including identified regulation (behaviours supporting personal goals but not intrinsically pleasure), introjected regulation (behaviours driven by internalized external forces, like feelings of inferiority or immorality), and external regulation (behaviours entirely dictated by exterior forces, like incentives or sanctions).

The findings of the present research suggest a significant negative correlation between autonomous motivation and alcohol consuming behaviour among youth. This implies that individuals who are intrinsically motivated to engage in activities for personal interest or enjoyment are less likely to engage in excessive alcohol consumption. This aligns with previous research highlighting the role of motivation in shaping health behaviours. The negative correlation observed indicates that as autonomous motivation increases, alcohol consuming behaviour decreases. This suggests that interventions targeting the enhancement of autonomous motivation may hold promise in reducing alcohol-related harm among youth. By focusing on fostering internal drives and personal values rather than relying solely on external factors or fear-based messaging, interventions can empower individuals to make healthier choices regarding alcohol consumption. One possible explanation for this relationship could be that individuals with higher levels of autonomous motivation may have stronger self-regulatory abilities and greater self-awareness regarding the consequences of their actions. They may be more inclined to prioritize their long-term well-being over short-term gratification, leading to lower levels of alcohol consumption. Moreover, autonomous motivation is closely linked to feelings of autonomy, competence, and relatedness, which are fundamental psychological needs according to Self-Determination Theory. Interventions aimed at promoting these psychological needs may indirectly influence alcohol consumption by fostering a sense of self-determination and personal agency.

Implications

Present study revealed that self-determination reduced the drinking behaviour whereas modernization enhanced the same. This study may be useful for counselors to develop intervention programme related to cognitive restructuring to change the mood, making calm down, writing down the negative thoughts and identifying the evidence that supports these thoughts in order to change their faulty drinking beliefs. Because many youth drinkers make multiple attempts to quit drinking before they are actually successful. Autonomous motivation is more effective than controlled motivation in supporting the cessation of drinking, preventing relapse, and minimizing the initial phase of drinking.

This can lead to significant health benefits for young individuals.

Limitations

The survey in this study was exclusively conducted on young individuals, making it challenging to generalize the findings to all age groups. Hence, further research is necessary to extrapolate these findings to different age groups. Healthcare practitioners must conduct additional investigations to establish the clinical and theoretical significance of these findings in order to address the adverse health consequences associated with drinking behavior. The role of cultural factors has not been considered. Cross cultural factors need to be examined because beliefs, family environment and motivational factors are different for youth residing in different cultures. This study has been conducted only on male youth. Therefore, gender difference has not been explored in this study that could have shown better findings related to significant difference between alcohol consuming behaviour of male and female groups. The present research was carried out with youth age range (19 years to 30years). Future researches should focus on the developmental stages as adolescence, adulthood, and elderly separately to identify the predictors of alcohol consuming behaviour.

References

1. Amiot, C. E., Sansfaçon, S., & Louis, W. R. (2013). Investigating the motivations underlying harmful social behaviors and the motivational nature of social norms. *Journal of Applied Social Psychology*, 43(10):2146-2157.
2. Chawla, N., Neighbors, C., Logan, D., Lewis, M. A., &Fossos, N. (2009). Perceived approval of friends and parents as mediators of the relationship between self-determination and drinking. *Journal of Studies on Alcohol and Drugs*, 70(1):92-100.
3. Deci, E. L., & Ryan, R. M. (1985). Intrinsic motivation and self-determination in human behavior. *New York: Plenum*.
4. Deci, E. L., & Vansteenkiste, M. (2003). Self-determination theory and basic need satisfaction: Understanding human development in positive psychology.
5. Fisher, C. B., Fried, A.L., Anushko, A. (2007). Development and Validation of the College Drinking Influences Survey. *Journal of American College Health*, 56(3):217-230.
6. Fortier, M. S., Williams, G. C., Sweet, S. N., & Patrick, H. (2009). Self-Determination theory: Process models for health behavior change. Emerging theories in health promotion practice and research: *Strategies for improving public health*, 2:157-183.
7. Groshkova T. (2010). Motivation in substance misuse treatment. *Addiction Research & Theory*. 18:494-510.
8. Klag, S. M. (2006). Self-Determination Theory and the Theory of Planned Behavior applied to substance abuse treatment in a therapeutic community setting. Gold Coast, QLD: Griffith University.
9. Labhart, F., Graham, K., Wells, S., & Kuntsche, E. (2013). Drinking before going to licensed premises: An event-level analysis of predrinking, alcohol consumption, and adverse outcomes. *Alcoholism: Clinical and Experimental Research*, 37(2):284-291.
10. Mancini, A.D. (2008). Self-determination theory: A framework for the recovery paradigm. *Advances in Psychiatric Treatment*, 14:358-365.
11. Merrill, J. E., Vermont, L. N., Bachrach, R. L., & Read, J. P. (2013). Is the pregame to blame? Event-level associations between pregaming and alcohol-related consequences. *Journal of Studies on Alcohol and Drugs*, 74(5):757-764.
12. Neighbors, C., Larimer, M. E., MarkmanGeisner, I., & Knee, C. R. (2010). Feeling controlled and drinking motives among college students: Contingent self-esteem as a mediator. *Self and Identity*, 3(3):207-224.
13. Neighbors, C., Walker, D. D., & Larimer, M. E. (2002). Expectancies and evaluations of alcohol effects among college students: self-determination as a moderator. *Journal of studies on alcohol*, 64(2):292-300.
14. Ng, J.Y.Y. et al., (2012). Self-determination theory applied to health contexts. *Perspective Psychological Science*, 7(4):325-340.
15. Pavey, L.J., Sparks, P. (2009). Reactance, autonomy and paths to persuasion: Examining perceptions of threats to freedom and informational value. *Motiv Emot*, 33(3):277-290.
16. Reed, M. B., Clapp, J. D., Weber, M., Trim, R., Lange, J., & Shillington, A. M. (2011). Predictors of partying prior to bar attendance and subsequent BrAC. *Addictive behaviors*, 36(12):1341-1343.

17. Richards, D. K., Pearson, M. R., & Field, C. A. (2022). A comprehensive examination of alcohol-related motivations among college students: Unique relations of drinking motives and motivations for drinking responsibly. *Experimental and clinical psychopharmacology*, 30(6): 809.
18. Ryan, R.M., Connell, J.P. (1989). Perceived locus of causality and internalization: examining reasons for acting in two do mains. *J Pers Soc Psychol*, 57:749-761.
19. Ryan, R.M., Plant, R.W., & O'Malley, S. (1995). Initial motivations for alcohol treatment: Relations with patient characteristics, treatment involvement and dropout. *Addictive Behaviors*, 20:279-297.
20. Williams, G. C., Grow, V. M., Freedman, Z., Ryan, R. M., & Deci, E.L. (1996). Motivational predictors of weight loss and weight-loss maintenance. *Journal of Personality and Social Psychology*, 70:115-126.
21. Williams, G.C., Cox, E.M., Kouides, R., & Deci, E.L. (1999). Presenting the Facts about Smoking to Adolescents. *Pediatric Adolescent Medical*, 153:959-964.
22. Williams, G.C., Rodin, G.C., Ryan, R.M., Grolnick, W.S., & Deci, E.L. (1998). Autonomous Regulation and Long-Term Medication Adherence in Adult Outpatients. *Health Psychology*, 17:269-276.
23. World Health Organization. (2019). Global status report on alcohol and health 2018. *World Health Organization.*

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