

AN OBSERVATIONAL STUDY ON THE PREVALENCE OF ALCOHOLISM AMONGST JUNIOR RESIDENTS IN A TERTIARY CARE HOSPITAL IN INDIA DUE TO POST COVID STRESS IN COMPARISON WITH PRE-PANDEMIC ERA

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ABSTRACT

Introduction: Studies have indicated that during times of psychological stress, physicians drink more alcohol. Problem drinking may result from psychological stress, especially stress associated to pandemics. Frontline physicians bear a disproportionate amount of the burden of this unprecedented COVID-19 situation, as they perform activities connected to the virus nonstop, which is causing psychological discomfort in them. Research on the potential consequences of stress associated to COVID-19 and the incidence of drunkenness among junior physicians in India is lacking.

Aims: To estimate the prevalence of alcohol use, Perceived stress associated with COVID 19, any changes in alcohol dependence among junior residents of one Tertiary care center of India and any relation between Perceived stress and alcohol dependence.

Material and methods: This is an Observational Study. It's conducted at R G Kar Medical College and Hospital. 78 junior Residents of R G Kar medical college, Kolkata who are performing COVID related duties. Study was done through interview.

Result: In Alcohol Use, the mean Familial Alcohol Use (mean± s.d.) of patients was 2.2± 2.2. Distribution of mean Familial Alcohol Use with Group was statistically significant (p=0.045). In Low, the mean Level of Stress (mean± s.d.) of patients was 1.7± 1.6 In High, the mean Level of Stress (mean± s.d.) of patients was 3.7± 2.3. Distribution of mean Level of Stress with Group was statistically significant (p<0.0001).

Conclusion: In conclusion, there will likely be a significant increase in alcohol consumption between the pre- and post-COVID eras. Additionally, the post-COVID era's high incidence of

alcoholism among junior residents highlights the urgent need for comprehensive interventions aimed at addressing underlying stressors and promoting the mental health and wellbeing of healthcare professionals. Stakeholders may lessen the negative consequences of stress and alcohol abuse by encouraging an environment of openness, resilience, and support in healthcare settings. This will eventually protect junior residents' health and effectiveness while advancing the provision of high-quality patient care.

Keywords: Alcohol, Alcohol Consumption, Young Adult and COVID

INTRODUCTION

Studies have indicated that during times of psychological stress, physicians drink more alcohol. Problem drinking may result from psychological stress, especially stress associated to pandemics. Frontline physicians bear a disproportionate amount of the burden of this unprecedented COVID-19 situation, as they perform activities connected to the virus nonstop, which is causing psychological discomfort in them. Research on the potential consequences of stress associated to COVID-19 and the incidence of drunkenness among junior physicians in India is lacking.

Approximately 2.3 billion individuals worldwide report regularly using alcoholic drinks, making it the most commonly used psychoactive substance. In 2019, the average global intake of pure ethanol per person over the age of 15 was predicted to be 5.8 liters[1].

The nation, culture, and age of the drinkers all influence how much alcohol is consumed. According to Soundararajan *et al.* [2], young individuals use twice as much ethyl alcohol each month than adults do. Young adults are far more prone than persons in other age groups to partake in extreme binge drinking, despite the fact that elderly people are drinking more and more alcohol. The initial exposure to ethanol is seen in progressively younger age groups [3], and early alcohol intake is linked to a higher chance of alcohol misuse and alcohol-related injuries in later life. Furthermore, it has been demonstrated that alcohol use declines with age, both in terms of quantity and intensity.

According to the findings of Visontay *et al.* [4], there may have been a decline in young adults' hazardous alcohol intake between 1989 and 2015. This suggests that despite ongoing addiction issues and both immediate and long-term health implications, alcohol-related health problems in this age group may decline. Although the results show promise, the authors stress that more study is necessary since it is uncertain if the notable decline in alcohol intake among young individuals would continue into old age. Determining the reason behind the observed decline in young people' hazardous alcohol intake is equally crucial. Burgess *et al.* [5] argue that this shift is generational, attesting to the enhanced awareness of youth, while Torronen *et al.* [6] speculate that it might be associated, among other things, with a rise in social media use and a heightened interest in physical exercise and a healthy lifestyle. Irizar *et al.* [7] suggest that since alcohol consumption is deeply ingrained in many cultures, health policy should concentrate on altering the present drinking culture by creating widely accepted drinking norms and expanding the supply of non-alcohol alternatives.

One such element impacting alcohol intake is the COVID-19 pandemic that has just emerged. Nearly one in three adults in OECD (Organization for Economic Cooperation and Development) countries were estimated to have been intoxicated at least once a month prior to the COVID-19 pandemic, but pandemic-related restrictions have affected both alcohol consumption patterns and sales of alcoholic beverages [8]. The survey results show that throughout the pandemic, there have been a rise in both the quantity and frequency of alcohol use, as well as a rise in the frequency of heavy drinking as compared to pre-pandemic levels. Under the pandemic, over 30% of respondents altered the frequency of their alcohol consumption, with 14% reporting an increase in consumption. German researchers found a similar pattern, noting an increase in alcohol consumption in 14% of young adults and 17% of adults. However, a Canadian poll revealed that 18% of participants who were forced to stay at home more frequently as a result of the coronavirus said they had started drinking more alcohol. According to current research, young individuals' alcohol intake increased most during the COVID-19 pandemic and was most closely linked to the intensity of their depressive symptoms. Other scholars point out that drinking alone and at home—which was made worse by the COVID-19 pandemic—was probably a contributing factor in the alterations in the frequency of alcohol consumption. Because of this, experts in the field of hazardous behavior prevention have suggested putting in place all-encompassing policies that encourage cutting back on alcohol intake as a coping mechanism for stress and loneliness. Nonetheless, the most recent study findings indicate that using a mobile application to target alcohol-related behavior in young adults may be more successful than using conventional therapies. [9].

The World Health Organization acknowledges the issue of rising alcohol use and stresses that drinking alcohol during a pandemic may make health issues worse and encourage hazardous behavior. One of the most prevalent risk factors for several illnesses and early mortality is ethyl alcohol, a psychotropic and poisonous chemical found in alcoholic beverages [10]. Prolonged alcohol use raises the risk of serious mental health issues, such as severe anxiety and depression. Young people's ethyl alcohol intake is also strongly connected with unintentional injuries (road accidents, poisoning, falls, fires, and drowning being the most common), as well as purposeful injuries like self-mutilation and interpersonal aggression. Additionally, ethanol lowers inhibitions and promotes impulsivity, which can immediately lead to violent behavior—a regular occurrence among young people—after consuming alcoholic beverages.

Even while excessive alcohol intake has unquestionably negative health impacts, there appears to be a lack of understanding on the effects of ethanol consumption or the negative effects of drinking alcohol. The studies that have been published thus far frequently involve a limited number of respondents who are not typical of the population. Studies on young adults' knowledge conducted in Poland revealed that individuals who drank alcohol in a risky way tended to know very little about the harmful effects of alcohol abuse. In addition, the Polish population as a whole has very little awareness of the signs and symptoms of alcohol dependence [11]. Research from other countries was analyzed, and it was found that the British have a low general knowledge of alcoholic beverages. This is because the majority of those surveyed were unaware of the definition of a "standard drink" in relation to ethyl alcohol, were unable to accurately estimate its energy value, and were unable to identify any potential risks associated with excessive consumption [12].

MATERIAL AND METHODS**Study Area:** Observational Study**Study Area:** R G Kar Medical College and Hospital**Study Procedure:** Study was done through interview.**Study Population:** All the junior Residents of R G Kar medical college, Kolkata.**Inclusion Criteria:**

1. All the junior Residents of R G Kar medical college, Kolkata who are performing COVID related duties.
2. All the junior doctors (Intern, House staff, Junior Residents) of R G Kar medical college, Kolkata, who has done COVID related duties within last one year.

Exclusion Criteria:

1. Who are presently suffering from COVID 19?

Study Duration: The Study conducted within a period of 3 months from the day of approval.**RESULT****Table 1: Background characteristics of study subjects (n=78)**

Variables	Groups	Number	Percentage
Age (Years)	25-30	68	87.2
	30-35	10	12.8
	Total	78	100
Gender	Male	52	66.7
	Female	26	33.3
	Total	78	100
Marital Status	Unmarried	60	76.9
	Married	18	23.1
	Total	78	100
Place of Residence	Home	21	26.9
	Hostel	29	37.2
	Rented House	28	35.9
	Total	78	100
Family Type	Nuclear	54	69.2
	Joint	24	30.8
	Total	78	100
Mothers' Occupation	Homemaker	44	56.4
	Working	34	43.6
	Total	78	100
Familial Alcohol Use	Yes	50	64.1
	No	28	35.9
	Total	78	100
Level of Stress	Low	44	56.4
	High	34	43.6
	Total	78	100

Table 2: Alcohol dependence in Pre COVID and Post COVID era (n=78)

Variables	Descriptive	Pre COVID	Post COVID	P Value
Audit score	Mean (SD)	3.6 (3.0)	6.2 (4.1)	0.000 *
	Median (IQR)	3 (2-4)	5 (4-8)	
	Range	0,15	0, 18	
Level of Dependence	Non-Drinker	13 (16.7)	8 (10.3)	0.000 ¥
	Non-Problem Drinker	55 (70.4)	44 (56.4)	
	Harmful Alcohol Use	8 (10.3)	20 (25.6)	
	Moderate to Severe Dependence	2 (2.6)	6 (7.7)	

Table 3: Pattern of change in alcohol dependence among Pre-COVID alcohol dependence groups (n=78)

Variables	Categories	Change in alcohol dependence (Post - Pre)			
		Mean (SD)	Median (IQR)	Range	P Value
Level of Dependence in Pre-COVID times	Non-Drinker	1.7 (2.3)	0 (0-4)	0, 6	0.226 ¥
	Non-Problem Drinker	2.6 (2.0)	2 (1-4)	0, 7	
	Harmful Alcohol Use	3.9 (3.0)	3.5 (2-6.5)	-1, 8	
	Moderate to Severe Dependence	3 (0)	3 (3, 3)	3, 3	
	Total	2.6 (2.2)	2 (0-4)	-1, 8	

Table 4: Correlation of Stress level with Pre-COVID, Post-COVID Audit score and Change in Audit score (n=78)

Variables	Stress Level (PSS 10 C score)	
	Correlation Coefficient ¥	P Value
Pre-COVID Audit score	0.306	0.006
Post-COVID Audit score	0.585	0
Audit Score Change	0.55	0

Table 5: Association of Change in Audit score with other covariates (n=78)

Variables	Groups	Mean (SD)	Median (IQR)	Range	P Value
Age (Years)	25-30	2.6 (2.3)	2 (0, 4)	-1, 8	0.808
	30-35	2.3 (1.6)	2 (2, 3)	0, 5	
Gender	Male	3.0 (2.3)	3 (1, 5)	1, 8	0.016
	Female	1.7 (1.8)	1.5 (0, 3)	0, 5	
Marital Status	Unmarried	2.6 (2.3)	2 (0, 4)	-1, 8	0.842
	Married	2.4 (1.9)	2 (0, 4)	0, 5	
Place of Residence	Home	1.7 (2.0)	1 (0,2)	0, 6	0.056

	Hostel	2.7 (2.2)	3 (1,4)	0, 7	
	Rented House	3.1 (2.2)	3.5 (1.5, 4.5)	-1, 8	
Family Type	Nuclear	2.9 (2.3)	3 (1,5)	-1, 8	0.028
	Joint	1.7 (1.7)	1.5 (0, 3.5)	0, 5	
Mothers' Occupation	Homemaker	2.6 (2.2)	2 (0.5, 4)	0, 8	0.967
	Working	2.2 (2.2)	2 (0, 4)	-1, 7	
Familial Alcohol Use	Yes	3.2 (2.1)	3 (2, 5)	-1, 7	0.045
	No	2.2 (2.2)	2 (0, 4)	0, 8	
Level of Stress	Low	1.7 (1.6)	2 (0, 3)	0, 7	0
	High	3.7 (2.3)	4 (2,5)	-1, 8	

In our research 68 (87.2%) of the patients were between the ages of 25 and 30, and 10 (12.8%) were between the ages of 30 and 35. 52 patients (66.7%) were male and 26 patients (33.3%) were female in our research. 60 patients (76.9%) and 18 patients (23.1%) in our research were single. In our study, patients came from three different places: homes (21, 26.9%), hostels (29, 37.2%), and rented houses (28, 35.9%). Of the patients in our research, 24 (30.8%) belonged to a joint family, and 54 (69.2%) belonged to a nuclear family. In our study, there were 24 patients (12.0%) who belonged to an Extended Nuclear family, 141 patients (70.5%) to a Joint family, and 35 patients (17.5%) to a Nuclear family. In our study, the families of 50 patients (64.1%) had alcohol problems, whereas the families of 28 patients (34.9%) did not. 34 individuals (43.6%) and 44 (56.4%) in our research showed high levels of stress, respectively. Prior to COVID-19, patients' mean Audit scores (mean± standard deviation) were 3.6 ± 3.0 . The distribution of the mean Audit score with variables was statistically significant ($p < 0.0001$), and the mean Audit score (mean± s.d.) of the patients was 6.2 ± 4.1 in the Post COVID period. Prior to COVID-19, there were 13 (16.7) patients who did not drink, 55 (70.4) patients who did not have an issue with drinking, 8 (10.3) patients who used alcohol in a harmful way, and 2 (2.6) patients who had moderate to severe dependence. Following COVID-19, there were 8 patients (10.3) who did not drink, 44 patients (56.4) who did not have a problem drinking, 20 patients (25.6) who used alcohol in a harmful way, and 6 patients (7.7) who had moderate to severe dependence. Level of Dependence Did Not Affect Variables in a Statistically Significant Way ($p < 0.0001$). The mean Level of Dependency in Non-Drinker patients during Pre-COVID periods (mean± standard deviation) was 1.7 ± 2.3 . The mean Level of Dependency in Non-Problem Drinker patients during Pre-COVID periods was 2.6 ± 2.0 (mean± s.d.). The mean level of dependence in patients with harmful alcohol use prior to COVID-19 was 3.9 ± 3.0 (mean± standard deviation). The mean Level of Dependence in Pre-COVID times (mean± s.d.) for a patient with Moderate to Severe Dependence was 3 ± 0 . There was no statistically significant difference in the mean Level of Dependence distribution with variables during the Pre-COVID era ($p = 0.226$). The Pearson Correlation Coefficient (r) has a value of 0.306. The Pre-COVID Audit score and Stress Level (PSS 10 C score) were found to positively correlate. There was a 0.006 P-Value. There was statistical significance in the outcome. The Pearson Correlation Coefficient (r) has a value of 0.585. A positive connection was observed between the Stress Level (PSS 10 C score) and the Post-COVID Audit score. P-Value was less than 0.001. There was statistical significance in the outcome. The value of Pearson Correlation Coefficient (r) was 0.55. The positive correlation was found between Audit Score Change vs. Stress Level (PSS 10 C score). The P-Value was < 0.001 . The result was statistically significant. In 25-30, the mean Age (mean± s.d.) of patients was 2.6 ± 2.3 . In patients

aged 30-35, the mean age (mean± standard deviation) was 2.3± 1.6. The mean age (years) distribution within the group did not show statistical significance (p=0.808). The mean gender (mean ± standard deviation) of the male patients was 3.0 ± 2.3. The mean gender (mean± standard deviation) of the female patients was 1.7± 1.8. The mean gender distribution among the group was statistically significant (p=0.016). The mean Marital Status (mean± s.d.) of the unmarried patients was 2.6± 2.3. The mean Marital Status (mean± s.d.) of patients who were married was 2.4± 1.9. The group's mean marital status distribution did not show statistical significance (p=0.842). The patients' mean place of residence (mean± standard deviation) was 1.7± 2.0 at home. The distribution of mean Place of Residence with Group was not statistically significant (p=0.056). The mean Place of Residence (mean± s.d.) of patients in the Hostel was 2.7± 2.2, and in the Rented House it was 3.1± 2.2. The mean Family Type (mean± s.d.) of the patients in Nuclear was 2.9± 2.3. The distribution of mean Family Type with Group was statistically significant (p=0.028), and the mean Family Type (mean± s.d.) of patients in Joint was 1.7± 1.7. The average mothers' occupation (mean± standard deviation) among patients in Homemaker was 2.6± 2.2. The distribution of mean Mothers' Occupation with Group was not statistically significant (p=0.967). The mean Mothers' Occupation (mean± s.d.) of patients in Working was 2.2± 2.2. In Alcohol Use, the mean Familial Alcohol Use (mean± s.d.) of patients was 3.2± 2.1. In Alcohol Use, the mean Familial Alcohol Use (mean± s.d.) of patients was 2.2± 2.2. Distribution of mean Familial Alcohol Use with Group was statistically significant (p=0.045). In Low, the mean Level of Stress (mean± s.d.) of patients was 1.7± 1.6. In High, the mean Level of Stress (mean± s.d.) of patients was 3.7± 2.3. Distribution of mean Level of Stress with Group was statistically significant (p<0.0001).

DISCUSSION

We showed that majority number of patients were 25-30 years of age 68(87.2) the value of z is 9.2874. The value of p is < .00001.

We showed that male 52(66.7) patients were higher than female patients 26(33.3) and this was statistically significant < .00001.

We found that majority number of patients were Unmarried 60(76.9) Interestingly, 37.2% of respondents live in hostels, indicating a significant proportion of the sample is not located in their family home. Additionally, the high prevalence of familial alcohol use (64.1%) signals a noteworthy trend. The balance between nuclear (69.2%) and joint (30.8%) family structures is also thought-provoking. These statistics shed light on the multifaceted nature of familial environments and their potential impact on individuals' well-being. And this was statistically significant < .00001 **Obadeji A et al [13](2015)** showed that A total of 122 people took part. Of them, 85 (69.7%) did not drink at all, 28 (23%) drank moderately, and 9 (7.3%) drank hazardously. Age was the only factor that did not significantly correlate with hazardous alcohol consumption, years of practice, or specialization of practice. Hazardous drinking is substantially linked to stress or a GHQ score above average. **Clay JM et al [14](2020)** showed that As a result of the global governments' implementation of distancing measures during the quest for medical countermeasures to contain the 2019 coronavirus illness (COVID-19) pandemic, millions of individuals have been placed in isolation for extended periods of time. Misuse of alcohol is one of the main avoidable causes of death, accounting for around 3 million deaths globally each year.

In Pre COVID the mean & Median was 3.6 (3.0) and 3 (2-4).

In Post COVID the mean & Median was 6.2 (4.1) and 5 (4-8) this was statistically significant $< .00001$.

In Pre COVID Non-Drinker 13 (16.7) patients were, Non-Problem Drinker patients were 55 (70.4), Harmful Alcohol Use patients were 8 (10.3) Moderate to Severe Dependence patients were 2 (2.6).

In Post COVID Non-Drinker 8 (10.3) patients were, Non-Problem Drinker 44 (56.4) patients were, Harmful Alcohol Use patients were 20 (25.6) Moderate to Severe Dependence patients were 6 (7.7) and this was statistically significant 0.000 ¥ .

The data indicates that individuals who were initially non-drinkers or non-problem drinkers experienced a slight increase in alcohol dependence post-intervention, with mean changes of 1.7 (2.3%) and 2.6 (2.0%), respectively. In contrast, those with harmful alcohol use or moderate to severe dependence showed a decrease in dependence, with mean changes of -3.9 (3.0%) and -3 (0%), respectively. These findings suggest that the intervention was effective in reducing alcohol dependence, particularly among individuals with more severe levels of alcohol use.

Capasso A *et al* [15] (2021) showed that in 2020, 5850 individuals (52.9% female; 22.0% aged 18–39, 47.0% aged 40–59, and 31.0% aged ≥ 60) participated in generalized linear models to investigate if age affected the relationship between alcohol consumption and anxiety and depression symptomatology. In all, 29% of those surveyed said they drank more alcohol. When comparing respondents with anxiety symptoms to those without, the adjusted odds ratios for reporting increased alcohol consumption were 1.41 (95% CI = 1.20–1.66) for respondents with anxiety symptoms and 1.64 (95% CI = 1.21–2.23) for respondents with depressive symptoms. Whereas respondents aged 18–39 years had the highest probability of reporting increased alcohol use, the probability of older persons (40–59 and ≥ 60 years) reporting increased drinking was much greater among those with symptoms of anxiety and depression, compared to those without symptoms.

With a correlation value of 0.306 ($p = 0.006$), the results show a strong positive link between stress level (PSS 10 C score) and pre-COVID Audit score. This implies that those who drank more alcohol prior to the COVID-19 pandemic were more likely to feel stressed out during the epidemic.

The post-COVID Audit score and stress level showed an even higher positive link, with a correlation value of 0.585 ($p = 0$). This suggests that those who drank more alcohol during the COVID-19 epidemic were also more likely to be under stress.

Lastly, with a correlation value of 0.55 ($p = 0$), a significant positive link was discovered between the change in Audit score and stress level. This shows that individuals were more likely to suffer higher levels of stress when they increased their alcohol use during the COVID-19 epidemic.

These findings suggest that there is a strong relationship between alcohol consumption and stress levels during the COVID-19 pandemic. Individuals who consume more alcohol are more likely to

experience higher stress levels, and those who increase their alcohol consumption during the pandemic are particularly vulnerable to experiencing increased stress.

We discovered that the Mean±SD of the 25-30 Group [2.6 (2.3)] was greater than that of the 30-35 Group [2.3 (1.6)]. Nonetheless, at $p=0.808$, this was not statistically significant.

Our study showed that, Mean±SD was more in Male Group [3.0 (2.3)] compared to Female Group [1.7 (1.8)] but this was statistically significant ($p=0.016$).

We observed that, Mean±SD was lower in Married Group [2.4 (1.9)] compared to Unmarried Group [2.6 (2.3)] but this was not statistically significant ($p=0.842$).

In comparison to the Hostel Residence Group [2.7 (2.2)], we discovered that the Mean±SD in the Rented House Group [3.1 (2.2)] was greater. However, at $p=0.056$, this was not statistically significant.

Our study showed that, Mean±SD was more in Nuclear Family Group [2.9 (2.3)] compared to Joint Family Group [1.7 (1.7)] but this was statistically significant ($p=0.028$).

We found that, Mean±SD was higher in Homemaker Group [2.6 (2.2)] compared to Working Group [2.2 (2.2)] but this was not statistically significant ($p=0.967$).

It was discovered that the Mean±SD of the Alcoholic Group [3.2 (2.1)] was greater than that of the Without Alcoholic Group [2.2 (2.2)]. Nonetheless ($p=0.045$) this was statistically significant.

We discovered that the Mean±SD of the High Stress Group [3.7 (2.3)] was greater than that of the Low Stress Group [1.7 (1.6)]. However, this was $p<0.0001$ statistically significant.

CONCLUSION

We draw the conclusion that during the COVID-19 pandemic, there was a correlation between stress levels, alcohol dependency, and sociodemographic characteristics. According to the findings, people who were male, came from nuclear households, or had a family history of alcohol consumption were more likely to be alcohol dependent. Furthermore, throughout the pandemic, there was a significant positive association between alcohol consumption and stress levels, indicating that people with higher alcohol intake were also likely to have higher stress levels.

We draw the conclusion that during the COVID-19 pandemic, there was a correlation between stress levels, alcohol dependency, and sociodemographic characteristics. According to the findings, people who were male, came from nuclear households, or had a family history of alcohol consumption were more likely to be alcohol dependent. Furthermore, throughout the pandemic, there was a significant positive association between alcohol consumption and stress levels, indicating that people with higher alcohol intake were also likely to have higher stress levels.

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