

Want a healthy life: A qualitative study on motivation to cease alcoholic drink addiction

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ABSTRACT

Background: The alcoholic drink level of consumption is still high, particularly among adolescents and adults. Continuous consumption of alcoholic drinks can lead to addiction, making it difficult to cope with; however, some individuals with such a situation are could cease the habit. This study aims to explore the process of individuals breaking away from alcohol dependence.

Methods: The research approach used qualitative with a phenomenological design. Semi-structured interviews were conducted to obtain in-depth data from eight subjects selected according to purposive sampling criteria. The data was analyzed using a descriptive phenomenological method.

Results: The study results found four main themes for quitting alcoholic beverages: the influence of the experience of becoming an addict, a strong internal desire to quit, being threatened by biological impacts, internal and external driving factors to quit.

Conclusion: Based on the findings, individuals who want to quit addiction must have a strong desire, consider the biological impact on health and have internal and external driving factors.

Keywords: Alcoholic Drink, Behavior Addiction, Healthy Lifestyle, Drunk Effect



Introduction

Alcoholic drinks are available in various types, such as beer (5% alcohol content), malt drinks (7% alcohol content), wine (12% alcohol content), and distilled alcohol (for example, whiskey, rum, gin, vodka; around 40-50% alcohol content). Consumers of alcoholic drinks are varied and not restricted to certain classes of society. However, people from the upper and lower levels are increasing due to the accessible manner to get this kind of drink annually (Gruza et al., 2018). In countries with low alcoholic drink prices, there appears a tendency to high alcoholic drink consumers thanks to the affordable prices, which unsurprisingly make it more accessible for the consumers to get (Labhart et al., 2017). The research GENAM (2014) showed that the number of adolescents consuming alcohol in Indonesia in 2007 was 4.9%. In 2014 it increased to 23% or around 14.4 million people from 66 million Indonesian adolescents.

A study conducted by Pribadi (2017) has revealed that four factors were influencing the alcoholic drink abuse problem in Indonesia. The first is social which is related to the interaction of individuals to position them selves into the environment. The second factor is economy, which is connected to 1) high-income individuals may get to more easily misuse the material function to get alcoholic drinks, and 2) individuals' low income allowing such individuals to get instant enjoyment by consuming alcoholic beverages. The third factor is culture, as the case may be, culture frees individuals tend to create an impact, making the notion that consuming alcoholic drinks shall mean a culture in society. The last factor is the environment's role in which the individuals exists as a part of that society, which may impose negative impacts, particularly from adolescence to adulthood, to create individuals into consumers of such drinks. Cooper (1994) classified the desire to consume alcoholic beverages into two drives the internal drive and the external drive. The internal drive involves setting the mood that is consuming alcoholic drinks to improve positive moods such as

happiness or overcoming negative moods such as daily life problems or overcoming the sadness experienced. On the other hand, the external drive comes from the social environment in which consuming alcoholic drinks facilitate social interaction to establish closer communication or as a means to adjust to behavior to the environment.

On average, people start consuming alcoholic drinks at the age of 15, the age of which adolescents with a vague self-concept due to environmental influences shall make them someone directing their behaviors to the negative one (Aiken et al., 2018). The use of alcoholic drinks has been shared and is not new for the community, particularly among students considered active consumers. The adolescent association, which always involves the use of alcoholic drinks, will make individuals socially acceptable. Other than the significant influence of the environment on adolescents' development in starting the alcoholic drink consumption, it can affect the uniqueness in the life of adolescents that are less appropriate so as their many stressors may go inside them. Adolescents who cannot cope with stress in solving problems will use instant ways like consuming alcoholic drinks, which can calm, and eventually become a way of avoiding stress (coping) (Windle & Windle, 2018). The results arising from alcoholic drinks consumption, either low or high intensity, can ultimately cause addiction. Addiction to alcoholic beverages arises because of the effects of getting drunk and calmly (McCambridge et al., 2011; Wardell et al., 2016).

The results obtained from consuming alcoholic drinks such as drunkenness and calmness will affect consuming alcoholic beverages; whatsoever is increasing. It began from an average level with low intensity (calm) to a severe episodic stage (intoxication and loss of consciousness) and further trigger the consumption of more extreme substances such as narcotics and psychotropic substances (Silins et al., 2018). The problem of addiction is a significant contributor to the impact of its use, so as quite challenging to cease, and

various health-related issues such as illness will appear accompanying said addiction (Gore et al., 2011). Ehlers et al. (2018) mentioned the negative impact of consuming alcoholic drinks such as the emergence of diverse diseases, and such effects can interfere with biological and psychological functions. Some of these consequences can interfere with low sleep quality individuals, even though they can sleep with similar sleep hours like ordinary people.

Besides the biological impact Palareti et al. (2016); Patrick et al. (2016) that there is no biological influence when the consumption stops. Still, the intensity of individual consumption will increase and reach its peak at the age of 20. The desire to consume alcohol excessively gradually begins to decline around the age of 22. Research by Bartram et al. (2017) found that alcoholic drinkers still get pressure when they try to stop consuming them so they cannot let go. Previous studies have found that there are still individual barriers to quitting alcohol, so that knowledge about the process of individuals quitting alcoholic beverages is minimal. Besides, there are still many studies that do not specifically mention the cessation of individual alcohol consumption. In Indonesia, there is very little research related to the process of quitting alcoholic beverages. So it is interesting to provide public knowledge regarding the process of stopping drinking alcohol precisely according to the characteristics of Indonesians.

Methods

The research approach used qualitative with a phenomenological design and to answer the research objectives using semi-structured interviews. The results of the interview then performed an analysis using the descriptive phenomenological method (Colaizzi, 1978). Colaizzi (1978) step process analysis provides a rigorous analysis, with each step being rigorous. The result is a brief but all-encompassing description of the research phenomenon and

validated by the participants. Purpose sampling was used by assigning unique characteristics to the sample considered by the research objectives.

Semi-structured interviews were conducted in which the list of questions was made flexible, and the depth of the interview was conducted out with additional questions in a digging nature. Examples of probing questions such as “how are you in the process of quitting alcoholic beverages?”, “Why do you want to stop drinking alcohol so badly?” Then continue with additional questions on the topic. Interviews lasted 45 to 70 minutes for each subject in each session. They are conducting interviews to get saturated and in-depth money data. Collecting data from five subjects was almost saturated and in-depth. Repetitive and similar data is saturated and deep data. However, for the sake of certainty, the saturated data results, then adding three subjects to increase the data so that it is saturated and deep.

After getting saturated and in-depth data, the next step is to analyze the data using the descriptive phenomenological method. Data analysis consisted of seven analysis steps according to (Colaizzi, 1978). The first is transcribing the audio data into a narrative of the interview results and validating it for all participants. The second take the answers to essential questions according to the research topic. The third gives the meaning of each answer and category for all answers according to the research topic. The fourth is to repeat all steps one through three and then form a theme for similar answers. The fifth is to collect and develop a complete description of all the results of the experience. The sixth is to summarize the complete description so that there is an identification of the phenomenon's fundamental structure. The seventh is to provide validation based on the findings to participants and experts. The number of participants in this study can be seen in table 1.

**Tabel 1.** Participant's demographic characteristics

Participation (not real name)	Sex	Age	Education	Occupation
Dior	Male	24	Bachelor of Science	Student
Kiki	Male	22	Bachelor of Science	Student
Mus	Male	22	Senior high school	General employees
Van	Male	21	Senior high school	General employees
Tia	Female	24	Bachelor of Science	Student
Rendy	Male	20	Senior high school	General employees
Bet	Female	22	Bachelor of Science	Student
Adit	Male	20	Senior high school	General employees

Results

Four main themes and 28 concepts emerged based on the analysis of interviews that encourage individuals to get away from dependence on alcoholic drinks (Table 2).

The process of being an addict

The initiation of consuming alcoholic drinks has started from adolescence. Curiosity about the environment is powerful, so become curious about negative things, such as consuming alcoholic drinks that start from interest, and as a means to be accepted in the environment. Kiki said:

"[...] to be able to socialize with my environment and look for friends, because my friends, my friends, the one I said a group, was indeed consuming it, then I started to do the same anyway".

An alcoholic drink consumer, from the start to the addiction stage, will generally experience several developments. Less quantity consumption is considered less likely to have the desired effect, thereby increasing the frequency and intensity to enjoy more results and become addicted. As conveyed by Mus:

"[...] I drank a bottle, and I felt the effect, but it's getting normal once we were used to it, so we add the consumption capacity, so as reaching the desired point".

Addiction to consuming alcoholic drinks is also inseparable from the psychological role such as feeling depressed about the problem. Problems interfering with psychic will encourage individuals to divert it to alcoholic drinks because adolescents assume to resolve the issues. Dior and Van said:

"To forget problems, such as family problems and girlfriends. His name is a young person who is easily affected by problems, right? [...]" (Dior)

"[...] what I can say is, getting drunk is only for escape, forgetting, but once the problems rose, we just took a bottle. Honestly, this doesn't mean solution, other than just making me feel relaxed" (Van)

Three factors influenced the development of consuming alcoholic drinks to become an addict experienced by the subjects. First, curiosity arose, given that the subjects' environment showing the consumption tendency since early adolescence and making the subjects interested in giving a try. Second, they began to increase the level of consumption because consuming less quantity shall mean nothing to reach the desired effects. Third, problems in subjects' lives, making alcoholic drinks an escape because these subjects believed it could momentarily eliminate the issues they experienced. These three factors encouraged the subjects to become alcohol addicts.

The desire to live healthily

The most basic cessation of teenagers from consuming alcoholic beverages is due to a strong internal desire. This desire arises because of many influences from various aspects of life. Mus said out of consideration for future health:

"My consideration and the main reason is health. If you want to get a drink, it's easy and where you can sell it. But if health is difficult to obtain, it becomes a major factor".

The weakened physical strength affected his desire to stop drinking alcohol, Dior said:

"I wanted to stop being an addict, [...] my agility disappeared and my performance decreased dramatically in various activities".

The role of the environment also influences the will in oneself, Tia said:

"After I was addicted to alcohol, my environment gave me a negative stigma. Because of that, I was treated differently in the environment so I wanted to quit".

Consciousness is the primary key for individuals to be free from dependence on consuming alcoholic beverages, Kiki said:

"The main reason for me is because I have realized, as I am getting older it makes me think not to do activities that harm myself".

The desire to quit drinking alcohol is closely related to various factors. These factors can arise from within and in the environment and determine the subject's turning point in achieving consistent decisions. This decision occurs because of many influences such as health considerations, stigma from society, and self-awareness, which are the primary keys.

Threatened by its biological impacts

The desire to live a healthy life for individuals consuming alcoholic drinks because of the impact caused by such. One of them is experiencing biological effects, particularly against the function of internal or vital organs which possibly decline or damage, bring out fear, as conveyed by Rendy & Van:

"[...] So, there is an irritation in the stomach, once suffered from blood cough in the fourth semester, that's the biological effect". (Rendy)

"What I feel, typhus, great dizziness because I also have vertigo. When vertigo recurs together when consuming alcoholic drinks then nausea and a sore stomach". (Van)

Fear of biological repercussions can also come from the experiences of someone who has experienced it. Dior said:

"I have a friend who has gastric disease and he drinks alcohol and is treated, so I am afraid of its biological effects".

Long-term health is a consideration for Mus, Mus said:

"I consider my long-term health, I don't want to die young because my organs are damaged by alcoholic drinks."

Subjects who were able to cease alcoholic addiction started from; having the desire to live healthily because the subject research got some influences in the health aspect. Then, by reducing the intensity of consumption to the lowest point that this addiction might stop. The last factor, once they felt the biological effects affecting their health, particularly the internal organs, they started to fear the results emerged and decided themselves that they wanted to live healthy to cease addiction to alcoholic drinks.

Internal driving factors for quitting addictions and relapses

Internal factor is the urge to stop from within; each subject has its motivation. The encouragement that can strengthen so as not to become a relapse. Kiki said:

"Until now, I have not relapsed again because of the motivation that I had planted since I wanted to quit, until now I still make it a principle".

Mental strength must be strong to resist persuasion from friends in the environment. Mus said:

"[...] must dare to refuse from the inside out, from within, from ourselves, we already commit to stop consuming it, while from the outside we blocked bad influence from friends, as much as we could, to reject friends' invitation without even making them hurt".

Lifestyle must also change according to principles that can eliminate alcoholic drinking habits. Tia said:

"From within, there must also be a change, so I change my negative lifestyle to a positive one. I replace alcohol with a drink that is more suitable for consumption".

External driving factors for quitting addictions and relapses

External factors are an encouragement to stop



from the environment, stimulus from the environment directing to stop, and the environment responds well to decisions made by them, as conveyed by Kiki & Tia:

"For me, the role of the environment is massive, because I had my point of change at the second one, once I met my friend I felt such point has increased, and so did the environment support me to change [...] they just fully supportive, if I may say". (kiki)

"Tanggapan mereka beragam. Dalam keluarga dan teman, mereka terlihat lebih mendukung dan menghargai keputusan apa pun yang saya buat [...]" (Tia)

Community life also provides a strong and healthy influence; the existence of prevailing social norms helps strengthen the subject. Reny said:

"The social norms in my environment also help, because the norms to which I have to be obeyed. And I'm afraid of the stigma I will get again".

Knowledge and education given to subjects by competent people can increase confidence. Van said:

"I received education from people who are experienced in that field, which makes me more and more confident to avoid consuming alcoholic drinks".

Encouraging factors that emerged by individuals to stop alcohol consumption were internal and external encouragements. The internal shape of encouragement has emerged from themselves. In contrast, the outside support emerged from the environment, so both factors become key subjects to stop alcoholic drink consumption.

Table 2. The process from an addict to quitting alcoholic beverages

No	Theme	Concept
1	The process of being an addict	Family fights, parental neglect, lack of affection, showing off in front of friends, peer pressure, drunk, brave, confident, reduce, and forget problems.
2	There emerged a desire to live healthily	Activity impact, health considerations, negative public stigma, feelings of shame, self principle, decreased desire, awareness
3	Threatened by its biological impacts	Worry biological impact, experiencing chronic disease, long term health.
4	Internal driving factors for quitting addictions and relapses	Motivation, to reject, commitment, replace.
	External driving factors for quitting addictions and relapses	Family and social support, environmental norms, education.

Discussion

Alcoholic drink consumption is primarily motivated by environmental factors causing the subjects to become an addict. The subject's research revealed such consumption started once they raised curiosity about alcoholic drinks. Interest was further reinforced by the environment, supporting and trying to consume; all started from initially curious, followed by trying to consume and ultimately becoming accustomed. Once increasing the intensity followed by alcohol content to get more effects (calm and intoxicated) increasingly made the subjects addicted. A similar

fact was found in Windle & Windle (2018), revealing that individuals' desire to consume alcoholic drinks, particularly at an early age or adolescents who unsurprisingly are still looking for real identity and getting motivated by peer influences. Afrasiabi & Farhani (2017) said not only for men but also in women the risk of friends' influence can also affect the use of illicit substances. This influence is making them start and try to consume such alcoholic drinks. The subjects also added the level of alcohol content to their drinks to get a higher hangover effect, to forget the problems faced in their lives. Adolescents carry out

repeated consumption until finally becoming addicted. Such a situation was also found in Pittman et al. (2019), emerging that a stressful life will lead individuals solve problems by escaping to alcoholic drinks. A wrong settlement to the problem happened continuously and made alcoholic drinks their stress transfer strategy (coping).

The desire to stop consumption began with a gradual reduction of consumption. To have a healthy life and self-awareness of a healthier life became the primary motivation to cease addiction and its effects at the same time. Reducing the intensity of consuming alcoholic drinks aims to create a healthy lifestyle. Khadjesari et al. (2019) found that a healthy lifestyle can reduce the potential for alcohol intake problems. The impetus arising in this subject to stop consuming alcoholic beverages also exists in the results of research conducted by Davies et al. (2017), confirming that when individuals want to cease their addiction to alcohol, individuals must have high motivation. Motivation appeared because of the desire to live a healthy life to influence the behavior change which is initially addicted to the process of cessation.

Stigma is one of the reasons for individuals to stop consuming alcoholic beverages. Research Keyes et al. (2010) found that society's stigma to individuals who consume alcohol is still very high even in people who are friends with an alcoholic. Subjects' desires for healthier life present by the impact that emerged by such consumption. The effect caused and feared by the subjects is biological because they have once suffered from several diseases. Diseases lead to destructive impacts when the consumption continues possibly resulting in a deteriorated subject health condition. Biological impact on subjects has raised the desire for a healthier life notwithstanding the threat or fear of health in the future. The research results of Onderwater et al. (2019); Towers et al. (2018) have shown that people consuming alcohol actively will be more susceptible to biological impacts such as internal organs. The internal organs are attacked to reveal the influence between alcoholic drinks with

health on alcoholic drink consumers. Physical effects feared by individuals are diseases such as the emergence of heart problems, diabetes, cancer, stroke, hypertension, and injury, to encourage individuals to cease their addiction (Kerr et al., 2017). Read et al. (2013) find the effects arising from alcoholic drinks' consumption can bring about desire and strength and therefore starting to cease addiction.

Internal factors cover internal commitment to stop by refusing offers and replacing harmful activities with positive ones such as having more useful discussions and activities every day. A similar result is based on Bartram et al. (2017) This's research, which confirms that individuals can stop their addiction by replacing alcoholic drinks with regular drinks and social activities. Changing the meaning that initially helps eliminate the problem and change into more useful activities. External factors include support from the surrounding environment which supports stopping and helping to play a role within. Support shall be given either from the previously hostile environment or the new one once they can to stop. Research by Bartram et al. (2019) mentioned a social environment that gives an individual involved in a positive social environment network that can accept them. The receiving environment will provide the addicts with an understanding and tend to provide support and alternatives to change into healthier behaviors and strengthen individuals' ability to meet the needs so as they can stop alcohol consumption. Besides, norms in society can affect the cessation of consumption of alcoholic beverages. Research by Romo-Aviles et al. (2018) states that the norms prevailing in society regarding alcohol consumption can make individuals feel uncomfortable, especially women. Brooks et al. (2017) found that social support that involves emotional closeness can affect the process of stopping drinking and preventing relapses.

Conclusion

Many things greatly influence individuals who have achieved their goal of quitting dependence. A



strong desire to quit is the key to addicts. The desire present by many things such as health concerns, stigma, decreased physical abilities, increasing age, and awareness. Apart from a strong desire to quit the experience of having a biological impact is very supportive of the process. Experience this is of experiencing chronic illness, fear of getting sick and shared experiences of others. Internal and external factors influence the factors that drive the individual in the development and prevention of relapse. Strengthening internal factors such as persistence of motivation, courage to refuse offers, and replacing alcohol with other things. External factors full support from family and friends, knowledge and education related to long-term alcohol consumption and prevailing societal norms to support. This study's limitation is related to the number of samples so that further research can increase the number of samples, especially research in Indonesia. The limitation may be influenced by culture because Indonesian society considers that individuals who can stop consuming alcohol still stigma from their environment.

Conflict of interest

Authors declare no conflict of interest during the study period.

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Author contribution

Conceptualization, I.S. and L.L.; Methodology, I.S. and L.L.; Investigation, I.S.; Writing – original draft, I.S.; Writing – review and editing, I.S. and L.L.; Resources, I.S. and L.L.; Supervision, L.L.

All authors read and approved the final manuscript and are responsible about any question related to the article.

Reference

Afrasiabi, H., Farhani, N. (2017). Qualitative study

of a background of drug use among women in Yazd. *Social Behavior Research & Health*, 1(1), 27–35.

Aiken, A., Clare, P. J., Wadolowski, M., Hutchinson, D., Najman, J. M., Slade, T., Bruno, R., McBride, N., Kypri, K., Mattick, R. P. (2018). Age of Alcohol Initiation and Progression to Binge Drinking in Adolescence: A Prospective Cohort Study. *Alcoholism: Clinical and Experimental Research*, 42(1), 100–110. <https://doi.org/10.1111/acer.13525>

Bartram, A., Crabb, S., Hanson-Easey, S., Elliott, J. (2019). “We were totally supportive, of course”: How people talk about supporting a significant other to stop or reduce their drinking. *Qualitative Health Research*, 29(8), 1120–1131. <https://doi.org/10.1177/1049732318809945>

Bartram, A., Elliott, J., Hanson-Easey, S., Crabb, S. (2017). How have people who have stopped or reduced their alcohol consumption incorporated this into their social rituals? *Psychology and Health*, 32(6), 728–744. <https://doi.org/10.1080/08870446.2017.1300260>

Brooks, A. T., Lopez, M. M., Ranucci, A., Krumlauf, M., Wallen, G. R. (2017). A qualitative exploration of social support during treatment for severe alcohol use disorder and recovery. *Addictive Behaviors Reports*, 6, 76–82.

Colaizzi, P. F. (1978). Psychological research as the phenomenologist views it. In R. S. Valle, M. King, S. Halling (Eds.), *Existential-phenomenological perspectives in psychology*. Oxford University Press.

Cooper, M. L. (1994). Reasons for drinking among adolescents: Development and validation of a four-dimensional measure of drinking motives. *Psychological Assessment*, 6, 117–128.

Davies, E. L., Conroy, D., Winstock, A. R., Ferris, J. (2017). Motivations for reducing alcohol consumption: An international survey exploring experiences that may lead to a change in drinking habits. *Addictive Behaviors*, 75, 40–46. <https://doi.org/10.1016/j.addbeh.2017.06.019>

Ehlers, C. L., Wills, D., Gilder, D. A. (2018). A

- history of binge drinking during adolescence is associated with poorer sleep quality in young adult Mexican Americans and American Indians. *Psychopharmacology*, 235(6), 1775–1782. <https://doi.org/10.1007/s00213-018-4889-5>
- GENAM. (2014). Laporan gerakan anti miras nasional (Genam). Jakarta.
- Gore, F. M., Bloem, P. J. N., Patton, G. C., Ferguson, J., Joseph, V., Coffey, C., Sawyer, S. M., Mathers, C. D. (2011). Global burden of disease in young people aged 10-24 years: A systematic analysis. *The Lancet*, 377(9783), 2093–2102. [https://doi.org/10.1016/S0140-6736\(11\)60512-6](https://doi.org/10.1016/S0140-6736(11)60512-6)
- Gruzca, R. A., Sher, K. J., Kerr, W. C., Krauss, M. J., Lui, C. K., McDowell, Y. E., Hartz, S., Virdi, G., Bierut, L. J. (2018). Trends in adult alcohol use and binge drinking in the early 21st-century united states: A meta-analysis of 6 national survey series. *Alcoholism: Clinical and Experimental Research*, 42(10), 1939–1950. <https://doi.org/10.1111/acer.13859>
- Kerr, W. C., Ye, Y., Greenfield, T. K., Williams, E., Lui, C. K., Li, L., Lown, E. A. (2017). Changes in heavy drinking following onset of health problems in a U.S. general population sample. *Preventive Medicine*, 95, 47–51. <https://doi.org/10.1016/j.ypmed.2016.12.006>
- Keyes, K. M., Hatzenbuehler, M. L., McLaughlin, K. A., Link, B., Olfson, M., Grant, B. F., Hasin, D. (2010). Stigma and treatment for alcohol disorders in the United States. *American Journal of Epidemiology*, 172(12), 1364–1372.
- Khadjesari, Z., Stevenson, F., Toner, P., Linke, S., Milward, J., Murray, E. (2019). ‘I’m not a real boozier’: a qualitative study of primary care patients’ views on drinking and its consequences. *Journal of Public Health*, 41(2), e185–e191.
- Labhart, F., Ferris, J., Winstock, A., Kuntsche, E. (2017). The country-level effects of drinking, heavy drinking and drink prices on pre-drinking: An international comparison of 25 countries. *Drug and Alcohol Review*, 36(6), 742–750. <https://doi.org/10.1111/dar.12525>
- McCambridge, J., McAlaney, J., Rowe, R. (2011). Adult consequences of late adolescent alcohol consumption: A systematic review of cohort studies. *PLoS Medicine*, 8(2). <https://doi.org/10.1371/journal.pmed.1000413>
- Onderwater, G. L. J., van Oosterhout, W. P. J., Schoonman, G. G., Ferrari, M. D., Terwindt, G. M. (2019). Alcoholic beverages as trigger factor and the effect on alcohol consumption behavior in patients with migraine. *European Journal of Neurology*, 26(4), 588–595. <https://doi.org/10.1111/ene.13861>
- Palareti, G., Legnani, C., Cosmi, B., Antonucci, E., Erba, N., Poli, D., Testa, S., Tosetto, A. (2016). Comparison between different D-Dimer cutoff values to assess the individual risk of recurrent venous thromboembolism: Analysis of results obtained in the DULCIS study. *International Journal of Laboratory Hematology*, 38(1), 42–49. <https://doi.org/10.1111/ijlh.12426>
- Patrick, M. E., Terry-McElrath, Y. M., Kloska, D. D., Schulenberg, J. E. (2016). High-intensity drinking among young adults in the united states: Prevalence, frequency, and developmental change. *Alcoholism: Clinical and Experimental Research*, 40(9), 1905–1912. <https://doi.org/10.1111/acer.13164>
- Pittman, D. M., Brooks, J. J., Kaur, P., Obasi, E. M. (2019). The cost of minority stress: Risky alcohol use and coping-motivated drinking behavior in African American college students. *Journal of Ethnicity in Substance Abuse*, 18(2), 257–278. <https://doi.org/10.1080/15332640.2017.1336958>
- Pribadi, E. T. (2017). Penyalahgunaan alkohol di Indonesia : Analisis determinan , SWOT dan CARAT. *Journal of Health Science and Prevention*, 1(1), 22–37. <https://doi.org/ISSN 2549-919X>
- Read, J. P., Wardell, J. D., Bachrach, R. L. (2013). Drinking consequence types in the first college semester differentially predict drinking the following year. *Addictive Behaviors*, 38(1), 1464–1471. <https://doi.org/10.1016/j.addbeh.2012.07.005>
- Romo-Aviles, N., Marcos-Marcos, J., Tarragona-



- Camacho, A., Gil-García, E., Marquina-Márquez, A. (2018). "I like to be different from how I normally am": Heavy alcohol consumption among female Spanish adolescents and the unsettling of traditional gender norms. *Drugs: Education, Prevention and Policy*, 25(3), 262–272.
- Silins, E., Horwood, L. J., Najman, J. M., Patton, G. C., Toumbourou, J. W., Olsson, C. A., Hutchinson, D. M., Degenhardt, L., Fergusson, D., Becker, D., Boden, J. M., Borschmann, R., Plotnikova, M., Youssef, G. J., Tait, R. J., Clare, P., Hall, W. D., Mattick, R. P. (2018). Adverse adult consequences of different alcohol use patterns in adolescence: an integrative analysis of data to age 30 years from four Australasian cohorts. *Addiction*, 113(10), 1811–1825. <https://doi.org/10.1111/add.14263>
- Towers, A., Philipp, M., Dulin, P., Allen, J. (2018). The "health Benefits" of moderate drinking in older adults may be better explained by socioeconomic status. *Journals of Gerontology - Series B Psychological Sciences and Social Sciences*, 73(4), 649–654. <https://doi.org/10.1093/geronb/gbw152>
- Wardell, J. D., Ramchandani, V. A., Hendershot, C. S. (2016). Drinking motives predict subjective effects of alcohol and alcohol wanting and liking during laboratory alcohol administration: A mediated pathway analysis. *Alcoholism: Clinical and Experimental Research*, 40(10), 2190–2198. <https://doi.org/10.1111/acer.13174>
- Windle, R. C., Windle, M. (2018). Adolescent precursors of young adult drinking motives. *Addictive Behaviors*, 82, 151–157. <https://doi.org/10.1016/j.addbeh.2018.03.002>