

Research Article

Alcohol Quitting Management: Perspectives on Undergraduate Students' Experiences

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Abstract

Objective: Although most aspects of alcohol management are influenced by behavior, affect, and cognition, there is considerable variability among university students. Some students are more likely to be influenced by feelings, others by behaviors, and still others by beliefs. This study examines the conditions for abstaining from alcohol consumption among undergraduate students in the southern part of Thailand.

Method: The study employed in-depth interviews with 120 undergraduate students and group discussions with 120 student organization committee members. These participants were current or former student organization or undergraduate student club committees from each faculty of universities in the southern region, totaling 12 locations. Interview forms were used as the research tool.

Results: In our study, the majority of participants reflected apparent 44 indications of the main conditions for alcohol quitting management. After coding the data, elements exhibiting similar patterns revealed five themes

Conclusion: The findings highlighted the importance of data gathered through individual and focus group interviews. University students emphasized the critical roles of self-control, attitude, future expectations, motivation, and self-efficacy perception in managing alcohol abstinence. Educational institutions and health organizations should focus on promoting activities, adjusting attitudes, and encouraging students to develop good personal values to stay away from alcohol.

Keywords: Alcohol; Quitting; Management; Condition

Introduction

Humans discovered naturally occurring alcoholic beverages some 10,000 years ago that fermented on their own. Later, these beverages evolved into three main types: liquor, beer, and wine. Alcohol can be considered the oldest psychoactive drug and has permeated many cultures worldwide [1]. Nowadays, alcoholic beverages are widely known and most frequently consumed globally for relaxation and stress reduction [2]. Controlling alcoholic beverages has therefore been established as a global strategy to reduce problems caused by alcohol consumption, with the goal

of reducing the per capita consumption of alcohol by 10 percent by 2025 [3]. The challenge in addressing the problem is that alcohol consumption is deeply rooted in cultural values and traditions in many societies, coupled with the growth of the alcohol production industry through globalization. Governments often face conflicts of interest related to the production and trade of alcohol. Even in Thailand, a predominantly Buddhist country where consuming alcoholic beverages is against the 5th precept, a 2021 survey found that the current prevalence rate of drinkers is 28.00 percent, a slight decrease from 2017 (28.41 percent), but the number of new drinkers has doubled. In 2017, new drinkers constituted 3.00 percent of the population, whereas in 2021, they made up 6.00 percent. The majority of new drinkers are male. "New drinkers" are a population group that needs to be monitored each year because they may grow to be regular drinkers, heavy drinkers, or even alcoholics. The increase in new drinkers can significantly impact the prevalence rate of current drinkers [4]. Breaking down the details, it was found that in Thailand, there were 15.9 million people aged 15 years and over who drank in the last year (2020), accounting for 28.0 percent of the population. Regionally, the northern region had the highest rate of new drinkers (33.1 percent), while the southern region had the lowest rate (16.6 percent). Interestingly, the southern region also has the highest proportion of people who have never drunk alcohol (73.33 percent) and the fewest new drinkers. Most importantly, this region has continuously had the highest proportion of people who have stopped drinking since 2004 [5]. The abovementioned data suggest that if new drinkers in the southern region are school-aged, they are likely university undergraduates who used to drink but have now quit. Understanding their reasons and methods for quitting can provide important guidelines and role models for encouraging more new drinkers to quit. There-

fore, a study titled “The important conditions for alcohol quitting management: Perspectives from undergraduate students in southern thailand” was conducted to identify key conditions for managing alcohol quitting and to develop an effective model for this process. The results of this research will provide valuable information for developing, implementing, enforcing, and monitoring measures to help new school-age drinkers effectively quit alcohol both nationally and globally in the future.

Literature Review

Urbán, Kökönyei, and Demetrovics discovered what motivates individuals to choose to drink or refuse alcoholic beverages [6]. It arises from a person’s management, cognition, and decision-making processes, together with their perception and expectations of outcomes from drinking alcoholic beverages, which are internal stimuli. There are also external stimuli, such as past alcohol experiences or current living conditions, that affect the cognitive process and can change the expectation of the results of drinking alcohol. For example, if a person expects positive results from drinking alcohol, their motivation to drink increases. Conversely, if a person perceives the consequences of drinking alcohol to be negative, they will avoid drinking. This aligns with Flay and Petraitis [7], who believed that people and the environment interact. Therefore, the cause or factor that influences the behavior of using or refraining from using drugs among teenagers is not due to any single factor but is caused by three different groups of factors: Group 1: Attitudinal influences, which are factors from the cultural environment that surrounds the individual in terms of values, including religion/culture, policy changes, independence, deviance, education, health, social acceptance, and beliefs about desired health and knowledge, as well as the opportunity to receive information, which affects knowledge or expectations. Group 2: Factors from within the individual (intrapersonal influences) include: 1) social competencies that come from educational skills (academic skills), social interaction skills (social interaction skills), and general social skills (general skills), which affect social skills (social skills); and 2) self-awareness that comes from ego integration, feelings of self-worth or inferiority (self-esteem/derogation), and self-image, which affect self-determination. Group 3: Social factors (interpersonal/social influences) or influences from outside the individual (social situation) are important and have the most significant impact on a person’s behavior. They consist of 1) the behavior and attitude of other people, which is part of social learning that comes from parents, adults, media, and friends; and 2) social ties that come from family, school, religious beliefs, and friends, which affect motivation to comply with norms, social perception, and motivation to act. This leads to beliefs that are social standards and affect decisions or intentions to practice health behaviors. Therefore, the various self-management factors mentioned above will affect the perception of self-efficacy, attitude, belief, and perception of social norms, leading to the presence or

absence of alcohol drinking behavior among teenagers. This is consistent with Patrick and Schulenberg [8], who found that protective behavior from drinking alcohol is a specific cognitive and action management process to reduce alcohol consumption.

There is also the Theory of Triadic Influence (TTI), which was developed to explain the relationship between adolescent health and substance use. This theory integrates factors influencing behavior from many different theories to provide a comprehensive explanation of behavior related to the health of teenagers. According to TTI, the decision to engage in any behavior arises from assumptions derived from multiple theories, which divide the factors influencing risky behavior into three types: factors within the individual (intrapersonal influence factors), social context influence factors, and cultural environmental influence factors. All three types of factors are interrelated. They are classified according to three factors: 1) Factors within the individual are related to genetics and personal personality, consisting of four aspects: self-efficacy in refusing to drink alcoholic beverages, inclination to drink, social anxiety, and seeking challenges. 2) Factors from the social context are related to the personality and behavior of role models during adolescence, which can cause imitation and affect teenage behavior in different ways. They also incentivize teenagers to change their behavior. This consists of three aspects: social norms regarding abstinence from drinking alcohol, having friends who stop drinking alcohol, and the cessation of alcohol consumption by family members. 3) Factors from the cultural environment are related to culture, which affects attitudes and influences a person’s feelings, thoughts, or valuation of something important. This consists of four aspects: Attitude towards quitting drinking alcoholic beverages, expecting good results from alcohol quitting, values of not drinking alcoholic beverages, and knowledge about the consequences of drinking alcohol [9-11]. This classification is consistent with the future-oriented model developed by Seginer and Manajna [12], which incorporates motivational elements as an input into the display of knowledge and leads to the determination of behavior as shown in the Figure 1.

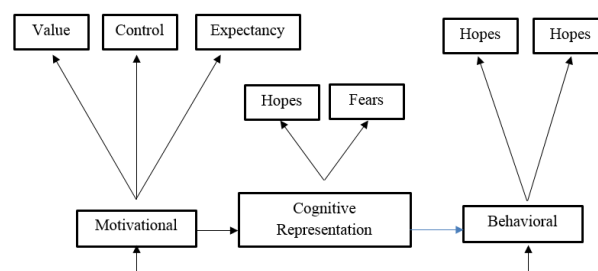


Figure 1: The future orientation three-component model.

Gerhardt also explained that individuals attempt to control their behavior by employing various management methods to solve arising problems, set goals, and exert self-control to maintain desired behaviors and eliminate unwanted ones

[13]. This approach contributes to future success.

From the theory discussed above, it is evident that future-oriented management is a crucial component influencing success and serves as an essential quality enabling individuals to grasp societal principles, evaluate and rectify their own negative behaviors, particularly regarding alcohol consumption, and strive towards positive future objectives.

Research Objective

To study the conditions for abstaining from alcohol consumption among undergraduate students in the southern part of Thailand.

Research methodology

This research examined the conditions for quitting from drinking alcohol among undergraduate students in the southern part of Thailand using qualitative research methods. The study employed in-depth interviews with undergraduate students and group discussions with committee members-current or former student organization or undergraduate student club committees from each faculty of universities in the southern region, totaling 12 locations. Specifically, participants included informants who had used to drink alcoholic beverages but had now quit for at least 12 months. Each group consisted of 10 people, resulting in 20 participants per university, totaling 240 informants (120 students and 120 student organization committee members).

Methods

Management and governance

A research advisory group was established with representatives from the university, hospital, local government, and academic peers.

Setting

The study was conducted in 12 universities located in the southern part of Thailand.

Sampling and recruitment

Individual participants were recruited from voluntary undergraduate students at 12 universities in southern Thailand. Coordination was done with the presidents of student clubs in each faculty to select volunteers who had previously consumed alcoholic beverages but had stopped drinking for at least 12 months to participate in the research. Each university had 10 faculties, with one volunteer selected from each faculty, totaling 120 individuals who had quit drinking for at least 12 months.

Focus group participants were recruited from voluntary current or former student organization committee members, including student club committees for each faculty at all 12 universities in the southern part of Thailand. Coordination was carried out with the president of each university's stu-

dent organization to select volunteers who had previously consumed alcoholic beverages and had quit drinking for at least 12 months to participate in the research. Ten students were selected per university, totaling 120 participants.

All participants were advocates for vulnerable groups, as required by the ethics committee. Verbal informed consent was obtained before providing further details of the study. Participants were not required to provide their names but were asked about their academic year. They received a modest cash payment for expenses.

Individual interviews

Following recommended methodology, individual interviews were intentionally brief (around ten to fifteen minutes) and were conducted inside available meeting spaces for student organizations, ensuring privacy and silence. Interviews were not recorded to encourage participation. They were based on a semi-structured format with open-ended questions about alcohol cessation management. Questions were adapted flexibly based on participants' responses, such as: "Are you aware of the effects of drinking alcohol?", "What do you perceive as the benefits of alcohol quitting?", and "Do you have any other concerns?"

Contemporaneous notes were taken on paper, capturing responses verbatim as much as possible. Recruitment continued until saturation of themes was achieved.

Focus group

Following recommended methodology for focus groups, sessions lasted 60-90 minutes and were conducted in private, silent meeting spaces available for student organizations. The focus groups utilized a semi-structured interview format with open-ended questions focused on alcohol cessation management, mirroring the approach used in individual interviews. Each group was facilitated by four researchers: two coordinators who welcomed participants, explained the study objectives and methodology, and ensured confidentiality, and two assistants who assisted with note-taking and logistics. Discussions were transcribed and independently verified, supplemented by contemporaneous notes. The coordinator encouraged active participation and concluded each session by summarizing key themes discussed and ensuring participants were informed about accessing study results.

Data analysis

The researchers conducted an initial content analysis of free-text responses in the individual and focus group interviews by counting the number of university students who mentioned specific topics such as alcohol quitting. In a more detailed qualitative analysis, four researchers independently coded the write-ups of individual interviews and focus group transcripts. A series of discussion meetings were held to refine these coding categories, and a shared analytic framework was developed based on methods by Chantavanich, Buosonte, Patton, Miles and Huberman,

Gummeson, Holt and Thorpe, and Saldaña [14-20]. For coding the transcripts, it was necessary to go through them line by line and paragraph by paragraph, looking for significant statements and codes according to the topics addressed. The researchers compared the various codes based on differences and similarities and sorted them into categories. Finally, the categories were formulated into 5 themes. The researchers used three levels of coding.

Level 1 coding examined the data line by line and made codes based on the language used by the subjects in the individual and focus group interviews.

Level 2 coding involved comparing coded data with other data and creating categories that condensed the Level 1 codes.

Level 3 coding described the basic social psychological processes [21], which represented the central themes that emerged from the categories. Disagreements between the researchers' individual interpretations were resolved through discussion.

Results

Demographic characteristics

Table 1 (individuals) and Table 2 (focus groups) show the characteristics of the sample. Overall, 78% of the sample were men, with 50% in their third year. The researchers estimated that 83% of the sample had a comprehensive understanding of data from surrounding university students' experiences regarding conditions for alcohol quitting management, while 14% had a moderate understanding, and 3% had a limited understanding.

Table 1: Demographic characteristics of sample for individual interviews in 120 participants.

Source of recruitment						
		1 st year	2 nd year	3 rd year	4 th year	Total
University (1-12 = 120 participants)						
Gender	Men	9	12	48	14	83 (69.2%)
	Women	2	13	12	10	37 (30.8%)
Total		11(9.2%)	25(20.8%)	60(50.0%)	24(20.0%)	120 (100.0%)
The experiences of conditions for alcohol quitting management						
Data variety	Completely	2	21	52	23	98 (81.7%)
	Mostly	5	2	7	1	15 (12.5%)
	Slightly	4	2	1	-	7 (5.8%)

Total	11	25	60	24	120 (100.0%)
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Table 2: Demographic characteristics of sample for focus groups in 12 locations.

Source of recruitment						
		1 st year	2 nd year	3 rd year	4 th year	Total
University (Forum 1-12)						
Gender	Men	-	6	54	42	102 (85.0%)
	Women	-	-	5	13	18 (15.0%)
Total		0(0.0%)	6(5.0%)	59(49.2%)	55(45.8%)	120 (100.0%)
The experiences of conditions for alcohol quitting management						
Data variety	Completely	-	-	43	50	93 (77.5%)
	Mostly	-	4	16	5	25 (20.8%)
	Slightly	-	2	-	-	2 (1.7%)
Total		0	6	59	55	120 (100.0%)

Main conditions in alcohol abstinence

Participants in the study reflected apparent indications of the main conditions for alcohol quitting management from the data sources (see Table 3). Each condition will be discussed both in groups and individually, accompanied by supporting quotes. The documents were submitted to two assessors for validation.

Table 3: Main conditions identified for the alcohol quitting management.

The major conditions identified for the alcohol	Individual		Focus Group	
quitting management	(f)	(%)	(f)	(%)
Con.1: "The reason for stopping drinking alcohol is that it causes dry mouth, headache, vomiting, fatigue, and blurred vision."	110	0.916	12	1
Con.2: "The reason for stopping drinking alcohol is that it causes allergic reactions, red skin, and an itchy rash."	87	0.725	11	0.916
Con.3: "The reason for stopping drinking alcohol is the fear of looking older than one's age."	92	0.766	10	0.833
Con.4: "The reason for stopping drinking alcohol is the fear of affecting the brain's system, leading to brain degeneration and amnesia."	115	0.958	12	1

Con.5: "The reason for stopping drinking alcohol is the fear of serious illnesses such as liver cancer, high blood pressure, or heart disease."	118	0.983	12	1	Con.17: "The reason for stopping drinking alcohol is the desire to graduate and secure a stable job in the future."	120	1	12	1
Con.6: "The reason for stopping drinking alcohol is the fear of developing mental illnesses such as chronic depression, tinnitus, or disorders of thoughts and emotions."	110	0.916	12	1	Con.18: "The reason for stopping drinking alcohol is that I believe it will help me concentrate on learning and have more time to research additional knowledge, which I can use as a foundation for my desired career."	120	1	12	1
Con.7: "You control yourself to stop drinking alcohol by planning to refuse alcoholic beverages when invited."	117	0.975	12	1	Con.19: "The reason for quitting drinking alcohol is to focus on further training in various areas such as computer skills, language skills, or skills necessary to enter the international labor market in the future."	118	0.983	12	1
Con.8: "You control yourself to stop drinking alcohol by avoiding situations or places where alcohol is consumed."	118	0.983	12	1	Con.20: "The reason for stopping drinking alcohol is that alcoholic beverages are expensive, causing money to be wasted for no reason."	117	0.975	12	1
Con.9: "You control yourself to stop drinking alcohol by engaging in alternative activities during your free time, such as exercising, playing sports, watching movies, listening to music, or reading books."	118	0.983	12	1	Con.21: "The reason for stopping drinking alcohol is the poor economy, where the money from parents isn't sufficient, necessitating saving and frugality due to upcoming expenses."	117	0.975	12	1
Con.10: "You control yourself to stop drinking alcohol by exerting effort to conquer and completely abstain from alcohol"	112	0.933	12	1	Con.22: "The reason for stopping drinking alcohol is that I don't want to accumulate debt by borrowing money from friends every day, which was spent on buying alcoholic beverages."	118	0.983	12	1
Con.11: "The reason for stopping drinking alcohol is to serve as an example for the younger generation in how to quit drinking, like myself."	103	0.916	11	0.916	Con.23: "The reason for stopping drinking alcohol is my concern about traveling; drinking and driving could lead to imprisonment and affect future job opportunities negatively."	113	0.941	12	1
Con.12: "The reason for stopping drinking alcohol is to establish a reputation for oneself and the institution, such as by earning an honors degree or being a university athlete."	75	0.858	10	0.833	Con.24: "The reason for stopping drinking alcohol is university and dormitory policies that forbid its consumption, risking punishment like suspension or expulsion and impacting academic success."	92	0.766	10	0.833
Con.13: "The reason for stopping drinking alcohol is because there is a belief that students who quit drinking alcohol will be accepted and admired by society."	101	0.841	11	0.916	Con.25: "Reasons for stopping drinking alcohol include Thai society's disapproval of youth or student alcohol use, leading to feelings of no benefit and potential societal devaluation."	86	0.716	10	0.833
Con.14: "The reason for stopping drinking alcohol is because there is a belief that students who quit drinking alcohol can help make society peaceful, reduce quarrels between institutions, and boost parents' confidence and acceptance of the institution."	103	0.916	12	1	Con.26: "The reason for stopping drinking alcohol is to adhere to societal norms that discourage drinking before graduation or securing a stable job."	78	0.65	10	0.833
Con.15: "Reasons for stopping drinking alcohol include the feeling that the taste is not delicious, as it is bitter and smelly. Sometimes, just smelling the odor can feel intoxicating."	103	0.916	10	0.833	Con.27: "The reason for stopping drinking alcohol is because I made a promise to my parents."	118	0.933	12	1
Con.16: "The reason for stopping drinking alcohol is because of a feeling that people around you are showing signs of disgust due to bad breath and the stench of urine from alcoholic beverages."	96	0.8	10	0.833	Con.28: "The reason for stopping drinking alcohol is because he had made a promise to his relatives and close friends."	103	0.916	12	1

Con.29: "The reason for stopping drinking alcohol is because I made a promise to my partner or the people I'm with."	95	0.791	12	1
Con.30: "The reason for stopping drinking alcohol is because they were labeled by those around them that if they continued to drink alcohol, they would be seen as a person with no future."	91	0.758	12	1
Con.31: "The reason for stopping drinking alcohol is to challenge the notion that "if you don't drink alcohol, it's difficult to socialize or hang out with friends."	88	0.733	11	0.916
Con.32: "The reason for stopping drinking alcohol is that I don't want to bring disrepute to my family and educational institutions again."	78	0.65	10	0.833
Con.33: "The reason for stopping drinking alcohol is because I want to emulate our favorite actor or singer who quit drinking alcohol."	94	0.783	11	0.916
Con.34: "The reason for stopping drinking alcohol is because I witnessed my father, grandfather, and other relatives completely quit drinking alcohol."	96	0.8	11	0.916
Con.35: "The reason I stop drinking alcohol is because my friends in the group I am with have stopped drinking alcohol."	101	0.841	12	1
Con.36: "The reason for stopping drinking alcohol is because they follow and join groups on social media that campaign to stop alcohol consumption among youth or students."	87	0.725	10	0.833
Con.37: "Stopping drinking alcoholic beverages can help reduce accidents while driving vehicles."	120	1	12	1
Con.38: "If I can stop drinking alcoholic beverages, it will help reduce losses, including injury, death, or disability."	120	1	12	1
Con.39: "If I can stop drinking alcoholic beverages, it will help reduce the incidence of violence in the family."	117	0.975	12	1
Con.40: "If I can stop drinking alcoholic beverages, it will help reduce crime and the use of weapons, which pose dangers to people in society."	120	1	12	1
Con.41: "If I can stop drinking alcoholic beverages, it will reduce the risk of being drugged, seduced, or violated."	120	1	12	1
Con.42: "If I can follow the teacher's advice, it will help me to stop drinking alcohol."	110	0.916	10	0.833

Con.43: "If I can follow the doctor's advice, it will help me to stop drinking alcohol."	120	1	11	0.916
Con.44: "If I can adhere to religious principles, it will help me to stop drinking alcohol."	108	0.9	12	1

Table 4: The three-level codes for five themes.

Level 1 codes (Conditions)	Level 2 codes (Categories)	Level 3 codes (Themes)
Con.1, Con.2 and Con.3	Impact of body self	Self - control
Con.4, Con.5 and Con.6	Fear of getting an illness	
Con.7, Con.8 Con.9 and Con.10	Tactic rejection strategies	
Con.11 and Con.12	Good person and leading by example	Attitude
Con.13 and Con.14	Need for social approval	
Con. 15 and Con.16	Smell and taste disorders	
Con.17, Con.18 and Con.19	Education and work future expectation	Future expectation
Con.20, Con.21 and Con.22	Track expenses diligently	
Con.23 and Con.24	Complying with laws and regulations	
Con.25 and Con.26	Social compliance	Motivation
Con.27, Con.28 and Con.29	Promise keeping	
Con.30, Con.31 and Con.32	Erase insults	
Con.33 and Con.34	Imitation behavior	
Con.35 and Con.36	Conformity	Self-efficacy perception
Con.37 and Con.38	Prevent accidents and injuries	
Con.39, Con.40 and Con.41	Reducing violence in society	
Con.42, Con.43 and Con.44	Compliance with instructions	

Main emerging themes

The framework below illustrates the main themes identified from the data sources. The interpreted data will be compared with existing literature (Table 4). After coding the data, elements exhibiting similar patterns or characteristics were clustered. Clustering is a strategy used to enhance understanding of a phenomenon by grouping and conceptualizing objects with shared patterns or characteristics.

Following a review of the codes and categories, agreement was reached on their classification. The qualitative analysis revealed five themes from the data gathered through individual and focus group interviews. University students emphasized the importance of "self-control," "attitude,"

“future expectations,” “motivation,” and “self-efficacy perception” in their experiences with alcohol abstinence management.

Self-control

Self-control is an action that demonstrates a person's ability to manage themselves by choosing to engage or refrain from behaviors with reason and patience. This ability is often developed through experiential learning and observation, aiming to achieve desired outcomes and avoid adverse consequences. For instance, controlling oneself from quitting drinking alcohol may stem from concerns about its health effects and a commitment to learning to refuse it effectively.

Attitude

Attitude toward reduction refers to a mental characteristic where a person experiences satisfaction or dissatisfaction with something based on their approximate knowledge about the subject and understanding its benefits or harms. This understanding aids in maintaining self-esteem and avoiding negative outcomes. While attitudes are typically stable, they can change due to environmental influences, experiences, and learning. Factors influencing attitude change include the desire to serve as a role model, the need for social acceptance, and personal reactions to the taste and smell of alcoholic beverages.

Future expectation

Future expectation involves the capacity to think, anticipate outcomes, and make long-term predictions based on understanding potential positive and negative consequences. It entails devising action plans to achieve favorable outcomes and prevent undesirable consequences in the future. This includes aspirations for academic success, financial planning, adherence to regulations and laws, and conformity to social norms in pursuit of a promising future.

Motivation

Motivations for reduction are the internal forces that drive individuals to pursue their goals, often influenced by desires and temptations that stimulate actions. This process involves being motivated by challenges, competition, or emulation, which serve as driving forces in personal growth. Examples include honoring commitments, striving to overcome criticism, seeking inspiration from those who have quit drinking alcohol, and conforming to the norms of one's social group.

Self-efficacy perception

Self-efficacy perception is the belief in one's ability to manage and act effectively in anticipated situations. This belief influences thoughts, feelings towards others, self-motivation, and actions. It includes the conviction that quitting drinking alcohol can prevent injuries, reduce violence in society, and enable adherence to recommendations for quitting alcohol.

Implications for the alcohol quitting management model

Five key findings from this study include participants' successful experiences in alcohol quitting based on personal relevance and the importance of trust in interpersonal relationships (Figure 2).



Figure 2: Alcohol quitting management model.

Discussion

Previous research studies in management of alcohol quitting in higher education tend to focus on student alcohol abuse and related problems, preventing and impact to students. A number of studies have shown that produce small effects at reducing alcohol use and changing alcohol expectancies [22-24]. However, most of these studies involve students who drink alcohol rather than those who have never consumed it. Given the established outcomes of alcohol quitting, it is now necessary to examine the processes of managing alcohol quitting among students who have previously consumed alcohol but have not done so in the past year. This exploration aims to understand the underlying factors influencing these conditions, which arise from the decisions of university students to quit alcohol. These insights not only provide suggestions for students' quitting alcohol but also enrich the theoretical framework for understanding the behavior of quitting alcohol. Leveraging the theoretical support of self-control, attitude, future expectations, motivation, and self-efficacy perceptions, the study found that participants who quit alcohol enjoyed life to the fullest. They expressed experiencing things appropriate for their age by stopping drinking alcohol, stating that upon graduation, they envisioned the best possible future. We agree with this perspective and also believe that university students can quit alcohol through self-control, attitude adjustment, future expectations, motivation, and self-efficacy perceptions. Among these concepts, it is worth mentioning the importance of recognizing the significance of life activities.

To begin with self-control, the results of this study indicate the importance of alcohol quitting, as daily variations in

self-control demands are associated within individuals with subsequent decreases in the regulation of alcohol consumption and the ability to navigate social interactions and sustain goal-directed behavior [25,26]. This finding is further supported by Hiller, who found that individuals capable of self-control can avoid negative behaviors, whereas a lack of self-control leads to negative behaviors [27]. Additionally, Stautz, summarized that low self-control is associated with increased alcohol consumption [28].

The theme of “Attitude”: Verešová and Mala found that attitudes can profoundly impact a student’s success in education. Students with a positive attitude are more likely to take an active approach to their learning, seeking opportunities to engage with their knowledge [29]. They are also more likely to be proactive in seeking help when needed, which can improve their academic performance and lay a foundation for success. Other research has also indicated that students’ attitudes significantly affect learning outcomes [29-31]. Instrumental attitude refers to the rational or cognitive aspects associated with a particular behavior, such as believing that quitting binge drinking is healthy [32]. Attitude toward preventing drinking alcohol [33], can be an important target for interventions aimed at changing drinking behavior [34].

In conclusion, a student’s attitude can significantly impact their potential for success, particularly in proactive management of alcohol cessation. Encouraging students to set realistic and achievable goals, embrace challenges, foster a growth mindset, develop positive relationships with lecturers and friends, practice self-care, and celebrate successes can all contribute to cultivating a positive and successful mindset. It is also vital for students to seek support when necessary.

The theme of “Future expectation”: Lawson, et al. and Elfina and Andriany found that college students who have future expectations are more likely to persist and graduate [35,36]. Being conscious of these expectations encourages actions that lead to fulfilling future education and career goals [37]. This supports previous research by Bunpanya and Bhanthumnavin [38], which identified that university students’ reasons for not drinking, quitting drinking, and attempting to quit derive from their own motivations. They cited aspirations for their future, such as the desire for a good and respectable job.

The theme of “Motivation”: Moely and Ilustre found that students with a clear understanding of the benefits to themselves experience increased motivation, leading to improved cognitive learning [39]. Other research has also shown that motivation is a critical initial step in any action or behavior change; for example, motivation to drink alcohol was negatively correlated with actual drinking behavior, indicating that lower motivation to consume alcoholic beverages corresponds to reduced alcohol consumption [40,41]. This confirms that individuals seeking to overcome alcohol addiction must have high motivation. Motivation

often stems from the desire to lead a healthy life, influencing behavioral changes crucial to the cessation process. Therefore, before initiating the process of alcohol quitting, most individuals possess at least one strong motivation to stop drinking. Thus, students’ motivation is a crucial factor influencing alcohol cessation management.

Furthermore, regarding the theme of “Self-efficacy,” Brown, et al. demonstrated that self-efficacy contributes to academic success because individuals with high self-efficacy beliefs actively work towards achieving goals [42]. Extensive research has explored students’ self-efficacy and achievement, with results indicating that students who attribute their past successes internally due to high self-efficacy are likely to perform well in the future. Similarly, research by Kamonpornmongkol found that individuals with high self-efficacy set ambitious goals, exert more effort in managing alcohol cessation, and persevere in their efforts [43].

Conclusion

Experiences in alcohol quitting are associated not only with setting achievable short- and long-term goals, which are key to academic success and social acceptance, but also with positive impacts on students’ physical and mental well-being. This study argues that self-control, attitude, future expectations, motivation, and self-efficacy perceptions are crucial for achieving success in alcohol cessation management. The findings reflect the experiences of university students in southern Thailand regarding the essential conditions for managing alcohol cessation. It would be presumptuous to assume that students in other regions and countries share identical perceptions regarding the mental and physical health benefits of alcohol quitting. However, it is likely that many of these sentiments are common among university students worldwide.

Author contributions

Performed the data collection, statistical analysis, and wrote the first draft of the manuscript. All authors contributed to the conception and design of the study and manuscript revision, read, and approved the submitted version.

Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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References

1. D.B. Heath. *Drinking Occasions: Comparative Perspectives on Alcohol and Culture*. New York: Routledge, (2012).

2. T.F. Babor, S. Casswell, K. Graham, et al. Alcohol: No ordinary commodity-a summary of the third edition. *Addiction*, 117(12)(2022): 3024-3036.
3. United Nations Development Programme. 2022 Annual Report: Joint UNDP-DPPA Programme on Building National Capacities for Conflict Prevention. (2023).
4. Center for Alcohol Studies. Patterns and trends of alcohol consumption in the Thai population. Songkla: Prince of Songkla University Press, (2022).
5. National Statistical Office. The 2021 Health Behavior of Population Survey. Bangkok: Thana Press, (2021).
6. R. Urbán, G. Kökönyei, Z. Demetrovics. Alcohol outcome expectancies and drinking motives mediate the association between sensation seeking and alcohol use among adolescents. *Addict Behav*, 33(2008): 1344-1352.
7. B.R. Flay, J. Petraitis. A new theory of health behavior with implications for preventive interventions. *Adv Med Sociol*, 4(1994): 19-44.
8. M.E. Patrick, J.E. Schulenberg, M.E. Martz, et al. Extreme binge drinking among 12th-grade students in the United States: Prevalence and predictors. *JAMA Pediatr*, 167(2013): 1019-1025.
9. B.R. Flay, F.J. Snyder, J. Petraitis. The theory of triadic influence. In: R.J. DiClemente, R.A. Crosby, M.C. Kegler (Eds.), *Emerging Theories in Health Promotion Practice and Research*. 2nd Ed. Jossey-Bass/Wiley, (2009): 451-510.
10. A. Chantaramanee, S. Lojanapiwat, C. Sathirapanya. Factors and alcohol drinking behaviors of female adolescent students in vocational schools: Case study Songkhla Province. *Acad Serv J PSU*, 28(2017): 117-129.
11. R. Somporn, P. Thirarattanasunthon, P. Buakate, et al. Factors related to alcohol-drinking behaviors on secondary school students grade 1-3 in the province of Nakhon Si Thammarat, Thailand. *Rocz Panstw Zakl Hig*, 74(2023): 427-437.
12. R. Seginer, S. Mahajna. How the future orientation of traditional Israeli Palestinian girls links beliefs about women's roles and academic achievement. *Psychol Women Q*, 28(2004): 122-135.
13. M. Gerhardt. Teaching self-management: The design and implementation of self-management tutorials. *J Educ Bus*, 83(2007): 11-18.
14. S. Chantavanich. Qualitative research data analysis. 12th Ed. Bangkok: Chulalongkorn University Press, (2016).
15. R. Buosonte. Research and development of educational innovations. 2nd Ed. Bangkok: Chulalongkorn University Press, (2020).
16. M.Q. Patton. *Qualitative Research and Evaluation Methods*. 2nd Ed. Thousand Oaks: Sage, (2001).
17. M.B. Miles, A.M. Huberman. *Qualitative Data Analysis: An Expanded Sourcebook*. London: Sage, (1994).
18. E. Gummesson. *Qualitative Methods in Management Research*. London: Sage, (2000).
19. R. Holt, R. Thorpe. *The Sage Dictionary of Qualitative Management Research*. London: Sage, (2008).
20. J. Saldaña. *The Coding Manual for Qualitative Researchers*. Los Angeles, CA: Sage, (2021).
21. F. Luthans, C.M. Youssef, B.J. Avolio. *Psychological Capital and Beyond*. Oxford University Press, (2015).
22. C.L. Ringwalt, M.J. Paschall, A.M. Gitelman. Alcohol prevention strategies on college campuses and student alcohol abuse and related problems. *J Drug Educ*, 41(1)(2011): 99-118.
23. A.G. Estevez, J.R.F. Roche, A.H.R. Espinosa, D.L. Rodríguez. Social skills training program to prevent alcohol consumption in university students. *Int J Health Sci*, 2(2018): 43-54.
24. C. Gesualdo, M. Pinquart. Expectancy challenge interventions to reduce alcohol consumption among high school and college students: A meta-analysis. *Psychol Addict Behav*, 35(2021): 817-828.
25. M. Muraven, R.L. Collins, S. Shiffman, J.A. Paty. Daily fluctuations in self-control demands and alcohol intake. *Psychol Addict Behav*, 19(2005): 140.
26. J.S. Simons, T.A. Wills, N.N. Emery, P.J. Spelman. Keep calm and carry on: Maintaining self-control when intoxicated, upset, or depleted. *Cogn Emot*, 30(2016): 1415-1429.
27. V. Hiller. Self-control and the rise and fall of factory discipline. *J Dev Econ*, 133(2018): 187-200.
28. K. Stautz, Z. Zupan, M. Field, T.M. Marteau. Does self-control modify the impact of interventions to change alcohol, tobacco, and food consumption? A systematic review. *Health Psychol Rev*, 12(2018): 157-178.
29. M. Verešová, D. Mala. Attitude toward school and learning and academic achievement of adolescents. In: 7th Int Conf Educ Educ Psychol. *Proc Soc Behav Sci*, 6(2016): 870-876.
30. M. Hatano. Student learning attitude, engagement and strategies. *OECD iLibrary*, 4(2004): 109-158.
31. A.R. Ifeoma. Assessment of students' attitude and per-

- ception of teaching practice: The case of undergraduates of Delta State University, Abraka. *World J Educ*, 6(2016): 82-91.
32. C. Botsaris, V. Vamvaka. Attitude toward entrepreneurship: Structure, prediction from behavioral beliefs, and relation to entrepreneurial intention. *J Knowl Econ*, 7(2016): 433-460.
 33. S. Waraporn, J. Prateep, K. Laddawan. Causal the structure of relationships causal in preventing alcohol consumption among teenagers in Rayong Province. *Warasan Phuettikammasat*, 24(2018): 119-134.
 34. A.M. DiBello, M.R. Hatch, M.B. Miller, et al. Attitude toward heavy drinking as a key longitudinal predictor of alcohol consumption and problems. *Alcohol Clin Exp Res*, 46(2022): 682-694.
 35. K.M. Lawson, O.E. Atherton, E. Ferrer, R.W. Robins. The development of educational aspirations and expectations from adolescence to young adulthood: A longitudinal study of Mexican-origin youth. *Soc Psychol Pers Sci*, 11(2020): 965-974.
 36. M.L. Elfina, D. Andriany. Career self-efficacy and future career anxiety on Indonesian fresh graduates during pandemic. *J Kaj Bimb Kons*, 8(2023): 24-32.
 37. A.M. Fraser, C.I. Bryce, K.M. Cahill, D.L. Jenkins. Social support and positive future expectations, hope, and achievement among Latinx students: Implications by gender and special education. *J Soc Pers Relatsh*, 41(3)(2024): 543-568.
 38. J. Bunpanya, N. Bhanthumnavin. Self-protection mechanisms against alcoholic consumption among students of Chandrakasem Rajabhat University. *J Soc Sci Humanit*, 40(2014): 128-146.
 39. B.E. Moely, V. Ilustre. The impact of service-learning course characteristics on university students' learning outcomes. *Mich J Community Serv Learn*, 21(1) (2014): 5-16.
 40. P. Khwanthida, T. Krisada, P. Hathaichanok, et al. Attitude and alcohol drinking behavior of students at one university. *J Educ Meas*, 40(2024): 51-63.
 41. E.L. Davies, D. Conroy, A.R. Winstock, J. Ferris. Motivations for reducing alcohol consumption: An international survey exploring experiences that may lead to a change in drinking habits. *Addict Behav*, 75(2017): 40-46.
 42. S.D. Brown, S. Tramayne, D. Hoxha, et al. Social cognitive predictors of college students' academic performance and persistence: A meta-analytic path analysis. *J Vocat Behav*, 72(2008): 298-308.
 43. J. Kamonpornmongkol, P. Homsin, R. Srisuriyawet. Effects of self-efficacy enhancement on drinking refusal self-efficacy, outcome expectancy and skills among male primary school students. *Public Health J Burapha Univ*, 7(2012): 84-99.