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Changes in College Students' Substance Use Habits and Motivations During COVID-19

A thesis submitted in partial fulfillment for the Bachelor of Art Degree in Psychology

Madelyn A. Shapiro

Trinity College

Fall 2021 – Spring 2022

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Abstract

The aim of the current study was to better understand changes in college students' substance use habits and motivations, specifically regarding alcohol, before and during the COVID-19 pandemic. College students are deemed to be a high-risk group when it comes to substance use disorders and at risk to develop mental health disorders, and the COVID-19 pandemic has exacerbated these issues. Emerging adults' drinking may not have changed drastically during the pandemic; however, a subset of individuals might have been more vulnerable to increased drinking. Participants consisted of junior and senior college students ($N=20$) between the ages of 20 and 23 years old. Each participant completed a pre-interview survey, consisting of questions related to the frequency and quantity of alcohol use before and during the pandemic, mental health care history and utilization, the Drinking Motives Questionnaire-Revised, and the DSM-5 Cross-Cutting Measure. Participants then took part in a 30-minute interview. As hypothesized, alcohol consumption decreased during the initial lockdown compared to pre-pandemic levels and then increased upon returning to campus. Also as hypothesized, participants reported increased anxiety, depression, and stress during the pandemic due to a lack of control and isolation. The findings of the current study add to our understanding of how and why an individual's substance use patterns changed or stabilized over time and the key factors motivating those changes. This study also may help us identify ways to best provide support for students with mental health difficulties to use substances in a less risky manner.

Changes in College Students' Substance Use Habits and Motivations During COVID-19

“College years are the best four years of your life.”

An individual's college experience has been glorified in American culture. This glorification overlooks the substance use, addiction, and mental health difficulties that college students' experience at considerably high rates. Nearly 46 million individuals have been diagnosed with the novel Coronavirus in the United States, which has resulted in upwards of 743,000 deaths (*Centers for Disease Control and Prevention*). The COVID-19 pandemic has caused the utmost disturbance in the lives of individuals of all ages, races, ethnicities, and cultures around the world. Societies are still suffering from devastating effects and consequences of the virus. Emerging adults, college-aged individuals specifically, are facing the highest percentage of mental health difficulties. For example, for emerging adults (18-29 years of age), symptoms of anxiety and depressive disorders increased from 36.4% in August 2020 to 41.5% in February 2021 (Vahratian et al., 2021). This shows that not only were mental health symptoms heightened just at the beginning of the pandemic, but continued to increase over the next couple of months. Approximately 25% of 18–24-year-olds had considered suicide in the thirty days prior according to a survey administered in June of 2020 (Czeisler et al., 2020). This statistic is alarmingly high, especially when considering it is amongst a population of individuals who are considerably young and still have much of their future ahead of them.

With the uptick in mental health difficulties and stress caused by the pandemic, it is not surprising that some studies have shown an increase in substance use among emerging adults. For the week ending March 21, 2020, there was an increase in national sales of alcohol of 54% compared with one year prior (*NielsenIQ*, 2020; Pollard et al., 2020). Alcohol sales in restaurants and bars were decreasing markedly during this time due to restaurant closures and COVID-19

mandates, suggesting that this increase in sales was primarily due to individuals purchasing alcohol with the intent to drink at home. McKnight-Eily et al. (2021) reported that measures taken in April and May 2020 showed that nearly 20% of individuals increased their substance use. A study conducted by Schmidts and Glowacz (2021) found that about 50% of the 18+ population consumed the same amount of alcohol during the COVID-19 pandemic as they did prior to the start of the pandemic, with one quarter drinking more and one quarter drinking less. Graupensperger et al. (2021) reported that, among college students specifically, there was not a significant change in the number of weekly drinks from pre-COVID to during-COVID and relatively equal numbers of participants reporting increases, decreases, and no change. Preliminary data suggested that generally, emerging adults tended to drink more frequently during the week and for coping reasons but consumed less alcohol per occasion (Graupensperger et al., 2021).

Taken together, this research suggests that emerging adults' drinking may not have changed drastically during the pandemic; however, a subset of individuals might have been more vulnerable to increased drinking. Accordingly, the aim of the current qualitative study was to better understand the changes in college students' substance use habits and motivations, specifically regarding alcohol, before and during the COVID-19 pandemic. This research may provide insight into factors, such as mental health difficulties, that may have prompted some students to drink more in response to COVID-related stress. This research also may help to identify factors associated with greater resilience and less substance use during this time.

Background

Binge Drinking & Heavy Episodic Drinking in College Students

It is well established that college students are susceptible to the regular use of alcohol and

other substances due to frequent social gatherings and the accessibility to the substances on college and university campuses. Over half of college students, approximately 56%, reported a consistent level of binge drinking pre and post closure at their respective institutions (Bonar et al., 2020). Binge drinking is defined as drinking four or more drinks over the course of two hours for females and consuming five or more drinks in a two-hour span for males (Bonar et al., 2020). Pedrelli et al. (2015) found that one in five college students engage in this behavior frequently. Similarly, Wechsler et al. (1995) found that within the same two-week period, one-fifth of undergraduate students in the United States participated in binge drinking three or more times. In the United States, binge drinking is considered the number one public health hazard and the primary source of mortality for college students (Pedrelli et al., 2015). Moreover, college students are more likely to engage in heavy episodic drinking, defined as the proportion of individuals who have had approximately six standard drinks or more on at least one occasion in the past thirty days, compared to those peers who do not attend college (Wechsler et al., 1995). Overall, college students are deemed a high-risk group due to higher levels of alcohol consumption compared to other age groups and to peers who do not attend college (Wechsler et al., 1995).

Although college students are included in the highest-risk group for alcohol consumption and other substance-related problems, there is not a 'one size fits all' model as to when and why these students drink. This makes intervention extremely difficult. Beseler et al. (2012) analyzed data on binge drinking of college students and identified three classes of college students, two classes of which were heavy drinkers. One class appeared to be at a higher risk than the other and may be less likely to mature out of this style of drinking after college as they exhibited more criteria from the DSM-IV (Beseler et al., 2012). These results also suggest that young adults may

be confusing the aftereffects of intoxication, such as hangover-related symptoms, with withdrawal symptoms. This could lead individuals to mistake tolerance for how well they are able to balance control over drinking while still completing college student-related daily tasks (Beseler et al., 2012). This phenomenon is concerning because this specific group of college students could be experiencing withdrawal symptoms from alcohol without their awareness. Further, many college students who can be defined as heavy drinkers continue to exhibit alcohol-related and substance-related problems upon graduation from college (Beseler et al., 2012).

Drinking Motives

Cooper (1994) posited that there are four distinct motives, social, conformity, enhancement, and coping, to explain why individuals consume alcohol. Moreover, she found that different motives correspond to different drinking environments. For example, individuals with more prominent social and conformity motives drank more regularly at parties, individuals with stronger enhancement motives drank at bars more frequently, and those with more emphasis on coping motives were more likely to drink at home (Cooper, 1994). The four motives can be divided into two underlying dimensions: negative reinforcement and positive reinforcement. Although there are differences between the four motives, research also suggests some commonalities between the motives (Cooper, 1994). For example, negative reinforcement motives such as coping and conformity are similar in that they both involve the removal of negative aspects (emotions or situations) which strengthens drinking behavior. On the other hand, positive reinforcement motives such as enhancement and social share some features in that drinking provides the individual with some kind of reward that, in turn, increasing the likelihood of subsequent drinking (Cooper, 1994). As will be discussed in more detail below, negative

reinforcement motives are more often predictors of drinking-related problems. Social, conformity, enhancement, and coping can also be divided into internally and externally generated motives. Internal motives, coping and enhancement, include when drinking may be responsive to internal rewards, such as the manipulation or management of one's own emotional state (Cooper, 1994). External motives, conformity and social, create external rewards, such as social acceptance or approval (Cooper, 1994). The four drinking motives provide a basic framework for much of the literature analyzing alcohol consumption in college students and can help us to make predictions about patterns of alcohol and drug use.

Social Motives

Social drinking motives involve consuming alcohol to improve parties or social gatherings (Cooper et al., 1992). Consuming alcohol is widely considered a way to help an individual loosen up and reduce social inhibitions. Drinking socially can mean consuming just one standardized alcoholic beverage at a dinner with friends or family or on celebratory occasions (Cooper et al., 1992). In any culture or society where alcohol plays an integral role, social drinking is commonly seen.

Conformity Motives

When individuals drink due to social pressure or a need to fit in, they are drinking to conform. Conformity motives are positively associated with party attendance, the number of social companions, and the level of companions' perceived drinking quantity (Cooper, 1994). Individuals are more likely to participate in the consumption of alcohol if their peers are drinking. Interestingly, Cooper (1994) did not find a statistically significant association between conformity motives and drinking levels, although there was a trend for higher conformity motives to be associated with higher drinking levels.

Enhancement Motives

Enhancement motivation has been described as drinking to maintain or amplify positive affect (Cooper et al., 1992). Consistent with this idea, college students have reported higher enhancement motives on days when they reported higher positive affect (Arbeau et al., 2011). Research has shown that individuals who drink due to enhancement motives are more likely to drink with individuals of the same gender (Cooper, 1994). Enhancement motives and social drinking have commonly been found to be associated (Cooper et al., 1992).

Coping Motives

Drinking to cope is when an individual drinks to avoid or dull negative affect. Individuals may partake in drinking to cope as a way of counteracting symptoms from mental health disorders and psychological difficulties. Specifically, an individual may drink to cope with depression and/or anxiety. Those who endorsed more coping motives regarding alcohol were more likely to drink at home than those with stronger uses of other motives (Cooper, 1994). These motives may portend a greater risk for increasing one's use, as suggested by Grant et al. (2007), who found that coping-depression predicted more alcohol use one year later.

Relations among Motives, Drinking, and Psychological Functioning

Research done by Merrill and Read (2010) showed how different motives were associated with more or less problematic patterns of drinking. The study examined eight problem domains, including academic/occupational problems, risky behavior, poor self-care, physiological dependence, diminished self-perception, blackout drinking, impaired control, and social/interpersonal problems, which were hypothesized to be affected by some or all of the various drinking motives. This study included 192 students from a university in the northeastern United States of which participants were recruited from an introductory psychology class

(Merrill & Read, 2010). For participants to be eligible they must have been 18-24 years of age and drank alcohol at least once a week for the three-months prior to the single session (Merrill & Read, 2010). Researchers found evidence for relations between drinking to cope and specific problem domains (Merrill & Read, 2010). Specifically, students who endorsed drinking to cope with negative affect evidenced difficulty across multiple domains, such as performing poorly in class, engaging in risky behavior, and having poor physical care.

Recently, researchers have examined correlates of drinking motives in the context of the COVID-19 pandemic, as well as how motives might have shifted during the pandemic. Wardell et al. (2020) researched coping-motivated drinking and alcohol problems and found that coping-motivated drinking at the beginning of the pandemic was positively correlated with depression, social disconnection, and living with a child younger than the age of eighteen. The mean age of participants in this study was thirty-two years old, but college students who returned home during campus closure are likely to have experienced depression and social disconnection, as well. Graupensperger et al. (2021) examined a broader range of drinking motives and found that social, conformity, and enhancement drinking motives decreased during the pandemic, which may be attributed to social distancing and the lack of large-group gatherings. A sample of young adults ($N=572$; $M_{age}=25.14$; 60.8% female) was recruited in Washington State. This study used a repeated-measures design, collecting data both prior to the COVID-19 pandemic in January 2020, and again during the initial acute phase of the pandemic in April/May 2020 (Graupensperger et al., 2021). Graupensperger et al. (2021) found there to be an increase in coping motives after the measures were recorded during the second collection period. With increases in depression during the pandemic, especially among emerging adults, and a decrease in social, conformity, and enhancement motives, there is an indication that young adults' motives

have shifted from more social influences to reasons regarding coping (Graupensperger et al., 2021). Although these results suggest that coping-related drinking might be more common during COVID-19 and may be associated with psychological difficulties, these studies were conducted during the acute phases of the pandemic; thus, additional research is needed to determine how drinking motives might have shifted during later phases of the pandemic, particularly with many students returning to college campuses.

Emerging Adults' Alcohol Consumption During COVID-19

Jackson et al. (2021) and Bollen et al. (2021) found that college students transitioned from heavy episodic drinking to decreasing quantity of alcohol consumption with family when home during the initial lockdown. Specifically, 68% of college students reduced their alcohol consumption substantially (Bollen et al., 2021). Rehm et al. (2020) suggested multiple explanations for increases and decreases in alcohol consumption based on a review of the literature. The first scenario predicted an increase in alcohol consumption, among men particularly, due to an experience of COVID-19 related distress (Rehm et al., 2020). A second scenario suggested by Rehm et al. (2020) was that decreased consumption was due to limited availability of alcohol. The increase in psychological distress triggered by the interaction of financial difficulties, social isolation, and uncertainty about the future could potentially worsen patterns of alcohol use and drinking to cope. On the other hand, reduced availability and affordability of alcohol could predict reductions in alcohol use and related problems. Although alcohol consumption was found to be reduced during the early months of the pandemic amongst emerging adults, Pelham et al. (2022) found that there was an increase in days spent drinking by June 2020 even if the quantity consumed on those days were lower. Researchers also found that by June 2021 there were no differences found either in days spent drinking and amount

consumed from pre-pandemic numbers (Pelham et al., 2022).

If students believe that their peers are drinking more frequently, they are more likely to consume alcohol. Accordingly, it is important to have an accurate depiction of how much one's peers are drinking, particularly when they are drinking less than usual, as that might prompt reductions in students' alcohol use. Graupensperger et al. (2021) investigated whether perceived drinking habits in college students were still relevant after COVID-19 regulations were in place. Since social media has suggested there was an uptick in alcohol sales across the country college students may have falsely perceived that their peers were drinking more during the lockdown. College students who were living at home during the pandemic and who decreased the frequency of their alcohol use were more likely to perceive decreases in peers' drinking frequency and heavy consumption (Graupensperger et al., 2021).

Research also is beginning to uncover how an individual's beliefs about COVID-19 are associated with their substance use and drinking motives. Mohr et al. (2021) found that a lower perceived seriousness of COVID-19, less loneliness, and staying less updated on COVID-19-related news correlated to weaker coping motives and less alcohol consumption. Conversely, students who consumed more COVID-19-related news and experienced higher loneliness drank more frequently due to coping motivations (Mohr et al., 2021). These findings illustrate how staying up to date on COVID-19 related news can be a double-edged sword, as having an understanding of how the virus is affecting the world can affect one's own drinking habits. This could be because consuming upsetting news might prompt an individual to drink to cope with the negative effect.

Mental Health Amongst College Students

College is a unique time in the lives of those who attend, and for many traditional and

non-traditional students, college can be a challenging time. Most traditional college students enter right after graduating from high school and come from a living situation in which they received support from parents or guardians. Balancing academic load and more adult-like responsibility can be hard for many students to navigate. Mental health problems are highly prevalent among college students and many mental health disorders have a peak onset during young or emerging adulthood (Pedrelli et al., 2015). The most prevalent psychiatric problems among college students are anxiety disorders, depression, and attention-deficit hyperactivity disorder (ADHD). Pedrelli et al. (2015) found that approximately 11.9 % of college students suffer from an anxiety disorder. Depression is another common mental health issue among college students with prevalence rates of 7-9%. Finally, roughly between 2-8% of college students are diagnosed with ADHD, a disorder that has been found to be associated with poor academic performance, social difficulties, and an increased risk for alcohol and drug use (Pedrelli et al., 2015). These disorders further exacerbate the difficulties that all college students face such as stress from balancing homework, studying, and social lives. The main objective of a study completed by Blanco et al. (2008) was to assess the twelve-month prevalence of psychiatric disorders in college students compared to their non-college counterparts since college-aged individuals are exposed to circumstances that put them at risk and because poly-substance abuse is more common amongst this group of individuals compared to other drug-using populations. Findings suggest that alcohol use disorders and personality disorders are some of the most common disorders experienced by students attending college (Blanco et al., 2008). There are a plethora of other mental health difficulties that college students can further face as well, such as eating disorders, personality disorders, and schizophrenia.

Despite being adults, college students are still highly influenced by their peers and

pressures to conform. Kenney et al. (2018) found that perceptions of close peers' drinking were related to significantly more consequences among students reporting depressed mood or anxiety, but not associated with consequences among students without depressive or anxious symptoms. Many college students face ample stress trying to complete large quantities of academic work while maintaining high grades. The unfortunate reality is that college students, a population with higher rates of substance use and alcohol use disorders compared to any other age group, are less likely to seek treatment for alcohol use disorders than their peers (Blanco et al., 2008). Even amongst students who are not diagnosed with a mental health disorder, poor mental health is common amongst students who experience relationship stressors, low social support, or those who are victims of sexual assault (Hunt & Eisenberg, 2010). The college environment perpetuates mental health disorders and poor mental health in general and the ongoing COVID-19 pandemic likely has exacerbated these issues.

COVID-19, Mental Health, & Substance Use

There are clear indications that mental health difficulties have increased due to the COVID-19 pandemic and that substance use and motives have changed in both adaptive and maladaptive ways. Many college students experienced a greater disruption to their lives during the pandemic than other groups of people in society due to changes in living situations, work, and education (Charles et al., 2021). College students who returned home during the COVID-19 lockdown may have experienced a difficult time adjusting to learning in a new environment. Charles et al. (2021) evaluated the effects caused by the pandemic disruption on students' well-being and found that participants who completed their study during the beginning weeks of the pandemic in the United States reported higher levels of alcohol misuse, perceived stress, and mood disorder symptoms than their counterparts who completed the study prior to COVID-19.

The pandemic had an instantaneous negative effect on college students' mental health and substance use. Living on an institution's campus is a unique environment that provides educational sources, counseling resources, alcohol, and other drugs at the fingertips of students who attend. For many, the return to their family homes during the COVID-19 lockdown meant a loss of autonomy crucial to this developmental stage, which, not surprisingly, might have led to more mood disorder symptoms or perceived stress.

Mental health difficulties may not only influence whether an individual uses various substances such as alcohol, but these difficulties also may be exacerbated by the substance use itself. To illustrate, in a study conducted by Tran et al. (2020), researchers found that about one in five adults reported drinking more alcohol than usual since the start of the COVID-19 pandemic, and increased consumption was associated with more severe symptoms of depression or anxiety for both men and women. It is unknown, however, whether these relations occurred in college students specifically and the extent to which psychological difficulties will be associated with drinking to cope later in the pandemic.

Relations between Alcohol Preferences and Drinking Motives

Research also has shown that drinking motives are associated with alcohol preference and risky behavior. Research by Kuntsche et al. (2006) looked at participants who drank alcohol and motives for which kind of beverage they chose. Kuntsche et al. (2006, p. 566) wrote that "drinkers of beer and spirits, for example, tend to have a higher alcohol intake and have more alcohol-related problems than people who mainly drink other alcoholic beverages." This is reasonable given that spirits raise alcohol concentration in an individual's blood alcohol level faster than any other kind of alcoholic beverage. Wine drinkers drank temperately and were further described by Kuntsche et al. (2006) as better educated and typically free of psychological

difficulties in comparison to mainly drinkers of beer and spirits. Wine is consumed in more normative settings and regarded as an acceptable drink in many social gatherings. It is viewed as a classier and sophisticated alcoholic beverage. Adolescents who prefer to have fun and to get drunk typically consume beer and or spirits to reach intoxication, whereas adolescents who drink wine tend to conform and drink more moderately (Kuntsche et al., 2006). For these reasons, adolescents who consume beer and spirits tend to fit general criteria for motives of enhancement and coping. Of note, analyzing alcohol preferences in adolescents and college students can be a difficult task considering students who are not of age to drink may be limited to consuming what is available, as opposed to beverages they actually prefer.

Drinking in College Student Sub-Groups

Specific groups on college and university campuses have been found to use alcohol and other drugs to a higher degree, namely student-athletes and members of Greek-affiliated organizations. For example, Taylor et al. (2017) found that student-athletes consumed more alcohol than non-athletes and were more likely to engage in more extreme styles of alcohol consumption. To compare the amount of alcohol consumed by student-athletes to non-student-athletes, they found that 80% of collegiate student-athletes reported consuming alcohol and 60% of the general student body reported consuming alcohol (Taylor et al., 2017). There were no differences found amongst student-athletes from Division I and Division III institutions (Taylor et al., 2017). With the loss of an athletic season or multiple seasons due to campus closure and COVID-19 regulations, these athletes may have faced increased psychological difficulties, which could correlate to higher motives of drinking-to-cope.

The pandemic not only affected student-athletes but also members of Greek organizations. A study done by Bonar et al. (2021) found that first-year college students

reporting greater post-closure binge drinking also reported higher perceived drinking norms and were more likely to be in Greek life. Similarly, Graupensperger et al. (2021) found that Greek-affiliated students were more likely to have decreased their alcohol use but still reported more weekly drinks during the pandemic, relative to non-Greek-affiliated students. With students forced to leave campus, many missed out on the opportunity to spend time with their Brothers and Sisters or even left before finishing the pledging process. Many Greek-affiliated students regularly drank with other members of their organization in order to create bonds. Abruptly leaving a group that becomes as tightly knit as Greek life could have caused psychological difficulties for the members. Of interest is whether alienation from Greek life and one's peers might have motivated more drinking among these students during lockdown than non-Greek involved students. Further, it is unknown if upon returning to campus, students in Greek life resumed drinking levels similar to pre-pandemic levels, or if limitations on gatherings might have led to more permanent reductions in alcohol use.

Family History of Substance Use

Substance use disorders have a strong genetic component meaning, that they can be hereditary, like many other psychological disorders. Genes coding for GABA receptors and alcohol-metabolizing enzymes are common variants where the genetic risk for alcohol use disorder can occur (Yu & McClellan, 2016). Considering that substance use disorders can be inherited, many studies, such as Mathias et al. (2015) and Tapert and Brown (2000), operationalize family history of substance use in a biological parent or a biological grandparent. Tapert and Brown (2000) further account for the number of alcohol-dependent biological relatives and the number of alcohol-dependent first-degree biological relatives. Researchers estimate that genetic factors account for 40 to 60 percent of an individual's vulnerability to

addiction (*The Role of Genes in Drug Addiction*, 2021). A family history of addiction could lead students to be surrounded by more drinking upon returning home from college. Students might also cope with their family history of addiction by using substances themselves.

Hypotheses & Research Questions in the Current Study

The purpose of this research study was to better understand the changes in college students' substance use habits and motivations, specifically regarding alcohol, before and during COVID-19. I formulated five hypotheses with the goal of replicating trends previously found in the literature and to add new data that addresses college students' mental health and substance use after returning to campus during COVID-19:

1. College students' binge drinking and heavy episodic drinking quantity decreased during the initial lockdown.
2. Psychological difficulties intensified for college students during the COVID-19 pandemic.
3. College students' binge drinking and heavy episodic drinking increased upon returning to college campuses in the fall of 2020 as compared to the initial lockdown.
4. Coping motives will become more pronounced during the early stages of the pandemic.
5. Psychological difficulties in college students will be significantly associated with drinking to cope later in the pandemic.

I also examined three research questions:

RQ1: Will those college students involved in Greek organizations participate in binge drinking and heavy episodic drinking more frequently than their non-Greek affiliated counterparts? Will members of Greek life consume higher amounts of alcohol before and during the COVID-19 pandemic than their non-Greek affiliated counterparts?

RQ2: Will student-athletes participate in binge drinking and heavy episodic drinking more frequently than their non-student-athlete counterparts? Will student-athletes consume higher amounts of alcohol before and during the COVID-19 pandemic than those students who do not play a collegiate sport?

RQ3: Is family history of substance use and addiction associated with higher levels of drinking during the pandemic? Furthermore, to what extent does recognition of a family history of substance use and addiction factor into decision making about substance use?

There is not yet extensive research available in the literature on alcohol consumption in college students after returning to campus in the fall of 2020. Alcohol consumption decreased during the initial lockdown from pre-COVID consumption, and the current study predicts an increase in consumption once college students returned back to their respective campuses. The literature claims that one reason for a decrease in alcohol consumption during the first lockdown was due to students being home with their parents and families (Graupensperger et al., 2021). Once back on campus, they are no longer around their parents and are living independently again. Drinking to cope has proven to be the most relevant motive during COVID-19 and with anxiety and depressive symptoms and disorders on the rise during the pandemic, drinking to cope is prominent. For students who may have developed psychological difficulties over the course of the COVID-19 pandemic, drinking to cope seems to be highly probable due to the lack of access or availability to seek professional health and the shortcoming of physical and social interaction due to restrictions and mandates.

The contribution that can be made to the vast existing literature on alcohol consumption by college students by conducting this research study is to understand, more deeply, how and why an individual's substance use patterns changed or stabilized over time and the key factors

motivating those changes and stabilizations. By using qualitative methods, I can form a deeper understanding of an individual's unique reasons for using substances such as alcohol and add a new perspective to the existing literature. Most studies researching COVID-19, substance use (specifically alcohol), and mental health were all conducted earlier along in the pandemic which simply does not provide a voice for the past six to twelve months. When students returned to campus in Fall 2020, the environment on campus seemed completely different at a lot of colleges and universities. There is a lack of qualitative research which would provide insights into how we might best support students with mental health difficulties to use substances in a less risky manner. This support can come from available resources on Trinity College's campus, such as the counseling center and other support groups.

Method

Participants

Participants in this study consisted of junior and senior students at Trinity College, a small, liberal arts school, in Hartford, Connecticut ($N=20$) between the ages of 20 and 23 years old ($M=21.45$, $SD=0.686$). Time in college was reported as follows: 60% completed seven semesters, 35% completed six, and 5% completed five semesters (note that data collection happened over the course of two semesters). Regarding gender identity, ten participants identified as women (50%) and ten identified as men (50%). The majority of participants identified as White (95%) with 5% identifying as African American and 95% of participants identified as non-Hispanic with 5% identifying as Hispanic.

Measures

Pre-interview Survey. The pre-interview survey included questions about demographic characteristics such as age, race, and ethnicity as well as questions about semesters completed,

whether or not they are student-athletes, whether or not they are a member of a Greek organization, how old participants were when they had their first drink of alcohol, their typical drinking patterns pre-COVID, during the initial lockdown, and after returning to campus, family history of substance use disorders, history of mental health diagnoses and treatment, and whether or not they have had any therapeutic experiences.

Drinking Motives Questionnaire – Revised. The Drinking Motives Questionnaire – Revised (DMQ-R; Cooper, 1994) was used to assess whether participants currently partake in the use of alcohol for social (e.g., “Because it makes social gatherings more fun”), conformity (e.g., “So you won’t feel left out”), enhancement (e.g., “Because you like the feeling”), and coping motives (e.g., “To forget your worries”). The DMQ-R uses a 5-point Likert scale to rate each of the twenty questions with five questions per subscale: 1 = *Almost Never/Never*; 2 = *Some of the Time*; 3 = *Half of the Time*; 4 = *Most of the Time*; and 5 = *Almost Always/Always*. Reliabilities of each of the subscales were good: Cronbach’s Alpha for social was .749; Cronbach’s Alpha for conformity was .732; Cronbach’s Alpha for enhancement was .658; Cronbach’s Alpha for coping was .862.

DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure for Adults. A shortened version of the DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure for Adults (American Psychiatric Association, 2013) was used. The shortened version included the domains of depression, anger, mania, anxiety, sleep problems, dissociation, and substance use leaving out somatic symptoms, suicidal ideations, psychosis, memory, repetitive thoughts and behaviors, and personal functioning. Questions per subscale varied depending on the domain – anxiety and substance use had three questions per subscale; depression and mania had two questions per subscale; mania, sleep problems, and dissociation had one question per subscale. Each item

inquires about how much or how often the individual has been bothered by the specific symptom during the past two weeks. The items on the measure are rated on a 5-point Likert scale: 0 = *none or not at all*; 1 = *slight or rare, less than a day or two*; 2 = *mild or several days*; 3 = *moderate or more than half the days*; and 4 = *severe or nearly every day*. A rating of mild (i.e., 2) or greater on any item (except for substance use) may serve as a means for additional inquiry. A rating of slight (i.e., 1) or greater serves as a means for additional inquiry for substance use. These scores do not diagnose any of these disorders and domains. Consistently high scores in any domain may simply indicate problematic symptoms for the individual and additional follow-up and more detailed assessments with trained professionals may be beneficial (American Psychiatric Association, 2013).

Open-Ended Interview. Each interview was transcribed verbatim. The open-ended interview portion of the data collection included sixteen questions divided into five subcategories: Background Information, Drinking and Substance Use Culture at Trinity College, Changes in Alcohol Intake, Other Substances, and Final Question(s). Questions in the “Background” section included specifics on how leaving Trinity College’s campus during the first COVID-19 lockdown affected a participant’s daily routine and mental state, how returning to campus affected a participant’s daily routine and mental state, if there is a family history of substance use, and if the participant has ever been diagnosed with a psychological condition or gone to therapy. The “Drinking and Substance Use Culture at Trinity College” section inquired about drinking culture on campus, how drinking culture changed/stabilized before COVID-19 and after returning to campus, whether the participant is a student-athlete, how the loss of a season due to COVID-19 may have affected their mental well-being, what the team’s drinking culture is like, as well as similar questions regarding whether or not the participant is a member

of Greek life on campus. The “Changes in Alcohol Intake” subcategory asked about alcohol consumption quantity/frequency pre-COVID, during the initial lockdown, and after returning to campus in the fall of 2020. Finally, the “Other Substances” subcategory inquired about the participant’s nicotine and marijuana use and habits if relevant. Lastly, the final question(s) allowed the participant to speak freely on any topic that might not have been raised or was not previously discussed in sufficient depth.

Design and Procedure

Data collection occurred between November 2021 and March 2022. Participants were recruited through a Google form sent out by professors and the researcher. To reduce risk of COVID-19 transmission, in advance of the in-person interview, participants were emailed or contacted via text message checking to see if they had experienced any COVID-related symptoms. Before beginning the research, participants read and signed an informed consent form. Three of the study measures (pre-interview survey, DMQ-R, and the DSM-5 Cross-Cutting Measure) were administered online via a Qualtrics survey. The open-ended interview was recorded and completed in-person while maintaining six-feet of distance. Both the interviewer and the participant wore masks during the entirety of the interview. At the conclusion of the interview, participants received a \$10 Peter B’s gift card as well as a resources sheet including information on Trinity College’s Health Center, Trinity College’s Counseling and Wellness Center, 24-hour Crisis Intervention, and Community-based resources. Anonymity was maintained by assigning all participants a 3-digit identification number. The recording of the open-ended interview was then transcribed and uploaded to Atlas.Ti for qualitative analysis.

Qualitative Data Analysis. Atlas.Ti is a computer-based coding program dominantly used for the coding of qualitative data and analysis. The coding process consisted of reading and

re-reading the twenty transcribed documents of the interview recordings, which is considered to be the raw data, to search for quotes. Quotes were then grouped into themes and codes were created for these themes. Within the codes and themes, the quotations that were originally found from the text were used to exemplify the specific theme. In Atlas.Ti, the coder highlights the text in order to code it into said category (Smith, *Qualitative psychology. A Practical Guide to Research Methods* 2015). The themes ranged from *Mood (depression, anxiety, etc.)*, *Family History of Substance Use*, to *Student-Athlete*. A theme does not mean that it was present in all or even the majority of interviewed participants, it means that it is prominent and important to further explore and dissect. This also means that unexpected themes could have been coded for or themes that were hypothesized to be prevalent, were not coded for.

Results

Descriptives

Participants reported consuming their first drink of alcohol between the ages of 10 and 17 years of age ($M=15.15$, $SD=1.565$). Over half of the participants (55%) reported having a family history of substance use and 50% have been diagnosed with a psychological condition (35% were diagnosed prior to COVID). The majority of the participants had engaged in therapy (70%) and the majority of these participants had a therapeutic experience prior to the start of the COVID-19 pandemic (71%). Approximately 20% of the student population were members of Greek organizations on campus; 30% of participants in the current study were members of Greek life. Half of the participants (50%) were student-athletes, whereas approximately 30% of Trinity's student population are student-athletes. Eighty percent of participants reported using nicotine in the past year and 85% reported using marijuana in the past year.

Alcohol Usage & Consumption

Figure 1 depicts the quantity of alcohol consumed, on average, in a typical week prior to leaving campus in March 2020, during the initial lockdown (April 2020-August 2020), and after returning to campus in September 2020. On average, students drank 2.15 ($SD=0.67$) days a week prior to leaving campus in March 2020 and drank 6.37 drinks in one sitting ($SD=2.67$). During the lockdown (April 2020-August 2020), participants drank 2.50 days a week ($SD=1.79$) and consumed 4.11 drinks per sitting ($SD=3.37$). After students returned to campus in the fall of 2020, they reported drinking 2.50 days a week ($SD=1.05$) and consuming 5.84 drinks per sitting ($SD=2.93$). Table 1 depicts the breakdown of the typical number of drinks students consumed during the three time periods, ranging from no drinks, 1-2 drinks, 3-4 drinks, 4-6 drinks, to 7+ drinks.

In order to determine if the frequency per week and quantity consumed per day differed amongst the three time periods, I used paired t-tests to compare pre-pandemic drinking to drinking during lockdown and drinking during lockdown to drinking upon return to campus, respectively (see figures 1 and 2). There were no statistically significant differences found between any of the combinations of days drinking pre-COVID, during the initial lockdown, and after returning to campus. The mean number of drinks consumed pre-COVID and the mean number of drinks consumed during the initial lockdown differed significantly $t(18)=3.68$, $p<.004$, such that students reported consuming fewer drinks during the lockdown. The mean number of drinks consumed pre-COVID and the mean after returning to campus were not significantly different, $t(18)=0.87$, $p=.395$. The amount of alcohol consumed during the lockdown and after returning to campus differed significantly such that students reported drinking more upon their return, $t(18)=-3.04$, $p<.007$.

To determine if there was a difference in alcohol consumption between members of Greek life and their non-Greek-affiliated counterparts, student-athletes and non-student-athletes, and participants who have a family history of substance use and those who do not, I used a paired t-test. There were no statistically significant differences between any of the combinations, however there was an increase from a frequency of 2.15 days/week pre-pandemic to a frequency of 2.50 days/week during the initial lockdown. Upon returning to campus, students' frequency of drinking stayed at 2.50 days/week.

Drinking Motives

To evaluate which drinking motives (social, enhancement, conformity, and coping) were more/less common in the sample, I ran descriptive statistics (see figure 3). Social motives were the most common reason for consuming alcohol ($M=3.90$, $SD=.67$). Enhancement motives were second most common ($M=3.07$, $SD=.75$), followed by coping ($M=1.86$, $SD=.80$), and finally, conformity motives ($M=1.56$, $SD=.56$).

DSM-5 Symptoms

There were seven domains included in the shortened form of the DSM-5 Cross-Cutting Measure for Adults (depression, anger, mania, anxiety, sleep problems, dissociation, and substance use). Frequencies were run to determine the amount and percentage of participants who screened positive for the seven domains. We found that 20% of participants screened positive for depression, anger, and dissociation; 35% screened positive for sleep problems; 50% screened positive for mania and anxiety; and, 95% screened positive for substance use (see Figure 4).

Qualitative Analyses

Consistent with the methodology I outlined in the Method section, I identified themes and subthemes after reading through the raw data within the two main categories in which the 16 interview questions clustered: (1) substance use and misuse, and (2) mental health. Within the two categories, there was an overlap of themes and subthemes.

Substance Use and Misuse

There were five themes within the first category: alcohol use during the initial lockdown, alcohol use post-returning to campus, family history of substance use, nicotine, and marijuana. I identified three sub themes within the first theme (alcohol use during the initial lockdown), namely student-athlete, Greek-life member, and increases in drinking to cope. Similarly, I identified four sub themes in the second theme (alcohol use post-returning to campus), student-athlete, Greek-life member, decrease in social activities, and making up for lost time.

Alcohol use during initial lockdown. It was hypothesized that college students' binge drinking and heavy episodic drinking would decrease during the initial lockdown. Consistent with this hypothesis, participants noted that being back home with their families or in a family-centered environment was associated with lower levels of alcohol consumption compared to pre-pandemic when they were at school.

Definitely more. Two more days. Totally less heavily and less quick. So it's like over like four hours. I'd have like four or five beers as opposed to like five beers in an hour. (P102)

Maybe even less is like, I think a good example is like I wasn't playing drinking games. (P103)

I mean, I really didn't drink at all, like my parents don't drink, they're like, no, we don't like drink at my house, at home, so I really didn't drink at all. (P107)

I mean, it certainly was a drop off, and if it was anything, it was even fewer. (P108)

I don't think I took a single sip of alcohol the entire time. (P110)

It was hypothesized that coping motives will become more pronounced during the early stages of the pandemic. Coping motives can be seen through participants not just using alcohol, but nicotine and marijuana as well.

Like in like April, I would like do some work for school in the morning to go to class. I work out. Where the second I was done working out, I'd either drink or smoke. That was kind of like my guideline. I can until from like four to like whenever I go to bed just to get fucked up. (P102)

So it was usually by myself. So I think that drinking sometimes was an attempt to simulate a social experience or something like that. Just it's kind of I feel like it's displayed as a coping mechanism in American society in a lot of ways. So I don't think it helped me cope, but I definitely tried to use it for that and I didn't like it. (P112)

I kind of learned that was my way to cope with like my stress and anxiety of like everyday life. (P105)

And then I mostly just smoked weed. I smoked quite a bit of weed. So with marijuana, I would smoke marijuana to feel numb. (P101)

For some individuals, nicotine and marijuana were coping mechanisms used pre-pandemic but the mechanism stayed steady during the lockdown or increased due to the pandemic. Members of Greek life on campus spoke about their experience going into the COVID-19 lockdown.

It was all it was just like. So abrupt. Yeah. And like, yeah, it's not like I was getting like like I was. I wasn't drinking like excessively. Yeah, but I was like drinking more often than not. And it was like, I think we got a notice like a week before we left. And I was having like the best semester and I was having so much fun. So I was kind of like, I went home. I was like, craving that. It's like, I want to see people. I want to have fun, but I can't. (P102)

Yeah, I think maybe in the moment I was felt like we missed out on it a little bit. (P109)

So we were having a great time like it was just like everyone was just like couldn't have been more fun. You know, balancing school and like doing all this fun stuff. So it was a good time. I know that was probably, if anything, like kind of just the biggest regret about it. But it's just like, damn, it would have been nice to finish the year. (P114)

Alcohol use post-returning to campus. It was hypothesized that college students' binge drinking and heavy episodic drinking would increase upon returning to a college campus in the fall of 2020 as compared to the initial lockdown. These students described the theme of "making up for lost time."

I would say last fall was definitely the heaviest drinking since the pandemic started. I would say people were like drinking a lot, drinking a lot more casually, but like drinking for longer periods and almost drinking more because they were in their homes. They had access to their alcohol. (P101)

Like, yes, but also like now being a senior, there's things that you, you know, like you realize that obviously like your days are winding down. Yeah. And like you want to like, make the most of it. And I would say, like, it always has to be drinking. But like, yeah, you after like going through COVID. I mean, it's still going on, but like coming back you, you took like for granted, like a lot of the things that you had in a sense in like. You want to not like get drunk all the time. Yeah, but you know, like, celebrate. (P104)

I mean, it got a little bit more feasible. So there is definitely an uptick. At first it was quantity. Then it was like days of the week. I mean, overall, but like on average, the same amount, but just more frequently. (P108)

Probably best three days a week which was comparable to going out freshman year like Fridays and Saturdays, and maybe like maybe every third, like third week. I go out on like a Thursday, though not very frequently. And then maybe like if like on a weeknight, if we throw in like a movie, you have like a beer too. (P119)

I would say that it was similar to pre-pandemic, but it was also just in the sense that we want to try to have fun, try to make it a good time because there wasn't many, there weren't many opportunities to do so. So we just try to like, let's have a good time, let's make the best of this. (P120)

On the contrary, students also describe how although their alcohol consumption increased from what it was during the lockdown, it was still lower than what it was pre-pandemic because there was a decrease in social activity from pre-COVID.

Not a lot. So like, more like maybe twice a week. Maybe. Usually just like Saturday. Or I guess there was a couple of weeks. I guess I would go off and I drive a golf course, but like a normal week, like pretty much maybe like a Wednesday and then like a Saturday. (P102)

I'd say about the same, probably more casually now than I did, but I think that's also just like an age thing. And yes, moderation. (P103)

I mean, it changed week to week. It was like whatever we tried to have as a room. I had four roommates and we tried to have drinking events whenever we could. But like, as I said, I don't drink alone or for no reason. Yeah. So like, it was sort of contingent on how strict the school was that we were like two days a week, probably at least. The only thing that was stopping me was campus security being super strict. (P116)

I don't drink to get drunk, which I think sophomore year I was doing. But I, especially after the pandemic, I just don't see a need. I prefer doing it just like socially or because I like it with dinner. (P117)

Family history of substance use. As aforementioned, over half of the participants noted having a family history of substance use. Some students expressed that their family history of substance use does not seem to affect their substance use:

I don't think so. No, yeah, not really. Except a little bit with nicotine because my mom just told me she used to smoke cigarettes a lot. (P115)

For me, I don't, but my mom has always been like addiction runs in the family. (P118)

Similar responses to these ones were apparent within the interviews. Conversely, other participants report that knowing about their family's history of substance use occupies their mind either when they are using or prior to using:

So I feel like it makes me think of my substance use if from time to time, I get too drunk or something like that. I definitely have this feeling in my head where I'm like, oh my gosh,

I'm going down the rabbit hole. But then again, I can control my use of substances. But there is always this like family narrative that my mom likes to say is like, well, your dad's an alcoholic, so you need to be really careful. (P101)

Regardless of whether there is a conscious thought given to one's family history of substance use, most participants expressed feeling in control of their substance use:

I just felt like, oh, I've done it and I have a grip on it, so I don't necessarily need to think about it as much. So it was definitely like in the front of my mind when I was like kind of first in college and like, stop drinking more. But like then as I got more comfortable with it, I think I felt like, oh yeah, I have control over it. And like, it can't affect me because I am in charge of it, you know, like, that's not really how that works. (P106)

I think actually both my parents have enabled my substance abuse. I think that I also like have played it like I do know I have seen how that can be abused, like I have seen abuse. So it's it's definitely if I think about it, it's on my mind. But it when I'm using various substances, I would I like to think that I have control over it. (P112)

Nicotine. The majority of participants reported using nicotine within the past year. Two different trends were evident through the interviews – some participants spoke about how it was only something they used while they were intoxicated or drinking alcohol and others described that it was more of a habit, oral fixation, or an addiction.

And it was something that I mostly only used when I was drunk, so I wouldn't like me nicotine and want nicotine when I was sober. (P106)

This quote summarizes many experiences shared by other participants. Nicotine has been described to give the user a buzz or a head rush which amplifies the level of intoxication one is feeling for a couple of seconds.

It feels like more of a habit now because I haven't gotten those first feelings in a very long time. It just like kind of feels like something that like I was supposed to do. (P113)

Very much oral fixation. I had a very strong oral fixation. (P101)

Since then, I kind of can't remember a time that I've stopped doing it. I think, well, during COVID lockdown, when I was really at my lowest point, I stopped going to like, go buy it

like I just didn't want it. I don't want to leave [the house]. So it definitely didn't help with like my mood. I felt a lot of time I'd get very angry quickly. It was basically like a recovering addict. (P105)

These three quotes depict the difference between someone using nicotine for habit, oral fixation, and addictive reasons. Participants who shared similar stories or experiences to these three participants differ from participants who only use it when they are intoxicated or drinking because they describe using nicotine in some form all day long – vapes, tobacco, dip, etc.

Marijuana. The majority of participants reported using marijuana within the past year. Unlike nicotine, marijuana did not have that same connection to being a substance only used or sought out when drinking alcohol. Three main trends were evident from the interviews. The first being some participants use marijuana to calm down and relax, the second being that marijuana has increased anxiety or anxious feelings in the user, and the third being that marijuana was used as a coping device.

Sometimes it was more like I was so anxious that I was like, let me calm down. (P101)

It might just make some things more enjoyable at really any time, like watching a TV show or movie or getting some food. That might be something I want to do or just got it. Chill out and do this just to enjoy that. (P120)

I had a really bad batch of marijuana, and it literally just, it made all my anxiety. I'm not not like an anxious person, like a ton of anxiety, but it just hit me and I was just like, like, so anxious the entire night. Couldn't sleep, woke up in sweats. It was a miserable experience. (P111)

Weed stresses me out. I don't like to be social, only to go to separate for the most part. (P116)

I definitely started using like marijuana like, sure, in the fall of 2020. And I think that I was kind of using that as like a way to cope or like escape from reality. So I think that like looking back on it, like I wasn't really in that great of a place I thought I was, yeah, but in the time it didn't seem like. (P118)

In April, right after the pandemic started, my boyfriend broke up with me at that time, basically kind of due to the pandemic. It's hard to like, have that many variables? Yeah. And so I was feeling very it was I was using it to, I think, cope with like a depressive phase. (P112)

These quotes describe participants who were using marijuana to cope with emotions they were experiencing. Throughout all of these quotes it can be seen that marijuana is commonly used to create or suppress feelings, whether that be creating a feeling of relaxation or suppressing anxious and depressive feelings.

Mental Health

There are three themes within the second category of mental health: initial lockdown, post-returning to campus, and weight problems. There are three sub themes within the first theme (anxiety, depression, and therapeutic experience) and four sub themes within the second theme (anxiety, depression, therapeutic experience, and student-athletes).

Initial lockdown. I predicted that psychological difficulties intensified for college students during the COVID-19 pandemic. Participants were asked “How did leaving campus during the first COVID-19 lockdown affect your daily life? Your mental state? Your mental state being thoughts, feelings, sense (or not) of well-being.” Students spoke of increases in anxious and depressive feelings:

As the summer went on. My anxiety, you could say it skyrocketed. It skyrocketed. Mixed in with feelings, sometimes of depression. I'm definitely feeling like I should just stay in my bed. Yeah. Don't want to go see anybody. Don't want to see my family all this stuff. But the anxiety, I would say, was the biggest defining moment of last year when I was in lockdown. (P101)

I think, well, during COVID lockdown, when I was really at like my lowest point. (P105)

I was actually more like upset and probably a little more anxious when I was at home. (P107)

The lockdown was noted to evoke and heighten feelings of anxiety and depression due to uncertainty of the situation and being taken out of a social environment and placed into one that had limited social interaction. Participants were later asked about their experiences in psychotherapy: “Have you ever gone to therapy? When did you start going to therapy? If you were attending therapy before the pandemic, did you continue seeing a therapist remotely during the pandemic?” No participants spoke of therapeutic experiences during the initial COVID-19 lockdown although participants had described attending therapy prior to the pandemic or starting/resuming therapy after the initial lockdown.

Post-returning to campus. In response to the question “How would you describe your mental state when you returned to Trinity’s campus in fall of 2020 compared to your mental state during the first lockdown?” some students expressed heightened feelings of anxiety and depression once returning to Trinity’s campus in the fall of 2020 in comparison to feelings during the initial lockdown:

So mentally, I was very anxious coming back for like my classes and doing those activities that I had once done every single day. (P104)

I guess it was just a lot more isolated. I like hung out with some friends, but it was only the same people, you know, like two people for the whole time because no one really knew what to do. (P114)

I was very excited at first, you know, things looked like they were going be different. And then when they kept sticking us in our rooms sort of went back to the same thing of like not trying as hard in school as it was online. Yeah, just like mental health getting worse because we were stuck in the room. So the like lack of socialization, isolated, literally like trying our hardest to socialize, even though it wasn't allowed and still that not being enough. (P116)

Participants explained how they felt more isolated once returning to campus due to campus rules and regulations such as grab and go dining, no social gatherings of any sorts, and

majority remote learning. The living situation for most people has now decreased from a full house to a single room where you eat, sleep, and do work.

Participants later spoke of their therapeutic experiences, many of which occurred once returning to campus in the fall of 2020:

I think after the pandemic, like kind of reverting to some of those behaviors that I never talked through when they were like a really big issue in my life, I just wanted to kind of get rid of them, especially because I'm going to get my master's in social work like I wanted to have dealt with all of that. So that didn't come back up like later on. So I started going back to therapy when I felt really like my best, which has been good to kind of reflect back and work through it. But I think in the moment it would have been maybe too much for me to even be able to talk it out. Yeah, but I've been back in therapy for like six months. (P117)

For many students, the pandemic had re-evoked symptoms from prior diagnosed disorders. Starting therapy for some students to discuss what they were experiencing was something they wanted to do, or in some cases, had to do.

And then it kind of switched for me when this past spring, I had like a tough experience that I ended up going inpatient to the hospital to receive inpatient care. And that's what I kind of realized, like how much therapy could actually do for you if you're honest and kind of take a deep dive. So yeah. Ever since then, like therapy is an entirely different for me, which has been really good. (P118)

It was predicted that psychological difficulties in college students would be significantly associated with drinking to cope later in the pandemic. Participants were asked “What were the main reasons you were drinking during this time (social, enhancement, conformity, coping)?”

Maybe if I was feeling sad or down in the dumps per say, I would maybe drink red wine because it gave me like a similar feeling. So it kind of like subdued my body. I could sink into the couch and I could like, shut me out. (P101)

This is an instance where a student was drinking to cope with depressive feelings, however, many students noted that they were drinking to be social as opposed to drinking

because they were feeling anxious, depressed, or down. Student-athletes on campus spoke about their mental-well being in the fall of 2020.

I think that loss this season really impacted me socially more than anything, because it meant that I didn't get a chance to like bond with the sprinters or like just like get to know the rest of the team very well. (P110)

And from a student athlete's perspective, yeah, it was the most miserable experience, not knowing if we were going to be able to compete. (P111)

I absolutely think it affected my mental state. My sophomore year when COVID happened in 2020, I was probably at my most like. My best level of fitness and I was I was going to be the like the fastest I had ever been, I was like on track to reach, like beat my own personal records and things like that. And then the season ended and until the end of March, I had to kind of work out by myself. And then after that, like nothing. Yeah, and it was probably the longest period of me not pursuing like athletics. (P112)

Weight problems. The topic of weight, working out, and caloric in-take was regularly brought up and mentioned by participants, unprompted. The main idea present throughout this theme was the concept of control due to lack of control caused by the COVID-19 pandemic. It is important to note that some of the participants who talked about their weight had been officially diagnosed with an eating disorder at some point prior to the interview, but the majority of participants had not.

And in order to cope with that, I definitely turned to like working out healthy eating and other things like that. And if it really tried to focus on like school and other things that I could control because I realized that I was the only thing that would help me get through COVID, which was something that was obviously out of my control as I had to focus on internal things that I could control. And when I came back to school, that definitely wasn't something that translated. I continued to focus on school, focus on working out, focus on healthy eating things that were in my power, and those are kind of hyper focused on those things. (P109)

Mostly surrounding like food and exercise got it because that sort of thing I tend to control when that's something that I can control. And I'm feeling very out of control being, yeah, being in a pandemic where there is no control, we've left campus, you don't have control over that. (P110)

Healthy eating and exercise were areas of life that could more easily be controlled during the initial lockdown and once returning to campus. Alcohol was viewed by some students as excess calories that were ruining the habits of healthy eating and working out that they were implementing in their lives.

Discussion

The aim of the present study was to better understand the changes in college students' substance use habits and motivations, specifically regarding alcohol use, before and during the COVID-19 pandemic. I conducted semi-structured interviews and administered surveys to twenty juniors and seniors at Trinity College to gain insight into their experiences with substance use and mental health over the past two years. I examined psychological difficulties, psychological well-being, and drinking pre-pandemic, during the initial lockdown, and once returning to campus. My key findings were that drinking declined during the initial lockdown and psychological difficulties were heightened over the course of the pandemic. To my knowledge, this is the first study to use qualitative methods to understand how alcohol use and psychological problems intersected during the initial lockdown and after returning to campus.

Alcohol Consumption During the Initial Lockdown

I expected to replicate previous findings that for the majority of individuals, alcohol consumption decreased during the initial lockdown (Bollen et al., 2021; Jackson et al., 2021; Pelham et al., 2022; Rehm et al., 2021). Consistent with the first hypothesis, for the majority of college students, binge drinking and heavy episodic drinking decreased after returning home for the initial lockdown. Much of the decrease in alcohol consumption can be attributed to the lack of social interactions and occasions where heavy alcohol consumption was deemed appropriate. Many participants noted the difference between living on a college campus where there were

parties, alcohol, and other drugs readily available and where the consumption of large quantities of alcohol is normalized, versus moving back home with their parents and siblings where that behavior is more inappropriate. Most participants explained that they would partake in more casual drinking during the time, if they drank at all. This could be seen through having a couple glasses of wine at dinner or perhaps a few beers or cocktails. There also were not any bars open for a couple months during the initial lockdown. Accordingly, the majority of drinking, if any, was at the participant's home and could have also contributed to the decrease in binge drinking and heavy episodic drinking for college students at this point in time.

The current study not only found a statistically significant difference in the number of drinks per occasion, which declined pre-pandemic to initial lockdown, but also a difference between the number of days spent drinking from pre-pandemic to initial lockdown, which increased. This means that although students were consuming less alcohol per occasion, they were, on average, drinking more frequently during the week. This trend can be explained through coping motives and also, potentially, boredom. There was an immense drop off in social interaction and many individuals felt like there was nothing to do besides partake in the use of substances to try to create some fun.

Psychological Difficulties During the Pandemic

The hypothesis that psychological difficulties intensified for college students during the COVID-19 pandemic was supported. This hypothesis was based on extensive research looking at mental well-being during COVID-19 and, more broadly, mental well-being and psychological disorders in college students more generally (Blanco et al., 2008; Charles et al., 2021; Pedrelli et al., 2015). The present study illustrated that psychological difficulties were not only heightened during the initial lockdown, but continued and, in some cases even worsened, after the initial

lockdown had lifted. Participants spoke of being diagnosed with disorders such as ADHD, depression, anxiety, and others, after returning to campus in fall 2020. This is notable because it is one of the first studies to analyze college students' substance use and mental health after the initial lockdown and returning to their respective campuses.

To understand how the current sample's psychological functioning compared to college students pre-pandemic, I reviewed findings from Bravo et al. (2018), who used the DSM-5 Cross-Cutting Measure for Adults on a large sample ($N=7,217$) of college students. Compared to Bravo et al. (2018), our sample had a larger percentage of students who screened positive for mania, anxiety, sleep problems, dissociation, and substance use. This is notable considering the sample size of the current study was approximately 360 times smaller than Bravo et al.'s (2018) study. The major difference between the two studies is the factor of having experienced the COVID-19 pandemic. The differences between the data given the discrepancy in sample size and still having multiple domains with higher percentages alludes to the idea that the pandemic may have intensified psychological difficulties amongst emerging adults, especially college students.

Alcohol Consumption after Returning to Campus

Compared to initial lockdown drinking, there was a statistically significant increase in alcohol consumption in fall 2020. College students reported drinking more alcohol once returning to campus, supporting the third hypothesis. There is not much published research on the drinking trends of college students after returning to campus post-lockdown. Findings from the current study showed that in fall 2020, there was not a statistically significant difference from pre-pandemic patterns of alcohol use, which is in-line with findings from Pelham et al. (2022). While there was not a statistically significant difference in the amount of alcohol consumed per occasion pre-pandemic and after returning to campus, the mean number of drinks consumed in

fall 2020 was slightly lower than the pre-pandemic mean. This change could be attributed to the maturing of the participants. Specifically, they were all either sophomores or freshmen pre-pandemic but returned as seniors and juniors, respectively in Fall 2020. Once an upperclassman in college, one has typically found their place whether that be academically, in clubs, on sports teams, or with friends. Many underclassmen party, drink, and use other drugs as a way to fit in and assimilate. Using alcohol can help individuals meet other people and thus make friends, because it has been known to give people “liquid courage” by loosening inhibitions.

Findings from the current study also showed that days spent drinking during the week were similar during the initial lockdown and fall 2020, which was an increase from pre-pandemic. This is notable because college students returned to pre-pandemic drinking habits after they returned to school in the fall 2020 and were consuming more frequently during the week. The stakes could have seemed lower for students during that time as most of the courses were remote or hybrid at Trinity College in fall 2020. In many cases, work loads were lessened and professors were more forgiving considering the circumstances. Students might not have felt the same amount of pressure to perform since there may have been less monitoring during exams and quizzes and more “open-book” versions of these assessments. Also, since the majority of students Zoomed into class, it was easy to be hungover during class or drinking and using other substances such as nicotine and marijuana.

There seemed to have been two different mindsets when it came to the consumption of alcohol in fall 2020 after returning from the lockdown. The first being that students wanted to make up for the lost time. College is viewed as precious time for many individuals – a time to be enjoyed to its fullest. Participants described that missing half of a semester made them realize

how quickly time progresses and that during these years they are supposed to be drinking, partying, and enjoying themselves. Individuals with this mindset consumed higher amounts of alcohol in a similar fashion to pre-COVID-19. The second mindset was that campus was still essentially in full lockdown and there were not any social events happening. Many participants noted that they did not want to drink large amounts of alcohol only to be stuck in their dorms and rooms. This mentality was associated with more casual drinking and lower amounts of alcohol consumed.

Coping Motives

I expected to replicate findings from a previous study by Graupensperger et al. (2020) that coping motives would become more pronounced during the early stages of the pandemic, which I found for all three substances: alcohol, nicotine, and marijuana. For many participants, going into the lockdown heightened symptoms from previously diagnosed disorders or introduced symptoms they had never experienced. The lack of social interaction, the loss of half a college semester, and moving back to a house with parental supervision created an experience of a lack of control for many students. This is where using to cope became most prominent, as their whole living situation was uprooted and turned around so quickly.

Participants described finishing on-line course work on a given day in the spring of 2020 and immediately using nicotine, marijuana, and alcohol as there was no one else to see and nothing else to do. For many, the end of the school day became a marker of when to start drinking. Feelings of stress and anxiousness were high as there was so much uncertainty and unknown during the time, thereby making using substances to cope much more prominent. As previous studies have shown, there was an uptick in alcohol sales during the very beginning months of the pandemic (Pollard et al., 2020), which eventually declined. This trend is consistent

with the increase in coping motives used during the early stages of the pandemic.

Psychological Difficulties and Coping Motives

Although there were several reports of drinking to cope with psychological difficulties later in the pandemic, most students drank for social or enhancement reasons, which was inconsistent with the fifth hypothesis predicting that psychological difficulties in college students will be significantly associated with drinking to cope later in the pandemic. Although there did not seem to be strong enough evidence to support this hypothesis, a small group of students who were facing increased psychological difficulties did use alcohol as a coping mechanism. I had expected to find similar findings to Wardell et al. (2020), that coping-motivated drinking at the beginning of the pandemic was positively correlated with depression. Perhaps if a larger sample of college students were interviewed there would have been more sufficient evidence supporting this hypothesis. There also is a possibility that students did not recognize their alcohol use was motivated by coping. Instead, it might have appeared to be more in-line with social and enhancement motives, as many college students highlight how they enjoy the feeling accompanied with drinking and it does increase the enjoyment of social occasions.

Although alcohol did not prove to be sufficient for most students to use as a motivation for coping, nicotine and marijuana were used to cope. This hypothesis specifically made predictions regarding alcohol, but the interviews showed the significance of other substances in correlation to coping. Many participants described that using alcohol was more of a “commitment” than using nicotine or marijuana was, as it is harder to complete daily tasks while intoxicated because of the hangover symptoms caused by alcohol. Also, participants noted how in order to keep up the ‘buzz’ often characterized with drinking, you have to keep drinking whereas with marijuana, you can smoke a couple of times and experience the desired high. The

commitment can also be described through the differences between attending class high from smoking versus attending class while intoxicated. Many of the Trinity College courses were remote or hybrid during fall 2020, making it even easier to join an online Zoom class after smoking or vaping. Perhaps this is why nicotine and marijuana were seen to be more often tied to coping with psychological difficulties than alcohol was. Future studies should examine these three substances more deeply to see how they correspond to psychological difficulties and coping motives.

Research Questions

Greek life. There was no difference in alcohol consumption between members of Greek life and their non-Greek-affiliated counterparts. I had originally wondered if members of Greek life consumed more alcohol pre-pandemic, during the lockdown, and after returning to campus, since the literature highlights how students involved in Greek life have been found to use alcohol and other drugs to a higher degree than non-Greek affiliated students and to also have the perception that their peers are drinking higher amounts than they actually are (Bonar et al., 2021; Graupensperger et al., 2021).

Members of Greek organizations on campus highlighted how leaving campus due to COVID-19 was difficult for them. Many participants were in the process of pledging fraternities and sororities during the spring of 2020 and leaving campus felt even more abrupt than for students who were not involved in Greek life. The pledging process has been described as a time to create strong bonds with other members of your pledge class and with members of the organization in other pledge classes, and some individuals felt like they had missed out on finishing that process. Participants also described how they were so involved with the fraternity or sorority at that point in time. They were attending many social events and gatherings because

of the pledge and rush processes in order to make connections with other members. These participants mentioned devoting large quantities of time to their respective organizations and were thoroughly enjoying their time with their fraternity/sorority.

Student-athletes. Similar to members of Greek life, I asked if student-athletes would participate in binge drinking more frequently than non-student-athletes and if they would consume higher amounts of alcohol pre-COVID-19 and during COVID-19. They are also a group that has been found to use alcohol and other substances to a higher degree than their peers who are not student-athletes (Taylor et al., 2017).

Student-athletes faced many difficulties in fall 2020 regarding their mental health and mental well-being. This specific group had to find ways to cope with the uncertainty of whether their season would be canceled. This created an influx in psychological difficulties for many student-athletes. Also, most student-athletes are used to having a structured routine and regimen in regard to their practice and competition schedule, and this was not at the level it typically had been for them in the past which was challenging for many who perform best in all other areas of their life when they have a set schedule.

Family history of substance use. I also questioned whether family history of addiction was associated with higher levels of alcohol consumption during the pandemic, but I did not find an association. Perhaps this is because major trends show that alcohol consumption decreased for the majority of people during the beginning stages of the pandemic (Mcknight-Eily et al., 2021; Schmidts & Glowacz, 2021). Another explanation for this could be that participants who have a family history of addiction are consciously aware of that history while partaking in the use of substances, which relates to the second part of this research question. Some students expressed that having a family history of substance use does not affect them when they use substances;

others reported that there is a conscious thought in their mind about their family's history when they chose to drink or use other substances. Regardless of whether there is thought given to their family's history, participants in this grouping noted that they feel in control of their substance use. This could be due to either seeing family members use substances in a risky manner or being told about their family members who have been addicted to particular substances.

Implications and Importance

The findings of this study have several important implications for mental health and substance use support on college campuses. Psychotherapy sessions are in high demand amongst college students but there is very limited availability. This means that we must find other ways besides one-on-one therapy sessions to help students with difficulties they may be facing regarding their mental health. One potential solution could be providing students access to mental health applications for their cell phones and/or computers. Technology is highly utilized amongst college students and could be an easy and achievable solution to this critical issue. Another potential solution could be looking into other types of support such as group therapy, clubs designed to spread awareness and destigmatize mental health disorders, and the possibility of "mental health days" (i.e., a couple days within the course of the year when there are no classes and time for students to not complete any school-related work) during the semester as this is a time when students can destress and calm down their nervous system.

A topic that proved to be of significance that was not given thought prior to data collection of the study were issues regarding weight, calories, and eating. These topics were spoken of frequently amongst students during the interview portion of data collection. I had not given any forethought to the idea of weight beyond recognizing that participants could, in fact, be diagnosed with eating disorders. Therefore, there was not an extensive literature review in the

domain of weight, calories, eating, and alcohol consumption. These ideas were spoken of regularly along-side the idea of not eating to become intoxicated more quickly, working out extensively on days where alcohol would be consumed, not wanting to drink due to the consumption of excess calories, and watching what is eaten and regularly working out to have control over an area of one's life.

In the small amount of research I did after conversations on these topics arose in some of the interviews, I found that these notions are quite common amongst college students and are often referred to as 'drunkorexia' (Barry & Piazza-Gardner, 2012; Eisenberg & Fitz, 2014). Barry and Piazza-Gardner (2012; 236-237) define drunkorexia with the following behaviors; "(a) skipping meals in order to 'save' calories or compensate for increased caloric intake from consumption of alcoholic beverages, (b) excessive exercising in order to compensate for calories consumed from drinking, and/or (c) drinking excessive amounts of alcohol in order to become sick and purge previously consumed food."

Limitations

While the findings can help provide us with insights into how to best support college students through the lasting effects of the pandemic, this study had multiple limitations. First, the sample size was small ($N=20$). The sample size was achievable given the time frame and resources available to conduct 45-minute, in-person interviews. With larger sample sizes, more themes might have been present and other themes that were noted might have been presented with stronger evidence or might have been regarded as less significant.

A second limitation of the current study is that the Drinking Motives Questionnaire Revised only measured participants drinking motives at the current time of the interview, not pre-pandemic nor during the initial lockdown. Similarly, the DSM-5 Level 1 Cross Cutting

Measure for Adults only measured psychological domains in the past 2-weeks prior to the interview meaning that the psychological domains were not measured pre-pandemic nor during the initial lockdown. The interview portion was relied on to gain insight to drinking motives and psychological difficulties pre-pandemic, during the initial lockdown, and once returning to campus. This can be problematic because then the interpretation of drinking motives and psychological difficulties is left for interpretation if not explicitly stated by the participant.

Another limitation of this study was that it relied on college students' retrospective memories. While the DMQ-R and the DSM-5 Cross Cutting Measure surveyed participants on present behavior and thoughts, the majority of the interview was concerned with past experiences. Reflecting on times from 1.5-2 years ago can be difficult for anyone, and reflecting on times that created turmoil, psychological difficulties, and hardship, can be even harder for people. Thus, it is possible that some of the information collected during the interviews is not fully truthful or representative of what happened and was actually experienced during those past points in time.

Lastly, another limitation of the present study was that there was not a second individual engaged in the thematic analysis. Given that quotes are the evidence of thematic analysis, many of the hypotheses are subject to interpretation since one quote is enough to say a theme is present. Having another individual analyze themes and quotes would have helped with internal and external reliability. It also would have helped reduce any potential researcher biases. Further, this study might not be generalizable to emerging adults who were not in college during the beginning of the pandemic and also returned to their college's campus during the pandemic.

Future Directions

As previously mentioned, this study aimed to fill an important gap in the literature. While

drinking motives and mental health have been widely studied in the population of college students, there has yet to be qualitative methods used to understand the experiences of emerging adults in college in regard to psychological difficulties and alcohol use pre-COVID-19, during the initial lockdown, and after returning to campus. Therefore, continued qualitative research is needed to understand an individual's experiences during this time frame, since it was seen to affect one's substance use habits as well as psychological symptoms experienced. The findings of the current study must be replicated to confidently create support programs and available resources for college students who have experienced similar difficulties.

Using a larger sample size particularly with a more racially and ethnically diverse sample is crucial, as substance use disorders and other mental health disorders affect people of different races, ethnicities, and cultures differently. Most psychological research and literature is based on Western, educated, industrialized, rich, and democratic (WEIRD) cultures. We must move away from considering this as the standard.

Also, experiences after returning to college during the pandemic of sub-groups of college students such as student-athletes and members of Greek organizations should be looked at more specifically as the literature has specified them to be at a higher risk than the general population of college students for substance use disorders and issues. Student-athletes and members of Greek life also have been found to struggle with eating disorders and disordered eating. Future research should look into how the pandemic could have affected behaviors characterized with drunkorexia as its rates are high, especially in college-women, affecting nearly 50% (Eisenberg & Fitz, 2014).

Conclusion

The findings of the current study add to our understanding of how and why an

individual's substance use patterns changed or stabilized over time and the key factors motivating those changes and stabilizations. This study also may help us find ways to best provide support for students with mental health difficulties to use substances in a less risky manner. Many of the students interviewed regressed in regard to past diagnoses because they were experiencing a lack of control due to the uncertainty of the pandemic. This finding is crucial to further examine as college students can often be in scenarios where they experience a lack of control and thus try and control things like eating, exercise, calories, substances, and so on. This can cause an influx of psychological difficulties for an individual. Future research should further concentrate on examining individual experiences of substance use and mental health while attending college to gain a more holistic understanding of the connection between the two, as well as creating support programs.

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Figure 1

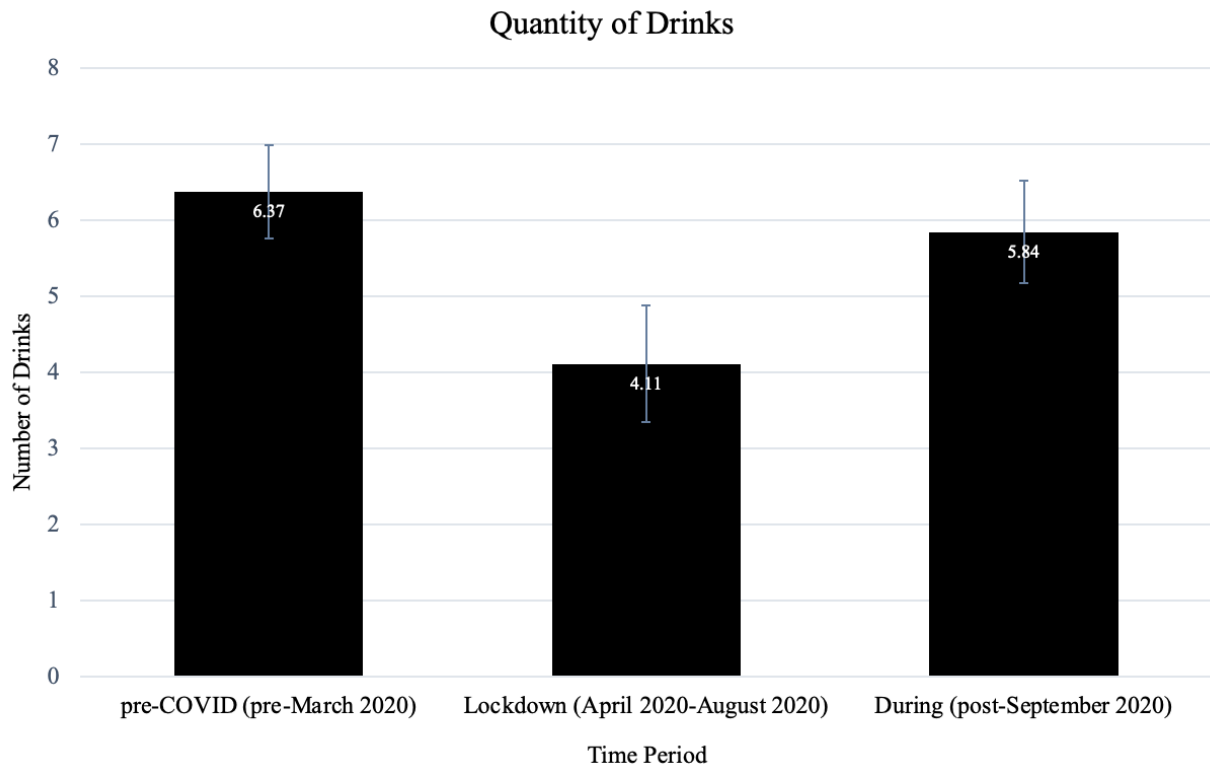


Figure 1. Reported quantity of average drinks drunk during the three time periods. Statistically significant difference between pre-COVID and Lockdown, as well as between Lockdown and During.

Figure 2

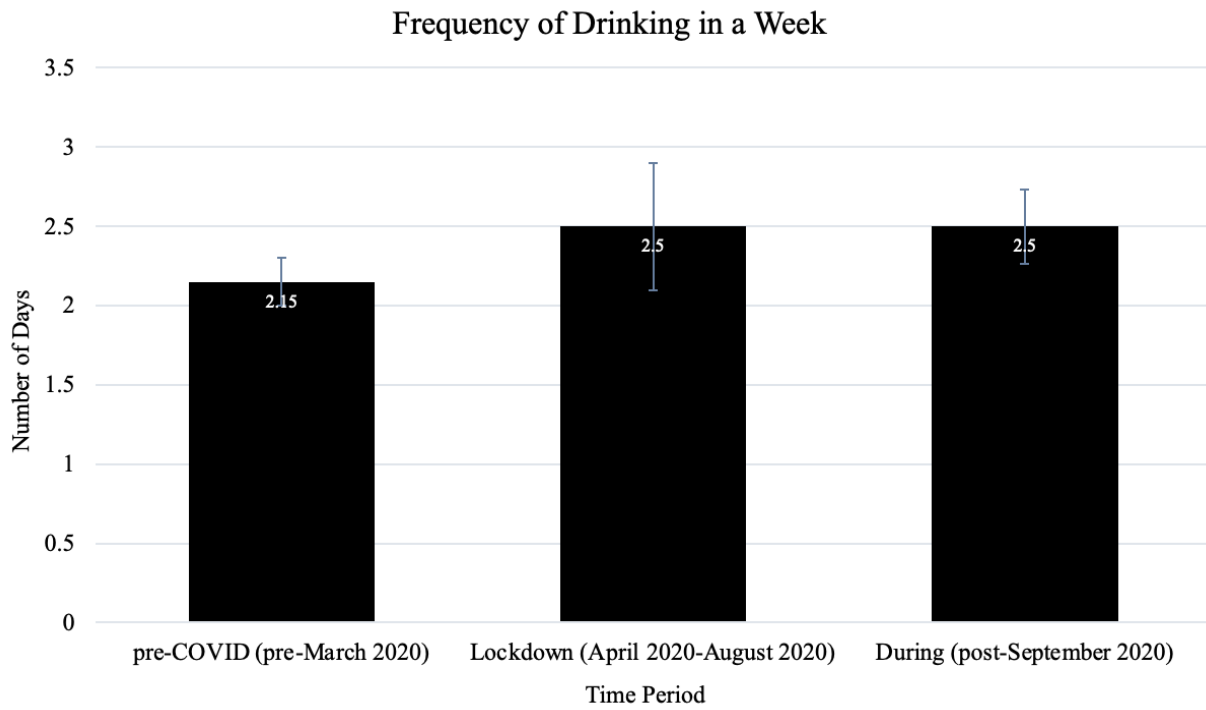


Figure 2. Reported frequency of drinking in a typical week during the three time periods. No statistically significant differences.

Figure 3

	<i>N</i>	Minimum	Maximum	Mean	Std. Deviation
Cope	20	1.00	3.40	1.86	.797
Conformity	20	1.00	3.00	1.56	.564
Social	20	2.00	5.00	3.90	.666
Enhancement	20	1.40	4.00	4.00	.754
Vild <i>N</i> (listwise)	20				

Figure 3. Descriptive statistics run on the DMQ-R To evaluate which drinking motives (social, enhancement, conformity, and coping) were more/less common in the sample.

Figure 4

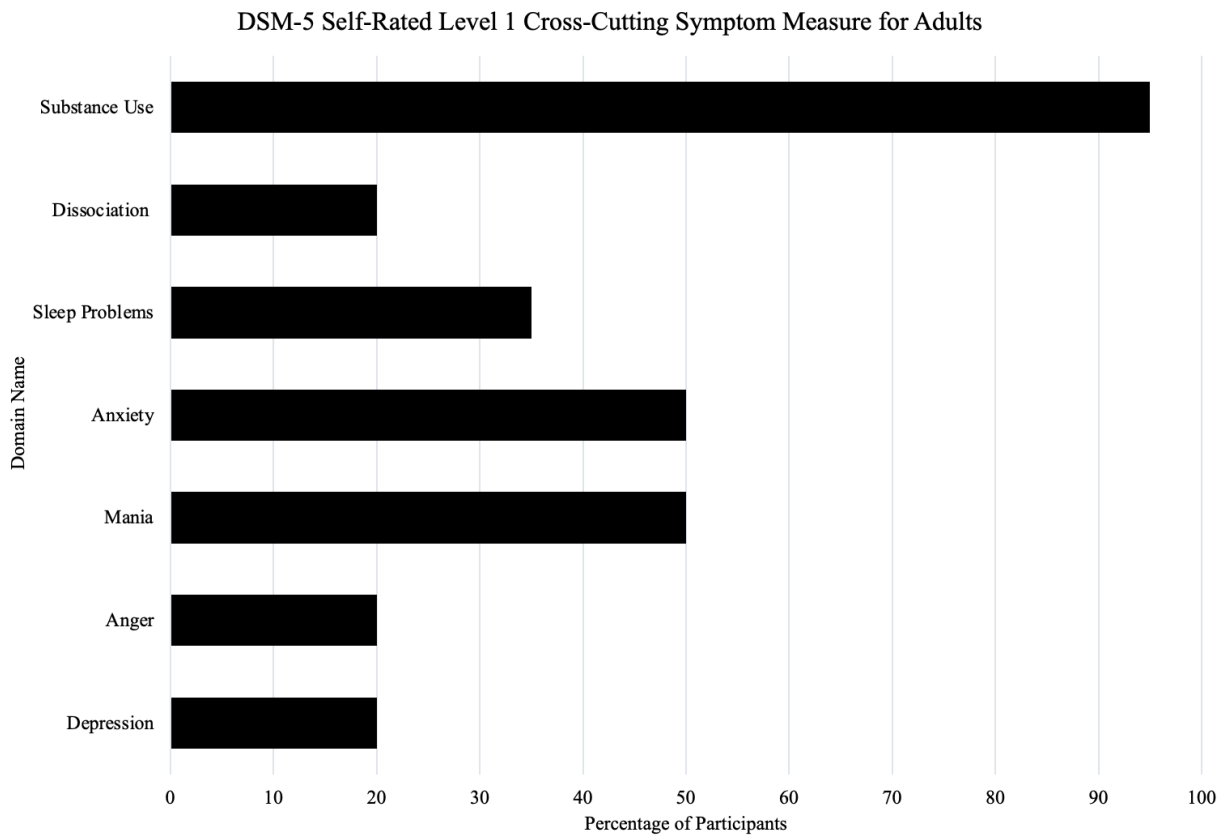


Figure 4. Frequencies run on the seven domains included in the shortened version of the DSM-5 Cross-Cutting Measure to determine the percentage of participants who screened positive.

Table 1

Breakdown of Drinks Consumed on a Day When Drinking During the Three Time Periods

Drinks (per sitting)	Pre-Pandemic N (%)	Initial Lockdown N (%)	Back on Campus N (%)
No Drinks	0 (0%)	4 (20%)	0 (0%)
1-2 Drinks	0 (0%)	4 (20%)	1 (5%)
3-4 Drinks	4 (20%)	1 (5%)	7 (35%)
5-6 Drinks	7 (35%)	7 (35%)	5 (25%)
7+ Drinks	8 (40%)	3 (15%)	6 (30%)
Did Not Respond	1 (5%)	1 (5%)	1 (5%)

Appendix

Drinking Motives Questionnaire – Revised (DMQ-R)

Do you drink:	(1) Almost Never/ Never	(2) Some of the Time	(3) Half of the Time	(4) Most of the Time	(5) Almost Always/ Always
To forget your worries					
Because your friends pressure you to drink					
Because it helps you enjoy the party					
Because it helps you when you feel depressed or nervous					
To be sociable					
To cheer up when you are in a bad mood					
Because you like the feeling					
So that others won't kid you about not drinking					
Because it's exciting					
To get high					
Because it makes social gatherings more fun					
To fit in with a group you like					
Because it gives you a pleasant feeling					
Because it improves parties and celebrations					
Because you feel more self-confident and sure of yourself					
To celebrate a special occasion with friends					
To forget about your problems					
Because it's fun					
To be liked					
So you won't feel left out					

DSM-5 Cross-Cutting Symptom Measure Level 1 for Adults

During the past TWO (2) WEEKS , how much (or how often) have you been bothered by the following problems?	None	Slight	Mild	Moderate	Severe	
1. Little interest or pleasure in doing things?	0	1	2	3	4	
2. Feeling down, depressed, or hopeless?	0	1	2	3	4	
3. Feeling More irritated, grouchy, or angry than usual?	0	1	2	3	4	
4. Sleeping less than usual, but still have a lot of energy?	0	1	2	3	4	
5. Starting lots more projects than usual or doing more risky things than usual?	0	1	2	3	4	
6. Feeling nervous, anxious, frightened, worried, or on edge?	0	1	2	3	4	
7. Feeling panic or being frightened?	0	1	2	3	4	
8. Avoiding situations that make you anxious?	0	1	2	3	4	
9. Problems with sleep that affect your sleep quality over all?	0	1	2	3	4	
10. Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?	0	1	2	3	4	
11. Drinking at least 4 drinks of any kind of alcohol in a single day?	0	1	2	3	4	
12. Smoking any cigarettes, a cigar, or pipe, or using snuff or chewing tobacco?	0	1	2	3	4	
13. Using unprescribed prescription drugs in greater amounts such as painkillers [e.g., (Vicodin), stimulants (Adderall/Ritalin), sedatives, or drugs like marijuana, cocaine, ecstasy, LSD, inhalants, or heroin]?	0	1	2	3	4	

Interview

Background–

1. How did leaving campus during the first COVID-19 lockdown affect your daily life? Your mental state? Your mental state being thoughts, feelings, sense (or not) of well-being. Where did you go when Trinity closed back in March of 2020?
2. Did you return to campus in Fall 2020? How would you describe your mental state when you returned to Trinity's campus in fall of 2020 compared to your mental state during the first lockdown?
3. If you're comfortable answering, can you say more about your family's history of addiction? For example, who has been affected by addiction in your family? Which substances? To what extent does having a family history of addiction affect how you think about your own substance use?
4. Have you ever been diagnosed with a psychological condition? What condition? When did this diagnosis occur? Have you ever gone to therapy? When did you start going to therapy? If you were attending therapy before the pandemic, did you continue seeing a therapist remotely during the pandemic? If so, have you resumed in-person sessions?

Drinking and Substance Use Culture at Trinity College–

5. In your opinion, what is the environment like regarding substance use on Trinity's campus? What is the drinking culture like?
6. If you are an athlete on campus, how did the loss of your season affect your mental state or substance use? What is the atmosphere surrounding substance use like on this specific team? Did the drinking habits of the team shift when you returned to campus during COVID-19?

7. If you are in Greek life, what effect did not being with your organization due to COVID-19 have on your mental state and or substance use? Did the drinking patterns of your organization shift when you returned to campus due to COVID-19?

Changes in Alcohol Intake–

8. Describe your alcohol consumption in a typical week before campus closed (pre-March 2020). How many days a week would you say you were drinking? How much would you drink on an average day? What were the main reasons you were drinking during this time (social, enhancement, conformity, coping)?
9. Is there a certain type of alcohol that is your drink of choice?
10. Describe your alcohol consumption in a typical week post-closure of campus (March 2020-August 2020). How many days a week would you say you were drinking? How much would you drink on an average day? What were the main reasons you were drinking during this time (social, enhancement, conformity, coping)?
11. Did the type of alcohol you drank when you were gone from campus change?
12. Describe your alcohol consumption in a typical week after returning to campus (September 2020). How many days a week would you say you were drinking? How much would you drink on an average day? What were the main reasons you were drinking during this time (social, enhancement, conformity, coping)?
13. Can you describe how your patterns have shifted since that time (the last 14 months)?

Other Substances–

14. If interviewee uses nicotine: did your nicotine use habits change at all during the first COVID-19 lockdown and when you returned to campus? If so, how? What were your

reasons for using nicotine before COVID-19 and how did they change during COVID-19?

15. If interviewee uses marijuana: did your marijuana use habits change at all during the first COVID-19 lockdown and when you returned to campus? If so, how? What were your reasons for using marijuana before COVID-19 and how did they change during COVID-19?

Final Question(s)–

16. Is there anything else that I did not ask about that you would like to tell me?