


# Psychosocial determinants of alcohol consumption among adults in southern Poland: An observational pilot study

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**Abstract:** Alcohol consumption remains a significant public health issue influenced by a wide range of psychosocial factors. Understanding the determinants of alcohol use is essential for developing effective prevention strategies tailored to specific populations. This study aimed to assess psychosocial determinants of alcohol consumption among adults residing in southern Poland, with particular emphasis on demographic, social, and personality-related factors. The study was conducted between December 2023 and March 2024 among 175 adults using an anonymous, author-designed online questionnaire (CAWI) covering sociodemographic characteristics, psychosocial factors, and patterns of alcohol consumption. Statistical analyses included descriptive statistics, cross-tabulations, and Pearson's chi-square test ( $p < 0.05$ ). A statistically significant association was found between gender and alcohol consumption, with men reporting higher alcohol use than women. Marital status was also significantly related to drinking behavior, with higher consumption observed among single individuals. No significant associations were identified for age, education, occupational status, income, place of residence, or family-related variables. Alcohol consumption occurred predominantly in social settings. Among respondents who had ceased alcohol consumption, the most frequently reported reasons were lack of perceived benefits and unfavorable taste. Overall, alcohol consumption appeared to be influenced primarily by psychosocial rather than socioeconomic factors, underscoring the importance of preventive strategies targeting social and behavioral determinants of alcohol use.

**Keywords:** alcohol consumption; psychosocial factors; social determinants; adult population; public health

## 1. Introduction

Alcohol is a psychoactive and addictive substance that remains widely available and socially accepted despite its well-documented negative health and social consequences. Alcohol consumption constitutes a major public health problem worldwide and continues to generate substantial medical, psychological, and economic burdens (Cui et al., 2025; Shield et al., 2025). It is estimated that approximately 2.4% of total healthcare expenditures are allocated to addressing the consequences of alcohol-related harm (OECD, 2023; WHO, 2026). Globally, alcohol use is responsible for approximately three million deaths annually and is one of the leading causes of premature mortality and disability, particularly among individuals aged 15–49 years (Malczewski, 2020; OECD, 2023; WHO, 2026). In Poland, alcohol consumption

remains at a high level. In 2022, per capita beer consumption reached 92.9 L, corresponding to 5.11 L of pure alcohol per person (KCPU, 2025). Data from the Central Statistical Office indicate a continued upward trend in alcohol intake, with average annual consumption reaching 9.7 L of pure alcohol per capita in 2021 (GUS, 2026). These figures highlight the persistent scale of the problem and the need for research focusing not only on medical consequences but also on the psychosocial mechanisms underlying alcohol use.

Alcohol consumption is often socially normalized and justified as a means of relaxation, stress reduction, mood enhancement, or facilitation of social interactions (Caumiant et al., 2023; Ruiz et al., 2024). Many individuals report drinking alcohol due to social expectations, peer pressure, or cultural norms that promote alcohol use in everyday situations (Malczewski, 2020; OECD, 2023; WHO, 2026). Such normalization increases the risk of excessive consumption and reduces awareness of long-term psychological and health-related consequences.

From a psychological perspective, alcohol use is associated with a wide range of cognitive, emotional, and behavioral disturbances. Alcohol exerts a direct neurotoxic effect on the central nervous system, leading to impaired concentration, reduced cognitive control, emotional dysregulation, and altered behavior (Ciszewska-Psujek, 2020; Prieto-Ursúa et al., 2020). Chronic alcohol consumption contributes to the development of mood disorders, sleep disturbances, anxiety, and cognitive decline. Prolonged exposure may result in deficits in executive functioning, including impaired decision-making, planning, and self-regulation (Bajaj, 2019; Nowakowska et al., 2007). Alcohol abuse is also strongly associated with increased risk of suicidal behavior, particularly when combined with psychoactive medications or experienced in the context of emotional distress. Behavioral disinhibition caused by alcohol intoxication may lead to aggression, risk-taking, and violation of social norms. Approximately 10% of individuals who consume alcohol excessively over a prolonged period develop alcohol dependence, highlighting the addictive potential of this substance (Agrawal et al., 2017; Patel and Chen, 2022).

In addition to psychological consequences, alcohol consumption leads to severe somatic complications affecting nearly all organ systems (MacKillop et al., 2022; Nutt, 2020; Verster et al., 2021). Chronic alcohol use contributes to liver disease, cardiovascular disorders, immune dysfunction, gastrointestinal disturbances, and increased cancer risk. Alcohol is recognized as a carcinogen, with no safe level of consumption identified (Atzendorf et al., 2019; Świdarska-Kończak et al., 2012). These physical consequences further exacerbate psychological distress and reduce quality of life, creating a bidirectional relationship between mental and physical health. Psychosocial determinants play a central role in shaping alcohol consumption patterns. Individual vulnerability factors include personality traits such as impulsivity, anxiety, low self-esteem, and depressive tendencies. Family-related factors, including parental alcohol use, low parental monitoring, and dysfunctional family relationships, significantly increase the risk of alcohol misuse. Peer influence and social modeling further reinforce drinking behaviors, particularly during adolescence and early adulthood (Dziedzic and Klimek, 2017).

Cultural and social norms strongly influence attitudes toward alcohol. In societies where alcohol consumption is socially accepted or encouraged, drinking frequency and intensity tend to be higher. Religious beliefs and moral values may serve as protective factors, whereas liberal cultural attitudes toward intoxication increase the likelihood of risky drinking behaviors (Babor et al., 2022; Castaldelli-Maia and Bhugra, 2014). According to the Theory of Planned Behavior, alcohol consumption is determined by attitudes toward drinking, perceived social norms, and perceived behavioral control. Additional cognitive factors, such as perceived risk and perceived benefits, play a crucial role in decision-making processes related to alcohol use (Chen, 2018; Cooke et al., 2016). Stress represents one of the most significant psychological predictors of alcohol consumption. Individuals experiencing chronic stress, traumatic events, or emotional overload may use alcohol as a coping strategy to regulate negative emotions (Lampert and Thamm, 2007). At the same time, alcohol is frequently consumed during positive social events, reinforcing its role as a socially sanctioned means of emotional regulation (Chartier et al., 2010; Manoppo et al., 2023; Yap et al., 2017). Environmental and structural factors further contribute to alcohol consumption patterns. High availability, low prices, aggressive marketing strategies, and widespread accessibility (including online sales) facilitate alcohol use. According to World Health Organization recommendations, one alcohol outlet should serve 1,000–1,500 inhabitants; however, in practice, this ratio is considerably lower, increasing exposure and availability. Promotional activities such as discounts, advertising, and alcohol-related events further normalize drinking behavior (Axley et al., 2019; Berasaluce et al., 2023; Mordwa, 2022).

Occupational factors also influence alcohol consumption. Employment status, type of work, workload, and occupational stress have been shown to affect drinking patterns, with both physical and mental labor associated with increased risk of alcohol use as a coping mechanism (Rajput et al., 2019).

Given the multifactorial nature of alcohol consumption, understanding its psychosocial determinants is essential for developing effective prevention and intervention strategies. Therefore, the aim of the present study is to examine the relationship between selected psychosocial factors and alcohol consumption among adults living in southern Poland. By identifying key psychological and social predictors of alcohol use, this study seeks to contribute to the development of targeted public health and psychological interventions.

The study aimed to examine the psychosocial determinants of alcohol consumption among residents of southern Poland. It investigated the associations between individual characteristics (age, gender, marital status, and personality traits), occupational factors (education, employment, and income), and family environment (parental education, household composition, and presence of children) with drinking behavior. Furthermore, the study explored contextual and behavioral factors influencing alcohol use, including drinking frequency, circumstances of consumption, and factors related to abstinence. The present study is conceptually informed by psychological frameworks that emphasize the role of coping mechanisms, social learning processes, and health behavior models in shaping alcohol-related behaviors.

These perspectives provide a theoretical context for interpreting how individual traits, social environments, and perceived norms influence alcohol consumption.

## **2. Materials and methods**

### **2.1. Participants and study area**

The study was conducted in southern Poland, among adults aged 18 years and older. The sample consisted of 175 participants, including 118 women and 57 men, aged 18 to 60 years and older. Participants represented a range of educational backgrounds (primary, vocational, secondary, and higher education) and resided in both rural and urban areas. Data collection took place between December 2023 and March 2024.

### **2.2. Procedure**

Data were collected using an online survey method (Computer-Aided Web Interview, CAWI) via Google Forms. The survey link was distributed to respondents, and access was secured to ensure data integrity. Completion times were monitored to minimize systematic errors and careless responding. The survey consisted of a self-developed questionnaire divided into two sections with a total of 17 single-choice questions. The self-developed questionnaire was designed specifically for the aims of this pilot study and focused on psychosocial correlates of alcohol consumption rather than clinical screening for alcohol use disorders. In contrast to standardized tools such as the WHO Alcohol Use Disorders Identification Test (AUDIT), which primarily assesses hazardous and harmful drinking patterns, the present instrument emphasized contextual, social, and psychological factors relevant to the local population.

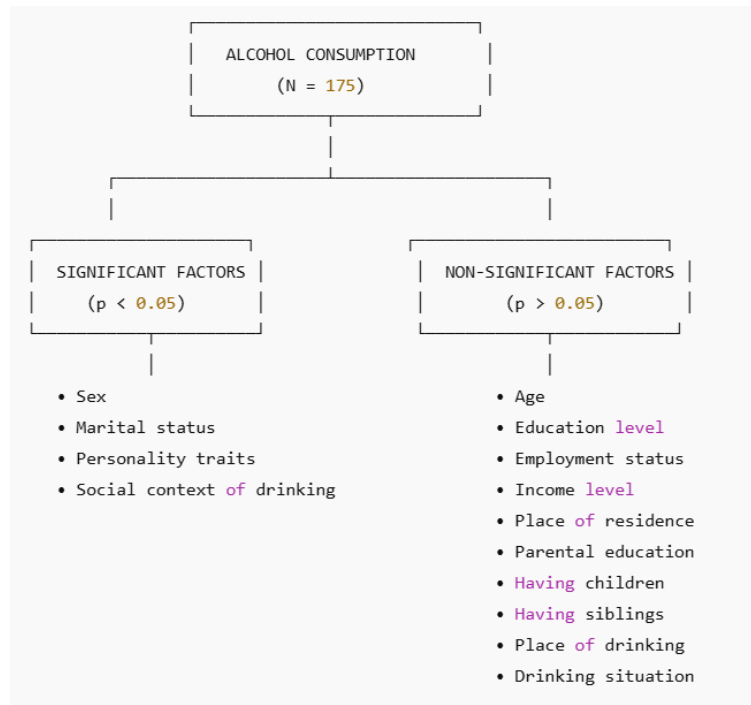
The first section included demographic and socio-occupational questions, as well as items regarding participants' initial alcohol consumption, current drinking circumstances, and frequency of alcohol use. The second section targeted respondents who had previously consumed alcohol but had ceased drinking, including a question on the reasons for abstaining.

### **2.3. Data analysis**

Statistical analyses were performed using Statistica software (version 13.3, TIBCO Software Inc., Palo Alto, CA, USA). Descriptive statistics were applied to summarize the characteristics of the study sample, including frequency distributions and percentages for all analyzed variables. Cross-tabulations were used to examine relationships between sociodemographic, psychosocial, and behavioral factors and current alcohol consumption. Associations between categorical variables were assessed using Pearson's chi-square test. The level of statistical significance was set at  $p < 0.05$ . Effect sizes were calculated using the phi coefficient ( $\phi$ ) to evaluate the strength of statistically significant associations. The analyses focused on identifying relationships between alcohol consumption and selected variables, including gender, age, marital status, education level, occupational status, income, family background, personality traits, and contextual factors related to alcohol use.

### 3. Results

A total of 175 adults who had consumed alcohol at least once in their lifetime participated in the study (118 women and 57 men). At the time of the study, 68.6% of respondents reported current alcohol consumption. **Figure 1** shows a summary of psychosocial determinants of alcohol determinants.



**Figure 1.** Psychosocial determinants of alcohol consumption among the study population.

#### 3.1. Sociodemographic correlates of alcohol consumption

A statistically significant association was found between gender and current alcohol consumption ( $\chi^2 = 4.22, p = 0.04, \phi = -0.16$ ). Men reported alcohol use more frequently than women (78.9% vs. 63.6%, respectively). No significant associations were observed between alcohol consumption and age group ( $p = 0.46$ ), education level ( $p = 0.521$ ), place of residence ( $p = 0.062$ ), or parental education (mother:  $p = 0.91$ ; father:  $p = 0.17$ ). Marital status was significantly associated with alcohol consumption ( $\chi^2 = 11.91, p = 0.008, \phi = 0.26$ ). The highest prevalence of alcohol use was observed among single participants (72.1%), whereas none of the widowed or divorced respondents reported current alcohol consumption (**Table 1**).

**Table 1.** Association between selected sociodemographic variables and alcohol consumption among respondents (N = 175).

Variable	Alcohol consumption (%)	No alcohol consumption (%)	$\chi^2$	p-value
<b>Gender</b>				
Women (n = 118)	63.6	36.4	4.22	0.040*
Men (n = 57)	78.9	21.1		
<b>Age group</b>				
≤ 30 years	74.2	25.8	1.87	0.460
31–50 years	69.5	30.5		
≥ 51 years	66.1	33.9		

**Table 1.** *Cont.*

Variable	Alcohol consumption (%)	No alcohol consumption (%)	$\chi^2$	<i>p</i> -value
<b>Marital status</b>				
Single	72.1	27.9	11.91	0.008*
Married	68.4	31.6		
Divorced/widowed	0.0	100.0		
<b>Education level</b>				
Primary/vocational	70.2	29.8	1.12	0.521
Secondary	72.5	27.5		
Higher	68.9	31.1		
<b>Place of residence</b>				
Urban	71.3	28.7	0.94	0.062
Rural	69.1	30.9		

Note: \* $p < 0.05$ , statistically significant. Statistical significance was assessed using Pearson's chi-square test. Percentages are calculated within each subgroup. Alcohol consumption refers to current alcohol use at the time of the study.

No statistically significant relationships were found between alcohol consumption and having children ( $p = 0.16$ ), having siblings ( $p = 0.72$ ), occupational status ( $p = 0.12$ ), or income level ( $p = 0.13$ ), although higher consumption rates were descriptively observed among employed individuals and those with income below the national minimum.

### 3.2. Personality traits and alcohol consumption

A significant association was identified between personality traits and alcohol consumption ( $\chi^2 = 7.27, p = 0.03, \phi = 0.20$ ). Alcohol use was most prevalent among ambiverts (75.7%), compared with introverts (58.3%) and extroverts (53.6%).

### 3.3. Context and circumstances of alcohol use

Most respondents reported consuming alcohol primarily in social contexts. Drinking in the company of others was significantly more common than solitary drinking ( $\chi^2 = 4.02, p = 0.05, \phi = 0.15$ ), with 70.3% of participants declaring alcohol use in social settings. The most frequently reported drinking context was social events (57%), followed by drinking without a specific occasion (15%) and stress-related consumption (14%).

No statistically significant relationship was observed between alcohol consumption and place of drinking (home, public venues, or outdoor settings;  $p = 0.17$ ), although descriptively higher rates were noted among individuals drinking outside the home.

### 3.4. Age of initiation and cessation of alcohol use

The vast majority of respondents (89.7%) reported first consuming alcohol before the age of 18. At the time of the study, 31.4% of participants declared abstinence from alcohol. The most commonly reported reasons for discontinuing alcohol use were lack of perceived benefits (34%), dislike of taste (27%), health-related reasons (11%), and negative physical or behavioral effects (15%).

## **4. Discussion**

Alcohol consumption is widely recognized as a major public health concern due to its significant physical, psychological, and social consequences. The findings of the present study contribute to this body of evidence by identifying selected psychosocial determinants associated with alcohol use among adults residing in southern Poland. Overall, the results confirm that alcohol consumption is shaped by a complex interplay of demographic, social, and personality-related factors. Although the observed effect sizes were small to moderate, they are consistent with the multifactorial nature of alcohol consumption and are comparable to effect sizes reported in similar population-based studies. Even modest effects may have practical relevance at the population level, particularly when related to widespread behaviors such as social drinking.

A statistically significant relationship was observed between gender and alcohol consumption, with men reporting higher rates of alcohol use than women. This finding is consistent with previous national and international studies indicating that men are more likely to consume alcohol and to engage in risky drinking behaviors (Bowri et al., 2021; CBOS, 2019; Frąckowiak and Motyka, 2015; Rowicka et al., 2020). Similar trends were reported by CBOS (2019), Frąckowiak and Motyka (2015), and Rowicka et al. (2020), who demonstrated that men not only drink more frequently but also consume larger quantities of alcohol. Bowri et al. (2021) likewise emphasized male gender as an important predictor of alcohol use. These differences may be explained by sociocultural norms, greater social acceptance of drinking among men, and differing coping strategies between genders.

In contrast, age was not significantly associated with alcohol consumption in the present study. This finding partially diverges from earlier reports indicating higher alcohol intake among younger and middle-aged adults (CBOS, 2019; Frąckowiak and Motyka, 2015). However, the lack of significance observed here may reflect the relatively homogeneous age structure of the sample or regional lifestyle characteristics. It is also possible that changes in drinking patterns across age groups are becoming less pronounced, particularly in smaller communities. The use of the CAWI (Computer-Assisted Web Interviewing) method may have influenced the age distribution of the sample. Online recruitment typically results in the overrepresentation of younger and middle-aged adults, while older age groups may be underrepresented. This limited age variability could partly explain why age was not identified as a significant factor in alcohol consumption patterns in the present study.

Marital status emerged as a significant determinant of alcohol consumption. Single respondents reported higher levels of alcohol use, whereas widowed and divorced individuals most frequently declared abstinence. These results are consistent with previous findings suggesting that unmarried individuals are more likely to engage in alcohol consumption due to greater social activity and fewer family-related responsibilities (Rowicka et al., 2020). Marriage may exert a protective effect by promoting more stable lifestyles and healthier behavioral patterns.

Beyond gender and marital status, the analysis also examined a range of

socioeconomic and family-related variables. Although some studies have suggested higher alcohol use among individuals with higher education or urban residence (Frąckowiak and Motyka, 2015; Rowicka et al., 2020), the present findings did not confirm these relationships. This discrepancy may be explained by the relatively uniform socioeconomic structure of the study population or by cultural factors specific to the region studied. Similarly, no association was found between alcohol consumption and having children, which contrasts with some previous reports indicating lower alcohol intake among parents (CBOS, 2019).

The social context of drinking played an important role in alcohol consumption patterns. Although the place of drinking itself was not statistically significant, respondents most frequently consumed alcohol in social settings and in the presence of others. This observation aligns with earlier studies emphasizing the social nature of alcohol use and its role in facilitating interpersonal interactions (Frąckowiak and Motyka, 2015; Rowicka et al., 2020). Alcohol consumption was most commonly reported during social gatherings, which reinforces the notion that drinking is often embedded in cultural and social practices rather than driven solely by individual motives.

The study also identified personality-related differences in alcohol use. Individuals describing themselves as ambiverts reported the highest rates of alcohol consumption. This finding may reflect greater social engagement and flexibility in social behavior among ambiverts, making them more likely to participate in social drinking occasions. Personality traits have been increasingly recognized as important psychological determinants of alcohol use, influencing both motivation and drinking patterns.

Taken together, the results highlight the multifactorial nature of alcohol consumption and emphasize the importance of psychosocial determinants, particularly gender, marital status, personality traits, and social context. The findings are largely consistent with previous research and underscore the need for targeted prevention strategies that consider social and psychological factors rather than focusing solely on demographic characteristics. Public health interventions should therefore address social norms, drinking contexts, and individual behavioral tendencies to effectively reduce harmful alcohol use. From a psychological perspective, these findings can be interpreted in light of social learning theory, which emphasizes the role of modeling and reinforcement in the acquisition of health-related behaviors. Individuals who are more socially engaged may be more frequently exposed to drinking norms and social reinforcement of alcohol use. Additionally, alcohol consumption in social contexts may serve a coping function, facilitating emotion regulation and stress reduction, consistent with coping-based models of substance use.

#### **4.1. Strengths and limitations**

The present study has several strengths that should be acknowledged. First, it addresses an important and socially relevant issue by examining psychosocial determinants of alcohol consumption in a local population, which remains relatively underrepresented in empirical research. The inclusion of a broad range of

sociodemographic, familial, and psychological variables allowed for a multifaceted analysis of factors associated with alcohol use. Moreover, the use of standardized statistical procedures, including chi-square tests and effect size estimation, ensured methodological rigor and reliability of the findings. The application of an anonymous online survey also facilitated honest responses and reduced potential social desirability bias.

Several limitations should be acknowledged, including the relatively small sample size, the cross-sectional observational design, and the reliance on self-reported data. The cross-sectional design of the study does not allow for causal inferences regarding the relationships between psychosocial factors and alcohol consumption. Additionally, the sample was limited to residents of a single county, which restricts the generalizability of the findings to other regions or populations. The relatively small size of some subgroups (e.g., older adults or unemployed participants) may have reduced statistical power and contributed to the lack of significance in certain analyses. Due to the pilot character of the study and the limited sample size, particularly within certain sociodemographic subgroups, multivariate statistical techniques (e.g., logistic regression) were not applied. As a result, the analyses focused on bivariate associations, and the findings should be interpreted as preliminary and hypothesis-generating. Furthermore, the study relied on self-reported data, which may be affected by recall bias or underreporting, particularly in relation to alcohol-related behaviors. Due to the pilot nature of the study and the relatively small overall sample size ( $N = 175$ ), some sociodemographic subgroups (e.g., divorced or widowed participants) were represented by small numbers. Therefore, results referring to these subgroups should be interpreted with caution and treated as exploratory rather than conclusive. While the study was conducted in southern Poland, many of the identified psychosocial determinants (such as gender differences, social drinking patterns, and personality-related factors) are consistent with findings from other cultural contexts. Nevertheless, caution is warranted when extrapolating the results beyond the studied region, as cultural norms and social practices related to alcohol consumption may vary.

Despite these limitations, the study provides valuable insight into patterns of alcohol consumption and their psychosocial correlates. The findings may serve as a basis for further research using larger and more diverse samples, as well as for the development of targeted prevention and health promotion programs addressing alcohol use in adult populations.

#### **4.2. Practical implications**

The findings of the present study provide several important practical implications for public health initiatives, prevention programs, and future research addressing alcohol consumption. Based on the observed importance of social context, preventive interventions could include the promotion of alcohol-free social activities and the implementation of responsible drinking policies in social venues. Psychological interventions may focus on enhancing adaptive coping strategies and increasing awareness of social drinking norms, particularly among socially active individuals. First, the observed gender differences in drinking patterns indicate the need for

gender-sensitive prevention strategies. Since men are more likely to consume alcohol, preventive interventions should particularly target male populations, focusing on reducing risky drinking behaviors and promoting healthier coping mechanisms. At the same time, the lower but still substantial alcohol use among women highlights the importance of maintaining preventive efforts for both sexes.

The significant association between marital status and alcohol consumption suggests that social and relational factors play a crucial role in drinking behavior. Single individuals appear to be a group at increased risk of alcohol use, which indicates that prevention programs should consider social isolation, peer influence, and lifestyle patterns typical of unmarried individuals. Community-based initiatives and social support programs may be especially beneficial for this group.

The results also underline the importance of psychosocial characteristics, particularly personality traits, in shaping alcohol consumption patterns. The higher prevalence of alcohol use among ambiverted individuals suggests that prevention strategies should address social drinking norms and peer influence rather than focusing solely on individual pathology. Educational campaigns aimed at increasing awareness of social drinking risks may therefore be more effective than traditional abstinence-based approaches.

Another important practical implication concerns the role of social context. Alcohol consumption occurred predominantly in social settings, confirming that drinking is largely a socially driven behavior. This highlights the need for interventions targeting social environments, such as public awareness campaigns, responsible drinking initiatives in social venues, and the promotion of alcohol-free social activities. Policies focusing exclusively on individual responsibility may be insufficient without addressing broader social norms surrounding alcohol use.

The lack of significant associations between alcohol consumption and education level, income, or employment status suggests that preventive strategies should be universal rather than limited to specific socioeconomic groups. This supports the implementation of population-wide public health interventions rather than narrowly targeted programs.

Finally, the identified reasons for alcohol abstinence (particularly the lack of perceived benefits and negative sensory experiences) may serve as valuable reference points for prevention messaging. Highlighting the absence of positive effects and potential health consequences of alcohol use could strengthen motivation for reduced consumption or abstinence.

Overall, the results emphasize the importance of comprehensive, multifactorial prevention strategies that incorporate psychological, social, and environmental determinants of alcohol use. Such an approach may enhance the effectiveness of public health policies and contribute to reducing alcohol-related harm in the general population. At the public health level, the findings support policies aimed at limiting alcohol availability and reducing social normalization of drinking, especially in informal social settings.

### **4.3. Recommendations for future research**

The findings of the present study indicate several directions for future research that could further enhance understanding of psychosocial determinants of alcohol consumption. First, future studies should include larger and more diverse samples to improve the generalizability of results. Expanding research to different regions and populations would allow for more precise comparisons and the identification of regional or cultural differences in drinking behaviors.

Second, longitudinal study designs are recommended to better capture changes in alcohol consumption patterns over time and to assess causal relationships between psychosocial factors and drinking behavior. Cross-sectional designs, while valuable for identifying associations, do not allow for conclusions regarding directionality or long-term effects. Longitudinal research could help determine how life events such as marriage, parenthood, or changes in employment influence alcohol use across the lifespan.

Future studies should also place greater emphasis on psychological variables, including personality traits, coping styles, stress levels, and mental health status. The observed association between personality characteristics and alcohol consumption suggests that psychological predispositions may play an important role in drinking behavior and should be explored in greater depth using standardized psychometric instruments.

Additionally, qualitative research methods, such as in-depth interviews or focus groups, could complement quantitative findings by providing a deeper understanding of individual motivations, social norms, and contextual factors influencing alcohol use. Such approaches may help explain why individuals engage in drinking despite awareness of potential negative consequences.

Further research is also warranted to examine the role of social and environmental factors, including peer influence, availability of alcohol, cultural norms, and exposure to alcohol-related media content. Investigating these variables may contribute to the development of more effective, context-sensitive prevention strategies.

Finally, future studies should evaluate the effectiveness of targeted prevention and intervention programs, particularly those addressing social drinking patterns and personality-related risk factors. Evidence-based evaluation of such interventions would provide valuable guidance for public health policy and contribute to reducing alcohol-related harm in the population.

## **5. Conclusion**

The present study aimed to examine psychosocial determinants of alcohol consumption among adults living in southern Poland. The findings indicate that gender and marital status are significant factors associated with alcohol consumption, with men and unmarried individuals reporting higher levels of alcohol use. In contrast, age was not found to significantly influence alcohol consumption patterns. Personality traits also played a role, as individuals identifying themselves as ambiverts reported alcohol use more frequently than introverts or extroverts.

No significant relationships were observed between alcohol consumption and variables related to occupational status, educational level, income, or family background, including parental education, place of residence, or having children. These findings suggest that, in the studied population, socioeconomic and family-related factors may play a less decisive role in shaping alcohol-related behaviors than commonly assumed.

The study further demonstrated that social context is a key determinant of alcohol consumption, with respondents more likely to drink alcohol in social settings rather than alone. However, neither the place of consumption nor specific situational factors significantly influenced drinking behavior. Among participants who had ceased alcohol consumption, the most frequently reported reasons were the lack of perceived benefits and the unpleasant taste of alcohol.

Overall, the results highlight the multifactorial nature of alcohol consumption and emphasize the importance of psychosocial determinants, particularly gender, marital status, personality traits, and social context. These findings may be useful for designing targeted prevention programs and public health interventions aimed at reducing alcohol consumption and promoting healthier lifestyle choices.

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**Informed consent statement:** Informed consent was obtained from all subjects involved in the study.

**Data availability statement:** The data used in this study are available from the corresponding author upon reasonable request.

**Conflict of interest:** The authors declare no conflict of interest.

**AI use statement:** During the preparation of this work, the authors used OpenAI's ChatGPT (model GPT 4.1) for translation and language editing only. After using this tool/service, the authors reviewed and edited the content as needed and take(s) full responsibility for the content of the published article.

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