Signature page

"For the shame of bein' young, drunk, and alone": How apathy and a need for social

connection influence alcohol consumption in Vermont

By
Magnolia Lillian Rice

A Thesis Submitted to
Saint Mary's University, Halifax, Nova Scotia
in Partial Fulfillment of the Requirements for
the Degree of Bachelor of Arts, Honours Criminology.

April 2024, Halifax, Nova Scotia

Approved: Dr. Rachael E. Collins
                      Associate Professor

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Abstract

Alcohol consumption is higher in rural areas of the United States in comparison to its urban and suburban counterparts. In the Northeast state of Vermont, rates of alcohol consumption and binge drinking are higher than surrounding states and the national average. The literature covering alcohol consumption uses quantitative research methods to report the rates of consumption, but there is a limited amount of qualitative research surrounding the reasons behind *why* people consume alcohol in rural areas. This research looks at how social connection and apathy influence the rates of alcohol consumption in Vermont. This study uses qualitative interviews to collect primary data from four participants living in and around the village of Pittsfield, Vermont. Participants were asked questions about their social life, hobbies, alcohol consumption habits, and their own thoughts on the research question. The interviews were recorded, transcribed, then analyzed and coded for social and cultural norms, environmental influences, and personal strains. Social connection, cultural norms, apathy, boredom, and personal strains had an influence on both the likelihood that the participant was going to consume alcohol in a particular situation and the amount of alcohol that is consumed in a single period.

April 21, 2024

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With love,

Magnolia

<p style="text-align:center">Table of Contents</p>

Preface

When Noah Kahan released his album *Stick Season* (2022), the young people of Vermont went insane. The idea that someone had taken the experience of growing up in the state and put it into an album that has been listened to all over the world was something that we had never thought possible. Kahan was able to capture the loneliness, anger, happiness, and nostalgia of living in a forgotten state of 600,000 and place it into 14 initial songs and seven additional tracks released a year later. The themes of the songs range from the shame of poverty, generational trauma, young love, and- most prominently- the complicated relationship that most Vermonters have with alcohol. A line from the titular song "Stick Season" sings "I'll drink alcohol 'til my friends come home for Christmas." This line is often screamed by those who listen to it, which is unsurprising considering that most of us have experienced the aching loneliness of rurality that leads one to drink. Drinking is an integral part of Vermont culture, so much so that local bars are fondly remembered by the youth of the state and are a backbone of the community.

About halfway up Route 100 North in Vermont, a small village of 500 emerges out of the woods in the Green Mountain National Forest. Pittsfield, Vermont has enough resources so that the residents don't lose their minds: one gas station affectionately known as The Pitstop, a general store, a church that was once run by a cult, a town hall, a fire department, a library, a graveyard, three small inns, and one singular tavern. Well, it used to be a tavern. The Clear River Inn and Tavern were the heart of the Pittsfield community. It was a place where both locals and tourists alike could stop by, grab a drink, play some pool, listen to live music, and socialize with those in the community. My childhood was spent there playing Buck Hunter in the corner with my brothers while my parents laughed with their friends. My teen years were spent there learning how to drive and deal with emotions as I picked up my drunk father along with the takeout order

that I was able to pay for with the cash from my first job. My early 20s were spent there learning more about the reality of addiction than I necessarily wanted to and realizing that places like these are how we can keep community alive. It was also my place of employment for two summers, where I made some of my dearest friends, and came up with the idea for this thesis. The Clear harbored my heart and the biggest emotional moments that I have ever experienced, and then one day it was gone.

After 30 years of operation, The Clear River Tavern was sold to new owners who decided to take it in a different direction. This has created some drama within the community but for the sake of those I love who work there, I will not elaborate. As Kahan puts it in his song "Paul Revere," "This place had a heartbeat in its day/ Vail bought the mountains, and nothing was the same". The gentrification and removal of community from treasured spaces has become all too common in a state that is built on just that; everyone knows everyone and that creates a sense of understanding between residents. Vermonters are resilient people and Pittsfield kids are truly a different breed. Yet we all have our vices, and it is for that reason that I write this paper. I promised those who were so kind to me at The Clear that I would do something to help my community and to them I give this.

Introduction

Alcohol Use Disorder (AUD) is defined by the DSM-5 (2013) as the severity of one's tolerance, withdrawal, and cravings for alcohol and is the result of consistent consumption of alcohol over time. AUD is highly prevalent in rural areas with residents showing high rates of binge drinking and misuse (Borders & Booth, 2007). The state of Vermont has only a population of 643, 077 (American Counts Staff, 2021) and has higher levels of alcohol consumption compared to surrounding states with 19.2% of the population having reported binge drinking in

the past month (CDC, 2021). This percentage is high compared to other states, with the neighboring states of New Hampshire and New York both having a binge-drinking population of around 16% (CDC, 2021). According to the Vermont Department of Health (2021, p. 72), Vermont has one of the highest rates of alcohol-use disorder within the United States with 6.8% of the population being diagnosed with the condition (12.3% within the age range of 18-25). Alcohol is not the only drug plaguing Vermont. Between 2018 and 2019, 0.54% of Vermonters reported using heroin within the past year compared to the national average of 0.28% (Vermont Department of Health, 2021, p. 57) and similar trends could be seen with marijuana and cocaine use (Vermont Department of Health, 2021, pp. 38 & 49).

To address this problem, more research needs to be done on the micro-factors influencing alcohol-use disorder within the state, specifically within the rural areas that are commonly forgotten when creating supports and clinics. The town where research was conducted is in a town called Pittsfield, Vermont with a population of 504. There are few resources and businesses in the area with one gas station, a general store, and one restaurant and bar. The nearest hospital is 40 minutes away and there is no public transportation. The economy of the town is dependent on the nearby ski resort with the oil and wood companies being the only two employers not related to tourism. Some people in the town have done well for themselves, but due to the high cost of living and limited jobs outside of tourism, most of the population is working class with many having two or more jobs to make ends meet.

Unless one enjoys outdoor activities, there is little to do in terms of entertainment, but even those who are active have their options limited by the early darkness in the long winters. These factors play an important role in promoting alcohol dependency. The lack of entertainment and lack of stable and livable income promotes boredom and can create feelings of hopelessness

towards having a better life. Considering these factors, the high rates of alcohol consumption may make sense and considering that due to the lack of other entertainment options, the bars are the only places where socialization can occur at night. These conditions raise a question: how do apathy and a need for social connection influence the high rates of alcohol consumption in Vermont?

Literature Review

The statistics seen above present a picture of concerning levels of alcohol misuse, however, the reasoning behind the numbers cannot be understood without looking at the factors that motivate individuals to drink. Through the literature and the researcher's own lived experience, trends of boredom, depression, evolutionary mismatches, and a need for community have been found to be primary motivators behind alcohol consumption, with the former three being strong factors behind AUD in individuals. These four trends can be encapsulated within the two variables that have been identified in the research question as motivators for AUD: apathy and a need for social connection. Very little literature exists about alcohol consumption in Vermont and the literature that does exist takes a quantitative approach to understanding the habits and motivations of those with AUD in Vermont (Ettlinger, 1996; Steffenhagen & Steffenhagen, 1985). Considering this, both the literature available surrounding drinking habits in rural areas outside of Vermont and the researcher's own personal experience can be used to fill the gaps that my research aims to address.

Apathy

As defined by the Merriam-Webster Dictionary (n.d.), apathy is a "lack of feeling or emotion" or a "lack of interest or concern". In the context of the research, the former definition

will be the one used as Vermont practices a majority collectivist culture and residents will show up for others before caring about themselves. Apathy is not just boredom, it is a complete loss of feeling and hope about one's current situation and their future, something that can drive people to turn to alcohol to cope with this sentiment (Biocalti et al., 2016). Apathy can begin with boredom, something that many Vermont residents face- especially during the long winters- as in the rural areas there is little to do for entertainment besides visit a friend's house or patronize a bar.

High rates of boredom have been linked to high levels of alcohol consumption in adolescents (Gordon & Caltabiano, 1996; Carlson et al., 2010), something that could be applied to adults which would help explain why Vermonters drink at such high rates. In a *Rolling Stones* article about the Vermont heroin crisis, David Amsden (2014) gives voice to those who have suffered from Opioid Use Disorder and outlines their experiences in Vermont. Amsden asks a man named Mike about why he started using, to which Mike replies, "Boredom, mainly. It's boring as fuck around here, if you haven't noticed". These feelings of boredom can manifest into apathy and a lack of feeling or hope surrounding oneself or their actions. These feelings of apathy can lead one to use alcohol to create temporary serotonin or to forget their problems, something that can become dangerous if left unnoticed.

Apathy in Rural America

Rates of suicide are consistently higher in rural areas of the United States than in urban areas (Hirsh & Cukrowicz, 2014) which is attributed to a multitude of factors. Mohatt et al. (2021) found that access to firearms, substance use, stigma surrounding mental illnesses, and community-level economic challenges were prominent factors that contributed to high rates of suicide. Another major factor in suicide rates was geographic isolation. Residents of rural areas

11

are physically isolated from others in their community due to the low population density which makes it difficult to socialize or access mental health resources (Henning-Smith et al., 2018; Kegler et al., 2017). This lack of social opportunity can lead to feelings of loneliness, which can develop into depression and suicidal ideation (Henning-Smith et al., 2018).

As has been stated above, boredom has been linked to high rates of alcohol consumption and a study by Clay et al. (2023) found that individuals experiencing social isolation will also consume alcohol at higher rates. When alcohol is present, the risk of suicide increases as it has been found that approximately 22% of suicides and 30-40% of suicide attempts involve alcohol intoxication (SAMHSA, 2016). Alcohol has been shown to reduce inhibitions, therefore increasing the risk of an individual acting on their suicidal ideations if intoxicated (Carlson et al., 2010). Members of rural communities suggest that more resources need to be present to connect isolated community members and it has been found that community cohesion acts as a protective factor against suicide (Hirsch & Cukrowicz, 2014).

Another factor in rural suicide is the stigma that is experienced by individuals with mental illness and suicidal ideation (Arbore, 2019). Rural ideologies and culture encourage and reinforce independent and self-sufficient behavior and shame those who seek outside resources for physical or mental assistance (Dschaak & Juntunen, 2018). This behavior is seen mainly in older farming generations who refuse to seek medical assistance until they are physically unable to work or have suffered a traumatic physical accident (Arbore, 2019). This established culture discourages rural residents from seeking the mental health or substance use care that they need as they believe that they will be stigmatized and seen as "weak" or "lazy" for addressing these issues outside of a family or community setting (Robinson et al., 2012).

Gossip in rural communities is another barrier to accessing mental health and substance use treatment. Privacy is limited in small towns due to the social connectedness of residents and those who are seeking treatment are discouraged from accessing public treatment centers as they fear that being seen at these establishments will result in them becoming the topic of gossip and being stigmatized (Dschaak & Juntunen, 2018). The stigma surrounding mental illness and substance use negatively impacts the social standing of an individual as gossip results in an individual being labelled as a "junkie" or "crazy", and these labels can result in the individual being shunned from social circles which continues the cycle of isolation (Krentzman & Glass, 2021). These social stigmas reduce an individual's access to necessary resources and can result in higher rates of suicide and mental illness. These factors impacting suicide are seen in rural communities across the globe (Hirsch & Cukrowicz, 2014), and these trends can be seen within Vermont's rates of suicide.

Apathy in Vermont

Apathy creates a sense of hopelessness and numbness to oneself and others, which can lead to suicidal thoughts or actions. Vermont has higher rates of suicide compared to neighboring states, which points to underlying issues within the state's mental health systems and culture. According to the Vermont Department of Health (2023), Vermont has a suicide rate of around 120 deaths per year, with 2021 being the highest year for suicide rates with 142 people dying by suicide. While there has been limited research conducted surrounding feelings of apathy in populations with AUD, within those who had died by suicide, 36% had a diagnosed Substance Use issue, linking substance use to feelings of hopelessness (Vermont Department of Health, 2023).

In an article by Erin Petenko (2022), Vermonters who have attempted suicide claim that the main factors that influenced their actions were financial hardship and social isolation, something that has been cited as motivations for drinking in rural Vermonters (Steffenhagen & Steffenhagen, 1985). The highest rates of suicide occur within Essex and Rutland Counties (Rutland County contains the Pittsfield-Killington area where my study will take place), with rates of 16.9 and 18.2 suicides per 100,000 people (Vermont Department of Health, 2023). Essex County is a very rural area and is the least populated county in New England, and Rutland County has faced many years of financial hardship since the marble mining industry dried up in the area (Amsden, 2014). Both counties have high rates of opioid overdose-related deaths (Vermont Department of Health, 2023). These suicide rates point to a large problem within the culture of Vermont, especially in rural areas where the suicide rates are significantly higher than in urban areas (Vermont Department of Health, 2022). These rates of apathy and suicide tie into the high rates of alcohol consumption within Vermont as the motivating factors are similar, something that needs to be addressed in both epidemics. However, in the darkness that these statistics show, there is some light that comes in the form of community.

Social Connection

In his book *The Great Good Place,* Ray Oldenburg (1997) outlines the importance of public communal gathering places- otherwise known as "third places"- in creating and maintaining social connections and a sense of community. Third places are welcoming places outside of home or work where all members of the community can come together and unwind and socialize regardless of status (Oldenburg, 1997). One chapter of the book outlines the American Tavern- a popular third place in rural America (Rhubart et al., 2023)- and explains that a tavern is necessary within working-class areas as they are often the only places open after the

usual work hours are over and provide the necessary social environment for workers to unwind. Oldenburg points out that most patrons at taverns are males, which, as stated previously, are the demographic most likely to die by suicide in Vermont (Vermont Department of Health, 2022). These taverns provide a place for men and other patrons to develop close connections and socialize, which not only improves mental health, but improves overall physical health and reduces the risk of heart disease (Dunbar, 2016; Bzdok & Dunbar, 2022).

Third Places and Rural America

Third places- specifically drinking establishments- provide an opportunity for members of the community to socialize and patrons report lower feelings of isolation and higher rates of trust towards other members of the community (Cabras & Mount, 2017). Some third places such as libraries provide access to resources for people of all socio-economic status and host social and educational events such as speed dating or guest lectures (Finlay et al., 2019). Third places are vital in providing opportunities for social interaction and creating resources for all members of the community, especially in rural areas where there are limited resources and residents find themselves at risk of social isolation (Bundgaard Iversen et al., 2023).

Third places not only act as resources for social health but have been shown to improve the overall physical and public health of a community. According to Finlay et al. (2019), neighborhoods that lack third places and other public resources have higher levels of chronic disease, crime, and mortality compared to neighborhoods that have these resources more readily available. The authors found that this is the result of high levels of compassion and social cohesion. When a community has high levels of interaction, they create strong social bonds which results in concerns about one's health being addressed by others, those with lower economic status being taken care of by other members of the community, and individuals who

may be at risk of deviant or criminal behavior being diverted by community role models. Third places are therefore vital to the promotion and maintenance of healthy and socially cohesive communities, especially in rural areas where the risk of social isolation is high which can lead to substance misuse and suicide. Despite this importance, third places are disappearing throughout the United States, especially in rural communities.

Third places in rural America are vital for creating and maintaining social cohesion, something that small towns are known for, yet they are disappearing at rapid rates (Bundgaard Iversen et al., 2023). According to Rhubart et al. (2023), a large factor in this disappearance is the new convenience of online shopping and delivery apps as individuals no longer need to leave their house to run errands which results in the closing of small businesses that act as third places due to the lack of income. Small businesses are also replaced by large box stores which provide cheaper items but do not provide the same opportunities to socialize as smaller locally owned businesses (Besser, 2009). This reduction of resources and social opportunities for the community leaves residents at risk of social isolation, especially vulnerable populations such as retired people and those who work from home (Bundgaard Iversen et al., 2023). Considering that resources are already scarce in rural areas and that the lack of resources and third places results in an increase in public health issues, it would make sense that the rate of substance use disorders are increasing due to the lack of resources available to residents.

Alcohol and Social Connection

Alcohol consumption has been seen in multiple cultural settings throughout history and has been intertwined with the social interactions and rituals of modern humans since its modern production (Hornsey, 2012). Dunbar et al. (2017) explains that chemically, alcohol produces endorphins which reduce social inhibitions and make the consumer more open to socialization

and social risk-taking. This decrease in social anxiety allows the consumer to pursue more social connections which can increase their social health and- at least temporarily- reduce the feelings of isolation in an individual. The authors also found that participants who patronize a local bar regularly and consume alcohol were more likely to trust their community members more and had a stronger sense of belonging than patrons who did not consume alcohol or those who did not patronize a bar environment. Alcohol is a social tool that strengthens bonds and makes patrons want to continue attending these institutions and consuming alcohol to feel this sense of belonging.

Drinking in a social setting exposes the individual to more endorphin-releasing stimuli such as laughter. In a study done by Dunbar (2022) surrounding laughter and social bonding, individuals who attend drinking establishments and other public places are exposed to more laughter, which is a contagious to those around them and produces endorphins for anyone engaged in the laughter. Like alcohol, this production strengthens the social bonds of the participants and creates higher levels of social cohesion. Those who have been consuming alcohol are more likely to laugh due to their endorphin levels and this mix of laughter and alcohol can result in stronger social bonds and reduced feelings of isolation. This is why drinking in a social context is often associated with prosocial behavior whereas isolated alcohol consumption is associated with antisocial and addictive behavior (Creswell, 2021). Overall, the moderate consumption of alcohol in a social environment can improve the social and physical health of an individual and results in higher levels of social cohesion for those who participate in the alcohol culture.

Alcohol Consumption

Evolution, Alcohol, and Socialization

Alcohol and *Primates*

The species of *H. sapiens* falls under the taxonomic order *Primates*, specifically within the infraorder of *Simiiformes* which encapsulates all primates beyond lemurs and tarsiers. The importance of this distinction is that primates within this infraorder have been found to voluntarily consume alcohol for reasons other than nutritional need, similar to humans (McKenzie-Quirk & Miczek, 2008; Galbo-Thomma et al., 2023; Schwandt et al., 2010; Jimenez & Grant, 2017; Pieper et al., 1972). *Simiiforme* primates are social creatures that often live in communities with some form of dominance hierarchy made up of dominant and subordinate members (Galbo-Thomma et al., 2023). These dominance hierarchies are rigid and those who are seen as subordinate must maintain their roles or face the consequences of exile from the community, a condition that increases rates of stress among subordinate members (McKenzie-Quirk & Miczek, 2008).

In a study conducted by McKenzie-Quirk & Miczek (2008), a troop of Squirrel Monkeys (*Saimiri sciureus*) were placed inside a glass box with drinking apparatuses containing a control drink and a similar tasting drink containing ethanol. The primates were able to see their troop while they were in the box, but during one trial, the other members of the troop were removed from the enclosure to simulate social isolation. During the periods of social exposure, the drink containing ethanol was consumed at a low rate, however, when placed in social isolation, the subordinate squirrel monkeys drank significantly more ethanol than the dominant members. Upon measuring their cortisol levels, the researchers found that the subordinate monkeys experienced higher levels of stress during the period of social isolation, which was attributed to the nature of subordinate primates' fear of being abandoned by their troop, and in turn drank more alcohol to cope with their anxiety. This research was supported by multiple other studies

focusing on different primates such as cynomolgus monkeys (*Macaca fascicularis*) (Galbo-Thomma et al., 2023), rhesus macaques (*Macaca mulatta*) (Schwandt et al., 2010; Jimenez & Grant, 2017), and chimpanzees (*Pan troglodytes*) (Pieper et al. 1972). Each study reveals that primates who are exposed to social isolation- especially subordinates- consume higher levels of alcohol than when they are in a social environment.

This stress of needing to maintain social status and membership within a group tie into earlier discussed reasonings for patronage at drinking establishments as well as using alcohol to cope with stresses in general. The higher rates of alcohol consumption within subordinate primates also connects to findings in Steffenhagen & Steffenhagen's (1985) article which states that individuals with low self-esteem are more likely to consume alcohol to cope with feelings of social inadequacy and the stressors of living in an isolated and rural environment. These studies support the notion that humans drink to deal with the stressors of social isolation, however, humans have genetic and chemical processes that influence their motivations a bit differently than other primates.

Alcohol and Human Genetics

Like socialization, alcohol consumption is another important factor attributed to the success of human survival, so important in fact that alcohol consumption has been coded into hominoid genetics (Dudley, 2000). Dudley (2000) theorized that during the middle Miocene Epoch (23-5.33 MYA[1]), early apes were evolving from arboreal mammals to terrestrial living, a shift that impacted diet and therefore the nutritional needs of hominids. Arboreal frugivores[2]

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[1] Million Years Ago.
[2] Mammals who live in trees and have a diet that primarily consists of fruit consumption which can be identified by dentition.

consumed primarily fresh fruit which contains little to no ethanol, however, terrestrial

frugivores[3] consume fallen fermented fruit which contains high levels of Ethanol (EtOH)

(Dudley, 2000; Carn et al., 2021). The fermented fruit and subsequent EtOH has high caloric

value- something that was vital to survival in the arid Savannahs of East Africa- but the digestive

process by which EtOH is metabolized reduces the caloric value of consuming fermented fruit

(Dudley, 2000). A genetic mutation known as a class IV alcohol dehydrogenase (ADH4)

emerged around 10 MYA which made the process of EtOH metabolization more efficient and

reduced the impacts of alcohol within early humans (Carn et al., 2021). Simply put, the ADH4

mutation made it so humans could consume large amounts of alcohol without becoming too

drunk- which was beneficial to humans during the periods of terrestrial evolution and starvation

that were a result of multiple changes in the climate and geology of the Earth- but has become an

"evolutionary mismatch"[4] that now results in high levels of alcohol consumption and abuse

(Dudley, 2000). This recent genetic disposition to alcohol abuse and consumption has been

attributed to what are known as "thrifty genes", genetic traits in humans that encourage the body

to consume large amounts of food or caloric drinks, something that was beneficial during periods

of starvation in hunter-gatherer times (Carn et al., 2021). As humans genetics mutated

specifically to improve alcohol metabolization, this need for the body to consume high amounts

of alcohol for caloric benefit no longer harmed humans until alcohol was mass produced and

widely available for regular consumption (Dunbar et al., 2017). Despite this new availability of

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[3] Mammals who live on the ground and have a diet that primarily consists of fruit consumption which can be identified by dentition.

[4] An Evolutionary Mismatch is when a trait that humans have was once beneficial but is now harmful due to the nature of modern lifestyles.

processed alcohol causing issues with abuse, it did open the door for new social opportunities for humans.

Alcohol in Rural America

The trends in alcohol consumption in the United States fall under the classification of a "dry" drinking culture which is characterized by "less frequent but heavier drinking, more restrictive control structures and higher rates of drunkenness, violence and social disruption." (Savic et al., 2016, p. 272). These trends in consumption and behavior are amplified in rural drinking cultures. Rates of alcohol consumption are higher in rural areas of the United States than in urban or suburban areas (Lambert et al., 2008; Swaim & Stanely, 2011) which has been attributed to relaxed attitudes towards alcohol consumption and a stigmatization of sobriety in social situations (Pettigrew et al., 2012; Greene et al., 2018; Palombi et al., 2019).

Another element related to alcohol consumption are familial attitudes and habits surrounding drinking. Meyer et al. (2008) found that participants who had family members who used alcohol or tobacco products were more likely to use those products themselves as this behavior was normalized by their family members and the family members of their peers. Some family members went so far as to provide alcohol to the adolescent participants as they did not see the harm in these actions and reasoned that it was safer for adolescents to consume alcohol within the house than in a social setting. Considering that close-knit families are a characteristic of rural areas (especially the Appalachian region), this influence could have a strong impact on alcohol consumption rates as some children may want to mirror their parents or other family members and may fear stigmatization from not participating in these activities.

The concept of an individual's alcohol consumption being related to familial alcohol consumption ties into a concept that Stanley et al. (2011) explores in their research about whether the availability of alcohol outlets influences the rates of alcohol consumption in rural communities. The authors found that the number of physical alcohol outlets had no impact on the rates of alcohol consumption, rather, one's perceived social availability of alcohol influences how much one consumes. If an individual is not exposed to alcohol by their family or peers, then they will consume less alcohol as they cannot acquire it as easily and they are not as influenced by their surroundings to drink; however, if an individual is surrounded by high rates of alcohol consumption then they are more likely to consume alcohol themselves as they will be able to easily acquire alcohol and they are influenced by their peers to drink. This can help explain why alcohol consumption rates are high even in areas where there is limited access to liquor outlets or drinking establishments as the social perceptions of alcohol use are influenced by an individual's social circles and an individual who is in an environment where alcohol use is normalized may consume more alcohol compared to an individual who is in a dry environment.

Alcohol in Vermont

In Dunbar et al.'s (2017) article about pub patron's social satisfaction, the author notes that individuals who drink in a social setting such as a tavern or pub consumed less alcohol on average compared to those who drank alone. This observation does not align with the reported statistics surrounding Vermonter's alcohol consumption. The reasoning behind this disagreement lies within the social context of drinking in Vermont.

As has been addressed, rates of alcohol consumption are particularly high in rural areas of the United States due to the cultural norms surrounding alcohol consumption. This trend of consumption continues in the Northeast Region of the U.S. which encompasses Vermont. A study

by Swaim & Stanely (2011) shows that individuals living in the Northeast and Midwestern regions of the U.S. consume alcohol at a higher rate than other regions and that males living in rural areas in this region have even higher rates of alcohol consumption than those living in non-rural areas. Another study by Hilton (1988) shows that both rates of alcohol consumption and positive attitudes towards drinking are high in the Northeast with both sober and drinking male and female participants claiming that alcohol consumption is favorable and appropriate. These studies show that the culture in rural Northeastern areas promotes alcohol consumption.

Rurality is not the only factor that plays into high drinking rates. Vermont's economy is primarily funded through tourism which brought in over 300 billion dollars in 2022 alone (Vermont Department of Tourism, n.d.). Vermont's ski resorts contribute approximately 1.6 billion dollars to this amount (Thys, 2022), making the ski industry a primary employer and influence on culture. Alcohol and other drugs play a large role in ski culture with alcohol being a prominent selling point at resorts. Warne et al. (2017) found that employees at ski resorts were more likely to consume alcohol than residents of the area who were employed elsewhere. This was due to a heightened exposure to alcohol and drugs which has become a byproduct of "après ski culture" where tourists party in clubs or in ski lodges after mountain hours and are incentivized to drink through discounts and a vacation mindset. Employees are also drawn to resort positions due to the incentive of staff discounts on ski passes which exposes them to the drug culture of professional skiing and snowboarding. There is also stigma surrounding sobriety in ski culture and those who do not participate in alcohol or drug use are seen as "stuck-up" or "boring" (Thorpe, 2012). Killington Resort is 20 minutes north of Pittsfield, Vermont which is the town where participants were recruited. The resort employs 559 people at the mountain alone with hundreds of others being employed at restaurants, ski shops, retails stores, and bars that are

funded by the tourism industry (Zoominfo, n.d.). Employees of these industries are given a free ski pass to the mountain which provides a 60% discount on food and alcohol which incentivizes people in these industries to drink due to the lower costs.

Theoretical Framework

Theory of Triadic Influence

Flay & Petraitis (1994) created the Theory of Triadic Influence (TTI) to integrate macro and micro-level theories into the discussion surrounding health-related behaviors (HRB) and the prevention of unhealthy habits. The authors argued that current theories addressing these behaviors solely focus on the individual and minimize or ignore the influence of societal and communal influences on behavior, something that weakens the effectiveness of harm reduction methods. TTI is made up of three distal components that influence the ways that people behave and make decisions: Intrapersonal, Social, and Cultural influences. These distal influences create four proximal levels of causation that then create the cognition needed to make a decision related to the HRB (Bavarian et al., 2014). The four levels of causation are Expectancies, Attitudes, Social Normative Beliefs, and Intentions.

By combining these three distal and four proximal influences together, the authors claim that researchers can identify and change specific aspects of one's behavior and decision-making processes so the individual can practice healthier HRBs. TTI has been primarily utilized in research surrounding drug-use and drug-related decisions such as drunk driving, tobacco use, and stimulant misuse (see Greene et al., 2018; Flay 1999; Bavarian et al., 2014). The elements of TTI apply to this research as the motivations behind alcohol consumption are complex and are influenced by the individual's peers and the society that they are in, not just the self. To explain

Vermonters' alcohol consumption, one's biology, social reinforcement, and strain can be applied to the distal influences of TTI.

Intrapersonal Influences and Biology

The first distal influence of the Theory of Triadic Influence is Intrapersonal which integrates positivist theories surrounding individual psychology and biology. These integrated theories cover one's behavioral and emotional control, extraversion, and sociability and how these traits influence the self-efficacy of behavior (Flay & Petraitis, 1994). For this research, the biological and evolutionary processes of socialization help explain why individuals seek out social settings and how this intense need to socialize leads to the consumption of alcohol.

Human reproductive success has been attributed to the evolution of cooperation and prosocial behavior between both kin and non-kin groups, something that is not seen in other species (Zhao, 2022). Early hunter-gatherer populations lived in small, close-knit bands that worked collectively to maximize the number of resources collected and shared the resources among the members of the group. This sharing of resources created a sense of reciprocity and those who shared more were rewarded by receiving more resources and support than those who did not share (Apicella & Silk, 2019). By rewarding reciprocity and cooperation, humans began to select mates who displayed prosocial behavior, thus creating a biological propensity for socialization and cooperation needed to reproduce and maintain status in social groups (Clutton-Brock, 2021). Prosocial behavior is necessary for human survival; however, it is difficult for some people to consistently behave prosocially which results in a risk of abandonment. This risk can be minimized by substances that reduce anxiety and increase dopamine levels, something that alcohol provides.

Alcohol releases endorphins during consumption, which reduces anxiety and causes the user to relax (Dunbar et al., 2016). Alcohol is usually consumed in a social environment (Cresswell, 2020) and this relaxation reduces inhibitions and promotes a prosocial attitude, something that creates and strengthens social bonds (Hopthrow et al., 2007). When alcohol is consumed in moderation, it improves the social health of an individual and can lead to reproductive success (Dunbar et al., 2016), however, Lo Monaco et al. (2020) found that some individuals can become dependent on the endorphins that alcohol produces to socialize properly and may become addicted to the feelings and social success that occurs while drunk. The chemical effects of alcohol increase an individual's ability to act in a prosocial way which secures their membership in a social group and increases the chance of reproductive success.

Without socialization, humans experience isolation and loneliness which can lead to feelings of apathy and depression which may result in suicide (Cacioppo & Patrick, 2008). In an article by Baumeister & Robson (2021) about a sense of belonging in school children, the authors found that despite being surrounded by hundreds of people, humans require a few intimate connections to reduce loneliness and thrive in their environments. Intimate relationships in rural areas are often forged at third places or at work and strengthened through the prosocial behavior that comes from the consumption of alcohol (Oldenburg, 1977). When making decisions surrounding social settings, an individual takes into account their need for socialization, a fear of isolation, and the prosocial effects of alcohol. These influences within the individual determine where the individual socializes, whether they will act social, and if they consume alcohol during that socialization. This is one element of drinking behavior; however, biology alone cannot explain why Vermont's alcohol consumption rates are so high.

Social Context and Social Reinforcement

As was mentioned in the literature review, the social influences of drinking in the rural Northeast and ski resorts come together to influence Vermonters' alcohol consumption. Both cultures have positive perceptions of alcohol use and have created a culture where drinking is not only accepted but expected and those who do not participate experience social stigma. An individual who is looking to socialize feels pressured to consume alcohol as they do not want to break the social norm and become stigmatized, leading to high levels of drinking.

Cultural Influences and Strain Theory

Strain Theory was developed by Robert Merton in 1938 as a response to the crime rates that he observed in the early 1900's because of the Great Depression (Merton, 1938). Merton was influenced by Emile Durkheim's concept of anomie which argues that those with more to lose are more likely to commit suicide than those who are connected to their community and have less to lose (Merton, 1938). Merton's Strain Theory argues that citizens of the United States are conditioned to believe in the American Dream- which is measured by the accumulation of material wealth- and that citizens may become frustrated in their inability to achieve the American Dream and therefore resort to crime to gain material wealth (Merton, 1938).

Merton (1938) focused his analysis of crime rates on frustration with the inability to achieve the American Dream which he characterized as the socialization of American citizens to believe that if they work hard and get an education, they can achieve material wealth and social capitol. As the importance shifted towards gaining wealth as opposed to how one gains that wealth, some individuals turned to crime to achieve this goal of being wealthy and understood that they had achieved the American Dream. Merton identified different adaptations to strain: conformism, ritualism, innovation, retreatism, and rebellion. In the context of this research, ritualism and retreatism are the two that apply most to the idea of drinking to reduce strain.

27

Ritualists are individuals who understand that they will not achieve the American Dream and try to make the best of their life that they can. Retreatists are individuals who remove themselves from society as they understand that they are unable to achieve the American Dream and therefore remove themselves from society to cope with this understanding. Retreatists are often associated with drug users and alcohol is a drug that is used to relieve the stresses felt in life. Many Vermonters understand that they cannot achieve material wealth and while some are able to cope without the use of drugs, others take the retreatist route and use alcohol to cope with these feelings of strain and inadequacy.

A more modern perspective on substance use and strain is explored in Robert Agnew's (1985) General Strain Theory. He argues that crime can be a way that individuals cope with strains in their lives and the emotions that arise from that strain, something that is often seen in those suffering from substance use disorders. When looking at different types of strain in an individual's life, Agnew (2006) cites a study by Aseltine et al. (2000) where the authors surveyed adolescents about the stressors that they experienced in their lives that may lead them to act deviantly. This study results showed that strains such as financial hardship, lack of peer support and connection, and job difficulties influenced the behavior within their lives and led to higher levels of deviance. Another study cited by Agnew (2006) was conducted by Paternoster & Mazerolle (1994) where the researchers concluded that another strain on adolescents was the inability to achieve goals, whether that be the ability to land a high-paying job or be accepted into university. These identified strains tie into the struggles of Vermonters and are motivations behind alcohol consumption.

The inability to gain material wealth or achieve goals can lead to feelings of apathy, frustration, and loneliness. There is little financial opportunity in Vermont, and even less so

within the rural towns that make up the state. Income is related to tourism and is inconsistent, the cost of living in Vermont is high, and housing is expensive and hard to find. All these factors can lead to anxiety and hopelessness as those who reside in the state express sentiments of not being able to achieve their dreams without leaving. These urges to leave the state are often dismissed due to the social connections that residents have created, however, there are limited areas to socialize in a rural area, especially at night, so residents often socialize at bars as they are the only public places open past 7pm. As Oldenberg (1997) emphasizes in his book, small taverns are important to the maintenance of community in small towns. Urban areas have more options for non-alcohol-related socialization, something that is not offered or common within these rural areas. If you want to socialize, you need to patronize these alcohol establishments. Considering that bars are the only public place for adults to socialize after work and that alcohol provides dopamine to consumers, it makes sense that those who are experiencing strain within their lives will drink to feel the dopamine rush and to feel more connected to those around them. As discussed earlier, financial struggles and feelings of isolation are the main motivators in Vermonters who have attempted suicide and for those who have Alcohol Use Disorders.

With this cultural pressure to succeed financially in an area with little financial opportunity, drinking becomes a coping mechanism for many. These three influences explain how an individual would make the decision to consume alcohol. Interpersonally, the individual wants to socialize and will therefore locate the bars which are the only places open in the area. Socially, there is a pressure to consume alcohol or become stigmatized in the only social environments the individual has access to and culturally there is a pressure to gain material wealth; the failure of which leads individuals to cope in some way and alcohol is an accessible and accepted coping mechanism in these contexts. The Theory of Triadic Influence supports the

research question as it explains that more than one influence on an individual explains their drinking behavior.

Methods

Qualitative Approach

A total of 4 participants were recruited through snowball sampling to be individually interviewed by the researcher. Each interview resulted in a transcribed text which was then thematically analyzed to identify overarching themes related to apathy, socialization, and alcohol consumption and observations within each theme. This research was deductive as variables such as apathy and a need for social connection had been identified as having an impact on alcohol consumption in the research question. Qualitative interviews were chosen as the research method as the topic being addressed was limited in the literature and therefore required the collection of primary data to answer the research question.

Ethics

This research required approval from the Saint Mary's University Ethics Board due to the use of human participants. The researcher filled out the Application for Ethics Review of Research Involving Humans with the assistance of her supervisor, Dr. Rachael Collins. While the research did not exceed minimal risk, the risk of psychological harm to the participants was identified due to the nature of the research subject. Discussions about substance use and the strains in one's life that influence that substance use can bring up painful emotions and may be damaging to the participant. To combat this, the researcher identified multiple free local hotlines for substance misuse counseling and mental health support and included these in both the consent and feedback forms given to participants. Participants were also allowed and encouraged

to stop the interview at any time if they begin feeling distressed and the researcher made sure to take breaks when she believed the participant was feeling distressed.

Another identified risk was that of anonymity for the participants. Substance use is a stigmatized subject and there is a risk of participants facing social stigma from speaking about their experiences with alcohol and the feelings that come from the use of alcohol. This fear of stigma would also impact the validity of the data as participants may not feel as though they can speak fully to their experiences if they risk being stigmatized. There is also the added factor of this research and participant recruitment occurring in a small town where residents are connected and know details about other residents. To maintain anonymity and protect the participants, all participants were assigned pseudonyms that were the names of famous classic rock artists, and all recordings, notes, and transcripts were connected to these pseudonyms and not their real names.

Anonymity was also maintained within the transcripts by removing, editing, or redacting any identifiable information; this included the specific names of people, workplaces, or events that could potentially identify the participants. To maintain the integrity of the transcripts, the researcher attempted to simply replace identifying information with [redacted] or changing the wording (i.e. replacing a specific name of a participant's romantic partner with "my partner"), however, some sections of the interview were so personal that the section had to be removed. All participants were informed of the measures used to maintain anonymity during the consent process and understood the risks of participating in these interviews.

Participants

Demographics

Overall, four participants were recruited and interviewed for this research. All participants met the demographic requirements for participation which were being a full-time resident of Vermont[5], being over 21 years of age at the time of the interview, and consuming alcohol on a semi-regular basis (a minimum of once a week). Two of the participants were female and two were male, and the age range was from 25-35 (M = 29). All participants were employed with 75% working in some role related to the tourism industry (hospitality, food service, ski instruction, etc.) and one working in a professional field unrelated to tourism. Out of the four participants, three had completed their bachelor's degree and one had completed a GED equivalent. No participant had an education level above a bachelors.

One out of the four participants was born and raised in Vermont, identifying with the term "Vermont native". The other three participants had moved to Vermont permanently at different stages in their lives for various reasons. Each had established themselves in Vermont with no participant having lived in the state for less than five years. Most participants (n = 3) resided in Pittsfield, the town initially chosen for recruitment, and one participant resided in the nearby town of Stockbridge, however three participants had resided in multiple other areas of Vermont before moving to their current homes.

Recruitment

Participants were recruited via snowball sampling, a method which consists of having an initial participant identify those who could contribute to the study and meet the requirements of the researcher. Participants were required to be full-time residents of Vermont, be over 21 years of age (the legal age of drinking in the United States) and consume alcohol semi-regularly

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[5] Full-time residency in Vermont means that the individual resides in the state year-round rather than seasonal residence during the winter or summer work season.

[alcohol consumption occurring more than one time within a month]. The initial participant was identified by the researcher through her previous work experience and was chosen due to their involvement in the bar scene and their willingness to be interviewed and recruit participants. This participant was interviewed first and was asked at the end to identify anyone who may fit the research criteria.

The initial participant recommended another participant who was a regular at the local bar. This second participant then recommended their friend after their interview, who in turn identified the final participant. All participants were known by the researcher through her previous job or through the familiarity of a small town, but these relationships did not impact the ethics or procedure of the interviews. Participants were not compensated for their interviews and each participant signed an informed consent form and had any questions about the interviews and research answered.

Data Collection

Interviews

To collect the necessary data, a qualitative interview was conducted individually with each of the participants. The interviews took place in a quiet, neutral location so that participant anonymity could be maintained, and both the participants and the researcher felt comfortable speaking freely. The interview followed a semi-structured format consisting of fourteen pre-planned questions surrounding the topics of socialization, boredom, and alcohol consumption (see Appendix C). The researcher asked elaborative and clarifying questions to participants to gain more information surrounding topics that were not addressed by the established questions but were related to the research question. The researcher also gave participants the opportunity to

give any final remarks that they believed would be important to the research but was not addressed by the questions. Each interview lasted at least thirty minutes with most interviews taking around an hour to conduct. Participants were able to take breaks whenever they wanted and the recording was paused to minimize the amount of storage being used.

Interviews were recorded through the voice memos application on both the researcher's mobile phone and laptop depending on where the interview took place. While the aim was to record on the laptop, two of the interviews were spur-of-the-moment and required recording on the mobile device. All devices were password-protected, and the raw data was not shared with anyone. The researcher also took notes about participant demeanor and themes in their testimony in a notebook. These notes were linked to the participant through pseudonyms and did not contain any identifying information. Audio-files were then uploaded to an online transcription service called Notta AI. This website was chosen due to its privacy features that prevented the spread of participant data. The produced transcripts were then checked and any information that was missed or incorrect was corrected. The final transcripts were then downloaded to Microsoft Word to be coded.

Analysis

Initial analysis of the four transcripts focused on identifying data relating to the three major themes identified in the research question- social and cultural norms, environmental factors, and personal strains. Once the data had been sorted into these three themes, another analysis was conducted that identified eight sub-themes within the three overarching themes. The codes related to socialization were "social perceptions about drinking" and "socialization". Apathy produced the sub-themes of "loneliness", "boredom", "outdoor recreation", and

"personal strains and drinking". "Effects of alcohol" and "drunk driving" fell under the theme of alcohol consumption.

Once the sub-themes had been identified, the transcripts were once again analyzed by the researcher and findings related to each sub-theme were identified. Quotations from the transcripts were then assigned to each finding to support the argument being made. Each finding had at least one quote to support it and any finding that did not have supporting evidence was removed. This data was then organized into a table with findings and their supporting quotations were organized by the corresponding sub-theme (see Appendix E). This table was sent off to a research advisor who approved the findings.

Findings

Participants described how apathy and social connections influence their alcohol consumption habits while living in Vermont. Through the data collected from the interviews from participants and the influences identified within the TTI, three overarching influences on alcohol consumption were identified. The first influence is "Social and Cultural Norms" which encompasses the aspects of an individual's social habits and the cultural norms that are associated with alcohol consumption. The second influence is "Strains and Alcohol Consumption" which encompasses the motivations behind alcohol consumption related to apathy and other environmental strains related to residence in Vermont. The third influence is "Environmental Factors" which covers places in Vermont that residents have access to and how they influence alcohol consumption. Within these influences, there are specific factors that influence individual behavior through reinforcement and impact one's alcohol consumption habits.

Social and Cultural Influences

Stigma Surrounding Sobriety

Participants identified that they felt pressured to consume alcohol when in a social setting and that they feared being stigmatized if they did not choose to participate in drinking. One participant explained,

It's like I'm here because everybody else is here for sort of the same reason, it's also like yeah, it's that social aspect and I feel like it's also minor peer pressure cuz like sometimes when you don't want to drink people are like 'what are you doing? Like why are you not drinking?' (Levon Hill).

The stigma surrounding drinking can be indirect [strange looks, certain comments] like how this participant describes, or it can be directly stated to the individual. One participant expressed how his peers would vocalize their negative opinions about his sobriety when they are drinking:

Especially when they're your friends and they're like 'come on really you're not gonna do a shot with me right now really?' And even if you did say like 'dude, I just did one like five minutes ago.' it's like it doesn't fucking matter. You do it and then you're left with the consequences of doing that and then you can turn into the asshole. (Freddy Mercury)

Individuals often end up consuming alcohol when exposed to both indirect and direct stigma as they fear that they could end up being further stigmatized by those around them and seen as antisocial such as seen in being labeled "the asshole" when refusing a shot.

However, this stigma surrounding sobriety is only applicable to those who have not expressed an "acceptable" reason behind their sobriety. While driving under the influence is an

accepted norm [discussed later] in rural Vermont, an individual who establishes that they are the designated driver [DD] experiences less stigma than someone who has no "excuse". One participant who is acts as a regular DD explains, "You're going out to see a band play and it's like 'I'm gonna be sitting at a bar', so it's like yeah, you're gonna have a drink while you're there, because unless you fully established like 'I'm the DD', people may think it's weird that you're not drinking." (Stevie Nicks). Once an individual has provided an acceptable enough reasoning, then they are temporarily exempt from drinking expectations. However, sometimes excuses such as being the DD, taking a tolerance break, cutting back, and even being on shift are not accepted as reasons for not participating in the drinking activities, especially by one's peers. The previous quote stated by Freddy Mercury outlining how he was pressured to take shots occurred while he was at his workplace and on the clock, yet this was not enough to deter his friends from pressuring him into consuming alcohol. This consistent pressure and stigma experienced by individuals leads them to consume more alcohol than they had initially anticipated due to a fear of being seen as antisocial.

This fear of being antisocial and the pressure to drink is present in the service industry, especially in bars. Freddy Mercury explained:

And it's everybody I've ever worked with, I've worked in bars since I was 18. Everybody does that. There's that sort of like expectation of you being social. And some days you wake up and you know, you're not feeling the best, you're not feeling the most sociable, you're not feeling the most happy. Then it's like, oh, you take a shot or two. And all of a sudden you're feeling sociable. Now you want to talk to people. It's just like a part of what you have to do. So it's like, you wake up that morning and you're like, 'oh, I'm not drinking tonight. I'm not drinking tonight'. But then you're working and you're being like

rude to everybody. You're being like super short. You're being super like, 'I don't want to talk to anybody'. Then you take a couple of shots. It's like, you almost feel like you have to do it. You know, it also impacts like your tips because you know deep down you're being a dick. You know you're being a bit rude to people. But then it's like once you take a couple, it's like, oh, now I'm lightened up.

There is an expectation of service staff to be overly friendly, which can be difficult during a long day or when customers are rude, resulting in alcohol being consumed to create a sense of relaxation and happiness. Since service workers rely on tips, the inclination to consume alcohol is increased, especially when working in an environment where "everybody does that".

Along with a fear of being stigmatized, there is also a fear of missing out while others are drinking alcohol. Participants emphasized that they did not have the urge to drink in a situation, but if others around them were consuming alcohol, then they were more inclined to drink to feel included and reduce stigma. Participant Roger Waters explained, "but like I feel like it's just everywhere and so accessible and so acceptable and if everyone gets to do it, I just want to do it too.". While there is no direct pressure to drink, there is an indirect feeling that one is being left out of the situation and therefore is experiencing social isolation. Participants also described their feelings towards being the only sober person in a social situation:

At least the out thing going out to bars and stuff but yeah it's like if you don't go out or go do things and meet people you're not gonna know I don't know it's not gonna be the same but at the same time like you could but it's like especially for a sober person what is the appeal to go to a bar of drunk people? (Roger Waters)

The lack of inhibitions while drinking can result in behavior that is deemed "annoying" which can deter sober individuals from socializing in these contexts which furthers their isolation as drinking establishments are some of the only places to socialize after working hours. This debate between isolation or alcohol consumption led most participants to patronize a bar, which results in them drinking to avoid the annoyance of dealing with drunk people. As Levon Hill points out,

> And again, it's also to catch up because like somebody who goes out with my friends and they're all drunk. And if I'm sober, I'm like 'wow you guys are really annoying like fuck this you guys are a bunch of assholes'.

To minimize the annoyance of intoxicated people, others may drink to "catch up" and not be the only sober person alone in a situation which may cause stigma from the drinking patrons or lead the individual to not enjoy the social situation.

Reciprocal Drinking Culture

A cultural norm that participants identified as something that increases their alcohol consumption is the practice of reciprocal drinking. Reciprocal drinking is a practice where individuals at a bar will pay for drink "rounds"- usually in the form of 1oz shots of hard liquor- for others around them to consume together. The buyers may or may not know the people that they are purchasing the drink for, but it is a gesture of kindness from the buyer and can create a social bond between the buyer and the consumer. This action corresponds with the communal nature of Vermont with one participant noting "…the people are all for the most part very friendly and you know inviting. It's a good community." (Stevie Nicks). Since this buyer is spending their money on the consumer, it is considered rude to refuse this drink. One participant explains, "it's just like it's such a thing that people are like, 'you want a shot?' And I'm like,

'yeah'. Or like 'you want to do a shot?' And then I like to do shots and then drink that cider that I still might not finish. Or I like to drink water and drink shots." (Roger Waters). This gesture increases the amount that an individual drinks as they are consuming the shot on top of the drink(s) that they may have already consumed [the cider that the participant was already drinking].

Due to the quick nature of shot consumption and the slow onset of the effects of alcohol, consumers may end up taking multiple shots within a short period of time which increases the amount of alcohol that is consumed. This group nature of shot consumption also results in peer pressure to participate in drinking and to consume more shots:

> And then you go and you're doing your thing and then oh you just did a shot and then five minutes later somebody else was like, 'let's do a shot' and you're like, 'well, I just did one, probably shouldn't do another one'. But then they're like, 'come on man. Come on. Yeah, come on man You know come on' and then at that point you have no choice but to do another one. (Freddy Mercury)

While the participant is trying to establish boundaries surrounding alcohol consumption, there is significant peer pressure to participate in shot drinking which increases the amount of alcohol that is consumed by the individual. A lack of participation leads to increased social stigma which motivates an individual to consume alcohol.

Social Interaction

Bars tended to be the place where participants socialized the most and drinking was a large part of the experience. Stevie Nicks explains, "All the socializing that goes on there has a lot of drinking involved and I don't know if that's like Vermont specific or like people specific."

This culture of drinking is engrained into the area as it is part of the culture of attending a bar or social event. Participants described how their social interactions influence their alcohol consumption and explained that they tended to drink more while in a social setting than when they were alone:

> If I'm feeling forced to do something social because I committed to something, I drink a lot more. Because like even if I go to a bar or anywhere in Killington, I know I'm gonna see a million people and I know that they don't see me that much because I actually don't go up there very often at all, but then I know that I'm gonna have to have a conversation and do things and I end up like drinking more because of that so it's like this double edged sword. (Roger Waters).

Alcohol is used as a crutch to be able to socialize with others as it has the effect of relaxing the user, making them feel more "open." This participant drinks more when they socialize for this reason.

This line of reasoning is supported by participants' testimony that they consume less or do not consume alcohol outside of a social setting. Freddy Mercury claims that "…on my nights off I don't drink" showing that his alcohol consumption only occurs within a social and bar setting. Participants also explained that attending a bar- especially outside of a social event- required some sort of motivation to attend outside of alcohol consumption:

> Um, I really don't like to go to the bar, like in the same way that I used to like to just go to the bar. Like if I'm going to go to the bar, I need, I have a couple motivators. It's either because, one, it's [redacted]. And I want food from there. I love their pizza. I love the guy that's serving drinks by the bar and they usually have music. Music is a big motivator for

me to go to a bar. It's either music or a specific food that I know I want and I'm gonna go there and drink while I do it but like that's… (Roger Waters)

While this participant still consumes alcohol at the bar, they consume less alcohol alone than when they are surrounded by people that they know due its use as a crutch but also due to the nature of reciprocal drinking that comes with social drinking.

Drinking at a bar setting is also a way that participants reconnect with former peers and establish new relationships. Stevie Nicks explains, "The way your friends situation was through those transition years that it just led to be like, 'okay, what do we do?' if you were seeing someone and everyone just ended up drinking. That's how people would reconnect." To maintain relationships, there needs to be some form of positive social interaction between the two people, which occurs mainly at a drinking establishment. New connections are also formed at drinking establishments as individuals bond over open conversations that are fueled by alcohol consumption:

This is whatever I feel like as a new person coming to Vermont and not knowing friends, like I don't know how else I would make friends unless it was through work, which oftentimes results in going out with your co-workers after work, which is what solidifies a relationship versus just being at work with them. (Roger Waters)

Bars are used as a third place to create and then maintain social relationships with those who an individual is unfamiliar with. Roger Waters continues to explain, "But like, it totally just bridges a gap between people that wouldn't normally ever hang out together." A newcomer to Vermont or someone who is unfamiliar with others can expect the bar to be the place where they can create these new relationships and where they can be maintained. As Freddy Mercury recalls, "I lived

here for like a month and then like met people at the place I was working at and they were like, 'oh, you want to come out with us tonight?' And I was like, 'yeah.'" An invitation to the bar is a way to establish a positive relationship with an individual, but this attendance of a drinking establishment requires an individual to consume alcohol to 'fit in' and to reduce the anxiety of talking to a new group of people. This alcohol consumption can create positive interactions:

> But then you have a couple drinks and maybe realize somebody's going through something too and that it like makes people open up so people they might have never opened up to you and that could go both ways in like being a good thing (Roger Waters)

But it can also create negative interactions:

> Yeah, I don't know if this is making sense but like no that definitely it gives people the courage to talk or try to find people that get it but also it can be all such like pointless conversations because they might or you might not ever remember it. It's just If you can't remember the conversation what's the point? And is that who you want to meet and like hang out with when you're just meeting drunk ass people even if you're good like you're good you stay sober it's like what is the meaning of these relationships you're building if that person doesn't remember your name? (Roger Waters)

Using alcohol to reduce anxiety can result in two people having a "deep" conversation that may not have happened without alcohol, but if one of the parties in the conversation is too drunk, then it could result in a negative perception from the other person as they feel that the conversation was pointless since the drunk party cannot recall anything that was said. This creates a stigma towards the drunk individual, and they end up labeled as an "asshole." As Freddy Mercury explains:

I've experienced that a thousand times of, 'oh you're drinking too much' and now you're the asshole that nobody wants to be around. You know what I mean? Because you went past it. It's hard because you know you're trying to balance that line trying to keep that high going and that's an impossible line. You can't ever possibly balance that line of 'oh I'm gonna drink the perfect amount. Yeah, I'm gonna drink just the right amount'. And maybe there are people that are gonna do that, but I think it's a very small percentage of people that can drink the perfect amount and be that guy.

Alcohol can be utilized as a social tool, however, some patrons may rely on it too much to socialize and "keep the high" which results in them becoming stigmatized due to their drunkenness.

Driving Under the Influence

During the interviews, a new factor influencing rates of alcohol consumption came to light: drunk driving. Participants explained that drunk driving is a common occurrence and even normalized by residents:

Everyone drinks and drives. Everyone. and it's like crazy to me to think like you know Vermont has all these crazy liquor laws and like we all know as bartenders what can be put on us, but it's like if anybody is thinking that like at this bar or at this bar that not everybody drove their own car here. Like we only pay attention to it when somebody's drunk, but it's like everyone's drinking and driving because I'm like, if I get a ride out somewhere I just drink 10 times more because I just got a ride. And most people are fine when they drive drunk but also others aren't too worried about getting into a car with a drunk driver so there's no accountability, you know? (Roger Waters)

There is not only a common understanding that drunk driving occurs, but an acceptance from bar staff and patrons that it will occur and there are no social consequences because not only is it not stigmatized, but those who are travelling with the drunk person will continue to get a ride from them even after they understand that they are intoxicated. There is also the argument that drinkers are familiar with the roads which means that they can justify their drinking as they can make it home without issue:

> Like you know, you've got your little bar in town that all the locals end up out all night long and that kind of thing and you know just because they know they can get home from there. It's like they can drive that backwards and with their eyes closed because they've done it so many times. (Stevie Nicks)

This familiarity and confidence results in higher levels of alcohol consumption and drunk driving as it is established that there is no reason for them to not drink and drive due to their ability to make it home.

When asked about why drunk driving occurs so frequently, participants mainly argued that the lack of public transit is a major factor:

> So it's so interesting too though, because it's like there's no Uber, there's no like public transit, nothing is within walking distance. Like, going to college, when we'd go out, it's like we'd all walk and no one would ever drive or like anything like that. But it's like here there's such a different culture around drinking. I think, I mean, I hope and knock on wood, that it leads to people who like to drink a lot, will kind of do it more close to home. (Stevie Nicks)

The lack of other options to transport individuals home makes it so that patrons must take it upon themselves to drive home. This is a result of bars being incredibly far from where participants lived meaning that they could not justify relying on another person for a ride or not driving home:

> Who's going to take me home? I live in [redacted] I've timed it. It's about a 19 minute drive. After you're driving about 50, 55, 58 [MPH]. Yeah. So it's like, who are you going to rely on in the morning? And like, granted, you've got friends, but like, who's going to be? Who do you know for a fact going to be available to be like, 'yeah, I'll take you there right now.' Because that's 40 minutes round trip. (Freddy Mercury)

This distance from the bar is used to justify driving home since the individual needs their vehicle after the drinking period and the distance from their house to the bar is too far to expect someone to pick them up or drop them off in the morning. It is too much of an inconvenience to not drive drunk, so the action is justified.

While one may assume that there could be a designated driver, the culture of stigma towards sobriety means that individuals may not want to face that stigma and will still drink. This leads to what Stevie Nicks describes as:

> …such an interesting culture around like drinking out and like usually there is a DD but a lot of times it's like someone who just drank the least out of everyone, which is like really interesting that it's like, you know, even if you've had a little bit, it's still acceptable to like, go to drive somewhere. Here, it's like, 'which one of you is gonna blow under a .08?'

Since it is acceptable to drive drunk, there is no excuse for patrons to not have at least one drink. Stevie Nicks explains further, "I'm the youngest in my family so for a while I was DD for them

and then it's like even still now I tend to be the one that drinks the least and like end up being DD still." While there can be an established DD, that individual can still drink if they are legally able to drive afterwards.

The final explanation for drunk driving is that there are no consequences for doing so. Freddy Mercury explains:

> Like, I think that's a lot of the reasons because there's not a lot of cops around here. So it's like, if you're driving down Rt 100, you're like, 'I don't ever see a cop down 100'. So even though I'm driving safe, I'm going speed limit, I'm still swerving a little bit. But there's no cops that I'm gonna drive by. So chances are, you're gonna be good.

The lack of police presence means that there are no consequences for drunk driving if one does not cause an accident. Since residents know that there is no legal recourse, there is even more incentive to drive drunk as it reduces the aforementioned annoyances of relying on others to drive. There is also no pushback from the bar staff when it comes to drunk driving:

> Yeah, and people look at you and like I'll be up in Killington. They're like, 'well, you're not driving' or even at [redacted] they're like 'You're not driving are you?' I'm like, 'how else am I getting home?' I could leave my car here, but I have to work tomorrow at fucking two o 'clock so can I rely on somebody to pick me up at noon? I have no choice. (Freddy Mercury)

While the bar staff voice their concerns about the participant's driving, they still allow him to drive as they know that there is no other way that they can get him home without resistance. This allowance of drunk driving results in patrons drinking more alcohol as they understand that there are no consequences legally or socially if they drive afterwards.

Environmental Influences

Availability of Alcohol

According to participants, alcohol is widely available and inexpensive, especially to local residents:

> There is but it's like it's so fueled by like Killington is my favorite place because of skiing, but every single base lodge has a bar and they give their employees 50% off alcohol so that they can make money on the slope. It's genius. I think it's the coolest thing ever because there's no other ski resort in this country that we know of that does that. (Roger Waters)

Employers incentivize their employees to spend money at their establishment by providing discounts which results in them consuming more alcohol due to cost becoming less of a deterring factor. This is a common trend with bars across the area with another participant explaining, "And it was 50% off. It was, yeah, normally my shiftie [6]. Depending on who was working." (Levon Hill). These incentives are given to employees even in restaurants to urge them to spend money at the establishment, but also encourage alcohol consumption which can be framed as a way for employees to bond after work or to relax. However, this phenomenon may only be Killington and Pittsfield specific. Roger Waters explains, "It's just such a culture here. Like Killington specifically is like a huge... I remember going to like Straton and we go to the peak and like they don't have a bar up here." This high availability of bars and incentives to drink explains why alcohol consumption is high in this area, but how does it affect the rest of Vermont?

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[6] A shift drink, free alcohol consumed after completing a shift at a bar.

Recreation and Alcohol

Outdoor recreation is one of the main activities in Vermont and is largely part of its tourism. While outdoor recreation is associated with health, participants explain that it is still heavily connected to alcohol consumption. "Like the skiing and the biking like people love to go for après afterwards or you know have a drink after a ride or whatever it is." (Stevie Nicks). Après culture is a large part of outdoor recreation, especially when in a resort area:

> Um, and I think that industry will always be tied to tourism, you know, and après ski is, you know, an absolute thing. Like, and if, you know, you got a ski town, you're going to have to support the après ski scene. (Levon Hill)

This association of the outdoors with alcohol can lead individuals to consume more alcohol as they are trying to fit in with the culture and reduce isolation. Individuals who are trying to avoid the scene all together may find this difficult as, "There is plenty of outdoor recreation to do but not much of anything else" (Stevie Nicks). This lack of other recreation can result in boredom and isolation, which can lead an individual to cave and eventually begin drinking to be a part of the scene.

Alcohol consumption in outdoor recreation is something that is also normalized, "Yeah, like you know you're on a chairlift and you split a beer between your friends or whatever, that's just like kind of the atmosphere." (Stevie Nicks). The après culture mixed with the incentive from ski resorts for their employees to buy alcohol results in alcohol becoming commonplace in not only skiing but also hiking:

I want to go on a hike and then my friend brought two bottles of champagne I'm like well, might as well. And even if all morning I'm like 'no drinking today like I'm good. We're just gonna do a hike' and then that comes out I can't say no. (Roger Waters)

Biking:

So even with the Tuesday night rides, you know, you're still going to [redacted] afterwards. You still end up at a bar afterwards. (Stevie Nicks)

And other forms of sport:

Yeah, but the thing about those night leagues, though, is that they're also really tied up in alcohol. They're beer leagues. Because you go to the bar that sponsors your team afterwards. My dad was on a couple of softball teams that that was the gig. It's like you went to the game and then afterwards everybody went to the bar. I think that you know you kind of can pair that along with any nighttime physical activity. (Levon Hill)

By creating the association of alcohol and outdoor activities, a culture of drinking is created that is hard to stray from, especially if there is a risk of being stigmatized for not participating in alcohol consumption. Individuals who do not want to participate in these activities may also find themselves struggling to find something to do as drinking and outdoor recreation have been identified by participants as the only two things "to do" in the area.

While outdoor recreation plays a role in reducing boredom during the day, there is even less to do at night in terms of entertainment or opportunities to socialize. When asked what influences Vermonters to consume alcohol at such high rates, participants said:

I think there's not much else to do. or like there isn't much else really to do I don't know. (Roger Waters)

Because there's nothing else to do. (Stevie Nicks)

Yeah. Because there's nothing to do. (Freddy Mercury)

Yeah, there's sort of a lack of available activity in comparison to where I grew up. (Levon Hill)

All participants agreed that there is nothing to do at night outside of patronizing a bar or drinking at a friend's house. Stevie Nicks even went so far as to say:

I think a lot of people resort to drinking just to pass the time and you know, just to do something really. It's almost like a hobby for some people. It's like weird to say that. It's like almost like it's a hobby because there's just nothing else to do.

The testimony of other participants supported her claim as drinking was the only activity that participants mentioned when talking about what they do at night. A large factor in this is that no other places are open at night:

So I will go back to the boredom of things, like, because you're bored, but it also comes back to, well, there's nothing else to do.. And, you know, especially here in wintertime when it's cold and it's seven o 'clock and like, homie hits you up and 'so what are we going to go do?' Oh we're gonna go to a bar. Because everything is closed. (Freddy Mercury)

This lack of activity leads people to patronize bars which results in alcohol consumption, because, as Levon Hill puts it:

Like what else are you expected to do at a bar at nine o 'clock on Friday night? And you can expand the question to what are you supposed to do in Killington at 9 p.m. on a Friday night like what are you supposed to do in Vermont at 9 p.m. on a Friday night you know?

Since all activities are intertwined with bar patronization and drinking, it can lead people to believe that there is nothing else to do but to drink and so they either isolate themselves away from the drinking establishments or they patronize these establishments and drink. Even with outdoor recreation, the lack of activity at night leads people to the bar:

And it kind of comes back to that aspect of socializing where it's like there is nothing else to do but to go to a bar. Cause even in the summer with like the extended hours, there's still nothing to do. Cause you can only hike so much. And granted, yeah, there are those people that hike up this mountain or ski this mountain or do this, do this. But at six o 'clock, six thirty, seven, all those same people are at the bar. And they're all getting just as drunk. And that's the thing is it's like, this is how you just deal with the boredom. (Freddy Mercury)

No matter how one tries to occupy themselves during the daytime, there is still a lack of social opportunity at night outside of one's home and so everyone still ends up at the bar. As Freddy Mercury explained:

Unless you're ready to sit at home by yourself and be isolated. And you can do that if you're a strong-minded person and can deal with that, but the percentage of people who are here cannot deal with that. And, you know, who would really want to do that when you just go socialize instead.

Social isolation is feared and avoided at all costs, even if that means attending a bar and drinking. The problem lies in the lack of opportunities at night which leads to feelings of boredom. To combat this, individuals end up patronizing bars as they are the only places open at night, which exposes them to the social and cultural stigmas of sobriety and results in alcohol consumption.

Personal Strain and Alcohol Consumption

Drinking as a Coping Mechanism

Two participants- Freddy Mercury and Roger Waters- mentioned how they use alcohol to cope with various strains that they had in their lives outside of boredom and a fear of social isolation. Roger Waters tells the story of when she first started drinking:

> But she was like my good friend and we'd walk to school together and all this and it was literally like in the center of town and she was actually gonna come hang out with me and then she was crossing on a crosswalk and somebody who was impatient decided to go around the car in front of them and she was like bent over picking her phone up because she dropped it and then it smacked her in the head and she died. And it was like kind of right around the time I started drinking and smoking weed anyway so then I just started going pretty hard without thinking, but that's just what we did.

Drinking to cope with pain and loss is a common theme between the two participants and is an apparent motivator in both of their drinking habits. When asked to describe her relationship with alcohol, Roger Waters said:

I hate it. I hate alcohol. Like I wish I didn't like alcohol. And I don't but I had a really

hard time the last year with my brother dying and definitely became like that horrible

person when they're drinking and like that put a lot into perspective for me.

While Waters "hates" alcohol, it is still used as a coping mechanism for emotional pain that

stems from the loss of her friend and her brother. Freddy Mercury has a similar experience using

alcohol to manage pain:

Oh, I hate it. But I've never been the person that was a hardcore drinker. I mean I like

always drank but it my alcoholism didn't really start until I moved up here and I got off of

drugs and then substituted my drug addiction with alcohol because I was trying to get that

same feeling that I got with drugs off alcohol. You know you Drink till you can't drink

anymore.

Both participants describe themselves as "alcoholics" or "heavy drinkers" and cite their pain and

loss as motivations for their habits. Levon Hill and Stevie Nicks had no mention of using alcohol

as a coping mechanism and both claimed that they had control over their drinking habits,

showing that personal strain plays a role in alcohol consumption. However, participants

explained that this use of alcohol to deal with pain was not just an individual issue, but was

something that was common in the community. When asked why he believed people in Vermont

consumed alcohol, Freddy Mercury responded that they were "Getting by day to day and like

just going to the bar and getting drunk and you know? The problem is people have a hurt that

they're trying to get rid of. And whatever substance they choose to get rid of that is the problem."

Roger Waters had a similar observation:

I think people here drink to deal with depression like straight up. I think people drink to deal with loneliness, because I think with the amount of drinking culture there is, it kind of eliminates the possibility of relationships happening beyond that. Not completely, but it's like if all these relationships that people find with people are based on alcohol, and if they are sober, they don't have that, then I feel like people do it either to continue making connections, or because they fucking hate their lives. And it's like, because it's not just boredom like you were saying, it's a bit, it's deeper than that. And then it's like, yeah, you know, you're dealing with depression, you're dealing with pain, you're dealing with something, and you're drinking to like, stop doing that.

Drinking is the only outlet some people have to deal with their pain, especially in a remote area where there are limited mental health and addiction resources. With the mass availability of bars and other drinking establishments, it is easier to drink than to try to access expensive and distant resources.

Alcohol was also a chosen drug due to its ability to make the user feel "numb" and "normal", however this does not always fulfill the goal of the user:

I do it, I'm still like, 'lets do shots! I'm gonna totally feel normal after this one.' And then I'm like, I'm totally not drunk, but I'm just like, I never got normal. I just got drunk and then I still have the overwhelming anxiety and then I'm just drunk and then I feel bad about myself because I know that I will not feel good tomorrow and that I do have things to do. (Roger Waters)

While the goal was to feel "normal", more anxiety can occur while drunk, which may make the user drink more to chase that high, or make them feel more pain as they realize that alcohol

cannot help them reach their goal of feeling normal. This continuous consumption to feel the effects is described by Freddy Mercury:

> It's like hard cuz it's like the boredom is a thing but it's like with alcohol it's not an instant hit like with other drugs. You're gonna keep going, keep going and then it all hits. So it is definitely boredom but at the same time, you're still chasing that like numb feeling. And with alcohol it's hard because you chase that numb feeling and it's not an instant hit so you keep going till it hits you.

Since alcohol has a slow release property, users will consume more of it to chase the "high", but since it hits later, it can result in the drinker becoming too intoxicated and feeling anxiety about stigmatization or their consumption. Alcohol is used to regulate an individual's pain, but it can result in more anxiety and pain without addressing the core issues that caused the pain.

Discussion

Through the administration of qualitative interviews, primary data was collected regarding how apathy and a need for social connection influence the high rates of alcohol consumption in Vermont. By analyzing the data and connecting it to the Theory of Triadic Influence, the reasons that Vermonters consume alcohol become apparent.

As is discussed in previous literature, the results of this research emphasize the importance of social interactions and community on alcohol consumption. The amount of alcohol consumed by individuals increases when in a social situation in comparison to when an individual attends a drinking establishment alone or when they do not attend a bar or tavern. This aligns with the findings from Lo Monaco et al.'s (2020) study that explains that alcohol consumption increases in social settings as drinking and being drunk is part of a social norm.

There is also an identified stigma surrounding sobriety that aligns with previous research that shows that social drinking, while beneficial in reducing isolation, can lead to an increase in alcohol consumption due to pressure from others to drink (Creswell, 2021). Vermonters also expressed positive attitudes towards alcohol consumption and drunkenness, which is in line with Hilton's (1988) findings that individuals from the Northeast have more positive perceptions of drinking and the behaviors associated with that action.

Alcohol is used as a tool to help the user reduce anxiety in a social situation and practice prosocial behavior, which leads to an increase in the amount of alcohol consumed when exposed to a social setting. Someone who is feeling anxious about socializing with others, especially when they are a stranger in the situation, will consume alcohol to reduce these nerves and give them the ability to speak and interact without inhibition. This is seen as a benefit of drinking and new relationships can be formed and maintained around alcohol and bar patronage, something seen in previous research (Dunbar et al., 2017; Oldenburg, 1987), but if an individual consumes too much alcohol during these interactions, they can be stigmatized for their behavior or they could forget the interaction altogether, resulting in a broken bond. However, some people rely on alcohol to function in social settings which is addressed in previous research on the effects of alcohol (Dunbar et al., 2017).

Vermonters' attitudes towards alcohol consumption and drunkenness increase the amount of alcohol consumed in a social setting as there are stronger social stigmas towards sobriety and abstinence than there are regarding the amount consumed or the behavior that results from drinking. This stigma is both direct and indirect, but both types of stigmas create fears of being isolated or ostracized within a social setting- whether that be through being shamed for their refusal to drink or through their inability to connect with their drunken peers on the same level

that they would if they were also inebriated. This stigma expands past pre-understood boundaries such as one's status as a designated driver or a bartender or server being on the clock. This fear of isolation in rural settings aligns with previous research addressing the impacts of social isolation on rural resident's mental health (Henning-Smith et al., 2018). Individuals believe that if they refuse to drink in a social setting, then others in that setting will reject them socially and refuse to invite them to other social events which results in social isolation. As humans are biologically social creatures, social isolation can have drastically negative impacts on one's mental health and rural residents understand that drinking and being drunk is a better option than being isolated, so they choose to consume alcohol despite their inhibitions.

While drinking and drunkenness is an accepted part of Vermont's culture, there are still stigmas associated with the type of behavior that is exhibited when drunk. Any inebriation that results in an individual behaving prosocially is rewarded through verbal encouragement, new or strengthened social bonds, and more alcohol [often purchased by another patron]. However, if one's drunken behavior is perceived as antisocial, then they become stigmatized by others around them, and social bonds can be broken due to this. A clear indication that someone is acting antisocially is when they are labeled as an "asshole" or when others remove themselves from their vicinity. Despite this knowledge of an "asshole's" drunken behavior, they are not exempt from sobriety-related stigma, rather it is expected that they maintain a level of inebriation where they are "buzzed" but not drunk enough to exhibit antisocial behavior, which is perceived as an impossible challenge by the individual and the cycle repeats.

This study also revealed that normative beliefs surrounding drunk driving impact alcohol consumption rates. Driving while under the influence of alcohol is a common practice among Vermont residents despite the understanding that this behavior is dangerous to both the self and

others. Since drunk driving is commonplace, it cannot be utilized as an excuse for an individual to not participate in drinking, resulting in the driver consuming alcohol along with any potential passengers. While some individuals feel shame in their actions, the lack of alternative transportation options and the distance from the bar to home are used to justify the behavior to both them and others. Previous research has found similar attitudes towards drunk driving (Greene et al., 2018) and it is useful to understand how these justifications impact alcohol consumption. Since sobriety has a stronger stigma than driving under the influence and there are no legal or authoritative repercussions to this action due to the lack of police presence and relaxed attitudes of bar staff, individuals would rather risk the physical health of themselves or others than be at risk of being socially isolated.

The lack of nighttime recreation has a large impact on the rates of alcohol consumption. Any urge that an individual may have to socialize in a public setting that is not connected to alcohol is undercut by the lack of social opportunities at night that are not drinking establishments. While daytime activity can be spent outdoors, there is a serious lack of sober nighttime third spaces in Vermont, creating a problem for those who are looking to reduce their exposure to the aforementioned stigma. Individuals who do not wish to drink are faced with the decision to socially isolate themselves or socialize at a drinking establishment and drink to avoid stigma. The latter option is more appealing due to the negative effects of social isolation, and the individual ends up consuming alcohol because "there's nothing else to do". Even if an individual is content with social isolation normally, any event that occurs outside of one's home will be in a drinking setting, and they will be exposed to the same stigma that is faced by regular patrons.

Outdoor recreation is identified as "one of the only things to do" in Vermont, making it a popular way for people to socialize. While the outdoors is commonly associated with health,

Vermont has many ski towns that promote "après ski" culture which is heavily reliant on alcohol consumption. Après ski is targeted towards tourists, however, employees of the mountain and residents also take part in these activities as they are taking place in the only areas where they can socialize. Local ski resorts and bars can give out discounts on alcohol to employees and locals which encourage those populations to drink as it is no longer a financial barrier. This results in higher alcohol consumption due to the cheap nature of the alcohol but also due to the exposure of the individual to these party environments where the expectation is to be drunk. While a tourist will leave Vermont to return to their normal lives, residents cannot go elsewhere to socialize so they are continuously exposed to and incentivized to drink copious amounts of alcohol. The cycle of alcohol consumption for ski resort employees (Warne, 2017) and the relationship between alcohol and skiing (Thorpe, 2012) have been addressed in previous research, but these studies only talk about the experiences of temporary residents and employees and do not address the drinking habits of long-term residents of ski areas.

Outside of skiing, alcohol is a central element to other outdoor recreational activities such as mountain biking, golf, hiking, and recreational sports leagues. "Beer leagues" are common and most social riding, playing, or hiking groups will end their day at a drinking establishment where the cycle of stigma begins. People join these groups to socialize with others who have similar interests in the outdoors, but this leads to exposure to alcohol consumption. Outdoor recreation groups are a popular way for newcomers to Vermont to meet others, and they can end up feeling pressured to consume alcohol during these "after parties" to fit in and avoid a negative first impression.

This research reveals that all recreational activities both during the day and at night are connected to alcohol in some sense. Outdoor recreation promotes alcohol consumption through

après culture, discounts given to locals at ski hills, beer leagues, and after parties taking place at a drinking establishment. Social opportunities at night are limited to drinking establishments and those who do not want to attend or drink face the risk of social isolation and those who do attend the drinking establishment are then exposed to the stigma surrounding sobriety and will consume alcohol to reduce that stigma.

Alcohol is used to cope with emotional pain that stems from trauma or mental health issues. The death of a loved one or previous addiction issues were cited as triggers that result in alcohol misuse as the drug was used to numb these feelings and feel "okay". This use of alcohol to numb pain is exacerbated when an individual with trauma patronizes a drinking environment and is exposed to pro-drinking attitudes and feels as though they must consume alcohol to feel better. Someone who is dealing with loss has the added layer of consuming alcohol to deal with the inevitable social interactions that occur after the death of a loved one, especially in a small community where news is spread quickly. An individual struggling with addiction may replace their former drug of choice with alcohol as it is more socially acceptable and still produces the same feeling of being numb to one's own pain. It is more acceptable and more accessible to use alcohol as a coping mechanism than to seek out therapy or rehabilitation, something that aligns with previous research on this topic (Krentzman & Glass, 2021).

Workplace anxiety and the expectations of service workers to be consistently friendly also impacts alcohol consumption rates. In food service environments, there is an expectation that workers maintain a prosocial demeanor which is difficult to always maintain. Alcohol is then used as a mood enhancer as it releases endorphins and makes the user more relaxed. Servers and bartenders who are reliant on tips to supplement their income become reliant on alcohol to improve their mood and maintain the expected level of service. This is a common practice in the

industry and working within it exposes the worker to a culture of drinking both during and after a shift. Due to these normative values, service environments are more relaxed about drinking on shift as they understand that this is how the employees make their money and it creates a loyal customer base. It is also common practice for bartenders or other servers to consume alcohol with their customers in the form of shots to make them feel more comfortable which results in more alcohol consumption. As there are limited consequences to drinking at work, it becomes a recommended way to deal with the stress of service and to make more money in tips. Since the majority of residents in ski and other tourist areas [most of Vermont's economy] work in the service industry in one way or another, this creates a large pattern of alcohol consumption which is fueled further by pro-drinking attitudes and the financial gain that comes with acting in a prosocial manner.

Both emotional pain and the stress of working lead individuals to become apathetic, which leads to alcohol consumption to numb these feelings of hopelessness. Someone who is experiencing pain and does not know when it will end becomes detached from their feelings and does not care how they dull the aches, even if it becomes a substance use disorder. This lack of regard for one's own health is supported by the idea that an individual understands that alcohol is harmful to them and that their motivations for drinking are unhealthy, but they do not care because they know that this is the cheapest and easiest way to deal with their feelings. This is the same with service workers. It is understood that consuming alcohol during a shift could result in dismissal or punishment and that drinking to maintain a prosocial attitude could result in a reliance on the substance, but workers disregard this due to the need for tips to make up their income. Any negative associations with alcohol are disregarded to justify its use as a coping mechanism for personal strains in the face of a major lack of resources.

The three influences- social and cultural norms, environmental factors, and personal strains- interact with each other to influence an individual's alcohol consumption habits. An individual is biologically predisposed to need social connection, so they seek out a third space to socialize. The only widely accessible third spaces in Vermont are deeply connected to alcohol consumption, so the action cannot be avoided. When in the third space, an individual cannot avoid alcohol consumption without facing social stigma and peer pressure which results in drinking. Since alcohol is used to increase prosocial behavior, the individual will consume it to ensure that they are social throughout the period. Other patrons around the individual will continue to urge the individual to drink either through verbal nagging or by purchasing alcohol for them and when the individual is finished drinking, they can drive home inebriated without any legal or social consequence. If that individual is also facing addiction issues or emotional trauma, then they will consume higher amounts of alcohol to numb these pains which is encouraged by others and is not inhibited by social consequence. Overall, these three influences make it so that alcohol consumption in Vermont can seem impossible to avoid if an individual wishes to socialize publicly.

Policy Implications

While alcohol consumption in its entirety is unlikely to end, there are some interventions that can be implemented to reduce the harm associated with drinking and to reduce the overall rate of alcohol consumption. The first is to open more third spaces in Vermont that are open at night and do not sell or have limited sales of alcohol. This will provide the opportunity for individuals who do not want to drink or who cannot drink due to health or addiction issues to socialize without experiencing the stigma surrounding their abstinence. These spaces would also provide a social setting for adolescents who cannot attend bars due to their age but still want to

socialize outside of their homes. By increasing the number of non-drinking establishments in the state, there would be less exposure to alcohol and the resulting social stigmas, which would give patrons the chance to be sober without social consequence.

While it would be impossible to change public attitudes towards sobriety, sober groups should also be established and funded within outdoor recreational settings such as ski resorts so individuals can enjoy their sport without fear of stigma. Certain groups already exist out West that practice sober recreation and support other members in their sobriety journeys (Doherty, 2024), and this needs to become commonplace in Vermont to reduce feelings of isolation among skiers and other lovers of the outdoors when they do not want to participate in the drinking culture.

Another harm reduction strategy would be to make public transit from drinking establishments more accessible to residents. Public transit does not exist in Pittsfield, and it is limited throughout the state meaning that residents have no choice but to drive themselves home while drunk. While some may argue that a stronger police presence is necessary, this would result in a higher rate of criminalization, which is counterproductive to harm reduction. Instead, it has been found that public transit reduces the number of drunk driving arrests and accidents as those who are drinking are more likely to use those options rather than risk physical injury (Fell et al., 2020). Accessible public transportation would also reduce social isolation as residents who do not have a car or cannot drive would be able to access the community and patronize social spaces.

Finally, there needs to be more accessible mental health and substance misuse treatment options for rural residents. The lack of resources leaves rural populations turning to alcohol or other substances to cope with their pain which can result in substance use disorders and impact

one's mental, social, and physical health. More accessible resources can also provide individuals with the resources needed to overcome social stigma and educate communities about the impacts of drinking, which can reduce the overall stigma related to sobriety and result in less alcohol consumption for bar patrons.

Limitations and Future Research

While this study did reveal information surrounding the drinking culture in Vermont, there are multiple limitations that could be addressed in the future. The first is the limited scope of both participants. Due to time constraints, only four participants were able to be interviewed, which limits the number of perspectives on the research topic. The participants were also all quite young, with the oldest being 35 years old. This means that the perspectives of older residents were not taken into consideration, and they may have different opinions on the research question than those who are younger. There is also the issue of geographical location. All participants were recruited from Pittsfield, Vermont and while most participants had resided in other areas of the state previously, the Pittsfield-Killington area has some unique factors such as discounted drinking and tourism infrastructure that impact alcohol consumption in ways that may not impact other areas of the state. In the future, residents from other areas of Vermont, including the urban areas, should be included in the study to understand how drinking culture is perceived state-wide. The participant population was also mostly made up of "transplants" who moved to the state later in life and did not give much in terms of a "local" perspective. In the future, more people from both populations should be interviewed to create a holistic view on alcohol consumption in Vermont.

Outside of recruiting a larger number of diverse participants, a more qualitative focus overall should be given to understanding why alcohol is consumed in rural areas. A future

65

qualitative study could be used to explain the motivations of alcohol consumption in the New England region that Vermont is part of and could be expanded to the Northeast overall. Further research could also be conducted on how stigmas surrounding sobriety are formed and maintained to manage and reduce these perceptions. Finally, a longitudinal mixed-methods study could be conducted that focuses on how sober third spaces are perceived within rural communities and how the presence of these spaces has impacted the rates of alcohol consumption in the area. All these studies can help further the understanding surrounding why alcohol is so prevalent in rural areas and understand how to reduce the harms caused by social stigma and drinking.

Conclusion

This research paper asked how apathy and a need for social connection influence the high rates of alcohol consumption in Vermont. By conducting qualitative interviews with four participants who resided in Vermont, it was found that social attitudes towards drinking and drunkenness, a lack of sober recreation, and personal feelings of apathy have an impact on how much alcohol an individual consumes. Apathy has less of an impact than social influences, however, it still plays a role in some individual's motivations surrounding alcohol use to numb their pain. Social influences were found to be the strongest influence on alcohol consumption, with social stigmas surrounding sobriety and the use of alcohol to act prosocially in a social setting resulted in an increase in alcohol consumption.

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Appendix A
INFORMED CONSENT
The influence of apathy and connection on alcohol consumption in Vermont
SMU REB File #:
Magnolia Rice and Dr. Rachael Collins
Department of Criminology, Saint Mary's University, Halifax, NS B3H 3C3

My name is Magnolia Rice, and I am an Honours Criminology student from Saint Mary's University. My supervisor, Dr. Rachael Collins, and I are conducting this study as my Honours thesis research project.

You are invited to participate in this voluntary research study. **Your participation is completely voluntary, and you may withdraw from this study at any time, without penalty.** You may do so by simply telling the researcher Magnolia Rice that you no longer wish to take part. If there are any questions you do not wish to answer, you may skip them. **All information obtained in this study will be kept strictly confidential.** Your name along with the answers to your interview questions will be stored separately, and both sets of information are password protected. We will not link names to the data in any way. All responses will be completely unlinked, and all information obtained will be kept strictly confidential by the researchers. The interview data will be secure and stored on a password-protected computer, accessible only to the Principal Investigator, Magnolia Rice and the Faculty Supervisor, Dr. Rachael Collins.

WHAT IS THE PURPOSE OF MY RESEARCH

The purpose of this study is to improve our knowledge on the alcohol crisis in Vermont. In particular, I am interested in how boredom and lack of social connection may affect drinking behaviors. The goal of this research is to interview people who live in Vermont in order to get a firsthand account of people's lived experiences within the town of Pittsfield, VT and to attempt to understand the alcohol abuse crisis through their eyes.

WHO IS ELIGIBLE TO TAKE PART?

be eligible to participate in this research, you must be 21 years of age or older, reside within Vermont, regularly consume alcohol or have regularly consumed alcohol in the past, and be fluent in English.

WHAT PARTICIPATION MEANS

Participation in this study will be done using face-to-face interviews. This research consists of questions that will ask you about sociodemographics, questions about experiences with boredom,

current social life in Vermont, and habits of alcohol consumption. Participation should take approximately 45-60 minutes. No further participation will be needed upon the completion of the interview.

WHAT ARE THE POTENTIAL BENEFITS OF THIS RESEARCH?
While Vermont has identified that there is an alcohol abuse crisis, there is little to no published research surrounding the causes of the abuse. This study aims to understand some of the potential factors surrounding abuse at the individual level. If this research can identify common factors of abuse among individuals, it can be used within addiction research to hopefully find solutions to reduce the harms associated with addiction in Vermont.

WHAT ARE THE POTENTIAL RISKS?

There are minimal risks associated with participating in this study. It is possible that our research may cause feelings of sadness, anger, or hopelessness surrounding your experiences with alcohol or with your experiences within Vermont. Conversations about addiction or alcohol use can result in anxiety and feeling upset. If these feelings significantly impact you at any point throughout the study, please stop immediately and let Magnolia Rice know during the interview. **If you require support, you can reach out to local crisis hotlines by calling 802-775-1000, (833) 888-2557, or texting "VT" to 741741.**

WHAT WILL BE DONE WITH MY INFORMATION? WHO WILL HAVE ACCESS TO IT?

All interviews will be recorded on a computer voice recording application and this data will be transcribed via an online transcribing application. These recordings and transcriptions will be stored within the researcher's password protected computer. Access to all data collected for this research will be limited to the primary researchers (Magnolia Rice and Dr. Rachael Collins). All recordings will be destroyed upon completion of transcription and any identifying information will be removed from transcripts. Participants will be given a pseudonym (fake name) to categorize and discuss data within the research. Upon completion of the study, the researchers will email a summary of the overall results to participants if requested (please see contact information below). Please note that data from this study may also be shared with other researchers, however, any personally identifiable information will be removed from the data file prior to sharing. Written excerpts from the survey may be used in publications but will not be linked to your identity in anyway.

PRIVACY AND CONFIDENTIALITY

All information obtained in this study will be kept strictly confidential. The interview data will be secure and collected and stored on a password-protected computer. Names and responses will be kept separate, so there will be no way to link names with responses.

HOW CAN I WITHDRAW FROM THIS STUDY?

Your participation is completely voluntary. You may withdraw from this study at any time without penalty. You may choose not to answer any questions you do not feel comfortable answering. If you would like to withdraw your data from this study, please either let Magnolia Rice know during the interview or contact the researcher after the interview directly. If you indicate that you would like to withdraw your data, any data you entered into the study will be deleted and will not be included in the study results.

HOW CAN I GET MORE INFORMATION OR FIND OUT MORE ABOUT THIS STUDY?

If you have any questions, please contact Magnolia Rice at Magnolia.Rice@smu.ca or Dr. Rachael Collins at r.collins@smu.ca

LEGAL RECOURSE

By consenting I do not waive any of my rights, including the right to take legal action should I be harmed by this research in any way.
We recommend that you save the informed consent form in case you have questions later.

CERTIFICATION

This research has been reviewed and cleared by the Saint Mary's University Research Ethics Board. If you have any questions or concerns about ethical matters, you may contact the Chair of the Saint Mary's University Research Ethics Board at ethics@smu.ca or +1 (902) 420-5728.
Notes: By consenting to this study, does not in any way mean you have waived your rights to legal recourse in event that the research has caused related harm to you as an individual or community.

PROVIDING VERBAL CONSENT TO PARTICIPATING ON THIS STUDY
Please say YES or NO to the following question

1. You have carefully listened to the information/explanation about this study: Y / N
2. You have been given the opportunity to discuss the information and your questions have been answered to your satisfaction: Y / N

3. You hereby consent to take part in this study. However, you realize that my participation is voluntary and that you are free to withdraw from the study at any time: Y / N

4. You agree to being audio-recorded: Y / N

5. You agree to your words being quoted anonymously: Y / N

6. You agree to participate in this study: Y / N

7. I request a copy of the interview and/or finished thesis be sent to my preferred contact location

My preferred contact location is: _____

SIGNATURE OF AGREEMENT

I have read the explanation about this study. I have been given the opportunity to discuss it and my questions have been answered to my satisfaction. I hereby consent to take part in this study. However, I realize that my participation is voluntary and that I am free to withdraw from the study at any time.

_____   _____

Participant Signature

Principal Investigator's Signature

Date

Magnolia Rice	Dr. Rachael Collins
Saint Mary's University	Saint Mary's University
923 Robie St., Halifax, NS	923 Robie St., Halifax, NS
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Appendix B

Script for Initial Recruitment

As my recruitment is based on snowball sampling, I will provide a script for those who have been identified by other participants as potential participants. I have identified my initial participant, and he consents to be interviewed once the ethics process has been approved.

Hello, my name is Magnolia Rice, I am a fourth year Criminology student at Saint Mary's University, and I am writing my honors thesis on apathy and a need for social connection in relation to alcohol abuse in Vermont. A previous participant mentioned that you would be someone who could help with my research and would be willing to be interviewed about your experiences with alcohol. Would you be interested in this opportunity? If so, I can send you a consent form to look over and sign and we can figure out a time and day that works best for you. If not, please disregard this and I hope you have a good rest of your day!

Appendix C

Interview Questions

Section I: Demographic Information

1. How old are you?

2. What is your gender?

3. Are you currently employed?

4. What is the highest level of education you have completed?

5. Are you a resident of Vermont? (living here for the entire year, not just seasonally)

      a. If so, which town are you from? How would you describe your town? (Rural, urban, suburban?)

Section II: Interview Questions

1. How long have you lived in Vermont?

      a. If respondent is "transplant": Why did you to move to Vermont?

      b. If respondent is "native": Why did you to stay in Vermont?

2. Tell me about your town. What's it like? How would you describe it to someone whose never been?

3. What do you do when you feel bored?

4. What do you enjoy doing alone? (Ex. Long walks, fishing, biking, listening to music?)

5. What have you enjoyed doing with others? (Team sports, special interest groups)

6. Where are some places you go to socialize?

7. How would you describe your social life within Vermont?

8. How often do you drink alcohol per week?

9. How much do you usually drink at one time?

10. How would you describe your relationship with alcohol?

11. How do you feel about your alcohol consumption?

12. Rates of alcohol consumption are particularly high in Vermont compared to other places. Why do you think that is?

13. In your opinion, do you think that alcohol is an important part of socializing in Vermont? Why or why not?

14. Do you think people drink here to deal with boredom?

Appendix D

FEEDBACK LETTER
The influence of apathy and connection on alcohol consumption in Vermont
SMU REB File #:
Magnolia Rice, Dr. Rachael Collins
Department of Criminology, Saint Mary's University, Halifax, NS B3H 3C3

Dear Participant,

Thank you for your participation in our study.

As a reminder, the purpose of this study is to understand the alcohol abuse crisis within Vermont and how boredom and social connections impact this crisis. This research may help us better understand what needs to be done to reduce alcohol abuse occurring in the state.

Please remember that any data pertaining to you as an individual participant will be kept confidential. Once all the data is collected and analyzed for this project, we plan on sharing this information with the Saint Mary's University Criminology Department through an honours thesis. Please note that data from this study may also be shared with other researchers, however, any personally identifiable information will be removed from the data file prior to sharing. Written excerpts from the survey may be used in publications but will not be linked to your identity. We hope to use the data gathered here, in part, to identify individual factors that impact alcohol abuse.

If you are interested in receiving more information regarding the results of this study, or if you have any questions or concerns, please contact Magnolia Rice or Dr. Rachael Collins at the email addresses listed at the bottom of the page.

In the event of any adverse experience resulting from participation in the present research, please contact Magnolia Rice or Dr. Rachael Collins via the email below. Also, please remember that if you require support, you can reach out to local crisis hotlines by calling 802-775-1000, (833) 888-2557, or texting "VT" to 741741.

If you would like a copy of the report, please email Magnolia Rice, at the email address below. This study is expected to be completed by April 2024.

As with all Saint Mary's University projects involving human participants, this project was reviewed and cleared by the Saint Mary's University Research Ethics Board. Should you have any comments or concerns about ethical matters or would like to discuss your rights as a research participant, please contact the Chair of the Research Ethics Board at 902-420-5728 or ethics@smu.ca.

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