

Module 6 Alcoholism, Drug Abuse and Corruption

Lecture 34

Concept and Extent of Alcoholism

Concept of Alcoholism

Alcoholism has been described as chronic illness which is characterized by repeated drinking of alcoholic drinks, to the extent that it exceeds customary use and social standards of a community and interferes with the drinker's health and social or economic functioning and leads to continuing problems. An alcoholic is unable to take note of these problems or if he/she takes note, is not able to stop drinking completely. According to Jhonson (1973), alcoholism is a condition in which an individual loses control over his alcohol intake in that he is constantly unable to refrain from drinking once he begins. According to Keller and Efron (1955), alcoholism is characterized by the repeated drinking of alcoholic beverages to an extent that exceeds customary use or compliance with the social customs of the community and that adversely affects the drinker's health or interferes with his social or economic functioning. An alcoholic is different from an 'occasional drinker'. Any person who takes alcohol is a 'drinker', while an 'compulsive drinker' who cannot live without taking alcohol is called 'alcoholic'. Clinebell (1956) has defined 'alcoholic' as one whose drinking interferes frequently or continuously with any of his important life adjustments and interpersonal relationships. There are many types of alcohol. Only one can be consumed, viz. ethyl alcohol (which is used in beer, wine, toddy, whisky, brandy, rum, arrack or locally prepared liquor). When alcohol enters the blood-stream, it circulates all over the body. Its effects depend on the quantity taken. They vary depending on the speed at which a person drinks. His/her weight and the presence of food in the stomach also make a difference. The parentage of alcohol in the drink and to some extent, some psychological factors like which one is drinking with are also important. Past experience of drinking and attitude to drinking is another pair of important variables. Alcohol affects the brain directly slowing down its activities as well as those of the spinal cord. It acts as a depressant, i.e. it slows down responses. It gives the false impression of being a stimulant because it lowers inhibition and makes people lively. Contrary to popular conceptions, alcohol contains only empty calories, without

any nutritive value. Alcohol leads to dependence in the case of several people. This causes serious difficulties in occupational and family life. It also causes problems in financial areas, social interaction and physical and mental health of the addict and his/ her family. The short-term effects of alcohol consumption in small quantity can lead to a lowering of inhibition. It also leads to increased anger, forgetting of unpleasant events and a feeling of relaxation,. Regular, frequent, excessive and inappropriate use of alcohol leads to moodiness and loss of judgment. It leads to lack of control over body movements, and absence of alertness. It also creates loss of clarity of speech, absence of judgment and even chronic illness and death.

Alcoholism has been also described in the following way:

- i) It is a disease by itself and not just a symptom of a psychological problem. The disease itself causes psychological and physical problems, which can be handled, only if the alcoholism itself is treated.
- ii) It is a progressive disease, i.e. in the absence of treatment, it worsens.
- iii) It can be a terminal illness, i.e. if untreated for medical problems like cirrhosis, the person can die.
- iv) It is a treatable disease, i.e. it can be checked or its progress stopped with proper treatment, which aims at totally giving up alcohol. An alcoholic thus cannot drink one in a while, i.e. he/she cannot become a 'social drinker'. This is so even if he/she has remained sober, i.e. without alcohol, for many years. Even if he/she takes a small quantity of alcohol he/she will return to frequent drinking.

Torture, as defined in international human rights law, generally involves four critical elements: (a) it causes severe physical and/or mental pain; it is (b) intentionally inflicted, (c) for specified purposes and (d) with some form of official involvement, whether active or passive.

As a progressive disease, it goes through various phases. The signs of these phases are described below:

i) Early Phase

- a) Need for more alcohol for the same effects, as earlier.
- b) Avoid talk about alcohol due to guilt.
- c) 'Blackouts', i.e. forgetting all that one did under the influence of alcohol.
- d) Preoccupation with drinks, i.e. thinking of how, when and where one can get the next drink.

ii) Middle Phase

- a) Loss of control over the quantity, time and place of consumption.
- b) Giving excuses for one's drinking to others and self.
- c) Grandiose behaviour, i.e. doing things beyond one's capacity, e.g. spending too much or showing off.
- d) Aggression through words and action.
- e) Guilt and regret.
- f) Temporary periods of giving up drink.
- g) Changing the drinking pattern, e.g. changing the type of drink, the time/place of drinking, etc, to limit one's drinking, which does not give any positive results.
- h) Problems in social relationships and increase of problems in family, job and financial matters.
- i) Morning drinking in some cases in order to handle the hangover i.e. the feeling of illness and unpleasant physical symptoms the morning after an evening of heavy drinking.
- j) At times, the alcoholic may seek help for alcoholism at this stage.

iii) Chronic Phase

- a) Decreased tolerance i.e. now get 'drunk' even with a very small quantity.
- b) Physical complaints.
- c) Binge drinking, i.e. continuous drinking for days together.

- d) Keeping a constant watch over the quota of one's drinks, due to fear of being without a drink.
- e) Criminal behaviour to get alcohol and ethical breakdown, i.e. unable to live up to social values.
- f) Paranoia or suspicious feelings that everybody is against him/her.
- g) Loss of sexual desire/functioning in men which increases their suspicion about their wife's fidelity.
- h) Fears of simple things, e.g. being alone.
- i) Lack of motor coordination, i.e. shakes and tremors, prevent him from performing simple acts.
- j) Hallucinations, e.g. imagining voices speaking, seeing what does not exist, or feeling sensations in the absence of external stimuli.
- k) If alcohol is discontinued, severe physical discomfort and pain follows.
- l) Either death or mental illness at the final stage.

Extent of Alcoholism: In special reference to India.

Alcoholic beverages are widely consumed throughout the world. While most of the adult population drinks at low-risk levels most of the time or abstains altogether, the broad range of alcohol consumption patterns, from daily heavy drinking to occasional hazardous drinking, creates significant public health and safety problems in nearly all countries. Worldwide per capita consumption of alcoholic beverages in 2005 equaled 6.13 litres of pure alcohol consumed by every person aged 15 years or older. A large portion of this consumption – 28.6% or 1.76 litres per person was homemade and illegally produced alcohol or, in other words, unrecorded alcohol. The consumption of homemade or illegally produced alcohol may be associated with an increased risk of harm because of unknown and potentially dangerous impurities or contaminants in these beverages. A large variation exists in adult per capita consumption. The highest consumption levels can be found in the developed world, mostly the Northern Hemisphere, but also in Argentina, Australia and New Zealand. Medium consumption levels can be found in southern Africa, with Namibia and South Africa having the highest levels, and in North and South America. Low consumption levels can be found in the

countries of North Africa and sub-Saharan Africa, the Eastern Mediterranean region, and southern Asia and the Indian Ocean. The consumption of unrecorded alcohol is a significant issue and poses a difficult dimension for measuring the true nature of global alcohol consumption. Data must be culled from many sources to accurately estimate this sector of consumption, which accounts for nearly 30% of total worldwide adult consumption. (Global Health Status Report on Alcohol and Health, WHO, 2011) The World Health Organization initiated The Global School-based Student Health Survey (GSHS, 2004), which is a collaborative surveillance project designed to help countries measure and assess the behavioural risk factors including alcohol use and protective factors in 10 key areas among young people (aged 13–15 years). The GSHS is a relatively low-cost school-based survey which uses a self-administered questionnaire to obtain data on young people's health behaviour and protective factors related to the leading causes of morbidity and mortality among children and adults worldwide. Table 5 gives an overview of the national data from GSHS concerning current drinking among young people aged 13–15 years. In the WHO Global Survey on Alcohol and Health (2008), the five-year trend of under-age drinking was assessed: out of 73 responding countries, 71% indicated an increase, 4% a decrease, 8% were stable and 16% showed inconclusive trends. The five-year trend of drinking among 18–25 year olds indicated that, out of 82 responding countries, 80% showed an increase, 11% decrease, 6% were stable and 12% showed inconclusive trends. Across the world, but also within regions, there is a strong negative association between total consumption and the proportion of unrecorded consumption in total consumption. This means that in countries, often poorer or developing countries, where alcohol use is rather low, much of this use is served by homemade or illegally produced and, therefore, cheaper alcohol, whereas in developed countries alcohol consumption is higher but most of it is with recorded legally produced alcohol. Alcohol use is very uneven in India among different regions, population groups and socioeconomic strata. Overall, even though alcohol abuse among those who consume alcohol is high, the proportion of teetotalers in the general population is high among adult men and very high among adult women and children below 15 years. According to the 2003 World Health Survey (total sample size $n = 9540$, males $n = 4605$ and females $n =$

4935; sample population aged 18 years and above), the rate of lifetime abstainers was 89.6% (total), 80.2% (males) and 98.4% (females) are in India. Estimates from key alcohol experts show that in India the proportion of adult males and females who had been abstaining (last year before the survey) was 75% (males) and 96% (females). Data is for after year 1995. The rate of heavy and hazardous drinking among the total population was 1.4% (total), 2.4% (males) and 0.4% (females). Heavy and hazardous drinking was defined as average consumption of 40 g or more of pure alcohol a day for men and 20 g or more of pure alcohol a day for women. The mean value (in grams) of pure alcohol consumed per day among drinkers was 35.9 (total), 38.3 (males) and 12.9 (females). the rate of heavy episodic drinking among the total population was 1.4% (total), 2.9% (males) and 0.1% (females). Heavy episodic drinking was defined as at least once a week consumption of five standard drinks in one sitting. The 2003 National Household Survey of Alcohol and Drug Abuse of 40 697 males aged between 12 to 60 years old found that the rate of lifetime abstainers among the sampled population was 74.1%. Of the total sampled population, 21.4% were reported to be current users of alcohol (used in last 30 days). A sample of 1831 people (aged 10 years and above) interviewed in 1997–1998 in Meghalaya and upper Assam region found that the prevalence rate of alcohol use was 12.5%. Female alcohol use was low (3.2%) compared with male use (20.2%). Distribution by age documents that prevalence was approximately 23% among adults and the older age group (30 years and above) and 4.2% among adolescents and young adults (10 to 29 years). The rate of youth drinking was found to be 1.5% (total), 2.4% (males) and 0.6% (females).

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