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Alcoholism

The problem of alcoholism, until a few decades ago, was considered a moral problem and a sign of social irresponsibility. After the introduction of the prohibition policy in some states in the 1960s, it was viewed as an illegal act. Now it is considered by some scholars more as a complicated, chronic and immensely costly disease than a type of a deviant behaviour. The victim needs not punitive treatment but treatment by specialists—psychiatrists, doctors, social workers and others who will help him in his personality reconstruction.

Alcoholism has much in common with the problem of drug abuse. Both consist essentially of the habitual use of chemical agents to produce a temporarily pleasant mental state. In either case, the results can be extremely dangerous. Addicts in both require therapy rather than penal action. However, in spite of these similarities, the two problems are sufficiently different and require separate discussion. Most drinkers in India are rare, infrequent and moderate drinkers and the compulsive drinkers or alcoholics are only a minority. Drinking is not as dangerous as drug habit is.

Alcohol is not a stimulant; it is a depressant or inhibitor on the central nervous system. Alcohol relaxes the customary controls on behaviour and the drinker becomes less restrained and feels more free. But taking alcohol even once in a while leaves the possibility of a habit-forming phenomenon open and the drinker may start taking it frequently and in large quantity which could have tragic and disastrous effects. It may affect him physically, destroy his ability to work and

earn, ruin his family life, and demoralise him utterly. An innocent recreation, thus, may come to spoil the whole life of the drinker. But, before analysing the causes and effects of alcoholism, let us understand some basic concepts.

The Concept

Alcoholism is a condition in which the individual has lost control over his alcohol intake in that he is constantly unable to refrain from drinking once he begins (Jhonson, 1973: 519). According to Keller and Efron (1955 : 619-644), alcoholism is characterised 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 interferes with the drinker's health or his social or economic functioning.

An alcoholic is different from an 'occasional drinker' Any person who takes alcohol is a 'drinker', while a 'compulsive drinker' who cannot live without taking alcohol is called an 'alcoholic'. According to Richard Waskin (1964 : 362), an alcoholic is an excessive drinker whose dependence upon alcohol has reached such a degree that it results in a noticeable mental disturbance or an interference with his bodily and mental health, his interpersonal relations, and his smooth social and economic functioning ; or one who shows the early signs of such developments. Clinebell (1956 : 17) has defined an 'alcoholic' as one whose drinking interferes frequently or continuously with any of his important life adjustments and interpersonal relationships.

Broadly speaking, alcoholism has been characterised by four factors: (1) excessive intake of alcoholic beverages, (2) individual's increasing worry over his drinking, (3) loss of the drinker's control over his own drinking, and (4) the disturbance in his functioning in his social world.

Richard Blum (1973 : 508) has referred to drinking in two contexts: (i) in the context of prescribed social pattern where drinking is integrated in the culture of the society and it is perceived as part of everyday life, (for example, in Italy, United States) and people do not find any psychological potential in it; and (ii) in the context of perceiving alcohol-use as disruptive to culture and society and people find addictive potential in it (as in India) and view drinking as a means of seeking pleasure and escape Drinkers have been further classified as 'non-addicts', 'addicts' and 'chronic alcoholics'. Non-addicts are categorised as 'experimenters' and 'regulars'. Don Cahalan has given a

five-fold classification of alcohol drinkers on the basis of the frequency of drinking (and not the quantity of alcohol taken) :

(1) *Rare users*, who drink once or twice a year.
(2) *Infrequent users*, who drink once or twice in two-three months, that is, less than once a month.
(3) *Light drinkers*, who drink once or twice a month.
(4) *Moderate drinkers*, who drink three or four times in a month.
(5) *Heavy drinkers*, who drink every day or several drinks during the day.

The last category of drinkers are described as 'hard-core' drinkers.

Extent of Alcoholism

In India, about 10% to 15% of the people take alcohol. However, a large majority of these fall into the category of rare, infrequent and light drinkers. The number of moderate and also of heavy drinkers is very small. But as its use is increasing in the United States and other western countries, in India too, the use and abuse of alcohol has been spreading in the recent decades. Whereas in 1943, the percentage of drinkers in the United States increased by 2.2% of the total population, it increased by 3.3% of the total population in 1955, 6.5% in 1965, and 9.0% in 1986 (Ramsay Clank : 1988). In 1983, 76.0% of the people in the U.S. took alcohol. Of these, 74.0% were males and 26.0% females. According to one survey conducted by Don Cahalen (Jhonson, 1973: 520) in 1969, of the 76.0% people taking alcohol, 32.0% were rare users, 17.0% were infrequent users, 28.0% were light drinkers, 15.0% were moderate drinkers and 8.0% were heavy drinkers. In 1974, one out of eleven drinkers was an alcoholic (McVeigh and Shostak, 1977: 111).

In India, according to a report given in the Rajya Sabha by the Minister of State for Welfare, in Delhi alone, there has been an 88.69% increase in the consumption of Indian-made foreign liquor (IMFL) between 1982 and 1988. The sale of liquor (including IMFL, beer, and country liquor) earned the Delhi Administration a revenue of Rs. 82.83 crore during 1987-88 (when 168.12 lakh bottles of IMFL, 126.47 lakh bottles of beer and 198.90 lakh bottles of country liquor were sold). (*Hindustan Times*, May 14: 1988). The Andhra Pradesh Government earns a revenue of about Rs. 700 crore every year by way of excise duties, the bulk of which is collected from the sale of government-packed country liquor. In Gujarat, the annual collection from the liquor trade is said to be between Rs. 600 crore to Rs. 900 crore, good enough

to take care of the current budgetary deficit of the state. The figure is mind-boggling but it does not take into account the consumption of brewery liquor and officially-manufactured country liquor. The fact that the consumption of liquor is banned in Gujarat alone ensures commanding premium prices for any or all types of liquor, whether hooch or brewery made. The population of Gujarat, according to 1981 census, was around 3.40 crore (which increased to 4.23 crore in 1991) and with the availability of liquor being what it is, it would not be surprising if the consumption figure quoted proves conservative (*Probe India*, April, 1989).

If we compare the alcohol-users above twenty years of age (that is, adults) in different countries, the highest number are found (Laskin Richard, 1964: 365) in France (5,200 per one lakh population), followed by the United States (4,760 per lakh), Sweden (2,780 per lakh), Switzerland (2,685 per lakh), Denmark (2,260 per lakh), Norway (2, 250 per lakh), Canada (2,140 per lakh), Australia, (1,640 per lakh), England (1,530 per lakh), and Italy (1,100 per lakh).

Process of Becoming an Alcoholic

A 'drinker' has to pass through various stages to become an 'alcoholic'. According to an American psychiatrist Jellinek (1946 : 368), an alcoholic has to pass through the sequence of seven phases : (1) *black-outs*, in which the individual is not able to find a solution to his individual problems, (2) *sneaking drinks*, in which he takes alcohol without being observed, (3) *increased tolerance*, in which he tolerates the increased effects of drinking, (4) *loss of control*, in which he fails to control the desire of not taking alcohol, (5) *development of an alibi system*, in which he gradually starts neglecting his social roles, (6) *going on periodic benders*, in which he keeps on drinking regularly, and (7) *regular matutinal drinking*, in which he regularly starts taking alcohol in the morning.

Jellinek has also explained the process of becoming an 'alcoholic' in the following four stages (Gold and Scarpitti, 1967: 469):

(1) *Pre-alcoholic symptomatic phase*: In this phase, taking advantage of social sanction, an individual starts drinking to reduce tensions and solve his personal problems. Linking drinking with relief, he keeps on searching for those opportunities in which he may drink. The frequency of drinking increases as he starts losing his capacity to face conflicts in life.

(2) *Prodigal phase:* In this phase, along with the increase in the frequency of drinking, there is increase in the quantity of the drink too. However, he develops a guilt-feeling and knows that gradually he is becoming an abnormal person.
(3) *Crucial phase:* In this phase, his drinking becomes conspicuous. He develops rationalizations to face social pressures and to assure himself that he has not lost control over himself. However, he does not lose his self-respect. Gradually, he starts alienating himself from others as his physical and social deterioration becomes obvious to them.
(4) *Chronic phase:* In this phase, he starts drinking even in the morning. He faces prolonged intoxication, impaired thinking, indefinable fears, tremors, and loss of certain skills. He always thinks of drinking and feels restless without alcohol.

Though every alcoholic does not necessarily pass through all these four stages and in the same sequence but most of the alcoholics have to go through this process.

Jellinek also studied the phases in the drinking history of alcoholics and developed a typical addictive pattern. He listed the characteristic alcoholic behaviour and the time sequence of its appearance. The mean age of the first occurrence of some of the characteristic behaviours of an alcoholic was found by him as (Landis, 1959: 214-15): starts drinking at 18.8 years of age, sneaks drinking at 25.9 years age, indulges in extravagant behaviour at 27.6 years age, starts losing friends at 29.7 years age, becomes indifferent to the quality of the liquor at 30 years age, starts losing working time at 30.4 years age, faces family disapproval at 30.5 years age, loses job at 30.9 years age, indulges in daytime drinking at 31 years age, takes to anti-social behaviour at 31.3 years age, faces tremors at 32.7 years age, starts fearing at 32.9 years age, takes sedatives at 35.5 years age, feels religious needs at 35.7 years age, seeks medical advice at 35.8 years age, is hospitalized at 36.8 years age, admits to self the inability to control at 38.1 years age, admits to others the inability to control at 39.5 years age, and reaches lowest point (that is, hits the bottom) at 40.7 years age. Analysing the above characteristics, one sees the increasing loss of social responsibility on the part of the individual; sees him gradually losing control over his personal behaviour and then in the later stages desperately seeking help from every possible source, ranging from religion to medicine and hospitalization.

Alcoholics may be classified in three groups: steady, periodic and plateau. The *Steady Alcoholic* is one who is constantly saturated with

alcohol. The *periodic drinker* abstains from drinking for considerable periods of time and then goes on binges. The *plateau drinker* is one who drinks more deliberately than either of the above two types and tends to seek the maximum effects from alcohol. He seems to need to maintain a certain level of saturation at all times but does have the capacity to spread the effect of his alcohol over a long period of time (Landis, 1959: 212).

In terms of social status, the alcoholics are classified as the *low bottom* and the *high bottom* types. The former refers to the person who has hit the bottom of social status, while the latter is one who still maintains a fairly respectable status in spite of his drinking.

What is sociologically important in alcoholism is the socialization to accept alcohol. Indian culture does not view alcohol drinkers as normal. As such, people are not mentally prepared to accept alcohol as an important part of social life. While in the Western society, phrases like "Have a drink" or "Would you care for a drink" are common in evening gathering, in India, on other hand we usually talk of "Have a cup of tea". Thus, alcoholism is a serious social issue in our culture. Though, in comparison to drugs, drinking is considered less harmful and even trivial by many parents who themselves drink, still however, liquor is not perceived as respectable. Occasional drinking may be tolerated but continuous drinking is condemned. We must, therefore, clearly distinguish between the person who uses alcohol in moderation and the one who is a 'problem drinker', or between a person who drinks responsibly and one who drinks in a manner that causes problems to himself, to his family, and to society.

Danger inherent in an alcoholic is measured in terms of the percentage of alcohol content in his blood stream. With one drink, a person contains 0.035% alcohol level in the blood but with two drinks, he contains 0.05% level. Though legally he is not considered drunk but he feels mild effects and his driving ability is impaired. With an alcohol level of 0.1% in the blood, a person is legally considered 'drunk' when involved in a driving accident. His judgement, vision and muscle co-ordination is impaired. With alcohol level of 0.25%, a person is viewed as 'quite intoxicated' while with 0.3% to 0.4% level, he is viewed as 'severely intoxicated'. It may cause coma in some individuals. Lastly, with alcohol level of 0.5% to 0.8%, a person's breathing and heart action slows down and death may occur (McVeigh & Shostak, 1978: 110).

One of the big problems of alcoholism is that the individual does not recognise himself as an alcoholic. An American psychiatrist Robert V. Seliger has developed a check-list of some twenty questions. If the answer to even a few of these questions is 'Yes,' the individual may well take it as a warning of serious trouble ahead. Here are some of the questions from the check-list : (1) Do you lose time from work due to drinking ? (2) Is drinking making your home-life unhappy ? (3) Is drinking affecting your reputation ? (4) Have you ever felt remorse after "drinking" ? (5) Have you got into financial difficulties as a result of drinking ? (6) Do you turn to lower companions as a result of drinking ? (7) Does your drinking make you careless of your family's welfare ? (8) Has your ambition decreased since drinking ? (9) Do you crave a drink at a definite time daily ? (10) Does drinking cause you to have difficulty in sleeping ? (11) Has your efficiency decreased since drinking ? (12) Is drinking jeopardizing your job or business ? (13) Do you drink to build up your self-confidence ?

Causes of Alcohol Abuse

In interpreting the causes of alcoholism, the important thing to bear in mind is that, of those who use alcohol, about 90.0% do not become alcoholics. The key to alcoholism is in the *motive*, for repeating the drinking. Therefore, explaining alcoholism only in terms of factors like personality structure will be inadequate. No wonder, a psychogenic view is described as an over-simplified explanation of alcoholism. One psychological view is that practically all alcoholics show the mark of deprivation of emotional needs during childhood. Clinebell (1956 : 45) reports four main types of parental attitudes which happen to be associated with alcoholism in adulthood. All of these tend to produce trauma and emotional deprivation in the child : (1) authoritarianism, (2) overt rejection, (3) moralism, and (4) success worship. That these factors are the key ones in the formation of an insecure personality who becomes a victim to alcohol is indicated by the fact that psychological studies of alcoholics repeatedly mention the following personality traits: a high level of anxiety in interpersonal relationships, emotional immaturity, ambivalence towards authority, low frustration tolerance, low self-esteem, feelings of isolation and guilt (Clinebell, 1956: 49). These psychological traits are not the result of alcoholism but are the causes of alcoholism. They are often present in many alcoholics *before* they begin excessive drinking.

According to some scholars, there seems to be a definite connection between alcoholism and personality maladjustment. Initially, a person drinks to seek refuge for his problems of life or to find a temporary respite from his troubles Gradually he starts drinking more and more frequently until he becomes utterly dependent on it. However, psychologists maintain that only those people take to frequent drinking who are emotionally immature and lack self-confidence.

Around what personal problems of adjustment do anxiety, tension, guilt, frustration arise ? According to Bacon (1959 · 208), the main problems are : an individual's opinion of himself; gaining and holding the respect and the affection of others; conflict with others through self-assertion, through criticism, through out-and-out aggressions , overall security as to ownership, prestige, personal safety as they are tied up with money; responsibilities accepted in the achievement of specific goals; and sexual matters.

The sociological reasons for taking alcohol are essentially the same as for taking drugs. However, a distinction can be made in the causes of drinking alcohol and taking illicit drugs. Since alcohol is more socially acceptable than illegal drugs, drinking reduces a person's fears, worries and anxieties Besides, alcohol is more easily available than illicit drugs It is also cheaper than many drugs like heroin, cocaine and LSD. The main sociological causes of taking alcohol are . (1) environmental pressures, (2) peer pressure, and (3) a dominant subculture.

The question is why do certain persons choose drinking as an answer to environmental pressure while others do not do so ? Here, certainly, personality and cultural factors are the major conditioning elements in the individual's experience. Cultural taboos and the lack of availability of liquor due to the prohibition policy keep many people away from being exposed to its use. One may conclude from this that alcoholism can be explained only on the basis of a holistic approach rather than a single-factor approach.

A question is raised whether pressures can be located in the culture itself both to cause and to contain alcoholism It is said that some cultures are better able to develop effective controls over the individual than others. A research in the United States shows that there are very few teetotalers among the Jews (13.0%) compared to Catholics (21.0%) and Protestants (41.0%) In France, Germany, and the United States, the use of wines has been very common. It is only recently that alcoholism has become a major crisis in the life of the people of these countries Once people start using alcohol because of the cultural

sanctions, they use it frequently especially in situations of insecurity and anxiety.

The current approach is that alcoholism is to be understood in terms of *character* and *motivation*. An alcoholic is a sick man. He is not to be looked upon with ridicule, condemnation and blame. He has fallen a victim to a set of complexes, attitudes and habits which bind him until the process of self-destruction is inevitable.

Problems of Alcoholism

The problems of alcoholism—in terms of personal misery, family budget, family discord, loss of wages, failure of health, accidents and cost in damage claims, cost of hospital treatment, costs in custodial treatment in jail, monetary damage in courts and inducement to crime—are almost disastrous. Social deviance and social problems emerge from the use and abuse of alcohol. Though the number of annual arrests for public drunkenness is not much in our country, but it is a known fact that a large number of alcoholics are not arrested because of the fact that arrest is not considered a good solution to the problem. A good number of persons arrested for crimes like rape, burglary, murder and theft are those who committed them while under the influence of alcohol. Alcohol is a major factor in highway accidents. Besides, it contributes to thousands of deaths each year.

A high percentage of admissions to hospitals, particularly mental hospitals, related to persons with 'alcoholics disorders' or a 'drinking problem'. Other socially deviant acts related to alcohol/drugs are thefts, bribes, wife battering, and suicides. Studies on suicide point out that the suicide rate is 50 times higher among alcoholics/drug-users than non-alcoholics and non-drug-users.

Since alcoholics/drug-users directly affect four or five other persons (wife, parents, children, siblings, close friends, co-workers), the problem affects millions of people in the country. Families of alcoholics and drug-users suffer the most. Even family violence, family unrest and divorce is caused by them. Drinking affects the business, the office-efficiency and factory production also. Absenteeism, low out-put and poor judgment leading to work-related accidents costs the government billions of rupees. Most factory-owners indicate a lack of interest and deny the existence of these problems among their employees in the factories/offices to save themselves the botheration of adopting effective measures for prevention.

The drinker thinks that alcohol will reduce his tension, guilt, anxiety and frustration. But the fact is that it reduces his operational efficiency to below the minimum level necessary for social existence or even for a bare existence. A drinker harbours the mistaken notion that alcohol can make association and interpersonal activity easier in society. But in reality, alcohol breaks down an individual's participation in associations and thus socially weakens the individual. It impairs socially valuable ideas.

One problem of alcoholism is that it has increased illicit bootlegging. Since Independence, hundreds of tragedies have taken place throughout the country in which thousands of people have died on consuming liquor produced illicitly. The victims of spurious 'sura' invariably are poor people. About a month ago (on 6 November, 1991) about 200 persons living in four slums and the surrounding areas in north-west Delhi died on taking illicit liquor manufactured by a pharmacy of Muradnagar in Ghaziabad district of U.P. Such disasters will continue to take place in future too No one has ever heard of people dying after consuming Indian Made Foreign Liquor (IMFL). The country liquor has various brands though all of them are generally of the same quality and price. The alcohol content in the country liquor is about 28%, while in 'sura' it is 32%. Usually pyridine is used for denaturising rectified spirits. This is neutralised by citric acid. As the rectified spirit is licensed, sometimes it is adulterated with methylated spirit. The poisonous drinks damage the eyesight, liver and kidney in the long run. The administration will remain unresponsible to tragedies of taking illicit liquor and the government will have lackadaisical attitude in tackling this problem. At the most it will give an ex-gratia payment of Rs. 5,000 to Rs 10,000 to the families of those killed in such tragedies. The perfidious role of bootleggers, their muscle and money power are a matter of record in communal riots Many cities in the country are torn asunder by the bootlegger-police-politician tie-up. The margin of profit in bootlegging is estimated to be 9 to12 times the actual investment. No wonder a number of anti-social elements make it their business to manufacture, collect, transport and distribute illicit liquor. Justice Miyabhoy Commission instituted by the Gujarat Government in 1981 to enquire into the prohibition policy of the state submitted his report in 1983 and pointed out the nexus between baron bootleggers and politicians and the fact that almost all the bootleggers in the state (Gujarat) were anti-social elements capable of terrorising anyone trying to expose them.

Treatment of Alcoholics

Alcoholism is more treatable than drug-addiction. There have been many successful treatment programmes. Since there is a continuum between use and abuse, there are various kinds of programmes for different degrees of drinking. Psychotherapy, environment therapy, behaviour therapy, and medical therapy are suggested and used for different types of drinkers. In medical therapy, hospitals and clinics give alcoholic patients the drug 'Antabuse' (technically called Tetra Ethylthiu Ramdisul Fide) (Walsh & Furfey, 1958 : 151). This drug is inexpensive and is taken orally. It produces no effect whatever unless the patient drinks alcohol; in that case, it quickly produces extremely violent and unpleasant but not dangerous symptoms. Thus, antabuse can guard the drinker against relapse:

In psychotherapy, resocialisation is reinforced through counselling and through group therapy. In environment therapy, the drinker is made to change the environment where his behaviour may be easily controlled. In behaviour therapy, his fears and inhibitions are removed to enable him to develop self-confidence and self-reliance. Thus, the following treatment measures are mainly used to treat drinkers and alcoholics:

(1) *Detoxification in Hospitals:* For alcohol addicts, the first step is 'detoxification'. Alcoholics need medical care and medical supervision. Tranquillizers are used for treating their withdrawal symptoms like convulsions and hallucinations. High potency vitamins and fluid electrolyte balance are also used in their physical rehabilitation.

(2) *Role of Family:* Involving an alcoholic's family in his treatment and rehabilitation enhances the chances of success by 75% to 80%. The family members do not preach; nor do they blame or condemn the alcoholic. They minimise problems, offer sincere and unselfish help and guidance, and never abandon him.

(3) *Alcoholics Anonymous:* One of the most effective social therapies which uses group interaction is Alcoholics Anonymous. It is an organisation of ex-alcoholics which started in the United States in the early 1940s and today has lakhs of persons as its members In India, the branches have started in a few metropolitan cities only recently The members of Alcoholics Anonymous share their experience with other alcoholics and give them strength and hope in an attempt to solve their common problems and recover from alcoholism The man who is discouraged by his apparent inability to conquer the drink habit begins to take heart from the example and encouragement of others who have

triumphed over similar obstacles. The only requirement for membership is a desire to stop drinking. Alcoholics Anonymous are found mainly in metropolitan cities like Delhi, Bombay, and Calcutta. The gatherings are therapeutic in that the drinkers can unburden their problems to persons who work with them and who help them fight their weakness and build self-esteem and a sense of belonging.

(4) *Treatment Centres* These centres have been developed in some cities as alternatives to hospital treatment. Each centre has about 10-20 residents. Here, not only counselling takes place in a supportive environment but residents are made to follow certain anti-drinking rules too.

(5) *Changing Values through Education*· Some voluntary organisations undertake educational and information programmes to alert the alcoholics to the dangers of excessive drinking. Social workers help the drinkers in coping with life and changing the social values and attitudes about drinking.

Control on Alcoholism

At one stage, the Government of India wanted to resort to law and introduce prohibition as a means of solving the problem of drinking and alcoholism. However, a large number of leaders and bureaucrats were against it. In some states, prohibition laws were enacted but they could not be properly implemented. Some states also declared a few days as "dry" days. However, this scheme also could not succeed because drinking involves both a willing buyer and willing seller and the victim of prohibition is thrust into a criminal status. Therefore, illicit distillation and police abuses increased. Thus, the suppressive measure which employed vigorous police activity and stern judicial measures had to be withdrawn for the sake of community protection. With the collapse of the prohibition model, governmental control has withdrawn to the regulation of the liquor trade as primarily a state responsibility. The state governments, under the open license system, leave the alcoholic beverage trade to private enterprise under licensing and regulation, the nominal public objectives being to eliminate people with criminal or questionable financial histories and to control the physical location of licensed liquor shops. Every state government earns crores of rupees every year when it auctions the contract.

Radicals argue that as long as our social structure and economic system produce inequality, unemployment, poverty, injustice, and role-strains and tensions, alcoholism will persist. Since the present social

systems operating in our society produce more frustrations and deprivations, the rate of drinking would only accelerate in future. What is, therefore, needed is a policy and programme to produce more jobs, permit fair competition and reduce corruption and nepotism in appointments and promotions. If the lives of people are made meaningful, rewarding and satisfying, the need for alcohol would not exist or it will be minimised. Secondly, education about the harm and hurt that alcohol can bring to a person's life and to society will help control the use of alcohol. Parents can impart education on the dangers of becoming an alcoholic as well as punish the deviants and create the necessary fear. Parents' education should be concerned with shaping the attitudes and behaviour conducive to non-drinking. Lastly, schools and colleges can also educate young students about the psychological and sociological effects of alcohol and alcoholism.

It may, thus, be concluded that the problem of alcoholism calls for a concerted attack which may embrace treatment, social measures, education and research.

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