

Alcoholism: The Theoretical Analysis of the Pattern, Process and Consequences

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Abstract

This study focuses on the impact of alcoholism in workplace and family. It also touches on the social and legal aspects. It elaborates on how people are addicted to alcohol and the process to become alcoholic. People with alcoholism or alcohol dependence are compulsive drinkers of alcoholic drinks. Alcoholism is not what kind of alcohol someone drinks, or even how much, but is related to the ability to control one's drinking. People who are dependent on alcohol have simply lost the ability to control their drinking. It has been reported that short-term physical effects of alcohol use include distorted vision, hearing and coordination, altered perceptions and emotions, impaired judgment and hangovers. On the other hand, long-term physical effects of heavy alcohol use include loss of appetite, vitamin deficiencies, stomach ailments, skin problems, sexual impotence, liver damage, heart and central nervous system damage, and memory loss. 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.

Introduction

Alcoholism and problem of drinking are generally found in association with most other social problems as well as other problems of individual health and well-being. Alcoholics compared to non-alcoholics are more prone to have higher rates of mental and physical illness. They are more frequently divorced or alienated from their families.

The costs of problem-drinking employees are measured in terms of loss of efficiency, absenteeism, accidents and injuries, extra sick leave, wasted time and faulty decision-making.

The WHO defines alcoholism as a psychological disorder and a disease. The cause of this disease however cannot be pinned down to any one factor but involves multiple factors. One set of problems among those has been chosen for the study that is the psycho-social problems of workers with the 'disease' of alcoholism.

Alcoholism

People with alcoholism or alcohol dependence are compulsive drinkers of alcoholic drinks. Alcoholism is not what kind of alcohol someone drinks, or even how much, but is related to the ability to control one's drinking. People who are dependent on alcohol have simply lost the ability to control their drinking. In general, problem of drinking is considered as alcoholism when a person:

1. Drinks compulsively,
2. Keeps drinking in spite of negative effects,
3. Becomes upset when alcohol is not readily available.

Not everyone who gets drunk is an alcoholic. Many people drink to experiment; to be sociable; or to gain attention. However, alcoholics do not plan to get drunk; their drinking is an uncontrollable urge.

Although they can control their drinking at times, alcoholics are often unable to stop once they start. As their tolerance to the effects of alcohol increases, they may need to drink more and more to produce the same effect. Some people become physically dependent on alcohol, and suffer withdrawal symptoms when they stop after a period of heavy drinking. This can include nausea, sweating, restlessness, irritability, tremors and even hallucinations and convulsions.

It is believed that as many as one in ten people are an alcohol abuser or alcoholic. Drinking problems are also common among younger people, despite the fact that many countries have legal age limits on drinking. The incidence or occurrence of alcohol problems tends to be the highest among adults between the ages of 18 and 29, and lowest among those older than 65.

Alcoholism- Its used and Abuse

Alcohol dependence is a major health problem in India. An estimated 32-42% of Indian adult population reports high usage of alcohol in their lifetime. 5-7% is abuser of alcohol and 10-20 million persons have been estimated to be in need of treatment for alcohol dependence. The reports also indicated that there is a steady rise in per capita alcohol consumption every year.

Alcohol is a worldwide social and medical problem. Over the past 30-40 years alcohol consumption has increased in quantity and frequency. The age at which people start drinking has also declined. The population groups at great risks are those undergoing rapid socio-economic and cultural changes; they view alcohol as a symbol of prestige and social status.

Alcohol is not a stimulant. Rather it is depressant or inhibitor on the central nervous system. Alcohol relaxes the customary controls on behavior, and the drinker becomes less restrained, less inhibited it is for this reason that alcohol is such a common drink.

Until a few decades ago, alcoholism was considered a moral problem; and a sign of social irresponsibility. After the introduction of prohibition policy in some states in the 1960's it was viewed as an illegal act.

Today it is considered more as complicated, chronic and immensely costly disease, than a type of deviant behavior. The victim does not need punitive treatment, but treatment by specialist's psychiatrists, doctors, social workers and others who will help in his personality reconstruction.

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.

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'.

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).

- a) **Rare users**, who drink once or twice a year?
- b) **Infrequent user**, who drink once or twice in two-three months that is less than once a month?
- c) **Light drinkers**, who drink once or twice a month
- d) **Moderate drinkers**, who drink three or four times in a month?
- e) **Heavy drinkers**, who drink everyday or have several drinks during the day.

The last categories of drinkers are described as ‘hard-core’ drinkers.

Effects of Alcoholism

Alcoholism presents a variety of effects, not only on the physical or biological aspect of an individual, but on the society as well. It has been reported that short-term physical effects of alcohol use include distorted vision, hearing and coordination, altered perceptions and emotions, impaired judgment and hangovers. On the other hand, long-term physical effects of heavy alcohol use include loss of appetite, vitamin deficiencies, stomach ailments, skin problems, sexual impotence, liver damage, heart and central nervous system damage, and memory loss. Long-term physical effects also include diseases and organ malfunctions. These diseases include brain damage, which varies from psychosis to permanent memory loss; cancer, such as in the mouth, and stomach due to the irritating effects of alcohol; heart disease, such as an enlarged heart and congestive heart failure; liver damage leading to cirrhosis or scarring of the liver and liver cancer; ulcers that produces stomach and intestinal irritation; glandular problems in the adrenal and pituitary glands; and birth defects on women who drink alcohol during pregnancy. This condition is known as Fetal Alcohol Syndrome (FAS).

Aside from the diseases caused by alcoholism, it also presents psychological and psychiatric problems, which in turn determines social issues happening in the society, such as suicide, accidents, and crimes. Some of these problems include depression, which can be triggered by alcoholism and vice versa; anxiety, which occurs during attempted withdrawal; change in personality with loss of normal behavior and appearance; and hallucinations, which is an effect of alcohol withdrawal. These psychiatric problems often lead to social issues such as suicide, which is result of depression; accidents, being a result of drunk-driving; and physical abuse, which are the cause of a large portion of homicides, child abuse cases and other domestic violence cases.

Effects of alcoholism on Day-to-Day functioning				
S. No	Workplace	Family	Social	Legal
1	Inefficiency	Frequent fights	Distance from friends	Disobeying rules
2	Poor Performance	Neglect of family duties	Misbehavior with others	Drunken driving
3	Frequent Absence	Physical violence with family members	Decreased social reputation	Thefts and petty crimes
4	Accidents in School	Long absence and running away	Loss of position	Involvement with criminal gangs
5	Suspension from school	Rejection	Social isolation	Arrests and court cases
6	-----	-----	Constant borrowing	Conviction
7	-----	-----	Inability to return borrowed money	Imprisonment
8	-----	-----	Fights, quarrels, theft	-----

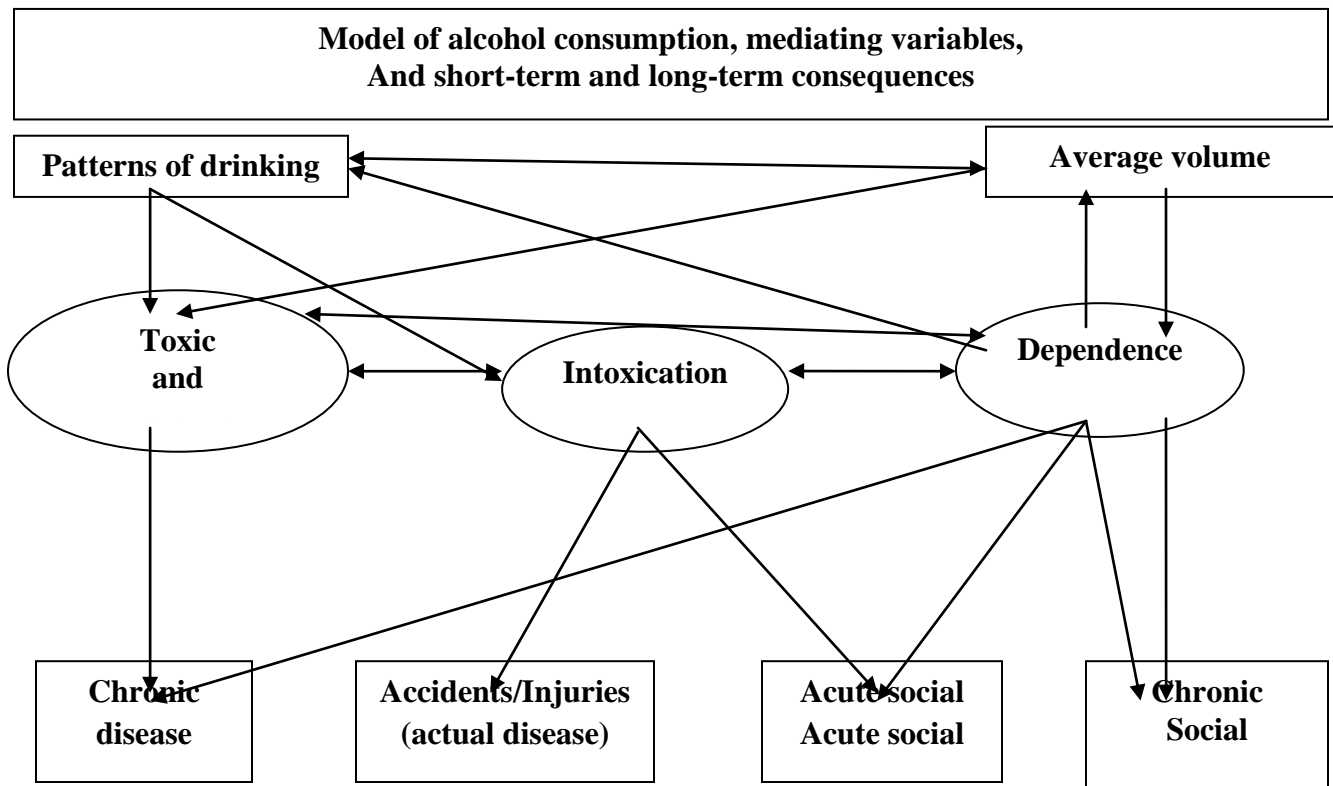
Alcohol Usage: Impact and Consequences

World Health Organization (WHO) estimates that there are about 2 billion people worldwide who consume alcoholic beverages and 76.3 million with diagnosable alcohol use disorders. Globally, alcohol causes 3.2% of all deaths (1.8 million deaths) and 4% of Disability-Adjusted Life Years (58.3 million DALYs). This proportion is much higher in males (5.6% deaths and 6.5% of DALYs) than females (0.6% deaths and 1.3% DALYs).

The effects of alcohol consumption by an individual are noticeable in all spheres (physical, psychological, social, and economical) of an individual’s life. Alcohol consumption has health and social consequences via intoxication (drunkenness), alcohol dependence and other biochemical effects of alcohol. In addition to chronic diseases that may affect drinkers after many years of heavy use, alcohol contributes to traumatic outcomes that kill or disable at a relatively young age, resulting in the loss of many years of life due to death or disability. There is increasing evidence that besides the volume of alcohol consumed, the pattern of drinking is relevant for the health outcomes.

The problems related to alcohol consumption can be broadly looked at from three dimensions:

1. Problem and impact on the individual who consumes alcohol;
2. The impact on family members (comprising of spouse, children and women in the community); and
3. The societal consequence of this consumption.



This distinction (though it is important to identify the effects at different levels) is difficult to demarcate as one overlaps with the other and the combined effects are felt by society at large. For example, even though an individual is hospitalized due to a road crash, his

family suffers equally on all aspects like social (taking care, absence from routine social interactions, change in social status, etc.), economic (loss of pay, increased expenses – direct and indirect, costs of cancelled/postponed events, etc.) and psychological (low confidence, increased distress levels, etc.) aspects. The immediate effect of consuming an alcoholic drink varies from individual to individual and includes flushed appearance, a false sense of relaxation, loss of inhibitions (and thereby more confidence), lack of co-ordination and slower reflexes, blurred vision and slurred speech. Some consumers may even experience headache, nausea and vomiting, mood changes (e.g. aggression, elation, and depression) and sleepiness. At significantly high doses it can result even in coma and death (National Drug and Alcohol Research Centre, Australia Fact Sheet on Alcohol). Some of the manifestations at different levels of blood alcohol are given in the box below.

The Effects Of Increasing Blood Alcohol Concentration On The Central Nervous System	
20 to 30 ml / dl	Slow motor responses and decreased thinking ability
30 to 80 mg /dl	Increase in motor and cognitive problems
80 to 200 mg / dl	Definite impairment of motor co-ordination and judgment, fluctuations in mood and increased risk taking behavior
200 to 300 mg /dl	Marked slurring of speech, inability to carry out simple tasks
> 300 mg /dl	Loss of consciousness, convulsions and possible Death

Overall, there is a causal relationship between alcohol consumption and more than 60 types of diseases and injury. Alcohol is estimated to cause about 20–30% of esophageal cancer, liver cancer and cirrhosis of the liver, homicide, epileptic seizures, and motor vehicle crashes worldwide. Unintentional injuries alone account for about one third of the deaths due to alcohol.

Conclusion

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.

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 would be minimized. 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. Parent's education should be concerned with shaping the attitudes and behavior 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 concerted attack, which may embrace treatment, social measures, education and research.

References

1. **Campbell Drusilla and Graham Marilyn (1988)**, *Drug And Alcohol In The Work Place- A Guide For Managers*, Facts On File Publications, New York, USA.
2. **Heather Nick And Bobertson Ian (1985)**, *Problem Drinking*, Oxford Medical Publications, U.K
3. **Merton Robert. K And Nisbet Robert (1961)**, *Contemporary Social Problems*, 4th Edition, Harcourt Brace Jovanovich, Inc., India.
4. **Park.K (1970)**, *Preventive and Social Medicine*, 15th Edition, Banarsidas Bhanot Publishers, India.
5. **Ram Madan Gurumukh (1966)**, *Indian Social Problems*, Allied Publishers Private Ltd., India.
6. **Anand K. (2000)**, *Assessment of burden and surveillance of major non-communicable diseases in India*. New Delhi, World Health Organization, Regional Office for South-East Asia.
7. **Chopra RN, Chopra IC (1965)**, *Drug addiction with special reference to india*. New delhi: council of scientific and industrial research.
8. **National Crime Records Bureau (2000)** *Accidental deaths and suicides in India*. Ministry of Home affairs, Government of India.