

Alcoholism— An Overview

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ABSTRACT

This study is to review the burden of alcohol use, examine current understanding and provide a road map for future actions. Alcoholic beverages are the most important product of global addiction demand, which is a reason for many deaths and diseases worldwide. Alcohol consumption is a major problem in India. With the growing presence of alcoholism several studies documented harm to all age groups of humans. Consistent with the recommendations from various studies, evidence-based policies that aim to decrease the availability of alcohol and thus reduce excessive alcohol consumption are needed to reduce alcohol-related harms and there is a strong need for a strategy for preventing alcohol-related harms.

Keywords: Alcohol, Alcoholism; Addiction, Alcoholism causes and effects, Alcohol Policy, Alcohol and health.

Introduction:

Alcohol is the most commonly abused substance, creating severe medical, social & psychological problems worldwide. It exerts a toll on world health on a par with unsafe sex, measles and malaria and greater than tobacco a total of more than three-quarters of millions of deaths were related to alcohol and 80% of it occurred in developing countries (WHO, 2019). High-risk drinking leads to considerable personal and societal harm both in the United States and around the world. Globally, for example, alcohol is the third-leading risk factor for premature death and disability (Mitchell, A., & Voon, T., 2011). In 2016, of all deaths attributable to alcohol consumption worldwide, 28.7% were due to injuries, 21.3% due to digestive diseases, 19% due to cardiovascular diseases, 12.9% due to infectious diseases and 12.6% due to cancers. About 49% of alcohol attributable DALYs are due to non-communicable and mental health conditions, and

about 40% are due to injuries. (*Global status report on alcohol and health, 2018*). The harmful excess use of alcohol is a causal factor in more than 200 disease and injury conditions in human beings. It has been reported that Alcohol consumption causes death and disability relatively early in life. In people aged 20–39 years, approximately 13.5% of total deaths are attributable to alcohol. Alcohol is the major risk factor for premature mortality and disability among those aged 15 to 49 years, accounting for 10 per cent of all deaths in this specific age group. The latter measure includes estimates of the impact of non-fatal alcohol-caused injury and illness on general quality of life. Alcohol was estimated to be the leading cause of disability for men in developed countries and the fourth leading cause of disability for men in developing countries.

The epidemic of Alcohol abuse in the human population has assumed alarming dimensions in India.

In India, alcohol consumption per capita has increased in recent decades. It is one of the oldest and most popular psychotropic substances, which has been widely used by mankind. With India's population of 1.2 billion, there is substantial variation in the prevalence of alcohol consumption across all States and Union Territories. (National family health survey (NFHS-3), 2005-06). Alcohol consumption is a major problem in India because of various reasons like socio-cultural, the difference in alcohol policies and practices state-wise, lack of awareness of alcohol-related issues, false mass media propaganda including social media advertisements, various patterns of alcohol consumption and symbols of superior status both in urban and rural areas across the country.

Current Understandings:

Alcohol addiction is markedly influenced by the future sovereignty and security of countries and acts as social, psychological and economical harm to the individual. In addition to physical and psychological problems, it would also endanger the socioeconomic and political status of countries and due to this people are more vulnerable to negative consequences in various aspects of functioning in day-to-day life.

Delbanco, et al. 1987 define that alcoholism incorporate the following dimensions:

- Large quantities of alcohol are consumed over years.
- Physiological manifestations of ethanol addiction
- Loss of control over drinking, shown by an inability to stop or refrain and
- Damage to severe physical health or social standing resulting from excessive alcohol abuse.

Valliant has conceptualized 3 stages of alcoholism

1. The asymptomatic drinker
2. The alcohol Abuser &
3. The alcohol dependent

The asymptomatic drinker may be a heavy drinker but has not year suffered the adverse consequences of drinking.

This stage may on without change over many years, but it may evolve into alcohol abuse. The

essential feature of alcohol abuse is a pattern of pathologic alcohol use for a least a month that causes impairment in social or occupational function along with medical consequences.

Usually, intake exceeds three owners of alcohol per day (seven o more drinks per 24 hrs) third of alcohol abusers do not evolve further. Another third return to asymptomatic drinking and about 1/3 rd to one half evolves into dependency who has repetitive loss of control of drinking with impairment in social or occupational functioning due to alcohol and either to clearance or withdrawal.

'Problem drinking is defined as repetitive use of beverage alcohol causing physical, psychological or social harm to the drinker or others' [Robert Plant in the report of the co-operative commission on the studies of alcoholism]

Process of becoming an alcoholic:

Jellinek, 1952 has explained the process of becoming an 'alcoholic' in the following 4 stages (Gold & Scarpitti, 1967; 469).

1. Pre-alcoholic symptomatic phase: taking advantage of social sanctions, an individual starts drinking to reduce tensions and solve problems. Linking drinking with relief he keeps on searching for those opportunities in Cuhick he may drink. The frequency of drinking increases as he starts losing his capacity to overcome conflicts in life.
2. Prodigal phase: In this phase, there is an increase in both the frequency of drinking and the quality of the drink. However, the person develops a guilty feeling and knows that gradually he is becoming an abnormal person.
3. Crucial phase: In this phase, drinking becomes conspicuous. A patient develops rationalization to stand social pressure and to assure himself that he has not lost control over himself. Gradually he starts alienating himself from others as his physical and social deterioration becomes obvious to them.
4. Chr. Phase: The patient starts drinking even in the morning. He faces prolonged intoxication, impaired thinking, indefinable fears and loss of

certain skills. He is time obsessed with drinking and feels restless without alcohol.

Causes & factors of Alcoholism:

Alcoholism is a multidimensional illness involving biological psychological and Socio-cultural factors. (Phakey,N.,& Kumar,K.,2022). The prevalence of alcohol problems varies across different cultural and social settings. Macro-cultural influences such as values, beliefs and mores social role functions, local economy, customs and dietary habits, rapid social change and cultural stress do shape and dictate the way alcohol is used in human societies. Drinking practices of people from different countries and cultures show great variations. At least four cultural views can be constructed. These are

1. The cultural attitude is negative and prohibitive towards the ingestion of alcoholic beverages. This may be referred to as the abstinent culture.

2. In an ambivalent culture attitude toward alcohol use is one of conflict between co-existing value structures.

3. The permissive culture's attitude towards ingesting alcohol is permissive but negative toward drunkenness and other drinking pathologies.

4. When the cultural attitude is permissive toward drinking intoxicated behaviours and drinking pathologies it can be called a permissive culture but it does not occur completely in society. It can be found in certain non-literate societies in which there are strong vested economic interests in the production and distribution of alcoholic beverages.

Role of the family: Family plays an important role in influencing alcohol abuse aside from genetic influence. Parents and older siblings taking alcohol serve as important role models for alcohol-taking behaviour in children.

Family environment including family conflict, poor discipline style, parental rejection, and lack of adult supervision, prenatal and physical abuse can influence a child to become an alcohol abuser.

Peer factor: During adolescence influence of the parent is supplemented by that of the peer group. During this period individuals, 1st experimented with

less socially disapproved substances like alcohol and tobacco as the gateway drugs.

People who wish to use alcohol are often drawn toward peer groups with similar motivations and drug-taking attitudes.

Environmental factors: The overall availability of alcohol in a community, The social acceptability of heavy drinking, Disorganized neighbours lacking leadership, Lack of opportunity for youth involvement in positive ways and lack of employment opportunities are potent factors determining the prevalence of problem drinking in a particular community.

Occupational risk factors: Certain occupations in which individuals are subjected to stress or where alcohol is easily available are associated with high levels of drinking seaman, drivers, members of the armed services, airline pilots, and persons in the catering trade are among these light risk occupational groups.

Characteristics found in these occupations are Social pressure from co-evoker to drink, Separation from a normal family and social life, and Intrinsic job-related stress. In some cases, individuals have been attracted to certain occupations by an unexpressed need to work where alcohol is readily available and acceptable.

Life events: there are many instances where alcohol intake has started after a major trauma such as bereavement more often the effect of alcohol is to facilitate a life-style involving heavy drinking. An example includes a new job in an outback community; working as a bartender, and divorce with a consequent loosening of social ties and constraints.

Costs of Alcoholism:

Alcohol consumptions have numerous social and health consequences and vital contributor to death and disability. Alcohol use among individuals is a growing public health concern in India. Alcohol use, misuse or abuse is primarily depending on the nature of the Alcohol abuse, the personality of the individual and the user's immediate environment. It not only affects the biological functions of the people but it also affects the psychological functions. And due to

this people are more vulnerable to negative consequences in various aspects of functioning in day-to-day life. Alcohol dependence has recently turned into one of the most important social problems. Alcohol abuse is a complex problem having medical and social ramifications which impact all social, occupational, and personal life.

Mental and behavioural disorders due to Alcohol use are associated with problems in psychological development and social adjustment, disturbed relation with friends and family, impaired school or work performance, a problem with financial and legal issues, and deterioration in general health functions. They have also become failure to develop age-appropriate interpersonal or coping skills and become lacking in educational, social, or vocational skills in their life. Hence we find that even if more and more people are exposed to the same environment only some of them are affected by it. So we find a lot of psychological factors before and after the intake of Alcohol. Alcohol abuse is a progressive response to psychological suffering and related problems with self-regulation. These deficiencies include impaired self-care, vulnerabilities in self-development and self-esteem, troubled self-object relations, and affect deficits.

Clinical and research findings have found that personality traits, social relations, attitudes and values, along with emotional intelligence factors such as emotions, feelings, emotions management, challenges with problems, problem-solving, tolerating psychological pressure, self-esteem and interpersonal relations, which affected by alcohol dependence. Alcohol consumptions have numerous social and health consequences and vital contributor to death and disability.

Hazardous and harmful use of alcohol is considered a global contributing factor to Death, disease and injury. 3 million deaths (5.3% of all deaths) worldwide and 132.6 million disability-adjusted life years (DALYs) – i.e. 5.1% of all DALYs in that year due to the Harmful use of Alcohol and harmful pattern of drinking has been found among adolescents and young adults. Approximately 4.5 % of the global burden has been contributed by alcohol and it also has ill effects on the physical and psychological health

and well-being of alcohol users. (World Health Organization, Global status report on Alcohol and Health, 2019). The impact of alcohol abuse has disastrous consequences irrespective of age, race, and gender but the prevalence varies across age and gender groups and populations in general.

Alcoholism is a multi-dimensional illness involving biological psychological and Socio-cultural factors. The prevalence of alcohol problems varies across different cultural and social settings. Macro cultural influences such as values, beliefs and mores social role functions, local economy, customs and dietary habits, rapid social change and cultural stress do shape and dictate the way alcohol is used in human societies.

There are variously caused of alcoholism that can be listed and many more can be added. Major factors are genetic factors, family factors, peer factors, environmental factors, Occupational risk factors, Life events etc.

Alcohol acts as a CNS depressant. Initially, it depresses higher inhibitory areas like high brainstem reticular formation and causes early symptoms of alcohol inebriation- euphoria, over-talkativeness, excessive activity etc. Allegorically, it may be seen as alcohol acting as a solvent of the superego. Similarly, the escape of spinal motor neurons from higher inhibitory centres results in the initial hyperactivity of tendon reflexes. With increasing blood alcohol concentration, however, the depressant action spreads from higher inhibitory centres to involve cortical centres as well as other brainstem and spinal neurons. However, the more important mechanism of action appears to be the modulation of membrane receptor systems. GABA receptor is considered to be particularly important in mediating the acute intoxicating effects of alcohol.

Acute Effects which are found a majority in individuals are CNS Depressant, Depression of inhibitory control, Vasodilation, warm, flushed, reddish skin, Emotional outbursts, Decreased memory & concentration, Poor judgment, Decreased reflexes, Decreased sexual response

Alcoholism reduces life expectancy by 15 years. Alcohol abuse & dependence are responsible for almost 25% of premature deaths in men & 15% in women. Impaired judgment increases confidence level and causes the person to take more risks. Intoxicated drivers tend to underestimate the speed of their vehicles. Combined with slow reaction time, this can lead to accidents with serious consequences. Alcohol causes drowsiness & increases the likelihood of falling asleep while driving a vehicle. Nearly half of all drunken drivers are alcohol dependent, and alcohol plays a major role in more than half of all automobile fatalities. Alcohol-related automobile accidents are the leading cause of death in young people.

Alcoholic households are less cohesive and have more conflicts, and their members are less independent and expressive than households with nonalcoholic or recovering alcoholic parents. Domestic violence is a common consequence of alcohol abuse. Alcoholism in parents increases the risk for violent behavior & abuse toward their children. Children of alcoholics tend to do worse academically than others, have a higher incidence of depression, anxiety, & stress and lower self-esteem than their peers. In addition to their own inherited risk for later alcoholism, 41% of children of alcoholics have serious coping problems in their entire life. Adult children of alcoholic parents are at higher risk for divorce and psychiatric symptoms. The only events with a greater psychological impact on children are sexual and physical abuse. A common problem, seen even after one or two drinks, is that while alcohol can help someone to fall asleep, it also “fragments” the sleep pattern causing alterations between sleep stages and a deficiency in deep sleep. At the same time, alcohol diminishes REM movement sleep early in the evening, resulting in prominent and sometimes disturbing dreams later in the night. (Lowinson, J. H., 2005).

Alcohol relaxes muscles in the pharynx, which can cause snoring and exacerbate sleep apnea, with symptoms of the latter in 75% of alcoholic men over age 60. Although not traditionally thought of as a medical problem, hangovers have significant consequences including changes in liver function,

hormonal balance, & mental functioning & increased risk for depression & cardiac events.

Alcohol can impair job performance, increasing the risk of mistakes and accidents. More common in light to moderate drinkers than heavy & chronic drinkers, suggesting that binge drinking can be as threatening as chronic drinking. Approximately 35% of drinkers may experience a *blackout*, an episode of temporary anterograde amnesia, in which the person forgets all or part of what occurred during a drinking evening.

Alcoholics can show severe cognitive problems and impairment in recent and remote memory for weeks to months after an alcoholic binge. Increased size of the brain ventricles and cerebral sulci are seen in 50% or more of chronic alcoholics, but these changes are often reversible, returning to normal after a year or more of abstinence. There is no single alcoholic dementia syndrome; rather, it describes patients who have irreversible cognitive changes (possibly from diverse causes) amid chronic alcoholism. Psychiatric complications are very common. Depressions, Suicide, anxiety, Pathological jealousy (Othello syndrome) Delusional disorders are commonly seen in alcoholics.

How to control Alcoholism: a Road map:

It is easy to understand the causes and effects of alcoholism. The question arises, how to control alcoholism. Is only government will take measures to control or do other stakeholders also need to participate positively?

It has been seen that attempts to impose strict drinking laws (eg. Prohibition) have periodically been made and lifted, budgetary deficits due to loss of tax revenues and extra cost of enforcing prohibition making such efforts financially non-viable. In 2016, 80 countries reported having written national alcohol policies, while a further eight countries had sub national policies and 11 others had a total ban on alcohol. The legal drinking age in India and the laws which regulate the sale and consumption of alcohol vary significantly from state to state In India, consumption of alcohol is prohibited in the states of Bihar, Gujarat, Nagaland, and Mizoram, as well as

the union territory of Lakshadweep. There is partial ban on alcohol in some districts of Manipur. (Rautela, Y. S. et al.2019). All other Indian states permit alcohol consumption but fix a legal drinking age, which ranges at different ages per region. In some states the legal drinking age can be different for different types of alcoholic beverage. The prevention of alcohol-related problems requires a comprehensive approach. Combining information and awareness programs and treatment services with preventive policies adopted at national or local levels. Laws and regulations related to the minimum legal drinking age and sales to underage youth; privatization or monopolization of alcohol control systems (production, distribution, or sales); monitoring of alcohol outlet densities; and limits on the hours and days of alcohol sales. Restrictions in these areas make alcohol less available and have been effective in reducing alcohol abuse and related problems, as noted in major policy reviews. (Anderson, P. et al.2009).

Although there is little scientific evidence of their efficacy in the absence of other control measures, many countries have implemented alcohol education and health promotion programs, most often targeting young people. Mass media campaigns regarding specific problems such as “drunk driving” are also common. However, such general health-oriented messages about drinking are often poor competitors to the onslaught of commercial and persuasion messages in the environment intended to sell alcohol. In the prevention of alcohol, various relapse prevention strategies (including techniques focusing on enhancement of motivation) are significant in their own right. Along the lines of alcohol anonymous (AA), other self-help groups have been also developed. Such as Al-Anon for spouses of alcoholics and Al-Ateen for children of alcoholics. Even the government has banned legally to alcoholism. Some measures are listed below which can be used to control alcoholism. If culture will be negative and prohibitive towards ingestion of alcoholic beverages can change the attitude of individuals toward alcohol intake. Need to change cultural values through mass awareness and other sources. Setting up large-scale community-wide

prevention efforts presents another set of challenges. Successful programs require the cooperation of a broad coalition of community members representing diverse backgrounds, resources, and ideas. Community boundaries must be clearly defined. Adding more components can increase costs and require long-term support to achieve community-wide outcomes. Clearly defining the goals for prevention efforts in the community, and determining ways to measure progress toward those goals, maybe a challenge as well. The presentation of alcohol to society, particularly in advertisements and the media should be modified to produce a less one-sided picture of its effects. People who may be developing a drinking problem should be encouraged to recognize these problems and seek help. The treatment community for alcoholism typically supports an abstinence-based zero-tolerance approach; however, some prefer a harm-reduction approach.

Health education is designed to alert people to the dangers of alcohol and to discourage excessive drinking. Evidence-based educational campaigns in the mass media about the consequences of alcohol abuse can be recommended. Cooperation of family in the management should be developed. Family factors strongly influence whether a young person will start to use alcohol. Guidelines for parents to prevent alcohol abuse amongst adolescents and for helping young people with mental health problems can be suggested. Facilitating sensible drinking like an inexpensive non-alcoholic beverage can be provided by the government side. Fiscal powers should be utilised to ensure that alcohol does not become cheaper in real terms and Legal restrictions on the availability of alcohol should be enforced vigorously. Drinking—especially binge drinking—among college students remains a major concern for schools and parents alike. Programs that merely provide information about alcohol and alcohol-related harm have not been found effective among college students. Despite this, such programs often are favoured by institutions because they are inexpensive, easy to implement, and non-controversial. Prevention strategies showing the most success with this age

group include providing brief motivational intervention approaches, cognitive-behavioural interventions, and challenging students' expectations about alcohol. Motivational interventions focus on enhancing the student's motivation and commitment to change his or her behaviour. Typically delivered in one or two sessions, such sessions can take place by mail, online, or in person. Cognitive-behavioural interventions seek to change behaviour by helping the student to recognize when and why he or she drinks too much and then providing tools for changing that behaviour. Challenging students' expectations about alcohol include raising their awareness of how alcohol influences health and well-being and correcting misperceptions about how much drinking is going on among their peers. These approaches are particularly effective when coupled with individualized feedback from trained counsellors or the students themselves using Web-based materials and other resources. Several online educational sites now are available that incorporate features found ineffective cognitive-behavioural or brief motivational individual interventions Student drinking is not confined to college campuses—students drink off-campus in surrounding communities. Partnerships between colleges and communities can help enforce laws related to setting and maintaining a minimum drinking age, reducing alcohol-impaired driving, raising the price of alcoholic beverages, limiting the number of stores selling alcohol, and training retailers to provide responsible beverage service. However, these collaborations with community partners, such as police departments and local governments, may be difficult to develop.

Conclusion:

Alcohol consumption is emerging as a major public health problem in our country. Alcohol consumption not only affects a person's health but his/her mind, body and soul also. The government is taking many steps through sensitization programmes and health education campaigns to educate/aware people of the negative impacts of alcohol consumption i.e. social, mental and economic but this much is not

enough, social awareness is needed because it's a matter of physical, mental and social health.

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