



## ALCOHOLISM AND ITS TREATMENT IN INDIA : A SOCIOLOGICAL STUDY

Dr. Amit Kumar 1, Dr. Priyanka Sharma 2

### Abstract:

Alcohol use is typically established during adolescence and initiation of use at a young age poses risks for short- and long-term health and social outcomes. However, there is limited understanding of the onset, progression and impact of alcohol use among adolescents in India. The aim of this review is to synthesise the evidence about prevalence, patterns and correlates of alcohol use and alcohol use disorders in adolescents from India. In recent years, rates of excessive alcohol use and alcohol related mortality have risen sharply in many countries. During the same period the relaxation of alcohol control measures and increased deuce have made it easier for people to obtain alcohol beverages. At the same time the production and distributing' of alcoholic beverages involves the livelihood of millions of persons and provides very substantial revenues to Government. Patterns of alcohol use are affected by culture and history and intertwined with the rhythms of work life. Recent international research on gender and alcohol has clearly demonstrated that programs and policies that try to be gender-sensitive cannot ignore cultural influences. Large cross-national variation in gender differences in drinking behavior indicates that biological factors alone cannot account for differences in how women and men drink. To be gender-sensitive, education, prevention and treatment programs, and alcohol policies must take into account both biological differences in alcohol effects and culturally defined gender roles that specify expected and tolerated drinking behavior for women and men.

Key words: Alcoholism , Treatment, Depression, India

### Introduction:

Alcoholic beverages have been in use throughout the world for millennia. Although only a minority of consumers is adversely acted, heavy consumption can cause untold misery, such as the disruption of the family, long term effects in the children, wife and the burden on the community as the drinker's working efficiency and ability to support himself and his family decreases. "Excessive drug is liable to cause profound social disruption particularly to the family, marital and family tension is virtually inevitable" (Odord, 1976)'. The wives of heavy drinkers are likely to become anxious, depressed and socially isolated. In recent years, rates of excessive alcohol use and alcohol related mortality have risen sharply in many countries. During the same period the relaxation of alcohol control measures and increased deuce have made it easier for people to obtain alcohol beverages. At the same time the production and distributing' of alcoholic beverages involves the livelihood of millions of persons and provides very substantial revenues to Government. In looking for solutions to alcohol related problems Government will have to face these dilemmas (WHO, 1974)~. According to WHO alcoholism is the third major killer of mankind after Heart Attack and Cancer and they pronounced it as a Disease.

Though we know all these facts, alcoholism was not considered a priority area with immediate social and public health consequences in our country. The earlier alcohol researches had referred only to prohibition. (Encyclopedia of Social Welfare in India, 1968). Research work in the field alcoholism started sanctity in 1960s and most of the activities have been surveys of a specific target group, either in terms of psychiatric morbidity or with regard to drug abuse in general, where alcohol has been included as one of the incidental drugs.



## **Alcoholism**

The most widely accepted definition of alcoholism is the one offered by Keller and Mark (1962). Alcoholism is a chronic illness; psychic, somatic or psychosomatic, which manifests itself as a disorder of behavior. It is characterized by the repeated drinking of alcoholic beverages to an extent that exceeds customary, dietary use or compliance with the social customs of the community and that interferes with the drinker's health or the social or economic functioning.

**Physical dependence :-** It is a state wherein the body has adapted itself to the presence of alcohol. If its use is suddenly stopped, withdrawal symptoms occur. These symptoms range from sleep disturbances, nervousness and tremors to convulsions, hallucinations, disorientation, delirium, tremors and possibly death.

**Psychological dependence: -** It exists when alcohol becomes so central to a person's thoughts, emotions and activities, that it becomes practically impossible to stop taking it. The ethos of this condition is a compelling need or craving for alcohol.

### **The Disease Concept**

The concept of alcoholism as a disease gained acceptance back in the 18<sup>th</sup> century. Dr. Benjamin Rush an eminent American Psychiatrist of his day called alcoholism a disease. In the year 1960 Jelinek published his book, "The Disease concept of alcoholism". Since then the concept of alcoholism as a disease is gaining more and more popularity. Hence, more alcoholics have started approaching the hospitals for control of their drinking problem. Treatment of alcoholism starts with detoxification and as is generally opined, that best results are obtained by multiple treatment approach. The comprehensive treatment program includes detoxification, aversion therapy, dietary management, marital and family counseling, group therapy, occupational therapy, behavior modification, religious conversion, involvement in alcoholic anonymous etc. Some of these techniques are averted towards initial cessation of the problem behavior, while others are directed toward long term maintenance of this change.

A number of benefits have derived from defining alcoholism as a disease. By removing the stigma of moral turpitude the disease conception of alcoholism has made it possible to provide medical and psychological treatment in place of punitive measures. By effecting changes in public attitudes, the disease definition has led to proliferation of treatment facilities and support of valuable research.

### **Factors that Perpetuating Drinking Behavior**

Some of the factors more frequently dealt with are, role of multinational corporations, authoritarian structures leading to conflict in roles, dominance of the elite and extreme poverty of the majority, exploitation of the working class (land lords give alcohol to the workers to lull them /or in lieu of salary thus leading to addiction), involvement of politicians in sale and trade of alcohol, economics of supply and demand of alcohol and drugs, sudden affluence, tourism industries, lack of adequate recreation and unemployment and underemployment. In addition personal problems also influence the drinking behavior. They are loneliness, alienation, migration, frustration, marital disharmony, low self- image inadequacy, human relations, and inadequacy in facing situations, peer curiosity and peer group pressure.

Training for professional or paraprofessional who work in the field of alcoholism has been grossly inadequate and the programs that do exist tend to focus on training for working with the alcoholic individual, ignoring the context of his environment particularly the family (~lanzer , Braih, 1 977)' 5. But, mentally the treatment of alcohol dependent individual is changing in its direction and approach and



involvement of family members in the treatment is getting more and more recognition in this field. "Involvement of wives of alcohol dependent individuals in the management with the aim of reducing the marital discord, altering firmly coping style by exploring their personality" and emotional aspect S, making improvement in their adjustment al areas ' and behavioral patterns are some of the remedial measures in the approach.

### **Anxiety and Depression**

Anxiety may be described as a uneasiness of mind, or a state of heightened tension accompanied by an inexpressible feeling. It may arise with any situation that constitutes a threat to the personality. Anxiety may arise, for e.g. when self requirements and security of the personality are threatened by the danger of a breakdown in the repression of forbidden sexual desires or of attempts to ward off loneliness through dependency or of unconscious hostile and aggressive feelings. Again anxiety with it S obsessive apprehensiveness may arise in association with frustration on dilemmas occurring in some major life problems such as marital disharmony. If the anxiety is not too painful it may be expressed or controlled through certain personality trait S. All these descriptions about anxiety are true in the case of wives of alcoholics.

Anxious nature represents a behavior dominated by anxiety related reactions, which interfere with the individual's personal and social adjustment. Anxious patients have had lower functioning capacity in both social functioning and role limitations. They also had higher chronic stress indicating greater personality psychopathology and greater prevalence of prior major mood and anxiety disorders (Peter P Roy, Byrne, 1996).<sup>1</sup> Psychosocial support and coping dulls training are recommended for treatment of anxiety states.

When the anxiety becomes more disturbing, it may be expressed in such symptoms as depression, sleeplessness, and feeling of inadequacy and perhaps by a paranoid attitude. Even one may develop fictional disability. A series of studies found an association between depression and functional disability. Both these are complicated because depression and disability are associated with chronic diseases and chronically painful conditions.

### **Alcoholism and Family**

Alcoholism is often termed the family illness, referring to the tremendous impact an active alcoholic has on those around him. According to Patterson and Kauhan (1982) alcoholism is an economic drain on family resources, threatens job security, in tempts normal family tasks, causes conflict S, demands Adjustive and adaptive responses from family members who do not know how to respond appropriately. The situation will increase tension and stress, which may make the family member S, especially wives and children desperate, angry, frustrated, nervous, aid and guilty. In many ways they start behaving like the addict.

The interaction patterns in alcoholic's families are also very strained. As a result marital disruptions, disrupted family rituals, poor cohesion, expressiveness and recreational orient at ion, difficulties in communication and effective involvement and lack of clean hierarchical boundaries are common in alcoholic's families. The adverse effect of alcoholism on wives and children reveals its evil effects. The wives develop disturbed personality structure or maladaptive behaviors. They will become neurotic, psychologically maladjusted, domineering, sadistic, hostile, frustrated, quarrelsome and agitated. They try to withdraw from the society, lose interest in life, and take all the responsibilities upon their shoulder. The consistent overburden may lose their psychological balance. Deprived of attention and love, children' S long for aspirations remain incomplete. Consequently children may have trauma, stress and will be



depressed. Conduct behavior problems and hyperactivity are usually seen more among children of alcoholics.

### **Conclusion:**

The main objective of the present study is to make a comparative study of the wives of alcoholics, on their anxiety, depression, adjustment, self-concept and assertiveness with regard to wives of non-alcoholics. Further an effort was made to study the age, education, social status, employment status, income, status in house and relationship with husband and interest in social activities and the impact of all these variables on the emotional and behavioral patterns of the alcoholic's wives. The wives who reported that, their husbands are diagnosed as alcoholics on the basis of compulsive desire for alcohol and who were regular attendees of the counseling clinic for treatment and therapy was taken as study group. Alcohol can produce detectable impairments in memory after only a few drinks and, as the amount of alcohol increases, so does the degree of impairment. Large quantities of alcohol, especially when consumed quickly and on an empty stomach, can produce a blackout, or an interval of time for which the intoxicated person cannot recall key details of events, or even entire events. In a survey of college undergraduates, White et al reported that these students were unable to remember the events after getting drunk especially involving if they had involved in vandalism, unprotected sex, and driving.

Patterns of alcohol use are affected by culture and history and intertwined with the rhythms of work life. Recent international research on gender and alcohol has clearly demonstrated that programs and policies that try to be gender-sensitive cannot ignore cultural influences. Large cross-national variation in gender differences in drinking behavior indicates that biological factors alone cannot account for differences in how women and men drink. To be gender-sensitive, education, prevention and treatment programs, and alcohol policies must take into account both biological differences in alcohol effects and culturally defined gender roles that specify expected and tolerated drinking behavior for women and men.

### **References:**

1. Nemeth Zsofia(2011), The role of motivational components of alcohol use among youth indifferent settings and cultures, Doctoral thesis Booklet. [http://pszichologia.phd.elte.hu/vedesek/thesis\\_EN\\_final.pdf](http://pszichologia.phd.elte.hu/vedesek/thesis_EN_final.pdf)
2. Kutscher Emmanuel et al, (2009) Development and Validation of the Drinking Motive Questionnaire Revised Short Form (DMQ-R SF, journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53. 38(6):899-908.
3. Pradeep et al (2010). Severity of alcoholism in Indian males: Correlation with age of onset and family history of alcoholism. Indian J Psychiatry; 52:243-99.
4. Butchart Alexander (2006) Youth violence and alcohol, Department of injuries and violence, World Health Organization. [http://www.who.int/violence\\_injury\\_prevention/violence/world\\_report/factsheets/fs\\_youth.pdf](http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/fs_youth.pdf)
5. Wiesner, C., & Metzger, H. (2003). Missed opportunities in addressing drinking behavior in medical and mental health services. Alcoholism: Clinical and Experimental Research, 27, 1132-1141.
6. Futterman (2005). Personality trends in wives of alcoholics, Journal of Psychiatric Social Work, 23.



7. World Health Organization (WHO) (2002) The World Health Report 2002 - Reducing Risks, Promoting Healthy Life. Geneva: WHO.
8. NIAAA. Alcohol Alert No. 63: Alcohol damaging effects on the brain e. Rockville, Md: The Institute, 2004 in. <http://www.niaaa.nih.gov/>
9. D'costa G., Nazareth .I., Naik.D., Vaidya., Raj, Levy. G., Patel. V., Kings. M.,( 2006). Harmful Alcohol Use in Goa, India, and its Associations with Violence: A Study in Primary Care. Oxford Journals Medicine Alcohol and Alcoholism, Vol 42, Issues 2 Pp 131-137
10. Pyne, H.H.; Claeson, M.; And Correia, M (2002).. Gender Dimensions of Alcohol Consumption and Alcohol–Related Problems in Latin America and the Caribbean. World Bank Discussion Paper No. 433. Washington, DC: The World Bank,