

ALCOHOL DRINKING PATTERNS AND ITS IMPACT: A SOCIOLOGICAL STUDY

Dr. Malti

Associate Professor

Department of Sociology

N.A.S. College, Meerut

Email: maltiphogatnas@gmail.com

Priya

Research Scholar

Department of Sociology

N.A.S. College, Meerut

Abstract

Alcohol consumptions, at present are ubiquitous and have been constantly increasing throughout the world. Globally, the harmful use of alcohol causes approximately 3.3 million deaths every year. Alcohol is associated with an adverse health effect. Causing a considerable economic impact on society. It increases the risk of developing a number of diseases including liver cirrhosis and many disorders. Alcohol use and disorder are a major public health problems. It is in poor and deprived communities is declined their financial resources of the family and creates a major problem for food, health, education, and complete community system. It is expected that interventions that reduced alcohol intake and help alcohol-dependent individuals, attain and maintain abstinence will be associated with considerable reductions in morbidity and mortality.

Keywords

Alcohol, consumption, youth, health, etc.

Reference to this paper
should be made as follows:

Received: 12.05.2022

Approved: 20.06.2022

**Dr. Malti,
Priya,**

*ALCOHOL DRINKING PATTERNS
AND ITS IMPACT: A
SOCIOLOGICAL STUDY*

*RJPSSs 2022, Vol. XLVIII,
No. 1, pp.23-30
Article No.3*

Similarity Check: 1%

Online available at:
<http://rjpss.anubooks.com>

DOI: <https://doi.org/10.31995/rjpss.2022v48i01.03>

Introduction

Alcohol use and associated alcohol-related harm (ARH) are among the most prevalent and important public health problems plaguing this generation. Consequently, the global public health burden and economic costs of alcohol use are high. Alcohol consumption can result in several negative consequences, ranging from health to social consequences and affecting friends or family and the workplace. When discussing about alcohol consumption, whether the effect is on the general health or on areas such as work, social relations, and the economy, it is pertinent to consider the amount of alcohol consumed as well as the drinking pattern. We also noticed in COVID lockdown first of all government opens shops of alcohol for the public it is an important factor this is an important sector of government for revenue generation.

The main focus of this study is on the characteristics and behavior of respondents, combined with sample designs in which one respondent is chosen per household to minimize cross-contamination. Little attention has often been paid to social interactions (i.e., an individual's drinking behavior that is considered as problematic and a reaction by someone other than the drinker) and contexts. The clinical or "characteristics of the individual" approach, which is rooted in the notion of diseases as discrete entities, views problems associated with excessive alcohol intake as part of a condition with a characteristic natural history and is measured using aggregate measures of alcohol problems which operationally define a clinical entity. These measures can be considered as indices of a number of problems all having the same value, with ARH determined by arbitrary cut-off points. Various analyses use individual-level measures or items.

Potentially influential predictors of progression to alcohol-related harm besides alcohol consumption include socio-economic position, early age of alcohol initiation, family history, and comorbid substance use, with alcohol use increasing the risk for other drug use disorders, poor physical and mental health, sex differences, and other health problems. The adverse effects of alcohol drinking behavior affect not only the index drinker but also the family members of the drinker and the society as well.

There is an increasing shift in paradigm from mean alcohol consumption as a significant determinant of ARH at the individual and population level to drinking patterns, given that mean alcohol consumption is an incomplete predictor of risk.

Alcohol and Alcohol Consumption

The World Health Organization (WHO) described that the reduction of the social and health burden due to harmful alcohol use. Alcohol use is currently

public health threat. As one of the priorities in the recent global status report on alcohol. In India, several community-based studies have reported on the prevalence of alcohol use (Akkilagunta Sujiv, et al : 2015). The drinking of beverages containing ethyl alcohol. Alcoholic beverages are consumed largely for their physiological and psychological effect, but they are often consumed within specific social contexts and may even be a part of religious practices. Because of the effects that alcohol has on the body and on behavior, governments often regulate its use. Alcoholic beverage includes wines, beers, and spirits. In beers the alcohol content varies from as little as 2% to as much as 8%, larger-or ale-type beers contain between 4 and 5%. Natural or unfortified wines usually contain between 8 and 12 percent alcohol, spirits including vodka, rum and whiskey usually contain between 40% and 50% alcohol. A standard drink served in most bars contains 0.5–0.7 fluid ounces of absolute alcohol. (One ounce equals approximately 30ml). Thus, a 1.5 ounce (45ml) glass of wine, and a 12 ounce (355ml) bottle of beer are equally intoxicating

Alcohol Consumption in India

Globally, alcohol consumption is set to increase from 5.9 liters of pure alcohol a year per adult in 1990 to 7.6 liters in 2030. However, intake varied regionally. Between 2010-2017, consumption increased by 34% in Southeast Asia (from 3.5 ltr. to 4.7 ltrs.) with increases in India, Vietnam and Myanmar. India's annual alcohol intake increased by 38% between 2010 and 2017. According to a study, the total volume of alcohol consumed globally per year has risen by 70% since 1990.

Alcohol Drinking Pattern

Alcoholic beverages, known since the Vedic period are used for worship purposes, and medicinal preparations, and are widely consumed as a relaxant. Alcohol consumption, at present, is ubiquitous and has been consistently increasing throughout the world. Globally, harmful use of alcohol causes approximately 3.3 million death every year (5.9% of all deaths), and 5.1% of the global burden of disease is attributable to alcohol consumption. It causes more than 60 different disorders and is the third most important risk factor for the global burden of disease (V. Vijay Ramanan and Suresh Kumar Singh: 2016).

Effect of Alcohol Use on the Family and the Children

Worldwide, researchers have been focusing on the effect of alcohol use on the family and children. In India, 60% of women qualify as lifetime abstainers making men, more common users of alcohol and other substances used. 85% of men who were violent toward their wives were frequent or daily users of alcohol. More than half of the abusive incidents were under the influence of alcohol. An assessment

showed that domestic violence reduced to one-tenth of previous levels after treatment for alcohol dependence. About 20% of absenteeism and 40% of accidents at the workplace are related to alcohol. About 3-45% of household expenditure is spent on alcohol. The use of alcohol increases indebtedness and reduces the ability to pay for food and education.

Alcohol Use and Disorder

Alcohol use and disorders are a major public health problems. Alcohol abuse in poor and deprived communities is particularly deleterious as the scarce financial resources of the family needed for food, health care and education are diverted to alcohol. Alcoholism is a family disease – one that affects every member of the family in a devastating way. Because the entire family revolves around the alcoholic's behavior the children are often second best, and the children's problems are often invisible. One in four children is exposed to family alcohol abuse or dependence. An extensive amount of research has been conducted on the psychological correlates, cognitive, behavioral and emotional aspects, psychological functioning, nutritional neglect and physical abuse, social competence, dysfunctional family environment, and alcohol abuse in children of alcoholics, although relatively few studies have addressed these children's school adjustment. The upheaval that typifies the alcoholic household interferes with the children's school concentration in and out of school. Poverty conditions combined with parental alcoholism contribute to dropping out of school in the children (Violet N. Pinto and Rajan N. Kulkarni: 2012).

Anand Lingewaran (2016:36-41) studied the health of the wife, children and adolescent use of a family with paternal alcohol use and assessed the personal, family, social, occupational and educational environment of family with paternal alcohol use. The study was conducted in Puducherry, India.

Thomas Gargiulo (2007:5-11) examined understanding the impact of alcohol dependence. The aim of this study is to review the effect of alcohol dependence on the physical and mental health of the United States. Thomas Gargiulo conducted a nationwide survey of more than 43000 adults. It was conducted from 2001 to 2002. He concluded that alcohol dependence has numerous and serious ill effect on physical and mental health and represent a major public health burden.

D.S. Bhullar et al. (2013:37-39) described the alcohol drinking pattern: in a sample study. The aim of the study is to know its ill effects have been a part of human civilization since time immemorial. This study was conducted in Gujarat and Arunachal Pradesh. The results of the present study are the most common age group for starting alcohol intake was the 21-30 age group (60%). And 25% of the

cases had suffered from a road accident, physical degeneration to under the effect of alcohol.

Arvind Pandey et al. (2012:95-100) considered the alcohol use and STI among men in India: evidences from a national household survey. The study examines the correlates of alcohol use and its association with STI among adult men in India. A sample survey was used in this study. He fined out that the overall STI prevalence among adult males was found to be a 2.5% (95%) confidence interval (CI: 1.9-3.1). The men who consumed alcohol had a higher prevalence of STI (3.6%, 95% CI, 2.9-3.1) than those who did not consume alcohol (2.1%: 95% CI: 1.5-2.6).

Pratima Murthy et al. (2009:148-151) signified the outcome of alcohol dependence: the role of continued care. This study was conducted in slums in Bangalore. The aim of this study is to determine the effects of continued care on subjects with alcohol dependence. This study shows that follow-up support and continued care appear to significantly improve longer-term recovery in alcohol dependents.

Mythili Hazarika and Dipesh Bhagabati (2018:15-19) identify attachment style as an influential factor in understanding the divergence between alcohol dependence in treatment seekers and non-dependence in the community.

Rajeev A. et al. (2017:2172-2177) explored a community study of alcohol consumption in rural areas of South India. This study aimed to find out the age at onset of the potential side effects in a rural population of Thiruvalla, Kerala, India. He concludes that the prevalence of problem drinking was 12.8% across the age groups with the highest drinking prevalence in the age group under 40.

Alok Tyagi and Shubham Mehta (2013:45-46) explored the, I drink, you suffer : impact of a partner's alcohol consumption on spouse. The objectives of this study are to identify the correlation between alcohol consumption in husbands and depression and suicidal ideation, in their wives, conducted in Jaipur, India. The results of the study are that those with suicidal ideation stated that concern about their children's upbringing and their future, were the main reasons which prevented them from killing themselves.

Swathi H.N. et al. (2016: 228-230) signified the prevalence of alcohol and tobacco abuse among the elderly in a rural area of Bangalore: a cross-sectional study. The aim of this study is to assess the prevalence of alcohol and tobacco usage in the elderly in a few villages in the Bangalore urban area. This study was conducted over the period of 2 months using by sample method of 295 people belonging to 14 villages under two sub-centers. Data was collected using a pretested structured questionnaire. The results of the study show among 295 respondents 28.84% of

them used alcohol, 6.5% of females used alcohol 15.5% of males of 33.3% of females out of them are found to be dependent on alcohol. 47.13% of males used tobacco and 47.11% of females used tobacco or tobacco products.

Objectives of the Study

To explore the impact of alcohol consumption on individuals and families. To analyze the drinking pattern the main objective of the study is as follows;

1. To know the status of drinking patterns among youth in the village.
2. To analyze the effect of drinking on their families.

Methodology

In this study, we selected Kunda village in the Meerut district. This is situated on the Delhi road near Subharti University. More than three thousand population in this village and this village's agricultural land was acquired by industrial companies so that the youth more alcoholic. In this study, we use the purposive sampling method and made a short interview scheduled to obtain information on selected topic. Empirical facts are also considered in this research. The survey of 60 alcoholic households would be carried out with the help of an interview schedule that becomes flexible after exploring the problem of alcoholism. Data will be analyzed qualitatively and quantitatively. The quantitative analysis would be undertaken of the data collected through interview and interview schedule of about 60 respondents.

Conclusion

The drinking problem causing family/friend arguments/problems) in association with frequency of drinking and number of drinks per occasion were higher among individuals with lower educational levels compared to those with higher education. Income was only associated with family worries or complaints about alcohol use in relation to both alcohol drinking patterns, with higher risks found among individuals with lower income.

The family worries or complaints about alcohol use in relation to the frequency of drinking were higher for those who reported good and fair/poor physical health compared to those who reported very good/excellent physical health. Individuals reporting fair/poor mental health had higher odds of family worries or complaints about alcohol use and alcohol use causing problems with others in relation to both alcohol consumption measures.

Alcohol drinking patterns were associated with increased risks of self-reported; this association was largely dose-dependent, corroborating findings from previous studies indicating that positive relations between overall intake established and patterns of drinking, especially irregular heavy drinking, are related to

nonmedical consequences of drinking. Although a few medical conditions, such as cardiovascular disease, show a protective effect of moderate consumption of alcohol, most conditions revealed a positive linear or exponential relationship with the volume of alcohol consumption. In addition, we found support for our first hypothesis that alcohol drinking patterns will increase the risk of alcohol-related harm, even after controlling for potential confounders. It was not possible to determine whether abstainers reporting alcohol-related harm recently quit drinking due to these problems.

This study provides evidence that alcohol drinking patterns were associated with increased risks of health situations of youth and that drinks occasionally especially binge or “risky” drinking was strongly predictive of alcohol-related harm than other categories of drinks occasionally or frequency of drinking. There is a need for comprehensive public health alcohol prevention strategies for the entire population of drinkers, including efforts aimed at the smaller subgroup of high-risk drinkers. Some of the cases come to light youth sent top Rehabilitation centers. Some empirical data indicate lack of proper education in this area is the main course of the high use of alcohol consumption in rural areas in the Meerut district. One of the most important factors is high rate of land which use for agriculture for some time. Due to industrial areas youth mentality grows towards materialistic hence they were more alcoholic. So we can conclude there is a strong need at community level to motivate youth to improve their life without alcohol, the government also make some policy to improve the valuable youth of the country.

References

1. Zamboanga, B.L. et.al. (2009). “Where’s the house party? Hazardous drinking behaviors and related risk factors.” *Journal of Psychology: Interdisciplinary and Applied*. vol.143. no.3. Pg. **228–244**.
2. World Health Organization. (2011). *Global Status Report on Alcohol and Health*. World Health Organization: Geneva, Switzerland.
3. Naimi, T.S. et.al. (2010). “The intensity of binge alcohol consumption among U.S. adults.” *The American Journal of Preventive Medicine*. vol.38. no.2. Pg. **201–207**.
4. Cahalan, D. (1970). *Problem Drinkers*. Jossey-Bass. San Francisco. Calif: USA.
5. Cahalan, D., Room, R. (1974). *Problem Drinking among American Men*. Monograph No.7. Rutgers Center of Alcohol Studies: New Brunswick, NJ, USA.

6. Carlson, S.R. et.al. (2002). "P300 amplitude in adolescent twins discordant and concordant for alcohol use disorders." *Biological Psychology*. vol.61. no.1-2. Pg. **203–227**.
7. Greenland, S.T.L., Lash. (2008). "Bias analysis." *Modern Epidemiology*. Lippincott Williams & Wilkins: Philadelphia, Pa, USA.
8. Alvarez, F.J. et.al. (2006). "Alcohol-related social consequences in Castille and Leon, Spain." *Alcoholism: Clinical and Experimental Research*. vol.30. no.4. Pg. **656–664**.
9. Corrao, G. et.al. (2004). "A meta-analysis of alcohol consumption and the risk of 15 diseases." *Preventive Medicine*. vol.38. no.5. Pg. **613–619**.
10. Knibbe, A. et.al. (2007). "Culture as an explanation for substance-related problems: a cross-national study among French and Dutch adolescents." *Social Science and Medicine*. vol.64. no.3. Pg. **604–616**.
11. Rajeev, A. et.al. (2017). "A Community Study of Alcohol Consumption in a Rural Area of South India." *International Journal of Community Medicine and Public Health*. vol.4. no.6. Pg. **2172-2177**.
12. Swathi, H.N. et.al. (2016). "Prevalence of Alcohol and Tobacco Abuse Among the Elderly in a Rural Area of Bangalore: A Cross-Sectional Study." *J. Evid. Based Med. Healthcare*. vol.3. no.8. Pg. **228-230**.
13. Murthy, Pratima. et.al. (2009). "Outcome of Alcohol Dependence: The Role of Continued Care." *Indian Journal of Community Medicine*. vol.34 no.2. Pg. **148-151**.
14. Ramanan. et.al. (2016). "A Study on Alcohol Use and its Related Health and Social Problems in Rural Puducherry, India." *Journal of Family Medicine and Primary Care*. vol.5. no.4. Pg. **804-808**.
15. Tyagi, Alok., Mehta, Shubham. (2013). "I drink, you suffer: Impact of Partner's Alcohol Consumption on Spouse." *Sri Lanka Journal of Psychiatry*. vol.4. no.2. Pg. **45-46**.