### ICEF, GROUP 2/2

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reSearch Paper on Sociology

Substance abuse:

##### **Alcohol Consumption and alcohol dependence among the youth.**

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**Reasons for choosing this topic.**

Though all people know the truth about the unprecedented guile of alcohol drinks, many of them fall in its skilfully set up traps. This is because of the character of alcohol, which can force to like itself, despite its harmful, sick and dissolute nature.

One sage said: “Wine brings four qualities to everyone, who drinks it. In the beginning, a person starts looking like a peacock- he puffs, his motions are sail and dignified. Then, he gains a nature of a monkey and begins jesting and playing with everyone. Afterwards, he likens himself with a lion and becomes presumptuous, proud, sure of his power. But at the end he changes into a pig and wallows in dirt”.

The worst thing is that drunkards and alcoholics, being carriers of negative views and stereotypes of antisocial behaviour, not only constantly break the rules and norms of behaviour in different scopes of vital activity of people, but also actively promote the involvement in the drunkenness people around them, especially young.

It is stated by many studies that each drunkard and alcoholic renders demoralising influence on the average of 4-5 persons from the nearest ambience.

For many centuries people tried to find the most effective facilities and ways of protecting the humanity from the ruinous influence of alcohol. They tried to develop measures on eliminating the multiple bad consequences of drunkenness and alcoholism, primarily the measures on rescuing, bringing back to a normal life a constantly increasing number of victims of alcohol.

The history of anti-alcoholic struggle has left many examples of using in these purposes different measures up to such radical, as a conclusion of drunkards in prisons, their physical punishment, executions, full prohibition of production and selling of alcohol drinks, e.t.c. However, a consumption of alcohol continued to grow steadily, covering new groups and layers of populations.

On the one hand one can suggest a continuous growing of the world alcohol consumption to be due to a weak efficiency of measures used by the mankind against the dangerous social phenomena, on the other – due to a significant reinforcement of reasons and conditions, causing the broad masses of population to fall in the alcohol dependence.

Until a recent time, the insufficient theoretical development of questions, associated with spreading of an alcoholic consumption, one-sided explanation of reasons of drunkenness and alcoholism rendered a negative influence upon the contents and direction of anti-alcoholic struggle, on its strategy and tactics. Practice of an anti-alcoholic struggle shows that solving of concrete questions on warning and a displacing the negative phenomenas is impossible without a deep study of the reasons, causing consumption of alcohol beverages and promoting spreading a drunkenness and alcoholism.

That is why I chose this topic to be discussed in my work. I really consider it to be a social problem almost as essential as the drug dependence. Unfortunately, I have a lack of time and experience to cover all the aspects of it and to make a deep sociological investigation, but nevertheless I’ll try to do my best.

**The concept of alcohol.**

***What is alcohol?***

The active ingredient in all alcoholic beverages is ethyl ethanol (alcohol), which is produced by yeast cells acting on carbohydrates in fruits and grains. Ethyl alcohol works much like ether, acting as an anaesthetic to put the brain to sleep. Alcohol is a central nervous system depressant that slows down body functions such as heart rate and respiration. Small quantities of alcohol may induce feelings of well being and relaxation; but in larger amounts, alcohol can cause intoxication, sedation, unconsciousness and even death. There are three types of alcoholic beverages:

\* **Beer** is fermented from grains and contains three to six percent alcohol.   
\* **Wine** is fermented from fruit and normally contains 12 to 14 percent alcohol. Fortified wines have additional alcohol added and contain 18 to 20 percent alcohol. Wine coolers are a mixture of fruit juice, sugar, and red or white wine, and contain four to seven percent alcohol (approximately the same alcoholic content as beer)   
\* **Liquor** is made from distilled (boiled off) alcohol and contains 40 to 50 percent alcohol. This is expressed as degrees of proof (two proof equals one percent alcohol). For example, 80 proof liquor is 40 percent alcohol.

***Factors that influence alcohol’s effect.***

Drinking has different effects on different people, and the same amount of alcohol can affect the same person differently on different occasions. Four factors influence how alcohol affects people:

**Amount of Alcohol**. The more alcohol, the stronger the effects. A person may drink beer, wine, or whiskey; what matters is the amount of alcohol that is consumed.

**Body Weight**. People who weigh more are less affected by the same amount of alcohol than people who weigh less. Alcohol is water soluble heavier people have more blood and water in their bodies, so the same amount of alcohol will be more diluted. Gender also affects the influence of alcohol. Women have a higher proportion of fat and a lower proportion of water in their bodies than men; therefore, a woman will have a higher blood alcohol content than a man who is of the same weight and who drinks the same amount.

**Food.** Alcohol "goes to the head" more slowly if one has just eaten or if one eats while drinking. Food slows down the passage of alcohol from the stomach to the small intestine.

**Attitudes.** What a person expects to happen after drinking has a lot to do with what does happen. A drinker who expects to get drunk is more likely to feel or act drunk.

In one study, an experienced group of drinkers was given a glass of something non-alcoholic but was told it contained alcohol. Most of the group still got drunk.

***Immediate effects of alcohol.***

When consumed, alcohol goes right to the stomach and passes through to the small intestine, where it is absorbed into the bloodstream. It takes about 30 seconds for the first amounts of alcohol to reach the brain after ingestion. Once there, alcohol acts primarily on nerve cells deep in the brain.   
 One drink for the average person (a 12-ounce beer, five ounces of wine, or one and one-half ounces of 80-proof whiskey) will create a feeling of relaxation. Two and a half drinks in an hour can affect the drinker's judgement and lower inhibitions. Five drinks in two hours will raise the *blood alcohol content (BAC)* to. 1 0, the point of legal intoxication in most countries.   
 After this amount of alcohol, the average drinker will experience blurred vision, slurred speech, poor muscle coordination, and a lack of rational judgement. Ten drinks will yield a BAC of 0.20. It will take 1 0 hours for the alcohol to be completely metabolised. After more than 12 drinks, the BAC will rise to 0.30 and the drinker will be in a stupor. A BAC of O.40 to 0.50 will induce coma. A drinker in this condition may be near death because he could vomit and choke while unconscious. Breathing is likely to stop with a BAC of 0.60. The BAC can be measured by using a breath, urine or blood test. This amount is measured as a percentage -- how many parts of Alcohol to how many parts of blood.   
 Eliminating alcohol from the body is a long process. About 90 percent must be metabolised through the liver. The remaining 10 percent is eliminated through the lungs and urine. It takes about one hour to eliminate one-half ounce of alcohol.   
 Heavy drinking in a short period of time will often cause a hangover the next day. A hangover is a sign of alcohol poisoning; it is the body's reaction to alcohol withdrawal. Symptoms of a hangover include nausea, disorientation, headache, irritability and tremors.

**The concept of alcohol dependence (alcoholism).**

***What is alcoholism?***

The conception of inveterate drunkenness as a disease appears to be rooted in antiquity. The Roman philosopher Seneca classified it as a form of insanity. The term alcoholism, however, appears first in the classical essay "Alcoholismus Chronicus" (1849) by the Swedish physician Magnus Huss. The phrase chronic alcoholism rapidly became a medical term for the condition of habitual inebriety conceived as a disease; and the bearer of the disease was called an alcoholic or alcoholist (*e.g.,* Italian *alcoolisto,* French *alcoolique,* German *Alkoholiker,* Spanish *alcohólico,* Swedish *alkoholist*).

###### Alcohol dependence, or alcoholism, is psychological and/or physical reliance on alcohol. It is one of the most common medical illnesses seen by physicians. If you are dependent on alcohol, you feel or show a need for it when it is stopped. If you crave alcohol, or feel distressed without it, you are said to be psychologically dependent. If you have bodily changes when alcohol is stopped, such as hot and cold flashes and/or tremors, you are said to be physically dependent.

Alcoholism is a primary, chronic disease with genetic, psychosocial and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterised by continuous or periodic impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial.   
Currently there are three different theories to explain alcoholism:   
**\* Genetic Theory** defines alcoholism as the result of a predisposed reaction to alcohol due to chromosomes, genes or hormonal deficiencies.   
**\* Psychological Theory** defines alcoholism as a condition that exists in which people have a preset disposition or personality that sets off a reaction to alcohol.

**\* Sociological Theory** defines alcoholism as a learned response and believes that addiction is a result of the influences of society.

Whatever definition or theory is used, it is known that alcoholism is a progressive illness that can be treated. Each alcoholic has a different drinking pattern, but the one thing all alcoholics have in common is an uncontrollable drinking habit.

***What are the symptoms?***

Alcohol dependence takes many forms, including intermittent drinking, continuous drinking, and binge drinking. Many alcoholics become able to drink ever larger quantities of alcohol before feeling or appearing drunk. Alcohol users commonly medicate themselves with alcohol, using it, often daily, to help them relax, as a confidence booster, or in order to avoid withdrawal symptoms.

**Behavioural symptoms of people who are dependent on alcohol may include:**

Trying to hide evidence of drinking

Promising to give up drinking

Drinking stronger alcoholic beverages or starting to drink earlier in the day

Having long periods of intoxication

Drinking alone

Problems at work

Missing work

Blacking out

Loss of interest in food

Mood changes (anger, irritability, violent outbursts)

Personality changes (jealousy, paranoia)

Repeatedly driving under the influence

Injuring self or others while intoxicated

Carelessness about appearance

Slower thought processes, lack of concentration, confusion, trouble remembering things

Financial problems caused by drinking.

**Physical symptoms may include:**

Nausea or shaking in the morning

Poor eating habits

Abdominal pain

Chronic cramps or diarrhoea

Numbness or tingling sensations

Weakness in the legs and hands

Red eyes, face, and/or palms

Unsteady walking or falls

New and worsening medical problems.

***Three distinct stages of alcoholism.***

**\* Early Stage.** A person in the early stage of alcoholism uses alcohol as a coping device to relieve tension or escape from problems. The alcoholic must drink more and more to achieve the same effect and has trouble stopping after one drink. The alcoholic makes promises to quit drinking but never follows through.   
**\* Middle Stage.** An alcoholic in the middle stage of alcoholism cannot get through the day without alcohol and may need a drink in the morning to overcome the "shakes." The middle-stage alcoholic will begin to manipulate others, lie about drinking, and may drink in secret or hide alcohol. It is harder and harder to get the same effects as tolerance increases. Irregular heart beat, hypertension, loss of appetite, irritability and insomnia are physical and psychological problems at this stage. The alcoholic denies that drinking is a problem.   
**\* Late Stage.** The alcoholic now lives to drink and avoids and distrusts others. All ambition is lost and the drinker is unable to cope with responsibility and is often absent from work. A late-stage alcoholic may suffer from reverse tolerance: the brain and liver can no longer tolerate a high level of alcohol, so the drinker becomes impaired after even small amounts of alcohol. Malnutrition, nerve dysfunction, loss of memory, mental confusion, impaired vision, hypertension, heart disease and cirrhosis of the liver can occur during this stage. If drinking stops, There are severe withdrawal reactions. Late-stage psychological problems include shame, guilt, severe depression, violent behaviour, low self-esteem, loss of control of emotions, loss of concentration and learning ability. At this point, the alcoholic "hits bottom." The alcoholic may continue to drink despite pain or disability. The only viable alternative is to seek treatment.

***Long- term effects of alcohol.***

Frequent and prolonged use of alcohol has many detrimental effects on the body. Heavy drinkers develop a tolerance for alcohol, which means that larger amounts of alcohol are needed to get the desired effect. A drinker is physically dependent if withdrawal symptoms are experienced when alcohol use is discontinued abruptly. Symptoms vary but include delirium tremors (the "DTs"), cramps, vomiting, elevated blood pressure, sweating, dilated pupils, sleep problems, irritability and convulsions. Most of these symptoms will subside in two to three days, though irritability and insomnia may last two to three weeks. Psychological dependence occurs when the drinker becomes so preoccupied with alcohol that it is difficult to do without it. Short-term memory loss and blackouts are common among heavy drinkers. A blackout, which is an amnesia-like period often confused with passing out or losing consciousness, results when the drinker appears normal and may function normally; however, the person has no memory of what has taken place. Research indicates that blackouts are associated with advanced stages of alcoholism, and there is a correlation between the extent and duration of alcohol consumption during any given drinking episode and the occurrence of blackouts.

***Treating alcoholism.***

The sooner alcoholism is detected, the better the chances of recovery. There are several effective treatment methods for alcoholism, and what works for one person may not work for another. Many options should be explored when seeking help. Local or state health organisations can be contacted to find out what treatment alternatives exist in each community.

**Sociological research.**

***Reasons for choosing the questionnaire as a method of my survey and a sample design.***

I chose a questionnaire as a method of a data collection primarily because of the lack of ability (mostly time) to try to conduct an interview. Secondary, I consider the interview to be the inappropriate type of a survey in the case of such a delicate problem as alcoholism. An interview, no matter formal or informal, might provide a large bias I the data, thus in the analysis, because many people may consider it to be undesirable for them to let others know the bare truth about their lives. Moreover, an interview can not be anonymous (at least the interviewer would be initiated in your problems). I also did not manage to avoid an overt participant observation…

As this sociological research is of a small scale (a sample of 36 persons) and was held among the students from one university (HSE), it did not include such complicated (and unnecessary in this case) methods of data collection as a telephone survey or mail survey, the refusals problem was eliminated. Though, just because of the same circumstances, it has a bias of representing only the smallest part of the Russian youth: Moscow students and **my research would be more descriptive than analysing.**

The multistage sample was conducted in the following way: 4 out 5 specialities were observed (I did not have the access to jurisprudence) and the representatives were chosen by a random sampling (using the table of random digits and student lists) according to a proportion of number of students on each speciality. Thus I have got 14 representatives of the economic speciality, 10- of management, 8- of sociological and 4- of the ICEF.

Considering the fact that I dealt with students, I was not afraid of personal questions. Students, as young and open class of population, are far from being embarrassed when they are asked such.

***The list of questions.***

**1. Your sex:**

M\_\_\_ F\_\_\_\_

**3. Your speciality?**

A) Economics B) Management C) Sociology D) ICEF

**2. Your attitude to the alcohol ?**

А) Negative

B) Simply do not like, when there is someone drunk beside me.

C) Neutral

D) Positive

**3. Do you drink alcohol?**

А) Yes C) Did not ever try.

B) No

**4. If not, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. If yes, in what age did you try it the first time (approximately)?**

A) 5-10 years D) 15-17 years

B) 10-13 years E) 17 and over

C) 13-15 years

**6. How often do you drink alcohol?**

А) Almost every day B) Less than three times a week

C) Less than two times a month

**7. Do your parents drink (in general)?**

А) No C) Yes, only mother

B) Yes, only father D) Both

**8. With whom do you usually drink (the most often case)?**

А) With friends from the university B) With other friend/buddies

C) With parents

**9. Can you drink alone?**

А) Yes, happened to be B) No

**10. Do you drink to overcome a hangover?**

А) Yes B) Yes, but not in the morning

C) Never

**11. Do you need some reason for drinking alcohol like Birthday or another holiday?**

А) Yes, always B) Not necessarily.

**12. How can you classify your alcoholic consumption?**

А) I have no dependency

B) I have some warnings about my dependency

C) Only psychological dependency

D) Physical dependency.

**13. Do you care about the amount of alcohol you drink per day? (Several answers are possible)**

А) Yes

B) No

C) No, if there is no my girlfriend/boyfriend beside me.

D) No, if my parents wouldn’t see/know.

E) No, if it is a big holiday (I can allow myself)

**14. What alcohol beverage do you drink in the most often case?**

А) Beer

B) Cocktails (Gin-Tonic , etc.)

C) Wine, Aperitifs (Martini, Karelia ,etc.) or champaign

D) Strong alcoholic drinks (Vodka, Cognac, Scotch and etc.)

**15. Have you ever tried to give up drinking?**

А) Yes B) No

**16. Have you ever tried to reduce the amount of alcohol consumed?**

А) Yes, it worked B) Yes, it did not work

C) No

**17. Would you drink less, if parents set up more strict requirements to your behaviour?**

А) Yes B) No

**18. Would you drink less, if they ceased to give you pocket money?**

А) Yes

B) No, I would take a loan, but will drink/somebody would treat. C) No, I earn money myself.

**19. Comparing with the previous year, do you drink:**

А) Less/less frequent C) As much/with the same frequency

B) More/more often

**20. Did alcohol affect your study results, from your point of view?**

А) No B) Yes, they become better C) Yes, they become worse.

**21. How did you pass the previous exams/entry exams?**

A) Excellent B) Well

C) Satisfactory D) Failed

**22. Why do you drink alcohol? (Several answers are possible)**

А) To remove stress

B) To raise the mood

C) To support to company

D) To celebrate some holiday

E) Your variant of answer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**23. Do you care, what others think, when they see you drunken? (Except people, who know you)**

А) No, if they are not policemen B) Yes

**24. Have you ever had extrinsic behavioural manifestations (aggressiveness/depression) connected with the consumption of alcohol?**

А) Yes B) No

**25. Did you have blackouts (of a non- traumatic nature)?**

А) Yes, once/sometimes B) No

**26. Do you smoke?**

А) Yes

###### B) No

**27. Do you take drugs, even the weakest ones?**

А) Yes, have tried once C) Yes

B) Yes, but very- very rarely D) No

***The analysis of a data received.***

I have got 21 male and 15 female respondents. Among these people there are only 1 men and 1 women who do not drink alcohol at all.

The attitude towards the alcohol is distributed as following: 39% - positive (among them: 13- men and only 1 woman); 39%- neutral (among them: 6 men and 8 women); 22%- simply do not like, when there is someone drunk beside them (among them: 2 men and 6 women) and none of the respondents said that their attitude is negative.



29% of male and 27% of female respondents have parents who do not drink at all. 4% of male and 13% of female students have only father who drinks (in general) and 4% and 6% respectively- only mother. The percentage of both parents drinking (in general) is 62 for men and 53 for women. This way the difference between the current and the next generation (the youth) can be shown. As we see from this data, the percentage of non-drinking parents is far from 1/21 and 1/15 (5% and 7%) of their offsprings. Most of the men drink with their friends from the university (55%) and the largest part of female responses to this question fall on the answer B)-with other friends/buddies (50%).



The next few questions I consider to be rather interesting, because they primarily deal with the alcoholic dependency and its stages. The question about drinking alone as one of a symptom of alcoholism brought up the results of 50% of male students who could do this, and only 29% of female who have also chosen this answer. Drinking to overcome a hangover is normal for 55% of men and 14% of women. Doing the same thing at any time except mornings is suitable for 15% and 7% of students respectively. And only 30% of men and 79% of women consider this to be “not their style”. Unfortunately, as much as 85% of men and 64% of women do not need a normal reason for drinking like celebrating some party, etc. Two out of 20 male respondents and two out of 14 female have doubts about their dependency and 2 men consider themselves to be psychologically dependent already.

From the graph above we can see the following interesting fact: none of the women do not care about the presence of the their boyfriends while they are drinking and male respondents do not take their parents into consideration deciding haw many drinks to have.



Here we can see the tendency of male students usually drinking beer or strong alcoholic drinks, and females usually drinking cocktails of aperitifs.

The question concerned ever trying to give up drinking and never following though was aimed to reveal one of the symptoms of the first stage of alcohol dependency. The results were: 30% of men and 14 % of women tried to do so. 25% of men and no females tried to reduce the amount of alcohol consumed and succeeded and 5% and 7% respectively tried but did not succeed in reducing it.

Only 30% of males and 7% of the females would reduce the amount consumed if their parents were stricter about their behaviour. But if they cease to give them pocket money 40% of male respondents and 43% of female respondents would do it.



Only 20% of men and 14% of women consider their study success to be dependent from the results shown on the graph above.



50% of males and 36% of females wrote, that they drink to raise their mood; 20% and 10%- to support the company; 15% and 20%- to remove the stress; 15% and 34%- to celebrate some holiday respectively.

Almost 80% of males and 21% of females said that there don’t care what others (not those, whom they are aquatinted with and if they were nit policemen) would think if they saw them drunken. The answers to the question “Have you ever had extrinsic behavioural manifestations (aggressiveness/depression) connected with the consumption of alcohol?” are 35% of male respondents and 14% of female said “yes” and 65% and 86%- “no”. 40% of males and 14% of females have already got aquatinted with blackouts.



From my point of view, these results are much like the real ones, as I am also a student and I am doing the overt observation of all this every day. The situation seems to be catastrophic, and something should be done about it.

**Literature used.**

1. *Britannica encyclopaedia ’99.*
2. *Socis magazine № 5,3,8 1997 ;№ 10 1998*
3. http://search1.healthgate.com/hid/alcoholism/