

Causes and consequences of Alcoholism

By Dr. Nagendrappa .E ^[a]

Abstract

Knowing fully well that excessive drinking of alcohol is highly dangerous and detrimental why do people get hooked to alcohol. This single question has a matter of a great deal of discussion and debate. Large numbers of reasons have been offered for drinking alcoholic beverages and persons becoming addicted to it. Much of the existing knowledge relate to alcoholic behaviour of persons in urban situations. There is however inadequate tested and confirmed knowledge regarding reasons for drinking in rural areas. Given the marked difference in the living conditions of rural persons compared to that of the urbanities, it is worth our while to discuss the question in the context of the present study. Survey of the existing research material helps us identify three broad types of alcoholics: (1) Social drinkers-those persons who drink only occasionally and in small moderate amount and that it does not interfere with their normal routine day to day activities and maintain absolutely normal relations in interpersonal encounters. (2) Alcohol abusers-those who drink with a high frequency and greater quantity when compared to social drinkers but can manage their routine without alcohol and that they are least disturbed. (3) Alcohol dependents-those who's drinking pattern causes persistent problems in all aspects of their life; health of the person concerned, family, job, finance and interpersonal relations. This particular paper focuses on causes and consequences of Alcoholism.

Keywords: Alcohol, addiction, drinking, behavior, beverages.

^[a]Dr. Nagendrappa .E,
Assistant Professor,
Government First Grade College,
Tiptur,
Tumkur District,
Karnataka State, India.

1. Introduction

Major part of research and policy research on alcoholism centres around the basic question; why people get addicted and who get addicted to alcoholism and the wide-range of consequences that alcoholics cause on the self, family, work situation, community and society at large. Given the deplorable and disastrous consequences that alcoholism has produced on people who are in no way responsible for it has the most pathetic aspect of alcoholism in contemporary Indian Society. Studies have shown that drinking alcoholic beverages is no longer socially and psychologically functional if taken in moderate quantity with less frequency. Generally this way of drinking alcohol has mostly confined to ceremonial occasions. However, Cause of serious concern is excessive drinking of alcoholic particularly by those people who can hardly afford to have it in the way they do. As the study is about alcoholism in rural Karnataka, an attempt has been made in this chapter to make an analysis of causes and consequences of alcoholism. The analysis has been made on the basis of material drawn partly from the primary data and partly from secondary sources.

In the context of rural Karnataka, reasons for drinking are by no means difficult to seek, given the simple way of life of the people, most of the reasons have been known and but what these reasons really mean in the life of the alcoholic in villages is something of great deal of interest. Most of the reasons mentioned in these chapters are drawn from what the sample of respondents has mentioned, of course, from their point of view. Reasons, needless to add; obviously have to do with the self-perceptions of the sample of respondents, very interesting reasons have emerged from the analysis. The first and the foremost reasons which the respondents most frequently mentioned were elections. During the time of canvassing for party candidates and the contestants themselves often introduce non-drinkers for the first time to alcoholic beverages. Given the easy access to an availability of alcohol for which during elections at least they do not have to pay. The first experience with alcohol drinking during elections soon make them get hooked to this habit no matter whether they are aware of the consequences or not.

Crop failure, death of wife, loss in business, ill health, and alcohol addicted parents are the reasons most frequently mentioned. Rural society does not provide adequate safeguards and protection against such calamities that people in villages suffer for no fault whatsoever. Spate of farmers suicide widely reported in media drew lot of attention of the scholars and policy makers.

Data shows that failure in personal life is by no means the only reason for farmers committing suicide. It must, however, be noted this is at best only one of the many reasons. It has also been found that persons who are chronic alcoholic become ineligible for any credit from institutional finance. Numbers of studies on farmer's suicide have shown that lack of institutional credit facilities often drove farmers to borrow loans from private money lenders at exorbitant rate of interest. In the event of crop failure and due to some misfortune, farmers have been unable to pay back and clear the loan. In such situations, being unable to bear the brunt of burden of loan, they take recourse to suicide. Farmers know that suicide is not the answer for their problems. Out of desperation particularly in the absence of adequate social security measures farmers have no choice but to commit suicide. Excessive drinking of alcohol in the circumstances like these aggravates the plight of the farmers. Excessive drinking of alcohol is most common in the low income and low caste people. Lambanis take up preparation of alcohol from the raw material collected from local forests. This has been their source of livelihood. Given high degree of cultural tolerance alcoholism is rampant among them.

2. Literature Review

Emile Durkheim, a French sociologist observed a close relationship between increasing rates of alcoholic consumption and decline and weakening of moral values. Increasing *criminal* activities and the resulting anomic conditions in modern multi cultural plural societies. Moral values according to him exercise a great deal of influence on a person's behaviour and in such society alcoholism even if prevails is almost always contained and controlled within 'safety limits'-what exactly 'safety limits' is determined by the prevailing cultural practices. It is allowed to prevail at best as what social psychologists described a "social lubricant". Which means alcohol if taken in modest amount helps individuals reduce anxiety that they experience in interpersonal situations? Empirical

evidence shows that there is a corresponding relationship between increase in criminal activities and the wide-spread and excessive use of alcoholic beverages.

Modern industrialization, according to Karl Marx produces in workers what he called 'alienation' - a psychological condition in which industrial worker feels embittered not only from his own self but also from the goods and services that he produces and he feels a 'cog' in the machine. This dehumanization of work life in turn makes workers increasingly prone to a wide-range of psychic and psychosomatic disorders which we discussed elsewhere. Workers become least tolerable and experience increasing levels of boredom; meaninglessness, a sense of helplessness and insecurity. What people experiences at work situation almost inevitably get extended to family, neighborhood, community and society at large?

In such de-humanized situations inevitably people take to alcohol and become highly drug dependent. What is taken for a therapeutic use soon persons gets addicted. Social conditions are as much responsible as personal conditions for people becoming alcoholic. Alcoholism and drug addiction have been the most visible phenomena of capitalist industrial societies, violence, crime, road accidents and industrial disasters and the latest global terrorism have a great deal with alcoholism and drug addiction. Erosion of human values and moral values has accentuated these trends.

Increasing beaurocratization according Max Weber is another reason. Rules become an end in themselves. People get increasingly trapped in such circumstances. Dismayed and disillusioned people have come to find alcoholism as a means of getting over these problems. Highly rational pattern of behaviour of modern man naturally come in to conflict with the most humane qualities like the concern for the welfare of the other-persons, animals, trees, soil, and water. Lack of concern on the part of modern man for the other beings brings in to being a set of social conditions in which people experience stress, anxiety, fear and other negative emotion. Human relations at work situation have become causality. Dehumanization has set in. Alcoholism, drug addiction, permissive sex and other aberrations have become the order of the day.

A 1991 study at NIMHANS found that people with habitual use of alcohol accounted for 35 percent of all head injuries. 75 percent of these individuals had consumed alcohol in the past 3 hours preceding the injury [Gururaj et al 1993]. High risk sexual behavior is prominently associated with alcohol misuse and studies have shown that this population is at high risk of developing HIV and other sexually transmitted disorders. A NIMHANS study showed that around 40 percent of people with alcohol dependence had associated high risk sexual activity and 75 percent of people who were HIV positive had heavy use [Chandra et al, 1999]. The social costs of material damages, criminal activities, of reducing external costs and distress to family and friends are considerable but difficult to monetize. Women and children bear the indirect costs of predominantly adult male alcohol abuse.

3. Objectives

- 1) To study the impact of alcoholics behaviour on the family relations with particular reference to the growth of children.
- 2) To study the cultural responses to alcoholism in rural setting.
- 3) To study the influence of alcoholism on the health and productivity of alcoholics.

4. Research Methodology

Selecting a sample population is the first and foremost important step in designing the appropriate methodology of a study. The quality of primary data collected in actual field situations depends on a size of the sample population. The manner in which the sample size is arrived at has to do with a nature of the problem under study. Given the prevalence of alcoholism in Rural Karnataka it was thought that levels of female literacy, among other things have a great deal with the extent of existence of alcoholism. Empirical evidence shows that high female literacy has made women organize themselves against alcoholism and the rates of alcoholic consumption have consequently declined. Viewed in this way female literacy, levels of women organization and the extent of prevalence of alcoholism are closely related. Alcoholism and alcoholic behavior in particular has adversely affected the productivity of human beings. It can be argued that increase in female literacy levels and improvement in the women education have resulted in marked improvement in the quality of life of people. Social services like education, health, housing, roads, transportation and communication have been the indexes of improved quality of life. Reasoning in this way, an attempt has been made to identify five villages on the basis of female literacy rate in Pavaguda Taluk situated in Karnataka-Andhra border are Y.N.Hosakote, K.Sevalapura , Hoshahalli, Indira Nagar and Mangalavada. Total respondents works out of 250 respondents. Respondents were selected on the basis of the information orally given by the head of the family regarding the number of persons who use alcohol in that household.

5. Data analysis

Consequences on family wife and children:

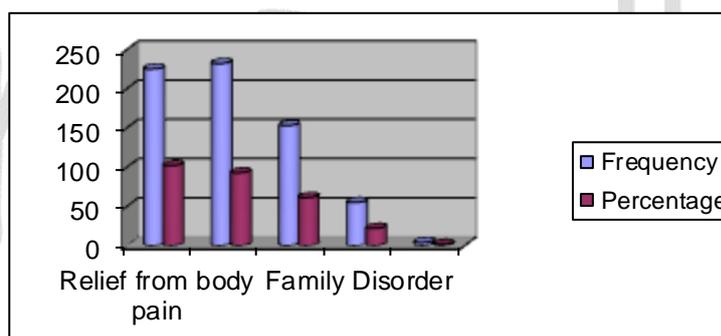
Causes of Drinking:

Having been discussed in the preceding pages on the basis of the available research material an attempt is made to throw some light on the reasons for drinking in the context of the present sample.

Table 5.1 – Causes of Drinking

Causes of Drinking	Frequency	Percentage
Relief from body pain	225	102
Influence of friends/culture	232	92.8
Personal Problems	153	61.2
Family Disorder	55	22
Business Failure	4	1.6

Graph No.5.1

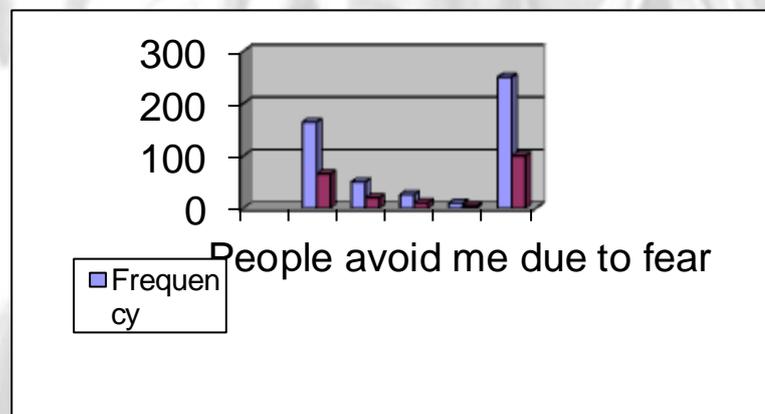


It can be seen from the table (5.1) that relief from body pain has been mentioned as the strongest reason. Another reason is the influence of friends especially during elections as responsible for drinking habit. Personal problems like sex disorders; loss of crops, failure in business, and sudden death of wife is another important reason. Strangely, family disorder has been mentioned with less frequency so also failure in business. The data shows that all said and done family is still intact in rural parts of Karnataka. Since majority of people engage themselves in manual labour naturally they take alcohol thinking that it provides them relief from body pain. This may not be medically correct but people in villages seem to think that it gives them the relief. Influence of friends particularly during election seems to be a powerful factor. As it is there is considerable evidence that wide spread use of alcohol is very common during elections. It is therefore, hardly surprising to note that non-drinkers get hooked to drinking habit during election time.

Table No. 5.2 Effects on Social Status in Society

Effects on Social Status in Society	Frequency	Percent
Nature respond to alcoholic by the Community	164	65.6
Despite drinking	50	20
Not invited to important social functions	26	10.4
People avoid me due to fear	10	4
Total	250	100

Graph No.5.2



Alcohol is associated with low status. We wanted to test this in the light of the data. Effects of alcoholism on social position have been a matter of lot of interest. It is generally believed that chronic alcoholics are looked down in any society. As expected 65.6 percent times the response that loss of social recognition and respect has been mentioned. 20percent times the response, inspite of drinking there is no loss of social respect has been mentioned. This shows that the community has developed toleration towards the drinking behaviour. Yet alcoholics are not invited to special occasions. Alcoholics through their behaviour evoke fear in the minds of people and therefore they are avoided in public places. The data given in the above table (5.2) support these observations.

Table No. 5.3 Health Problems

Types of Illness	Frequency	Percentage
Chest related	37	14.8
Psychic & Neurologic Problems	6	2.4
Stomach related	166	66.4
Fever	238	95.2
Cancer	5	2.0
Anemic	2	0.8

Excessive alcoholism is associated with declining health. It can be seen in the table (5.3) that majority of the sample stated that stomach related disorders are very frequent. This has been followed by general compliant like fever, headache, body pain, is mentioned with high frequency. Interestingly, psychic and neurological disorders have been mentioned with least frequency of 2.4 percent.

Morbidity, health and social problems from alcohol use:- Industry association sources estimate that 15 percent to 20 percent of absenteeism and 40 percent of accidents at work are due to alcohol use among industrial workers is increasing and this has led to an increase in alcohol related sickness and absenteeism. The annual loss due to alcohol related problems in work places is between Rs 70000 to 80000 million.

A study looking at the prevalence and associations of hazardous drinking in a male industrial worker population in India found that hazardous drinking was significantly associated with sever health problems, such as head injuries and hospitalizations. The country's road research institute estimates that 25 percent of road accidents were alcohol-related, one third of the drivers on the highway were under the influence of alcohol and 20 percent of accident-related head injury victims seen in emergency rooms of hospitals have consumed alcohol prior to the accident. Alcohol involvement is known to be present among 15 percent to 20 percent of traumatic brain injuries at the time of injury. Alcohol-related problems made up 17.6 percent of the case load of psychiatric emergencies in an Indian General Hospital.

In a study looking at risk factors for suicide, it was found that the prevalence of alcohol use disorders among people who committed suicide in the city of Madras was 34 percent. The percentage of alcohol-related court cases in a police station in Kohima, Nagaland increased from 78 percent in 1995 to 88.8 percent in 1997. In India household expenditure on alcohol varies between 3 percent to 45 percent of income. Alcohol abuse is one of the main killers of young men in India today. However, its real impact is on the social and family dynamics that underlie its communities. Domestic violence and an exacerbation of poverty have made alcohol abuse the single most important problem for women in India. With one in three people in India falling below the poverty line, the economic consequences of expenditure on alcohol attain special significance. Besides money spent on alcohol, a heavy drinker also suffers other adverse economic effects. These include reduced wages (because of missed work and lowered efficiency on the job) increased medical expenses for illness and accidents legal cost of drink related offences, and decreased eligibility of loans. In a 1997 study comparing two groups of families within the same community in Delhi, India (Group A having at least one adult consuming alcoholic drinks at least three times per week

in the last month and group B having no adult consuming more on alcohol per month compared with Group B. A large proportion of families in group A had significant debt compared with group B. the implications of this are towards fewer financial resources for food and education of children and fewer resources for purchasing duly living consumables. The more heavily drinking group A was more likely to report major illnesses or injuries during the past one year and was more likely to require medical treatment.

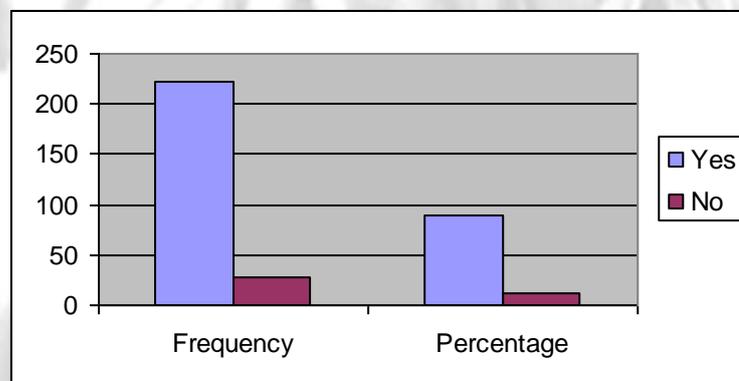
In a study of 180 women seeking parental care in rural South India, it was found that 20 percent of the women report domestic violence and 94.5 percent of these women identified their husbands as the aggressors. Husband’s alcohol use was a significant risk factor for domestic violence. The role of alcohol in domestic violence is also cited in another Indian study which found that 33 percent of spouse abusing husbands were using alcohol. Of these 15 percent were occasional, 45 percent frequent and about 40 percent were daily users of alcohol. More than of the spousal abuse took place during the period of intoxication.

Consequences on Health:

Table 5.4 Have you ever sought medical help

Response	Frequency	Percent
Yes	222	88.8
No	28	11.2
Total	250	100

Graph No.5.3



The above table (5.4) shows that excessive alcoholism definitely causes health disorders. This at best one dimension of the problem. The other dimension relates to whether the person suffering from the health disorders due to excessive drinking would ever see medical treatment. Seeking medical help depends on number of factors like, the affordability of cost of medical treatment, access to medical help, awareness about the declining health condition to mention a few. Of the 250 sample respondents 222 people reported to have sought medical help, while 28 respondents reported not sought medical help. This shows increased awareness of the need to take treatment. next question is the nature of treatment taken. Table 5.5 shows the 88 sample of respondents depend upon and take treatment from local doctors, most of whom are unregistered private medical practioners. These kind doctors set up their shops mostly in villages, where their credentials are not checked. This could be reason for miscarriage of treatment and alcoholics often become the victims. Generally the

alcoholics approach local ayurvedic persons and also resort to locally available medicines. This can be seen in the table 5.5

Table No. 5.5 Nature of Treatment Taken

Nature of Treatment Taken	Frequency	Percentage
Mantra/Pooja	33	13.2
Ayurvedic	18	7.2
Local Unregistered Medical Doctors (RMP)	88	35.2
Government Hospital	70	28
Private Hospital	41	16.4
Total	250	100

Table No.5.6 Due to excessive drinking expenditure on Medicines (per year)

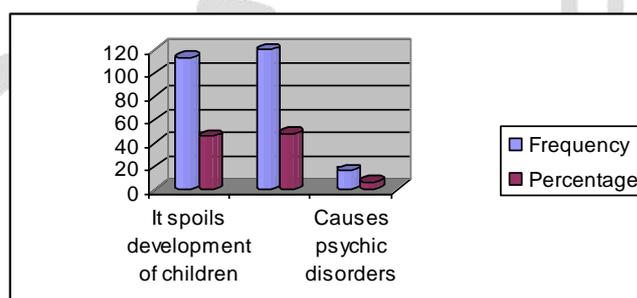
Expenditure in Rupees	Frequency	Percentage
Up to Rs.500	52	20.8
Rs.501 to Rs.1000	69	27.6
Rs.1001 to Rs.3000	99	39.6
Rs.3001 to Rs.5000	13	5.2
5.2Rs.5001 to Rs.10,000	7	2.8
Rs.10,000 and above	10	4.0
Total	250	100

Next question would be how much money spend on medical treatment. It can be seen from table (5.6) that nearly 40 percent of the total sample spend up to Rs.3000 per year. Persons; spending more than Rs.3000 is relatively low percentage. The same way almost 50 percent of the sample spend between Rs.500 and Rs.1000 per year. It is hardly surprising because their income is so meager that they cannot afford to spend large amount even if it is necessary.

Table No. 5.7 Effects on Children

Effects	Frequency	Percentage
It spoils development of children	114	45.6
Affects education	120	48
Causes psychic disorders	16	6.4
Total	250	100

Graph No.5.4.



Effects on alcoholism on family relations are another aspect which deserves serious examination. Wife and children are the worst affected of the families in which a sole bread earner – the head of the family is an excessive alcoholic. It can be seen from Table (5.7) that the growth of children is adversely affected. This has been admitted by 45.6 percent of the respondents. 48 percent said that children’s education is disturbed and only 6.4 percent said that wife and children become prone to psychic disorders. Domestic violation is another aspect of alcoholic families. Drunken persons beat and batter the wife, which is a very common particularly among low income groups. Being economically dependent wife is at the receiving end and she becomes a victim of alcoholic behaviour. At the same time it can be seen in from the table (5.8) that 53.2 percent of the sample said the family members disrespect them at home due to their excessive drinking habit. Very interestingly 37.6 percent reported the family has developed an attitude of tolerance. It may be remembered that in the previous chapters particularly in the theoretical framework, it has been stated that different societies have developed different levels of toleration and cultural acceptance of the alcoholics. What is however, a matter of serious concern is the behaviour of high risk alcoholics because their behaviour adversely affects and ruin the family life.

Table No. 5.8 Your status in the family due to alcohol

Status	Frequency	Percentage
Tolerate	94	37.6
Alcoholic is blamed and disrespected	133	53.2
It will not affect his status	23	9.2
Total	250	100

Alcohol is a Family Problem:

Of all the threats to the stability of marriage and family-life excessive drinking is without doubt the greatest. The statement, “at least four other people directly affected”, refers to a European background where families are generally small. In the Indian scene, the circle of people directly affected by an alcoholic within the family is bigger. So the presence of an alcoholic within an Indian family assumes more alarming proportions.

Alcohol is a Women’s problem:

Women’s admissions to hospitals due to alcohol related problems are on the rise. The number of women with alcohol problems has been growing faster than the rate of men in a number of countries. Women, who drink heavily, gradually begin to have serious problem (social, emotional, familial, moral and physical), which differ from those of men. Similar circumstances in the case of pregnant women, there looms up another problem.

Table No. 5.9 Economic Position due to alcohol

Consequences	Frequency	Percentage
Leads Poverty	182	72.8
Failure work and Business	14	5.6
It has not affected	34	13.6
Makes no difference	20	8.0
Total	250	100

Effects of alcoholism, economics condition of the family are another aspect of serious concern. It has been widely reported that excessive drinking spoils the health and leads to decline in the productivity of the person. It can be seen from the table (5.9) that naturally an overwhelming majority of the respondents almost 75 percent reported that it leads to poverty it further causes failure in business and other activities undertaken by the alcoholics.

Table No. 5.10 Consequences of excess drinking (self)

Consequences	Frequency	Percentage
Feels physically and mentally	93	36
Irritable aggressive	128	51.2
Cannot concentrate on work	64	25.8
Depression and low self esteem	76	30.4
Tendency to steal	85	34

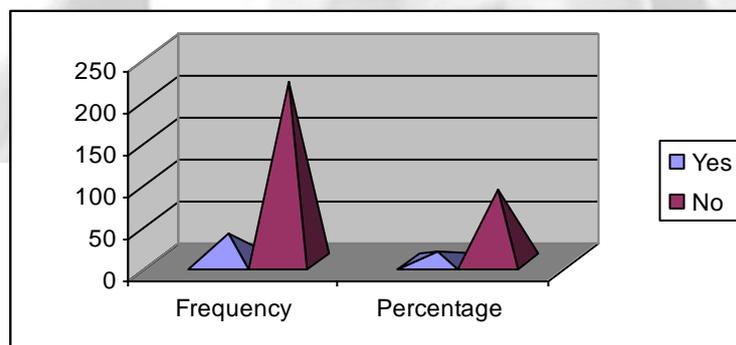
One of the respondents telling the research scholars that he lost his wife because he was not able to provide her with minimum conditions of living like food, house, medicine as he was spending all the income he was able to earn on drinking liquor.

Self perception of the alcoholics is another aspect it can be seen from the table (5.10) which was probed in the study.36 percent of the sample feel physically weak and mentally drained. Another 51.2percent feel unnecessarily irritable and aggressive.25.8percent feel they cannot concentrate on work, 30 percent feel depression and low self-esteem. It can be observed that excessive alcoholism slowly and steadily destroys a person and the self perception of alcoholics is highly disturbed.

Table No.5.11 Try to Commit Suicide

Response	Frequency	Percentage
Yes	34	13.6
No	216	86.4
Total	250	100

Graph No.5.5.



It has been widely reported that the increase in the rate of suicide has something to do with excessive alcoholic drinking, but the present data shows that only 13.6 percent feel the tendency to commit suicide where as, 86.4percent do not feel so. This shows that committing suicide is not necessarily due to alcoholism this can be at best only one of the factors, not necessarily the factor in suicide. So in the recent past spate of suicide's by farmers reported in

the media may be due to various other factors, which cannot be discussed here due to paucity of time and space but the data clearly shows that there is no direct link between suicide and excessive drinking.

Alcoholism and community response:

Community responded to the phenomena of alcoholism in a wide-range ways. Discussion in the preceding pages has shown that alcoholism is a wide spread most persistent necessary social evil, which cannot it needs to be addressed with a movement involving various NGOs and developmental agencies as well as community leaders. The success of De-addiction simply depends upon the intensity of community participation and social sharing of its responsibility. Only a movement of people, not an institution of professional can effectively deal with this social problem.

Community responds by means mobilizing people, resources and support active participation of the people in the planning, implementation and evaluation of educative and de-addiction camps. In actual practice if translate into people collectively taking decisions and having them implemented in the direction of eliminating this social evil. Camp organized to provide by treatment and medical care not only to addicts but also their victims. Organizations are set up to provide institutional services-like diagnosis, treatment curative, preventive and rehabilitative not to speak of guidance and counseling. These organizations called as last organization plays a vital role in eradicating if not at least mitigating the effects of alcoholic behaviour.

Host organization are set up by local government bodies, philanthropists, hospitals, religious institutions, school, college and a host of social service organization including non-government organization (NGOs) community leads us with ultraistic motives have take up the cause and achieve good results.

Host organizations go about their work in various wags. A typical camp is organized and allows: a few months before the commencement of the camp, wide publicity is given in the village through the distribution of pamphlets, projection of slides in cinema halls and announcement in local churches, schools, “Mahila Mandals, Youth clubs and Host of local bodies”.

Since the host organization is part of the existing network of the village, it already enjoys close association with the community members. This organization will be already aware of the magnitude of drinking problem in the villages. Alcoholic themselves might have sought help from them for his physical problems or his wife might have approached them for financial or other help and thus would have brought to their notice the existence of the problem.

The host organization’s role is vital in successfully running the camp. They take care of all the basic necessities like supply of water, arrangement of food and cleanliness of the premises. The host organization organize lectures and other talks by experts to provide the addicts and the victims as to the knowledge about effects and the ways and means of giving up and discontinue drinking alcohol.

In the absence of the counselor, the host organization provides the patients with the necessary help by taking them to a physician / psychiatrist or to a general hospital for medical help. Members of the host organization also provide emotional support and encouragement to the patients when they feel low or depressed. They take up the responsibility of bringing

the patient for follow-up meetings. They also help the treatment staff to monitor the progress of patients during recovery. When the family members approach them for help in case of relapse, they intervene and arrange for necessary help.

6. Findings and Suggestions

Alcoholism is not the problem of single individual. If it is not dealt with. It will become the problem of entire community. What starts as one person's problem, spreads and become a social issue. Alcoholism produces a host of other social problems. When there is violence, villagers cannot sleep peacefully. When there is theft around, one cannot even keep the doors of his house open. When there is hooliganism, women will find it difficult to return home at night with a sense of security. For the community to enjoy a secure and conducive environment, the entire village should get involved in dealing with the issue of alcoholism.

Community action to combat alcoholism will be effective if individual and group work together to find social responses to the problems and to provide healthy alternatives to alcohol. Community based de-addiction camp works not only as a corrective strategy but also as a preventive strategy against alcoholism by involving the community in management of alcohol abuse. The responsibility is shared between the professionals and the members of community. This community empowerment leads to 'doing with' rather than 'doing for'. Responsibilities are shared and the ownership rests with the community.

The community members develop understanding of the problem by learning about alcoholism and the recovery process. With better understanding their views and perception, become less prejudiced and more empathetic. Community members can support the recovering alcoholics by helping them find employment and assistance when needed. They can also give professional advice on practical matters such as paying back debts and finding a job or other personal matters such as health problems.

The main advantages of the community based de-addiction camps have been its immense community participation, awareness, family intervention, positive use of peer pressure, social reassurance and wide coverage with minimum expenditure. The advantages can be summed up in the following ways. There is total community participation and better involvement of various NGOs. It increases a sense of responsibility for the community to address the problems of alcoholism in their village. It utilizes the positive peer pressure and community accountability and it spreads a positive culture of non-violence, mutual understanding and respect.

Another important advantage of community campus is its possibility for utilizing the positive peer pressure. Patients are known to each other and they share more or less same socio-cultural background. Patients who were drinking together learn to draw inspiration and support from each other and take pleasure in facing the challenges of sobriety together. However the major advantage is its flexibility in reaching out to the people in need other than waiting for them at their chronic stage to the de-addiction center. Our experience shows that people will take the pain of coming to the de-addiction centre only at their most chronic stage, which is usually too late and ineffective for intervention.

Therefore our main motto is to reach out to the addicts at their early stages itself and help them to come out of it effectively. Another important advantage of this approach is its possibility of mobilizing local support system and regular follow-up.

7. Conclusion

Causes and consequences of alcoholic behaviour is something which cannot be ignored. Though there is sufficient knowledge on this but only in the context of alcoholism in urban areas. As the present study concentrate in alcoholism in rural Karnataka certain interesting conclusions have emerged out the analysis made in this chapter. The reasons for drinking are wide-ranging. People in villages, because of their hard life and their involvement in manual labour they developed a tendency for drinking thinking that drinking gives them some relief. Most people get hooked to this during election. Indian elections in villages are still funny affairs. Alcoholic beverages are made available at free of cost villages particularly first-timers get used to it. Traditional families continue to cling on this occupation; effects of alcoholism on self, family, health and economic condition have been discussed. The net conclusion that excessive alcoholic drinking destroys a person in all possible ways, yet, paradoxically, people continue to take drinks and society also developed a high level of tolerance.

8. References

- 1) Janet Geringer Woiltiz. (1983). "Adult children of alcoholics". Published by Health Communication, USA.
- 2) Madan, G.R. (1973). "Indian Social Problems", Vol.I, II, III Allied Publishers Bombay.
- 3) Mukti: A booklet by link De addition centre, Bolar.
- 4) Park, K. (1997). "Park's Text book of Preventive and Social Medicine", M/s.Banarasidas Bhanor, Jabhalpur.
- 5) Pravesh Kumar. (2001). "Parental alcoholism: the burden on children", Journal of social Defense, Vol.50, No.148.
- 6) Ranganathan (1991). "Children of alcoholics". T.T.Ranganathan; Clinical research foundation.
- 7) Ranganathan. (1989). "Alcoholism and drug-dependency". T.T. Ranganathan; Clinical research foundation, Madras.
- 8) Rukmani Jayaraman: children of Alcholics.
- 9) Sushma: Psychosocial problems of adolescent children of alcoholics- A Term paper.

Acme Intellects