

Comparison of Habitual users, Occasional users and Non-users of Alcohol

Jeetendra Kumar Singh¹

¹*Department of Psychology, ANS College, Jehanabad, Bihar*

Abstract

National Committee on Alcohol Abuse in India has revealed that there are disturbing signs which show that alcohol abuse in India is likely to worsen and get out of hand if the planned, comprehensive and sustained measures are not taken immediately to curb the evil. In the present study we have tried to compare the habits of habitual users, occasional users and non-users of alcohol. For this purpose, data were collected in small groups (5-10 students).

Keywords: Habitual Users, Occasional Users, Non-users, Alcohol.

Introduction

Alcoholism is known as a “dual disease” since it incorporates both mental and physical segments. The organic instruments that cause alcoholism are not surely known. Social climate, stress, emotional well-being, family ancestry, age, ethnic gathering, and sex all impact the danger for the condition. Long haul liquor misuse produces changes in the cerebrum’s structure and science, for example, resilience and physical reliance. These progressions keep up the individual with alcoholism’s urgent powerlessness to quit drinking and result in liquor withdrawal disorder if the individual stops. Liquor harms pretty much every organ in the body, including the mind. The combined harmful impacts of persistent liquor misuse can cause both clinical and mental issues. A mind boggling blend of hereditary and natural variables impacts danger of the advancement of alcoholism. A perplexing blend of hereditary and ecological variables impacts the danger of the advancement of alcoholism. Qualities that impact the digestion of liquor likewise impact the danger of alcoholism, and might be shown by a family background of alcoholism. One paper has discovered that liquor use at an early age may impact the declaration of qualities which increment the danger of liquor reliance. People who have a hereditary mien to alcoholism are additionally bound to start drinking at a prior age than normal.

Definitions are like that of the DSM-IV. The World Health Organization utilizes the expression “alcohol dependence syndrome” as opposed to alcoholism. The idea of “destructive use” (rather than “misuse”) was acquainted in 1992’s ICD-10 with limit under detailing of harm without reliance. The expression “alcoholism” was taken out from ICD between ICD-8/ICDA-8 and ICD-9. DSM-IV, DSM-III-R, and ICD-10 determinations of

alcohol and medication use disorders utilizing data from a huge representative sample of the United States populace. Cross-system correlations among DSM-IV and DSM-III-R misuse did not regard phenomenal, however concordance was reliably helpless when ICD-10 unsafe use determined were contrasted with have DSM-IV and DSM-III-R abuse analyze [1].

Longing for assumes a significant part in alcohol dependence and pathogenesis of relapses. In this study we have attempted to examine the number of inverse hypotheses have been figured to explain the idea of desiring. Numerous mind boggling neurochemical instruments are embroiled in the etiology of desiring; These components include numerous synapses, for example, hum dopamine, opioids, glutamate, and serotonin [2].

The most well-known dual addiction in alcohol dependence is benzodiazepine dependence, with considers indicating 10-20 percent of alcohol subordinate people had issues of dependence or potentially abuse issues of benzodiazepines. Benzodiazepines increment desires for alcohol and the volume of alcohol devoured by issue consumers. Benzodiazepine dependency requires cautious decrease in measurements to maintain a strategic distance from benzodiazepine withdrawal disorder and other well-being outcomes. The impacts of benzodiazepine receptor ligands with various inborn action profiles were concentrated on intentional ethanol utilization in the specifically reared alcohol-leaning toward AA (Alko, Alcohol) rodent line, and contrasted with those of a narcotic rival, naloxone, and a serotonin take-up inhibitor, citalopram [3]. Alcoholism has a higher pervasiveness among men, however in late many years, the extent of female alcoholics has increased. Recent study indicates, that in the two people, alcoholism is 50-60 percent hereditarily determined, leaving 40-50 percent for ecological influences. Most alcoholics create alcoholism during pre adulthood or youthful adulthood [4].

Review of Literature

Drug abuse is a psycho-social and medico-legal problem. It involves the whole network of society. The process of modernization has shattered the old traditional structure of society and has brought significant alternations in the population structure, socio-cultural and economic values making it almost difficult for the traditional set ups to regulate and control the behaviour of their people. The picture becomes more bemusing for the poor, the weaker and the disadvantaged because they do not only suffer physically, mentally and economically, but are forced into criminogenic life. While the government of India is taking comprehensive steps to control and prevent drug abuse, the management and care of drug addict has traditionally been the responsibility of the family, society, welfare institutions, voluntary organizations and each and every responsible person of the country. People that have a decreased measure of endorphin (a substance comparable with morphine that manages the temperament which is incorporated by the body) respond positively to alcohol, and they value it more. Alcohol abuse is an incessant supporter of raised circulatory strain and might be the most well-known reason for auxiliary hypertension. The component of this affiliation is

obscure. Much of the time, the circulatory strain rises are reversible and getting back to business as endless supply of alcohol use. Despite the fact that short lived, such hypertension can't be viewed as considerate, or immaterial, since it might be contributory to the expanded pervasiveness of cardiovascular ailment observed in problem drinkers [5].

Long-term alcohol consumption affects normal liver function. Heavy alcohol consumption increases the risk of high blood pressure, there is little information about the effect of low alcohol intake on blood pressure. We aimed to assess the effect of alcohol consumption on changes in blood pressure stratified by alcohol intake and the initial amount of sex in adults[6].

Oxidation of ethanol by means of alcohol dehydrogenase (ADH) clarifies different metabolic impacts of ethanol however doesn't represent the resistance and various related problems that create in the alcoholic. These were clarified by the revelation of the microsomal digestion of ethanol [7]. At the point when presented to high measures of alcohol for significant stretches of time, the liver begins to handle the alcohol through an extra catabolism instrument called microsomal ethanol oxidation system.

Method of Study

Data were collected in small groups (5-10 students) in a classroom situation. The subjects of the three groups were approached through prior announcement and the objectives of the study were explained to them in order to make this investigation really worthwhile. In this way, after establishing a workable rapport, tests were administered to them. Standardized, printed instructions accompanied all the tests. Since the tests were neither power nor speed ones, sufficient time was permitted to ensure the completion of the tests.

Results and Discussion

A perusal of table no. 1 makes it clear that habitual alcohol users ($X = 6.27$) have scored significantly higher than the occasional drug users ($X = 4.73$) and significantly less than the non-users ($X = 9.35$). Similarly, occasional alcohol users have scored significantly less than the non-users. The statistical comparison across the three groups has yielded t-values of 5.50, 7.70 and 11.55, respectively which are important beyond chance.

Table 1. Comparison of habitual users, occasional users and non-users in terms of their mean scores (N = 100 in each group)

Groups	Mean	SD	t-matrix		
			a	b	c
a) Habitual	6.27	1.93	-	5.50*	7.70*
b) Occasional	4.73	2.12		-	11.55*
c) Non-users	9.35	3.51			-

*p less than .01

Since high scores signify ‘outgoing’ and low scores ‘reserved’ traits of personality, it can be said that non-users have more outgoing tendency as compared to habitual and occasional alcohol users. The high scorer on this factor tends to be good natured, easy-going, emotionally expressive, ready to cooperate, attentive to people, soft-hearted, kindly, and adaptable. Thus the basic characteristics of the person who scores high are that of extraversion. A number of investigators (Eysenck, 1964; Gordon, 1975 [8,9]) have reported that extraverts indulge significantly more in alcohol abuse than do introverts. Contrary to our expectation, in the present finding non-users have been found to be more outgoing than habitual and occasional alcohol users. Thus our study does not lend support to a number of studies carried out in Indian and Western societies. Also the findings of the present study do not corroborate to that of Singh and Chopra (1979)[10]. The reverse trend of findings may be due to many reasons including variations in tool, sample and the criterion of selecting habitual, occasional alcohol users. At this stage it seems difficult to say whether reserved persons indulge significantly more in addiction than the outgoing persons. Further studies on similar lines are needed to arrive at conclusive result.

Table 2. Comparison of Habitual Users, Occasional Users and Non-users in terms of their Mean Scores (N= 100 in each group)

Groups	Mean	SD	t-matrix		
			a	b	c
a) Habitual	4.51	2.10	-	11.80*	1.92
b) Occasional	2.03	1.25		-	14.90*
c) Non-users	5.01	1.68			-

* p less than .01

It is evident from table no. 2 that the findings do not match with our expectation. Contrary to our expectation, the mean scores of habitual ($x=4.51$) and occasional ($x=2.03$) drug users have found to be less than those of non-users ($x=5.01$). The comparison of habitual drug users versus occasional users as well as occasional versus non-users has yielded significant t-values of 11.80 and 14.90, respectively, whereas the mean difference between habitual alcohol users and non-users is not significant ($t=1.92$, $df= 198$, p greater; than .05). The individual who scores low will in general be delayed to learn and understanding, given to concrete and strict translation. Then again, the individual scoring high on this factor will in general rush to get a handle on ideas, a quick student and shrewd. Keeping this in mind, it can be said that non-users are more intelligent, quick in grasping ideas and fast learner as compared to occasional users. The difference in mean scores of habitual users and non-users is marginal, leading us to conclude that both the groups are more or less alike in their capacity to learn and grasp ideas. Since there is a dearth of research investigations in this Ares, no thing can be said conclusively.

Placid vs Apprehensive

It was hypothesized that habitual and occasional alcohol users would not differ from non-users in terms of their placid vs apprehensive trait of personality. To verify this hypothesis, one way ANOVA and t-test have been employed.

Table 3. Analysis of Variance of Scores of the Three Groups

Source	Df	SS	MS	F	p-value
Between	02	315.43	157.72	31.86	.01
Within	297	1471.08	4.95		
Total	299	1786.51			

The findings as summarized in table no. 3 reveal that habitual alcohol users, occasional users and non-users differ significantly in terms of their scores ($F=31.86$, $df=2/297$, p less than .01). This indicates that the contribution of placid vs apprehensive trait of personality is substantial in making differentiation between the three groups. Thus further comparison across the three groups is needed. The findings as displayed in table no. 3 show that habitual alcohol users ($X=6.27$) and occasional users ($X=6.17$) are more less identical in respect of their mean scores on placid vs. Apprehensive trait.

Results of the present section reveal that most of the drug users were multiple alcohol users. Of the total subjects, about 90 percent used hallucinogens, 64 percent used narcotics, 63.9 percent used tranquilizers, 43 percent used amphetamines, and 40 percent used barbiturates.

Conclusion

Needless to mention, the government of India has tried to prevent and control the evil in different areas. In spite of all the efforts, the rate of alcohol addiction, undoubtedly, is increasing in Indian masses, particularly in youth. In fact, to control and empower the means of alcohol abuse, there is a need of multidimensional approach. In this context, the role of sociologists, psychiatrists and psychologists in identifying the etiological factors of alcohol abuse cannot be underrated.

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