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INTRODUCTION

1.1 What is Alcohol?

Alcohol is a generic term for many different chemical compounds; each with its own distinct properties. It is a clear, colourless liquid that comes from fermenting — or breaking down — natural substances such as fruit, corn, grain or sugarcane. The type of alcohol consumed by humans is ethyl alcohol or ethanol. Ethanol can have different colours, tastes, potency (strength) and flavours depending on the fruits or vegetables used in its manufacture, the process of manufacture and the additives used.

The term alcohol encompasses diverse chemical substances each having different properties.

1.2 What is Harmful Use, Hazardous Use of Alcohol?

Amongst those who consume alcohol, the spectrum of use can range from occasional use, hazardous use, harmful use (also called problematic use or alcohol abuse) to dependence. The proportion of different groups of this spectrum varies considerably among different societies and there are differences even within each individual country / a specific geographical area. The definition of occasional use and harmful use varies across societies and cultures, but is beginning to be delineated. The International Classification of Diseases (ICD-10) published by the World Health Organization uses the term “harmful use” to indicate a pattern of alcohol use similar to alcohol abuse.

Traditionally, any alcohol use pattern which is significantly problematic, leading to significant social, occupational or medical impairment, has been called ‘alcohol abuse’. However, in recent times, the term “harmful use” is being used more frequently, especially in the context of health consequences of alcohol use. Thus, harmful use can be described as “a pattern of alcohol use that is causing damage to health”. The damage may be physical (e.g. liver damage) or mental (e.g. episodes of depression). “Harmful use” may not necessarily be a result of daily consumption of alcohol. Harm from alcohol use could also be due to “binge drinking”, i.e. drinking large quantities of alcohol at a single time. This could result in road traffic injuries, domestic violence, perpetuation of poverty etc. Other patterns of consumption, such as consumption of alcohol by pregnant women, would also qualify under the term “harmful use” in a broad sense.

The "drinking pattern" which causes damage to an individual's health is termed as harmful use of alcohol.

Spectrum of alcohol consumption

Harmful use

A pattern of alcohol use that is causing damage to health. The damage may be physical (e.g. liver damage) or mental (e.g. episodes of depression).

Source: Adapted from WHO (2003)

Hazardous use

Hazardous use is a pattern of alcohol consumption carrying with it a risk of harmful consequences to the drinker. The damage may be to health — physical, or mental, or they may include social consequences to the drinker or others. In assessing the extent of that risk, the pattern of use, as well as other factors such as family history, should be taken into account.

Source: Adapted from Babor and Higgins-Biddle (2001)

Hazardous consumption of alcohol can be either heavy or "binge drinking" (too much drinking on one occasion) or pathological drinking (unable to stop drinking once started). "Binge drinking" is defined as the consumption of five or more drinks in one sitting (or on one occasion). The health risks associated with "binge drinking" due to the toxicity of alcohol include hangovers, headaches, and abdominal problems resulting in diarrhoea, nausea and vomiting. Importantly, because intoxication stops one from thinking clearly and acting sensibly, "binge drinking" puts the person and also others at risk of harm from avoidable dangers: for example, injury due to falls, risky behavior or assault. It is due to this that alcohol is closely associated with road traffic injuries, fights and violence, coercive sexual activity and unprotected sex. Serious "binge drinking" can result in alcohol poisoning and subsequent death.

1.3 What is Alcohol Dependence?

ICD-10 describes alcohol dependence as "a cluster of physiological, behavioural and cognitive phenomena in which the use of alcohol takes on a much higher priority for a given individual than other behaviours that once had greater value" (WHO, 1992). Thus, the central feature of alcohol dependence is the overpowering desire to consume alcohol. If a person has reached a stage of severe dependence, medical care is needed.

The conditions of dependence and harmful use of alcohol are grouped as "Alcohol Use Disorders". The problems in the personal, family and social sphere of the alcohol-dependent person are well-documented. What

Alcohol dependence syndrome

A cluster of behavioural, cognitive, and physiological phenomena that develop after repeated alcohol use, and that typically include a strong desire to consume alcohol, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to alcohol use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

Source: Adapted from Benegal V et al. (2001)

is beginning to emerge is a pattern of the myriad problems associated with even occasional use of alcohol. These range from domestic and family violence to road traffic injuries or other occupational accidents, to the impairment of physical and/or mental health. These and such other problems in the absence of dependent use are grouped as “alcohol-related problems”. The recognition and acceptance of the “alcohol-related problems” group as a “problem” is associated with the definition of a social drinker and general attitudes of the particular community or society towards alcohol use. This implies that certain communities may be more tolerant to excess alcohol consumption and ignore the “transient problems” related to the use of alcohol, whereas other communities may be intolerant. For example, in certain communities, verbal abuse of a wife by her husband who is under the influence of alcohol is tolerated as a cultural phenomenon.

1.4 Basis of Community Responses in Reducing Harm from the Use of Alcohol

Alcohol is now recognized as a cause of many problems in society. Increasingly civil society and governments are addressing issues related to harm from alcohol use on people, families and society in general. Several approaches have been tried. There is some evidence that government policies are effective in controlling the supply of alcohol. Although the implementation of government policies is important, this is not the only strategy which can be used. Action in the community by concerned citizens can also make a difference and even though evidence of such benefits on a large scale is limited, there are a number of instances wherein small community action programmes have been successful.

The most important part of such a community-based programme is the *action* component and it is to *initiate* such community action that this manual has been written. The model for action and the recommended

Civil society and governments are working to mitigate the ill-effects of alcohol abuse on the general public.





The concerted efforts of even a few citizens can bring about a positive change in the community.

responses are based on a review of the literature and the personal experience of the author on pilot projects in many settings. As many real-life experiences as possible have been incorporated in formulating the actions recommended here. But each recommended step can be improved upon, especially when the basic principles are understood. New ideas too will constantly emerge. These are worth sharing if they lead to improved impact.

A short discussion of the relevant theoretical basis of harm from the use of alcohol is included in the first four sections. These can be skipped if required, although understanding the basis of recommended actions will, of course, help the reader to be more efficient in implementing any community responses.

This manual is intended to serve as self-learning material for a community-based action programme which concerned citizens can carry out in their own communities. Effecting change in the community is not very difficult and the process can be initiated by anybody with reasonable ability and genuine concern. There are many obstacles as well as encouraging experiences that a person working for community change will encounter — the important lesson is to learn from both types of experiences.

This manual is not meant to be a review of the literature on harm from alcohol use or for people with special knowledge of alcohol-related problems. Sections can be read in any order, depending on the interest of the reader. The cumbersome 'he or she' and 'his or her' is avoided. Generally one or the other pronoun is used.

This manual is a self-learning handbook for concerned citizens to effectively implement community-based action programmes.