

Turmoil of Alcoholism: An Exploration of Alcoholics in Gauhati Medical College and Hospital of Assam

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'First the man takes a drink, then a drink takes the drink, then a drink takes the man'

- Japanese Proverb.

Abstract: From time immemorial alcohol is used for refreshment and to prevent and cure diseases by different populations of the world. Preparing country liquor is an age old skill in a good number of societies which is handed down from one generation to the next principally through the process of enculturation. Country liquor is indispensable to the socio-cultural system of innumerable societies of the world. Such communities generally produce this type of alcohol from different floral parts utilizing their indigenous knowledge. In such societies country liquor is used in different contexts of life, even to appease the Gods and spirits. At present alcohol is less used as medicine and mostly used as addictive material. Consumption of excessive alcohol has created a kind of irreversible turmoil in the modern world causing physical, mental, economic and social degradation. It should be noted that alcohol is consumed even by the members of those societies, who do not have the pristine system of making this drink. When a person cannot resist his or her intense desire of alcohol consumption and take it frequently, which ultimately destroys his or her physical and mental abilities partially or to a great extent, additionally harming in his/her social and occupational arenas, then this anomaly of the person is known as 'alcoholism'. Alcoholism is an alarming disease and the person suffered from is known as 'alcoholic'. Today alcoholism is a devastating problem throughout the world. In this endeavour an intricate attempt has been made to evaluate some dimensions of the alcoholics treated in the Gauhati Medical College and Hospital (GMCH) of Guwahati, the capital city of Assam and the gateway of North East India.

(I)

Alcoholism is a global phenomenon which is regarded today as one of the alarming social problems. There is an increasing tendency to study alcoholism and detailed whole perspectives of alcoholics world over, because at present alcohol less used as a medicine or drug, rather it is used more as an addictive substance. This addictive nature of alcohol is destroying and ravaging the human beings immensely all over the world. Alcohol destroys a person first from his physical, behavioural, occupational, financial, social and psychic angles, and then the alcoholic person

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starts destroying his family, then the community and the society in a very indirect but continuous manner. Therefore, alcoholism can be considered as a social problem rather than a personal problem. It should be mentioned here that alcohol is engulfing mostly the third and fourth world countries like India, China, Sri Lanka, Bangladesh, Nepal, etc. Alcoholism as a resultant factor or disease has produced a section of treatable people called alcoholics. However, not all the people who drink alcohol are alcoholics. There are some diagnostic criteria for identifying a alcohol consumer as alcoholic. An alcoholic has physical and psychological dependence on alcohol with increased tolerance level and shows some withdrawal symptoms when he or she is withdrawn from alcohol. The withdrawal symptoms may be physical or psychological. Psychological dependence is present when alcohol becomes indispensable to a person's thoughts, feelings and actions (morbid pre-occupation) that it is almost impossible for him to stop it (Ranganathan, 1989:39). How a man becomes alcoholic; after becoming alcoholic how he is explaining his relationship ignoring all his obligations and responsibilities? The following case study will give an idea about an alcoholic and his inclination towards alcohol.

Dr. Kabir, aged 55 years, a professor and HoD in a reputed university of North-East India was admitted in Gauhati Medical College and Hospital (GMCH) in the month of June, 2012, for some treatment. It should be noted here that he was admitted for the same cause for the second time in GMCH. He has an educated and amiable wife working as an officer in a reputed bank of Guwahati, Assam. His only daughter passed HSSLC Examination with very good marks, and now studying in a renowned college in Delhi. Dr. Kabir was a student of University of Calcutta. He was a very brilliant student, but there he started drinking alcohol as a fun and frolic with his batch mates. Gradually drinking alcohol became part and parcel of his life. Afterwards, when he got his job, he spent lion share of his salary in drinking alcohol with his friends. He started drinking alcohol almost regularly everyday without any break regardless of the negative consequences of it on his personal, social and professional life. He revealed that if he stops alcohol, he feel uneasy, restless, and irritated; tremors starts in his body, orientation to time, place and person reduces. Even sometimes he fell down and fainted when he stopped drinking. On the other hand, disharmony of his body and mind, stammering, some kinds of memory impairment, loss of appetite, etc. are also very much evident in him. Due to his habit of much alcohol consumption and at any time of day and night, his family members, widowed mother, father's brother, wife, daughter and brother are reluctant to interact with him in formal situations.

Dr. Kabir writes poem very well. He was a very meticulous student and known in the circle for his depth of knowledge. However, at present he could not read or write well; even his signature differs from the previous one due to the shivering of hand. He was not generally attended by his wife in the hospital. Once, the hospital authority requested her to come to the department of Psychiatry for discussing about her husband's treatment. However, she did not come to the department for the intended discussion. Dr. Kabir said that alcohol and some of his close friends with whom he used to drink are inseparable part of his life and he will never give up the habit of drinking alcohol. From the symptoms cited above, Mr. Kabir was diagnosed as a case of alcohol dependence syndrome, earlier which was called as alcoholism. Therefore, he was admitted in Gauhati Medical College and Hospital for treating these symptoms.

Alcohol addiction is defined as a behaviour, over which an individual has impaired control with various harmful consequences and negative implications. The person having the addiction of alcohol is termed as alcoholic (Cottler, 1993: 689-696). Alcohol use and abuse are health hazards, and the problems of addiction are not limited to the individuals in certain social stratum, but appear to affect people in all levels of the society (Raunsville *et al.*, 1993: 337-48). According to Murthy *et al.* (2010:189-199), 'Substance use patterns are notorious for their ability to change

over time'. Jellinek (1947:1-42) opines that, 'Alcohol addiction is an uncontrollable craving for alcohol (i.e., physical dependence)', while chronic alcoholism is referred to as 'mental or physiological changes associated with prolonged use of alcohol'.

In Psychiatry, *The International Classification of Diseases*, (1992) is used as it is the definitive international system of diagnosis, classification and coding of diseases and related health problems. It is used worldwide to classify and record diagnoses in clinical practice and in hospital settings to recognize disease/disorder occurrences for statistical monitoring. The ICD-10 (1992) defines the alcohol abuse 'as repeated use despite recurrent adverse consequences; further defining alcohol dependence as alcohol abuse combined with tolerance, withdrawal, and uncontrollable drive to drink'.

In India, the addictive substances cause a good number of health problems, both physical and mental. National level studies on prevalence have been done on many addictive substances, and in those studies regional variations also can be seen. This may be due to the variation of culture, geographical set up, religion, economic profile, age group of the user, etc. In national prevalence studies, alcohol use/abuse prevalence in different regions of India is found to be varied from 167/1000 to 370/1000. Alcohol addiction for chronic alcoholism ranges from 2.36/1000 to 34.5/1000 (Reddy and Chandrashekhar, 1998:149-157). In a meta-analysis by Reddy and Chandrashekhar (1998:149-157), it is seen that in India, an overall addictive substance use prevalence is 6.9/1000. The rates of this in men and women were found to be different, i.e., 11.9 per cent and 1.7 per cent, respectively. Among women, alcohol consumption is reported to be less in comparison to that of the men in India, though alcohol abuse among women is found to be increasing as seen in epidemiological research. A study conducted in southern India by John *et al.* (2009: 123-125) showed that 14.2 per cent of the population surveyed had hazardous alcohol use on the Alcohol Use Disorders Identification Test (AUDIT). Again, a similar study by Sampath and Murthy (2007: 32-93) in a tertiary hospital showed that 17.6 per cent admitted patients in the hospital setting had hazardous alcohol use.

A study on alcohol use from Delhi by Mohan *et al.* (2002:128-135) reveals that annual incidence of non-dependent and dependent alcohol use among men is 3 and 2 per 1000 in a total cohort of 2937 households. In the national level studies, the National Household Survey of Drug Use in Country by Ray (2004:44) is the first systematic effort to document nationwide prevalence of drug use. From this study it is evident that alcohol (21.4%) is the primary substance used by the Indian people apart from tobacco, followed by cannabis (3%) and opioids (0.7%). In the findings, 17-26 per cent qualified for ICD-10 diagnosis of dependence, translating to an average prevalence of about 4 per cent. In a study by Murthy *et al.* (2010:189-199) a marked variation in alcohol use prevalence is found in different states of India; current use of alcohol range from a low of 7 per cent in Gujarat (officially under Prohibition Act) to 75 per cent in Arunachal Pradesh.

In Assam, from a study conducted by Hazarika *et al.* (2000:262-266) it is conspicuous that alcohol users were 37 per cent in rural Assam and a prevalence rate of 365/1000 population, which is greater than national prevalence. Bhagabati and Das (2013:36-41) conducted a research work in Assam during 2009, showed that use of alcohol among the persons below 18 year is 22.2 per cent, and the earliest age of alcohol use is 11 year. The intake of alcohol in Assam is higher than that of the national prevalence; children as well as adolescent population is found to be using and abusing alcohol, which is a very alarming issue for Assam in terms of physical and mental health. Seventy five million people in India are alcohol user (Srivastava *et al.*, 2002). There is a concerning increase in social acceptance of alcohol even for frequent self induced intoxication; easier access is now responsible for driving adolescents toward substance use and a trend is being noted toward lower use of onset of alcohol use (Saddichcha *et al.*, 2010:359-361).

A good number of studies integral to alcoholics from different perspectives exhibit the situation of the alcoholics. Sometimes it is also seen that an eclectic effort by anthropologists, psychologists, psychiatrists, sociologists and social workers to evaluate some form of analysis of information gathered by them. In the beginning of 1950's we have witnessed a continual acceleration of research activities by anthropologists in the field of alcohol. Currently, a substantial number of anthropologists are conducting creative, productive and eclectic field studies integral to alcohol use, abuse and treatment. This overview provides evidence for the proliferation of interest in alcohol research by the anthropologists through reports on recent publications, organizational activities, symposia on alcohol topics and collaborative efforts between anthropologists and colleagues in other fields (Bennett, 1984, 303-311).

In 1984, Bennet, has published a citation entitled '*Contributions from Anthropology to the Study of Alcoholism: An Overview*', where the author meticulously delineated the contributions of the anthropologists towards the study of alcoholism. Heath in 1984 examined the use of alcohol in cross-cultural perspective. Coombs and Globetti, (1986) studied '*Alcohol Use and Alcoholism in Latin America: Changing Patterns and Socio-cultural Explanations*'. In the year 1989 Bennett have examined the indispensable relationship of family and culture with alcohol. Engs *et al.* (1990) studied influence of religion and culture on drinking behaviour of persons of Canada and USA through some hypotheses. Blane in 1993 have examined recent development in alcoholism with special reference to ethnicity. Cheng and Chen (1995) have evaluated alcoholism and high prevalence of alcoholics among the four aboriginal groups in Taiwan and their implications. In 1996 Gureje *et al.* have examined the problems related to the use of alcohol in cross cultural perspectives. Hunt and Barker (2001) established socio-cultural anthropology and alcohol and drug research towards a unified theory. Galvan and Caetano (2003) tried to find alcohol use and related problems among ethnic minorities in the United States. Chowdhury *et al.* (2006) studied cultural context and impact of alcohol use in the Sundarban Delta, West Bengal, India. De Marinis *et al.* (2009) utilized cultural analysis as a perspective for gender informed alcohol treatment research in a Swedish context.

Though the above review is not enough by any standard and from anthropological point of view, yet it can give an idea about the acute problem of alcoholism throughout the world. In present scenario alcoholism is such kind of a phenomenon which is engulfing the whole world including India. Regardless of any social stratum, class, caste, religion and region, alcoholism is steadily accelerated to destroy the humankind from physical, behavioural, mental financial, familial and social format.

(II)

The present endeavour try to evaluate the probable causes with maintenance factor, socio-cultural and socio-economic and physical hazards of the alcoholic patients admitted in Gauhati Medical College and Hospital (GMCH), Guwahati, Assam. Gauhati Medical College Hospital is situated in Guwahati, the capital and only city of Assam. GMCH is regarded as the most honoured government medical college set up in North East India, established in the year 1948. Among many departments of GMCH, Psychiatry is a department which has a centre or separate ward called Drug De-addiction Centre (DDC). Drug De-addiction Centre was started in the year 1997; since then alcoholic patients from different areas of Assam, north eastern parts of the country and from other parts of India are admitted and treated in this centre of the Department of Psychiatry. Most of the patients admitted in GMCH are from Guwahati and its outskirts. The alcoholics are either admitted in the hospital by their family members, generally in intoxicated state or withdrawal state or voluntarily by themselves for de-addiction. It has been observed that from the year 2007

to 2014 Drug De-addiction Centre admission was 167, 217, 277, 255, 276, 219, 196 and 260, respectively. It can be seen from the given data that total number of alcoholics varies from year to year. However, an increasing trend can also be observed from the data of the alcoholics. Though sometimes a little deviation can be also being observed, but the increasing admission rate is dominating than the other. In 2000 the number of patients admitted in DDC was 52 (57 in 2001, 127 in 2006). So it can be stated that alcoholic patients with other substance abuse patients are increasing at a very alarming rate, which is a rusting hindrance for the acceleration of the society.

As already indicated, the basic field of this study is the Gauhati Medical College and Hospital's Drug De-addiction Centre ward of Psychiatry Department, where alcoholics are treated for de-addiction. Being the premier hospital in Assam, GMCH attracts majority of the persons severely affected by alcohol from all over North East India as well as from the other parts of the country who seek medical help from different departments of GMCH. Therefore, the patients of the DDC ward of Psychiatry department are taken into consideration for the present study. There are also some private rehabilitation centers in Guwahati for alcohol de-addiction, but accessibility to the patients treated there is not possible due to some special rules and regulations followed by those organizations. The alcoholic patients of GMCH are considered as the representatives of the alcoholic group of Guwahati. However, the study also demands necessitate selective trips to specific families of alcoholics' residential place. Therefore, the research study is being conducted in the indoor part of Department of Psychiatry, GMCH, as well as to the residents of some of the alcoholics. From May, 2012 to February, 2014, total 369 patients were admitted in the hospital for de-addiction of substances. However, in this study 291 alcoholics are taken into consideration out of 369. The main exclusion criterion is psychological co-morbidity, the other patients were not taken for this study. The excluded patients have some other mental or psychological disorders along with the alcohol dependence addiction to drugs other than alcohol. The data have to be collected very carefully and in a confidential manner, because the alcoholics usually do not like to open up with anybody, who is just a fellow person. The second author is an employee of the Department of Psychiatry, and therefore, the alcoholics sometimes interact freely with him. To hide the identity of the alcoholics, fictitious names are used in case studies instead of their actual names. From the gathered data it is evident that among those patients teen age girls reading in school, informer of police, university teacher, etc. are present. It is also transparent from the data that many alcoholics have the same backgrounds to be initiated to the alcohol taking.

As for the universe of the study, the research design contemplates a population of alcoholics admitted in the DDC Ward of GMCH. Now for this study in this kind of setting there many alcoholics come of many age groups of various professions. It is considered that the study population should have some overall uniformity and the universe should be manageable. Hence, it is proposed to confine the study to the alcoholics above the age group of 16 years with some form of occupational patterns including students. Though this study population covers a big area of societies, cultures, religions, traditions and languages, they share many common elements and entities of the situation. Both qualitative and quantitative data are used for the study, which have been collected by non-participant and participant observation, open-end interview and case study method. Data, also gathered through informal chatting with the kins and friends of the ailing persons. Though, gathering information was a bit tough, but it was a special experience in case of very young people as it is depicted in the following case study.

Miss Monali, aged 17 years, a student of higher secondary science classes, is an inhabitant of Maligaon area of Guwahati. Her father is in bank service in the capacity of an officer and her ailing mother worked in the Deputy Commissioner's office of Guwahati; her only brother, aged 11

years, read at class VI in an English Medium High School of Guwahati city. When Miss Monali was a student of class IX, once she came to Fancy Bazar of Guwahati with her friends, both boys and girls, and in the persuasion of the friends she took Vodka in small quantity along with all her friends. She relishes the drink and on that night she had a very good sleep. Moreover, she was happy that no member of her family could realize that she has drunk alcohol. After a couple of days her mother died suddenly who was treated for long time. Miss Monali and her brother were very much attached to their mother; on the other hand they were not comfortable with their father. Death of the mother created paucity in Miss Monali's life and to cope with that situation she took shelter in drinking alcohol. Gradually Miss Monali became habituated in alcohol drinking. It should be mentioned here that she was a very bright student and passed HSLC Examination with star marks. She took admission in a reputed college of Guwahati in the faculty of science. But due to alcoholism, for which she was admitted for treatment in GMCH, her physical and mental ability became flaccid.

(III)

At the initial stage of this work it was intended to take 300 alcoholics as sample, but due to the dearth of such alcoholic patients in Gauhati Medical College and Hospital, only 291 alcoholics could be studied. In the following tables we try to give an idea about the age, sex, occupation, education and marital status of the alcoholics under study.

Table 1: Age, sex and marital status of the alcoholics of GMCH

Age Group	Male								Female								Total
	M	%	UM	%	D	%	W	%	M	%	UM	%	D	%	W	%	
16-20	1	0.44	1	1.85							1	50					3
21-25	4	1.76	7	12.96							1	50			1	100	13
26-30	25	11.06	19	35.18													44
31-35	39	17.26	19	35.18	2	66.67	1	100	1	25							62
36-40	50	22.12	7	12.96													57
41-45	46	20.35	1	1.85	1	33.33			1	25							49
46-50	30	13.27							2	50							32
51-55	19	8.4															19
56-60	9	3.98															9
61-65	3	1.32															3
Total	226	79.58	54	19.01	3	1.06	1	0.35	4	57.14	2	28.57			1	14.28	291

N.B.: M=married, UM=unmarried, D=divorcee, and W=widow/widower.

From table 1 it is evident that among the total alcoholics there are 284 male (97.59%) and 7 (2.4%) female. Maximum number (62: 21.3%) of alcoholics fall in the age group of 31 to 35 year, of which 61 are male (98.39%) and only 1 (1.61%) is female. Minimum number (3: 1.03%) of alcoholics found in each of the age groups of 16 to 20, and 61 to 65 year. All the alcoholics are found from 16 year to 65 years.

Table 2: Occupation of the alcoholics of GMCH

Occupation	Male								Female								Total
	M	%	UM	%	D	%	W	%	M	%	UM	%	D	%	W	%	
Business	47	20.8	17	31.48			1	100									65
Farming	16	7.08	2	3.70													18
Govt. (others)	48	21.23	3	5.56	1	33.33											52
Govt. (police/defence)	37	16.37	4	7.41													41
Govt. (teacher)	11	4.86	1	1.85													12
Home-maker									3	75					1	100	4
NE/UE/Retd.	23	10.17	10	18.52	1	33.33			1	25							35
Private job	13	5.75	9	16.67							1	50					23
Self-employed	31	13.72	6	11.11	1	33.33											38
Student			2	3.7							1	50					3
Total	226	79.58	54	19.01	3	1.06	1	0.35	4	57.14	2	28.57			1	14.28	291

N.B.: UM=unmarried, M=married, D=divorcee, W=widow/widower

It is conspicuous from table 2 that alcoholics are found pursuing various occupations like business, farming, teaching, government and private job, and some of them are students also. The married alcoholic females are mostly homemakers (3: 75%), and rest (1:25%) is presently unemployed, previously pursuing private jobs. Among the 2 alcoholic spinsters 1 (50%) is a student of H.S.S.L.C. and the other one (50%) is a working girl in a private company. Highest number (65:22.33%) of the alcoholics fall in the category of business and the lowest numbers (3: 1.03%) are student.

Table 3: Educational level of the alcoholics of GMCH

Age group	Illit	%	IV	%	X	%	Mat	%	HS	%	Grad	%	Mast	%	Oth	%	Total
16-20	1	4.54					2	4.65									3
21-25	2	9.09			5	4.59	2	4.65	2	3.77	2	5.56					13
26-30	3	13.6	3	15.78	14	12.8	11	25.6	9	16.9	2	5.56	1	16.66	1	33.33	44
31-35	4	18.18	3	15.78	27	24.77	7	16.28	12	22.64	7	19.44	2	33.33			62
36-40	3	13.6	2	10.52	21	19.27	7	16.28	15	28.38	7	19.44	1	16.66	1	33.33	57
41-45	4	18.18	5	26.31	20	18.34	5	11.62	7	13.2	8	22.22					49
46-50	3	13.6	3	15.78	8	7.33	4	9.3	5	9.43	7	19.44	1	16.66	1	33.33	32
51-55	1	4.54	1	5.26	9	8.26	2	4.56	3	5.66	2	5.56	1	16.66			19
56-60	1	4.54	2	10.52	4	3.67	2	4.65									9
61-65					1	0.91	1	2.32			1	2.78					3
Total	22	7.56	19	6.52	109	37.46	43	14.78	53	18.21	36	12.37	6	2.06	3	1.03	291

N.B.: Illit=illiterate, IV=up to class IV, X=up to class X, Mat=matriculate, HS=up to HS= higher secondary, Grad=Graduate, Mast=Master Degree, Oth=Other diploma and certificate courses.

Table 3 provides data on educational status of the alcoholics under study. There are 22 (7.56%) illiterate alcoholics, while the rest 269 (92.43%) are literate. Some of the alcoholics (3:1.03%) are student pursuing their studies in different schools and colleges. It should be noted here that highly educated persons including a university teacher was also admitted in the Department of Psychiatry of GMCH for their alcohol de-addiction. Therefore, it could be said that the menace of alcoholism not only embraced the illiterate or lowly literate people, but also highly literate persons.

Table 4: Alcoholics with other medical problems or diseases

Diseases/Problems	Male	Female	Total
High pressure	5	0	5
Nerve Problems	17	0	17
Liver Problems	16	0	16
Gastro Problems	10	0	10
Organic brain dysfunction	12	0	12
Diabetes	3	0	3
Other disorders	13	0	13
Total	76	0	76

It is seen from table 4 that, out of 291 alcoholic patients 76 are having some kind of physical problems or some diseases and which is seen only in male alcoholics (26%). It is seen that highest number of patients are having nerve problems co-morbidly with alcoholism, i.e. 17 which is 22 per cent of the total diseased persons simultaneously with alcoholism. Liver problem is also another major disorder found among the alcoholic patients, which occupies 21 per cent of the total diseased persons along with alcoholism. On the other hand surprisingly, diabetes and high pressure are least found in the study by the investigators. It is said by the physicians that, alcohol increases the risk of blood pressure elevation and elevated sugar level. There are other disorders like head injury, eye problems, dermatological problems, fractures of bone, ENT problems, etc. are also found in the alcoholics admitted in the department of Psychiatry. Organic brain dysfunction is another disease found commonly among the study alcoholics, as alcohol has a great impact on the brain of human being. It has also been observed that in some cases a patient has multiple physical problems. Six patients having liver problem has other physical problems also. Three of them have neurological problem, 1 has hypertension, 1 has lower respiratory tract infection and the other has malena. It is evident from table 4 that some persons with alcoholism also have other physical problems. Gastro problems are also seen in some of the alcoholics. It is also said by the physicians that, alcohol destroys the gastrointestinal tract mucosa. Sometimes, alcohol also damages the liver fully or partially.

Table 5: Alcoholics in different family settings

Family type	Male	Female	Total
Nuclear	203 (71.47)	5 (71.42)	208 (71.47)
Joint	74 (26.05)	1 (14.28)	75 (25.77)
Extended	4 (1.40)	0	4 (1.37)
Alone	1 (0.35)	1(14.28)	2 (0.68)
Others	2 (0.70)	0	2 (0.68)
Total	284 (100.00)	7 (100.00)	291 (100.00)

From table 5 it is evident that, majority (71.47%) of the alcoholics live in a nuclear family set up. Least number of patients live alone. Only one male and one female (0.68%) lives alone. Second position is retained by the persons live in joint families. Four (1.37%) alcoholic patients live in extended families. Table 5 reveals that nuclear families have more affinity towards alcohol than that of the so called traditional or outdated joint families. It is also found that only 75 (26%) of the total alcoholics live in the joint families.

From table 1 it can be inferred that alcoholism is dominantly a disease or disorder which is principally associated with male population. Though there are a few female alcoholics also, overwhelmingly male persons are found more addicted to alcohol. There may be many reasons behind it. Women may have more tolerance than men and, therefore, men have more inclination towards addictive substances than the female counterpart to cope with the uncongenial mental environment. Most of the male respondents have good number of friends with whom they started drinking alcohol as refreshment and gradually this frolic becomes addiction. From table 1 it is also evident that maximum number of the alcoholics falls in the age group of 31-35 years. From this figure it could be assumed that in this age group more people become alcoholics. However, in some other age groups also number of alcoholics are alarming.

On the basis of table 2 it can be inferred that alcoholics cannot be related to any specific occupational domain. In all sorts of occupations, even the students are also found to be alcoholics. Most of the alcoholics are found in the occupational category of business. The people pursuing business have interaction with a good number of people for the demand of their occupation. Most of the respondents integral to business lean on some recreational or refreshment activities including alcohol drinking. In the long run some of them become hardcore alcoholics. On the other hand if we see their life ways, they have to cope with unpredictable chores more or less in everyday life, thus carry the most haphazard life style and to cope with that uncertainty they start drinking alcohol and gradually become alcoholics. Government officials and police personnels also cover a large section of the study alcoholics. It has been observed from the study that government officials drink mainly with their colleagues for refreshment after concluding their duty for the day. Drinking daily without ignoring about the amount of alcohol some of them become alcoholics. However, in case of police it was found that, a kind of 'tradition' is followed by them, i.e., they have to drink alcohol at times; generally before going for an ambush they consume alcoholic drink. The study also reveals that due to the anticipatory anxiety and fear of the outcome of the ambush, even for the pressure from the senior officers they have to consume alcohol and they believe, by drinking alcohol tension and anxiety can be reduced. Many police also drink to cope with the integral impinging factors in their environment of services. By this way they become alcoholic. Some of the police consume alcohol to get rid of the monotony of their service. Many students also become alcoholics mainly due to uncongenial familial and environmental conditions. As a general perception people believe that the new generation is very much inclined towards alcohol due to the flaccidity of social structure and decaying inter-personal relationship. Generally the students do not become alcoholic, as it takes years to get addicted to a substance. Surprisingly, persons in teaching profession also found to be alcoholics, and from the data it can be said that teaching occupation and its related dignity does not have any significant correlation to alcoholism.

Table 3 reveals that, most of the alcoholics (92.43%) are literate. However, most of them are educated only up to class x. From this data it can be said that low level of education has a relation to alcoholism. From the data gathered it is conspicuous that some persons from low educational level are very frustrated because they cannot adjust themselves in any occupation for the expectation of good jobs and lavish life; they easily become prey to any kind of addictive substance. However, it is also evident from the study that though the number is less, highly qualified individuals are also become alcoholics. It can be said that, though very few highly qualified individuals are trapped in alcoholism, but for that insignificant number the whole fraternity cannot be blamed.

From table 4 it can be inferred that alcoholics along with alcoholism carry many other physical problems in their body, which generally occurs as a result of alcoholism. It was also seen that some disorders also existed parallelly to the alcoholism they had. In this endeavour it was not differentiated between diseases existed along with the alcoholism and diseases occurred as a result of alcoholism. Therefore, it can be said on the basis of table 4 that as generally alcohol affects the liver and nervous system, so majority of the alcoholics suffer from these two health problems. The alcoholics also suffer from problems integral to gastrointestinal tract as alcohol affect majority of the GI tract parts when it passes through it. Besides these, organic brain dysfunction is another major disorder which is easily caused in the alcoholics. The alcohol affects human brain parts grossly. It also damages some of the brain parts severely. Generally the memory function of the alcoholics ruined for the continuous alcohol consumption.

Table 5 indicates that most of the alcoholics (71.47%) live in nuclear families and alcoholics living in joint families found very less (25.77%) in number. On the other hand alcoholics living in extended families, alone and others are very less. It can be inferred from the data that probably

alcoholics living in joint families hesitate to drink alcohol or avoid frequent drinking because of the social obligations and norms of a joint family where a person is not expected to drink recklessly. On the other hand persons, generally in a nuclear family household head free to drink without any control over him/her because the person has to live in the house alone without the company and observation of any family member.

(III)

The alcoholics get admitted in the Department of Psychiatry by two windows, one is by registering in the Outpatient Department, then to the Inpatient Department, and the other is by entering in the department through the Emergency Department, generally when the patient is in very critical condition. It has been observed from the record available in the department that number of alcoholics entering in to the department is not very less by the Emergency Unit than to the normal procedure, i.e., through the Outpatient Department. There is a reason behind it; a good number of alcoholics do not come to the Department of Psychiatry voluntarily for abstaining the habit of alcohol consumption, rather they are admitted to the department at a very critical stage by their caregivers. The emergency entry is high, because most of the alcoholics come to the department as their last resort. The problematic physical and psychological withdrawal symptoms compelled them for treatment of alcoholism. It has also been observed that until and unless acute problems occur, most of the alcoholics do not come to the hospital voluntarily for de-addiction. Here in this reference a case study can be cited below.

Mr. Gopal Bora, aged 65 years, resident of Naharkatia district, Dibrugarh, Assam, was admitted in the Department of Psychiatry for alcohol de-addiction in the month of January, 2012. He went with his wife for neurological check-up of his wife to be done at GMCH. But interestingly, Mr. Bora himself got admitted in the department of Psychiatry, for treatment of his alcoholism. Mr. Bora is an alcoholic and he used to drink alcohol almost every day in his residence at Naharkatia. He has three children, two daughters and one son. The son is the youngest and his eldest daughter is married staying in Guwahati, in her family of procreation.

He came to his elder daughter's house in Guwahati. His purpose of visit was his wife's medical check-up at GMCH, as she was suffering from neurological problems in her body. For that reason, Mr. Bora with his wife came for a few days to his daughter's place. Mr. Bora said that, he had a habit of drinking alcohol everyday and without which he did not feel comfortable and easy. As he has to stay in his daughter's house where she is living with her husband, therefore, Mr. Bora could not drink there for the fear of losing his status. As a result of discontinuation of alcohol, he had developed withdrawal symptoms, like convulsion, tremors in the whole body, tongue-bite, irrelevant speech, disorientation and hallucination. Observing all these, his daughter took the initiative to take him to GMCH for treatment and care. Then Mr. Bora was advised to take admission in the DDC ward of Psychiatry department for treatment of his alcoholism. Then only it was known to his family that Mr. Bora has become an alcoholic. Thus he was admitted and treated for alcoholism for almost one month in the department of Psychiatry, GMCH.

One hundred and eight (108) is a medical emergency service running throughout India by the central government through the state government in the name NHM (National Health Mission). This emergency vehicle is extensively used by patients and their family members for rapid, safe and free transportation of non-ambulatory patients. It is evident that the emergency window and the 108 emergency medical transport services are generally used by the alcoholics for coming to GMCH. On the other hand some of the alcoholics are admitted after they met some kind of acci-

dent or injury in the state of alcohol intoxication. Apart from such accidents or injuries, it is also found that the alcoholics injure themselves out of different kind of hallucinations. As a reciprocal way to the hallucinations, they injure themselves thinking those hallucinations real. The following case studies will give some idea about such situations:

Mr. Bhabesh, aged 51 years, a science teacher of an Assamese Medium High School of Narengi area, Guwahati, was admitted by his wife in the department of Psychiatry for de-addiction of alcoholism. Mr. Bhabesh was an alcoholic for long period. He was habituated in drinking alcohol almost every day. He tried to kill himself by inserting a knife into his stomach. When he was enquired about why he did that, he answered that, for two days he was not taking alcohol for some health problems. As a result of that withdrawal symptom, some voices threatened him to kill in to be pieces. The hallucinating voice also ordered him to kill himself to get rid of the situation, i.e. killed by other person. Then Mr. Das chose the second option of killing himself rather than dying in other's hand. However, his wife saved the life of Mr. Bhabesh who suffered from severe injury. Thus, he was admitted instantly for treatment in the department of Psychiatry, GMCH. When it came to know that the main reason of his accident is his alcoholism, he was shifted to the department of psychiatry for de-addiction process.

The fish vendor **Mr. Dilip** of Hajo, Assam, aged 42 years, came to the Department of Psychiatry with breaking injuries of his right fronto-parietal lobe of his head. When he was asked about his injury on head, he revealed that some persons on horsebacks with swords were rushed to kill him; he had tried to escape by running away very fast and in that effort he collided with a big tree in the paddy field and his head got smashed. What he saw was actually the visual hallucinations which occurred as a result of sudden stopping of alcohol drinking, as he was an alcoholic. Withdrawal symptoms occurred as and when alcohol consumption was suddenly stopped by an alcoholic and it occurred within 72 hours after the stopping of alcohol drinking.

Many alcoholics are admitted into the hospital after serious or minor injuries on bodies. In the Department of Psychiatry, the alcoholics are kept for about three weeks, i.e., for 21 days. Treatment of such ailing persons may be divided into two phases: first one is the detoxification and then second one is de-addiction. The detoxification part requires about 7-10 days, and rest days are devoted for de-addiction process. These two phases are performed by different kind of pharmacotherapies and some psychotherapies. Pharmacotherapies include some medications used for detoxification and de-addiction. Psychotherapies include some of the psychological therapies. It has been observed that by that the whole week of an alcoholic is planned for the non-pharmacological processes. On Monday they are taken for group therapy, on Wednesday the alcoholics are taken to Alcoholic Anonymous Meeting, and on Tuesday, Thursday and Saturday they are taken for Yoga Therapy. After staying for three weeks they are discharged with prescribed medicine with a commitment for new life style.

Majority of the alcoholics are admitted to the General Ward of DDC in the Department of Psychiatry. However, on request some of them are allowed to stay in the paying cabins of the hospital with some special conditions. The conditions are like 24 hours adherence of at least one attendant with the patient to monitor him or her. The patient staying in the paying cabin is not allowed to stay alone even for a moment. However, it has been observed that these rules are not strictly maintained either by the patients or by the attendants. The patients staying in the paying cabins are found to be either rich or occupying higher positions in the society.

This study reveals that generally the male married alcoholics are attended in the hospital by their wives; likewise, the female married alcoholics are principally looked after by their husbands when they are hospitalized. However, in two cases the alcoholics wives are not attended by their

husbands because of the wrath and hesitation of their spouse. In the society, an alcoholic is always looked down by the fellow members. Consumption of alcohol always lowers down the social status of a person; when such habit is acquired by a lady, it becomes more vulnerable. Therefore, these husbands avoided their alcoholic wives in the hospital. It has also been observed that almost all the alcoholics explained their inclination towards alcohol is due to the failure in the ventures like not reaching the expected goal in business, family quarrel, unsuccessful love affairs, death of loved ones, and so on. It is also evident from the study that habit of consumption of alcohol of a person is generally initiated by their friends, who have the habit of consuming alcohol occasionally or regularly. In this aspect, the following case study can be cited.

Mr. Sanju, aged 30 years, owner of a reputed college canteen of Guwahati city, was admitted in the Department of Psychiatry, GMCH, in the month of October, 2012, for alcohol de-addiction. Mr. Sanju has his wife, widowed mother and his younger brother. He has his ancestral home at Baihata Chariali area near Guwahati. In Guwahati he lives with his wife in a rented house. After passing HSSLC Examination he started his business. Afterwards, he got a canteen on contract from the government of Assam which belongs to a reputed government college of Guwahati. Thus, he started his canteen business in a very lavish manner. During this business he made friendship with some of the college students who are resided in college hostels, and are habituated in regular alcohol consumption. With them he had started alcohol drinking. Gradually this habit became acute. Mr. Sanju's inclination towards alcohol made his wife and mother angry and reluctant towards him. They tried their best to detached his habit, but in vein.

Gradually Mr. Sanju became alcoholic which hampered his flourishing business. Loss of economic viability made Mr. Sanju helpless and he used to consume more alcohol at any time of the day and night. Then he was forcefully admitted by his mother and wife in GMCH for treatment of alcoholism. After some routine tests it was found that Mr. Sanju had a damaged liver which is fatty and having alcoholic hepatitis. After treatment in the GMCH he was discharged with some prescriptions and prohibitions.

(IV)

It has been already stated that almost all the alcoholic explained their inclination towards alcohol due to their unsuccessful ventures and dissatisfaction in different steps of life. Such dimensions include unsuccessful business, disheartened in love affair, detachment from loved ones, dissatisfaction in economic status, and for some unknown reasons which could not be explained by the alcoholics. However, the study reveals that, almost all the alcoholics under study have initiated their habit of excessive alcohol consumption by their friends, in the persuasion of the friends or by his or her own desire. Gradually, such habit becomes inevitable in their lives and due to their alcoholism they have created lot of disturbances in their own and familial life, sometimes even in the community life.

It is conspicuous from the study that respondents are coming from different gender, age group, caste, creed, and language groups and from different economic and occupational background. After becoming alcoholics they could not resist themselves from frequent alcohol consumption, and by taking alcohol frequently or for not taking it for a period of time, they became abnormal. They turned a deaf ear to their routine works and for that the working alcoholics also fail to earn. The alcoholics always try to avoid their kith and kin, good friends and well-wishers, who try to rescue them from the alarming disease by stopping their habit of alcohol consumption. The alcoholics believe that such persons are the obstacle of their happiness. In this way the alcoholics be-

came detached from the main stream and lonely. Acute loneliness increases the amount of their alcohol consumption, and beside alcoholism most of them become easy prey of many other disease and ailments. They became indifferent to their own and family status, failed in decision making, and if not treated, they become invalid, sometimes even lost their lives. After treatment of an alcoholic he should maintain a strict routine prescribed by the physician to get rid of the disease. If the prescribed way of life is not followed at par, he may fall again in the grasp of the disease, which may be a fatal one. Some of the respondents are admitted in the GMCH for more than one time and some of them are educated and well established in the society. It is a paradox that knowing all about the evil effects of excessive alcohol consumption many persons acquired the habit of drinking alcohol excessively and became alcoholics.

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