

Alcohol, other Drugs and the Young People - A Sociological Overview

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PART I

As we all know, the problem of alcohol and other drug misuse is looming in Punjab, but how can we minimise or eliminate it. In my opinion - and from my experience of teaching health education and promotion in the University of Reading for a number of years - this needs to be solved through education in schools and at home, and mass media communications. We have to find out why the youth in Punjab do so. What I read in the newspapers that it is not the small minority of young people, but fairly large proportion of them do so.

Understanding precisely why young people drink is a useful first step in forming policy, development and practice aimed at reversing the worsening trends highlighted in the media. A credible starting point is to explore the motivations, values and meaning that young people ascribe to such drinking and taking drug behaviour.

Keeping this in view, I have written this Paper which points out medical and social consequences of alcohol misuse, reviewing some theoretical explanations, making a few suggestions for prevention and what role school can play in educating the youngsters.

I sincerely hope that the paper will generate some discussion among Sikh intellectuals, social scientists and teachers. Our Sikh youth need guidance in this matter and we need to involve them in finding ways to minimise the harm from this risky style of drinking and drugs, and to develop teaching and learning materials for use in schools.

The SGPC has a very important role to play to keep our youngsters away from alcohol abuse.

- Author

Introduction

During the 1990s and 2000s alcohol consumption levels and drug misuse levels increased enormously in the state of Punjab. This has been accompanied by a disturbing increase in drug and alcohol related problems, including those involving young people. A preliminary study by the Punjab Health Department showed that more than 40 percent of those aged 15-25 were addicts. Over 60 percents of households were found in the survey by the Institute for Development and Communication (IDC) to be affected by alcohol abuse (IDC 2003). Over two third of the victims were regular alcohol users and 26 percent illicit drug users. 18 percent reported that alcohol and drug abuse was an important cause of suicide by farmers in the state.

This is not unexpected in the light of the often dramatic reporting of alcohol and drug misuse by the media, and of public anxiety in the face of evidence of increasing availability and misuse of alcohol and drugs. The recent articles in *The Tribune*, Chandigarh, have raised concern and fear that the consumption of alcohol and other drugs is becoming a serious problem in Punjab. Dr Rajeev Gupta, a consultant psychiatrist in Ludhiana writes in *The Tribune* that alcohol consumption has risen considerably over the past couple of years. There is hardly any social function where alcohol is not served. **The per capita alcohol consumption in Punjab is**

considered one of the highest in the world and every indicator of alcohol-related harm has shown a substantial increase. Use of illegal drugs is also increasing among teenagers and use of smack and alcohol in high schools is increasing at an alarming rate. Even Punjab teenagers are seen celebrating various occasions with beer and champagne (*The Tribune*, December 12 2005). Young people are regarded as vulnerable by the print media in Punjab. Their alcohol and drug misuse have become the focus of public concern.

Neerja and Goyal of IDC based in Chandigarh (2003) conducted a survey of Drug abuse in Punjab and found that “the lower strata consume almost all the available drugs and the upper caste Sikhs use alcohol and opium, and generally avoid tobacco products. The peasantry, which classifies itself as the higher caste, boosts the use of alcohol and opium attaching chauvinism to it. The poor are moving towards cheap tablets, available at every drug store and from quacks in the neighbourhood. The offspring of the rich are trying smack in the cities where they are sent for studies by the rural parents. Every third male and every 10th female student in the state has had drugs on some pretext or on one occasion or the other”. Accordingly, alcohol and other drugs may very easily be misused with tragic consequences.

While addressing the annual convention of the Punjab IPS Officers Associations, the Punjab Chief Minister in 2003 challenged the police officers to name a single village where drug and alcohol problem had not attained frightening proportions. No police officer was able to name the village, knowing full well that the whole state was in the grip of intoxicants, which was destroying a whole generation (C. Chandel, 2003). **The increase in licensed liquor shops are four times more than were some years ago.** It would be difficult to find a village which does not have a liquor shop or two. In 1992, Rs 485 crore was collected from the sale of liquor shops. The amount in 2003 was more than Rs 1350 crore, a three-fold increase.

Alcohol and Drugs and their Medical and Social Consequences

Alcohol misuse or alcohol-related problems encompass a wide range of adverse consequences, somehow connected with the inappropriate or deleterious use of alcohol. These problems may be due to prolonged heavy drinking and involve alcohol dependence or, more episodes of heavy drinking. **The consumption of alcohol is implicated in a daunting array of problems. The brain goes through dynamic change during adolescence and alcohol can seriously damage long- and short –term growth processes** (American Medical Association Report, 2000). In large quantities alcohol can cause damage to the oesophagus through acute haemorrhage and acute gastritis, increase blood pressure, and increase the risks of acute haemorrhagic and ischemic strokes by upto tenfold and the risk of acute heart failure (Marques-Vidal, et al 2001; Murray and Lopez 1996).

Alcohol is also a cause of breast cancer and mouth cancer in western countries, and is becoming responsible for quite a number of serious psychological problems, like depression, behavioural abnormalities and paranoid states, and is also being blamed as important causes of road accidents. Cognitive, perceptual and motor functions are affected by alcohol (Anderson, et al 2002).

If people drank moderately, alcohol would cease to be one of the chief causes of contemporary health and social problems. Clearly, as is the evidence from the

articles in *The Tribune*, alcohol consumption above a moderate level has been found to be significant contributory factors in almost every situation in which harm is done by people to themselves, or to each other, whether this is in relation to physical and mental health problems, disability, family and social relationships, work, injury, death, violence or breach of law.

Under the effect of alcohol, one may do certain undesirable acts, which one may never do without it. Young drinkers and drug users reported experiencing individual problems (e.g. reduced performance at school and colleges), relationship problems (e.g. quarrels or arguments) and delinquency problems (e.g. scuffle or fight). Drinkers are more likely to be involved in anti-social behaviour and offenders are more likely than non-offenders to be frequent drinkers (The 1999 European School Survey Report, 2000). These include illness, death, public disorder offences, and a host of social, family and occupational problems (Honest et al, 2000).

American studies suggest that 'binge drinking' and other forms of substance abuse during adolescence increase the likelihood of experiencing psychological problems later in life. There is also evidence that heavy drinking in adolescence increases the risk of alcohol dependence later in life (NIH Publication, USA, 2000).

New research also points to the practical dangers of taking drugs. A study by Barnard Laumon and colleagues (2005) used blood and urine samples obtained from car crash victims, and found that the higher levels of cannabis in their blood were associated with even greater risk of being responsible for the crash, while drivers with cannabis and alcohol in their blood were 16 times more likely to have caused the crash than being a faultless victim.

Given the ubiquity of alcohol and the contribution of alcohol to so many contemporary health and social problems, it has become widely recognised that there is no such thing as 'the alcohol problem'. There are many problems in which alcohol consumption is a component. All these suggest that alcohol and other drug abuse is ruining young people's life. The 'drug culture' is now one of the most influential and negative ingredients in the lives of young Punjabi people. Drug and alcohol misuse is a stark reality and is accepted as a way of life for too many.

Alcohol and drug misuse among young people has become a subject of great concern amongst professionals, politicians and religious leaders in Punjab, and they are concerned about the harm it is doing to youths of Punjab. Young people (15 to 24 year olds) are drinking more than they did ten years ago. A number of issues surrounds alcohol misuse by young people, from specific health effects to alcohol-related crime, school exclusion, suicides and traffic accidents. It is vital that young people are educated to make responsible choices about their drinking behaviour.

Akal Takht Jathedar called upon "the Sikhs to launch a drive against social evils like drug, liquor consumption, dowry and female foeticide. **He urged the leadership to set upon example by fighting all social evils and to take a pledge in the presence of Guru Granth Sahib that they would never imbibe liquor, or any kind of drugs**" (*The Tribune* January 2006). Drug de-addiction camps are being organised to increase awareness of the treatment available.

Sikh Religion and Alcohol and Drug consumption

The majority of the peasantry in Punjab are of the Sikh faith and they boast about their use of alcohol and opium showing their chauvinism, because they think they belong to higher caste (Neerja and Goyal, 2003). This is against the teaching of Sikh Gurus. **All intoxicants are forbidden in Sikh religion.** Some Sikhs mistakenly think that perhaps only tobacco smoking is prohibited. There are Divine declarations in Guru Granth Sahib, which prohibit alcoholic drinks.*

“Alcohol even if prepared from Ganga jal is a bad thing to drink. It deprives the human mind of its control and causes depression.” (SGGS-1293);

“One should drink the *nectar* of Name of God and not the useless alcohol” (SGGS-360);

“One should strictly avoid alcohol drinking which one loses control of his faculties and forgets God. Alcoholics would be punished in God’s court” (SGGS-554).

Guru Gobind Singh Ji declared:

“Kutha meat, tobacco, alcohol, chakras, ganja, tari, cap, khakoo, should never be used by Sikhs.” *Rehat Nama*: Bhai Daya Singh.

The Sikh Gurdwaras Act, 1925, gave it the legal sanction by disqualifying the Sikhs to even become the voters for SGPC elections for taking alcoholic drinks. Sikh Rehat Maryada made them *tankhayas*-defaulters liable to punishment in accordance with Sikh traditions.

Some Theoretical Explanations

Theories of substance use and their implications for prevention are of little value unless they take into account the wide range of potential influences of factors identified in previous section on substance use. The forces operating at the social group level are amongst the most powerful influences on drinking. Even when there is no frank persuasion involved, the pressure to conform to group norms is difficult to resist, particularly for those whose group membership is new or uncertain. Here, the psychology of learning by modelling or imitation is as relevant as the social psychology of conforming behaviour. We should expect people to follow styles of drinking behaviour they see in parents and friends. Indeed, there is substantial evidence, both from surveys in North America and England (Jessor and Jessor, 1977, 1987; Singh, 1994) and from experiments on social drinking (deRicco, 1978) that this occurs. This is an example of socially transmitted behaviour. Thus, different aspects of drinking behaviour may be strongly reinforced socially. Drinking and other drug use as behaviour is learned in a social context and is functional.

Furthermore, such behaviour results from a complex interaction between characteristics of the individual and characteristics of his or her social environment (Jessor and Jessor, 1977; Jessor 1987). There is growing recognition now that psycho-social, behavioural and environment factors may also be implicated, particularly for some young peoples’ drinking and drug use. According to the Theory of Adolescent Problem Behaviour (Jessor 1987) many problem behaviours including drugs misuse are interrelated, so that personal and situational factors influencing one’s behaviour may be the same as those influencing behaviour. This has been the most important theoretical contribution to understanding problem behaviour in the two decades. Recently researchers in the USA, Canada and the United Kingdom

have applied the Problem Behaviour Theory to the understanding of impaired and risky driving and other deviant behaviours (Wilson and Jonah, 1988, Jessor, 1987, Bierness and Simpson 1990, Singh 1995).

Jessor and Jessor (1977) further point out that heavy drinking is associated with a variety of factors, all of which are themselves associated with tolerance of deviance and risk-taking behaviours. This problem behaviour theory is characteristic of social psychological theories which are based on the assumption that most social behaviours, including those related to alcohol and other drugs use are largely a result of rational decision-making processes (Ajzen and Fishbein 1990). Conscious decisions about whether or not to engage in having a drink are termed behaviour intentions. These are seen to mediate between the attitudes that individuals hold and their actual behaviour (Fishbein 1990). The more positive the attitude, the more positive the behavioural will be, and the greater the likelihood of that behaviour being carried out.

It is clear that the theoretical explanations of substance use behaviour can help us to understand and explain drug-related behaviour of youths of Punjab, which in turn can assist in the process of developing approaches to school-based alcohol and drug education.

It may therefore be more profitable in the understanding of drinking behaviour of young people to search for the individual factors involved in the process of acquiring, developing, and changing drinking patterns. **In particular, it may be helpful to view drinking in the context of other family, educational, occupational, and leisure time activities, rather than as an isolated behaviour.** Like most social behaviours, drinking is linked with, or embedded within other behaviours, via a complex network of associations and discriminations.

An understanding of how links with eating, socializing, sport, driving behaviour, etc, and discriminations on the basis of time of day, day of the week, dose, perceived effect, etc., are developed and how they are maintained or break down, may tell us a great deal about drinking, both normal and abnormal.

(End of Part I)
[To be concluded]

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