**Alcoholism**

**Ina M. Kamaitytė, Professor**

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Thousands of years ago people began to make alcohol for practical reasons. Wine making began with the early Egyptians who found that grape juise spoiled quickly, but that fermented juise or wine would keep without spoiling. They also had problems with impure water, and the Egyptians noticed that people did not sick ower wine, but they often became ill when they drank inpure water. In later years, wine became inportant to the Roman Catholic Church throughout Europe because wine was used to celebrate the sacrament of the Mass. By the 1300’s, beer industry had emerged in Central Europe. At this time, wine was also continuing to grow in popularity; many brands named for the places in which they originated. At first alcohol was desined for the practical reasons, its use changed. People began to experiment with different types of alcohol. Alcohol became an integral part of European culture. We need to understand the harmful effects of alcohol, because it can be fatal.

"Alcoholism is a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by continuous or periodic: impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial." (http://www.ncadd.org/facts/defalc.html).

Alcoholism is sometimes characterized by the following elements:

1. Craving: A strong need, or compulsion, to drink.

2. Loss of control: The frequent inability to stop drinking once a person has begun.

3. Physical dependence: The occurrence of withdrawal symptoms, such as nausea, sweating, shakiness, and anxiety, when alcohol use is stopped after a period of heavy drinking. These symptoms are usually relieved by drinking alcohol or by taking another sedative drug.

4. Tolerance: The need for increasing amounts of alcohol in order to get "high.

"Most of the psychologists consider alcoholism as a progressive disease, when naturally progressing has 3 stages that go one after another. The transition between those stages is smooth and unnoticeable for a person. That disease never appears suddenly. You can suddenly get flue, appendicitis, gonorrhea, or any other disease, but not alcoholism.

First stage is always introduced by pleasant regular “cultural” drinking that lasts from 1 to 10 years. People predisposed to alcoholism cover that stage very quickly, sometimes in a several months. So a popular concept of “cultural” drinking is far not perfect. All alcoholics began “culturally”. Every person consuming regularly alcohol is in a risk of becoming an alcoholic.

Only total sobriety (non-drinking) can stop this disease. But even if a person after giving up drinking gets in use of alcohol just sometimes, the disease will steadily progress. Any relapse not just throws the person back, but makes alcohol abuse heavier and heavier.

**First stage:**

A person likes drinking, but doesn’t really know how to drink. Feeling attraction to the alcohol drinks not to the point and without measure. Being drunk can make some “bad” things. Psychologists call it “the loss of situational and measure control”. The “health” in the morning is satisfactory, no need in a hangover yet. Amnesias begin appearing. The person is not a professional yet, but already a high-degree amateur. As a rule nobody gives up drinking on that stage, as the overall health is still good. First stage lasts for several years, the transition to the second stage is almost unavoidable.

**Second stage:**

The “alcohol dependence syndrome” is added to the symptoms of the first stage. In not severe cases an alcoholic can endure to the evening and “improve” his health only after his work. The second stage of dependence begins when an alcoholic can’t already wait till the evening and cures a hangover at the midday. Later it happens earlier and earlier. Curing the hangover early in the morning or at night means going on a binge. Problems in the family and at work (if they’re not lost already) are inescapable. Life goes down, becomes uncontrolled, but it’s too frightening for an abuser to admit that. Alcohol takes the major place in the mind, life becomes seeming useless without drinking. Family, children, job – all go to the background. Some drink almost constantly, others do breaks, but in both cases the disease is progressing, because only total sobriety can stop the progress of alcoholism. Many try to give up drinking on that stage, because health is far not as good as it was before.

**Third stage:**

A predictable final of many-year’s abuse of alcohol – stage of degradation and payoff for drinking. Alcohol withdrawal syndromes, liver disease, gastritis, anemia, neurological disorders, impairments in cognition, changes in mood and behaviour, marital problems and child abuse, impaired social relationships, scholastic or job problems and legal, financial, or spiritual problems. A person is not a person any more he is a wreck (http://www.alcoholism.ru).

More of that is that “alcoholism causes premature death through overdose, organic complications involving the brain, liver, heart and many other organs, and by contributing to suicide, homicide, motor vehicle crashes, and other traumatic events”.

“Can alcoholism be cured? While alcoholism is a treatable disease, a cure is not yet available. That means that even if an alcoholic has been sober for a long while and has regained health, he or she remains susceptible to relapse and must continue to avoid all alcoholic beverages. "Cutting down" on drinking doesn't work; cutting out alcohol is necessary for a successful recovery.

However, even individuals who are determined to stay sober may suffer one or several "slips," or relapses, before achieving long-term sobriety. Relapses are very common and do not mean that a person has failed or cannot eventually recover from alcoholism. Keep in mind, too, that every day that a recovering alcoholic has stayed sober prior to a relapse is extremely valuable time, both to the individual and to his or her family. If a relapse occurs, it is very important to try to stop drinking once again and to get whatever additional support is needed to abstain from drinking.” (http://www.medbook.md/alcohol.html).

In Lithuania people have been always drinking in big amounts. Now we consume more and more alcohol despite of the widespread public and media awareness of the social consequences and health problems caused by alcoholism.

“Alcohol consumption during the Soviet period in Lithuania, when drinking was widely tolerated even in the workplace, alcohol consumption increased consistently. Consumption reached a level of three litres of alcohol per head in 1960, 8 litres in 1970, 10.1 litres in 1975, 10.5 litres in 1980, and approximately 11 litres in 1984.

By the beginning of the 1990s, alcoholism had become a serious social and health problem. As early as 1966, special institutions, called “treatment-work therapy centres”, were established as part of the law and order system for the compulsory treatment of alcoholism. People who were heavy drinkers and did not seek treatment were forcibly confined for treatment in such centres for up to two years.

In an attempt to solve the urgent alcohol problem, in 1985 a strict anti-alcohol campaign was enforced in what was then the Soviet Union. The campaign involved tight limits on the availability of alcoholic drinks, and stricter controls in the work place.

Official statistics indicate that, in 1995, the average consumption of alcohol per capita in Lithuania was 8-9 litres. These official statistics are unlikely to reflect reality accurately, and some indirect expert estimates, based on cases of alcoholic psychosis, indicate that the average alcohol consumption per person can reach 17-20 litres, although these data are not confirmed by household expenditure statistics. Main reasons cited for the increase in alcohol consumption include deterioration in living standards, unemployment, poverty, an increased feeling of insecurity, the crisis in “values” and the lack of a social-psychological support system. As a consequence, demand for alcoholic drinks has increased.” (http://www.un.lt/HDR/1996/C14/CHAPT14.HTM)

Alcoholism, chronic and usually progressive illness. Alcoholism is thought to arise from a combination of a wide range of physiological, psychological, social, and genetic factors. It is characterized by an emotional and often physical dependence on alcohol, and it frequently leads to brain damage or early death.

More males than females are affected by alcoholism, but drinking among the young and among women is increasing. Consumption of alcohol is apparently on the rise in the United States, as is the total alcohol consumption and prevalence of alcohol-related problems in the former communist countries of Eastern Europe and the former Soviet Union. This increase is paralleled in other countries, including developing nations. After 1980, however, consumption remained relatively stable in many western European nations.

Alcoholism, as opposed to merely excessive or irresponsible drinking, has been thought of as a symptom of psychological or social stress or as a learned, maladaptive coping behaviour. More recently, and probably more accurately, it has come to be viewed as a complex disease in its own right. Alcoholism usually develops over a period of years. Alcohol comes to be used more as a mood-changing drug than as a foodstuff or beverage served as a part of social custom or religious ritual.

Initially, the alcoholic may demonstrate a high tolerance to alcohol, consuming more and showing fewer adverse effects than others. Subsequently, however, the person begins to drink against his or her own best interests, as alcohol comes to assume more importance than personal relationships, work, reputation, or even physical health. The person commonly loses control over drinking and is increasingly unable to predict how much alcohol will be consumed on a given occasion or, if the person is currently abstaining, when the drinking will resume again. Physical addiction to the drug may occur, sometimes eventually leading to drinking around the clock to avoid withdrawal symptoms.

Alcohol has direct toxic as well as sedative effects on the body, and failure to take care of nutritional and other physical needs during prolonged periods of excessive drinking may further complicate matters. Advanced cases often require hospitalization. The effects on major organ systems are cumulative and include a wide range of digestive-system disorders such as ulcers, inflammation of the pancreas, and cirrhosis of the liver. The central and peripheral nervous systems can be permanently damaged. Blackouts, hallucinations, and extreme tremors may occur. The latter symptoms are involved in the most serious alcohol withdrawal syndrome, delirium tremens, which can prove fatal despite prompt treatment. This is in contrast to withdrawal from narcotic drugs such as heroin, which, although distressing, rarely results in death. Recent evidence has shown that heavy and even moderate drinking during pregnancy can cause serious damage to the unborn child: physical or mental retardation, or both; a rare but severe expression of this damage is known as foetal alcohol syndrome (Markov et al.).

**Список литературы**

http://www.medbook.md/alcohol.html

http://www.alcoholism.ru/

http://www.ncadd.org/facts/defalc.html

http://www.mentalhealth.com/icd/p22-sb01.html

http://www.un.lt/HDR/1996/C14/CHAPT14.HTM

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