POPULAR ATTITUDES TOWARDS ALCOHOL USE AND ALCOHOLISM*

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SUMMARY

In a study involving individual verbal administration of a structured questionnaire to 1031 respondents comprising a random sample of general population, 18 years of age and older, of urban and rural Chandigarh and two villages in Jullundur district, Punjab, 45.0 per cent felt that people could drink “none at all” without it having a bad effect on their health, and 26.2 per cent thought that they could have a few drinks once or twice a month. To another question, 32.1 and 34.1 per cent felt that it was “normal” to have one drink and two drinks, respectively, on any one occasion, and only 16.9 percent responded that it was “normal” to drink “none at all”. Alcoholics were identified by such behaviours as “being dead drunk”, “drinking too much”, having “arguments/fights” and being a “public nuisance”.

Current users gave the most permissive and non-users the most restrictive responses as regards the norms of drinking.

Cahalan and Cisin (1976) in their brilliant overview of drinking behaviour and drinking problems in the United States have pointed out that anyone interested in assessing drinking practices and problems “must take into account the values and attitudes prevailing... for such values and attitudes play a very large role in determining the direction and persistence of drinking behaviour”. The fact that such attitudes may determine the possible outcome of specific social control measures and that these should, as such, be taken into consideration in planning controls in just as relevant in India today.

A large body of information exists regarding alcohol use and alcoholism in various societies and cultures around the world as also the differences across ethnic groups in the same society and its correlation with certain cognitive and value systems. In a scholarly and painstaking ethnographic analysis, Heath (1975) has stated that the relationship between alcohol use and its effects may not be straightforward and that alcoholism as a medical problem may not be directly related to the quantum of alcohol used in a particular society. Attitudinal factors may play a large role in alcohol-related problems and may explain cross-cultural differences in it. It has been pointed out that the rate of alcoholism will tend to be high in groups with marked ambivalence towards alcohol. On the other hand, it will tend to be low in cultures where drinking customs and values are well established and unambivalently integrated into the socialization process of a society (Ullman, 1958a, b; Chaetz, 1975).

Practically all information available

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with regard to the attitudes towards alcohol use, concept of alcoholism, and attitude towards drunkenness in India is anecdotal. There are no hard data to indicate how Indians view ethanol drinking and alcoholism, what do they perceive as signs of alcoholism and what is their personal assessment of this problem. There may be wide variations in the above parameters between India and the Western countries and between various regional, religious, socio-economic and ethnic groups within India itself. Such information may suggest the extent to which alcoholism is likely to become a problem in the country, and is necessary for more realistic and rational planning of alcohol control policies in India. The present study was accordingly undertaken in the direction of generation of more relevant and meaningful information on attitudes towards alcohol and alcoholism and its socio-economic and cultural correlates which can help guide such planning.

AIMS

The present study was undertaken to study—

1. Popular attitudes of norms of drinking.
2. Popular assessment of alcoholism in the society, and concept of alcoholism.
3. Relationship of the above attitudinal variables with socio-demographic and alcohol use variables.

MATERIAL AND METHODS

The present survey was conducted in 1977 and 1978 on representative samples of urban and rural populations of the Union Territory of Chandigarh and of two villages near the city of Jullundur. The sampling method has been described in detail elsewhere (Varma, et al., 1980).

A structured questionnaire was verbally administered to each respondent individually. The respondents were reassured of the confidentiality of the responses. In addition to the socio-demographic variables, the following questions were asked to ascertain their attitudes towards alcohol use, perception of alcoholism and their assessment of alcohol-related problems in this part of the country—

1. “How much do you think that people can drink without it having a bad effect on their health?”
2. “How much do you think that people can drink without it having a bad effect on their work or house work?”
3. “How much do you think people can drink without it having a bad effect on their family life?”
4. “How much is it normal for people to drink on any occasion?”
5. “How often is it normal for people to drink?”
6. “How serious a problem is alcoholism in Punjab/Haryana/Himachal Pradesh/Chandigarh?”

Finally, they were told that we were interested in the ideas people have about the alcoholics, and asked: “When would you say a person is considered an alcoholic?”

The respondents were probed their concept of an alcoholic as regards his behaviour and the amount and frequency of use of alcohol.

The data were analysed to ascertain the proportion of those who gave each one of the various responses on each attitudinal questions. The responses on the question regarding perception of an alcoholic were verbatim recorded. Based on the responses received in general, a number of response categories were identified as regards the popular concept of an alcoholic. The verbatim report of the respondent was categorised according to these response categories and the first three were taken for the purpose of analysis.

Those who had a drink in the past 12 months (current users), those who had a drink in the past but not in the last 12
months (past users), and those who had never had a drink (non-users) were compared with each other on the attitudinal variables noted above. In addition, the relationship between the socio-demographic variables and the attitudinal variables were studied by means of Chi-square tests (with Yates correction where applicable) to ascertain the significance of differences.

RESULTS

A total of 1031 subjects (815 in the Chandigarh urban sample, 70 in the Chandigarh rural sample and 146 in the Jullundur rural sample) were studied. Out of the total sample, 60.3 percent were non-users, 16.0 percent past users and 23.7 percent current users. It was found that, by and large, the responses of the subjects were practically identical on the first three questions; namely, how much did they think that people could drink without it having a bad effect on their health/work or household/family life, respectively. Hence then the responses on the first question only (i.e., regarding effects on health) were evaluated and the responses on the other two questions excluded from further analysis.

Out of the total sample, 45.0 per cent thought that people could drink “none at all” without it having a bad effect on their health and 26.2 percent felt that they could have a few drinks once or twice a month (Table 1).* To how much it is “normal” for people to drink on any one occasion, 32.1 per cent and 34.1 per cent responded ‘one drink’ and ‘two drinks’, respectively (Table 2). As to how often is it “normal” for people to drink, most (85.0 per cent) said less than once a week (Table 3). 59.2 percent of the sample perceived alcoholism to be a very serious problem in this part of the country and another 33.1 per cent considered it to be serious enough (Table 4). With regard to their perception of an alcoholic, the first three responses from each subject were taken, those yielding a total of 2554 res-

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*Some of the subjects did not give a categorical response to one or more of the attitudinal items. Hence the N does not always add up to the total of 1031 subjects studied.

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**Table 1**—Relationship of permissible drinking without bad effect with alcohol use

|                | A few drinks at any amount/once/ twice a month | A few drinks/ once/ twice a month | More often a week |
|----------------|-----------------------------------------------|----------------------------------|------------------|
| Total (N=962)  | 45.0                                          | 8.0                              | 26.2             |
| Non-users (N=556) | 65.3                                      | 3.1                              | 21.6             |
| Past users (N=163) | 27.0                                      | 16.6                             | 41.7             |
| Current users (N=243) | 10.7                                      | 13.6                             | 26.3             |
|                | 33.7                                          | 15.6                             |                  |

X² = 319.51, d.f. = 8, p < 0.001.

**Table 2**—Relationship of normal quantity with alcohol use

|                | None at all | One drink drinks | Three-five/ more drinks |
|----------------|-------------|------------------|-------------------------|
| Total (N=845)  | 16.9        | 32.1             | 34.1                    |
| Non-users (N=445) | 28.8        | 42.2             | 21.3                    |
| Past users (N=157) | 8.9         | 38.1             | 51.0                    |
| Current users (N=243) | 0.4         | 12.0             | 46.5                    |
|                | 40.3        |                  |                         |

X² = 281.35, d.f. = 6, p < 0.01.

**Table 3**—Relationship of normal frequency with alcohol use

|                  | Less than once a week | Two-three times a week | Four-five times a week/ every day |
|------------------|-----------------------|------------------------|----------------------------------|
| Total (N=1031)   | 85.0                  | 11.4                   | 3.7                              |
| Non-users (N=622) | 92.6                  | 5.6                    | 1.8                              |
| Past users (N=163) | 87.9                  | 10.3                   | 1.8                              |
| Current users (N=244) | 63.5                  | 26.6                   | 9.8                              |

X² = 118.84, d.f. = 4, p < 0.01.
The most common responses were "being dead drunk", and "drinking too much", followed by other behavioural responses like being "argumentative" and a "public nuisance". Relatively few subjects included "wasting money", "skipping work" or it being a "habit" in the definition of an alcoholic (Table 5).

Correlating the attitudinal variables with the alcohol use variables, it was found that there was a significant relationship between the two (Tables 1-5). The non-users appeared to be most conservative in their attitude. A significantly larger proportion of them thought that people could drink "none at all" without it having a bad effect and that it was "normal" to drink "none at all" and to drink "less than once a week". By and large, the current users seemed to be most liberal in their responses on these attitudinal variables. With regard to their perception of an alcoholic, a significantly greater proportion of non-users took cognizance of signs like being dead drunk, whereas the past users paid somewhat greater attention to drinking too much and wasting money.

As the non-users, the past users, and the current users differed significantly from each other in the attitudinal variables, the relationship of the attitudes with alcohol use and socio-demographic variables were separately analysed for non-users, past users, and current users.

Table 6 summarizes the significant relationships between socio-demographic variables and attitudes.

Most of the relationships between the socio-demographic variables (other than urbanicity) and the attitudes were not significant when analysed separately for non-users, past users and current users.

By and large, the urban sample gave a more restrictive and the rural sample a more permissive/moderate response on how much people could drink, and the "normal" quantity and frequency of drinking. The rural samples considered alcoholism to be a more serious problem, significantly so amongst the current users. A larger proportion of the rural samples perceived "being dead drunk", and "being argumentative" as indicators of an alcoholic, whereas a larger proportion of the urban sample considered "drinking too much" as the sign of an alcoholic.

Table 5—Relationship of perception of an alcoholic with alcohol use

|            | N* | Being dead drunk | Argument | Public nuisance | Wasting money | Skipping work | Habit | Drinking too much |
|------------|----|------------------|----------|----------------|---------------|---------------|-------|------------------|
| Total      | 2554 | 31.2          | 15.4     | 10.5           | 4.4           | 3.3           | 4.4   | 30.9             |
| Non-users  | 1546 | 35.3          | 15.5     | 10.8           | 3.2           | 2.4           | 3.3   | 29.6             |
| Past users | 426  | 22.5          | 12.2     | 9.9            | 8.2           | 5.4           | 7.0   | 34.7             |
| Current users | 582 | 26.6          | 17.5     | 10.3           | 4.8           | 4.3           | 5.2   | 31.3             |

\[X^2=71.93, \quad d.f.=12, \quad p<0.01.\]

*N denotes number of responses and not number of subjects.

Up to first three responses were recorded for analysis.
### Table 6—Significant relationships between the attitudes and the socio-economic variables

| Relationship of | with | Among | \( \chi^2 \) | df | p less than | Remarks |
|-----------------|------|-------|-------------|----|-------------|---------|
| 1 Age           | Permissible drinking without bad effect. | Past users | 37.18 | 8   | .01        | Older subjects less permissive. |
| 2 Age           | Normal quantity               | Past users | 18.19 | 6   | .01        | Older subjects less permissive. |
| 3 Age           | Seriousness of alcoholism in the area. | Past users | 14.11 | 4   | .01        | Older subjects more concerned. |
| 4 Age           | Seriousness of alcoholism in the area. | Current users | 9.59 | 4   | .05        | Older subjects more concerned. |
| 5 Age           | Perception of an alcoholic. | Past users | 24.80 | 12 | .05        | Older subjects more concerned with “being dead drunk” and younger with “public nuisance” and “wasting money”. |
| 6 Sex           | Seriousness of alcoholism in the area. | Current users | 6.80 | 2   | .05        | Females less concerned. |
| 7 Sex           | Normal frequency               | Past users | 17.01 | 2   | .01        | Males more restrictive. |
| 8 Religion      | Permissible drinking without bad effect. | Non-users | 13.94 | 4   | .01        | Sikhs more permissive. |
| 9 Religion      | Normal quantity               | Non-users | 13.92 | 3   | .01        | Sikhs more permissive. |
| 10 Occupation   | Permissible drinking without bad effect. | Non-users | 30.13 | 16 | .05        | HW/unempl./students more restrictive. |
| 11 Occupation   | Permissible drinking without bad effect. | Past users | 38.73 | 16 | .01        | Workers less restrictive, prof./semi-prof. more permissive. |
| 12 Occupation   | Normal quantity               | Non-users | 26.82 | 12 | .01        | HW/un-emp. more restrictive workers more permissive. |
| 13 Occupation   | Normal frequency               | Non-users | 18.42 | 8   | .05        | Prof./semi-prof. more permissive. |
| 14 Occupation   | Normal frequency               | Past users | 17.52 | 8   | .05        | Prof/semi-prof. more permissive. |
| 15 Occupation   | Seriousness of alcoholism in the area. | Current users | 28.03 | 8   | .01        | Workers most concerned, prof./semi-prof., HW/un-emp. least concerned. |
| 16 Occupation   | Perception of an alcoholic. | Current users | 70.58 | 24 | .01        | Manual workers more concerned with being “dead drunk” and argumentative, HW/Un-emp. with being argumentative, prof./semi-prof. and students being public nuisance and habit, and students also with wasting money. |
| 17 Urbanicity   | Permissible drinking without bad effect. | Non-users | 116.85 | 8   | .01        | Urban more restrictive. |
| 18 Urbanicity   | Permissible drinking without bad effect. | Current users | 40.78 | 8   | .01        | Rural more permissive. |
| 19 Urbanicity   | Normal quantity               | Non-users | 83.63 | 6   | .01        | Rural more permissive. |
| 20 Urbanicity   | Normal quantity               | Current users | 21.01 | 6   | .01        | Rural more permissive. |
Table 6—(concl.)

| Relationship             | with                        | Among          | $X^2$ | df | $p$ less than | Remarks                                      |
|--------------------------|-----------------------------|----------------|-------|----|---------------|---------------------------------------------|
| 21 Urbainity             | Normal frequency            | Non-users      | 91.87 | 4  | .01           | Urban more restrictive.                      |
| 22 Urbainity             | Normal frequency            | Current users  | 59.93 | 4  | .01           | Urban more restrictive.                      |
| 23 Urbainity             | Seriousness of alcoholism   | Current users  | 34.22 | 4  | .01           | Rural more concerned.                        |
| 24 Urbainity             | Perception of an alcoholic  | Non-users      | 110.72 | 12 | .01           | Rural more often perceived it as 'being dead drunk' and 'being argumentative' and urban as 'drinking too much.' |
| 25 Urbainity             | Perception of an alcoholic  | Current users  | 189.07 | 12 | .01           |                                            |

Discussion

Out of the total sample, 45.0 per cent felt that people could drink “none at all” without it having a bad effect on their health, whereas only 16.9 per cent felt that it was “normal” to drink “none at all”. The responses on these two questions appear to be inconsistent and discrepant. However, such inconsistencies are not unusual in popular attitudes towards drinking. In a national survey by Louis Harris and Associates, Inc. for the National Institute of Alcohol Abuse and Alcoholism (cited in Cahalan and Cisin, 1976), they also reported that 51 percent of the respondents agreed to the proposition, “Liquor is destructive to people’s health and morals; people should not drink at all”; whereas 73 percent agreed to the statement, “A mature and healthy person is his own best judge of what and where to drink” and 70 per cent agreed that “A little social drinking makes people friendlier, and often releases their inhibitions so that they feel more relaxed and open”. Mulford and Miller (1961), found that their sample of adults apparently saw no inconsistency between feeling that the alcoholic would be best described as “sick” (65 per cent) and “morally weak” (75 per cent), with many persons agreeing to both propositions.

In our study, the relationship between the attitudinal variables and alcohol use was in the expected direction i.e. the non-users had the most restrictive and the current users the most permissive attitude towards drinking. By and large, there was a slight tendency on the part of the past users to give a more moderate response (thus endorsing “a few drinks once/twice a month” and “two drinks” as the normal quantity of drinking). Again, to the question of perception of an alcoholic, the past users seemed to be more concerned about “wasting money”. It could be that this consideration may have been related to their discontinuation of drinking.

With regard to the relationship between the socio-economic variables and the attitudes, the finding, by and large, was that controlling for the use variables, very few of the relationships were significant. It seems therefore that the variable of alcohol use pattern is what is really associated with permissiveness or otherwise of alcohol use. Thus the relationship between the socio-economic variables and the attitudinal variables were, by and large, insignificant, when analysed separately for the non-users, past users and current users.

At the same time, the same analysis yielded a number of significant relationships which may be of far-reaching consequences. At the cost of some overgeneralization, it can be said that the rural subjects, Sikhs,
younger age-groups, manual workers, and professionals/semi-professionals were more liberal and permissive in terms of permissible drinking without bad effects and normal quantity and frequency of drinking. This was significant when analysed separately for one or more of non-users, past users and current users. With regard to the extent of alcohol use by the various socio-demographic groups, it was found in this study (reported elsewhere, Varma et al., 1980), that the proportion of current users was greater amongst the rural samples, age 31—50 years, males, manual workers, professionals/semi-professionals and Sikhs, by and large, the same groups that verbalized more liberal and permissive attitudes towards alcohol use. It can therefore be surmised that even the non-users in these demographic groups are more favourably disposed towards alcohol use and may be potential candidates for initiating such use. This differences between their used behaviour and attitude towards use may be based on conflict and ambivalence towards the substance ethanol. The ambivalence is also manifested by inconsistent responses of the subjects of permissible drinking vs. normal quantity as earlier discussed.

One discordant note in the generalization that the socio-demographic categories with larger proportion of current users were more favourably disposed towards alcohol use, was the finding that among past users, females (in whom alcohol use is almost nil in this part of the world) gave a more permissive response on what they regarded to be the "normal" frequency of alcohol intake (Table 11). Also, amongst current users, females expressed less concern regarding seriousness of alcoholism as a problem. In another study (Varma and Dang, 1978), we have reported a generally more favourable attitude of the females towards intake of dependence-producing drugs, and have tried to explain it by suggesting that they may have at times given a casual or frivolous response as drug use, by and large, did not directly concern them.

In the total sample, most of the subjects primarily perceived an alcoholic in terms of being dead drunk, drinking too much, being argumentative and a public nuisance, whereas the other possible responses like wasting money, skipping work and it being a habit were given by a very few subjects. This finding may indicate that people are more concerned with those behavioural aspects of drinking which are obvious to the general public than the effects of drinking on the person’s personal and domestic life. Rural samples and manual workers perceived an alcoholic in purely those behavioural attributes which could directly concern the general public, e.g. being dead drunk and argumentative, which could be related to their level of sophistication. Younger subjects, students, professionals and semi-professionals were more cognizant of wastage of money in the definition of an alcoholic. Housewives more often defined alcoholics as those who became argumentative and quarrelsome, understandably as they themselves might often have been at the receiving end of such behaviour.

Finally, the study does give some suggestions that our people may not be totally free of conflict with regard to drinking. This is hardly surprising considering that drinking is often viewed in moral and ethical terms in our country. It could be said that as compared to the Judeo-Christian societies where alcohol has been made much more of an integral part of the religious ceremonies, among Hindus, alcohol does not have such religious connotation.*

*Among Muslims, it is a completely different thing with strong religious taboos and conflicts related to alcohol which is amply illustrated in the popular literature. Unfortunately, our study does not shed light on the attitudinal variables amongst Muslims because so few of our population are Muslims. Otherwise, it could have been an instructive study to compare Hindus/Sikhs with Muslims on the attitudinal variables as well as the extent of drinking and alcohol-related problems.
Strong social and moral sentiments have always been directed in our society against alcohol. As a matter of fact, moral and ethical values are involved not only towards drinking alcoholic beverages, but towards all ingestive activities (e.g. eating meat, eggs). Perhaps Hindus are more concerned about what to eat and what not to eat. “One is always likely to become what he, eats....” (Marriott and Inden, 1977)

This may be related to the conceptualization of Hindu adult personality as an open system, very much dependent upon what physically goes in and comes out of him. In contrast to the generally closed, homogeneous, and enduring mental integrations attributable to the adult persons in the West, the Hindu adults are posited as persons “who are open, composed of exogenous elements, substantially fluid... and thus necessarily changing and interchanging in their nature.... Given the vulnerability of open Hindu persons to a cosmos of interpersonal flow, persons as wholes cannot be thought of as enduring or bounded ‘egos’ in any Western sense” (Marriott, 1979).

In this way, conflict towards alcohol is understandable, and this, together with ambivalent attitudes as found in this study and the recent phenomenal increase in alcohol consumption in India suggest that our country may be quite vulnerable to developing serious alcohol-related problems and alcoholism as public health issues.

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