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ALCOHOL-RELATED PROBLEMS IN PORTUGAL: SEARCHING FOR CONNECTIONS



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ABSTRACT

Based on a doctoral thesis, the study investigates the relationship between alcohol consumption and social problems. The main goals were to recognize the social problems most associated with alcohol, find interconnections and understand how society looks at the problem, especially in what concerns this particular relationship. This study employs document analysis and interviews as qualitative data collection methods, using a non-probability sampling. Were analyzed public records, namely national annual reports from 6 different official organisms, regarding 2015?. Were also interviewed 62 alcoholic patients, from 5 distinct support services? The interview data were analyzed from a biographical perspective, which allowed the analysis of the parallel evolution of social problems within the history of consumption. The results of this research confirm a dynamic systemic and multidimensional relationship between alcoholism and social factors/problems, especially family, legal, and work issues. The results also reveal that society devalues and neglects this association, by not analyzing or recording alcohol consumption. The findings of this study suggest that the lack of recognition of the problem interferes in the early detection and difficult alcoholism intervention.

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INTRODUCTION

Portugal continues to be one of the countries with the highest alcohol consumption “per capita”, and therefore with hundreds of thousands of cases of alcoholism and with a huge impact on the consequences of Alcohol-Related Problems (ARP) (World Health Organization [WHO], 2016).

Furthermore, behind the usual high use of wine (Portugal is a mediterranean country and one of the most important producers of this traditional beverage), there has been a significant increase in the consumption of beer, distilled and new drinks, especially by young people and women (SICAD, 2014; Slade et al., 2016) which can bring towards the escalation of new and more serious organic and social problems.

According to WHO (2016), alcohol abuse is no longer considered a direct or indirect cause of only 60 diseases or conditions (as it was stated in 2006), but of 200, revealing itself as the third risk factor for general mortality and morbidity and as a common and persistent cause of various social problems. WHO (2016) also warns that health problems and socio-economic consequences are not only determined by the levels of consumption, but also by the patterns of drinking and the quality of drinks.

Despite this scenario, alcoholic beverages continue to be an element of socialization and a part of our tradition and history, very early linked to the culture of vineyards and wine. The general Portuguese population considers alcohol the least dangerous psychoactive substance of all (Balsa & Urbano, 2017). However, according to Paille and Martini (2014), there is a very small number (8%) of alcoholic patients undergoing treatment, which can reveal difficulties in early diagnosis and motivation for treatment. The National Mental Health Report (Almeida & Xavier, 2013) also confirms this fact in Portugal, mentioning that we delay around 29 years to diagnose excessive alcohol use.

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This study, resulting from doctoral research, intends to trace the potential interrelationship between alcohol consumption and other social problems in Portugal, analyzing the social problems in the natural history of the disease, and exploring the perception that institutions/services have about alcohol problems and their associated social problems.

Scientific evidence remains very limited and limiting so far, despite a high prevalence of ARP. Portuguese studies on alcohol have been very scarce, particularly at the academic level (Fonte, 2013). This research responds to the weak expansion in this domain, seeking to reinforce and disseminate this area of knowledge and intervention.

The concept of *Alcohol Related-Problems* was introduced by WHO, in the eighties, to include the proven multidimensionality of alcohol abuse, going beyond disease and clinical care. It concerns the harmful use of alcohol, and the consequences of the excessive, inappropriate, or prolonged consumption of alcohol, which can affect not only the individual who drinks (including problems related to alcohol dependence) but also his family and society itself, causing physical, mental and social issues.

Many studies and several have been demonstrating the direct and indirect relationship between the consumption of alcoholic beverages and general problems, whether in the field of road driving, work, family, or in the community, morbidity and mortality (Weisner & Schmidt, 1993; Adès & Lejoyeux, 1997; Edwards & Cook, 1999; Mercês de Mello et al., 2001; WHO, 2004; Castaño-Perez & Calderon-Vallejo, 2014; WHO, 2014; Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências [SICAD], 2014; WHO, 2016).

In this way, family, work and society end up being involved in an environment of insecurity, uncertainty, and anxiety. Affecting most of the human capabilities and organs, the person that consumes is more vulnerable to a large variety of diseases, even threatening his life and neglecting the exercise of his different performances, causing huge personal, family, work and social instability.

Within the family, alcohol can not only interfere with the emotional and psychological stability of the relatives of the individual who consumes, but it can also negatively affect the growth and development of children, in addition to more specific aspects related to domestic violence, abuse and care neglect (Weisner & Schmidt, 1993; Adès & Lejoyeux, 1997; Edwards & Cook, 1999; Mercês de Mello et al., 2001; WHO, 2004; Castaño-Perez & Calderon-Vallejo, 2014; WHO, 2014; SICAD, 2014; WHO, 2016).

In the workplace, alcohol contributes to an increase in absenteeism, work-related accidents, unemployment, prolonged work inactivity and early retirement, associated with reduced economic income, which, in turn, can bring even more pressure to drink (Weisner & Schmidt, 1993; Adès & Lejoyeux, 1997; Edwards & Cook, 1999; Mercês de Mello et al., 2001; WHO, 2004; Castaño-Perez & Calderon-Vallejo, 2014; WHO, 2014; SICAD, 2014; WHO, 2016).

In the legal context, it leads to the occurrence of different types of crimes such as theft, arson, violent or sexual crimes and drunk driving, being a threat not only to the individual but also to those around him (Weisner & Schmidt, 1993; Adès & Lejoyeux, 1997; Edwards & Cook, 1999; Mercês de Mello et al., 2001; WHO, 2004; Castaño-Perez & Calderon-Vallejo, 2014; WHO, 2014; SICAD, 2014; WHO, 2016).

Besides that, and according to WHO (2014), there are quite significant socio-economic costs related to alcohol consumption such as expenses in the health sector (treatment and assistance) and justice sector (accidents, crimes, etc.), costs resulting from lost productivity or intangible costs related to the decrease in the quality of life of all those involved (consumers, family members and close people). The losses are significantly greater than profits (WHO, 2014).

However, the Portuguese population considers that there are no important negative experiences related to alcohol consumption by other people, mainly reporting “less serious” damages such as being bothered by vomit, urine, garbage or noise and also insecurity in public places (SICAD, 2016).

Alcohol is increasingly understood as a drug, related to degradation, dependence and negative connotations (Pires, 1998; Carvalho, 2003; Pereira & Pires, 2006; Carvalho & Leal, 2006; Calado & Lavado, 2014). Although, alcohol is only associated with problems in terms of illness, addiction and road driving (Calado & Lavado, 2014).

Many young people believe that alcohol is effectively a tradition and have alcohol positive beliefs (Morais, 1998; Lopes, 1999; Barroso, 2000; Breda, 1997; Carvalho, 2003; Carvalho & Leal, 2006; Cabral & Duarte, 2007; Calado & Lavado, 2014). A recent study shows that almost half of the participants believe or have doubts about contesting alcohol-related false concepts (Rodrigues, 2015).

Furthermore, Portugal belongs to the group of countries with limited alcohol control policies, with a predominance of favorable attitudes to policies based on *laissez-faire* (SICAD, 2019). Marketing strategies that encourage consumers to predominate and the political weight of lobbies (of production, commercialization and sale) stands out. These are some of the reasons why in Portugal, alcohol continues to be the most consumed substance and to be considered the least harmful of all (Calado & Lavado, 2014; Balsa & Urbano, 2017), has greater social acceptance and minor stigmatization (Pires, 1998; Cunha e Sousa, 2017).

Perception of alcoholism, reactions around alcohol consumption and evaluations and feelings associated depend on *social representations*. Thus, it is clear that these representations are organized according to social context, and environment, where culture, media and the belonging group have a particular influence (Jodelet, 2001; Moscovici, 2012). In this way, alcohol consumption and its repercussions do not involve only individuals, but also society as a whole, assuming a very high burden not only in terms of health but also at social and economic levels. Given this scenario, if consumption increases, these consequences could be increasingly catastrophic.

METHOD

A document analysis was carried out to have access to macro-social data, which are usually collected by official organisms. Despite the difficulties of access, it was possible to analyze national reports of the year 2015, from entities directly involved

with ARP, in particular: the National Commission of Children and Youth Protection and Promotion; Portuguese Association of Victim Support; General Direction for Reinsertion and Prison Services; National Authority for Road Safety; and Ministry of Internal Administration. It was also analyzed the annual report of the Social Insertion Income, of the Social Security, but only concerning 2008, the latest available date.

These reports are an analytical and assessment tool for the different issues and respective approaches, allowing an integrated overview of national reality. With the aim of tracking the ARP incidences and knowing the several entity's perceptions, we search for alcohol consumption/alcoholism references.

The structured interview technique was used to collect autobiographical data. The interview guide focused on the choices and behaviors of the alcohol consumer, in a temporal and longitudinal line, including the history of consumption and its effects on personal, family and social life.

There were practical difficulties, such as the notorious cognitive deterioration of some of the interviewees and the usual omission and denial of certain situations, negatively interfering in obtaining the required data. However, it was possible to adopt the non-scheduled standardized interview, seeking to adapt the questions to each interviewee, namely in terms of words, sequence and interview moment.

Content analysis was used as a support for data interpretation, allowing the construction of biograms. These were registered, chronologically, as relevant episodes in the lives of individuals concerning consumption, and family and community context, taking into account the relationship between individual/family characteristics and structural constraints.

Portuguese heavy drinkers or alcohol dependents constituted the target population of this study. As part of the non-probabilistic method, convenience sampling was used, based on personal and professional contacts and geographical proximity to the researcher. A sample of 62 alcoholic patients was obtained from 2 Self-Help Groups, 2 Therapeutic Communities, and 1 Temporary Shelter Center. Most of the participants were male, belonging to the age group between 51 and 65 years, and with basic education. Half were unemployed and only about a third were still working.

RESULTS

Contrary to expectations, it was found in the reports analyzed, that references to alcohol consumption are almost nil, except for major direct problems such as drunk driving and evidence of heavy drinking.

General Direction for Reinsertion and Prison Services highlights drunk driving as the main crime committed in the criminal area, followed by driving without a legal license and domestic violence. Portuguese Association of Victim Support also identifies the crime of drunk driving, although without any significant expression, which can be justified by entity profile, specifically associated with victim support, but in practical terms naturally related to domestic violence.

On the other hand, the National Commission of Children and Youth Protection and Promotion point the alcohol consumption as a subcategory of reported danger situations, concerning the exposure of children to risk behaviors, as well as the own children's alcohol consumption behavior. However (just like in the Portuguese Association of Victim Support report), these references to alcohol consumption also appear without great significance, contrary to negligence, being reported and diagnosed as the most dangerous situations, as well as domestic violence (while subcategory), problems that are commonly known to be related to alcohol consumption.

Even the annual road accident report has no references to alcohol, not even drunk driving. The reports from the Portuguese Association of Victim Support and Social Security present only demographic variables to characterize the perpetrator or beneficiary profile, respectively.

Of the reports analyzed, the only one that characterizes the aggressors in great depth is Domestic Violence Monitoring, from the Ministry of Internal Administration. It registered 42% of the aggressors with problems related to alcohol consumption (in contrast to 13% with problems related to narcotics consumption). This report also refers to individual plans for social readaptation, which may include attendance at an alcoholism/drug addiction treatment program. Family conflicts and ruptures, domestic violence and divorces are the most reported family problems by the interviewees, mentioned separately and often in association. Drunk driving is the most legal problem mentioned. It should be noted that most of these participants refer that having been tested on several occasions with high Blood Alcohol Concentration (BAC).

Despite several cases of domestic violence identified (as mentioned above), only 2 cases were reported to the competent authorities, leading to criminal proceedings. In other words, only a tiny portion of the negative repercussions of alcohol consumption in situations of domestic violence are legally signaled and sanctioned. A similar scenario is observed in questions related to road driving, where high BAC cases represent only the results of drivers tested for alcohol and not of all those who may have driven under excessive levels.

The labor problems that stood out in the interviews are mostly related to the conditions of the subjects themselves, such as difficulties, incapacities, negligence and absenteeism. References to instability/labor precariousness, threats of dismissal or effective dismissal and even unemployment are also highlighted. Labor problems and spending on drinks are frequently related to economic problems, such as debts. Regarding various labor problems, there is a marked frequency, growing side by side with the years of consumption and often cumulatively. This finding is furthermore visible among participants who worsen consumption in a time interval between 21 and 30 years.

Health problems directly related to alcohol consumption appear especially in periods of longer consumption, with a high incidence above 20 years of consumption. The interviewees point out various organic and mental health situations, more precisely pancreatitis, hepatitis, "liver problems", cancer, depression, in addition to epileptic seizures, drunkenness, alcoholic coma and work/travel accidents.

In the present study, the type of causal relationship between alcohol consumption and problems is not perceptible. Even so, data demonstrate the joint presence of both variables (consumption and problems). It can be stated,

objectively, that as consumption increases, problems intensify, in a spiral, often promoting either a progressive increase in consumption or the decision to change, whether because of internal factors or external pressure. On the other hand, it is also visible that when consumption decreases, problems tend to decrease.

Data also shows that organic problems more directly related to alcohol consumption, such as cirrhosis, malnutrition, or cancer, have a late-onset. More immediately social problems occur, like abuse, violence, road accidents, or unemployment, among others.

DISCUSSION

Taking the majority of the reports analyzed into account, we would say that there are no links between alcohol and social problems, that alcohol is not present in situations of domestic violence or neglect, or that there are no subsidy beneficiaries or perpetrators of crimes with consumption problems. There was only one evidence of the indirect association of alcohol consumption with social problems, more specifically with domestic violence. Therefore, alcohol consumption was not analyzed in the majority of the reports focused on the same problem, which reveals the Portuguese lack of awareness and/or devaluation of ARP.

It becomes more and more essential to be attentive to different aspects of ARP, but this isn't really happening. In fact, according to Pascual Pastor (2012, p. 306), "there are few countries that systematically qualify the implication of alcohol in violent acts". In reality, if one is permissive, if one is a consumer, one will hardly recognize the problem. In this way, for good professional performance, it is essential to get the perception and understand the magnitude of the problem. On the other hand, this problem is so particular that implies specialized training and forsaking prejudices and stereotypes to be possible to identify/recognize and respond to alcoholism cases and ARP.

Because, effectively, individual, family, legal, work, economic and health problems are evident not only in the existing studies but also in the overwhelming majority of the alcoholic patients interviewed, especially when consumption increases. Most of the family issues mentioned by the interviewees are in line with the latest studies by EURO CARE (2011 cit in Pascual Pastor, 2012) and WHO (2006 cit in Pascual Pastor, 2012), which prove a harmful association between alcohol abuse and couple's relationship quality.

It is important to emphasize that some of the interviewees, despite being in situations of unemployment, early retirement, and family breakdown, among other problems, often did not automatically relate alcohol consumption to their condition, or even deny any association between the mentioned problems and consumption. Gitlow and Peyser (1991) reinforce this finding when they expressly mention that alcoholic patients naturally deny both problems and consumption, devaluing or trying to find other explanations for the fact of drinking excessively and having several associated problems. Although Pascual Pastor (2012) mentions the scarcity of studies in the labor field, he uses data from Morales and Rubio (2000 cite in Pascual Pastor, 2012) to detail these issues, mentioning that the percentage of workers with alcohol abusive consumption varies from 40 to 70%. These workers have two to three times higher absenteeism than other workers and suffer two to four times more accidents at work. The national study by Almeida and Pinto (2006) also points out the low performance and high absenteeism of the analyzed patients. All these evidence are in agreement with the results of this study.

Contrary to the present time (as evidenced by this study), other research dated from 20/30 years ago (Pinto et al., 1992; Almeida & Pinto, 2006) shows that patients were earlier sought or referred for treatment, at earlier ages, still preserving family, health and jobs. The life paths of the interviewees also illustrate the advanced delay of first treatments, an indicator of a late diagnosis and a concern that has been manifested by some technical reference organisms (such as WHO).

Gitlow and Peyser (1991) draw attention to the fact that it is not easy to recognize the prior causality of alcohol consumption in the reported life events. Although, in some of the interviewee's life paths, contact with alcohol emerges even before problems.

Therefore, if alcoholism is multifactorial and is related to numerous and diverse social problems, social services can not exclude it from their analysis, and there should be particularly aware, attentive and informed.

CONCLUSION

The problems in the consumption history of the interviewees are quite evident, revealing the effective repercussions of alcohol consumption, namely at family, justice, work, economy, and health levels. Therefore, ARP are prevalent, diversified, intense, and persistent, having a severe and strong negative impact on the subjects' lives, regardless of their profile.

However, there are many official organisms, diverse institutions and respective actors, with a relevant role in fighting this problem, such as doctors, policemen, social workers, and politicians, among others, who often devalue alcohol consumption and its relation to several problems. Furthermore, there is still great difficulty in truly accepting alcohol as a "drug" and alcoholic beverages as a danger to health and society. Being consumers themselves and therefore permissive, can interfere with their positioning as individuals and professionals, difficulting the recognition of this problem. Therefore, it is not surprising that institutions have a late and ineffective intervention, as we can easily see throughout participants' life paths.

This threatening reality reinforces the need for awareness and training of society in general and professionals in particular, looking ahead knowledge, attitudes, behaviors, actions, and practices improving.

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