

## ALCOHOLISM AS A SOCIAL AND BIOLOGICAL PROBLEMS

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**Abstract:** *This paper presents empirical evidence on the relationship of the selected sample of elementary and secondary schools to alcohol as a socially tolerated drug. We are detected the awareness of students about the harmful effects of alcohol with the questionnaire. Questions were focused not only on the direct adverse effect on biological, but also the negative social impact of alcoholism. Another part of the questionnaire was devoted to pupils' experiences with alcohol. All factors are reviewed in correlation with the social situation, family environment, living, gender, age of respondents and leisure activities among respondents. Equally important was the evaluation of correlation between knowledge about the harmful effects of alcohol and experiences with him.*

**Key words:** *pupils from primary and secondary schools, alcohol consumption, harmful alcohol*

### Theoretical background

Alcohol is tolerated as the legal drug, whose sale is restricted to persons over 18 years, although it is not exception, that it is easy to reachable to the younger people. According to research falls annually per capita from 9 to 10 liters of alcohol, which ranks as on the forefront cases in Europe (Erb, Schneider, 2003). Alcohol abuse extends particularly among young, mainly because of easier availability and of their lodging in occasion various social and cultural events. Alcohol is a pleasant taste, tolerated, offered, affordable, in small amounts the drug. In him it is concentrated large amounts of calories, but little energy. It has a pleasant effect on the human psyche, removes tension, relaxes and improves mood, facilitates contact, bringing together people and mainly unties language. In a small amount has on the physical state of positive effects: it improves digestion, expands blood vessels, disinfects. In a small extent, causes momentary pleasure claims Janiaková (2003).

Under Ondruš (1990), the name of the alcohol comes from the Arabic word al-ka - hal which means a gentle, a special substance. It is known to several natural sources

of alcohol (grain, fruit, grapes, potatoes). From these sources, the alcohol is obtained by fermentation, boiling, burning, or a combination of methods. Alcohol is a hard, insidious and slow-acting drug. This chemical substance easily penetrates into various organs and brain. People often drinking alcoholic without beverages realise that is not only quenched the thirst, but that he grown the habit of consumption.

Handzo (1981) divided the people according to the relationship to alcohol to four groups:

1. Abstainers - do not drink alcohol for its taste, nor against thirst. Abstainer is a man who he did not alcoholic drink at least three years.
2. Consumers - drinks alcohol to quench thirst, but in such quantity that their mental activity is not affected. Alcohol levels in blood not exceeded 0.3 parts per thousand. For consumers alcohol is not a drug.
3. Drinkers - drinks alcohol not only for a thirst and for the taste, but mainly in order to provoke a state of euphoria. The drinker is becomes often tragically ended a man addicted to alcohol.
4. Alcoholics - Alcohol for its taste has no meaning for him. The main and most important effect is to be get drunk. In alcoholic he looking beverage source amusement, relief for the removal of intellectual tension.

Skála (1986) states the following forms of alcoholism:

Moderate use of alcoholic beverages - at social events, as addition to food. Alcohol is used in such dose that has no noticeable effect on the physical and mental activity of man.

Abuse of alcoholic beverages. It is not a term semantically identical with term abuse. It is the unlawful abuse of alcohol, inconsistent with treatment .... (Eg, if a woman drinks during pregnancy, may negative affect the health of her child even when she drinks only small doses of alcohol)

Drunkenness - the abuse of alcohol, which leads to drunkenness. This use may be:

- Occasional,
- Periodic or regular, systematic.

Drunkenness can lead to so-called addictive dependence - when arises alcohol dependence.

Ondrus (1990) states, that according to american expert E. M. Jellinek, are four developmental stages of alcoholism:

1. Initial phase - drinker is drinking not only because it has a thirst but because alcohol encourages the spirit, helping him to overcome fear and anxiety. To achieve a good mood, gradually increasing doses. He consumes only so much alcohol that has reached podnapitosti.
2. Deterrents phase - often occurs to mild drunk. It is characterized by statements like: „One day it can happen to any“. Man begins to „prescribe“ alcohol for themselves to improve his mental state regardless of the type and form of alcoholic beverage.
3. Decisive phase - man loses control over drinking. Loss of control does not mean

that a person can not be without alcohol. In this phase drinker often drinks as long as he has money. After some time he comes to the conclusion, that guilt is not in him but in other. During this period is easier for the drinker abstinence as „drinking in moderation“.

4. Final phase - a typical feature of this phase is reduced tolerance for alcohol. Suffice just Less alcohol to get drunk. Losing their interests, diverting it from family, colleagues and friends. As a result of long-term alcohol consumption beginning to show at him Alcoholic psychosis.

Every alcoholic can be somehow characterized. According Šoltés (2001) commonly using characteristics include:

1. Negation
2. Vividness
3. Excuses
4. Transferring responsibility
5. Low tolerance to other
6. Ambivalence
7. Handling
8. Remorse
9. Low self assessment

Among the diseases that are most damaging organism of alcoholic Nespor (2004) ranked mainly as follows:

- Nutritional disorders and metabolic - obesity, the incidence of atherosclerosis, brain damage,
- Infectious diseases - lung infections, tuberculosis, lung tissue decay,
- Malignant tumors - cancer of the mouth, larynx, stomach, small intestine, respiratory tract,
- Nerve disease - sensitivity to pain, memory disorders, perception disorders and thinking,
- Diseases of the skin, muscles - suppurative disease, skin redness, enlargement of veins, conjunctival repletion,
- Accidents and poisoning - worse heal wounds, injuries are difficult

The most common physical disorders related with alcohol include:

- Indigestion, peptic ulcer disease, gastritis,
- Diarrhea
- Acute and chronic pancreatitis,
- Liver disease,
- Pneumonia and bronchitis,
- Liver cancer and pancreatic
- Brain damage, epilepsy, inflammation nerve paralysis,
- Reduced fertility and impotence,
- Lowered immunity, high blood pressure (www.infodrogy.sk).

Consequences of alcoholism are terrible for the alcoholic himself, his family and society. The company is particularly interested in the manifestations of alcoholism, which has led to serious consequences and those that do not exceed the reasonable and law degree are left to individuals (Handzo, 1981).

Alcoholism is the most malignant and most decomposition is affecting in marriage and family relations, brutally disrupts, destroys the love of spouses, mutual trust and family harmony, is a major cause of the crisis of family life, as well as of the high divorce rate (Repán, 1980).

Children who grow up in families where alcohol is consumed daily, have unsuitable conditions for their development and a bad example for the formation of attitudes towards the use of alcoholic beverages. Because many children try to imitate adults. If a child lives with parents who are drinking, can to have it impacts on his future fears, fear of harm (Handzo, 1981).

## Research Hypotheses

- H1 - We expect that younger respondents will have less knowledge about alcohol and less experience with alcohol.
- H2 - We expect that respondents with a stable family environment will have less experience with alcohol.
- H3 - We assume that girls have less experience with alcohol than boys.
- H4 - We assume that the residence of the respondents have an impact on knowledge and experience with alcohol.

## Research sample

The research sample consisted of 302 respondents, high school students, whose numbers by sex and attended schools are in Table 1.

**Table 1** Number and sex of respondents

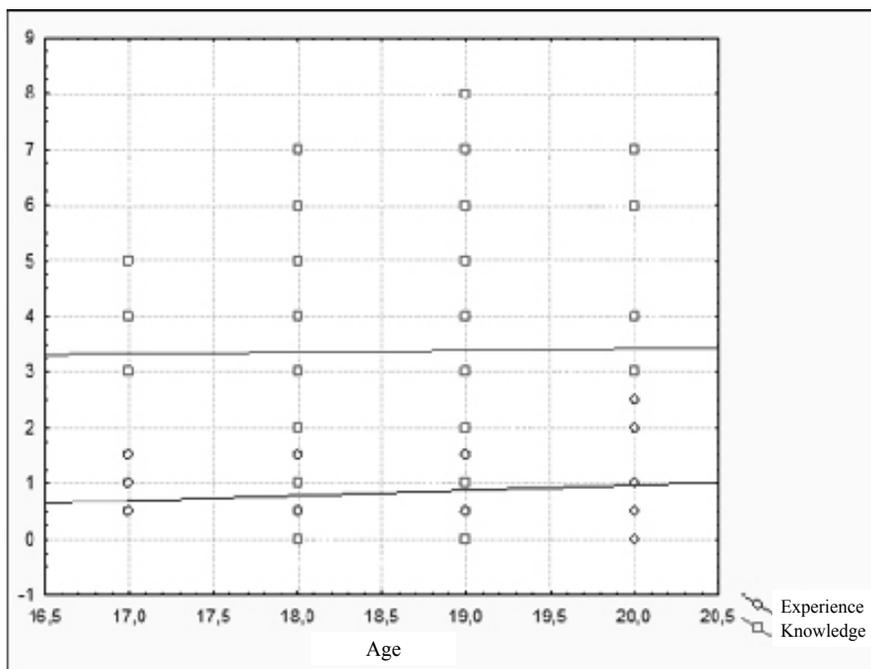
School	Boys	Girls
Secondary School in Dubnica	77	13
Vocational Secondary School of Electrical and Mechanical Engineering at Dubnica	41	49
Vocational Secondary School of Engineering in Trnava	56	3
Secondary School Building in Trnava	46	17

## Research methods

The survey was performed by questionnaires. Respondents were familiar with the method of filling in the questionnaire and the maintenance of anonymity in its evaluation. Research tool, the questionnaire consisted of 32 questions of which 26 were closed and others open. Results obtained from questionnaires were subjected to statistical analysis in the Statistica program. Obtained data were graphically visualized.

## Results and their interpretation

In hypothesis 1, we assumed that younger respondents will have less knowledge about alcohol and less experience with alcohol.



**Graf 1** Effects of age on knowledge of and experience with alcohol alcohol

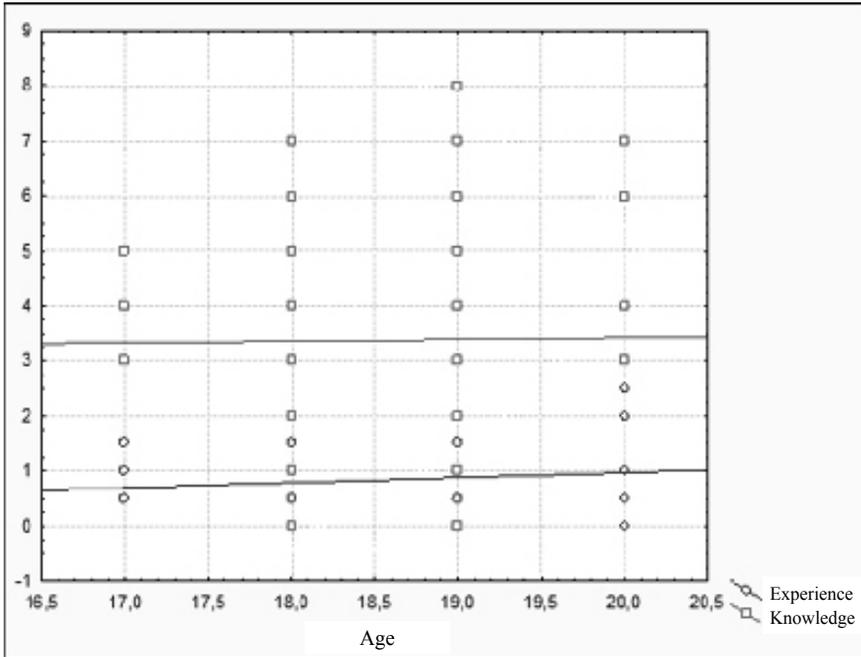
Based on the results of statistical analysis, we can say that the effect of age on knowledges and experiences with alcohol was not confirmed. Curve in the graph and evidential value ( $p = 0.358109$ ) showed that effect. One reason for this phenomenon may be a small age range of respondents.

Attitude of people, who are 15 to 29 old for selling of alcoholic beverages monitors Ochaba (2008). Found that a ban on the selling of alcoholic beverages to 20 year of life were agree and 50 % of respondents in the age group 25-29 years were agree and 73 % as opposed to lower age groups (15-19, 20-24).

Study of the Regional Public Health Authority shows the percentage of Rožňava primary school pupils, who have experience with smoking and alcohol. They found that the proportion of pupils who have tasted the beer is 45.9 %, 32.7 % wine and spirits 11.4 %. The first experiences with smoking and alcohol have reported pupils aged 9 and 11 years (RPHA Rožňava, 2009).

The second hypothesis we assessed the impact of family environment on experience with alcohol. Based on the questionnaire items illustrated in Figure 2 the influence of family environment on knowledge, experience and awareness of the harmful effects

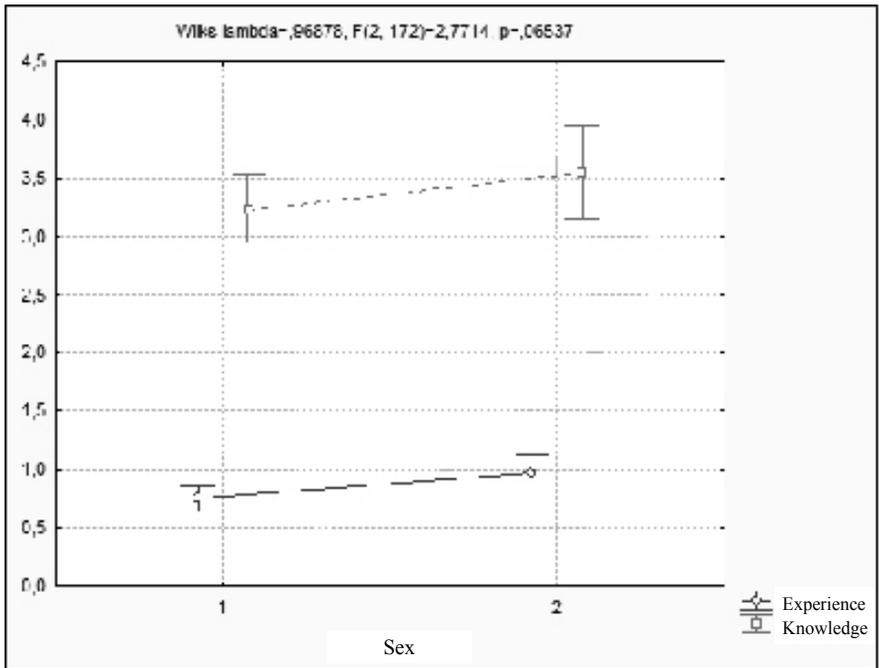
of alcohol. Our assumption that respondents with a stable family environment will have less experience with alcohol was confirmed ( $p = 0.035315$ ), and knowledge in the field we have seen a statistically significant effect of family environment ( $p = 0.02867$ ). Záhúmenská et al. (2007) found that almost 70 % of parents of primary school pupils in their research sample allow their children to enjoy alcoholic beverages.



**Graph 2** The effect of family environment on alcohol knowledge and experience with alcohol

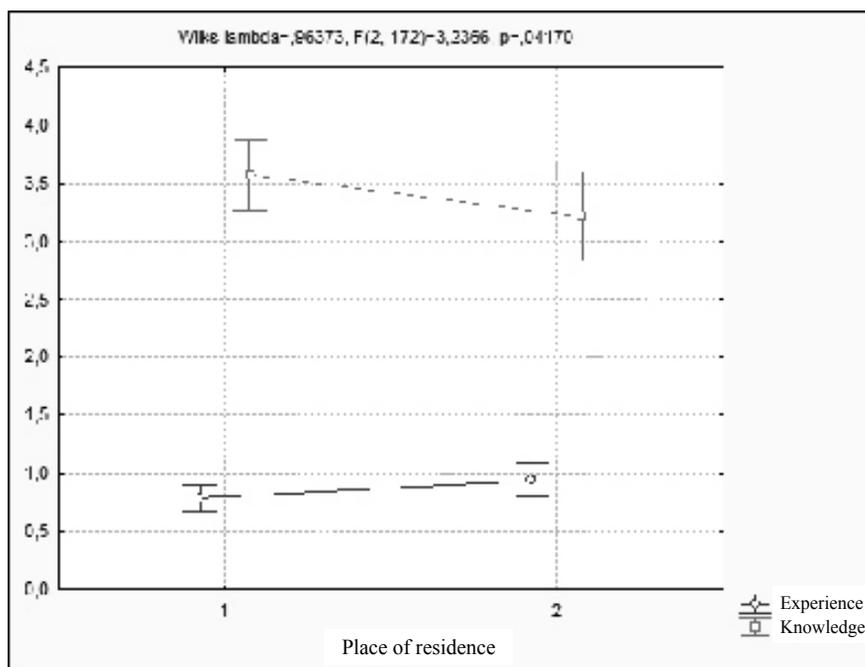
Influence of gender on the experience of the consumption of alcohol was examined in the third hypothesis. We hypothesized that girls have less experience with alcohol than boys. Based on Figure 3 and values of statistical significance of the impact of gender ( $p = 0.065371$ ) we recognized that gender does not statistically significant participated in the experience with the consumption of alcohol, whereas the effect was shown only marginal evidential value.

Záhúmenská et al. (2007) in their study confirmed that the experience of alcohol among girls are significantly lower ( $\chi^2 = 5.13, p \leq 0.05$ ). Also found that alcohol consumption is at a disco boys significantly more often than girls consumption ( $\chi^2 = 6.03, p \leq 0.05$ ).



**Graph 3** Influence of gender on knowledge and experience with alcohol

In the last hypothesis we established a presumption that the residence of the respondents will have an impact on their knowledge and experience with alcohol. The results of our research demonstrate that resident affects knowledge and experience with alcohol. The value of this statistical test is  $p = 0.041703$ . As is apparent from graph 4, respondents from the city (1) have greater experience with consumption of alcohol than respondents from villages (2). That hypothesis was confirmed.



**Graph 4** Effect of residence on the knowledge and experience with alcohol

A similar conclusion also reached Záhúmská et al. (2007) who assessed the age at which students first consumed alcohol in the town and village. Their results show that pupils in the city have a first experience with alcohol at an earlier age (10-12 years) than students from the village (from 12 to 14 years).

## Conclusion

Alcoholism is a serious problem, and each society must be interested in eliminate its presence in society. The incidence of this disease negatively affects the individual alone, but also the close and wider social environment.

The relationship to alcoholism has been building from childhood often . The reason may be a benevolent approach parents in child care and lack of time devoted to children. In our research we have shown that family environment influences the experience of respondents with alcohol, although the impact of this factor was only of borderline statistical significance, therefore, that's why it is up to the parents to help prevent their children's addiction to alcohol.

In prevention plays a vital role also school. Often acts as a „second family“ and some teachers know their students better than their own parents. Currently in the nowadays hurried time is the cooperation between the family and schools in relation to alcohol consumption more than necessary.

## Literature

- ERB, H.H., SCHNEIDEROVÁ, S, 2003. *Drogy: otázky, odpovede, skúsenosti*. Bratislava: Mladé letá, 2003. 127 s. ISBN 80-10-00087-6.
- HANDZO, I. 1981. *Naozaj na zdravie?* Bratislava: Smena, 1981. 157 s. ISBN 73-037-81.
- JANIAKOVÁ, D. 2003. *Tak už dost!* Bratislava: Kontakt, 2003. 220 s. ISBN 80 - 968985-0-7.
- NEŠPOR, K. 2004. *Jak prekonať problémy s alkoholom*. 4. vyd. Praha: Sportpropadpro Ministerstvo zdravotníctví ČR, 2004. 124 s.
- OCHABA, R., 2008 Skúsenosti, vedomosti a postoje mládeže k alkoholu. *Lekársky obzor*, 9, ISSN 0457-4214.
- ONDRUŠ, D. 1990. *Toxikománia strašiak či hrozba?* 2. preprac. vyd. Bratislava: Osve-  
ta, 1990. 88 s. ISBN 80-217-0141-2.
- REPÁŇ, L. 1980. *Psychológ bez čakárne*. Bratislava: Obzor, 1980. 402 s. ISBN 65-  
058-80.
- RÚVZ Rožňava. 2009. Zneužívanie návykových látok /alkohol, tabak, drogy/  
u detí a mládeže. [online] Dostupné na: <http://www.ruvzrv.sk/index.php?page=projek>
- SKÁLA, J. 1986. *Alkohol a jiné (psychotropní) drogy: abusus a závislost*. Praha: Avicenum, 1986. ISBN – 08-077-87.
- ZÁHUMENSKÁ, S.; KUBIATKO, M.; HALÁKOVÁ, Z. Skúsenosti žiakov základných škôl s alkoholom. *Alkoholizmus a drogové závislosti*. roč. 42, č.2, 2007, s. 77–88, ISSN0862-0350, [www.infodrogy.sk](http://www.infodrogy.sk)

## ALKOHOLIZMUS AKO SPOLOČENSKÝ A BIOLOGICKÝ PROBLÉM

**Abstrakt:** Práca prináša empirické poznatky o vzťahu vybranej vzorky žiakov základných a stredných škôl k alkoholu ako spoločensky tolerovanej droge. Dotazníkom sme zisťovali informovanosť žiakov o škodlivých účinkoch alkoholu. Otázky boli zamerané nielen na priamy negatívny účinok z hľadiska biologického, ale aj na negatívny spoločenský dopad alkoholizmu. Ďalšia časť dotazníka bola venovaná skúsenostiam žiakov s konzumáciou alkoholu. Všetky faktory sme posudzovali v korelácii so sociálnou situáciou, rodinným prostredím, bydliskom, pohlavím, vekom respondentov a spôsob trávenia voľného času respondentmi. Nemenej významné bolo aj zhodnotenie vzájomných súvislostí medzi vedomosťami o škodlivosti alkoholu a skúsenosťami s ním.

**Kľúčové slová:** žiaci základných a stredných škôl, konzumácia alkoholu, škodlivosť alkoholu