

## Conceptualizing Alcoholism

Alcohol is the main component of all beverages that cause inebriation and alcohol content varies depending on their proof value (beer: from five to eight degrees proof and rum: seventy-five degrees proof).

Improper alcohol consumption gives rise to a very serious medical problem.

WHO has made a huge effort through the Experts Committee to study the different drugs in which alcohol is included. With the purpose of defining those substances, the international organization characterized them as "any substance that, when taken into the living organism, may cause a state of physical, psychic, or psychophysical dependence."

Later, with the idea of having a clearer and even more rigorous and concrete conceptualization of said definition, in 1956 two types of situations relating and differentiating at the same time several forms to link the individual with that substance were established. On the one hand, it was stated what had to be understood as *habituation*, that is, the craving, but not the compulsion to continue taking drugs as a result of the feeling of wellbeing they produce; so there does not exist a marked trend to continue, but a certain psychic dependence because of the drug effects with no physical dependence and, consequently, no abstinence syndrome. Obviously, the harmful effects, if produced, refer mainly to the individual.

Toxic mania was interpreted as the insuperable desire to continue taking drugs, trying to obtain them in any way, with a defined trend towards the gradual increase of the doses and a psychical and usually physical dependence regarding their effects.

The First World Health Assembly included alcoholism in the portfolio of a WHO Expert Committee on Mental Hygiene gathered in 1949. In 1950, a Sub-Committee on Alcoholism coming from said Committee recommended the WHO should take the measures available to foster the work of sanitation services on this problem, thus producing an important stimulant effect at

international level to carry out some programs to fight against alcoholism.

The second meeting of the Sub-Committee on Alcoholism held in 1951 focused on more practical and specific aspects, considering the psychiatric, clinical and social elements involved in this pathology. To get more exhaustive knowledge on some considerations regarding probable etiological implications, in 1953 an Expert Committee on Alcohol was called to assess the physiological, pharmacological and biochemical properties of this substance. A new meeting of this Committee took place in 1954 and had the purpose of exchanging experiences regarding the above-mentioned issues.

To unify terms that might define the over-consumption of alcoholic drinks, a report published in 1951 proposed the following: "Any alcohol consumption exceeding the traditional and usual food intake or going beyond the bounds of social customs typical of the respective community, whatever the etiological factors as well as their origin concerning inheritance, the physical build, or the acquired physio-pathological and metabolic influences might be."

Later, alcoholics were defined as those persons that are alcohol-dependent to the extent of suffering from an evident mental disorder or interfering in their physical and mental health, their interpersonal relationships, their social and economic good behavior, thus requiring to be treated.

However, in a report written in 1954 it is established that the term alcoholism does not define a certain nosologic entity, but a whole group of problems related to alcohol and reveal some symptomatologic elements of alcohol process that have been commonly characterized as irresistible thirst for alcohol, symptoms of abstinence, incontinence, and alcoholic amnesia.

In the same report it is emphasized that the dependence may be linked to a wide variety of chemical substances involving a full range of pharmacodynamic effects, from stimulants to depressants. But all of them have a feature in common, which is the capacity of provoking in

certain individuals a state that can be called psychic dependence. In other words, in many people's opinion, it is the psychic drive to take some drug on a continuous or periodic basis to produce pleasure or to avoid discomfort.

However, some of these drugs also produce what is known as physical dependence, which is characterized as an adaptive state that manifests itself by intense physical disturbances in case of withdrawal or whenever a specific antagonist counters the effects of said drug.

It is worth mentioning that dependence on several substances will vary according to their characteristics, and sometimes in a very notorious way, so it is important to clearly specify the features of each group of drugs and in this case of alcohol.

Around 1973 there appeared the term pharmacodependence, defined as "A state, psychic and sometimes also physical, resulting from the interaction between a living organism and a drug, characterized by behavioral and other responses that always include a compulsion to take the drug on a continuous or periodic basis in order to experience its psychic effects, and sometimes to avoid the discomfort of its absence."

We could mention that this dependence may or may not be accompanied by tolerance and that a person may be dependent on more than one drug.

Regarding alcohol, here follow some of its features: the close association between alcohol

and the individual, characterized by a psychic dependence ranging from mild to severe and an undeniable physical dependence that will appear at the neurovegetative level at the very beginning, but will later reach manifestations like dysphoria, confusion, coma, and even death. Tolerance evolution is observed to be gradual in time, depending on each individual case and the dose administered; eventually, 12 hours after the last consumption, there arises the syndrome of abstinence, which may be unusually serious mainly when it lasts twenty-four or forty-eight hours.

Alcohol is a social drug, which means that its consumption is generalized, not limited to certain groups, not related to social status, and, unfortunately, is accepted by society and even has its support.

In view of the extremely serious problem this pathology represents, since the social body is affected, we think that the first step to find a possible solution is to define the roles of the different factors involved in dealing with this complex disease: the role of the physician, the family, the school, the physician at the workplace, the media, and the community.

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