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(1966)

"Preliminary observations regarding the epidemiology of alcoholism in the lower St. Lawrence region: an analysis of alcohol drinking patterns and the determination of their pathological nature".

(Presented by L. Laforest)

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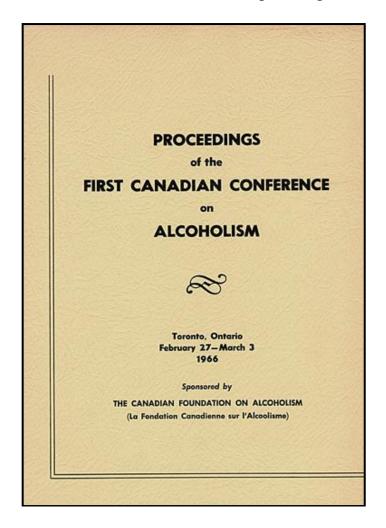
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Introduction

Cultural differences in the attitudes toward alcohol consumption

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One would hardly understand the meaning of the alcohol consumption behavior of particular cultural groups without referring to their cultural alcohol consumption patterns and their general attitudes towards drinkers. In fact, there is always a fundamental agreement between these patterns and those attitudes: permissive cultures tolerate high levels of alcohol consumption whereas restraining or pro-prohibition cultures oppose even moderate alcohol consumption, since it is considered as a deviance. With this first remark in mind, one might ask, what is the level of tolerance of French-Canadian culture towards alcohol consumption?

At the 27th International Congress on Alcohol and Alcoholism David J. Pittman suggested a typology of cultures based on their degree of tolerance towards alcohol consumption.

In a first type of culture, he pointed out that alcohol consumption was prohibited and he called it an *Abstinent Culture*. In a second type of culture, a wide range of competing norms is proposed and he called it an *Ambivalent Culture*. In a third type of culture, alcoholism, is

rejected as a social deviance, although moderate alcohol consumption is socially accepted. Finally, a fourth type of culture, *Permissive-Dysfunctional*, is characterized by its high level of tolerance not only towards moderate alcohol consumption, but also towards alcoholic intoxication and alcoholism as well.

If we use the criteria suggested by Pittman, the French-Canadian society would be considered as an ambivalent culture this being justified by the existence of a wide range of competing or contradictory norms and by the co-existence of permissive groups and abstinent groups. Besides, this cultural characteristic is prevalent on the whole North American continent. Thus, it is fundamental to undertake a study on consuming patterns of alcohol consumption in the population at large, in order to understand the process of alcoholic deterioration. In other words, the main objective of such studies consists in adequately discriminating the normal and the abnormal with the aid of well-defined criteria. Only after such criteria have been tested through systematic experimentation in different cultural contexts, shall we be able to distinguish the alcoholic from the non-alcoholic and to establish different prevalence rates for different socio-cultural categories. The study undertaken in the Lower St. Lawrence Region during the summer of 1964 gives us provisional answers

[22]

to a few of these questions and allows us to build an efficient polyvalent tool that will be used for epidemiological purposes at the provincial level.

Here are the main divisions of our paper. First, we will outline the guidelines of our study and describe the process of observation. Secondly, we will describe the sociological characteristics of our group of informants. We will examine thirdly various patterns of alcohol consumption. Finally, we will end this paper with some discussion of the pathological patterns of alcohol consumption in the group studied.

I. Theoretical guidelines and strategy of observation

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In our theoretical scheme of reference, we emphasized sociocultural factors as having a particular etiological significance on alcoholism. Among other factors, we were interested in the level of prosperity of our localities and the economic security, the level of schooling and the professional level, the level of family integration to the locality, its isolation and the geographical mobility of its members,, the financial situation of the family and the nature of interpersonal relationship within the family, leisure patterns, the degree of exposure of people to liquor advertising, and so on. The main theoretical orientation of the study can be expressed in the following manner: any social situation generating frustrations, conflicts or tensions is seen as conditioning the individuals towards a greater use of alcohol and the patterning of alcohol consumption along pathological lines. That is one of the reasons we chose an economically depressed area for our study.

We took this opportunity to experiment with epidemiological tests elaborated by Dr. Alexander H. Leighton in his Stirling County Study and by the Division of Alcoholic Rehabilitation of the State of California Department of Public Health. These tests, which were devised to determine the level of organic health, the prevalence of mental disorders and the number of individuals predisposed to

alcoholism at a community level, are identified as the Family Life Survey (question 85), the Health Opinion Survey and the Screening Device for Risk Populations.

The prime goal of this study is to determine the alcohol consumption patterns of the family heads of the Lower St. Lawrence Region, that is, Rivière-du-Loup County, Temiscouata County, Rimouski County, Matane County and Matapedia County, which are parts of a larger territory studied by the planning office for Eastern Quebec (BAEQ) as one project of ARDA Program. Working with the material already gathered by its researchers, we picked at random fourteen (14) localities, with populations of less than 2,500. In each of these we picked at random for interviewing a sample of fifty informants in order to obtain groups which would represent a cross-section of all the family heads of each community surveyed.

All in all, we managed to interview with the aid of our questionnaire

[23]

623 informants. After a close examination, 27 questionnaires were eliminated for lack of conformity with the technical norms commonly established, and we kept 596 of them for the analysis.

As to criteria used to select our informants, they were determined as follows: those eligible were the male household heads, being more than twenty years old and less than seventy., and having a good understanding of the questions asked. All women, dependents, sick or intellectually abnormal persons were eliminated.

II. Sociocultural profile of the population sampled

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While establishing our criteria of selection., we were aware that we were restricting the study to a specific segment of the adult population of that region. We knew that all women and nearly all unmarried men would be out of the picture, but, given the limits of our resources, we had no choice. However, the exclusive representation of the household heads in our sample would allow us to reach all males responsible for a family or household; (in fact, only 3% of our households were headed by an unmarried person).

TABLE 1
Group Demographical Characteristics (596 individuals)

	Married	Single	With children	Minimum local mean age	Maximum local mean age	Regional	Number of years of school attendance	Total number of children	Dependent children	C	Age Di of depend	stributior ent child	n ren
% of informants	97	3	85										
Mean Age				44	50	47				s	s	ars	15 years and over
Education							5			0-4 years	5-9 years	10-14 years	15 years
Family Size								6	4,5	17%	22%	26%	35%

[24]

The age distribution of our informants varied between a mean of 44 years old and a mean 50 years old from one locality to another (Table 1)

Concerning levels of schooling, we measured it in terms of number of years of school attendance and found that the mean attendance had barely reached five (5) years.

As far as the family was concerned, we found that 88% of our married informants had a mean number of six (6) children, 4.5 of which were still depending on their father's income.

The salaried informants were earning a mean annual income of only \$2,699.00, whereas the farm and business owners received annually a gross mean income of \$4,491.00, out of which \$1,190.00 was provided through part-time jobs (Table 2). Furthermore., the average indebtedness was \$1.,262.00 for thirteen (13) localities.

We can anticipate that a low level of income combined with a high level of debt involvement is the product of unemployment. In fact, 59% of our informants were unemployed for a mean period of seventeen (17) weeks during the twelve preceding months; and only 69% of them managed to benefit from unemployment insurance.

TABLE 2 Socio-economic level of the group

							Debts	
	Wage-earners	Farmers and businessmen	Extent in terms of weeks	Unemployment insurance received	Unemployment assistance received	As a % of mean income per capita	a) for foods	b) for doctor's services
Regional mean income	\$2,699	\$4,491						
Mean amount of debts per capita	\$1,	,262				46%	51%	25%
% of unemployed	59	9%	17	69%	27%			
% of government assisted persons	17%							

[25]

These cold facts were sufficient to make it clear that these localities were really economically depressed and consequently were fulfilling the kind of socio-cultural conditions which we normally consider as favorable to the epidemiology of alcoholism. Besides, the use of the HOS test will help us to determine soon if these socio-cultural conditions get translated in terms of psychiatric symptoms.

III. Alcohol consumption patterns

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We will examine the alcohol consumption variable from seven distinct aspects:

- a) kind (s) of alcohol beverage preferred;
- b) frequency of drinking sessions;
- c) quantities of alcohol drunk during a drinking session;
- d) usual drinking company at regular or irregular drinking sessions;
- e) drinking places of drinkers;
- f) concentration or distribution of drinking sessions;
- g) drinking motivations.

As an introduction, let us say first that 73% of our informants defined themselves as alcohol drinkers, whereas the remaining 27% defined themselves as abstainers. (Table 3). Among these abstainers, 10% only had never drunk alcohol and 37% claimed to belong to the Lacordaire Movement. But if we were using the definition of an abstainer formulated by Dr. Genevieve Knupfer, we would end up with a slightly higher percentage of abstainers., maybe 30% as against 70% drinkers.

% of informants Abstainers who Drinkers belong to all categories Lacordaire movement **Drinkers** 443 - 73%**Abstainers** 153 - 27%57 - 37%128 - 22%

TABLE 3 Group-distribution of abstainers and alcohol drinkers

[26]

Ex-Lacordaire

Now, considering separately each of the above aspects or dimensions of alcohol consuinption, here are the main tendencies.

a) The kind(s) of alcoholic beverage preferred

122 - 21%

79% of our informants said that they preferred only one kind of alcoholic beverage: 50% preferred beer, 25% hard liquor, and 4%, wine (Table 4). However, 11% of our drinkers preferred beer and hard liquor combined, 1% beer and wine combined, while no one mentioned the combination of wine and hard liquor. There were 7% who mentioned all three, which in effect means no preference.

Beer was the most popular of all three kinds of alcoholic beverages mentioned in the study. This is undoubtedly because it is the cheapest and is easy to buy at licence-holding grocery stores. Concerning the combination of different kinds of alcoholic beverage, it might be a symptom of heavy drinking or alcoholism, or no symptom at all if the drinker drinks rarely, has no preference., or does not like the taste of a particular alcoholic beverage. It is worth mentioning that very few drinkers preferred wine.

Drinking Preference both beer and hard liquor one kind of alcoholic without preference hard liquor wine beer 351 - 78%48 - 11%30 - 7%% of drinkers 224-50%112 - 25%14 - 3%

TABLE 4 Kind of alcoholic beverage preferred

b) Frequency of drinking sessions (Table 5)

In order to measure the frequency of drinking sessions, we used the following scale:

- one drinking session or more a day i)
- one to six drinking sessions a week ii)
- iii) one to three drinking sessions a month
- less than one drinking session a month and at least one a year iv)
- less than one drinking session a year or never. v)

[27]

TABLE 5 Frequency of drinking sessions

Frequency of sessions	Beer	Hard liquor	
One or more a day	7 - 2%	3 - 1%	
One to six a week	48 - 11%	33 - 7%	
One to three a month	166 - 38%	106 - 24%	
Less than one a month, at least one a year	190 - 43%	191 - 43%	
Never	31 - 7%	112 - 25%	
	442 - 100%	445 - 100%	

Regarding beer drinking, 2% of beer drinkers drank one or more times a day, 11% from one to six times a week, 38% from one to three times a month and 43% less than once a month., but at least once a year.

As to hard liquor drinking, 1% of hard liquor drinkers drank one or more times a day, 7% from one to six times a week, 24% from one to three times a month and 43% less than once a month, but at least once a year.

Thus, 51% of beer drinkers drank at least from one to three times a month as against 32% of those that used hard liquor. And since exclusive hard liquor drinkers represent half the number of exclusive beer drinkers, we can say that at least 34% of our alcohol drinkers drank at least one to three times a month.

c) Quantity of alcohol drunk during a drinking session (Table 6)

In order to measure the quantity of alcohol drunk, we used a double scale: a quantity scale expressed in terms of number of glasses drunk, that is, one to two glasses during the same session, three to four glasses and five glasses or more (the size of glasses is here taken into consideration); and a regularity scale of drinking sessions divided into three categories: every time (or nearly so), irregularly, and never.

[28]

TABLE 6 Quantities of alcohol drunk during a session

Quantities	В	eer	Hard Liquor		
of alcohol	Regularly	Occasionally	Regularly	Occasionally	
1 to 2 glasses	66%	25%	77%	25%	
3 to 4 glasses	21,	46%	15%	50%	
5 glasses or more	13%	29%	8%	25%	
	370 - 100%	267 - 100%	289 - 100%	208 - 100%	

We ended up with 66% of our regular beer drinkers drinking one to two glasses of beer each session, while 21% drank three to four glasses and 13% five or more each session.

As to the regular hard liquor drinkers, they drank smaller quantities as a whole. And during occasional drinking sessions, the quantities of beer and hard liquor consumed were more im1portant than during the regular drinking sessions.

Speaking in terms of pathological drinking, we found that 13% of our beer drinkers and 8% of our hard liquor drinkers drank regularly five glasses or more during a session.

Tile still do not know exactly how many beer drinkers also drank hard liquor, but if we add to the previous category those drinkers that drank regularly three or four glasses and occasionally more, our group

of heavy drinkers assumes considerable proportions. Basing our evaluation on 370 beer drinkers and 289 hard liquor drinkers and on the sole quantity scale, we arrive at the conclusion that 34% of our beer drinkers and 23% of our hard liquor drinkers would be heavy drinkers.

d) Alcohol drinking places (Table 7)

For this specific aspect, we used three categories of places where drinking sessions could be held, that is,, the home., the friends' houses, and in public places in conjunction with a regularity scale of drinking sessions.

[29]

TABLE 7 Alcohol drinking places

Dainking along	В	eer	Hard Liquor		
Drinking places	Regularly	Occasionally	Regularly	Occasionally	
At home	63%	23%	64%	23%	
At friends' home	24%	49%	23%	50%	
In a public house	13%	28%	13%	27%	
	413 - 100%	336 - 100%	302 - 100%	247 - 100%	

We found out that 63% of our beer drinkers regularly drank at home, while 24% drank at friends? houses and 13% in public places. But occasional drinking sessions were more frequently held at friends' houses or in public places.

In the case of hard liquor drinkers, we noticed a regular and occasional drinking pattern identical to the one of beer drinkers.

Thus, it is obvious that as a whole, the alcohol regular drinking sessions held at home alternate with the alcohol occasional drinking sessions held at friends' houses.

e) Usual drinking company at regular or irregular drinking sessions (Table 8)

Referring as usual to the regularity scale of drinking sessions, we defined three types of usual drinking company situations: the friends, the family members and the absence of company.

If you examine Table 8, you will notice that beer drinking, whether regular or occasional, occurred as often in family members' company as in friends' company. However, in the case of hard liquor drinking, regular drinking sessions occurred more often with family members, while occasional drinking sessions occurred just as frequently with friends.

[30]

TABLE 8 *Usual drinking company*

Drinking	В	eer	Hard Liquor		
company	Regularly	Occasionally	Regularly	Occasionally	
Friends	43%	40%	38%	41%	
Family members	44%	41%	47%	37%	
By self	13%	19%	14%	22%	
	455 - 100%	241 - 100%	335 - 100%	200 - 100%	

Considering solitary drinking as a possible symptom of alcoholism, we may say that 13% to 14% of our drinkers manifested such a symptom. However, this category of drinkers is larger since another 20% occasionally drank alone.

These tendencies will soon be subjected to a systematic analysis.

f) Concentration or even distribution of drinking sessions (Table 9)

While keeping our usual distinction between regular and occasional drinking, we tried to establish whether or not there was uniformity or concentration of drinking sessions. In order to measure this aspect of drinking, we used two sets of time units: the weekend versus the whole week, and the evening versus the whole day. The week and the day are the longer time units as compared with the weekend and the evening.

If you refer to Table 9 in order to check the percentages of drinkers in each case, you will notice the following tendencies:

First of all, the regular drinking sessions, in both beer or hard liquor drinking, were three to four times as frequent during the weekend and in the evening as during the week and the day. Inversely, as expected, the occasional drinking sessions were more frequent during the week and the day than during the weekend and by night. Our figures help us also to specify that, in large proportion, the regular weekly and daily drinkers drank occasionally by night and during the weekend, while inversely, only 25% to 33% of the regular weekend and night drinkers drank occasionally during the week and the day.

[31]

TABLE 9 Concentration or distribution of drinking sessions

Unite of time	В	eer	Hard Liquor		
Units of time	Regularly	Occasionally	Regularly	Occasionally	
Weekend	60%	11%	55%	15%	
During the week	15%	14%	15%	15%	
	347 - 100%		272 - 100%		
During the day	18%	16%	18%	18%	
Evening	59%	7%	54%	10%	
	346 -	100%	282 - 100%		

Consequently, anticipating what could well be a criterion of pathological drinking, there would be a greater proportion of pathological drinkers among regular weekly and daily drinkers than among regular weekend and night drinkers. The next phase of our analysis should clear up this point.

g) Alcohol drinking motivations (Table 10).

In order to look into the field of *drinking motivations*, we devised a list of eleven commonly used reasons to justify alcohol consumption. These reasons could be split into two categories: individual reasons versus social reasons. It is not easy to determine if a reason is based only on individual or social considerations, but adopting the popular meaning of each of the reasons given, we managed to split them up between "most-likely individual" reasons and "most likely social" reasons.

That way, we found out that 56% of our drinkers claimed to drink for individual reasons as against 39% for social reasons. Through her California drinking practices studies, Dr. Genevieve Knupfer found that there was a close connection between individual reasons for drinking and heavy drinking. Thus, these figures in Table 10 [32] bear out the comments we have made following our description of each aspect of alcohol drinking.

TABLE 10 Alcohol consumption motivations

Motivations	Considered important
Personal	818 - 56%
Social	559 - 39%
Undetermined	73 - 5%
Number of answers	1,450 - 100%

h) Conclusion

This brief description, followed by a still shorter analysis of the alcohol consumption patterns of the family heads living in five counties of the Lower St. Lawrence Region, has been prepared despite the fact that we have just got started with our programming work.

Nevertheless, it is quite obvious, at least to us, that these alcohol consumption patterns reflect particular socio-cultural conditions. With the help of electronic programming, we should before long determine the relations between these different aspects. Then and only then, will it be possible to obtain a synthetic view of these patterns, and to grasp their real significance in the everyday life of the individuals.

For the moment, our analysis will bring out the prevalence of alcoholism in that region, through the combination of drinking session frequencies and the quantities of alcohol drunk during repetitive drinking sessions.

IV. Observations regarding the epidemiology of alcoholism

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Taking into account the clinicians' experience in dealing with alcoholics and the changes that occur beyond the stage of heavy drinking, Dr. Genevieve Knupfer and her associates defined operationally the concept of "heavy drinker" in terms of the following categories of drinkers:

[33]

- (1) those who drink some alcoholic beverage at least two or three times a month with a modal quantity of five or more drinks at a sitting,
- (2) those who drink at least three or four times a week with a modal quantity of three or four drinks at a sitting and a range of five or more,,

- (3) those who drink at least three or four times a week with a modal quantity of one or two drinks, or no modal quantity, and a range of five or more,
- (4) those who drink nearly every day with a modal quantity of three or four drinks, or with a modal quantity of one or two drinks and a range of three or more.

Using these definitions of heavy drinkers as criteria, we could define categories of heavy drinkers. But because of a smaller number of drinking session frequency levels, there could not be a perfect correspondence with the California Drinking Practices Study categories. However, in a first series, we managed to define five categories of heavy drinkers:

- (1) those who regularly drink 1 to 6 times a week at the rate of 3 to 4 glasses each drinking session,
- (2) those who irregularly drink 1 to 6 times a week at the rate of 5 glasses or more each drinking session,
- (3) those who drink regularly 1 time or more a day at the rate of 1 to 2 glasses each drinking session,
- (4) those who drink regularly 1 time or more a day at the rate of 3 to 4 glasses each session and occasionally more,
- (5) those who drink regularly 1 time or more a day at the rate of 5 glasses or more each session.

From these definitions, we have counted 23 heavy drinkers falling into No. 1 category; 22 falling into No. 2 category; 4 falling into No. 3 category; another 4 into Nov. 4 category; and none in the last category. We ended up with a total of 53 heavy drinkers out of a grand total of 423 active drinkers; that is, a percentage of 12.5% of heavy drinkers.

However, this total reflects a rather tolerant social norm. In fact, the general norm in the Province of Quebec is stricter than that, and all considered, we must get closer to the one adopted by the California Drinking Practices Study. A second look at our data proves it is realistic to add two more categories of "heavy drinkers":

(6) those who drink regularly 1 to 3 times a month at the rate of 3 to 4 glasses each session and occasionally more,

[34]

(7) those who drink regularly 1 to 3 times a month at the rate of 5 glasses or more each drinking session.

Adding up all seven definitions of heavy drinkers, our group of heavy drinkers reaches the figure of 132 heavy drinkers. This gives us a really impressive group of heavy drinkers that represent 31% of all active drinkers (132 out of 423).

Consequently, the percentage of heavy drinkers varies from 12.5% to 31% of our total number of active drinkers according to whether we go by a lenient norm or a strict norm. Nevertheless, these figures are very important in the determination of epidemiological rates of alcoholism right now and in the near future. Let us have a look at each of these figures.

If we feel that we must be tolerant in our criteria, there are nevertheless 13% of our active drinkers who experience problems with alcohol. But this percentage is based only on our drinking informants. In fact, these problem drinkers represent 9% (53 out of 596) of all our informants. This first epidemiological rate is very likely an underestimation of the true rate., since it applies only to married men who supposedly enjoy a more stable life than the larger population as a whole. We have in fact some indication of much heavy drinking among single men.

On the other hand, if we feel that we must be strict in our criteria, we end up with 22% (132 out of 596) of our sample and the corresponding population being heavy drinkers. Extending this figure to a larger population, including single men, this rate (22%) would be rather low. Of course, women are not considered here.

We have limited our consideration to major tendencies in the field of alcohol consumption. There is no doubt that these 132 heavy drinkers we have observed are not all alcoholics, nor will they become so. But it is very likely that a certain proportion of them will gradually become involved in the process of alcoholism, whereas others will stabilize their alcohol consumption.

It must be remembered that this study was carried out in a rural part of Quebec and that 105 out of 132 heavy drinkers were beer drinkers, against 27 drinking hard liquor. This means that 80% of all heavy drinking is carried out with beer in poor rural areas. We believe that in cities there is just as much heavy drinking with hard liquor, since wages are so much higher and hard liquor so much easier to get. The rate of heavy drinkers would be much higher there than in the population as a whole. Consequently, the number of alcoholics and problem drinkers should be much higher in cities than in rural areas.

[35]

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[36]

DISCUSSION

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Discussion on the papers presented by Dr. Newman and Mr. Laforest continued during the afternoon group seminar. At the closing plenary session, Mr. A. J. Neilson (Saskatchewan) described t1hese discussions.

Among other things it had been suggested that there was a need for information going beyond straight questions of incidence and prevalence into the relationships between various characteristics and behavior shown in these studies and various types of alcoholism, such as the alpha., beta, gamma, delta groups described by Jellinek.

It was felt also that the goal of treating alcoholism was more realistic than the goal of treating all alcoholics; also that studies of this type might perhaps have greater value in relation to the understanding of the alcoholism process than in relation to the treatment of alcoholics. It was suggested that such studies might have some value if used to look at widely divergent portions of our culture, e.g. the rural background of the Quebec study and the industrial portion, at least, of the Ontario study. Among the implications for education, it was pointed out that the Ontario study showed no significant difference in the life expectancy of alcoholics as opposed to normals.

Mr. Archibald (Ontario) requested some elaboration on the distinction made in this discussion between treating alcoholism and treating alcoholics.

Mr. Fraser (Alberta) felt that in the long run alcoholism had to be dealt with culturally by endeavouring, through education and other means, to reduce some of the cultural pressures towards alcoholism, among which he included an ambivalence and some feelings of guilt that many in our culture bring to the drinking experience. He suggested that one could identify cultural factors which made prevalence higher in some cultures than in others, and that by using education as therapy, we could reduce some of the ambivalences and feelings of guilt which he felt were influential in the incidence of alcoholism.

Mr. Archibald suggested that the educational area was quite clearly one in which there was a rather startling need for some well mounted and well conducted research.

Fin du texte