
BOOK REVIEW

PROBLEM DRINKERS

DON CAHALAN

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PROBLEM DRINKERS is the report of a landmark achievement in the study of alcohol problems. The book presents the findings of the first survey on the prevalence of alcohol-connected problems conducted on a national probability sample. The survey, which represents the second stage in a longitudinal series of studies conducted by the Social Research Group, The George Washington University, was carried out in 1967 through intensive personal interviews with 1,359 essentially "normal" (noninstitutional) adult residents of households representative of the total population of the United States, exclusive of Alaska and Hawaii. Those questioned had been interviewed initially in 1964–1965 in the first stage of the study, which focused on detailed patterns of drinking behavior among the subgroups of the adult population. Another follow-up interview of the same population, projected for about 1975, will permit observation of changes in drinking practices and associated problems over a ten-year span.

The author and his colleagues chose to study drinking problems—and not alcoholism—to avoid the ambiguities associated with some analyses based on persons labeled "alcoholics," many of whom have been in institutions at the time of study or in

the recent past. In the author's view, many previous studies of alcoholics raise the question whether phenomena observed are reflections of the process of institutionalization and desocialization rather than being correlates of problem drinking per se. Most of the first chapter (Problem Drinking vs. Alcoholism) is given over to a discussion of the validity, advantages and disadvantages of the disease concept of alcoholism. Cogent reasons are given for rejecting the disease concept.

The concepts of problems associated with use of alcohol and problem-related drinking used in the book avoid some shortcomings of the disease concept and emphasize that the study focuses on the association of problems with certain kinds of drinking under certain circumstances. The author points out that a good deal more investigation is required to prove that the drinking caused the problem, or the problem caused the drinking.

In the 1964–1965 survey it was learned that 77 per cent of the men and 60 per cent of the women drank at least once a year; and 21 per cent of the men and 5 per cent of the women were classified as “heavy drinkers.” Those most likely to be heavy drinkers were: men 45 to 49; men of lower social status; operatives and service workers; men who completed high school but not college; single, divorced or separated men and women; residents of largest cities; those whose fathers were Latin American or Caribbean, Italian or British in origin (also Irish when standardized for age levels); and Protestants of no specific denomination, Catholics, and those without religious affiliation. Jews were very likely to be drinkers and very unlikely to be heavy drinkers.

The misuse of alcohol, as measured by “heavy drinking” and “heavy escape drinking” to avoid problems of living, was more of a threat to those of lower social status than to others. The most frequent specific current problems among men were frequent intoxication (14 per cent), symptomatic drinking, that is, symptoms such as difficulty stopping once started, memory lapse after drinking. (8 per cent) and psychological dependence

on alcohol (8 per cent), and problems with spouse or relatives (8 per cent). None of the specific problems gave a high rate for women, the highest being 4 per cent who had been admonished by a physician to reduce drinking. Nine per cent of the total (15 per cent of men and 4 per cent of women) had what were considered to be fairly severe current drinking problems.

Among men the highest prevalence of problems occurred in their twenties, with conspicuously lower rates in the thirties and forties, and additional tapering off in the fifties. Relatively few women in their twenties reported problems, the bulk of which were found in the thirties and forties, with a sharp drop off in the fifties. This study showed a much higher proportion of persons in their twenties with drinking problems than one sees in studies of the age levels of labeled alcoholics. It was found that 22 per cent of men and 9 per cent of women had changed their problem drinking status within the short interval of three years, indicating more movement in and out of the problem drinking category than might have been expected.

In a multivariate analysis in which 150 survey items were combined into six social-psychological variables (attitude toward drinking, environmental support for heavy drinking, impulsivity and nonconformity, alienation and maladjustment, unfavorable expectation [of life] and looseness of social controls), which, along with demographic variables (sex, age, socioeconomic status and urbanization) were then correlated with current problems scores; it was found that all these variables have some relation to problem drinking, with one variable—attitude toward drinking—standing out beyond the others. Environmental support of heavy drinking was next in weight. Psychologic factors, such as alienation and impulsivity, were less predictive of problem drinking, and there was no cluster of correlates that delineated an “alcoholic personality.”

Even persons with fairly severe current drinking problems showed considerable fluctuation in their drinking, implying that there are opportune moments for intervention with the

individual or his environment and that problem drinking need not be regarded always as a stubborn "disease."

The idea that emerges from the author's analysis of his massive data is that whether one drinks, how one drinks, and especially, whether one's drinking is likely to lead to trouble, is determined more by one's social, cultural and ethnoreligious heritage and environment than by any internal psychodynamic influence that clearly can be identified. The "hows" of drinking appear to be more important than the "whys."

The author's idea is that alcohol problems represent maladaptive behavior strongly influenced in its development by a person's cultural background and attitudes toward alcohol. Essentially, problem drinking is learned in a setting that permits heavy drinking or in which positive reinforcement from drinking (for example assuagement of emotional discomfort, relief from feelings of deprivation, temporary escape from life problems) outweighs the effects of social disapprobation. The fact that the positive reinforcement, or short-term gratification, is immediate, whereas the ultimate negative reinforcement, the disadvantageous consequences of excessive drinking, is delayed is of crucial importance in understanding this operant conditioning model.

This is not to say that psychologic and emotional forces generated within an individual are missing or insignificant as determiners of drinking habits and drinking problems, so much as to emphasize that the author could not identify psychologic and emotional elements common to large proportions of the sample surveyed or strongly correlated with drinking problems.

If you wish to predict which drinkers will get into trouble with their drinking, you will score better by looking at the simple vital information about the persons. such as sex, age, color, ethnoreligious family origins, and by examining environmental facts, such as socioeconomic status, occupation and education, than you will do by inquiring into the internal environment of tension, anxiety and alienation. Of course, your predictions will be best if you use both kinds of information. So

know your man, but know his environment, past and present, as well.

The main lesson pressed by the author is that we who want to help troubled drinkers or to prevent drinking problems would do well to shift emphasis away from long and difficult inquiries into what happened internally in the evolution of a problem drinker and pay more attention to what is happening externally, where the influences that operate are easier to discern and more likely to be associated with the drinking problem. Environmental factors also may more readily be altered by intervention than internal psychic and emotional influences can be. This is consistent with the author's view that problem drinking is learned behavior that ought to be preventable and treatable by changing the forces that condition the learning. Therefore, a behaviorally oriented or operant conditioning approach that identifies, modifies and then therapeutically applies reinforcements, or conditioners, is most likely to pay off.

"The behavior therapy point of view is that problem drinking may well have started from underlying causes, but that the problem drinking, if untreated, will continue on its own self-reinforcing course because the individual has learned to derive certain satisfactions from his drinking behavior for which substitutes must be found before the behavior will be modified."

Two limitations of this study—both understandable but nonetheless regrettable—must be mentioned. The first is that the investigators chose to have the population sample start at age 21 and not an earlier cutoff, say 10 or 12. Unfortunately, problem drinking and drinking problems are not the exclusive province of adults in this country. The fact that the highest prevalence of problems occurred in the youngest age group studied, as well as clinical experience, suggests that an important segment of the drinking problem is in persons under 21 years of age. One can guess that the decision about age range had to do with the feasibility of including younger persons in the sample: undoubtedly the task would have been much more difficult from an operational standpoint.

The second criticism is that this report includes no information on the use of drugs other than alcohol by the sample population surveyed. No mention is made whether data of this kind were collected. If questions about other drugs were not asked, a great opportunity was lost; documented knowledge of drug use and abuse and related problems is even less adequate than similar knowledge concerning alcohol. Pertinent to the issues reported in this book is the question whether and to what degree use of other drugs influences use of alcohol, and vice versa. In clinical practice we see many young drug abusers who have used numerous drugs, going from one to another in a series, and sometimes using one illegal drug in an effort to counteract the effects of another. Alcohol is frequently included in the sequential chain of substance use, so it would seem to be important to inquire how alcohol use and drug use impinge upon one another. In view of the apparent wide extent of drug abuse among young people, one can question whether they will have the same experience with alcohol use that their parents' generation had. If not, why not? The question is germane in a longitudinal study of alcohol use and alcohol problems, and ought to be investigated.

These are relatively minor faults to point out in a major work, which will join the basic books in the field of alcohol studies.

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