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SOCIAL IMPACT OF ALCOHOLISM IN THE SINGAPOREAN ENVIRONMENT

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By Jonathan Tan

Alcohol addiction is treatable; strong community and familial support is key

According to a [World Health Organisation \(WHO\) report](#), 3.3 million people worldwide died of harmful use of alcohol in 2012. Heavy episodic drinkers (HEDs) – defined as consumption of 60 or more grams of pure alcohol on at least one occasion monthly – were least prevalent in the Eastern Mediterranean (1.6 percent of all drinkers) while Europe tipped the scales on the other end of the spectrum (22.9 percent). The increasing number of emergency hospital admittances in the United Kingdom related to drunken violence illustrates the resulting financial costs incurred by society.^[i]

The growing trend of binge drinking contributes to the immediate financial burdens born by society, but more worrying are the long-term health concerns. As the brain adapts to presence of alcohol over time, it will take larger amounts for a person to get intoxicated and could lead to dependence. Since alcohol is a psychotropic drug affecting the brain, it is no surprise that it is associated with serious negative implications for the individual and society at large. It impairs the capacity to think clearly, thus increasing the likelihood of getting into trouble with the law or become the victim of crimes.

SOCIAL IMPACT OF ALCOHOLISM IN SINGAPORE

That same WHO report also listed Southeast Asia as having the second lowest prevalence of HEDs among drinkers (12.4 percent), which might lead policymakers in the region to breathe a collective sigh of relief. But in Singapore, Southeast Asia's most affluent country, social workers are raising the alarm of a new generation of young drinkers who start at ages 12 to 13, instead of the global average of 15 to 16 years old.

This is a source of concern as research has shown that the earlier one starts to drink, the more likely one will abuse alcohol due to its effects on the developing brain.^[ii] Singapore's National

Addiction Management Services (NAMS) handles 10 to 15 “drinking” related cases among youths 19 and below. This has dire consequences as it funnels drinkers down a slippery slope of more serious vices.

A newspaper report in 2014 revealed that an estimated 170 fights or violent acts broke out in the Clarke Quay entertainment district each year, most of which are alcohol related.^[iii] Since liquor is easily available, youths would pick up some beer in nearby convenient stores and congregate along the banks of the Singapore River for social drinking, followed by a night of partying at the myriad nightclubs along the waterfront. The aftermath is familiar to residents of neighbouring apartments: a trail of vomit, rowdiness, litter and even fights; hardly in line with Singapore's reputation as a "clean and safe" city.

The potential for alcohol to cause disorderliness was highlighted on 8 December 2013. A fatal accident of a South Indian foreign worker sparked a riot^[iv], with alcohol consumption identified as the main contributing factor to the episode. Laws were enacted to ban alcohol sales and consumption in public places from 10.30 p.m. to 7 a.m.^[v]

TREATING ALCOHOL ADDICTION

Nonetheless, alcohol is still more readily available than addictive drugs such as heroin or cocaine, not only in Singapore but worldwide. Because of this availability and the relatively lax consumption laws, alcohol addiction claims more lives than drug addiction.

According to online medical dictionary MediLexicon, addiction is defined as the "habitual psychological or physiologic dependence on a substance or practice that is beyond voluntary control". Neuroscience research has proven that addiction is a disease that affects the brain and behaviour from the development of biological and environmental factors, far from the myth that it is due to flaws in character. This has important implications as it means that treatment for alcohol dependence should focus on therapeutic and preventive measures.

More often than not, an addict focuses on achieving the immediate effect of drinking, such as lowering levels of stress and anxiety. According to B.F. Skinner's theory of operant conditioning, punished behaviours will decrease; however, punishments for alcohol addiction in the form of medical conditions occur years down the road. To remove the reward for addictive behaviour, doctors can prescribe aversion drugs that causes the addict to experience uncomfortable effects such as nausea when consuming alcohol.

But the usage of such drug should be closely monitored to prevent an overdose which could result in chest pains and even death. Hence, contingency management, which uses low cost incentives such as vouchers and prizes as immediate rewards when drug-free urine samples are produced, is a safer approach.

Preventive medicine is also important in tackling alcohol addiction. A recovered alcoholic who is constantly stressed is more likely to cope by imbibing alcohol. Hence, relapse prevention is an important program of addiction treatment. The goal is to manage environmental and emotional high risk situations, be it intrapersonal (boredom, anxiety), Interpersonal (argument with family member) or social pressure. Thereafter, effective coping skills have to be taught, such as rehearsing positive self-statements (cognitive) and drink refusal skills (behavioural) in social situations. This in turn raises their sense of self-confidence in their ability to abstain from alcohol successfully.

Supportive relationships with family members and friends provide emotional support to deal with life stressors, and may help repel the onset of alcohol abuse. Behavioural therapy focuses on social and familial relations, incorporating counselling and highlighting alcohol's role in the addict's impaired functioning in social settings. Motivational Enhancement Therapy, meanwhile, helps to motivate a client to see the bigger picture that the family would get upset if he persists in alcohol abuse, and at the same time strengthen his beliefs in engaging treatment.

In view of addiction through social learning, support groups such as Alcoholics Anonymous (AA) are important avenues to aid in addiction recovery. The aim is to form new relationships with a new and healthier network of peers, and learn positive coping skills from them through observation. Social reinforcements obtained through peer discussions in a therapeutic setting can be an effective treatment.

Alternative medicine such as Traditional Chinese Medicine (TCM) and therapeutic treatment can be combined to treat addiction. TCM uses acupuncture to balance the body's elements and helps to calm the nervous system, which in turn weakens the cravings for alcohol. Meditation gives a person inner calm and contentedness, thus removing the association between an addict and his desire to drink.

CONCLUSIONS

The subject of alcohol abuse receives public attention worldwide but alcohol addiction will only get worse over time if left untreated, especially for those who do not have alternative coping strategies other than taking to the bottle. However, what is learnt can be unlearnt and addicts should be encouraged to develop healthier skills and habits. Community reinforcement is important in providing healthy lifestyle changes through engagement in recreational and family bonding activities.

Education on the norms of alcohol consumption should be taught from young. Social media can play a part to discourage alcohol abuse, similar to anti-smoking campaigns. The health and social consequences of alcohol consumption should be emphasised.

The lack of data has made it difficult to quantify the direct costs of alcohol consumption. Scientific research has proven that addiction is a treatable disease that affects the brain and behaviour of a person, and therefore the emphasis should be on preventive and therapeutic measures to minimise the harm caused by alcohol abuse. The recovery process is not a quick fix and success depends one's personal will and drive to recover. Most importantly, it is an unwise choice to opt for short-term which leads to long-term pain, and sobriety is the responsibility of the alcoholic.

The author has a decade of Healthcare experiences in both public and private hospitals. He is currently the President of the Medical Health Association Asia and an invited speaker for regional healthcare events. He holds Fellowships and Memberships with The British Psychological Society, The American Psychological Association, Singapore Institute of Directors, The Institution of Industrial Engineers (U.S. & S'pore Chapters) and The American Institute for Financial Management.