



**THE SOCIAL CONSTRUCTION OF ALCOHOL CONSUMPTION
IN THE NORTH-EAST OF THAILAND**

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A THESIS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

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**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
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**To my gate keepers
Thanks for your assistances
Support and sincerity**

**To the entire villagers
Thanks for all heartiness
Satisfying and fulfilling my life**

**To my advisor and co.
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Assoc. Prof. Dr. Suwanna Arunpongphaisarn]
Your patience and encouragement
A great debt of gratitude**

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[Center for Alcohol Studies, Thailand]
Sorry that I'm late
But, thanks for your tolerance!**

Jirawat Moolasart

TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS	i
LIST OF TABLES	v
LIST OF FIGURES	vi
EXECUTIVE SUMMARY (In Thai)	1
EXECUTIVE SUMMARY (In English)	11
CHAPTER I Introduction	23
1.1 Background	23
1.2 Research question	29
1.3 Objectives of the study	30
1.4 Philosophy underpinning the study	30
CHAPTER II Alcoholic Beverages and the Various Perspectives of Alcohol Consumption	33
2.1 Various perspectives of alcohol consumption	33
2.2 Controlling Alcohol Consumption	55
2.3 Alcohol consumption and alcohol regulations in Thailand	64
2.4 Conclusion	69
CHAPTER III Methodology	73
3.1 The study site	73
3.2 Entry into the village	76
3.3 From ‘the outsider’ to ‘the familiar one’	78
3.4 Data collection	81
3.5 Sources of data	85
3.6 Data analysis	88
3.7 Rigor	91
3.8 Ethical issues	94

TABLE OF CONTENTS (Cont.)

	Page
CHAPTER IV The Village Life: Community, festivity, and Alcoholic Beverages	97
4.1 The community	97
4.2 Festivities and community activities	102
4.3 Alcoholic beverages at ' <i>Ban Rim Nam</i> '	111
4.4 Drinking places	113
4.5 Drinking occasions	115
4.6 Summary	124
CHAPTER V The Social Construction of Alcohol Drinking at '<i>Ban Rim Nam</i>'	127
5.1 From moonshine to the corner store	127
5.2 Current drinking contexts	132
5.3 Defining drinking behaviors	142
5.4 Perceptions of alcohol drinking in the village	147
5.5 Summary	158
CHAPTER VI Social Control of alcohol Consumption	163
6.1 Individual level	163
6.2 Group control	176
6.3 Regulation by the national alcohol policies	180
6.4 Summary	184
CHAPTER VII Drinking in Culture and the Reflections on Public Health Perspective	189
7.1 Meaning and pattern of drinking at <i>Ban Rim Nam</i> : the permissive drinking culture	190
7.2 Perceptions of drinking: contest of lay perceptions and public health perspective	197

TABLE OF CONTENTS (Cont.)

	Page
7.3 Controlling alcohol consumption	204
7.4 Recommendation: from ethnographic data to public health consideration	211
7.5 Conclusion	219
7.6 Lesson learned	221
REFERENCES	225

LIST OF TABLES

	Page
Table 2.1 Chronic condition where alcohol is a contributory cause	51
Table 2.2 The proportion of the alcohol drinkers between 1991 and 2003	66
Table 3.1 List of observed events	86
Table 3.2 Key informants in informal interview	87
Table 3.3 Key informants in in-depth interview	89
Table 4.1 Population in ' <i>Ban Rim Nam</i> ': age groups and sex	99
Table 5.1 Types of beverage by sex and age groups	135
Table 7.1 The differences between lay perceptions and public health perspective	198

LIST OF FIGURES

	Page
Figure 2.1 Model of alcohol consumption and consequences	49
Figure 2.2 The per capita alcohol consumption by Thai adult (age 15+) between 1961 and 2001	65
Figure 2.3 Related factors to social construction of alcohol consumption	70
Figure 3.1 Location of the village	74
Figure 3.2 <i>Ban Rim Nam</i> : general atmosphere	75
Figure 3.3 Styles of housing, types of vehicle, concrete lanes	75
Figure 3.4 Banners and display of alcoholic beverages, and soda water cases	76
Figure 3.5 Caps and empty bottles of various alcoholic beverages	76
Figure 3.6 Walking around the village, making contact with the elderly	78
Figure 3.7 Surprise birthday party for me	80
Figure 3.8 Participant observations	83
Figure 3.9 Informal interviews	84
Figure 3.10 Defining a good drinker	90
Figure 3.11 Characteristics of drinking among women	91
Figure 4.1 Map of ' <i>Ban Rim Nam</i> '	100
Figure 4.2 Two major income sources of the village: food and drink services and fisheries	101
Figure 4.3 <i>Phawet</i> procession	103
Figure 4.4 <i>Khanlorn</i> (money tree) procession	104
Figure 4.5 Activities in <i>Wan Nao</i> of <i>Songkran</i> festival	105
Figure 4.6 White cotton thread and pebble in <i>Boun Sam Hah</i>	106
Figure 4.7 <i>Pu Ta</i> worship	107
Figure 4.8 <i>Su Khwan</i> ritual	109
Figure 4.9 Long-boat racing activities	110
Figure 4.10 Various types of alcoholic beverages which were left as garbage	111

LIST OF FIGURES (Cont.)

	Page
Figure 4.11 <i>Noi-Ting</i> – a local mixed drink	112
Figure 4.12 Drinking places: public area	114
Figure 4.13 Drinking places: private area	114
Figure 4.14 Drinking in a long-boat racing tournament	118
Figure 4.15 <i>Su Khwan</i> rituals – with and without alcoholic beverage	118
Figure 4.16 In a groom’s procession	119
Figure 4.17 Drinking in wedding party	120
Figure 4.18 In front of the <i>Phawet</i> procession	122
Figure 4.19 Drinking in the <i>Khanlorn</i> procession	122
Figure 4.20 Drinking in <i>Wan Nao</i>	123
Figure 4.21 Plenty of alcoholic beverages in <i>Pu Ta</i> worship	124
Figure 4.22 Various functions of alcohol drinking in the village life	126
Figure 5.1 Drinking in a communal activity	134
Figure 5.2 Drinking <i>Lao Khao</i> at a grocery	141
Figure 5.3 Various forms and sizes of drinking vessels	142
Figure 5.4 Characteristics of drinking practices	160
Figure 5.5 Factors which influence drinking practice and drinking behavior	161
Figure 6.1 The effects of control and factors which influence control of alcohol consumption among the villagers	185
Figure 6.2 Causes of quitting	186
Figure 7.1 Drinking cycle	196
Figure 7.2 Factors which promote healthy drinking cultures	205
Figure 7.3 Informal controls at individual level	207

บทสรุปสำหรับผู้บริหาร

การดื่มเครื่องดื่มแอลกอฮอล์และบริบทของการดื่มมักเป็นการกระทำทางสังคมและเกี่ยวข้องกับกิจกรรมทางสังคม พฤติกรรมการดื่มเป็นกระบวนการเรียนรู้จากวิถีทางวัฒนธรรมและการกำหนดของบริบททางประวัติศาสตร์และสภาพแวดล้อมทางเศรษฐกิจสังคม แบบแผนการดื่มของคนในสังคมเป็นผลจากสถานะและบทบาทของการดื่มในสังคมนั้นๆ รวมทั้งขนบธรรมเนียมของผู้คนหรือกลุ่มบุคคลต่างๆ บรรทัดฐานที่เกี่ยวข้องกับการดื่ม และความสัมพันธ์ของการดื่มกับแง่มุมอื่นของสังคม การเมาก็ยังเป็นการแสดงออกทางวัฒนธรรมที่ถูกเรียนรู้และมีรูปแบบที่ชัดเจน อีกทั้งยังแตกต่างกันไปในแต่ละวัฒนธรรม กระบวนการควบคุมทางสังคมต่อการดื่มก็เป็นส่วนหนึ่งของบทบาทและสถานะทางวัฒนธรรมโดยรวมของการดื่ม ซึ่งรวมถึงความสัมพันธ์ระหว่างการควบคุม แนวทางการจัดการ และความหมายทางวัฒนธรรมของปัญหาที่เกี่ยวข้องจากการดื่ม

การศึกษาถึงบริบทของการดื่มและบรรทัดฐานของการดื่มในวัฒนธรรม การรับรู้ที่เกี่ยวข้องกับการดื่มและพฤติกรรมที่เกี่ยวข้องของคนในสังคม การจำแนกความผิดปกติของการดื่ม และปฏิภานของสังคมในสังคมต่อปัญหาที่ตามมาจากการดื่ม จะเป็นข้อมูลสำคัญที่เป็นประโยชน์ต่อการจัดการปัญหาที่เกี่ยวข้องกับการดื่มของชุมชนอย่างมีประสิทธิภาพ มีความไวต่อวัฒนธรรมท้องถิ่นและลำดับความสำคัญของปัญหาในพื้นที่ นอกจากนี้ยังสามารถใช้ในการตรวจสอบผลกระทบของนโยบายแอลกอฮอล์แห่งชาติที่มีต่อการดื่มเครื่องดื่มแอลกอฮอล์และพฤติกรรมที่เกี่ยวข้อง แนวโน้มและการเปลี่ยนแปลงของวัฒนธรรมการดื่มยังเป็นข้อมูลสำคัญต่อการกำหนดนโยบายเครื่องดื่มแอลกอฮอล์และการให้ความรู้ต่อสาธารณชนทั่วไป

วัตถุประสงค์

การศึกษาเชิงชาติพันธุ์วรรณมาครั้งนี้มีวัตถุประสงค์เพื่ออธิบายบริบททางสังคมวัฒนธรรมของการบริโภคเครื่องดื่มแอลกอฮอล์ในชุมชนอีสานแห่งหนึ่ง โดยมุ่งเน้นที่บริบทการดื่ม การรับรู้ และความหมายของการดื่ม และพฤติกรรมที่เกี่ยวข้องกับการดื่ม จากมุมมองของคนในชุมชนรวมทั้งกระบวนการควบคุมทางสังคมที่มีต่อการดื่มเครื่องดื่มแอลกอฮอล์

วิธีการศึกษา

ทำการศึกษาในหมู่บ้านชานเมืองแห่งหนึ่ง (บ้านริมน้ำ – นามสมมุติ) ในจังหวัดอุบลราชธานี ภาคตะวันออกเฉียงเหนือของประเทศไทย ซึ่งถูกคัดเลือกอย่างเฉพาะเจาะจง เก็บ

ข้อมูลระหว่างเดือนมกราคม 2551-มกราคม 2552 โดยการสังเกตแบบมีส่วนร่วมในชีวิตประจำวัน ของชุมชนและกิจกรรมต่างๆ การจดบันทึกภาคสนาม การถ่ายภาพ การสัมภาษณ์แบบไม่เป็นทางการ และการสัมภาษณ์แบบเจาะลึก ในห้วงของการศึกษา ผู้วิจัยได้เข้าร่วมและสังเกตการณ์ในงานและกิจกรรมต่างๆ ของหมู่บ้าน 80 ครั้ง สัมภาษณ์แบบไม่เป็นทางการมากกว่า 80 ราย ผู้ถูกสัมภาษณ์ประกอบด้วยผู้ดื่ม คู่สมรสหรือสมาชิกในครอบครัวของผู้ดื่ม ผู้ที่ไม่เคยดื่ม ผู้สูงอายุ เจ้าภาพงานหรือผู้จัดกิจกรรมและผู้เข้าร่วมงาน ผู้ให้ข้อมูลสำคัญสำหรับการสัมภาษณ์แบบเจาะลึก เป็นชาย 13 คน และหญิง 2 คน ซึ่งถูกเลือกอย่างเจาะจงจากพฤติกรรมที่เกี่ยวข้องกับการดื่ม ประกอบด้วยผู้ดื่มในแบบแผนต่างๆ ผู้ที่ไม่เคยดื่มเลยในชีวิต และผู้ที่เลิกดื่มแล้ว ข้อมูลทั้งหมดถูกนำมาวิเคราะห์โดยการวิเคราะห์เนื้อหาและการสร้างข้อสรุป

ผลการศึกษา

“บ้านริมน้ำ” อยู่ห่างจากเขตเทศบาลนครประมาณ 10 กิโลเมตร ตั้งอยู่ริมแม่น้ำซึ่งมีหาดทรายเป็นแนวยาวอยู่ในเขตพื้นที่ หมู่บ้านก่อตั้งมาได้ 100 กว่าปีแล้ว ชาวบ้านที่อาศัยอยู่ในปัจจุบันเกือบทั้งหมดเป็นลูกหลานของรุ่นบุกเบิก ซึ่งเกิดและเติบโตขึ้นมาในหมู่บ้าน มีเพียงส่วนน้อยที่โยกย้ายเข้ามาตามการสมรส ทั้งหมดนับถือศาสนาพุทธ ในปี พ.ศ.2551 มีประชากรทั้งหมดประมาณ 900 คน โดยที่ร้อยละ 73.8 มีอายุ 18 ปีขึ้นไป สภาพทางกายภาพและเศรษฐกิจของหมู่บ้านได้กลายสภาพเป็นชุมชนเมืองและสมัยใหม่ในบางส่วน แต่วิถีชีวิตและธรรมเนียมประเพณีดั้งเดิมหลายประการก็ยังคงได้รับการสืบทอดและปฏิบัติอยู่ อาชีพหลักของชาวบ้านในปัจจุบันคือการให้บริการอาหารและเครื่องดื่มในร้านอาหารพื้นเมืองบนแฟรมน้ำและการประมง มีเพียงส่วนหนึ่งที่ออกไปทำงานภายนอกหมู่บ้าน เช่น ช่างก่อสร้าง พนักงานบริษัท ลูกจ้าง/พนักงานของรัฐ

การดื่มเครื่องดื่มแอลกอฮอล์ในหมู่บ้านมีประวัติยาวนานตั้งแต่แรกก่อตั้งหมู่บ้าน สามารถแบ่งออกเป็น 3 ช่วงเวลาตามชนิดของเครื่องดื่ม คือ 1) เหล้าหมักจากข้าวหรือสาโท ในยุคแรก 2) เหล้ากลั่นผิดกฎหมาย ซึ่งผลิตขึ้นในช่วงประมาณ 60 ปีก่อน 3) เครื่องดื่มแอลกอฮอล์เชิงพาณิชย์ซึ่งเริ่มแพร่หลายประมาณ 30 ปีก่อน การเปลี่ยนแปลงของชนิดเครื่องดื่มดังกล่าวได้รับอิทธิพลจากบริบทอื่นๆ ทางสังคมและอาชีพหลักของคนในหมู่บ้าน

บริบทการดื่มในปัจจุบัน

การบริโภคเครื่องดื่มแอลกอฮอล์สอดแทรกเข้าไปในวิถีชีวิตของหมู่บ้านในหลายลักษณะและได้รับการยอมรับอย่างเปิดเผย โดยทั่วไปสามารถแบ่งโอกาสการดื่มได้เป็น 3 ลักษณะ คือ 1) การดื่มในชีวิตประจำวัน 2) การดื่มในกิจกรรมทางสังคมและโอกาสพิเศษสำหรับช่วงเวลาสำคัญของชีวิต 3) การดื่มในงานบุญประเพณี โดยเฉพาะในงานบุญสะเวด บุญสงกรานต์ และงานเลี้ยง

ปู่ตา ซึ่งทั้งหญิงและชายในทุกวัยสามารถเข้าร่วมในกิจกรรมที่เกี่ยวข้องกับการดื่มห่านี้ได้โดยไม่จำเป็นต้องเป็นผู้ดื่มหรือไม่ดื่ม อีกทั้งสถานที่ของการดื่มนั้นก็มักจะเป็นพื้นที่สาธารณะซึ่งทั้งหญิงและชายสามารถดื่มร่วมกันได้ และถึงแม้ว่าจะเป็นโอกาสส่วนบุคคลในกิจกรรมทางสังคมและโอกาสพิเศษ การดื่มนั้นก็มักปรากฏในที่เปิดโล่งที่สามารถพบเห็นได้อย่างง่ายดาย

แอลกอฮอล์ถูกใช้ในชีวิตประจำวันตามคุณประโยชน์หลายประการ เช่น เพื่อผลทางเภสัชวิทยาสำหรับการช่วยให้นอนหลับ กระตุ้นการอยากอาหาร คลายกล้ามเนื้อ หรือกระตุ้นการไหลเวียนโลหิต นอกจากนี้ยังใช้ดื่มเพื่อสร้างความสดชื่น แก้กระหาย หรือร่วมกับการรับประทานอาหารในตอนเย็น รวมทั้งการกระตุ้นสภาวะอารมณ์ การดื่มและแอลกอฮอล์ยังถูกรับรู้ในฐานะตัวหล่อลื่นปฏิสัมพันธ์ทางสังคม ช่วยเสริมสร้างบรรยากาศของการพบปะสังสรรค์และความสัมพันธ์ระหว่างบุคคล ซึ่งหน้าที่สำคัญของการดื่มที่พบได้บ่อยในกิจกรรมทางสังคมและวัฒนธรรมได้แก่ การเฉลิมฉลอง การแสดงการต้อนรับ และการแลกเปลี่ยนซึ่งกันและกัน โดยในแต่ละกิจกรรมหรือโอกาส การดื่ม แอลกอฮอล์อาจแสดงหน้าที่ได้มากกว่าหนึ่งอย่าง

ช่วงเวลาของการดื่มนั้นอาจแตกต่างกันไปตามโอกาสของการดื่ม โดยทั่วไปแล้ว การดื่มในชีวิตประจำวันมักจะเป็นช่วงเวลาเย็นถึงกลางคืน ในงานบุญประเพณีที่ชาวบ้านส่วนใหญ่เข้าร่วม อาจมีการดื่มได้ตลอดงานโดยไม่จำกัดเวลา ส่วนในโอกาสพิเศษอาจดื่มกันในช่วงเวลาของการจัดงาน ซึ่งรวมทั้งในการต้อนรับขับสู้หรือในกิจกรรมทางสังคม

เครื่องดื่มแอลกอฮอล์ที่มีจำหน่ายและดื่มกันในหมู่บ้านมีหลากหลายชนิด โดยทั้งหมดเป็นเครื่องดื่มที่ผลิตเชิงพาณิชย์และมีการจำหน่ายทั่วทั้งประเทศ ชนิดที่ได้รับความนิยมมากที่สุดคือ เหล้าสีที่ผลิตในประเทศไทย ซึ่งโดยทั่วไปแล้วมักจะดื่มโดยการผสมกับโซดาพร้อมทั้งน้ำแข็งหรือโซดาและน้ำ สำหรับกลุ่มผู้หญิงอาจผสมกับโซดาและน้ำอัดลม (โคล่า) เครื่องดื่มแอลกอฮอล์ที่ได้รับความนิยมรองลงมา คือ เบียร์ ซึ่งก็นิยมดื่มโดยรินจากขวดใส่แก้วและน้ำแข็ง เหล้าขาว เป็นเครื่องดื่มที่มีความแรง 40 เปอร์เซ็นต์ ที่นิยมดื่มโดยตรง แต่ก็มีผู้ดื่มบางคนก็นิยมดื่มโดยการผสมกับเครื่องดื่มบำรุงกำลัง ไวน์คูลเลอร์ซึ่งมีแอลกอฮอล์ผสมอยู่ 5-7 เปอร์เซ็นต์ มีผู้นิยมดื่มไม่มากนัก ทั้งนี้การเลือกชนิดของเครื่องดื่มเป็นความขึ้นชอบส่วนบุคคล บางคนนิยมดื่มเพียงชนิดใดชนิดหนึ่งเท่านั้น ขณะที่บางคนอาจดื่มชนิดใดก็ได้ โดยไม่ได้ขึ้นอยู่กับโอกาสการดื่มหรือค่านิยมใดๆ

ผู้ดื่ม

เนื่องจากเครื่องดื่มแอลกอฮอล์มีจำหน่ายโดยทั่วไปและโอกาสการดื่มก็อาจเกิดขึ้นได้ตลอดเวลา จึงพบว่าจำนวนของผู้ดื่มเพิ่มมากขึ้นจากในอดีตทั้งเพศหญิงและชาย รวมถึงจำนวนผู้ดื่มเป็นประจำ ขณะที่ผู้ดื่มเป็นครั้งคราวก็มีแนวโน้มที่จะดื่มบ่อยขึ้นกว่าเดิม

ผู้ใหญ่บ้านได้ประมาณการณ์ว่าร้อยละ 90 ของผู้ชายในหมู่บ้านดื่มแอลกอฮอล์อย่างน้อยปีละครั้ง และมากกว่าครึ่งหนึ่งของจำนวนนี้ดื่มเป็นประจำอย่างน้อยสัปดาห์ละ 1-2 ครั้ง โดยที่กิจกรรมทางสังคมและงานบุญประเพณีเป็นโอกาสของการดื่มที่สำคัญของผู้ที่ดื่มเป็นประจำ ชาวชนวนิคของเครื่องดื่มที่ได้รับความนิยมในกลุ่มผู้ชาย ได้แก่ เหล้าสี ตามมาด้วยเหล้าขาวและเบียร์ โดยที่กลุ่มคนหนุ่มและวัยกลางคนนิยมดื่มเหล้าสีผสมโซดามากกว่าเบียร์และเหล้าขาว ส่วนผู้สูงอายุนิยมดื่มเหล้าขาวมากกว่าเหล้าสีเล็กน้อย สำหรับไวน์คูลเลอร์มีผู้ดื่มน้อยมาก และถึงแม้ว่าจำนวนผู้ไม่ดื่มจะค่อนข้างต่ำ การไม่ดื่มนั้นก็ไม่ได้เป็นการสร้างความไม่พอใจหรือความรังเกียจขึ้นกับผู้ดื่ม การตัดสินใจดื่มหรือไม่ดื่มนั้นเป็นที่ยอมรับกันว่าเป็นการตัดสินใจส่วนบุคคล

สำหรับกลุ่มผู้หญิง ประมาณร้อยละ 40 เป็นตัวเลขที่ผู้ใหญ่บ้านได้ประมาณการณ์ไว้ว่าเป็นผู้ดื่ม โดยส่วนใหญ่แล้วผู้หญิงจะดื่มเป็นประจำครั้งคราว แต่ก็มีจำนวนหนึ่งที่ดื่มเป็นประจำอย่างน้อยสัปดาห์ละครั้ง โดยทั่วไปผู้หญิงจะดื่มในปริมาณที่น้อยกว่าผู้ชาย และมักจะดื่มในแวดวงของสมาชิกครอบครัว ญาติพี่น้อง หรือเพื่อนสนิท กิจกรรมทางสังคมของส่วนรวม โอกาสพิเศษ และงานบุญประเพณีเป็นโอกาสการดื่มที่สำคัญ และในบางครั้งอาจดื่มมากกว่าปกติ สัดส่วนของผู้ดื่มเพศหญิงสูงขึ้นตามอายุ อย่างไรก็ตามสัดส่วนดังกล่าวกลับลดลงในกลุ่มอายุมากกว่า 50 ปี ชนิดของเครื่องดื่มที่ได้รับความนิยม ได้แก่ เบียร์ เหล้าสี และไวน์คูลเลอร์ โดยเบียร์และไวน์คูลเลอร์เป็นที่นิยมในกลุ่มอายุ 20 ปีโดยประมาณ กลุ่มอายุ 30 ปีถึง 40 ปีกว่าๆ ไปนิยมดื่มเบียร์และเหล้าสีผสมโซดาหรือโซดาและโคล่า ส่วนกลุ่มอายุ 40 กว่าปีขึ้นไป นิยมเหล้าสีผสมมากกว่าเบียร์

การดื่มของกลุ่มวัยรุ่นมักพบเห็นได้ในกิจกรรมชุมชนที่เกี่ยวข้องกับงานบุญประเพณี เช่น บุญพะเวด บุญสงกรานต์ หรืองานเลี้ยงปฐุตา งานฉลองวันคล้ายวันเกิดก็เป็นอีกโอกาสหนึ่ง โดยทั่วไปแล้วจะไม่พบเห็นวัยรุ่นที่ดื่มจนเมามา ยวัยรุ่นมักจะดื่มในปริมาณที่ไม่มากนักและอยู่ในสายตาของผู้ปกครองหรือผู้ใหญ่อื่นๆ เบียร์และไวน์คูลเลอร์เป็นเครื่องดื่มที่ได้รับความนิยมของกลุ่มนี้ ซึ่งประสบการณ์ตรงของการดื่มมักจะเกิดขึ้นในช่วงวัยรุ่นนี้และมีการดื่มน้อยขึ้นเมื่อเข้าสู่วัยผู้ใหญ่

เนื่องจากการดื่มพบเห็นได้อย่างเปิดเผยและทั่วไป การรับรู้และความคุ้นเคยต่อการดื่มจึงเกิดขึ้นได้บนพื้นฐานของชีวิตประจำวัน งานบุญประเพณีและกิจกรรมทางสังคมภายในหมู่บ้านเป็นโอกาสที่เล็กๆ และวัยรุ่นได้ซึมซับการปฏิบัติและบรรทัดฐานของการดื่มในชุมชน อาชีพหลักของชุมชนซึ่งเกี่ยวข้องกับการบริการอาหารและเครื่องดื่มก็เปิดโอกาสให้เกิดความคุ้นเคยได้ทุกวัน การเรียนรู้และการขัดเกลาทางสังคมต่อการดื่มจึงเกิดขึ้นได้ตั้งแต่ในวัยเยาว์ ผู้เยาว์สามารถเรียนรู้ทางอ้อมได้จากการอยู่ใกล้ชิดและสังเกตการดื่มของผู้ใหญ่ ความรื่นรมย์และความตื่นเต้นจากการดื่มที่สังเกตได้ เป็นแรงจูงใจให้ผู้เยาว์เข้ามาเกี่ยวข้องกับการดื่ม คาดหวังผลทางบวกและการ

สนับสนุนทางสังคม อย่างไรก็ตาม วัยรุ่นมักเริ่มต้นวิถีการดื่มภายใต้การกำกับของผู้ปกครองหรือผู้ใหญ่ ซึ่งจะถ่ายทอดและแนะนำแนวทางที่เกี่ยวข้องกับการดื่มโดยตรง

พฤติกรรมกรรมการดื่ม

โดยทั่วไปแล้ว คนในหมู่บ้านจำแนกพฤติกรรมกรรมการดื่มใน 3 มิติ ภายใต้บริบทการดื่มและการออกฤทธิ์ของแอลกอฮอล์ ได้แก่ ความถี่ของการดื่มหรือแบบแผนการดื่ม ระดับของอาการเมา และการดื่มแบบ “พอดี” หรือ “หนัก”

แบบแผนการดื่มสามารถจำแนกได้เป็น 4 กลุ่ม ตามการรับรู้ของชาวบ้าน กลุ่มผู้ไม่ดื่มอาจเป็นผู้ที่ไม่เคยดื่มเลย ดื่มนานๆ ครั้ง หรือดื่มเพียงเล็กน้อยในบางโอกาส ผู้ดื่มเป็นครั้งคราวมักจะหมายถึงกลุ่มที่ไม่ได้ดื่มทุกวัน ซึ่งอาจเป็น 1-2 ครั้งต่อสัปดาห์ ถึง 0-1 ครั้งต่อเดือน หรือดื่มเฉพาะในโอกาสสำคัญเท่านั้น ผู้ดื่มเป็นประจำเป็นผู้ที่ดื่มทุกวันหรือเกือบทุกวัน โดยไม่คำนึงถึงปริมาณที่ดื่ม ส่วนผู้ที่เลิกดื่มแล้ว หมายถึงผู้ที่หยุดดื่มมาเป็นเวลานาน หรือ เคยดื่มและหยุดไปแล้วแต่ยังมีจิบนานๆ ครั้งเพียงเล็กน้อย

“เมา” อาจหมายถึงการแสดงอาการที่ชัดเจนทั้งทางร่างกายและจิตใจ หรือเมื่อมีอาการเมาค้างในวันรุ่งขึ้น อาการเมาเล็กน้อยอาจแสดงด้วยคำว่า “ใกล้จะเมา” หรือ “เริ่มเมา” อย่างไรก็ตาม ผู้ดื่มอาจไม่ถูกระบุว่าเมาหรือเริ่มที่จะเมาตราบใดที่เขายังสามารถควบคุมพฤติกรรมหรือแสดงความรับผิดชอบได้อย่างเหมาะสม สำหรับการแสดงออกที่สนุกสนานมากกว่าปกติมักจะไม่ได้ถูกรับรู้ว่าเป็นส่วนหนึ่งของการเมา และในบางครั้งก็เป็นผลที่คาดหวังกจากการดื่ม

การดื่มแบบ “พอดี” หรือ “หนัก” ไม่ได้ถูกจำแนกด้วยปริมาณที่ดื่มต่อครั้ง ประเด็นสำคัญคือ ระดับของการเมาและความรับผิดชอบต่อภายหลังการดื่ม การดื่มที่พอดีอาจมีปริมาณที่แตกต่างกันไปตามบริบทของการดื่ม ซึ่งการดื่มในกิจกรรมทางสังคมหรืองานบุญประเพณีมักจะมีปริมาณที่สูงกว่าการดื่มในชีวิตประจำวัน การดื่มจึงหนักจึงใช้แสดงถึงการดื่มจนเริ่มแสดงอาการเมาแต่ยังสามารถที่จะรับผิดชอบต่อสิ่งต่างๆ ได้อย่างเหมาะสม

การรับรู้เกี่ยวกับการดื่มแอลกอฮอล์ใน “บ้านริมน้ำ”

โดยทั่วไปการดื่มแอลกอฮอล์ถูกยอมรับว่าเป็นส่วนหนึ่งของวิถีชีวิตหมู่บ้าน ชาวบ้านส่วนใหญ่เห็นพ้องกันว่า การดื่มนำมาซึ่งความรื่นรมย์และความเพลิดเพลินในชีวิต ส่งเสริมบรรยากาศของการปฏิสัมพันธ์ในสังคม เสริมสร้างความสัมพันธ์ระหว่างบุคคล อีกทั้งยังไม่ใช่ปัญหาของชุมชน การดื่มร่วมกันสามารถกระชับความสัมพันธ์และความสามัคคีในหมู่บ้าน ส่งเสริมความสัมพันธ์และความเหนียวแน่นของชุมชน ตลอดจนความสามัคคีทางเครือญาติ นอกจากนั้น การดื่มยังเป็นองค์ประกอบหรือบรรทัดฐานในกิจกรรมทางสังคมและวัฒนธรรมเกือบทั้งหมด และ

เป็นสิ่งจำเป็นสำหรับความสนุกสนานของงานหรือกิจกรรมส่วนรวม ซึ่งทั้งผู้ดื่มและผู้ที่ไม่ดื่มต่างตระหนักถึงผลทางบวกของการดื่มแอลกอฮอล์มากกว่าผลกระทบทางลบ

เป็นที่ยอมรับกันว่าการดื่มแอลกอฮอล์เป็นบรรทัดฐานหนึ่งของผู้ชายในชุมชน และได้รับการยอมรับมากขึ้นกว่าอดีตในกลุ่มผู้หญิง แต่ถึงกระนั้นก็ยังมิมีข้อจำกัดหลายประการสำหรับการดื่มเครื่องดื่มแอลกอฮอล์ในผู้หญิง พวกเขาถูกคาดหวังว่าไม่ควรดื่มบ่อยนัก ไม่ควรดื่มเพียงลำพัง และไม่ควรดื่มจนมีอาการเมา อีกทั้งยังเป็นการไม่สมควรสำหรับผู้หญิงคนหนึ่งจะเข้าร่วมดื่มในวงผู้ชาย ส่วนการดื่มของวัยรุ่นเองก็เป็นที่ยอมรับได้เฉพาะถ้าดื่มภายในขอบเขตของหมู่บ้าน ในโอกาสพิเศษ และภายใต้การดูแลของผู้ปกครองหรือผู้ใหญ่

สำหรับผลกระทบทางลบจากการดื่ม เช่น ปัญหาสุขภาพหรือปัญหาครอบครัว มักจะถูกมองว่าเป็นปัญหาส่วนบุคคล เมื่อเกิดอุบัติเหตุหรือการบาดเจ็บที่เกี่ยวข้องจากการดื่มก็มักจะเป็นตัวผู้ดื่มที่ถูกตำหนิสำหรับการไม่ระมัดระวังหรือความประมาท ไม่ใช่การดื่มของบุคคลนั้น และเนื่องจากการดื่มเป็นบรรทัดฐานของผู้ชาย พวกเขาจึงมีแนวโน้มที่จะยอมรับและอดกลั้นต่อพฤติกรรมที่เกี่ยวข้องจากการดื่มมากกว่าผู้หญิง ระหว่างกลุ่มผู้ดื่มและผู้ไม่ดื่มก็อาจรับรู้พฤติกรรมที่เกี่ยวข้องจากการดื่มแตกต่างกันไป ผู้ที่ไม่ดื่มมีแนวโน้มที่จะมองว่าการขาดความรับผิดชอบต่อครอบครัวหรืออุบัติเหตุเป็นผลพวงของการดื่มเครื่องดื่มแอลกอฮอล์ ในทางตรงกันข้ามผู้ดื่มก็มักจะเชื่อมโยงเหตุการณ์หรือพฤติกรรมนั้นเข้ากับลักษณะนิสัยหรือความประมาทเล็กน้อยมากกว่าที่จะคานึงว่าเป็นผลพวงจากการดื่ม

ผู้ดื่มที่ดีหรือการดื่มแบบปกติตามความหมายของชาวบ้าน เน้นที่ความรับผิดชอบของผู้ดื่มในบริบทการดื่มนั้นๆ แต่ไม่ใช่โดยปริมาณการดื่มต่อครั้งหรือแบบแผนการดื่ม การดื่มแบบเป็นปัญหาถูกนิยามจากเหตุขัดข้องในความรับผิดชอบส่วนบุคคลที่เหมาะสมทั้งในระหว่างและหลังการดื่ม รวมทั้งความสามารถในการควบคุมพฤติกรรมตนเอง ความถี่ของอาการเมาอย่างชัดเจน ตลอดจนผลกระทบทางลบที่อาจเกิดขึ้นต่อความเป็นอยู่ที่ดีของครอบครัวหรือสังคม และภาระหน้าที่ส่วนบุคคล ซึ่งผู้ดื่มจะถูกจำแนกว่าเป็น “ผู้ดื่มที่เป็นปัญหา” เมื่อเขาเหล่านั้นมีการเมาและไม่สามารถที่จะแสดงความรับผิดชอบอยู่บ่อยครั้ง หรือมีพฤติกรรมการดื่มแบบเป็นปัญหาอยู่บ่อยครั้ง

การควบคุมทางสังคมต่อการดื่ม

การควบคุมทางสังคมต่อการดื่มสามารถแบ่งได้เป็นการควบคุมแบบไม่เป็นทางการและการควบคุมอย่างเป็นทางการ ซึ่งต่างก็ส่งผลกระทบต่อการดื่มทั้งในระดับบุคคลและระดับสังคม โดยพบได้ว่าการควบคุมการบริโภคแอลกอฮอล์ในหมู่บ้านมีความเข้มแข็งมากที่สุดในระดับบุคคล ขณะที่การควบคุมในระดับครอบครัวและชุมชนยังไม่มีที่ชัดเจนนัก ส่วนการปฏิบัติตาม

กฎหมายยิ่งเกิดขึ้นน้อยมากในขอบเขตของหมู่บ้าน ข้อบังคับต่างๆ มักถูกใช้เพียงเป็นการเตือนมากกว่าที่จะปฏิบัติตามอย่างจริงจัง

ในระดับบุคคล การรับรู้และทัศนคติต่อการดื่มหรือบรรทัดฐานของการดื่ม ตลอดจนบริบทของบุคคล สามารถควบคุมหรือจำกัดพฤติกรรมการดื่มได้ในลักษณะของการควบคุมแบบไม่เป็นทางการ ซึ่งเป็นได้ทั้งในการลดความถี่และปริมาณการดื่ม หลักสำคัญของการควบคุมในระดับบุคคลคือ “คุณดื่มได้ก็ต้องดูแลรับผิดชอบได้” ส่วนแนวคิดอื่นซึ่งมีความเกี่ยวข้องกันได้แก่ “ถ้าจะดื่มก็ต้องรู้จัก (ประเมิน) ตัวเอง” “ถ้าดื่มก็อย่าให้มามากนัก” และ “การเมาบ่อยๆ ไม่ใช่สิ่งที่ดี” โดยทั่วไปนั้น การเมาอย่างชัดเจนไม่เป็นที่ยอมรับของคนในหมู่บ้าน การเมาในระดับหนึ่งอาจยอมรับได้ในโอกาสของการเฉลิมฉลองหรือโอกาสสำคัญ เช่น งานฉลองแต่งงาน งานบวช และงานบุญประเพณี ข้อจำกัดของการดื่มสำหรับผู้หญิงและวัยรุ่นก็มีอิทธิพลเช่น บรรทัดฐานของการดื่มสำหรับสองกลุ่มนี้

การหยุดดื่มอาจมองได้ว่าเป็นการควบคุมการดื่มทั้งในระดับบุคคลและระดับสังคม มีปัจจัยหลายประการที่สามารถส่งเสริมและประคับประคองระยะเวลาการหยุดดื่ม ปัจจัยสำคัญคือสภาวะร่างกาย ทั้งในด้านความสบายและปัญหาสุขภาพ การหยุดชั่วคราวอาจเกิดขึ้นเมื่อผู้ดื่มรู้สึกถึงความไม่ปกติสุขของร่างกายหรือต้องการพักผ่อนร่างกายภายหลังการดื่มเป็นระยะเวลาหนึ่ง อย่างไรก็ตาม พวกเขาก็มักจะกลับไปดื่มอีกครั้งเมื่อรู้สึกว่าร่างกายของตนเองกลับมาเป็นปกติ ปัญหาสุขภาพหรือภาวะเจ็บป่วยก็อาจเป็นเหตุสำหรับการหยุดดื่มเป็นระยะเวลานานกว่านั้นหรือการเลิกดื่มไปเลย ซึ่งการแนะนำให้หยุดดื่มอย่างจริงจังของผู้ให้บริการทางสาธารณสุขหรือแพทย์มักจะส่งผลอย่างมากต่อผู้ดื่มที่มีปัญหาสุขภาพ อายุที่มากขึ้นก็เป็นอีกสาเหตุหนึ่งของการหยุดดื่ม โดยเฉพาะอย่างยิ่งเมื่อประกอบกับภาระความรับผิดชอบที่เพิ่มมากขึ้น นอกจากนี้ ความเชื่อทางศาสนาและวิญญาณก็อาจช่วยเสริมแรงจูงใจโดยการกล่าวคำสาบานต่อพระสงฆ์หรือปู่ตา

ในระดับชุมชน แรงกดดันทางสังคมที่มีต่อผู้ดื่มที่เป็นปัญหาพบเห็นได้น้อยมาก ดูเหมือนว่าผู้ดื่มลักษณะนี้จะเป็นความรับผิดชอบของบุคคลหรือครอบครัวนั้นๆ มากกว่าความกังวลของสาธารณชน การโน้มน้าวหรือการบังคับให้แสวงหาการรักษาแทบจะไม่ได้รับการกล่าวถึงจากบุคคลอื่น อีกทั้งยังไม่มีข้อตกลงของชุมชนหรือมาตรการที่ชัดเจนในการจัดการกับผลกระทบที่เกี่ยวข้องเนื่องจากการดื่มในระดับท้องถิ่น

นโยบายการควบคุมเครื่องดื่มแอลกอฮอล์จะส่งผลกระทบต่อพฤติกรรมการดื่มในหมู่บ้านไม่มากนัก นโยบายแห่งชาติมีผลต่อการบริโภคเครื่องดื่มแอลกอฮอล์ของคนในชุมชนน้อยกว่าการรับรู้ทางวัฒนธรรมและบรรทัดฐานการดื่มที่มีการใช้ร่วมกันและได้รับการยอมรับในระดับท้องถิ่น ถึงแม้ว่าชาวบ้านส่วนใหญ่จะรับรู้ว่ามีมาตรการการควบคุม แต่ส่วนใหญ่ก็ไม่

สามารถอธิบายรายละเอียดของมาตรการดังกล่าวได้ พวกเขาไม่ทราบถึงระยะเวลาการจำหน่ายที่แน่ชัด บางคนไม่ทราบถึงอายุขั้นต่ำที่กฎหมายอนุญาต ขณะที่เครื่องดื่มแอลกอฮอล์สามารถซื้อหาได้ตลอดเวลาที่ร้านค้ายังเปิดอยู่ ผู้เยาว์ในหมู่บ้านสามารถซื้อเครื่องดื่มแอลกอฮอล์ทุกชนิดได้โดยไม่มีการสอบถามจากเจ้าของร้าน ทั้งนี้ มาตรการทางกฎหมายมักจะบังคับใช้กับบุคคลภายนอกหรือลูกค้าของร้านอาหารที่หาคนมากกว่ากับชาวบ้านด้วยกัน ชาวบ้านมักจะปฏิบัติตามกฎหมายก็ต่อเมื่อออกไปภายนอกหมู่บ้านแล้ว

บทสรุป

การศึกษาเชิงชาติพันธุ์วรรณาที่ “บ้านริมน้ำ” แสดงให้เห็นถึงการประกอบสร้างทางสังคมของการดื่มเครื่องดื่มแอลกอฮอล์และโลกของผู้ดื่มในเชิงวัฒนธรรม ซึ่งอาจกล่าวได้ว่าวัฒนธรรมการดื่มเครื่องดื่มแอลกอฮอล์ในหมู่บ้านนี้เป็นการดื่มที่ได้รับอนุญาตอย่างเปิดเผย (permissive drinking culture) ทั้งนี้ก็เนื่องจากทัศนคติและบรรทัดฐานของการดื่ม ความหลากหลายของประโยชน์ใช้สอยและหน้าที่ทางสังคม และการสอดแทรกเข้าไปในหลายแง่มุมของวิถีชีวิตของหมู่บ้าน มีบทบาททั้งในกิจกรรมส่วนบุคคล สังคม และส่วนรวม ถึงแม้ว่า “บ้านริมน้ำ” จะไม่สามารถเป็นตัวแทนของวัฒนธรรมอีสานทั้งหมดได้เนื่องจากลักษณะเฉพาะของหมู่บ้าน แต่อย่างน้อยก็ได้แสดงให้เห็นว่ายังมีวัฒนธรรมการดื่มแบบเปิดเผยเช่นนี้อยู่ในสังคมอีสาน และเป็นวัฒนธรรมย่อยหนึ่งในสังคมไทย

เครื่องดื่มแอลกอฮอล์และการดื่มเป็นส่วนประกอบหนึ่งในกิจกรรมทางสังคมและวัฒนธรรม เป็นความรื่นรมย์และความเพลิดเพลินของชีวิต และมีบทบาทสำหรับปฏิสัมพันธ์ทางสังคม หน้าที่ทางสังคมและนัยยะของการดื่มเป็นสิ่งที่รับรู้ได้จากประสบการณ์ตรงในชีวิต ชาวบ้านมีแนวโน้มที่จะรับรู้ถึงผลลัพธ์ทางบวกของการดื่มมากกว่าผลกระทบทางลบ ในขณะที่ทัศนคติเชิงบวกได้สนับสนุนและส่งเสริมการดื่มในหมู่บ้าน รวมทั้งการดื่มหนัก แต่บรรทัดฐานการดื่มหลายประการก็ช่วยลดโอกาสของปัญหาและอันตรายที่อาจเกิดตามมา การดื่มแบบพอดีตามนัยยะของชาวบ้านเป็นพฤติกรรมที่พบเห็นได้มากกว่าการดื่มหนักหรือการเมาอย่างชัดเจน ดังนั้น ความเดือดร้อนทางสังคมจากผลกระทบเชิงลบที่เกี่ยวข้องกับแอลกอฮอล์และปัญหาการดื่ม – จากเสียงส่วนใหญ่ของชุมชน – จึงอยู่ในระดับต่ำ

การรับรู้และความเข้าใจเกี่ยวกับการดื่มแอลกอฮอล์ของชาวบ้านและค่านิยมของนักวิชาการสาธารณสุขมีความแตกต่างกันในหลายประเด็น การตีความและความหมายที่เกี่ยวข้องซึ่งถูกส่งผ่านและเรียนรู้จากประสบการณ์ตรงและการขัดเกลาทางสังคม ล้วนแล้วแต่เป็นผลพวงของบริบททางวัฒนธรรม ประวัติศาสตร์ของสังคม และแบบแผนการดื่มส่วนใหญ่ของสังคมนั้นๆ

ซึ่งความแตกต่างดังกล่าวนี้ปรากฏชัดในด้านการจำแนกแบบแผนการดื่มของผู้ดื่มเอง คำนิยามของพฤติกรรมการดื่มหรือผลกระทบจากการดื่ม รวมทั้งปฏิภนของสังคมต่อการดื่มและผลกระทบ

การควบคุมการบริโภคเครื่องดื่มแอลกอฮอล์ในหมู่บ้านเกิดขึ้นโดยการขัดเกลาทางสังคมในชีวิตประจำวันเป็นหลักใหญ่ บรรทัดฐานการดื่มซึ่งเป็นภาพสะท้อนของการรับรู้ ทัศนคติ และการให้คุณค่า ได้ถูกนำมาปฏิบัติและใช้ร่วมกันในหมู่บ้าน อีกทั้งยังได้รับการยอมรับและสอดคล้องกับวิถีชีวิตเช่นเดียวกับบรรทัดฐานอื่นๆ ของชุมชน นอกจากนี้ ข้อปฏิบัติแบบไม่เป็นทางการนี้ยังเกิดผลต่อการควบคุมการดื่มของคนในหมู่บ้านมากกว่ากฎข้อบังคับที่มาจกนโยบายแอลกอฮอล์แห่งชาติ ถ้าปราศจากการควบคุมที่เหมาะสมจากบรรทัดฐานทางวัฒนธรรมและค่านิยมที่มีต่อการดื่มแบบเป็นปัญหาแล้ว แบบแผนการดื่มที่อาจเป็นปัญหาและผลกระทบทางลบที่ตามมา ก็คงเป็นสิ่งที่หลีกเลี่ยงได้ยาก

ปัจจัยสำคัญที่สามารถควบคุมหรือลดการปริมาณการดื่ม ได้แก่ การรับรู้เกี่ยวกับการดื่มและบริบทการดื่มที่เหมาะสม รวมทั้งบริบทส่วนบุคคล การเปลี่ยนแปลงพฤติกรรมอาจเกิดขึ้นได้จากสภาพการณ์ของเครือข่ายทางสังคม โดยเฉพาะเมื่อเกี่ยวข้องกับบุคคลที่มีความสำคัญกับผู้ดื่ม สำหรับผู้ดื่มบางคน ซึ่งความรับผิดชอบที่มีต่อผู้อื่น ครอบครัว หรือหน้าที่การงาน ก็อาจเป็นเหตุให้บุคคลนั้นลดระดับการดื่มลงได้

วัฒนธรรมการดื่มของท้องถิ่นอาจเป็นตัวควบคุมการตระหนักถึงผลกระทบทางลบจากการดื่มในระดับสังคม การสอดคล้องเข้ากับวิถีสังคมวัฒนธรรมและความถี่ของโอกาสการดื่มก็เป็นปัจจัยที่ส่งผลให้ชุมชนเกิดความอดทนต่อการดื่มและพฤติกรรมที่เกี่ยวข้องได้ เมื่อเป็นเช่นนี้ การสังเกตเห็นปัญหาที่เกี่ยวข้องกับการดื่มในระดับบุคคลอาจช้ากว่าที่ควร ปฏิภนของสังคมต่อปัญหาก็อาจมีในวงจำกัด และเป็นการยากที่จะยกประเด็นดังกล่าวเข้าสู่การตระหนักของชุมชนหรือการเป็นปัญหาสังคม ซึ่งสิ่งเหล่านี้ล้วนมีความสำคัญต่อความสำเร็จของนโยบายระดับท้องถิ่นในการลดหรือป้องกันผลกระทบที่ตามมาจากการดื่ม ดังนั้นจึงเป็นความท้าทายที่จะทำอย่างไรเพื่อให้ผู้ดื่มในวัฒนธรรมเช่นนี้ได้ตระหนักถึงศักยภาพด้านลบ เพิ่มการตระหนักถึงผลกระทบทางลบที่เกิดขึ้น แต่ยังคงสามารถดื่มได้โดยมีผลกระทบทางลบน้อยที่สุด

ถึงแม้ว่ามาตรการควบคุมเครื่องดื่มแอลกอฮอล์และการบังคับใช้กฎหมายจะเป็นที่กลยุทธ์ที่มีประสิทธิภาพในการป้องกันผลกระทบทางลบในหลายสังคม แต่ก็อาจจะไม่ใช่วิธีเลือกที่เหมาะสมนักสำหรับวัฒนธรรมที่ยอมรับการดื่มอย่างเปิดเผย ความพยายามที่จะลดปริมาณการดื่มในภาพรวมหรือชี้ให้เห็นถึงผลกระทบทางลบอาจถูกทำลายโดยการรับรู้และความเชื่อของคนในท้องถิ่น การเสริมสร้างความแข็งแกร่งของบรรทัดฐานการดื่มที่สนับสนุนการดื่มที่เหมาะสมและเกิดผลกระทบทางลบน้อยที่สุดอาจเป็นทางเลือกอีกทางหนึ่ง โดยเฉพาะในสังคมที่ความสัมพันธ์

ทางเครือญาติและความสัมพันธ์ส่วนบุคคลยังเข้มแข็ง ตลอดจนการให้ความสำคัญต่อชุมชนโดยรวม บทบาทเชิงวัฒนธรรมของการดื่มและบรรทัดฐานของท้องถิ่นควรได้รับการหยิบยกขึ้นมาพิจารณาร่วมกันกับนโยบายการควบคุมเครื่องดื่มแอลกอฮอล์ นอกจากนี้ ความสัมพันธ์ที่เข้มแข็งของคนในชุมชนยังสามารถสนับสนุนกลไกเชิงบรรทัดฐานเกี่ยวกับการดื่ม และเสริมพลังการต่อต้านหรือการลงโทษทางสังคมที่มีต่อพฤติกรรมกรรมการดื่มที่ไม่เหมาะสม

เนื่องจากการบริโภคเครื่องดื่มแอลกอฮอล์เป็นส่วนหนึ่งของวิถีชีวิตหมู่บ้านและการเรียนรู้การดื่มก็เกิดขึ้นได้ตลอดเวลา การให้ความรู้เกี่ยวกับแอลกอฮอล์แบบไม่เป็นทางการจึงควรได้รับความสนใจมากขึ้น ซึ่งข้อมูลหรือคำแนะนำใดๆ ก็ควรต้องให้ความสำคัญกับการรับรู้และความเชื่อของคนในชุมชน โดยเฉพาะการรับรู้เกี่ยวกับความเสี่ยงและประโยชน์จากการดื่ม

ปัญหาสุขภาพก็เป็นอีกประเด็นหนึ่งที่น่าจะมีบทบาทในการให้ความรู้เกี่ยวกับผลของแอลกอฮอล์ ผู้คนโดยทั่วไปอาจกล่าวขานกันถึงความสัมพันธ์ของการดื่มกับภาวะสุขภาพหรือโรค แต่ก็มักจะไม่ใช่ใจอย่างถ่องแท้ ข้อมูลที่จำเพาะเจาะจงและแสดงความสัมพันธ์ที่ชัดเจนจะช่วยให้บุคคลนั้นเข้าใจถึงบทบาทของแอลกอฮอล์ที่มีต่อโรคหรือปัญหาสุขภาพที่เผชิญอยู่ การให้ข้อมูลและการพูดคุยกันในช่วงเวลาที่เหมาะสมเช่นนี้อาจสร้างความตระหนักให้กับผู้ป่วยและนำไปสู่การเปลี่ยนแปลงพฤติกรรมกรรมการดื่ม ซึ่งจะเป็นประโยชน์ต่อการป้องกันผลกระทบทางลบที่ตามมา ตลอดจนการส่งเสริมสุขภาพโดยรวม

EXECUTIVE SUMMARY

Drinking and drinking contexts are usually social acts and usually associated with social activities. Drinking behaviors are a learning process that is culturally determined and shaped by historical context and socio-economic environments. Drinking patterns are affected by the position of drinking in the culture, the prevalent drinking customs among individuals or different groups and in different settings, the norms regarding drinking behaviors by society, and the relationship of drinking to other aspects of the culture. Drunkenness also express culture as it takes the form of a highly patterned, learned compoment which varies from culture to culture. The system of social control on drinking could be viewed as a part of the overall cultural position of drinking. There is a relationship between cultural modes of social control of drinking and cultural definition concerning the nature of drinking related problems and the means of their handling.

The identification of contexts of alcohol use and drinking norms within a culture, how people in the community perceive about drinking and related behaviors, how people identify abnormal drinking, and the way people respond to drinking consequences, can provide a useful guide to effective community action that fits to local priorities and be sensitive to local culture. It could be used to monitor the impact of the national alcohol policies on alcohol drinking and related behaviors. Trends and shifts in drinking culture can also provide important implications for alcohol policy and public education.

Objectives

This ethnographic study aimed to explain the sociocultural context of alcohol consumption of people in a Thai-Isaan community. The study focused on drinking contexts, perceptions and meanings of alcohol drinking and drinking-related behaviors, and social control related to consumption.

Methodology

A suburban village in Ubon Ratchathani province (*Ban Rim Nam* - pseudonym) was purposefully selected. Data were collected during January 2008-January 2009. Several data collection methods were employed including participant observation in everyday life and community activities, field note taking, photography, informal interview, and in-depth interview. Throughout the year, 80 events were participated and observed. More than 80 people involved in informal interview including the drinkers, spouses or family members of the drinkers, abstainers, the elderly, the host of the events and others people in the events. Key informants for in-depth interview included 13 men and 2 women. The characteristic of key informants encompassed the drinkers with various drinking patterns, lifetime abstainers, and former drinkers. Data were analyzed by content analysis and thematic analysis.

Results

'*Ban Rim Nam*' is 15 kilometers from municipal center and located on the bank of a river with a sandy beach. The village has a history of more than one hundred years. Villagers who live here at the present time are third generation and all are Buddhist. Most people were born and have lived in the village most of their life. Only small number migrated into the village by marriage. In 2008, around 900 people live in the village, with 73.8% \geq 18 years old. The physical and economic conditions of the village have gradually transformed into an urban and modern life but several aspects of village life still carry on in a traditional way. Many rites and custom are kept on. Today, most people are in the food and drink service business – working in traditional Isaan restaurants on bamboo rafts on the beaches and the banks of the river – and in fisheries or fishing. A small number of people work outside the village, for instance, as construction laborers, company employees, or civil servants.

Alcohol consumption at *Ban Rim Nam* has a long history. It can be divided into three periods according to types of beverage that they consumed; 1) home fermented rice wine or *Satho* – at the time of foundation, 2) moonshine production (illegal distilled alcoholic beverage) – around 60 years ago, 3) commercial alcoholic

beverages – in early 1980s. The changes in preferred type of alcoholic beverage are influenced by social contexts and major occupation of villagers.

Current drinking contexts

Alcohol consumption is woven into the village life in various ways. Drinking in *Ban Rim Nam* seems to be permitted overtly. Drinking occasions for villagers can be divided into 3 categories; 1) drinking in everyday life, 2) drinking in social activities and special occasions for significant moment of life cycle, and 3) drinking in traditional rites particularly in *Boun Phawet*, *Boun Songkran*, and *Pu Ta* worship. Both sexes and several generations may participate in drinking-related activities, whether they drink or not. Drinking places on every occasion are visible to the others. In a public activity or a traditional annual rite, alcohol drinking mainly occurs in public spaces and both men and women can join together. Although it is a personal occasion, the drinking group usually appears in an open space where it can be easily seen.

In everyday life, alcohol has various use-values. Alcohol can be used for medicinal purpose in everyday life as a sleep inducer, appetite enhancement, and muscle relaxation, or for good blood circulation. It is also consumed for thirst quenching or refreshment, and accompany a meal particularly in the evening. It may be used for mood enhancement in daily life. A social lubricant is perceived as the major function of alcohol drinking to facilitate socializing and to enhance interpersonal relationship. The common functions of drinking in social and cultural occasions are celebration, hospitality, and reciprocity. Drinking can serve more than one function on an occasion.

Drinking times vary by the nature of occasions. In everyday life, drinking time is usually from the evening until night-time. Alcohol is consumed throughout the day at cultural events when most villagers are involved. Drinking can occur at the time of specific social events. For sociability and hospitality, alcohol may be offered and consumed at any time.

Several types of alcoholic beverages are sold and consumed in the village. All drinks are commercial produced which are distributed throughout the country. The most common type of beverage is Thai brand whisky. In general, whisky is drunk by mixed with ice and soda water, or soda and still water. Women may mix whisky with

soda water and cola drink. Beer is the second preferred drink. Beer drinkers usually pour it from a bottle into a glass with ice. *Lao Khao* is a local colorless distilled liquor which contains 40% of alcohol. *Lao Khao* is usually consumed straight from a bottle but some people may mix with energy drink. Another type of beverage is wine cooler which contains 5%-7% of alcohol. It is consumed by a small number of people in the village. Choice of beverage is a personal preference. Some people may drink any type of alcoholic beverages, but some may consume only a specific type or specific brand of beverage. Any type of beverage can be consumed on a drinking occasions, depending on the preference of the people who participate in the occasion.

The drinkers

Alcoholic beverages seem to be available at any time and drinking occasions occur more than previously. The number of drinker has also increased in both sexes. Regular drinkers have increased in numbers and the occasional drinkers tend to drink more frequently.

The headman estimated that around 90% of adult males in the village consumed alcohol at least once a year and more than half of them drank at least once a week. More than half of male drinkers drink regularly, at least 1-2 times a week. Social and cultural events are the primary opportunity for occasional drinkers to drink. The most common type of beverage among men is whisky followed by *Lao Khao* and beer. Young men and middle aged men drink whisky with soda more often than beer and *Lao Khao*. Among elders, *Lao Khao* seems to be preferred to whisky and beer. Wine coolers are rarely consumed among male drinkers. Although the number of adult men who abstain is quite low, their abstention is not considered to be offensive by male drinkers. To drink or not to drink is accepted as the decision of each individual.

For women, around 40% of adult females were estimated by the headman to be the drinkers. Most women are occasional drinkers, but a number of women drink at least once a week. Women drink in a lesser volume per occasion than men, and usually drink with family members, relatives, or close friends. Community activities, special occasions, and cultural events provide them to drink in a larger amount than usual. The proportion of women who drink generally increased with age, but decreased among women over the age of 50. The preferred drinks for women are beer,

followed by whiskey. Women in their 20s usually drink beer or wine cooler; among those aged 30 to more than 40, beer is preferable to whiskey with soda or cola mixers; but from the mid forties older, whisky with mixers and beer are preferable.

Adolescent drinking usually occurs in communal activities associated with religious or cultural events such as *Boun Phawet*, *Boun Songkran*, and *Pu Ta* worship. Birthday parties are another occasion. In general, drunken adolescents are not visible. They usually drink to a limited amount and in the eye of the elders. Beer and wine coolers are the favorite drink among adolescents. The first direct experience with alcohol consumption is usually in adolescence. They usually consume overtly when they are in late adolescence or young adulthood.

Familiarization with drinking occurs on an everyday basis as drinking is overt and easy visible. Many rites, custom, and social events in the village provide opportunities for children and adolescents to assimilate the drinking practice. The major occupation of villagers, which associated with food and drink services, also provides them the opportunities to be acquainted with drinking. These circumstances influence learning and socialization about drinking from early in life. The young can indirectly learn about drinking behaviors by observing and participating in the drinking groups. By observation of enjoyment and excitement of alcohol's effects can induce the young to become involved in alcohol drinking and to expect the positive consequences and social reinforcement. They usually begin their drinking career within the circumstance of elders or in front of their parents who directly guide and teach them to drink.

Drinking behaviors

Villagers define drinking behaviors into 3 dimensions according to drinking contexts and physiological effects of alcohol. The first is frequency of drinking or drinking pattern. The second is the level of drunkenness. The third dimension is defined in term of moderate and heavy drinking.

Drinking pattern, by lay definition, can be classified into 4 groups. Abstainer is a person who has never drunk, infrequent drinkers, or a person who drinks only a little amount at an occasion. Occasional drinker is used to define a person who dose not drinks every day. It can range from 1-2 times a week to 0-1 time a month, or only on special occasions. Regular drinker is one who drinks every day or nearly every day

regardless of volume of drinking. Former drinker is a person who stopped drinking for a long duration or rarely drinking in a small volume.

‘Drunk’ represent either an overt level of physiological and psychological intoxication, or someone who get a hangover in the morning after. Some degree of intoxication may be perceived as ‘being drunk’ or ‘begin to get drunk.’ However, drinkers may not be defined as being drunk if they can control their behaviors or take their responsibilities appropriately. Euphoric effect of alcohol is not perceived as drunkenness, and sometimes it is a desirable effect for drinkers.

Moderate and heavy drinking is not differentiated by volume that one drinks per episode. The focus of distinction between moderate and heavy drinking is the level of drunkenness and responsibility after consumption. Moderate drinking can vary in volume of consumption by the drinking context. Moderate drinking in social activities or traditional rites is higher in volume than consumption in daily life. Thus, heavy drinking is used to mean drinking until they get some degree of drunkenness but still take their responsibility properly.

Perceptions of alcohol drinking at *Ban Rim Nam*

Drinking is generally accepted as the way of village life. Most villagers agree that drinking bring them an enjoyment of life, promote the atmosphere of socializing, enhance interpersonal interaction, and it is not a problem in community. Drinking tends to intensify harmonious relations among the villagers, promote social cohesion, and affirm social relationships and kinship ties. Alcohol drinking in the village is regarded as a norm in most social and cultural occasions. It is considered to be necessary for the enjoyment of festive and communal events. The positive outcomes from consumption tend to be realized, among both drinkers and non-drinkers, more than the negative consequences.

There is an acceptance that alcohol consumption is a norm of adult men and it is more acceptable than previously among adult women. But, the restrictions of alcohol consumption among women are still evident. Women are expected to drink infrequently, should not drink alone, and do not get drunk. It is inappropriate if a woman drink with a group of men. Adolescent drinking is seemed to be acceptable if they drink in community contexts, on a special occasion, and in front of their parents or in the presence of other elders.

In general, negative consequences are considered as the responsibility of the person who drinks, and this includes health problems and family disruption. When an alcohol-related accident or injury occurs, it is the drinker who is blamed for his carelessness, not the drinking. As drinking is accepted as a norm for men, they appear to accept and tolerate drinking-related behaviors more than women. A drinker and an abstainer also perceive about alcohol-related behaviors differently. Abstainers tend to perceive lack of responsibility for family obligations and accident as the consequences of drinking. In contrast, the drinkers tend to associate the incidents and those behaviors with personal character or carelessness, but not with alcohol-related consequences.

Problematic drinking is defined by the interference in personal responsibility during and after drinking session and the ability to control their behaviors, frequency of an overt drunkenness, and the negative effects that drinking can have on social well-being or family and work obligations. One can be defined as a problem drinker if he/she frequently gets drunk and can not take the responsibilities or frequently behave in a problematic drinking style. Therefore, normal drinking or a good drinker according to the villagers' meaning emphasizes the responsibility of the drinker along with the drinking context but not volume per episode or drinking pattern.

Social control of alcohol consumption

Social control of alcohol consumption can be divided into informal and formal controls which influence alcohol drinking at both individual and societal level. Informal control includes the appropriateness of drinking practices and drinking-related behaviors in various contexts. Formal social control refers to regulation by the laws associated with alcohol policy or community consensus. Control of alcohol drinking tends to be strong at the individual level. At the family and community level, control of consumption seems to be loosely exercised. Compliance with the law infrequently occurs within the village. Regulations are often used only as a warning but not strongly exercise.

Several perceptions about drinking and attitudes or drinking norms, as well as individual contexts can limit or control alcohol consumption at the individual level as informal type of control. These factors can curtail drinking practice, both in term of frequency and volume of consumption. The core of control at individual level is the

concept that “*you can drink but you must take responsibility.*” Other norms which derived from the core concept are; *if you drink you need to assess your drinking ability; when you drink you should not get (overtly) drunk; and frequent drunkenness is not a good practice.* In general, overt drunkenness is not accepted. Some degree of drunkenness may be accepted in occasions associated with great celebrations or festivities such as wedding party, ordination ceremony, and some traditional rites. Restrictions of drinking among women and adolescents also influence drinking practices as drinking norms among these groups.

Quitting can be considered as both individual and societal control. Several factors can be facilitated and maintained duration of abstinence. The primary concern of most drinkers is individuals’ health and well-being. Temporary quitters may quit because they feel not well or think about physical rehabilitation after a long duration of consumption. Nevertheless, they usually turn back to drink again when they regain their physical conditions. For the long-duration quitters and the former drinkers, health problem or illness can be the reason for quitting or abstinence. Serious advice to quit from healthcare providers, particularly a physician, also has a strong effect on the drinkers who have a health problem. Increasing age is another factor particularly when it is concomitant with increasing responsibility. Buddhism and animism can reinforce their motivation by making a vow by *Pu Ta* or Buddha.

At community level, social pressure on problem drinkers is rarely appeared. It seems to be a personal responsibility or family business rather than public concern. Coercion or persuasion for treatment seeking is not prevalence. There is not any community consensus or explicit measure in dealing with local alcohol-related consequences.

Alcohol control policies seem to less influence drinking practice in the village. National policies tend to affect the villagers’ drinking less than cultural perceptions and local drinking norms which are widely recognized and shared. Although most adults in the villages recognize alcohol regulation measures, many of them cannot describe details of such the measures. They do not know definitely about selling time and minimum legal age. Alcoholic beverages can be purchased at any time that grocery stores still open. The young in the village can buy all kind of drinks without any question. Drink-driving within the village boundary is common for most

villagers. Most legal measures are enforced for outsiders or customers of restaurants but not villagers. Enforcement from official agency such as police is in limitation. Conformity to alcohol regulations usually occur when they are outside the village.

Conclusion

The ethnographic study at *Ban Rim Nam* revealed the social construction of alcohol consumption in a particular society and the world of the drinkers within the culture. In general, alcohol consumption in the village could be classified as a permissive drinking culture because of attitudes and drinking norms, use-values, and the integration into several aspects of villagers' life. Alcohol played a role in both personal and social occasions and had many social functions from past to present. Although it might not represent drinking culture in all Thai-Isaan culture because of unique characteristic of the village, to some extent, it could demonstrate that there was a permissive drinking culture as a subculture in Thai society.

Alcoholic beverages and drinking take part in several social and cultural events as an enjoyment of life and essentials for socializing. Social functions are recognized by direct experience in real life of people. Villagers tend to perceive positive outcomes of drinking more than negative consequences. While positive attitudes promote alcohol consumption and encourage heavy drinking, drinking norms can facilitate reduction of harms' potential. Moderate drinking, by lay definition, is more evident than heavy drinking with overt intoxication. Therefore, social distresses from negative alcohol-related consequences and alcohol consumption problems are low, at least from the community consensus.

There are several differences between perceptions of lay people and public health's definitions from scholars and health professionals. Interpretations and meanings of alcohol drinking which are passed and learned by direct experiences and socialization are derived from cultural contexts, societal history, and prominent drinking pattern in the society. The differences between lay people and public health criteria are obvious in self-identification, societal defining either drinking behaviors or consequences, and societal responses.

Control of alcohol consumption is primarily learned by socialization in everyday life. Drinking norms – as a reflection of values, perceptions and attitudes

toward alcohol drinking – are shared and practiced among the villagers. It is accepted and integrated into the village life as same as other norm of the society. These unofficial rules have an impact on constraining drinking behaviors in the village more than regulation from alcohol policies. Without restraint from appropriate cultural norms and values against problematic drinking, negative alcohol-related consequences and drinking patterns may be the prevalence.

Factors which can curtail or control alcohol consumption of the drinkers include perceptions about drinking and the appropriate drinking contexts, and the individual contexts. Changes may occur in relation to the circumstances of significant others in their social network. Many drinkers decrease their level of consumption because of responsibilities for others or for work.

The local drinking culture may prevent people from recognizing negative consequences of drinking on a societal level. The integration into sociocultural life with high frequency of drinking occasions can also lead to increase in community tolerance to drinking and related behaviors. Therefore, alcohol-related problems at an individual level can be late to be noticed by the public, and societal response to drinking consequences is limited. It may be difficult to raise alcohol-related problems as a societal concern or public awareness and to receive community support which is a clue of success in harm reduction strategy of local alcohol policy. The challenge is how to make the drinkers realize negative potential, raise their awareness of negative consequences, and still be able to drink with the lowest rate of negative consequences.

Although legislation of alcohol control measures and law enforcement are likely to be the effective strategies for preventing alcohol-related harm in many societies, these may not be a suitable choice for the permissive drinking culture. An effort to reduce the overall volume of consumption or to indicate the negative consequences can be challenged by local perceptions and beliefs. Strengthening norms around drinking which promote moderate drinking and less negative consequence, as informal social control, may be an alternative strategy. In the society in which kinship ties, close relationships, and contributing to community are valued, local norms and cultural position of alcohol consumption should be emphasized along with law enforcement or alcohol control policy. Strong relationship can facilitate

normative mechanisms around drinking and strengthen the effects of social sanctions against inappropriate drinking behaviors.

As alcohol consumption is integrated into several aspects of the village life and learning about drinking occur in every step of village life, informal channel of alcohol education should receive more attention. Information or recommendation of alcohol consumption and related consequences should concern about perceptions and beliefs of lay people particularly perceptions about risk and benefit from drinking.

Health-related consequence is another issue which can have a role in alcohol education. People may relate alcohol consumption with health problems, but they do not truly understand about the association between alcohol and a disease. A specific information and clear association with an individual's illness can provide them an understanding of the role of alcohol and progression of a disease. Alcohol education and discussion at this appropriate moment may raise patients' awareness and lead to reduction of consumption or changing drinking behaviors. This will be beneficial for outcome of health promotion and prevention of negative consequences.

CHAPTER I

Introduction

1.1 Background

Alcoholic beverages have been known and used in human society for a long time. Drinking is a source of both pleasure and harm. The pleasure is mostly experienced by the individual drinking or among the members of a drinking group. The harm may be experienced by the drinker or the others, and the society (Room, 1997). From a public health perspective, alcohol consumption is related to wide range of physical, mental and social harms. The link between alcohol consumption and consequences depends on the two dimensions: 1) pattern of drinking and volume of consumption; and 2) the mediating mechanisms: biochemical effects, intoxication, and dependence. The effects can appear in either acute or chronic consequences (Rehm et al, 2004). Each of them can be linked to health problems, social problems or social harms.

In general, drinking pattern describes people involved in drinking practice, the settings and activities associated with drinking, the intensity or pace of drinking, type of beverage, and drinking occasion (International Center for Alcohol Policies [ICAP], 2006). Drinking pattern is also affected by the position of drinking in the culture, the custom of drinking among individuals or different groups, the social customs surrounding it, and the norms regarding drinking behaviors by society (World Health Organization [WHO], 2002a). Although per capita consumption figures can show levels and trends in alcohol use, an understanding of drinking patterns among individuals and society is essential to comprehend their drinking behavior and to predict possible consequences. In addition, it is necessary to know its acceptability in society and to understand how people actually drink and what makes up their drinking practices.

Either or both patterns of drinking and volume are important in the risk of alcohol-related consequences through the mediating mechanisms. Behavioral consequences are the results of physiological and psychological effects of alcohol and

intoxication. Drinking patterns can lead to elevated blood alcohol levels resulting in problems associated with acute intoxication such as accidents, injuries, and violence. For illnesses or diseases, the risks vary from one to another in relation to the volume consumed. Risk of disease tends to increase with a higher volume for most drinkers. Total consumption or average volume of consumption is linked to more than 60 disease conditions. Drinking pattern that promotes frequent and heavy consumption, especially irregular heavy drinking, are also associated with both chronic physical and mental health outcomes such as cardiovascular diseases, liver impairment, alcohol use disorders, alcohol-related psychiatric disorders, and depression (Rehm et al, 2003b). Finally, sustained drinking over time may result in alcohol dependence with impairment of ability to control the frequency and amount of drinking (Alcohol & Public Policy Group, 2003; Rehm et al, 2006).

Heavy drinking or alcohol abuse can harm people other than the drinker, and can have negative consequences for society as a whole. The consequences might appear in several aspects; the workplace-related problems and decreasing in productivity, unintentional injuries that affect individuals other than the drinker, aggression and violence against others, family problems or financial problem from drinking (Gmel and Rehm, 2003; WHO, 2004a; Peden et al, 2004). Drinking may impair performance of a family member as a spouse or partner, as a parent, and as a contributor to the household functioning.

Though alcohol has both physiological and psychological effects, its effects on behavior are primarily determined by social and cultural factors rather than the chemical actions of alcohol (The Social Issues Research Centre [SIRC], 1997). Drinking is inherently social and certainly a social act (Douglas, 1987). The consumption of alcohol reveals the cultural processes and concern. Most societies have specific cultural factors, beliefs, attitudes, norms and expectancies about drinking. Alcoholic beverages are used as powerful and versatile symbolic tools to construct and manipulate the social world. Drinking has several functions in specific contexts and tends to stress variations in individual needs and motives (Sulkunen, 2002). The meaning attached to alcohol and drinking is structured according to

specific cultural principles and social context (Room, 2002, 2004a). Drinking is a rule-governed activity that reflexes the norm of each culture and society.

Alcohol consumption has many varieties of use, meaning, and practice associate with alcohol from one social or cultural context to another. The use-values derived partly from their physical properties and partly of cultural meanings and beliefs. Alcohol can classify as, for example, social lubricant, mood alteration, medicine or even food. The use or non-use and the manner of alcohol use have carried strong symbolic meaning (Heath, 2001; Room, 2004b). The distinctive drinking behaviors possess different meaning and significance because of the different culture world in which they were socialized and in which they occur (Johnson, 1993). On the other hand, drinking practices differ from culture to culture precisely because of the significant background and history of alcohol in society, and because of the distinction of attitudes among different cultures given to the act of alcohol drinking.

Alcohol consumption also reveals interpersonal relationships which operate within the world of structured relationship determined by the individual social and cultural class position (Hunt and Barker, 2001). Drinking can construct both sense of group identity or social organization, and sense of difference and boundaries from others (Wilson, 2005). These occur along a variety of social category and boundary distinction, for instances, age, gender, occupation, and religion (Dietler, 2006). However, the pattern of relationship can shift overtime. The traditional associations, for instances, age and seniority, may be overridden by new associations with class distinction, or by different type of alcoholic beverage, and style of drinking (Chowdhury et al, 2006; Posayachinda and Siriwong Na Ayudthaya, 2001; Suggs, 2001). In the past, many societies expected that women should drink less than men. But in recent decades, the differences of drinking between sexes have grown smaller in several societies (Posayachinda and Siriwong Na Ayudthaya, 2001; Wilsnack et al, 2005).

The sociocultural traditions also define the system of social control on drinking as a part of the overall cultural position of drinking. Drinking norms can be an instrument of social control, constraining drinking behavior according to the social situation, individual and group status or identity. Nevertheless, norms can enforce heavy drinking in particular circumstances (Room, 1975). The cultures are diverse in

terms of form and degree of social control on drinking context, drinking practice and by the culture as a whole such as the difference of control among religion beliefs. There is a relationship between cultural modes of social control of drinking and cultural definition concerning the nature of drinking related problems and the means of their handling. Societal responses vary according to expectations about drinking behavior which are expressed and enforced in the culture, and perception of family members and the society. They also differ whether an occasion or condition is defined as a problem and as drinking-related, how the problem is defined, who should concern and take responsibility for the problem, and what the response should be (Heath, 2001; Room and Mäkelä, 2000).

To alleviate alcohol-related negative consequences, many countries employ a great diversity of strategies. Alcohol policy is among the important approach and is viewed as a potential instrument for improving public health. The policy options can classify into three main groups; population-based policies that affect all people; problem-directed policies that focus on specific alcohol-related problems or problematic drinking; and direct interventions for the drinkers including screening and brief intervention, treatment, and rehabilitation programs (WHO, 2004b).

Alcohol control measures affect drinking patterns and consumption levels which have an effect on alcohol-related health and social problems. Alcohol policies can be effective at both the national level and the community level. Within each of these levels, policies can be targeted at the general population, at high-risk drinkers, and at people already experiencing alcohol-related problems. The differences among countries in per capita consumption, pattern of drinking and alcohol-related problems suggest that alcohol policies may have to be tailored to fit the needs of each society (Alcohol & Public Policy Group, 2003).

However, alcohol strategies need a high degree of public awareness and public interest. Policy and intervention implementation is influenced by social, cultural, political, and economic factors (ICAP, 2006). They require active support from the community in order to be implemented successfully. The cultural expectations about the effects of alcohol, the socially acceptable levels of alcohol use and the relevant risk perceptions, also tend to be reflected on alcohol policy opinion in societies

(Greenfield et al, 2004). Without sufficient popular support, enforcement and maintenance of any restriction is jeopardized and resistance or circumvention is likely to develop (WHO, 2004b). Moreover, regulatory approaches can be more effective if they are compatible with drinking culture of a particular society.

In Thailand, alcohol consumption by Thai youth and adults (age 15+) has increased over time. The estimation of per capita consumption of pure alcohol showed a fourfold increase between 1970 and 2000. In 2001, the per capita consumption of pure alcohol was 8.47 litres among Thai adults, spirits were the highest volume (7.13 litres) followed by beer (1.31 litres) and wine (0.04 litres) (WHO, 2004a). In 2003, the estimated proportion of adult drinkers was 35.5%, with four times more prevalence among men (60.8%) than women (14.5%). The proportion of everyday drinkers, regular drinkers and female drinkers has increased in the last decade, among both men and women (Wibulpolprasert, 2005, Sornphaisan, 2008). In 2007, the north-east region of Thailand had the highest number of drinkers followed by the North, the Central (not including Bangkok), Bangkok, and the South, respectively (National Statistics Office, 2008). The National Household Survey for Substance and Alcohol Use in 2007 estimated that about 23.6% of Thai population aged 12-65 years could be classified by the AUDIT¹ as hazardous drinkers², 3.3% as harmful drinkers³ and 2.0% as alcohol dependents and the prevalence in men was three times higher than in women (The Administrative Committee for Substance Abuse Research Network [ACSAN], 2008).

While alcohol production and trade are significant to national economies and alcoholic beverages are an important source of Thai government revenue (Excise Department, 2008), alcohol-related problems have been recognized and raised in public policy debates in Thailand for decade (Thamarangsi, 2006). Alcohol consumption has been estimated to be the third attributable factors with 5.3% in Thai

¹ AUDIT = Alcohol Use Disorder Identification Test.

² Hazardous drinker = moderate risk drinker; 41-60 grams of ethanol/day for men, 21-40 grams of ethanol/day for women, grams of ethanol are reduced to a half for adolescents.

³ Harmful drinker = high risk drinker; 61-100 grams of ethanol/day for men, 41-60 grams of ethanol/day for women; grams of ethanol are reduced to a half for adolescents.

disability adjusted life years lost (DALYs) study, 1999 (Wibulpolprasert, 2005). However, the information of alcohol-related health consequences is unclear because of the limitations of health data recording. Nevertheless, alcohol-related health and social consequences and the social consequences such as drink-driving, alcohol-related crashes and crash victims, or family violence are realized and concerned from both policymaker and public (Kongsagon, 2005; Kongsakon and Pocham, 2007; Siritwong Na Ayudthaya, 2006; Suriyawongpaisal et al, 2002).

The Thai government employs variety of strategies to reduce alcohol consumption level and to prevent alcohol-related harms ranging from regulation of access and availability, partial regulation on advertisements, and drink-driving countermeasures (Sornphaisan, 2006; Thamarangsi, 2006; WHO, 2004b). However, the efforts are of limited success. Per capita consumption is still increasing in last decade (WHO, 2004a) as well as the higher proportion of everyday drinker (Wibulpolprasert, 2005). The numbers and proportion of drinker has also tended to increase, particularly among female and young adult (Posayachinda and Siritwong Na Ayudthaya, 2001; Wibulpolprasert, 2005). Public awareness of regulation measures is raised but not the conformity, and enforcement of laws seems to be limited in scope and intensity (Suriyawongpaisal et al, 2002; Thamarangsi, 2006).

Rapid globalization and the transformation of societies into urbanization and modernization have an effect on Thai people's health and alcohol consumption (Sitthi-amorn et al, 2001). Cultural framing of drinking and attitudes towards alcohol can be altered due to the change in a broad range of contexts. Cultural events can be the opportunity for heavy drinking with public acceptance. Social control seems to be weakened. The market economy tends to remove the supply restraint on alcoholic beverage. All these factors affect the drinking patterns and alcohol-related consequences.

Knowledge about the social and cultural context of drinking in Thailand is limited, particularly in the north-eastern or Thai-Isaan culture. The existing data mainly derive from survey and epidemiological studies (Center for Alcohol Studies, 2008). Such surveys contribute important information on the demography of drinking, different patterns of drinking among subgroup of population, the contexts of drinking, the broader picture of the extent and distribution of alcohol-related problems. It can be

used as a tool for monitoring trend in different social groups, and for evaluating the effects of policy interventions in the society. However, using pre-coded survey methods can obscure or distort the understanding of drinking behaviors. Statements made about alcohol use also suggest cultural differences in the constructs of the meaning of drink and drinking that can influence drinking, and the reporting of drinking behaviors and amount among different groups of population. The factors that may influence reporting of drinking behaviors include belief and norms about drinking, belief about use-valued, belief about some alcoholic beverages as non-alcoholic, and the conceptualization of time (Strunin, 2001). The mode of data collection, the place where data are collected, and the unique characteristics of the respondents can also interact to shape the reporting (Caetano, 1998).

To be effective, alcohol policies need to be based on data and responsive to changes and trends in the society. Culture is a variable that must be taken into account in devising programs that are relevant to particular society. More research, including ethnographic research, needs to be done to understand drinking cultures; normative use and problem use; patterns, alcohol-related problems and their interrelation; the influence of social and economic change (Room et al, 2001). Understanding the sociocultural context of drinking in a transitional society is a key for effective public policy. Local drinking practices, perceptions and meanings associated with drinking are crucial for developing and generating a culture-based drinking model and for designing prevention and intervention measures. The understanding of interaction of social control and the social worlds of the drinkers such as the processes of social control in drinking groups and the processes which the larger society exercises control over drinking groups, can provide a more useful guide to effective local alcohol policies.

1.2 Research question

“How does Thai-Isaan culture affect alcohol drinking behavior in a community?”

The result of the study can reveal and give deep understanding about alcohol drinking behavior, the cultural meaning and the expectation of alcohol consumption in

Thai-Isaan community. The understanding of local drinking culture and perception of people is useful in developing hypotheses and generating a culture-based drinking model, and for the further cross-cultural study of alcohol drinking within the region. In addition, it could reflect the level of success of the national alcohol policies on alcohol drinking and related behaviors among people in Thai-Isaan community.

1.3 Objectives of the study

1.3.1 General objective: To explain the sociocultural context of alcohol consumption of people in a Thai-Isaan community.

1.3.2 Specific objectives:

- 1) Explore meaning of alcohol drinking and drunkenness in a Thai-Isaan community from the insider's perspective.
- 2) Identify alcohol use patterns, the contexts of drinking, drinking-related behaviors, and perceptions of drinking-related consequences.
- 3) To investigate perceptions of social control related to drinking in a Thai-Isaan community.
- 4) To investigate the interaction of drinking culture, drinking behavior, and social control on shaping drinking pattern and dealing with related consequences.

1.4 Philosophy underpinning the study

The epistemological basis of the research is based upon phenomenological philosophy. The concept of phenomenology emphasizes individual construction of a life-world – the individual's world of everyday life. The individual's action can be understood by situating them within the life-world of the actor. Phenomenological oriented researchers try to study situations in everyday life or everyday events from the viewpoint of the experiencing people (Rice and Ezzy, 1999).

Phenomenological oriented paradigm also embraces a multicultural perspective because it accepts multiple realities. People act on their perceptions and because of the meaning they give to the actions, and those actions have real consequences (Fetterman, 1998). Thus, the social construction of reality is a result of their interpretation of perceptions and interaction, based on those interpretations, with

the others overtime in specific contexts (LeCompte and Schensul, 1999). They act on the basis of what they believe to be true rather than what may be objectively true.

According to the social construction of drinking, the nature of cultural drinking practices should be studied within the flow of whole live and the context of real groups and communities in the real world and within the context of values and norms which direct the group and give its actions meaning (Johnson, 1993). Drinking norms, beliefs, context, and drinking behaviors are the highlight for understanding alcohol drinking practice. By participating in the world of drinkers and everyday life of a society, researcher can get a better understanding of the ways in which culture and other contexts shape drinking practices, the role of the perception and meaning, and how drinking is related to everyday life, rituals and special occasions, as well as other aspects of culture and social life.

To understand the social construction of alcohol consumption in a specific society, ethnography is the most appropriate methodology. Ethnography is the art and science of describing a group or culture and provides an in-depth understanding about people's behaviors. It tends to emphasize gaining and interpreting from an insider's perspective. It searches out the pattern of behavior and meaning that make up culture and how these make sense of actions in everyday life. Ethnography also emphasizes the individual views or the shared views and value of a particular culture. The key features of ethnography are a strong focus on exploring the nature of particular social phenomena, a tendency to work primarily with unstructured data, analysis of data which involves explicit interpretation of the meanings and functions of human actions, and descriptions and explanations of the events become the primary goals (Rice and Ezzy, 1999).

By participating in people's daily lives for an extended period of time, watching what happens, listening to what it said, asking questions, collecting whatever data which are available to throw light on the issues that are the focus of the study (Fetterman, 1998; Hammersley and Atkinson, 1995), researchers can get an in-depth understanding of the various ways of drinking practice and their drinking behaviors. Ethnographic study can result in a better understanding of the diverse and critical ways in which culture and other contexts shape drinking practice and the role of the perception and meaning plays in the shaping process. It may link the findings

about drinking-related problems or the characteristic of problem related to alcohol consumption in the culture.

CHAPTER II

Alcoholic Beverages and the Various Perspectives of Alcohol Consumption

In this chapter, literatures about alcoholic beverages and alcohol consumption were reviewed. The contents covered various perspectives, functions and meaning of alcohol consumption, and alcohol-related consequences. As alcohol can cause negative consequences, several strategies which have been widely employed were considered. Knowledge of alcohol consumption and alcohol policy in Thailand were also reviewed and appraised.

2.1 Various perspectives of alcohol consumption

Alcohol can be viewed as a kind of beverage with various types and alcohol contents. Physiological and psychological effects of alcohol are generally recognized. Alcohol, as a beverage, can be considered from raw materials, processes of production, and use-value. Alcohol consumption can be viewed as a part of culture or society. However, health problems and social problems are concerned by public health.

2.1.1 Alcohol as a beverage

Alcoholic beverages have been consumed in many human societies since ancient times. Investigations by archeologists and ancient historians, back to the Neolithic period, provide evidence of chemical residuals from ancient vessels in Neolithic China, and demonstrate the production of a fermented beverage of rice, honey, and fruit in the early seventh millennium B.C.E. Chemical traces of alcohol found elsewhere date to the early sixth millennium B.C.E. and come from the Middle East and Transcaucasia. The archaeological evidence of wine and beer drinking is widespread by the third millennium B.C.E. in Mesopotamia, Assyria, and Anatolia (Dietler 2006). In India, textual evidence demonstrates that barley and rice beers extend back to at least the second millennium B.C.E., and alcoholic beverage made

from a variety of grasses, fruits and other substances are also attested in ancient texts (Prakash, 1961, cited in Dietler, 2006).

Alcoholic beverages can be fermented from most organic materials containing carbohydrates: fruits or berries, various grains, plants, honey, and milk. In particular cultures, there are traditional alcoholic beverages that prepared and drunk in the societies, often from home productions: *sorghum* or *millet beers* in eastern and southern Africa, *palm wine toddy* in west Africa and the Indian subcontinent, *pulque* from agave juice fermentation in Mexico, and *rice wine* in eastern Asia (Room, 2002). Most traditional forms of alcohol are made for immediate consumption as they will spoil within a few days. The exception is wine which could be preserved in specific container. In modern production, natural preservative such as hops is added to beer for particular taste and flavour, and to preserve in longer duration. Chemical substances may be used for industrialized production. Distillation technique which is used for spirit production also provides a long-life alcoholic beverage. As they can keep for a long time, they can be distributed into the distance and have a significant position in commerce.

Alcoholic beverages contain ethyl alcohol or ethanol with a wide range of concentration. For fermented beverages, the alcohol content can range from 4% to 6% (volume/volume) for beer, up to 15% for wine and about 20% for fortified wines. By distillation technique, alcohol content in distilled beverages may vary from 25% to 50%.

In economic market, alcoholic beverages can be divided into four different chains according to production process and distribution (WHO, 2002a). Home production of traditional beverages is made and distributed within a group of households or villages. Traditional beverages produced industrially are usually distributed and sold in a small region. Other two types are a result of industrialization and globalization. Indigenized productions of cosmopolitan beverages such as local brands of European-style beer often carry brands that suggest or represent cosmopolitan connections. Cosmopolitan industrial beverages are distributed globally and primarily produced by multinational corporations.

The pharmacological properties of alcohol include both physiological and psychological effects. The effects on the body depend on the amount of alcohol

consumed - amount per occasion and an average volume over time. Alcohol is a psychoactive and potentially intoxicating substance. It affects feeling and mood, cognition, motor coordination and judgment. Intoxication is expected when alcohol is consumed in large amounts, although the effect may be weaker for regular drinkers than for occasional drinkers.

Although alcoholic beverage is often viewed as stimulant, particularly in light or moderate amount, ethanol primarily is a central nervous system (CNS) depressant. Moderate alcohol consumption can relieve anxiety, elevate emotion, and produce euphoria. With heavy consumption, the effects vary from expansive to uncontrolled mood swings, disinhibited behavior and emotional outbursts. Alcohol affects mental processes that depend on training and previous experience, memory, concentration, and insight. At higher blood concentration; sedation, impaired judgment and cognitive impairment can occur. In severe case, it induces stupor, coma, respiratory depression and death. Alcohol can reduce visual acuity, muscular coordination and steadiness, and prolongs reaction time resulting in blurred vision, slurred speech, ataxia, and altering tasks performance (Bennett and Brown, 2003; Fleming et al, 2006).

2.1.2 Sociocultural perspective

“When a man lifts a cup, it is not only the kind of drink that is in it, the amount he is likely to take, and the circumstances under which he will do the drinking that are specified in advance for him, but also whether the contents of the cup will cheer or stupefy, whether they will induce affection or aggression, guilt or unalloyed pleasure. These and many other cultural definitions attach to the drink even before it touches the lips.” (Mandelbaum, 1965)

Alcoholic beverages are not a uniform chemical substance with physiological and psychological effects. They constitute a form of material culture subject in terms of ingredients, techniques of production, patterns of association and exclusion when drinking, modes of serving and consumption, moral evaluation, expected behavior while drinking and being drunk and so forth. They form a versatile and highly charged symbolic medium and social tool, and in the construction of social and economic relations in crucial way. The consumption of alcohol is usually enveloped by a set of cultural rules and beliefs (Dietler, 2006). Culture also impacts on alcohol

expectancies. Behavioral consequences of drinking are almost always in accord with what people in a given culture expect to happen and that individuals internalize such expectations during the learning process of socialization (SIRC, 1998).

The role and significance of alcohol differ across cultures. Alcohol has different values that refer to the norm of each culture and society. Alcohol beverages have multiple objective uses or use-values that can be defined as a medicine, food or nutrient, and an intoxicant (Mäkelä, 1983). When alcohol is consumed, all properties are always simultaneously present. The use of alcohol not only a matter of for what purposes, but also what uses it is believed to serve in each culture. It can be part of daily life or meal, a social lubricant in social activity, a celebration around life events or in communal activities, a religious ritual and cultural events (Room and Mäkelä, 2000).

The use or non-use of alcohol has carried strong symbolic meaning. Use often carries symbolism, for instances; “champagne” as an image of celebration and luxury, “the relative power” between social status and gender, “a claim to adulthood” among some youth drinker, and a mark of status (Room, 2004b). In other contexts, there are further meanings; a transgression and testing of social limit, a symbol of degeneration rebellion or a signal of social degeneration (Room, 2003b).

The reasons for drinking reported by drinkers may represent attitudes influenced by many factors and can be changed overtime. The reasons for drinking can be classified into three categories including the social reasons which refer to social obligation and to celebration, the psychological effect reasons which refer to avoidance and to sensation seeking, and the intrinsic reasons which refer to the pleasure derived from alcohol per se (Crawford, 1987).

Intoxication is expected when alcohol is consumed in large amount, though the effect may be weaker for regular drinkers than for occasional drinkers. Along with the pharmacological determination, the changing behaviors are also subject to cultural framing and expectation. In societies where daily drinking is common, the drinkers are expected to display a few change in their behaviors after drinking. In contrast with the drinkers in intermittent drinking societies, alcohol is regarded as a powerful substance which is able to transform behaviors and increase risk of intoxication. Intoxication may be positively valued as a recreational or social experience (Room,

1997, 2004b). However, intoxicated behavior is seen as less predictable and often as potentially dangerous. It has the power to take one out of one self and submerging the true self (Room, 2001).

2.1.2.1 Drinking contexts

... The form and meanings of drinking alcoholic beverages are culturally defined, as are the use of any other major artifact. The form is usually quite explicitly stipulated, including the kind of drink that can be used, the amount and rate of intake, the time and place of drinking, the accompanying ritual, the sex and age of the drinker, the role involved in drinking, and the role behaviour proper to drinking. The meaning of drinking, its relation to other aspects of the culture and society, are usually more implicit. (Mandelbaum, 1965)

Drinking contexts are locations where the significant behaviors are evident, where other things of importance occur. Drinking places also have rules and dimensions of their own, which may serve as indicators of structures and actions which are significant. The sites where drinking take place, the drinkers and, locales of regular and celebratory drinking are places where meaning are made, shared, disputed and reproduced, and where identities take shape, flourish and change (Wilson, 2005). Drinking context includes;

- 1) Drinking occasions; setting where drinking take place, type of event, people presented in the occasion – both drinker and non-drinker, time at drinking either ‘clock time’ or ‘social time’ and duration, and frequency of occasions
- 2) The drinker; gender, age, class, occupation, ethnic or identity
- 3) Drinking acts; choice of beverage, pace or intensity of drinking, amount that they consume in the occasion, and specific act which associated with drinking in the occasion

2.1.2.2 Symbolic meaning

...every drink is loaded with symbolic meaning, every drink conveys a message. Alcohol is a symbolic vehicle for identifying, describing, constructing and manipulating cultural systems, values, interpersonal relationships, behavioural norms and expectations. (SIRC, 1998, p. 31)

The drinker and drinking context can imply the symbolic meaning and significance to the individual, the social groups, and the society (Hunt and Barker, 2001). The symbolic dimensions of alcohol are important part of understanding alcohol-related behavior. Alcoholic beverage and drinking activities are primarily symbolic that tend to say something about the people who drink in the contexts in which they are participated. Interpretation of such behaviors allows the meaning of drinking to be structured according to a cultural principle and partially shaped by the chemical effects of alcohol. Therefore, the meaning attached to alcohol and drinking can be understood only in the context of specific social and cultural settings (Paton-Simpson, 1996).

According to The Social Issue Research Centre, four main symbolic uses of alcohol exist; situation definer, status indicator, statement of affiliation, and gender differentiator (SIRC, 1998).

1) *Situation definer*. Drinks can be used to define the nature of the occasion and the social relationship between the drinkers. Type of beverages has different situational appropriateness for specific context. Drinking can be an indicator of a shift in occasions such as a shift from work to leisure time or a shift out from the real world to a play world (Gusfield, 1987). It is also a sign of festivity or entry into a time of fun (Paton-Simpson, 1996).

2) *Status indicator*. The consumption of certain beverages can be used as indicator of social status or a shift in status. For male adolescences, alcohol drinking may represent a rite of passage into manhood or a way of proudly marking one's entry into the adult man world. Drinking particular drinks can symbolize class, luxury, or success (Paton-Simpson, 1996). Drinking may have functioned as a sign of a modern, liberal society or a symbol of admission into modern consumer society. However, it may be an expression of aspirations rather than a reflection of actual position in the social context (SIRC, 1998).

3) *Statement of affiliation*. Drinking and choice of beverage may also be a statement of affiliation, a declaration of membership in a particular group, generation, or nation. Alcohol drinking serves to make social categories, boundaries, and identity. Drinking can construct both a sense of social

organization and group identity, and a sense of difference and boundaries from others. These occur along a variety of social category and boundary distinctions, for instance, age, class, occupation and religion (Dietler, 2006). Drinking itself can be an important boundary marker of social group and ethnic identity. People may drink to express ethnic autonomy, ethnic equality, and rebellion against ethnic domination or as a sign of regional and national identity (Wilson, 2005). Alcohol has also played a frequent role in the distinction of class boundaries and the embodiment of class identities through both the development of taste for different types of alcohol and style of drinking (Chowdhury et al, 2006; Dietler, 2006).

Alcohol can be used as part of a process of group formation or an initiation of group relationship. Drinking can be interpreted as a sign of belonging or proofing to social group and as a marker of the boundaries of inclusion and exclusion. Drinking together or sharing a drink may represent solidarity with other members or a long-term relationship (Paton-Simpson, 1996). Group drinking also reinforces group cohesion (Heath, 1995b).

Drinking reveals interpersonal relationships which operate within the world of structured relationships. Alcohol operates as “a medium of exchange” in interpersonal relations between individuals, mediating the relationships between individuals, for instance, in the form of establishing friendship and companionship as buying someone a drink or inviting someone to one’s home for a meal (Hunt and Barker, 2001). Interactions involving drinks such as “shout”- to buy drinks for someone - can be a safe way for males to communicate acceptance, friendship, and respect. Alcoholic beverages can be a means of fixing people at points along a continuum of intimacy and distance, and an indicator of a willingness to socialize with others. As a part of business, drinking together is an integral part of signing a deal, cooperation, or a symbol of trust (Paton-Simpson, 1996).

4) *Gender differentiator*. Gender is the dimension of identity in which alcohol plays an obvious role. Alcohol consumption and its effects are used as important way to differentiate, symbolize, and regulate gender role (Dietler, 2006).

Alcohol drinking has been presented as symbol of masculinity. Drinking is a component of the male sex role and a general sign of masculinity. When men are around, drinking is more likely to occur. Male tends to drink with same sex friends, in bars, at athletic events, or at other male activities. Men are encouraged to drink and to drink like a man one must drink without hesitation, drink as much as possible without appearing out of control, take it straight (not much dilute or sip), and prefer beer or hard liquor. The more a man consumes the more masculine he appears, as long as he does not show significant loss of control or a sign of dependence (Lemel and Mishkind, 1989).

In contrast, women are discouraged from drinking. In many societies, women may be expected to drink less than male, prefer different kinds of alcohol from men or drink in different places from men, and behave differently from men when drinking or intoxicated (Dietler, 2006). Feminine drinks are often weaker, sweeter, and softer or with less alcohol content than masculine drink (SIRC, 1998). The consumption of alcohol may signal or be perceived to signal the sexual availability of a woman (Paton-Simpson, 1996). When woman drinks in the company of men, it may be interpreted as being sexually promiscuous and otherwise immoral (Heath, 1995a). Besides these, when women's drunkenness, abuse, or dependence occurs, it has often provoked social outrage and the use of punishment or coercion to try to stop such behaviors (Wilsnack et al, 2005).

In addition, there are other symbolic uses which have a significant in specific context. Drinking can be a symbol of *generation differentiator* which overlaps with the others. In some societies, drinking or type of beverage is associated with seniority or age group (Suggs, 2001). Trends and changes of drinking style can also represent a society in transition. Drinking can be seen as *a social evil or a threat* to people surrounding the drinker (Paton-Simpson, 1996). It can be a sign of social degeneration (e.g. a transgression, a testing of social limit or norm), a threat to social order or law (e.g. violence, gang, crime), or even a political rebellion. It also poses a threat to other member in a family and a family as a whole (e.g. proper care for children, poverty or financial problem, family violence). At the workplace, it can be a potential threat on

productivity, increased accidental risk, and has an association with income and profit or succession. For female drinker, it may threaten her well-being and household functioning.

2.1.2.3 Social functions of alcohol drinking

Alcohol consumption serves as a number of social functions for those who drink and is perceived according to the drinking context. In specific contexts, alcohol drinking has several functions which tends to stress variations in the societal contexts or individual needs and motives (Sulkunen, 2002).

The primary function of drinking is defined as a social facilitator (Marshall, 1979). In most drinking cultures, sociability is the primary reason people give for drinking. It is used to promote and to enhance social interaction and social bonding. Alcohol is a substance that is shared: almost all drinking rituals and etiquettes involve sharing. Moreover, sharing should be conducted in a friendly and integrative manner, with expressions of goodwill and camaraderie between participants. The practice of drinking from the same glass and toasting has been observed in many cultures. Alcohol is shared not only among drinkers but also with the Gods, the ancestors, and with the dead. Drinking also involves some form of reciprocal giving, both in specific drinking rituals and in the wider social context. The reciprocity of alcohol serves to establish and maintain interpersonal and social bonds. The practices of ‘round-buying’ or ‘shout’ can be found in some form in many societies. In many social contexts, reciprocal giving of alcohol is at the heart of the process by which essential social, economic and political networks are constructed and maintained (SIRC, 1998).

Alcohol is universally associated with celebration. A celebration most certainly requires alcohol drinking, though every drink does not require a celebration. In ‘integrated’ drinking culture, drinking is a morally neutral element of normal life and requires no justification (SIRC, 1998). Drinking is also an essential element of festivity and ceremony throughout the world (Marshall, 1979).

Alcohol also plays a role in hospitality (Heath, 1995b). An offer of alcohol can be perceived as an important gesture of hospitality. Serving alcoholic beverages to guests is perceived as an expression of a good host and a warm-welcome.

In all societies, alcohol plays a role in both life-cycle events and everyday transition (SIRC, 1998). Each significant moment of life-cycle, from birth through to

death, is associated with alcohol drinking. In everyday life, alcohol is used to mark many of life-changing events such as graduation, succession, house-warming, and retirement. Drinking can be used to define the daily or weekly transitions from work to leisure, to relax after work, or the completion of a task.

Alcoholic beverage is also linked to health and well-being. Relationship of alcohol and health reflect in beliefs of alcohol as a healthful and pleasant part of a normal diet and as a medicine in the beneficial sense of helping or preventing a wide range of physical illness. Alcohol is accepted as a tonic in many countries. It is also used for stimulating an appetite, promoting sleep, dealing with stress, enhancing blood circulation, relieving pain or fatigue, and muscle relaxation (Heath, 1995b; Paton-Simpson, 1996).

2.1.2.4 Drinking norms

Social and cultural norms vary among each society. In the sociological thought, norm is a culture rule or understanding affecting behavior with greater or lesser degree enforced by sanctions. A sanction can be formal and severe or can be informal and transitory. By culture, a norm is not a property of an individual or a private understanding between people interacting with one another but it is a relatively permanent rule shared by a class of individuals who may not ever have met each other. The class of individuals may be a whole culture, or a well-defined subculture, or a 'social world' of persons with common interests or status. Norms are conceptually distinguishable from the actual distribution of behavior; though most behavior conforms to norms. Deviation from a norm can occur because of a mistake, an ignorance or involuntarily, or when the individual is excused from compliance for instance by illness. Deviation can also be a voluntary act either in simple defiance or disregard of the norm or in obedience to a conflicting norm (Room, 1975).

Drinking, in every culture, is a rule-governed activity, concerned with prescriptions and norm. Rules and norms governing the use of alcohol in each culture reflect the characteristic values, beliefs and attitudes of those cultures. Thus norms are also part of cultural attitude toward drinking which include the appropriateness of drinking or particular forms of drinking by person in various socio-demographic categories and in various contexts (Simpura, 1991). Drinking norms and associated behavior can be differentiated according to the social situation – the time, place,

occasion and presented people – and according to individual status such as age, gender, social role or class, and drinking acts. These unofficial rules may have more influence on both levels of consumption and drinking behaviour than official or external control (SIRC, 1998).

Drinking style can be changed to match the drinking situation, people drink according to the social norms of the situation. They drink in that way because they are the ones in the context. The different cultural groups define normal alcohol use differently, the same as pathological drinking. Normative drinking behavior varies across cultures and may be within culture. The differences also concern who is socially allowed to drink and who is not, as well as how it is socially acceptable to drink (Room et al, 2001). These refer to the socially acceptable levels of alcohol use and the context of drinking. The normative drinking contexts and drinking behaviors are interesting for establishment of local alcohol policies including the relationship between places of consumption and consumption patterns, the different contexts in normative expectations about drinking, and the role of community norms in determining alcohol policy (Holder et al, 1997a). Furthermore, cultural expectations of the effects of alcohol also tend to be reflected on alcohol policies in society.

The pathological drinking is also framed by cultural definitions and must be understood as concepts of value. The pathology should be perceived when there is an alteration of the normal, according to value-laden qualities that have been constructed in the cultural world. The normal and the pathological drinking must also be understood as political concepts that linked with relation of power with the authority who define behaviors as problematic. Therefore, drinking is judged locally as normal or pathological. Both are the phenomenon that is well understood as it relates to aspects of history and culture. Pathological drinking can be defined in terms of drinking at the wrong time, drinking the wrong type of beverage, drinking with the wrong people, doing the wrong things while drinking, or drinking for the wrong reason. ‘Wrong’ is constituted within a cultural value-system that defines it according to the drinker and drinking contexts (O’Neill and Mitchell, 1996).

However, norms on alcohol drinking can encourage as well as discourage the drinkers. As Room’s discussion (1975), some features of drinking norms are often overlooked. While it is obvious that norms are instruments of social control,

constraining the individual from behavior irrespective of personal impulses or biological forces, it is sometimes forgotten that norms can encourage behavior as well as inhibit it and indeed can force behavior which seem excessive or even repugnant both to the participant and to the observer. Norms can enforce heavy drinking in some particular circumstances for instance, when social pressures operate to enforce heavy drinking irrespective of the participant's desire. Secondly, while some norms directly control the amount of drinking, many drinking norms are instead directed at behavior while or after drinking, irrespective of the amount that they consumed. Though the amount of drinking is important in many problems associated with drinking, it is less regulated by norms than other aspects of drinking behavior.

In addition, cultural differences have become apparent in the relation between alcohol consumption and violence, mediated by patterns of drinking and by cultural expectations of behavior while drinking and intoxication. Binge drinking and even violent drunken behavior are seen as acceptable in some circumstances. Social context or the social group can also inhibit or disinhibit drinking and violent acts (Gmel and Rehm, 2003; Room, 2001).

2.1.2.5 Drinking culture

Drinking culture refers to the customs, practices, and attitudes shared by groups of people involved in drinking alcoholic beverages. It influences the ways in which people think about what, where, when, how, and how much to drink; in the company of whom; in what setting; with what vessels; and with what results (Heath, 1995a). Drinking culture can be categorized in terms of multiple dimensions of variation such as, the use-values, type of beverage, the degree of regularity of drinking, the expectation of behavior while drinking or being intoxicated, the cultural position of the drinker and the drinking group, the drinking occasion, the cultural modes of social control of drinking and the cultural definitions concerning the nature of drinking-related problems and the means of their handling (Room and Mäkelä, 2000). Drinking culture can be understood in the context of how it is drunk or the pattern of drinking which vary a great deal between societies and cultures.

One approach to drinking cultures is the degree of regularity of drinking, along with the drinking occasion and the behaviors around drinking. The regularity can be viewed as abstinent, customary regular use, intermittent use. In the abstinent

society, alcohol drinking is religiously and often legally forbidden. When drinking becomes a custom and accompanies in everyday life at least with meal, is the regular pattern. For example: in southern European wine cultures, wine is often defined as a foodstuff or a thirst-quencher but not as an intoxicant. Wine drinkers are expected to maintain the same comportment as before drinking. There are many varieties of intermittent patterns of drinking such as at festivals or festive drinking, only on weekends, on sacred occasions or ritual activities. However, in modern societies many drinkers combine regular with intermittent heavy use. They couple drinking every evening with a heavy drinking on the weekend or festival (Room and Mäkelä, 2000, Room, 2003b).

Pittman (1967, cited in Room and Mäkelä, 2000) has described four types of drinking in culture by permission and attitude to behavior while drinking or intoxicated; 1) abstinent culture: the cultural attitude is negative and prohibitive toward any type of ingestion of alcoholic beverage 2) ambivalent culture: the cultural attitude toward alcohol consumption is one of conflict between co-existing value structures 3) permissive culture: the cultural attitude toward alcohol consumption is permissive but negative toward drunkenness and other drinking pathologies 4) over-permissive culture: the cultural attitude is permissive toward drinking, to behaviors which occur when intoxicated, and to drinking pathologies.

The other type of approach, which primarily focusing on European and English-speaking societies, is described in term of the 'wetness' and 'dryness' of a culture (Room and Mitchell, 1972, cited in Room and Mäkelä, 2000). The dimensions used to explain the difference is the drinking practice and alcohol-related problem along with the beverage type and the system of social controls on drinking. The 'wet' culture is described as weak temperance tradition with low proportion of abstainers, alcohol consumption is integrated in daily life with frequent heavy drinking, the lower rate of deaths from alcohol overdose and problem associated with heavy drinking but higher rate of deaths from cirrhosis, while the 'dry' culture is in contrasting. The typical 'wet' culture is the southern European societies where wine is consumed almost entirely with meals in moderate amounts and clearly associated with less officially recognized social disruption. In contrast, the 'dryer' culture seems to have the apparent drunkenness which is controlled by formal criminal law. However, the

wet and dry dichotomy is seemed to be somewhat problematic because of the changing of preferred type of beverage and increasing in per capita consumption in dryer societies in the last decade.

As the ways of drinking and of thinking about drinking are learned by individuals within their context, thus, how people learn to drink and continue to drink are determined mostly by the drinking they observe, the attitudes toward drinking they pick up, and the people they drink with. Over the course of socialization, they also learn about drinking-related behavior and drunkenness (Peele and Brodsky, 1996). Zinberg (1981, cited in Peele and Brodsky, 1996) identified five conditions that have found to be correlated in most societies with nonabusive drinking and low rates of alcoholism;

- group drinking is clearly differentiated from drunkenness and associated with ritualistic or religious celebrations,
- drinking is associated with eating, preferably ritualistic feasting,
- both sexes and several generations are included in the drinking situation, whether all drink or not,
- drinking is divorced from the individual's effort to escape personal anxiety or difficult social situations,
- inappropriate behavior when drinking (e.g. aggression, violence, overt sexuality) is absolutely disapproved, and protection against such behavior is offered by the sober or the less intoxicated.

Hanson (1995) summarized several aspects of drinking culture that are most successful in preventing alcohol abuse including;

- tend to view alcohol as a natural, normal part of life about which they have no ambivalence,
- teach their young by example how to drink in moderation,
- encourage drinking among family and friends rather than in same-gender settings,
- discourage heavy, episodic drinking,
- sanction negatively and promptly any unacceptable drinking behaviors,
- respect the decision of those who choose not to drink and not pressure them to drink,

- free of the belief that alcohol can solve problems, signify adulthood, grant power, or confirm ‘manhood’.

In order to understand the drinking culture, it is important to pay close attention to context, meanings and values, how they relate to other patterns of belief and behavior, social and political institutions, religious, economic activities, ideas about good and bad, and other factors that shape the attitudes and actions of individuals who share a given culture (Heath, 2001). However, drinking customs and pattern of drinking is changing in many societies over time. These changes are affected by changes in industrialization, urbanization and economic development. In contemporary world alcohol production has shifted from traditional beverages that produce at home to industrialized production or European-style beverages such as lager beer. The shift to a market economy and industrial production tend to remove the supply restrains on drinking. Alcoholic beverages are available at any time and any place. Drinkers can obtain the beverages as long as they have money in their pocket (Room and Jernigan, 2000). As a result of urbanization, migration and diffusion of old customs into new contexts, drinking may become more frequent than it used to be. The breakdown of lines of authority and restriction may lead to increased drinking among young people and women (WHO, 2002a). The level of alcohol consumption tends to rise with improving economic circumstances particularly in developing countries. With rapid social change, new patterns of drinking are emerging and often built on traditional drinking behaviors, but occurring without traditional social controls (Chowdhury et al, 2006; Jernigan et al, 2000).

So far, alcohol consumption and drinking behavior are governed, in large part, by the social rules, norms, customs, and traditions acquired through and individual’s unique cultural experiences and the process of socialization. One factor often identified in a culture with lower rates of alcohol abuse is a comfortable acceptance of alcoholic beverage and drinking together with broad agreement about clearly defined limits to consumption and to drinking behaviors, and a benefit from alcohol drinking as a controllable behavior that offers pleasure and positive social experiences (Peele and Brodsky, 1996). Therefore, socialization and learning about drinking norm in a healthy drinking culture can be the effective way of controlling alcohol consumption in the society (Douglas, 1987).

2.1.3 Public health perspective

From a public health perspective, alcohol use is related to a wide variety of health outcomes including mortality, morbidity and disability. Research indicates that alcohol use increases the risk of injuries (traffic crashes, falls, injuries related to sports and recreational activities, etc.), as short-term consequences and the risk for many chronic health consequences (cardiovascular diseases, cancer, neuro-psychiatric conditions, liver cirrhosis, etc.), as long-term consequences.

Alcohol is a toxic substance in terms of its direct and indirect effects on a wide range of organs and systems. The important mechanisms explain alcohol's ability to cause health and social consequences including direct biochemical effects, intoxication and dependence as shown in figure 2.1 (Rhem et al, 2004).

- 1) Direct biochemical effects of alcohol consumption may influence chronic disease, either beneficially or in a harmful way. Alcohol can reduce plaque deposits in arteries, protect against blood clot formation and promote blood clot dissolution (Mukamal and Rimm, 2001). Harmful effects include, for instances, increasing the risk of malnutrition and risk of alcohol-related liver disease (Lieber, 2003).
- 2) Intoxication is a powerful mediator mainly for acute outcomes such as accidents, intentional injuries or death, and violence. Besides these, episodes of intoxication can also be implicated in chronic health and social problems.
- 3) Alcohol dependence is a disorder in itself, but it is also a powerful mechanism sustaining alcohol consumption and mediating its impact on both chronic and acute physiological and social consequences.

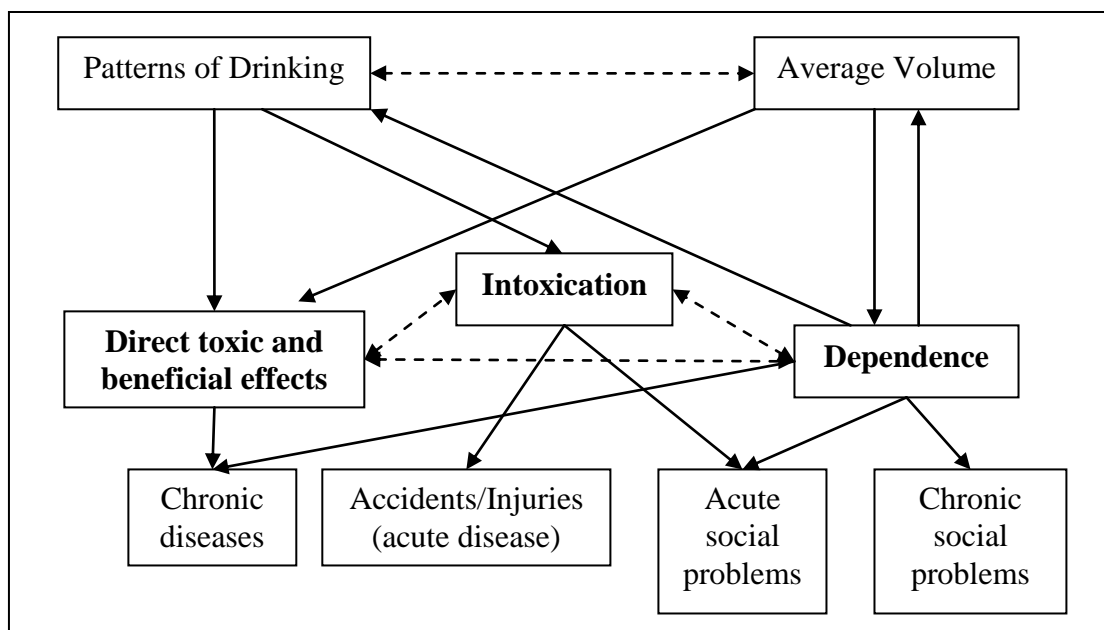


Figure 2.1 Model of alcohol consumption and consequences (Rehm et al, 2004)

Alcohol-related burden of disease is considered to be 4.0% of global burden of disease as measured in disability-adjusted life years lost (DALYs), and alcohol is ranked the fifth leading global risk factors, surpassed only by underweight (9.5%), unsafe sex (6.3%), high blood pressure (4.4%), and tobacco (4.1%) (Ezzati et al, 2002).

For alcohol-attributable DALYs, the neuro-psychiatric conditions are in the higher proportion of overall disease burden due to alcohol (38%). The next important category is unintentional injuries contributing to 28% of alcohol-related burden of disease, followed by intentional injuries, 14% (Rehm et al, 2004; WHO, 2004a). Among unintentional injuries, traffic crashes are the most important component and most research has been conducted in this area (Gmel and Rehm, 2003).

In terms of alcohol-related mortality, 3.2% of global mortality is attributable to alcohol. Almost half of global deaths are related to acute causes, both unintentional and intentional injuries. The percentage of all alcohol-attributable deaths is 32% for unintentional injuries and 14% for intentional injuries. The other categories of overall alcohol-related mortality burden are malignant neoplasms with 20%, cardiovascular diseases 15%, other non-communicable diseases – a category almost entirely made up of liver cirrhosis – 13%, and neuro-psychiatric conditions 6% (Rehm et al, 2004).

2.1.3.1 Alcohol consumption and health consequences

The disease conditions related to alcohol can be grouped into three categories, reflecting the nature of the conditions and the nature of the etiologic influence of alcohol on those conditions (Rehm et al, 2003b):

- 1) Wholly alcohol-attributable conditions: alcoholic psychosis, alcohol dependence, alcohol abuse; alcoholic polyneuropathy, alcoholic cardiomyopathy, alcoholic gastritis, alcoholic fatty liver, acute alcoholic hepatitis, alcoholic cirrhosis of liver, alcoholic liver damage (unspecific); fetal alcohol syndrome; excess blood alcohol ethanol and methanol toxicity.
- 2) Chronic conditions where alcohol is a contributory cause; the conditions are not wholly attributable to alcohol but at least one meta-analysis has found significant relations to alcohol (Table 2.1).
- 3) Acute conditions where alcohol is a contributory cause; traffic injuries; injuries from falls, fires, and excessive cold; drowning; occupational and machine injuries; suicide; assault; and child abuse.

Although the risk of injury is positively related to average volume of alcohol and increased at relatively low volume of alcohol consumption, several patterns of drinking are also related to injury risk. Frequent heavy drinking and frequent drunkenness are both associated with injury, particularly injury resulting from violence. Frequency of heavy drinking has also been associated with a greater likelihood of death from injury than from other causes (Rehm et al, 2003a).

Table 2.1 Chronic condition where alcohol is a contributory cause (Italics indicate conditions for which the recent literature has been consistent in concluding sufficient evidence for causal relationship.)

	Diseases	Effects
Malignant neoplasms	<i>lip and oropharynx, esophagus, larynx, liver, (female) breast</i> ; stomach, colon, rectal, lung, ovaries, prostates	Detrimental
Cardiovascular diseases	<i>cardiac arrhythmia, hypertension*</i> ; heart failure <i>coronary heart disease**</i> <i>stroke†</i>	Detrimental Beneficial or detrimental
Neuropsychiatric conditions	<i>epilepsy</i> ; unipolar major depression	Detrimental
Digestive diseases	<i>esophageal varices, gastro-esophageal hemorrhage, liver cirrhosis, pancreatitis</i> <i>cholelithiasis</i>	Detrimental Beneficial
Endocrine disease	diabetes mellitus	Beneficial
Skin	<i>psoriasis</i>	Detrimental
Other conditions	<i>spontaneous abortion, low birth weight</i> ; intrauterine growth-retardation, prematurity	Detrimental

*seems to depend on patterns of drinking for low volume, **depending on patterns of drinking, †depending on type of stroke and average volume of consumption

For traffic injury, a greater risk was found in individuals who consume relatively large amounts on some occasions and whose highest amounts are markedly greater than their average amount per occasion (Rehm et al, 2003a). Even at low blood alcohol concentration, alcohol affects cognition and psychomotor performances that are relevant to the risk of injury such as reduced reaction time, impaired visual functions, impaired vigilance and divided attention, slowed the decision-making process, and impaired judgment. Without a driver feeling or appearing drunk, the risk

of having a crash can substantially increase (NIAAA, 1994; NIAAA, 1996; NIAAA, 2001). The negative effects of alcohol on psychomotor tasks are generally found at blood alcohol concentrations (BAC) around 0.04-0.05 percent (Eckardt et al, 1998). A recent case-control study to determine the relative crashes risk of drivers at various BAC levels showed increasing relative risk as BAC increases with an accelerated risk at BACs in excess of 0.10. After adjustment for missing data, the result showed greater risks at all BAC levels. However, the relative risk of crash involvement was significantly elevated beginning at 0.04 BAC level (Compton et al, 2002).

2.1.3.2 Alcohol-related social problems

In term of social problems, alcohol consumption is linked to many harmful consequences for individual drinkers, the others in the drinker's environment and society as a whole. The consequences might appear in many categories: workplace-related problems, unintentional injuries that affect individuals other than the drinker, aggression and violence, families with domestic problems or financial problem from drinking. These consequences have an impact on society insofar as they affect economic productivity, poverty, or require the attention and resources of the criminal justice or health care system or of other social institutions (Gmel and Rehm, 2003).

Heavy drinking or alcohol abuse at the workplace can potentially lower productivity, increase workplace injuries and have an association with unemployment. Alcohol abuse and alcohol dependence clearly have higher rates of sickness absence than the others (WHO, 2004a). Increasing average consumption of alcohol has a relationship with increasing late arrival at work, leaving early, and doing less work. In general, alcohol consumption may have more effect on poor productivity on the job than on the number of workdays missed (Gmel and Rehm, 2003).

Alcohol alters brain receptors and neurotransmitters, serotonin and gamma-aminobutyric acid (GABA) brain receptors, and alcohol is likely to increase the probability of aggressive behavior. The subjective experience of fear and anxiety about social, physical or legal consequences of one's action may be reduced, resulting in increased risk-taking and aggressive behavior in some drinkers. Alcohol also affects cognitive functioning, leading to impaired problem solving in conflict situations and overly emotional responses or emotional lability (Room et al, 2005). Another hypothesis postulates that alcohol contributes indirectly to increased

aggression by causing cognitive, emotional and psychological changes that may reduce self-awareness or result in inaccurate assessment of risks. Alcohol drinking may interfere with drinkers' attention span, so they direct attention to the most salient environmental cues. If cues that provoke aggression are more noticeable, the drinkers' subjective feeling of provocation will be increased and they will behave more aggressively. Alternatively, aggression will decrease if the influence of inhibitory cues such as social norms and social pressure predominates (Gmel and Rehm, 2003).

Alcohol abuse is associated with many negative consequences for the drinker's partner as well as the children. Both spouses and children can be victims of alcohol-related violence and children can also suffer medical and social problems that may persist into adulthood. Parental drinking is correlated with child abuse and impacts on a child's environment in many ways, such as acute and chronic financial strain in the family, poor parenting, marital conflicts and family breakup. Drinking behavior in the family can be seen as the role model or teaching the children to expect specific results from drinking. Alcohol is commonly involved in a higher percentage of assaults between partners than in violent incidents between other people. These may be a matter of access, with partner having more contact and thus more opportunities for violent encounters. Spousal violence is more likely not only when a partner has abused alcohol or alcohol dependent but also when the partner is an infrequent drinker who occasionally drinks heavily (Gmel and Rehm, 2003).

Drinking also costs money and can impact upon resources particularly of a poor family. The other potential ways by which alcohol use can reduce the household income are through morbidity associated with the drinking habit, resulting in increase in medical expenditure, loss of income due to lost wages, or premature death (WHO, 2004a). For example, road traffic crashes can place a burden on the family of the injured person. Injured people may suffer physical pain or disability. Minor severity can result in physical pain and limit physical activity for lengthy periods. Serious contusion or lacerations can lead to emotional trauma associated with permanent disfigurement. Permanent disability from brain damage or spinal injury, such as paraplegia and quadriplegia, can affect an ability of individual and result in dependence on others for routine physical care (Bačkaitis, 2000). The family member can experience adverse psychological, physical and social effects. They have to help

the injured person, take care or carry on that person's work. In some cases, the lost of income, the cost of medical treatment and the cost of prolonged care can push those families into poverty (Mock et al, 2003; Nantulya, Reich, 2003 cited in Peden et al, 2004; Hajar et al, 2004 cited in Peden et al, 2004).

2.1.3.3 Average volume of consumption, drinking patterns and alcohol-related consequences

Variations of alcohol consumption between societies affect rates of alcohol-related problems and have implications in the choice of alcohol policy measures. From public health perspective, two main dimensions of alcohol consumption are defined as exposure variable in the study of relationship between alcohol exposure and disease; 1) average volume of consumption and, 2) pattern of drinking.

Average volume of consumption as a risk factor works mainly through biochemical effects or through dependence to produce long-term consequences. For most diseases, there is a dose-response relation between volume of consumption and all-cause mortality. In general risk of the disease increases with increasing average daily alcohol consumption. The exceptions are in the cardiovascular diseases and diabetes mellitus. It should be noted that the impact of average volume on mortality or morbidity is partly moderated by the pattern of consumption. For example, the same overall average volume of alcohol can be consumed in small quantities regularly with meals (e.g. two drinks a day) or in large quantities on few occasions (e.g. two bottle of wine on Friday).

Two aspects of alcohol consumption are particular important for comparisons across populations and across time. First, total alcohol consumption in a population is an important indicator of the number of individuals who are exposed to high amounts of alcohol. When alcohol consumption levels increase in a country, there tends to be an increase in the prevalence of heavy drinkers, which in turn is associated with the occurrence of negative effects. Second, the relationship between total alcohol consumption and harm is modified by the number of drinkers in a population and by the way in which alcohol is consumed (Alcohol & Public Policy Group, 2003).

Pattern of drinking refers to the way in which alcohol is consumed by the individual, and is influenced by the social context. Patterns of drinking have various effects on health outcomes. Drinking patterns have been linked to negative health

consequences including alcohol use disorder and injuries. Heavy drinking occasions have been related to injury, intentional and unintentional, resulting from violence and drink-driving. On the other hand, both protective and detrimental effects of cardiovascular diseases have been found in association with drinking pattern. Light to moderate regular consumption is associated with lower risk for coronary heart disease (CHD) incidence and mortality (Rimm and Moats, 2007). Drinking mainly with meals or snacks also has lower risk of myocardial infarction than drinking without meals (Trevisan et al, 2004). In contrast, heavy drinking occasions increase the risk of CHD even when coupled with average light to moderate consumption. In addition, irregular heavy drinking occasions appear to have a relationship with other types of cardiovascular death such as stroke or sudden cardiac death (Rhem et al, 2003a).

2.2 Controlling alcohol consumption

Alcohol consumption control can be exercised through three types of strategies: 1) informal social control which widely share and practice in a particular society without explicit rules, 2) formal social control which initiated by people in a community or organization as a locally rule, 3) legal control by alcohol policy.

2.2.1 Informal vs. Formal control

In the sociological literature, “social control” refers to the processes of construction and enforcement of a society’s normative framework, in terms of belief and value, and to define, regulate and control behavior of others (Room, 1982). Members of societies apply generally shared norms to sanction offenders. These norms are learned through socialization, and enforced by informal sanctions such as scorn, ridiculous anger and violence (Horwitz, 1990). However, sanctions vary from coercive style to persuasive style, and many control efforts are combination of the two.

In Horwitz’s view (1990), the logic of social control is based on informal norms that govern interpersonal relationships. Social control emerges out and serves to maintain the way of life and social practice of groups. It varies from society to society and place to place according to the dominant modes of social relations. As societies become more complex and divide into many units and organizations, the

basic of social control shifts from status relationships to contracts between individuals and groups or organizations, and the creation of moral systems that culturally, socially, and economically diverse groups can share. Then, the development of the legal order, the formal social control, solves the problem of creating shared morality in modern societies. Shifts in the nature of social relationships produce changes in style and form of social control as well as differences in how effective control system can be: the lack of strong informal control should produce a growth in formal control. However, when informal control does not reinforce the impact of formal sanctioning, offenders may not face informal shame in communities and effective punishment cannot occur. Only formal control efforts that coincide with or can change the norms and behaviors of informal networks should accomplish their objectives.

As Room (1982) discussed in *alcohol and social control*, there are two directions of social control and alcohol problems; 1) The interaction of social control and the social worlds of the drinkers; the processes of social control in drinking groups, the processes by which the larger society exercises control over drinking groups and the social worlds of heavy drinking; 2) The social handling of those identified as having alcohol problems. In this view, support, therapy and rehabilitation efforts can serve as instruments of social control.

2.2.2 Alcohol policies: strategies for alcohol prevention and control

Alcohol policy could be roughly defined as being measures put in place to control the supply and/or affect the demand for alcoholic beverages in a population. It may include education and treatment programs, alcohol control, and harm-reduction strategies. Alcohol control refers to any government measure that relates to purchase, production, or trade in alcoholic beverages (Babor, 2002).

Godfrey and Maynard (1995, cited in WHO, 2004b) have classified the wide range of policy options available to reduce the public health burden of alcohol consumption into three main groups:

1) *Population-based policies*; aimed at altering levels of consumption among the population; including the policies on taxation, availability controls (prohibition, rationing and state monopolies, regulation of outlets, hours and days of sale, drinking location and minimum drinking age), advertising, health promotion campaigns and

school-based education. Such strategies affect all drinkers rather than being directed at problem drinkers.

2) *Problem-directed policies*; aimed at specific alcohol-related problems such as drink driving or alcohol-related offences. These policies are more focused and are less likely to affect the non-problem drinkers.

3) *Direct interventions*; involves interventions directed at individual drinkers such as screening and brief intervention, treatment and rehabilitation programs.

Policies may involve the implementation of a specific strategy with regard to alcohol problem or the allocation of resources that reflect priorities with regard to prevention or treatment efforts. Many alcohol policy approaches have demonstrated evidence of potential effectiveness.

1) *Education and persuasion*: In principle, education can be offered to any segment of the population in a variety of venues. Education offers new information or ways of thinking about information, and leaves it to the listener to draw conclusions concerning beliefs and behavior. It can be a school-based program or in part of community-based prevention programs. Persuasion is directly concerned with changing beliefs of behavior and may or may not offer information (Room, 2000b).

School-based programs are the most evaluated educational approaches and have been found to increase knowledge and change attitudes toward alcohol but actual alcohol use remains unaffected (Alcohol & Public Policy Group, 2003). The efforts to influence students not to drink or drink less have generally failed to show lasting and substantial effects (Room et al, 2005). However, as students are potential future consumers, it is appropriate to provide them with biological and social science information about alcohol use and problems and to encourage discussion of the intellectual, practical and ethical issues these problems raise (Room, 2000b).

Mass-media campaigns aimed at persuasion have been a favorite modality in many prevention programs for alcohol-related problems, though persuasion can be pursued also through other media and modalities (Room, 2000b). In general, persuasion campaigns can demonstrate impact on knowledge and awareness, but little effect on attitude and behaviors. The success of these approaches may come more from influencing the community environment around the drinking in terms of attitudes of significant others or popular support for alcohol policy measures.

2) *Providing and encouraging alternative activities*: This strategy, in principle involving positive incentives, provides and seeks to encourage activities which are alternatives to drinking or to activities closely associated with drinking. This includes such initiatives as making soft drinks available as an alternative to alcoholic beverages, providing locations for sociability as an alternative to taverns, providing and encouraging recreational activities as an alternative to leisure activities involving drinking, job-creation and skill development programs. The problem with alternatives to drinking is that drinking combines so well with so many of them. Soft drinks are indeed an alternative to alcoholic beverages, but they may also be served as a mixer in an alcoholic drink. Involvement in sports may go along with drinking as well as replace it (Room, 2000b).

3) *Insulating use from harm*: In the alcohol field, the aim of harm reduction is neither to stop use nor necessarily to reduce alcohol dependence. This strategy attempts to reduce the social and health problem resulting from drinking. Usually, the strategies focus on the physical or social environment of alcohol use, seeking physical, temporal or cultural insulation of the use from harm (Room, 2004). Many prevention measures seek to limit drinking in the context of environments where alcohol is typically sold and consumed. One such approach is the Responsible Beverage Service (RBS) programs that focus on attitudes, knowledge, skill and practices of people involved in serving alcoholic beverages, and denying alcohol service to those who are already intoxicated or underage. If supported by actual changes in the serving policies of licensed establishments and reinforced by local police, RBS training can reduce heavy consumption and high risk drinking. There is increasing evidence that staff training in technique for managing problem behavior can reduce aggression and violence in and around the premises (Alcohol & Public Policy Group, 2003).

Another approach that is a prime example of insulating drinking behavior from harm is drinking-driving countermeasures. Traditionally, law enforcement directed at drinking-driving has been designed to catch offenders on the assumption that such practices will prevent or deter people from driving after drinking. Legal limit of the driver's blood alcohol concentration has strong evidence of effectiveness, especially in combining with enforcement. One strategy for increasing certainty of

apprehension and punishment is to increase the frequency and visibility of drinking-driving enforcement by intensifying enforcement through sobriety or selective checkpoints and random breath testing. The evidence is quite strong that highly visible, non-selective testing and have a sustained effect in reducing drinking-driving and the associated crash, injuries and death. Another strategy that seems to have an impact is administrative license revocation (ALR) laws in conjunction with strong public information and education activities. Graduated licensing measures with a blood-alcohol limit of zero for young or new drivers have also been shown to reduce drink-driving and related casualties. Countermeasures emphasizing sanctions for drivers convicted of driving while intoxication have been used to provide a therapeutic or educational alternative to punishment. An alcohol ignition interlock is a device that prevents a vehicle from starting unless the driver passes a breath test. Though interlocks are an effective method for preventing alcohol-impaired driving while they are installed, after removal of interlocks the effects seem to largely disappear (Jones and Lacey, 2001; Alcohol & Public Policy Group, 2003).

4) *Regulating the availability and conditions of use:* The availability of alcoholic beverages refers to the accessibility or convenience of obtaining and consuming the beverages. Regulations may target the buyer or consumer, the condition of sale, the provider or seller. Taxation and pricing on alcohol are very common. The other approaches that seem to have evidence of effectiveness including; minimum age limits, situational prohibitions on drinking, government monopolies, rationing sales, limiting the number of sale outlets, restricting hours and days of sale, and advertising and promotion restrictions (Room, 2000b; WHO, 2002a). In general changes in availability can have large effects in nations or communities where there is popular support for these measures (Alcohol & Public Policy Group, 2003).

4.1) *Taxation and pricing:* Generally, consumers show some response to the price of alcoholic beverage as of all other commodities. If the price goes up, the drinker will drink less; data from developed societies suggest that this is at least as true for the heavy drinkers as for the occasional drinkers. Increased alcoholic beverage taxes and prices are related to reduction in alcohol-related problems such as traffic injuries, violence and liver cirrhosis

mortality. Young drinkers may be affected more than older drinkers (Alcohol Research & Health, 2000; Room, 2000b).

4.2) *Minimum age limits:* A minimum drinking age limit is a partial prohibition which applied to one segment of the population. There is a reviewed literature showing the effectiveness of establishing and enforcing minimum-age limits in reducing alcohol consumption as well as driving casualties and other injuries among adolescents and young adults (Wagenaar and Toomey, 2002).

4.3) *Government monopolies:* While government control of sales is most often exerted by licensing the seller, government monopolization of alcohol sales has also been fairly widely used in some countries. A public monopoly system removes the private profit motive for increasing sales and facilitates restrictions on numbers of sales outlets, on hours of sales and on sales to minors. However, because of free-market, these monopolies are threatened. The privatizations of retail alcohol monopolies have often shown some increase in levels of alcohol consumption and problems (WHO, 2002a).

4.4) *Rationing sales:* Rationing the amount of alcohol sold to an individual potentially directly impacts on heavy drinkers and has been shown to reduce levels both of intoxication-related problems such as violence and injury, and of drinking-history-related problems such as cirrhosis mortality (Room, 2000b; WHO, 2002a).

4.5) *Limiting sales outlets, and hours and conditions of sale:* Reduction in hours and days of sale, number of alcohol outlets and restrictions on access to alcohol are associated with reduction in level and pattern of alcohol consumption, rates of alcohol-related casualties and other problems.

4.6) *Advertising and promotion restrictions:* Legislation restricting alcohol advertising is a well-established precaution used by governments throughout the world. Some bans are partial, being applied only to spirits, to certain hours of television viewing or to state-owned media. Although many countries have restricted alcohol advertising to various degrees, the evaluation findings suggest that while the restrictions have not achieved a major reduction in drinking and related harms in the short term, countries with

greater restrictions on advertising have less drinking and fewer alcohol-related problems (Alcohol & Public Policy Group, 2003).

5) *Allying with social and religious movements*: Substantial reductions in alcohol-related problems have often been the result of spontaneous social and religious movements which emphasize on quitting intoxication or drinking. In developing countries, working with social or religious movements with a focus on alcohol problems has been among the most powerful catalysts in reducing rates of alcohol-related problems. Attempts by governments to stimulate or form alliances with such movements have shown only limited success. A perception of official cooptation or manipulation tends to undercut the strength of such movements (WHO, 2002a).

In general, the effectiveness of alcohol control strategies is strong for the regulation of physical availability and the use of alcohol taxes. Most drinking-driving countermeasures received high ratings on effectiveness as well. Strategies directed at altering the drinking context are applicable primarily to on-premise drinking in bars and restaurants but not to off-premise. One recurring theme is the importance of enforcement (Alcohol & Public Policy Group, 2003). However, there is no single policy measure that is able to combat and reduce all alcohol problems. It is more effective to incorporate a range of measures in a comprehensive alcohol strategy. The goal of a comprehensive, effective and sustainable alcohol policy can be attained by ensuring the active and committed involvement of all relevant stakeholders. It is the policy 'mix' or finding the right balances that is the key in reducing the overall public health burden of alcohol consumption (WHO, 2004b).

2.2.3 Alcohol policies at local or community level

Alcohol policies can be effective at both the community level and the national level. At the local level, policy makers can establish priorities for community action to control alcohol consumption which in turn can reduce the number of alcohol-related problems. Policy is used to produce structural changes in the drinking environment which affect changes in drinking behavior. Existing national or state policies and laws provide the legal basis for many local policies, and can enable local communities to prioritize use of existing resources within legal frameworks to achieve

specific objectives. Policy makers at the community level can allocate resources for implementation and enforcement of these existing laws. The base for local policies include minimum drinking ages, regulation of alcohol outlets, the legal blood alcohol level for drinking and driving, advertising restrictions, and alcohol sale to underage or intoxicated people (Holder and Reynolds, 1997).

Enacting community level policy has a number of advantages. The local citizens are close and deal with alcohol-related problem, for instances, injuries and deaths from crashes involving alcohol-impaired drivers, violence or assaults. Alcohol problems are personal experiences for community members and efforts to prevent or reduce future problems are also a personal matter. These can draw attention from the community and can mobilize to create public awareness and public policy. Local policies as they involve changes in rules and regulations or increased emphasis on enforcing existing laws can be lower in cost than specially funded prevention programs. Policies can be self-sustaining, once implemented. Even when the potential effectiveness of a policy decays over time due to lower compliance or lowered regulation or enforcement, policies can continue to have sustaining effect, even without reinforcement (Holder and Reynolds, 1997).

One approach for reducing alcohol uses and alcohol-related problems is community-based prevention programs. The concepts of community-based programs rely heavily on the principles and models of community action for social change, and on community empowerment which have their origins in the tradition of community development. Programs are comprehensive and recognize the importance of social policy, use the tools of public health practice and draw the guide of interventions from research knowledge (Aguirre-Molina and Gorman, 1996). These programs focus on changing the environmental in which a person consumes alcohol rather than the behavior of the individual drinker. Environmental-level interventions seek to reduce the availability of alcohol and opportunities to drink, to increase penalties for violating alcohol use law or regulations and instituting public policies. Environmental approaches aim at reducing “drinking-related problems” that affect other people besides the individual drinker including family, colleagues, neighbors and other members of the community. On the other hand, individual-level interventions seek to change knowledge, belief and attitudes toward alcohol use, and to enhance resistance

skill and other life skills (Treno and Lee, 2002). The programs may emerge from government or voluntary sectors, and are more broad-based than focused interventions deriving from one entity or institution (Winick and Larson, 1997).

This comprehensive approach combines several intervention strategies and targets multiple systems. In general, community-based intervention approaches focus on the community as a system involving numerous components including individual drinkers; vendors of alcohol, both places where alcohol is consumed and places where alcohol is sold; social events where alcoholic beverages are sold and consumed; laws, regulations, and enforcement agencies; local health agencies and treatment facilities; and social organization that may support and promote public policies and public health campaigns (Treno and Lee, 2002).

The components of community-based program to reduce drinking and alcohol-related problem vary by the objective and expected outcomes of the programs. However, they may include the following components (Aguirre-Molina and Gorman, 1996; Holder et al, 1997a; Komro and Toomey, 2002; Treno and Lee, 2002);

- 1) Involvement of the media to increase public awareness and to disseminate the information about alcohol-related problem and underage drinking.

- 2) A community mobilization effort to develop community organization and support for the goals and strategies of the programs. Community participation is also critical for creating comprehensive changes in institutional policies and public policies. Another objective of mobilization is policy implementation that is the adoption of policies by community leaders in positions to bring about environmental changes linked to reduction in alcohol-related problem (Treno and Holder, 1997).

- 3) A responsible beverage service component focus on service to intoxicated patrons and underage patrons.

- 4) An underage access component providing support for increased enforcement of underage sale laws both commercial and social access.

- 5) Reduction of alcohol availability through regulation of alcohol outlet.

- 6) A drinking and driving component to increase local driving-under-influence of alcohol enforcement activities.

- 7) Screening and Brief intervention in primary health care that target the problem drinker.

Locally implemented prevention programs or strategies are more effective if community members, local organizations and local leaders initiate and take responsibility for the prevention effort (Holder et al, 1997b). A strategy designed outside a community may not reflect the community's true concerns, interests, and social or cultural structure. If the community actively opposes the prevention program, the program is unlikely to have any effect and may actually produce social disruption and harm. Thus, the program could be irrelevant or even generate opposition (Treno and Holder, 1997).

2.3 Alcohol consumption and alcohol regulations in Thailand

The prevalence of alcohol consumption in Thailand has increased over the last four decades. Impacts of alcohol-related consequences have been recognized and concerned over time, particularly health harms. In 1990s, several regulations aimed to constrain consumption and to prevent alcohol-related harms were initiated. However, the result of alcohol policy in Thailand seems to gain a limit success.

2.3.1 Prevalence of alcohol consumption in Thailand

The alcohol consumption of Thai adults (age 15+) has increased over time, from 0.26 litres of pure alcohol per capita in 1961 to 8.47 litres in 2001 (Figure 2). In 2001, the per capita consumption of pure alcohol was 7.13 litres for spirits, 1.31 litres for beer, and 0.04 litres for wine. In the last three decades, there has been rapid increase in Thai adult per capita consumption. Spirits were the alcoholic beverage consumed in the largest amount in terms of per capita consumption of pure alcohol, and concurrently increased with overall alcohol consumption. However, beer has been consumed much more than the past in the last decade (WHO 2004a). These may be the result of an 'alcohol free market' campaign for production and distribution of fermented beverage by the government since 1990s, which followed by the development and growth of the alcohol industry particularly the domestic beer industry (Wibulpolprasert, 2005). Data from Excise Department of domestic produced alcoholic beverages market in Thailand in 2005 also show that beer had the largest market share (70%), followed by *Lao Khao* (24.2%), distilled spirits (5.7%), and wine (0.2%) respectively (Sornphaisan, 2006). Among Thailand's tax revenue in 2005, beer

tax ranked the third place and other alcoholic beverages ranked the fifth place (Excise Department, 2008).

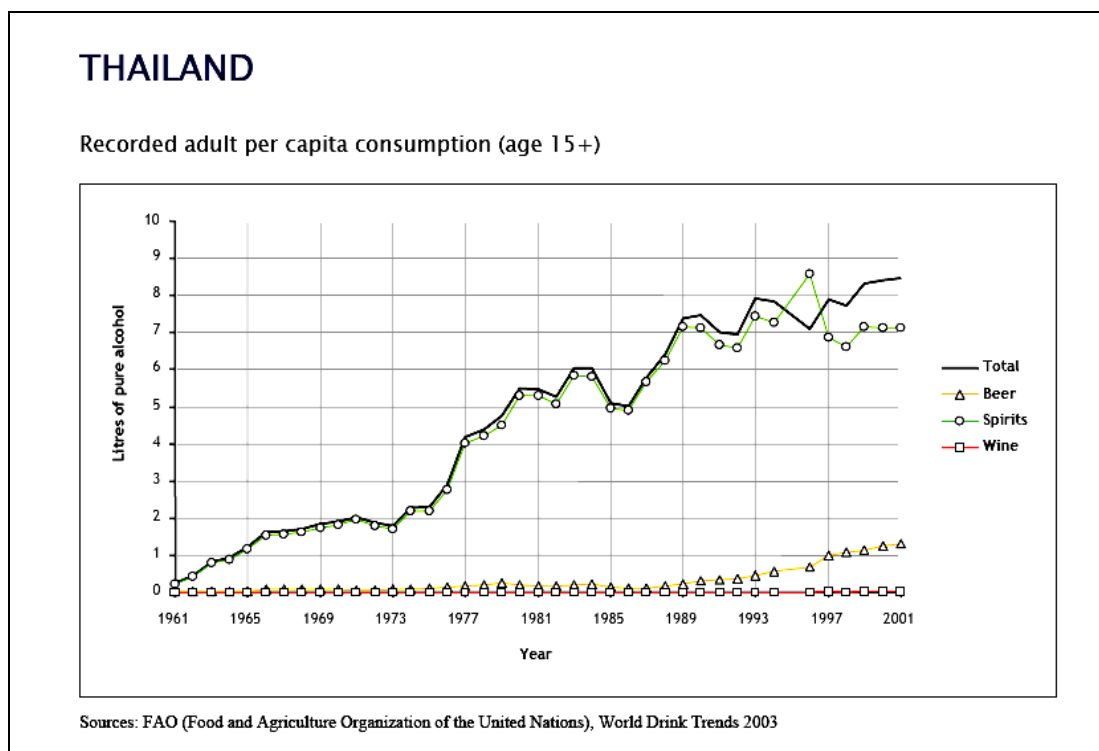


Figure 2.2 The per capita alcohol consumption by Thai adult (age 15+) between 1961 and 2001 (WHO, 2004a).

In 2003, the proportion of drinkers was estimated to be 35.5% of adult population. The prevalence among males was 60.8% and 14.5% among female. The proportion of female drinkers was higher than 1991, which was 9.5% (Table 2.2). In that year, approximately half of drinkers consumed less than once a month. While the proportion of respondents who reported as an everyday drinker was 9.4%, that was again higher than in 1991 (8.6%) (Wibulpolprasert, 2005). In 2007, the north-east region of Thailand had the highest number of drinkers followed by the North, the Central (not including Bangkok), Bangkok, and the South, respectively (National Statistics Office, 2008).

When considering the type of alcoholic beverage, in the 2004 survey on smoking and alcohol consumption by National Statistics Office, beer was the most common beverage with 33%, followed by *Lao Khao* which contains alcohol between

35 and 40 percent by volume (32.3%) and distilled spirits (19.7) (Wibulpolprasert, 2005).

Table 2.2 The proportion of the alcohol drinkers between 1991 and 2003, National Statistics Office (Wibulpolprasert, 2005)

Year	Proportion of the drinkers (%)		
	Male	Female	Total
1991	53.7	9.5	31.5
1996	55.4	8.1	31.6
2001	55.9	9.8	32.6
2003	60.8	14.5	35.5

A study in a province of Thailand revealed that alcohol consumption was associated with social and cultural contexts (Posayachinda and Siritwong Na Ayudthaya, 2001). Alcoholic beverages were consumed mostly at social events (during New Year, Songkran Festival, etc.) and cultural events such as weddings or funerals. Alcohol was used as a social lubricant for sociability or as a celebration around life events and cultural events. At these events, alcohol was usually consumed in large amount. The number of female drinker tended to increase in recent decade. In the past, alcohol was used as a medicine for female, but nowadays, the social and cultural events are common drinking opportunity for women. The different types of alcoholic beverage were not an issue of class identity but seem to relate to the distinction between age and gender; distilled spirits among the middle aged, beer among young adults and women.

2.3.2 Impacts toward Thai people

In the study of disability adjusted life years lost (DALYs) in 1999 by the Bureau of Policy and Strategy, Ministry of Public Health (Thailand), alcohol has been estimated to be the third attributable factors for DALYs with 5.3% and surpassed by: unsafe sex (12.7%) and smoking (6.9). There was a difference between sexes for alcohol-related DALYs. For Thai males, alcohol ranked as the third attributable factor

of DALYs with 8%. In contrast, the proportion among Thai women was 1% at the 11th ranking (Wibulpolprasert, 2005).

In Thailand, and elsewhere, alcohol consumption is related to both intentional and unintentional injuries. The alcohol-related injury causing most concern is road traffic injury. Data of traffic injured people seeking care at emergency rooms of 21 public hospitals in Bangkok revealed that about half of the victims had alcohol in their blood, the majority with alcohol level in excess of the legal limit (Suriyawongpaisal et al, 2002). A recent study from Khon Kaen province showed that about one third of motorcycle victims involved accidents presented at provincial hospital was drunk driving. And, more than 90% of traffic accidents occurred in Khon Kaen municipal area involved motorcycle (Iamtrakul, 2003). A survey study in 2003 by National Statistics Office founded that 53.5% of respondents reported driving after drinking, men two times higher than women (Wibulpolprasert, 2005). The injury surveillance report from Sappasitthiprasong Hospital, Ubonratchathani (2005), which identifies alcohol involvement of injured patients by emergency unit staffs, founded that 30.5% of injured patients attending an emergency unit were drivers with alcohol involvement. Mortality rate of drivers with alcohol involvement was 4.7% which was 2.6 times greater than mortality rate of drivers without alcohol (1.8%).

A case study of 226 people suffering from alcohol-related traffic accidents founded that 47% were the drivers with drunk-driving and 53% were the passengers and other people who involved in accidents. All of them had permanent disfigurement or permanent disability. The following problems were loss of job (42%) and decrease in wage (82%), which pushed their families into financial problem (Siriwong Na Ayudthaya, 2006).

The social problems are also an issue that raises public concern in Thailand. A recent study revealed that alcohol drinking was a factor causing family violence. Families with violence had member(s) who drink 84% compared to 56% in non-violent family. Thus, families with drinking member(s) had a 3.84 times higher risk for violence in family (Kongsagon, 2005).

2.3.3 Alcohol regulations in Thailand

To regulate alcohol consumption and to reduce alcohol-related problems, many laws had been enacted. A maximum permissible blood alcohol level of .05 percent was set in 1994. The law on retail sale regulation was revised in 2003: permitting sale in two periods, 11.00-14.00 and 17.00-24.00, with a prohibition of sale in educational institutions, religious areas, and petrol service stations. The minimum age limit at 18 year-old was also enacted in 2003. The revision of regulations of alcohol promotion in 2003 and 2004 covered three aspects of advertising: 1) site of promotion; 2) time of promotion with a ban on broadcast advertisements between 5 a.m.-10 p.m.; 3) the content of promotions and warning messages (Sornphaisan, 2006; Thamarangsi, 2006).

In recent years, there has been an effort in reduction of alcohol consumption using various methods for different target groups (Thamarangsi, 2006). Some campaigns apply the Buddhism and the religious beliefs such as promotion of 3-month abstinence campaign during the Lent Period and 'no alcohol' in religious-related events. The others are peer persuasion for teenagers, and promotion of social and cultural events with non-alcoholic beverage.

Regulation in Thailand seems to have limitations. The reliability of enforcement is a critical problem in policy implementation, undermining policy effectiveness. The law enforcement activity is much more limited in scope and intensity (Suriyawongpaisal et al, 2002; Thamarangsi, 2006). For instance, the legal BAC limit was set in 1994 but a public information campaign against drunk driving was initiated in 1997. Until 1999, sobriety check points were set up in Bangkok. Suriyawongpaisal et al (2002) reported that these campaign raised awareness and support for the law but did not change the proportion of hospitalized crash victims with legal BAC levels. In addition, the use of sobriety check point or random breath testing and the level of enforcement of the laws were rarely enforced. These included the enforcement of the laws that restrict and regulate accessibility and availability (WHO, 2004b). Household survey in 2007 (Lertpitakpong et al, 2007) also reported that alcoholic beverages could be bought from the prohibited area, during the prohibited time, and by the young under minimum drinking age.

2.4 Conclusion

Alcoholic beverages which contain ethyl alcohol or ethanol (C_2H_5OH) have long been used. Ethanol can be produced from wide range of sugary or starchy foods by a variety of techniques. Fermented alcoholic beverages are made and consumed within local society because of their short life, until the invention of distillation. Alcohol produces both physiological and psychological effects on any drinkers.

Alcohol consumption can be viewed through both sociocultural and public health perspectives. The sociocultural perspective tends to view alcohol as a part of the social and cultural fabric, and try to understand drinking as a model of beliefs and behaviors, with an emphasis on attitudes, values, norms, and socialization in the drinking context. Researches using sociocultural perspective in the study usually focus on alcohol drinking in everyday life and do not treat it as a problem (Heath, 1987). Drunkenness also express culture as it takes the form of a highly patterned, learned comportment which varies from culture to culture.

From a public health perspective, alcohol consumption is considered in relation to wide range of physical, mental and social harms. Alcohol consumption is responsible for increased illness and death. Alcohol use can result in short-term consequences for example, intentional and unintentional injuries, and long-term consequences as chronic health problems. Many researches have contributed substantially to the understanding of the relation of drinking to specific disorders and have shown that the relation between alcohol consumption and health outcomes is complex and multidimensional. Alcohol can be linked to problems through many different mechanisms and aspect of drinking. Alcohol consumption, either or both of the drinking pattern overtime and the volume of consumption, especially irregular heavy drinking, can be involved in health and social problems or social harm.

However, drinking and drinking contexts are usually social acts and usually associated with social activities. Drinking behaviors are a learning process that is culturally determined and shaped by historical context and socio-economic environments. The consumption of alcohol is usually enveloped by a set of cultural rules and beliefs. The attitudes and reason for drinking may differ from society to society. The system of social control on drinking could be viewed as a part of the overall cultural position of drinking. Sex, age, status, and religion play a role in

permission of drinking. There is a relationship between cultural modes of social control of drinking and cultural definition concerning the nature of drinking related problems and the means of their handling.

Such differences in culturally situated motivations for drinking may explain, at least in part, the difference in the drinking patterns and in the rates of alcohol-related problems. Drinking patterns are affected by the position of drinking in the culture, the prevalent drinking customs among individuals or different groups and in different settings, the norms regarding drinking behaviors by society (WHO, 2002a), and the relationship of drinking to other aspects of the culture.

Figure 2.3 summarizes factors which related to alcohol consumption. Politics and economic, not only culture, also influence alcohol drinking in many ways. They affect attitudes, values, and cultural meaning of drinking in specific society which have the indirect effect on drinking pattern and drinking behavior. And they can directly affect pattern and behavior by accessibility and availability.

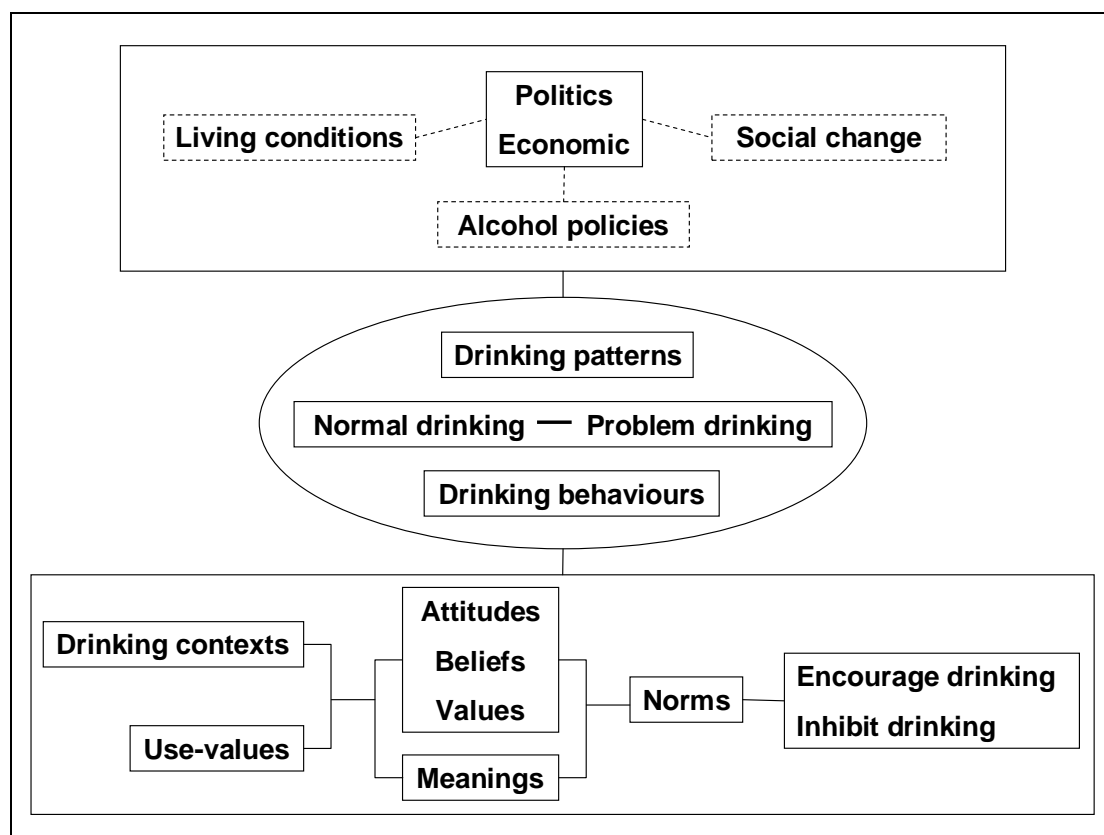


Figure 2.3 Related factors to social construction of alcohol consumption

Change in alcohol consumption can reflect change in other aspects of a culture and society. On the other hand, any change in social environment also has an influence on alcohol consumption and drinking behaviors. The identification of contexts of alcohol use and drinking norms within a culture, how people in the community perceive about drinking and related behaviors, how people identify abnormal drinking, and the way people respond to drinking consequences, can provide a useful guide to effective community action that fits to local priorities and be sensitive to local culture. It could be used to monitor the impact of the national alcohol policies on alcohol drinking and related behaviors. Trends and shifts in drinking culture can also provide important implications for alcohol policy and public education. To some extent, an appropriate strategy may prevent alcohol-related harms or diminish the increasing rate of drinkers and overall volume of alcohol consumed.

CHAPTER III

Methodology

To understand the cultural context of alcohol consumption; one must enter the world of the drinker and begin to understand their lives, their thoughts about alcohol, the role of alcohol in daily life, normative value of drinking practices and relationship to other belief and behavior (Heath, 2001). The social construction, religion, economic and politic activities affect the drinking context and drinking pattern and the volume of consumption. Therefore, ethnography was employed to examine alcohol consumption in the context of particular group and community in the real world. It reveals the nature of cultural drinking practice within the context of values and norms which direct the group and gives its actions meaning. It is appropriate to study beliefs, practices, and patterns of alcohol drinking in a given community. Following is the details of study method.

3.1 The study site

A suburban village was purposefully selected based on the following criteria.

1) Character of a community which was a traditional Thai-Isaan community with evidences of modernization and urbanization.

2) Phenomena of alcohol consumption, for instance, evidence of alcohol drinking in everyday life and in social and cultural events, drunken or intoxication in public places.

3) Accessibility and communication.

4) The feasibility of gate keeper

'*Ban Rim Nam*' (Ban = village, Rim Nam = riverside; a pseudonym) is a village in Ubon Ratchathani Province, in the northeast of Thailand. The village is 15 kilometers from municipal center, and covers an area of 4.5 square kilometers (Figure 3.1). The community has a history of more than one hundred years. The population is quite homogeneous and of Isaan origin. All people are Buddhist and speak Thai-Isaan and central Thai languages. The village is located on the bank of a river (Figure 3.2)

with a concrete road straight from a bypass highway. Most of them work in restaurant business – food and drink services – and fishery. The community still has strong ties of kinship, and adheres to traditional cultural events and community celebrations. Motorcycles and cars, styles of housing, mobile phones, a satellite receiver, and a karaoke player provide evidence of modernization (Figure 3.3). Evidence of alcohol drinking can be seen while walking around the village. There are signs of whisky and beer displayed in front of the groceries and a number of soda water cases at one grocery shop (Figure 3.4). Alcohol-related litters such as caps and empty bottles of various alcoholic beverages can be seen in household garbage and alongside pathway in the village (Figure 3.5). Alcohol drinking can be observed in daily life and social events. However, there is no modern public drinking place such as bar, club or a karaoke parlor.

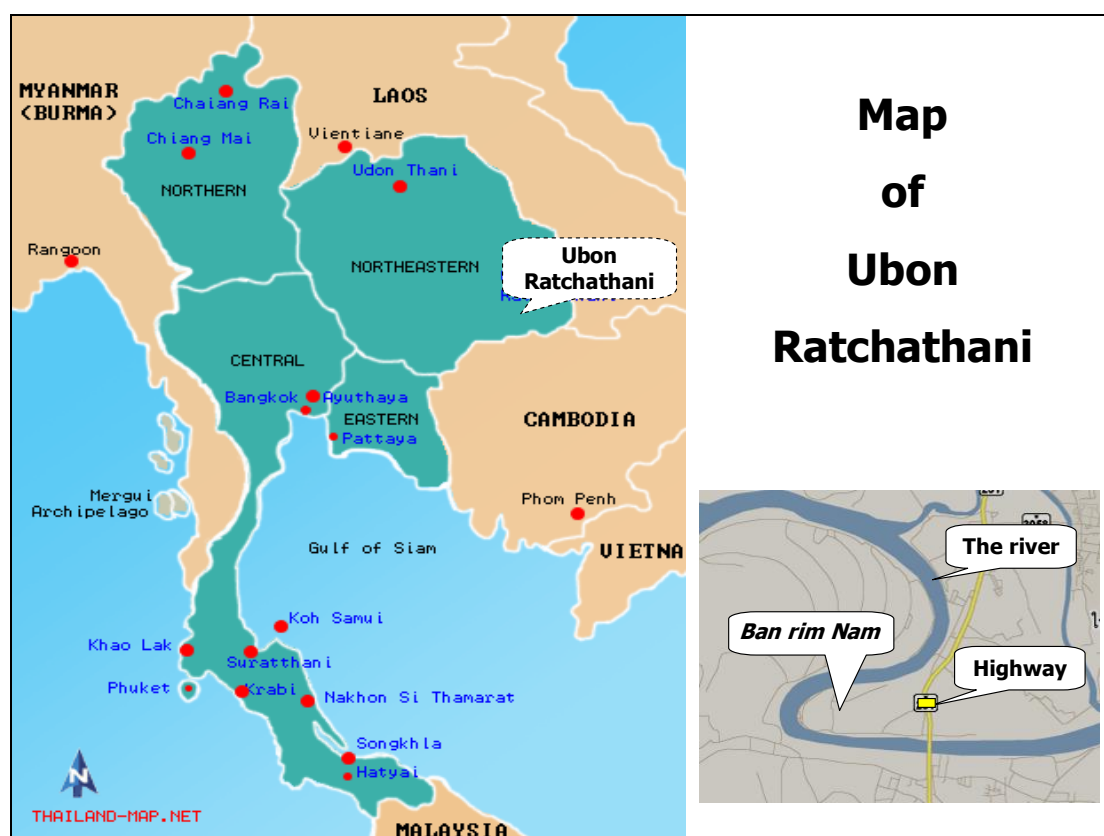


Figure 3.1 Location of the village

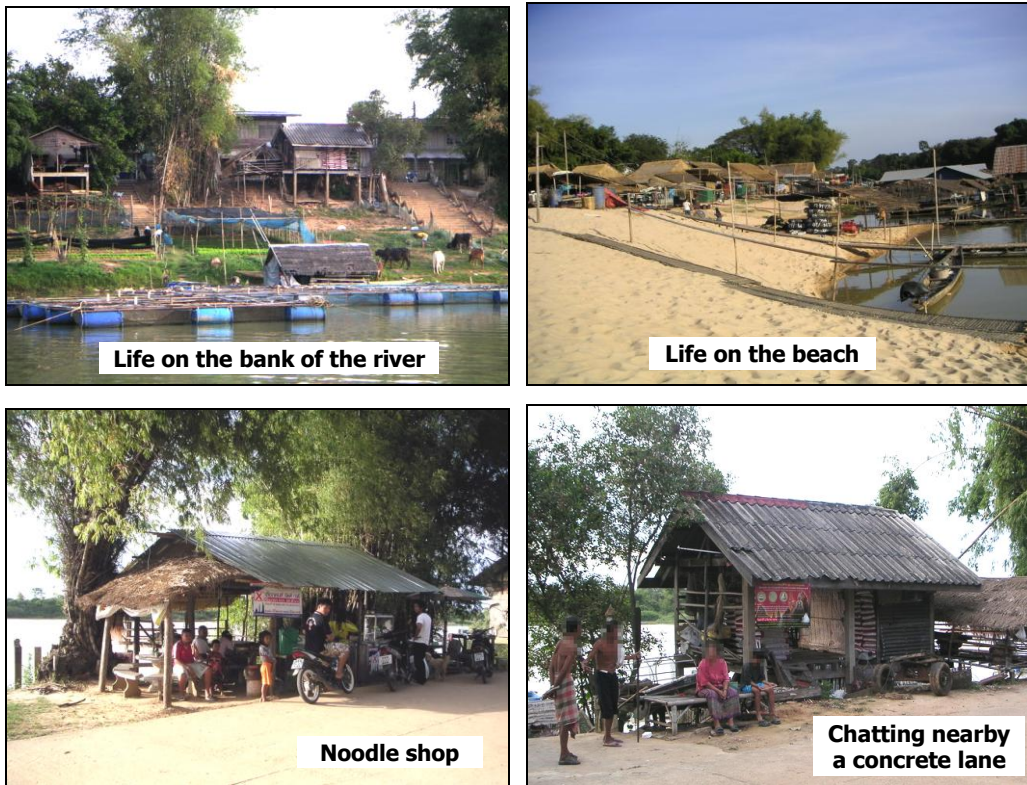


Figure 3.2 *Ban Rim Nam*: general atmosphere



Figure 3.3 Styles of housing, types of vehicle, concrete lanes



Figure 3.4 Banners and display of alcoholic beverages, and soda water cases



Figure 3.5 Caps and empty bottles of various alcoholic beverages

3.2 Entry into the village

Before the research was conducted, I contacted *Pad* (pseudonym) whom I regarded as a gate keeper and asked him if he could assist me by introducing me to the community. He was 64 years of age and had been living in this village for more than 10 years, and he was well-known to other villagers. Though he was not born in

the village, he had participated in the community activities with his close friends in this village since he was a young man. He introduced me to *Sorn* (pseudonym), one of his friends, who was a former headman and explained who I was, what I was interested in and provided him with some details of my project. *Sorn* was still a prestigious person to the villagers though he had retired from his position for several years. He later became another gate keeper. *Pad* and *Sorn* invited me to participate in community activities and I was introduced to the current headmen of the village both as a Ph.D. student and a physician.

After the proposal of the project was approved by the ethics committee of Khon Kaen University, the objectives and process of the study were given to the village headman verbally and discussed. On 7th January 2008, I participated in a meeting of the advisory committee of the village. The brief protocol and process of the study were presented and discussed again particularly the data collection methods (observation, interviewing, and taking photographs), the confidentiality of data and how to present the results of the study. The first response from the committee was laughter when I explained the topic of study and the objectives. They all said something like *"You have chosen the right place."* The vice headman humorously added that *"If you study drinking in this village, you may be a drunkard before you finish the project."*

After my presentation, there were only 4-5 questions from the committee to clarify and confirm some issues that I presented. There was not any significant issue in concern from the meeting. Then, the headman concluded that *"There is no problem with your project, and you can ask everybody for assistance if you need help."*

Therefore, the project was accepted by the committee and I gained permission to study the village. Moreover, several people offered me as one of the committee told me, *"You can start from this night. There's a drinking group waiting for me at my house."* Another man also said *"I will call you to drink with if I notice you when I'm in a drinking group. So, you can closely observe our drinking."*

My general impression after the meeting was that alcohol drinking seemed to be a custom of the village life. Some people wondered why I was interested in this issue, as they considered it to be insignificant. However, I was very welcomed and they immediately accepted my role as a research student.

3.3 From ‘the outsider’ to ‘the familiar one’

As a result of the meeting, my work was easier. I started my fieldwork immediately after the meeting. I spent at least four days a week in the village throughout the year 2008, and finished the fieldwork in January 2009. My gate keepers and the headman were the starting point for participation in the village and then, this expanded to their relatives and other people. During this period, I developed close relationships with a number of villagers and became acquainted with more than half of people there.

In the first month, I familiarized myself with the daily life of the village and chatted with everyone whenever I had a chance. I was introduced to other people by my gate keepers when they took me to participate in social and communal events. The headman and the members of advisory committee also informed everyone about my role and project when they were asked who I was. By making contact with elderly people and frequently walking around the village, I was gradually recognized by many people (Figure 3.6). Within two months, I was known by most villagers about who I was and what I was doing in the village.



Figure 3.6 Walking around the village, making contact with the elderly

Chatting with everyone, speaking in Thai-Isaan language, eating whatever the villagers eat, were tactics that I practiced. One of my gate keepers teased me when we were talking about the village’s life as *“You know the movement and the news of people in the village more than me. How can you do this? You just have entered the village for five to six months.”*

However, the main challenge was drinking with them. Two sentences “*You can not learn anything if you do not drink,*” and “*Why do you drink, if you do not get drunk?*” were told and asked to me by many villagers in various situations. Drinking was essential for participation in a drinking group. Moreover, drinking was a social act and was considered as a sign of acceptance of someone or establishing a relationship. It was difficult to refuse an offer of drinking together when you needed to observe alcohol drinking. For me, the challenge was to drink or not, and how to drink. In general, I tried to drink in a slow pace and chatted to everyone in the group. In social and cultural events, moving around and talking with many people were my habitual practices, as someone teased me, “*I saw you holding your glass and moving around. When you come back to me, your glass is still full as before. When will you drink?*”

Another strategy was active participation in communal activities. By the time, those barriers between me and the villagers had decreased while the acceptance had been gradually increased; many of them seemed to be more relaxed when they got into conversation with me. They treated me as if I were a neighbor rather than a guest or a professional. After three months, I was invited directly from the host to participate in both personal and communal events. In *Pu Ta* (village guardian spirit) worship which is an annual cultural event in which most households participate, I was told by the elderly and the headman that, “*You have to participate in worship too. You are a member of the village now. Don’t forget to bring one boiled chicken and one bottle of spirit with you.*”

When I told them that I could not make a boiled chicken, someone in the group replied as “*Don’t worry. We will do it for you if you assure that you’ll participate.*”

In the morning of the day, there was a tray of boiled chicken and a small bottle of whisky with my name on a card, presented to *Pu Ta* in the worship. When I offered to pay for the offering, I was told “*No. There is nothing to pay for.*”

As I had planned to take photographs as an evidence of the study, I usually took a camera with me and took photographs as often as I could do. In the first two months, I always asked for permission before taking photographs. In the third month, I was asked to photograph an event, instead of asking them for permission. After four

months in the field, I was often reminded by someone to take photographs when I participated in social and cultural events, even in personal events;

“Where is your camera?” or

“Have you taken the pictures yet?” and

“Take the photographs! Otherwise you will not get data for writing.”

The event that impressed me the most was my surprise birthday party with the *Su Khwan* ceremony in the last month of the field work (Figure 3.7). The party was arranged by a group of the villagers at a waterfront. I did not know how they knew that it was my birthday. I was invited as a guest for a feast. No participant told me anything though I had chatted with some people before the party. I realized that it was a surprise birthday party when one elderly performed the *Su Khwan* ritual after announcing my birthday. Tying white cotton thread around my wrist, I was blessed with success in my education. An elderly woman said that the thread was intended to *“Tie you to the village. Do not vanish if you finish your project.”*



Figure 3.7 Surprise birthday party for me

More than thirty people were participated in the event and someone took a birthday gift for me. Most of the gifts were bottles of whisky, at least 12 bottles. After the *Su Khwan* ritual, food and drinks were served to all participants. I tried to slow my drinking pace but it was quite difficult as I was toasted from several guests and several times from each person. At the end of the party, there were only two bottles of whisky left. That was the night when I got drunk to some degree. The next morning, I was invited to have lunch at the locale of the party. When I arrived, someone served

me a glass of whisky immediately. They told me that it was whisky left from last night and they had drunk it since late morning while they were cleaning up. However, I could not drink it any more.

After that day, some people who did not join in the party asked me as “*Why didn't you tell me? I would go to join the party if I knew.*” Another one told me that “*I would join the party if I did not have duty.*”

All I could reply were that I had not known anything about the party. I only knew that there would be a dinner with three families, and I was invited to join them.

Although all villagers recognized that I was a physician and a Ph.D. student, these two statuses did not affect my field work as one might expect. The gate keepers and their assistances before I conducted field work could help me to be recognized easier than I had thought. But the acceptance from the villagers mainly depended on my practice in the field. Though my physician status might have helped me in some way, I was recognized as a physician less than as someone who wanted to learn the way of the village life. Health issue was not a frequent topic of conversation. On the other hand, my interest in village life, their practice, and active chatting could make them forget my physician status.

After three months in the field, I was no longer a stranger person. At the fourth month, I was expected to participate in social occasions and community activities. Some people asked me when they did not see me for a short time as “*Where did you go? I haven't seen you for several days.*” And then, they started talking about what had happened in those days.

3.4 Data collection

Participant observation and interview became the major methods for data collection. A number of photographs were taken as an evidence of incidents. Besides this, informal interviews were done with the people while I was participating in the events, or later. In-depth interviews were employed during the last four months.

3.4.1 Observation

At the early period of study, most observations were non-participant observation. Participant observation only occurred within the circle of relatives of the

gate keepers or in the events that I got permission by assistance of the gate keepers. After I was recognized by other villagers, I was involved in more activities and events as somebody in the village. Observation was aimed to examine the village life, drinking context and drinking-related behavior.

3.4.1.1 Non-participant observation

By walking around the village, I surveyed the physical geography and mapped the location. The evidence of alcoholic beverage and alcohol drinking was also observed while walking along the pathway. Types of alcoholic beverage were explored by looking around for containers in household garbage and in front of the houses. Hanging out at a grocery shop also provided an opportunity to observe drinkers and drinking practices. When the gate keeper took me to participate in a social occasion that was quite a personal event, it was time to acquaint with other people and to observe all guests and host, and their behaviors. In the meantime, informal conversation frequently provided useful information for further exploration.

3.4.1.2 Participant observation

For the first three months, I had asked for permission from the headman or the host before I participated in the events. Since I was recognized by many people, I was invited to participate directly from the host. Walking around the locale of event, chatting with the people and questioning, these were all my practice to obtain information. Drinking groups were another significant place for observation. However, to attend a drinking group but not to drink with them seemed to be awkward and might have an impact on their behaviors, particularly when someone in the group was unacquainted with me. Drinking together, when someone invited me, could make the group's behavior move naturally. Moreover, being invited by someone to drink could be considered as an acceptance, and a relationship could be established by drinking together. Apart from these, I tried to participate in communal activities as much as I could, because drinking session could occur at any time and places in this village (Figure 3.8).

3.4.1.3 Recording

After observation, field notes were undertaken by writing in a note book as soon as possible or within two days. Then, field notes were compiled as a diary, day by day. If there were any issue or situation that was unclear, it was asked to someone

who had participated in the events about the details again on the next day. Informal interviews were arranged with informant if there was no clear explanation.

Photography was another way of data recording. I usually had a camera close at hand. General atmosphere of the village was taken without opposition or complaint from anyone as well as the photography in communal activities. But in personal events, permission was obtained before taking. However, I was never refused from anyone.



Figure 3.8 Participant observations

3.4.2 Interviewing

Interviews were used to explore thoughts, perceptions and beliefs of the villagers both at community level and individual level.

3.4.2.1 Informal interviews

Informal interviews were done as chatting and questioning while I was participating in the events (Figure 3.9). Though I might not get clear and complete information at that moment, I could further explore it later from the same informant.

Therefore, numerous sessions of informal interview were done during the study period. Key informants were usually selected by opportunistic and convenient selection. Ages of the informants were more than twenty to eighty-four years. If they could not provide more information, they usually suggested someone to me (snowball). In general, informal interview provided description and explanation of the event, the informant's thought and perceptions, and various dimensions of alcohol in the village such as availability, access, consumption, and alcohol-related behavior. Data were recorded by writing field note as soon as possible after interviewing.



Figure 3.9 Informal interviews

3.4.2.2 In-depth interview

In-depth interviews were employed to probe and verify the data from observation and informal interviews. Key informants were theoretical selected to inform the researcher of their drinking experiences as they had identified themselves, to determine patterns of difference, to elaborate and illuminate emerging concepts and hypotheses. The method was used to gain information about personal experience of drinking, perceptions of various dimensions of alcohol, the changes in drinking practices and perceptions from past to present, and alcohol-related behaviors and problems. Personal contact and appointments were made before conducting an interview. Time and place of interviewing depended on their availability. In each case, interviews took about 45-60 minutes with 1-2 sessions per key informant, and the places were at their houses or nearby. Before conducting an interview, they were asked for permission to audio record by digital audio recorder. If permission was not

gained, a written note would be taken after the interview session as soon as possible. Informal interview would be added if there was something unclear.

3.5 Sources of data

Apart from general information about the village, everything that occurs in the village was potentially data, particularly event or activity which involved alcohol drinking. In general, data were derived from two main sources: the events and key informants. In addition, observing people's daily life also provided information about alcohol consumption and contexts.

3.5.1 The events

Events could be divided into three categories related to people's participation and the objective of the occasion: social events and special occasions, traditional rites, and community activities. By participation in every step of the village life, numerous daily drinking occasions were observed both in private and public spaces. In total, 80 events were observed. In social activities, there were both personal events and public activities. Traditional rites were associated with religious rites and local customs of the village. Community activities involved many villagers in activities which were arranged communally. Table 3.1 shows the name and number of observed events (see Chapter 4 for explanation).

3.5.2 Key informants (KIs)

People who were born and had lived in the community or people who had lived in the community for most of their life were potentially key informants, particularly for informal interviews. All of them were more than 20 years of age because the study focused at adult drinking practice. Data of adolescent drinking was derived from observation at communal events and traditional rites and informal interview with the elders who knew their drinking behaviors.

In informal interview, KIs were people who could explain or answer my questions. During the study period, a number of villagers, both men and women, were interviewed informally. More than 50 men and around 30 women were interviewed for alcohol-related issues. Most of them had direct experiences with alcohol

consumption. A few numbers were abstainers or a spouse of a drinker. Characteristics of informal KIs and the main issues of interviewing are shown in Table 3.2. All of them knew about my project and realized that this was a way of data collection. However, I usually asked them for permission or reminded them before the conversations

Table 3.1 List of observed events (for explanation, see Chapter 4)

The Events	Name of the events (number of observed events)	Total
Social events and special occasions	Personal occasions; gathers for dinner (5), picnics (3), New Year party (5), other celebrations and party (5), the <i>Su Khwan</i> ceremony (6), monthly birthday celebration (2), birthday party (12), wedding ceremony (2), funeral ceremony (3), ordination ceremony (4), blessing the house and house warming party (3)	50
	Public occasions; celebration and party (2), thank you party for sport men and women (2), party for local charity (1), work feast (3)	8
Traditional rites	<i>Boun Phawet</i> (1), <i>Wan Nao</i> (1), <i>Pu Ta</i> worship (1), <i>Boun Sam Hah</i> (1), <i>Boun Khao Phansa</i> (1), <i>Boun Koaw Pradub Din</i> (1), <i>Boun Koaw Sak</i> (1), <i>Boun Ok Phansa</i> (1)	8
Community activities	big cleaning day (2), communal work feast (4), long-boat racing team activities (6), others (2)	14

Apart from these KIs, many people were approached for other aspects of sociocultural life and history of the village. They were selected by suggestion from other villagers or my gate keeper. Interviewees included the elderly who knew well about the details of traditional events, someone who knew well about the history and development of the village, the host of the events. Conversation about these issues usually took place at the events or at their house.

Table 3.2 Key informants in informal interview

Character of informal KIs	Main issues of interviewing
The drinkers, both men and women	-direct experiences with alcohol consumption -thought and perceptions about alcohol consumption
Abstainers (lifetime, less often with a little amount) and spouse of the drinkers	-thought and perceptions about alcohol consumption -other dimensions of drinking from non-drinkers' view
The elderly	-history of the village, the village life -traditional events and beliefs
The host of the events	-the events and the role of alcohol consumption
Others; groups of housewife, customers at grocery shops, the grocery's owners, drinking groups, etc.	-gossip, the village life -roles and functions of alcohol in the village life -alcohol-related consequences in the village and the way of handling

Participation in daily activities and groups of people in daily life also provided some interesting issues. Talking with customers at a grocery shop, chatting with a group of people, particularly a group of housewives in a communal activity could provide every movement of villagers and gossip. Everything that could be associated with alcohol consumption were noticed, collected, and woven.

In-depth interviews were employed to probe and verify the data from observation and informal interviews. All in-depth interviewed KIs were purposefully selected according to their drinking experience. In general, all KIs were willing to talk with me particularly in informal interview. Though some KIs seemed to be a little reluctant when I approached them for in-depth interview, no one refused my request and only two KIs refused audio recording but not note taking. During the interview session, they gradually seemed to relax over time and talked in full flow.

Most in-depth KIs were male; only two women were interviewed formally. The numbers of female interviewee were fewer than male because data of female drinking were mainly collected by observation and informal interview. The interviewing with these two women were aimed to explore drinking practice, perceptions among women, and the changing process from past to present. Most KIs

have finished primary school and a few numbers have finished high school, corresponding to the educational level of the villagers. Table 3.3 shows characteristics of in-depth KIs.

In conclusion, sources of data included a wide variety of events which occurred in the village and many key informants with various characters. The events throughout the year were participated and observed. Several kinds of events were observed repeatedly. The characteristic of key informants encompassed the drinkers with various drinking patterns, lifetime abstainers, former drinkers, and spouses or family members of the drinkers. Information from interview were also appraised and verified by interviewing the same informant repeatedly with the similar issues or with the other informants in similar situations. All of these sources provided the huge amounts of data, ensured the saturation, and enriched the credibility of the study.

3.6 Data analysis

Raw data were initially analyzed during the field work period by re-reading notes and transcriptions. While I was observing or interviewing, interesting issues were selected, then tracked and explored extensively. Preliminary viewpoints were further explored and assessed. Field notes were reviewed periodically for comprehensiveness and making remarks. Transcriptions were read thoroughly to form general concepts. Photographs of the events were also reviewed and read as ethnographic data. The images were not only aide-memories or illustration of the events but also the document which added more details, provided both qualitative and quantitative information. Data were collected at several events and from many key informants until there was no new information were produced.

Afterward, field notes and transcriptions were coded and categorized. Indexes and categories at the initial step were developed from ideas or concepts that emerged while I was carefully reading the field notes and transcriptions. A part of categories was developed from the objectives of the study and the knowledge which had been reviewed from the literatures. Indexes and categories were carefully reviewed until there generated no new information and, patterns of response and association began to repeat themselves. Indexes were refined and grouped into the categories in the second reading. Then, connection between the categories was made into the core themes.

Table 3.3 Key informants in in-depth interview

No.	Sex	Age	Age at first drinking	Occupation	Current drinking practices	
					Self identification*	Actual practice**
I-01	M	35	15	const. labor ¹	Regular	5-7 days/wk.
I-02	M	24	18	const. labor ¹	Regular	2-3 days/wk. (with temporary quit)
I-03	M	23	20	gen. labor ²	Occasional	0-1 day/mth.
I-04	M	38	15	fishery	Former drinker	2-3 times/year (1-2 drink)
I-05	M	74	20	unemployed	Lifetime abstainer	1-2 times/year (1-2 drink)
I-06	M	47	20	const. labor ¹	Regular	5-7 days/wk. (with temporary quit)
I-07	M	53	16	fishing	Occasional (history of heavy drinking)	1-2 days/mth.
I-08	M	62	14	unemployed	former drinker	quit at least 2 years
I-09	M	73	17	fishing	Occasional	0-1 day/mth.
I-10	M	55	20	gen. labor ²	Regular	Everyday
I-11	M	38	12	gen. labor ²	Former drinker (history of dependence)	quit for 4 years
I-12	F	67	30+	unemployed	Former drinker	1-2 days/years
I-13	M	62	20	restaurant business	Occasional	2-3 days/years (but heavy drinking)
I-14	F	62	30+	restaurant business	Occasional	1-2 days/wk.
I-15	M	40	15	gen. labor ²	Regular	5-7 days/wk.

*Self identification is the way that they identify their current drinking practice – see details of definition in Chapter 5, ** Actual practice is their drinking practice that I observed and asked.

1=construction laborer, 2= general laborer

Emerging issues and conceptual models were made and hypothesized. The ambiguous and emerging issues at the reading stage were also explored and verified in later field work. The researcher had a long duration of field work and was accepted by the villagers in a short time, and this was useful for verifying emerging and ambiguous issues, and testing the hypotheses.

During the stage of writing research result, data were repeatedly read thoroughly again. All indexes and categories were also reviewed. When new ideas or new interpretations emerged, the previous indexes were verified, and grouping for a second time. The categories were compared and some connections were made in a new way. The core themes were also partly reorganized until the overall association of the research result was achieved.

Figure 3.10 and 3.11 demonstrate examples of pathway of data analysis. Statements from field notes and transcriptions were coded. Raw data codes were categorized and then, core themes were created.

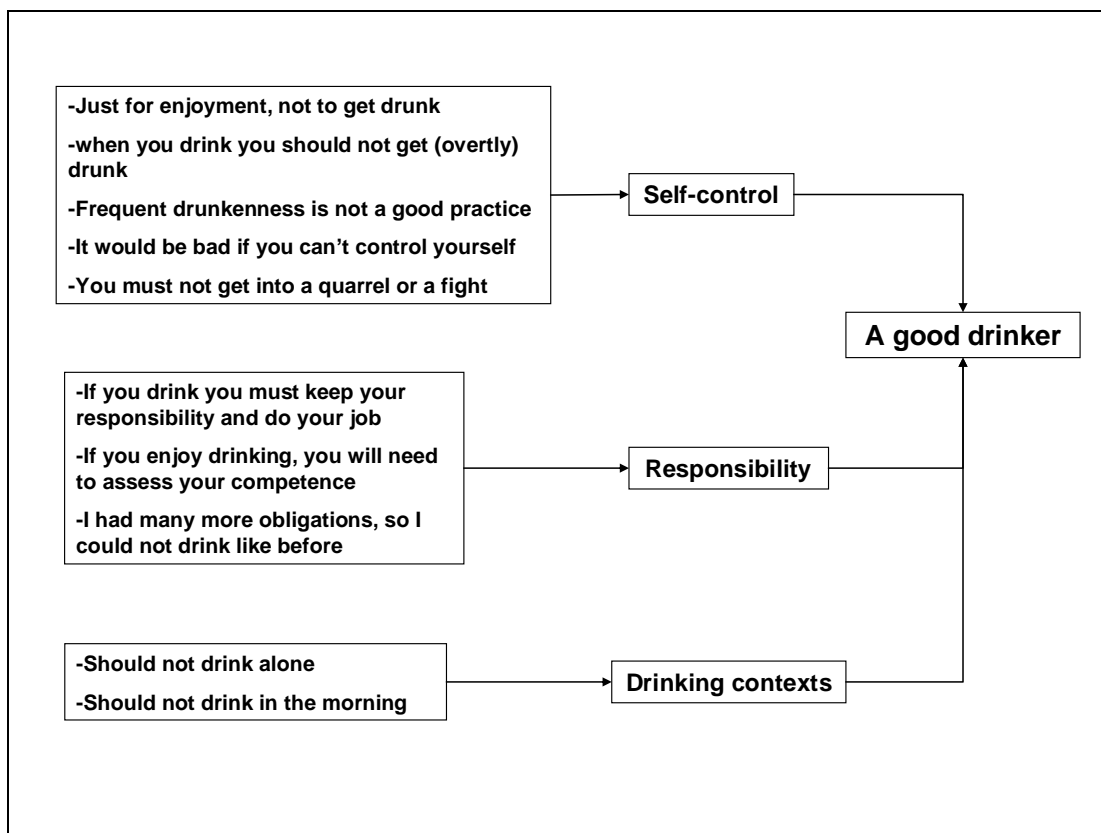


Figure 3.10 Defining a good drinker

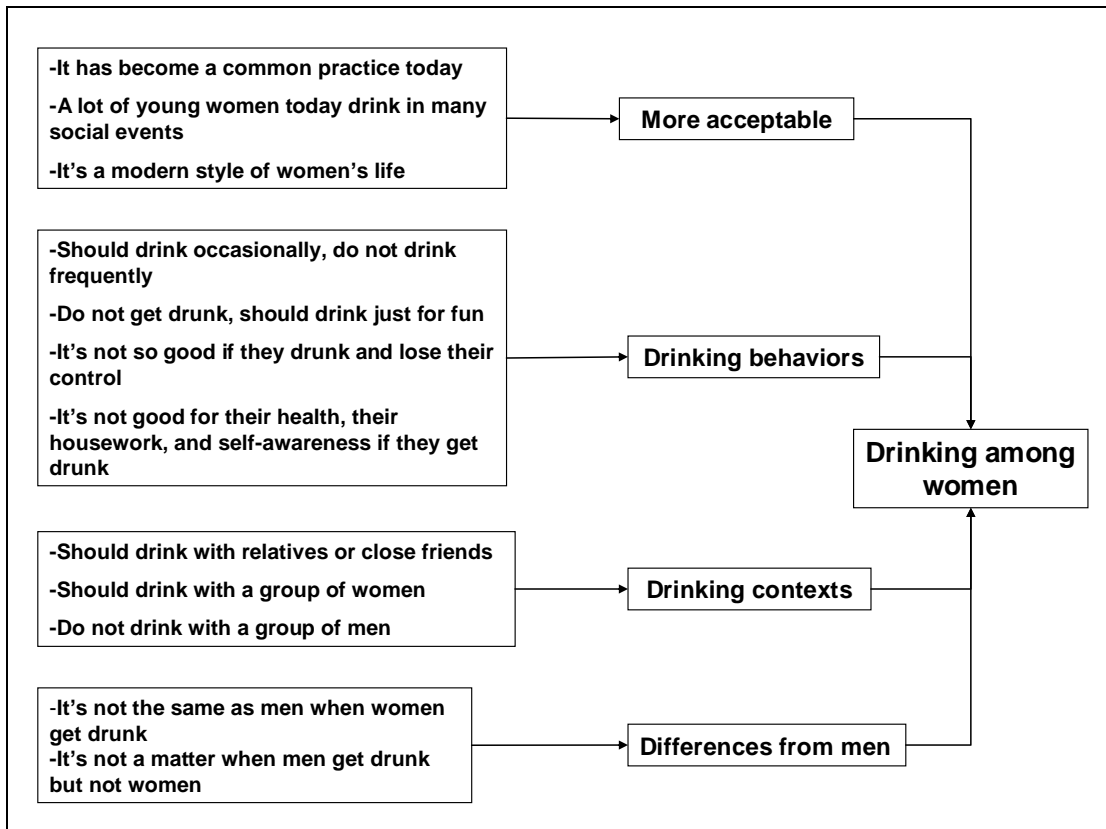


Figure 3.11 Characteristics of drinking among women

3.7 Rigor

To ensure the rigor of the study, several aspects of research skills and methods were concerned and employed.

3.7.1 Researcher

As participation in village life is the crucial way of data collection and the researcher was a stranger, entry planning into the village needed to be well prepared. I had begun to approach the gate keeper during the proposal development period and had occasionally gone to the village. The gate keeper also introduced me to his friends in the village and took me to some social events with him. As a result, I was recognized by some villagers before conducting the research. However, the conversation, behaviors, and interaction of the people might not appear naturally in the presence of an unfamiliar person, especially in the context of drinking that

represents social relationships. Therefore, I needed an acceptance as ‘the familiar one’ before collecting the data.

The personal character and professional status of the researcher can also have an effect on relationship and data collection process. In this case, they all knew that I was a physician. However, by speaking Thai-Isaan as much as I could and being easy and friendly, my professional status was no longer a barrier of relationships. On the other hand, I was appreciated that I could behave as if I was a villager.

Though drinking could not be avoided on several occasions, I took a great caution of myself not to drink until I got drunk. Under the intoxication, I could have missed or forgot some significant information.

3.7.2 Data collection

Several techniques of data collection were employed and several sources of information were included for richness and accuracy of the data.

3.7.2.1 Skill for field work

Although observation and interviewing skills were essential for data collection, identification with the villagers was a key of succession in field work. Not only behaving as the villagers but I also had to feel and think as they did. On the other hand, I must not forget the researcher role. Listening and considering everything meticulously were also skills that gave me the information of the matters of everyday life with drinking issues linkage. I behaved as a skeptical man and questioned about all situations that had occurred. With the help of my gate keepers, I could always identify someone who was willing to answer or clarify my curiosity.

Taking field notes was a challenge in the first month of study. Because of active participation in the situations, full description of note could not be taken at that moment. On the other hand, this was a practice that might get a time before I could do it skillfully. By taking note more and more, I rapidly did it better. After the first month in the field, I took the field notes to my advisor for assessment. Her comments and suggestions helped me in increasing my skill. In general, I took notes as soon as possible and completed it by typing in a computer within one or two days.

Taking photographs were another challenge. Drinking associated behaviors and drinking atmosphere were centers of my photography at the events. I had to

photograph the evidences as if they were candid photography in order to represent the real behaviors and interactions. I needed to develop technical skills and how to frame the pictures.

3.7.2.2 Methodological triangulation

Various techniques of data collection were employed. Participant observation and informal interview were the major methods of the study. These methods allowed me to get information in actual situations and real life. In addition, I could associate their thoughts, perceptions, and their behaviors immediately. Non-participant observation was used in some situations. Observation from a short distance might provide different information from the accounts that I got while I was participating in the same situation. In-depth interview was conducted with selected key informants to gain the more details and to verify some issues that I had got from other methods. Photographs were not just an evidence of situations but provided some details that I might miss by observation and could help me in reviewing the events.

3.7.2.3 Data triangulation

Data were triangulated from various informants and repeated observation in the similar events. As social and cultural events occur several times in the year, I tried to participate as much as I could do. Observed data could verify and compare the difference within the similar situations by repeated observation. Informal interview could also do repeatedly with the same informant and the same issues, in the similar situations. Beside these, some issues were asked to several people to represent the consensus of the villagers.

Though the aim of the study was to explore drinking culture in the village, the events without alcohol drinking were also participated and observed. Interviews were conducted both the drinkers and non-drinkers as well. Moreover, key informants were not only people who were born in the village but also the migrated people who had lived in the village for a long time. This group of informants could provide different views of information from the native villagers.

3.7.3 Data analysis

Audio recorder was checked immediately after the interview session. Audio recording was transcribed in the concrete descriptions by a professional transcriber as

soon as possible. Then, the accuracy was checked again by comparing with the audio recording. At the same time, it was an opportunity to make an understanding and exploration.

Data from field notes and transcriptions were coded and categorized thereafter. The categories were then refined, grouped and made connection. Various aspects of analyzed data and emerged ideas were discussed with advisors and other scholars.

Respondent validation was used to assess the level of correspondence between researcher and participants. It included checking the accounts of events and key informants, verifying the researcher's perceptions, and assessing the assumptions and hypothesizes. It was usually done by informal approach. Respondent validation was regarded here as part of an error reduction process.

To disclose the varied dimensions of data several models and perspectives were used as a theoretical triangulation. The two main perspectives were socio-cultural and public health perspectives. Social context models and psychological theory such as social learning theory, social control theory, and the theory of normative social behavior were used to grasp the social construction. Medical models also provided the opportunity of intervention and persuasion to treatment for health care professionals and physicians.

3.8 Ethical issues

An ethical issue including respect for persons, beneficence, and justice has been concerned since the development of proposal and field preparation. Subject risks and benefits were kept in mind and assessed throughout the fieldwork including psychological risk, interpersonal relationships harm, and risk of threatening to the village's way of life. Potential risks from publication of results of study are also in concern.

3.8.1 Permission and informed consent

The project was approved by the ethics committee of Khon Kaen University in December 2007. Then, the objectives and process of the study were given verbally to the headman and the advisory committee of the village in January 2008. The project

was accepted with a few questions from the committee. Accordingly, it was the permission for me to participate and observe the village life and communal activities. As most villagers knew that I was a PhD student who had been doing a research about drinking in the village since my second month in the village, I did not ask for permission again in observation and informal conversation particularly in public events. But, in personal events I always asked for permission from the host before participation or observation unless I was invited to join the event. Photography was also asked for permission before I took the photographs. It was the privacy of a person that I had to concern in participant observation. However, it was me that was reminded of taking photographs at the fourth month in the field.

In in-depth interview, consent was always obtained before conducting the interview. Informed consent was given to the informant verbally. Though the informant had rights to refuse to participate in the interview, there was no one refused my solicitation. Only two informants refused audio recording but not note taking. After interview session, however, some informants wondered “*Just only these! I thought that you would ask something more than these.*” In their sense, the questions of interview were not a significant issues or personal confidentiality.

3.8.2 Harm to the drinkers: honesty and reciprocity

During my field work, I was aware that persuading someone to drink or buying someone a drink was unethical. The careful issues were, for instances, inviting someone to drink with me, initiating a drinking session, or urging someone to drink. I had to wait until drinking occurred by the villagers and let the drinking session flow naturally. When I participated in a drinking group, I did not act as an active drinker and cautioned not to fuel the drinking session.

Providing alcoholic beverages infrequently for someone or in some occasions was inevitable because of a request from the headman or for a communal activity. All those occasions were public events or community activities which drinking was overtly occurred and many people joined in the events for instances, a thank you party for sport men or rowing team, after a work feast, and in some traditional rites. When women gathered for preparing a communal activity, sometimes they would ask me to buy them some bottle of beer. They told me that they had got some beer from the

others but it had run out, thus they asked me for it. In some situations, I had to buy alcoholic beverages for someone or a drinking group as reciprocity when they invited me to drink with them. However, I did it with a great caution. It was done in the same way as I had learnt from the villagers' practice.

I have realized in the field work that drinking was a social interaction. To drink or to buy and drink together could make them express their behaviors more naturally than when I disregarded their invitation or when someone in the group was not acquainted with me. Moreover, I was accepted by the drinkers in a short time by drinking with them. Therefore, it could help me in participant observation and informal interview in drinking groups.

3.8.3 Confidentiality

It was my obligation to do the best to protect informants' anonymity. All information that could trace back to the informants was kept confidentially both informal KIs and in-depth KIs. Identifying information was removed from the field note at the earliest opportunity. The name of each participant or informant was replaced by pseudonym in field note. During interview sessions, I avoided calling their names by using pronouns. All recording data, both field notes and transcripts, were kept confidentially. The transcriber was requested to return the audio recording back immediately after transcription. I also avoided indicating their exact names or used a pseudonym in the written data.

Report of the project was presented as a whole community. The verbal accounts were quoted for illustration the raw data without informants' identification. All presented names in the report were pseudonyms. Pictures of people were generally concealed their faces by special effect. However, the pictures of daily life or communal activities unrelated to alcohol drinking might be presented without concealment.

CHAPTER IV

The Village Life: Community, Festivity, and Alcoholic Beverages

To understand the social construction of alcohol consumption in *Ban Rim Nam*, village life is described in this chapter, with attention to drinking occasions throughout the year. As alcoholic beverage has various use-values, villagers can consume it for several purposes. On the other hand, alcohol drinking has various functions at each drinking occasion. Therefore, alcohol consumption occurs in every step of the village life.

4.1 The community

'*Ban Rim Nam*' was established more than one hundred years and has grown up from ten households at time of foundation to more than two hundred household in 2008. One elderly man, 74 years old, told me about the foundation of the village that,

“At first, no one had lived here. My grandfather came here just for rice cultivation and fishing, but he lived in the city. The output was very good, both rice and fish. Then, he persuaded his relatives to move from the city for settlement here. After that, his friends, from other town, moved follow him into the area. The first headman was appointed when there were around ten households. ... At the time of my grandfather, they grew rice and fished in the river. A part of products was taken into the city for making a sale. Moonshine was first produced when I was a child. Before moonshine, they had made only Satho occasionally. Most households produced moonshine and sold to outsiders or in the city. ...My house was constructed by money from moonshine (laugh). When there was a road straight into the village, moonshine was eradicated. So, many people became involved in food and drink service on the beach.”

Based on the objectives of the study, the village history can be divided into three periods according to types of beverage that they consumed; 1) home fermented

rice wine or *Satho*, 2) moonshine production (illegal distilled alcoholic beverage), 3) commercial alcoholic beverages. The changes in preferred type of alcoholic beverage are influenced by social contexts and major occupation of the villagers.

At the time of foundation, villagers had lived their life by rice cultivation and fishing in the river. Communications with the outside world were by boat and walking to neighboring villages. A traditional rice wine made from sticky rice fermentation, *Satho*, was made and consumed within the village at significant social and cultural events for instances, wedding ceremony and some annual rites. When a distillation technique was introduced into the village around 60 years ago by a villager who had learned from other village, strong distilled spirit was able to be produced. This kind of spirit was distilled from fermented sticky rice. Alcohol content of the spirit was quite strong. A former producer told that “*a good one should be flammable with a matchstick, clear and colorless with rice aroma.*” It became a main item of production in the village in a short time. Most households made and sold distilled spirit illegally. In general, the villagers still consumed alcoholic beverages in a limited amount, though there was evidence of frequent drinkers and more drinking occasions. *Satho* and distilled spirit were usually consumed in large amounts at social and cultural events, but not in daily life.

After the construction of an asphalt road and improved access to the village in the last three decades, illegal distilled spirit was eradicated by rigorous detection of Tax and Excise agencies. At the same time, an account of the beauty of the area was widely spread and many more people traveled for their leisure. Therefore, in early 1980s, there was a sharp rise in food and drink services for the travelers. Commercial alcoholic beverages, such as local brand whisky, beer, and *Lao Khao* were introduced to the villagers and for travelers. Alcohol consumption, thus, has also widely spread among the villagers.

4.1.1 General information of the village

In 2008, around 900 people live in the village, with 73.8% ≥ 18 years old (Table 4.1). Most people living in the village were born there, and only a small number that migrated into the village by marriage. The eldest person who was born in the village and is still alive is a woman, 92 years of age. All are Buddhist.

Table 4.1 Population in '*Ban Rim Nam*': age groups and sex

Age (year)	Male	Female	Total
< 1-17	116	117	233
18-60	276	293	569
> 60	41	45	86
Total	433	455	888

Source of information: Sub-district Administrative Organization, 2009

The village is located on the banks of a river with a beautiful sandy beach particularly in late winter through summer and early rainy season. The village area can be divided into 2 clusters of households; old town area and riverside. Most households are located at the old town area of village which has continued since its foundation. Another cluster is on the beach at the river side where several people moved there to facilitate their restaurant services. In the village, there are one primary school, one Buddhist temple or *Wat*, and 217 households (Figure 4.1). There are four grocery shops in the village center, and three grocery shops nearby the beach. Forty-five restaurants are located along the beach and the bank of the river. A primary health care unit (PCU) is located at a neighboring village which is about one kilometer away. However, few people of *Ban Rim Nam* go for health services at the PCU because a provincial hospital and a nearby district hospital are not too far from the village (about 15 Km. for provincial hospital and about 7-8 Km for district hospital).

The villagers who live here at the present time are third generation. Most people were born and have lived in the village most of their life. Kinship ties are still strong and influence the village life in many ways. Although the physical and economic conditions of the village have gradually transformed into an urban and modern life, several aspects of village life still carry on in a traditional way. Many rites and custom are kept on. Alcohol consumption is overtly and there are many occasions of alcohol drinking throughout the year, both personal and communal events. The village can be regarded as a suburban area by physical environment but still has traditional way of life by kinship system and customs.



Figure 4.1 Map of '*Ban Rim Nam*'

More than half of adult people have finished primary school in the village. Around one-fourth of them has finished high school in nearby area. Only a few numbers of people who live in the village have finished higher education. Today most people, both men and women, are in the food and drink service business – working in traditional Isaan restaurants on bamboo rafts on the beaches and the banks of the river – and in fisheries or fishing (Figure 4.2). A small number of people work outside the village, for instance, as construction laborers, company employees, or civil servants.

The local administration of the village consists of one headman and two vice-headmen, the advisory board, and the village committee. The headman is elected by the villagers every five years. The current headman is a man in his early fifties. He has appointed two men, both in their late thirties, as the vice-headman. He has also appointed nine men as an advisory board, all more than sixty years of age. The village committee consists of two women and twelve men, age between thirty-six to seventy-five years old, all nominated by the headman and vice-headmen to be appointed by

responsible Sub-district Administrative Organization. The village committee represents all villagers in the village for local administration in conjunction with the headman.



Figure 4.2 Two major income sources of the village: food and drink services and fisheries

Information of health service utilization from responsible primary care unit (PCU) reveals that more than half of villagers who seek medical service go to nearby district hospital and provincial hospital. Information of health status and health behaviors among villagers is based on annual survey by health volunteers in the village. Therefore, there is no precise information of villagers' health status at the PCU. The interesting information of existing data from annual survey in 2008^{*} was chronic disease including diabetes mellitus (14 cases) and hypertension (10 cases), and body mass index (BMI) in which 9.3% of people had BMI more than 25. For

* Annual report of health status and health behaviors at PCU, 2009

health behaviors, around 80% of people were non-drinkers while 20% were occasional drinkers (drink \leq 1-2 times/week), and no regular drinker. Cigarette smoking was reported around 4.7% of people.

4.2 Festivities and community activities

Throughout the year, there are many festivities and community activities which can be divided into three groups. Traditional rites in relation to Thai-Isaan culture that most villagers participate in events. The second is the social events and special occasions which are personal occasion that many relatives and close friends may be invited to participate. Another is the community activities which are arranged on special occasions or particular purposes. In most occasions, alcoholic beverages and alcohol drinking are a part of events.

4.2.1 Traditional rites

According to Thai-Isaan culture, there are 12 traditional annual rites or *Heed Sib Song*, one of which is conventionally held each lunar month. However, in this village, only 8 from 12 rites are performed including in the 4th, 5th, and 7th-12th lunar months : *Boun Phawet*, *Boun Songkran* or *Songkran Festival*, *Boun Sam Hah*, *Boun Khao Phansa*, *Boun Koaw Pradub Din*, *Boun Koaw Sak*, *Boun Ok Phansa*, and *Boun Kathin*. Other rituals are associated with rice cultivation which is not a major occupation in the village and these are not performed at the present day. These customs are a form of merit-making which encompass the value of religion and community. Most rituals are associated with Buddhist festivals. Another rite which is held every year is *Pu Ta* worship, and is performed for *Pu Ta* - the village guardian spirit. Following are brief description of the traditional rites which are performed in the village.

1) *Boun Phawet* is an annual rite performed in the fourth lunar month (in 2008, January 31-February 2). It is a Buddhist ceremony in which the monks give a sermon of 13 chapters of the Vessantara or Vessandone Jataka - the history of Vessandone and his great donation. Vessandone is believed to be the last life of

* 4th lunar month is around March, 5th = April, and 7th-12th = June - November.

Gautama before he was born as the Lord Buddha. Buddhists are supposed to get a lot of merit when they listen to the sermon. *Boun Phawet* is usually organized for three days. On the first day, the villagers decorate the temple and prepare the offerings for the monks. In the afternoon of the second day, they parade *Phawet* around the village with an Isaan music band (Figure 4.3). The procession ends in the late afternoon by walking around the temple three times.



Figure 4.3 *Phawet* procession

The sermon of Vessandone Jataka begins the early morning of the third day. In the afternoon, there is a procession of *Khanlorn* - the money tree - by the villagers into the temple (Figure 4.4). Money from *Khanlorn*, donated by *Khanlorn*'s owner and other people, will be offered to the monks after they finish the sermon. In the past, people from other villages were invited to participate in *Khanlorn* procession. Food and drinks including alcohol were prepared for all guests as the hospitality at the villagers' houses on this day. Nowadays, most guests from other villages participate only on the ground of monastery where alcoholic beverages are not served. People who parade in *Khanlorn* procession are relatives or close friends of the owner.



Figure 4.4 *Khanlorn* (money tree) procession

2) *Songkran* is the traditional Thai New Year. This festival is usually celebrated for three days in most parts of Thailand, 13-15 April. But at *Ban Rim Nam*, the celebration is held only one day, called *Wan Nao*. This event encompasses the value of merit-making, respect to the elderly, and unity of the village. *Songkran* Festival is a good time of restaurant business at the beach, thus, the locally celebration is always organized on a day after the festival. An auspicious day will be determined by the headman and the village committee year by year (Figure 4.5).

In 2008, Monday 21 was announced as *Wan Nao* by the headman. In the morning, several men gathered to fish in the river. Then, caught fish were taken to a prepared locality on the river bank for cooking by women. Monks were invited for chanting and food offerings before noon. Food and drinks including alcohol were provided to all participants. Afterwards, there was a bathing ritual, first involving all monks and then, the elderly people. Water was poured on their palms to show respect. After that, people splashed water at one another with words of blessing. The festive ended in the late afternoon when several people had some degree of drunkenness from alcoholic beverages.



Figure 4.5 Activities in *Wan Nao* of *Songkran* festival; fishing, cooking, food offering and chanting, and bathing ritual

3) *Boun Sam Hah* (purify or clean) is organized during the seventh lunar month (in 2008, June 21). On the first day there is an evening chant by monks at the community center. Each household take a white cotton thread coil and a bag of small pebbles for the ritual (Figure 4.6). In the morning of the second day, food is offered to monks after morning chant. After the ritual, the pebbles are scattered and white thread is tied around their houses to drive out all bad things and misfortune, and to protect households from malevolent spirits.

4) *Boun Khao Phansa* is the first day of Buddhist Lent (in 2008, Jul 18). This festival is held during the eighth full moon of the lunar month. New robes and candles are offered to the monks. During the next three-month period, monks spend most of their time in religious practice in their temple, and are restricted from spending nights in other places.



Figure 4.6 White cotton thread and pebble in *Boun Sam Hah*

5) *Boun Koaw Pradub Din* is an early morning temple ceremony honoring the ancestors in the ninth lunar month (in 2008, August 16). On the ceremony day, people visit temple to make offerings to dead ancestors and to share merit-making.

6) *Boun Koaw Sak* is another opportunity to make offerings to the dead, and to share merit with them. This rite is held during the full moon of the tenth lunar month (in 2008, September 14).

7) *Boun Ok Phansa* is the final of Buddhist Lent (in 2008, October 14). Food offerings are made at temple at dawn of the day.

8) *Boun Kathin* begins immediately after the last day of Lent, and lasts until the next full moon. Each temple can receive only one *Kathin* during this one month period. Nine requisites and other useful items are offered to help the monks in carrying out their religious practice. Buddhist people regard *Boun Kathin* as the most significant form of merit-making next to the ordination of their close kin.

In general, *Kathin's* owner may celebrate the occasion with food and drinks – alcoholic beverages are usually included – on the day before the rite. However, the

owner usually the outsider, therefore, the celebration rarely occurs within the village where the villagers do not involve.

9) *Pu Ta* worship is another rite that held in the morning of the most auspicious day in the sixth lunar month (in 2008, May 14). Food (especially boiled chicken) and alcoholic beverage (*Lao Khao* or whiskey), one tray from each family, are presented to worship *Pu Ta* – the village guardian spirit – and to ask *Pu Ta* to ensure the village's security and peacefulness in the coming year (Figure 4.7).



Figure 4.7 *Pu Ta* worship

Among existing traditional rites, several of them are the occasions for alcohol consumption. In general, alcoholic beverage does not associate with the rites or ritual directly. It is only a part of social activities in conjunction with the rites. Alcohol drinking is a must have activity in *Boun Phawet* – particularly in *Khanlorn* procession – and *Songkran* festival.

In *Pu Ta* worship, alcoholic beverages are presented to show the respect to the guardian spirit. After worship, the alcoholic beverages are considered as holy and so bestow blessings on those who drink it. The offerings, both food and alcohol, are shared among the participants who usually eat and drink the offerings nearby the house of *Pu Ta*. Some people may take the offerings back home for their family members to bring them health and well-being.

4.2.2 Social activities and special occasions

Most social events and special occasions are personal occasions that many people participate. The occasion can be a social activity in daily life such as gathering for dinner, picnicking at the river bank or a pond, a welcome for guests, a celebration, or a party. A work feast (*Kor Rang* - to ask for a hand), at which a group of people is called to work for a one day project, is another social activity in which several people participate. All participants are voluntary, and are not paid. It may be a personal work such as helping in a fish farm, a renovation of a house, or preparing food for a special occasion. In the latter situations, the participants are usually relatives or close friends. Food and drinks are usually provided to all participants at the evening of the day or later.

An event on special occasion can be arranged to mark a moment of life cycle such as on wedding ceremony, funeral ceremony, or ordination ceremony. The activities in these occasions usually comprise a religious or traditional ritual, and a feast. Apart from the villagers, guests from the outside of the village may be invited to participate or celebrate. Alcohol drinking occurs at most of the events.

A birthday party is a common special occasion at the present day. In the past, the only activity on a birthday was a merit-making, such as food offerings to monks. But today, a party has become a major activity on one's birthday and every month there are several birthday parties. Participant on these occasions are relatives or close friends.

A salient custom which is performed on various social occasions is the *Su Khwan* ceremony (Figure 4.8). In general, this ceremony is held to recall one's *khwan* (soul or living essence) to one's body. The ceremony is carried out at times of crisis such as a curing ritual for illness or after recovery from illness, personal tragedy or ill-fate. After the ceremonial chant, white cotton threads from the *Bai Sii* tray are tied by the elderly and relatives around the wrists of the person for whom the ceremony is performed, symbolically binding one's *khwan* to one's body. The ceremony is also performed to celebrate significant moments of the life cycle (birth, marriage, etc.), as a warm welcome, or at time of a good fortune or success. The ceremony usually concludes with people eating and drinking together.



Figure 4.8 *Su Khwan* ritual

In *Su Khwan* ritual, a bottle of whisky or *Lao Khao* may be presented nearby a *Bai Sii* tray and a tray of food. Alcohol, in these situations, is offered to the ancestors or spirit for inviting them to witness the events and bless the participants. In contrast, when *Su Khwan* ceremony is performed as a warm welcome or when someone has good fortune or success, the ritual is associated with *thewada* or good spirit and the Buddha. Thus, alcohol is no place in the latter situations.

4.2.3 Community activities

Community activities usually involve many villagers. The events are usually organized by the headman and the advisory committee of the village. The activity is arranged periodically for particular purpose or on important national days. For instances, to construct a communal building or to work in community activity when several people may be asked to help as a kind of work feast of the village. On the Father's Day and Mother's Day, many people gather for cleaning and improving the landscape and environment as a big cleaning day of the village. During the activity, alcohol consumption may occur among a number of participants.

Several community activities may be arranged as a social activity for the public or groups of people in the village. It may be a celebration or a thank you party. Alcohol drinking is expected at most events in similar to other personal social activities.

Long-boat racing are also an activity which many people are involved (Figure 4.9). During the training period, several people watch the team in the evening at the

river bank. In the racing tournament, many people go watching and cheer the racing team. While watching the race, it is an occasion for alcohol drinking for several villagers and cheering team.



Figure 4.9 Long-boat racing activities (training and cheering)

Long-boat racing season occurs during the time of Buddhist Lent. Around one month after *Boun Khao Phansa*, rowers are recruited. Rowing team is trained for at least one month before the first tournament of the year. Tournaments are organized by several local administrative organizations during the season, particularly in the last month of Lent period, and team from other villages are invited to participate in the tournament. This local custom attracts most of the villagers and almost all are involved. They participate as sponsors, rowers, and cheering team. One man told me while we were watching the training as *“Long-boat is at the heart of people here. We all love and support our racing team. You will see when we have a race, most villagers go to cheer and enjoy the tournament.”*

4.3 Alcoholic beverages at ‘*Ban Rim Nam*’

Several types of alcoholic beverages are sold and consumed in the village. Specific types of beverage are not linked to drinking occasions. It is a personal preference or the host that provides all beverages for guests. Thus, alcohol choice may reflect the preference or the convenience of the host.

4.3.1 Types of alcoholic beverage

Presently, both men and women in the village drink alcoholic beverages of various types. All drinks are commercial produced which are distributed throughout the country. Imported foreign liquor is rarely consumed. Four types of alcoholic beverage are usually consumed – whisky, beer, *Lao Khao*, and wine cooler (Figure 4.10).

The retail price* of preferred alcoholic beverages in the village is as follows

- *Lao Khao*; small bottle (330 ml.) = 45 baht, large bottle (625 ml.) = 80 baht;
- Thai Whisky; large bottle (750 ml.) = 160-180 baht;
- Beer; large bottle (660 ml.) = 40-45 bahts, can (330 ml.) = 20-25 baht;
- Wine cooler; bottle (275 ml.) = 25 baht;
- Soda water: bottle (400 ml.) = 6 baht.



Figure 4.10 Various types of alcoholic beverages which were left as garbage

* In 2008, 1 dollar was around 33-35 baht.

The most common type of beverage is whisky. The two most preferred brands contain 35%-40% of alcohol. In general, whisky is drunk by mixed with ice and soda water, or soda and still water. Women may mix whisky with soda water and cola drink. Infrequently, whisky may be drunk straight from a bottle for instances, in a procession or depletion of a mixer.

Beer, which contain 5%-5.5% of alcohol, is the second preferred drink. Beer drinkers usually pour it from a bottle into a glass with ice. They usually buy a large bottle rather than a can.

Lao Khao is a local colorless distilled liquor which contains 40% of alcohol. *Lao Khao* is usually consumed straight from a bottle. A drinker can buy it in small unit as a small glass, which contains 15-30 ml, or by a bottle (660 ml). It is served at room temperature and is never mixed with ice. People also drink *Noi-Ting*, a nick name of *Lao Khao* mixed with energy beverage (Figure 4.11). *Noi* refer to a small bottle of *Lao Khao* and *Ting* refers to the brand of energy drink (*Kratingdang* or Red Bull). The drinkers explain that Red Bull makes *Lao Khao* easier to drink because of its flavor (sweet taste and fragrance). Moreover, they get less hangover the next morning even though they drank in a large amount.

Another type of beverage is wine cooler which made from wine and grape juice and contains 5%-7% of alcohol. It is consumed by a small number of people in the village. This kind of beverage is always served in chilled.



Figure 4.11 *Noi-Ting* – a local mixed drink (*Lao Khao* mixed with Red Bull – energy drink)

4.3.2 Preferred types in drinking occasions

Choice of beverage is a personal preference. Either at a communal events or traditional rite which many people in the village are involved or on personal occasions, types of beverage certainly depend on the preference of people who participate. There is not a specific type of beverage for the occasion.

Some people may drink any type of alcoholic beverages, but some may consume only a specific type or specific brand of beverage. Any type of beverage can be consumed on a drinking occasions, depending on the preference of the people who participate in the occasion.

At social occasions such as wedding ceremonies or ordination ceremonies, several types of alcoholic beverage may be provided by the host. In general, whisky is provided at every event. *Lao Khao* may be provided if some guests ask for it or there are some guests who drink only *Lao Khao*. Beer is frequently served to women who participate in the events. After one ordination ceremony at which all the guest were villagers, I asked the host about the alcoholic beverages that he had provided; *“It was five dozen of whisky, ten dozen beer, six small bottles of Lao Khao, and fifteen dozen large bottles of soft drink.”*

At one funeral ceremony held over five days, there were many guest from the other villages. One of the hosts told me that, *“From the first day to the cremation ritual, there were four dozen small bottles of Lao Khao, four dozen whisky, and six dozen large bottles of beer. But we still have tomorrow morning’s chant and the food offering to the monks, so it should be more than these.”*

4.4 Drinking places

There is no modern public drinking places such as bars, clubs or a karaoke parlor in the village. Drinking places are in highly visible environments, both private and public spaces. Villagers usually drink within the boundary of the village, particularly when they drink in large amounts. In daily drinking, they usually drink at their houses. They may take place at the front of a house or in a courtyard, but rarely in a closed space such as the living room or kitchen. A drinking group may settle nearby pathway or at waterfront (Figure 4.12). Though they drink in a private area, they often drink in places where they can be seen by others, and occasionally, passers-

by are called to drink with them. Social events may arrange at their house, and the place for the feast is also at the house or at a location close to the house (Figure 4.13).



Figure 4.12 Drinking places: public area



Figure 4.13 Drinking places: private area

At traditional rites and special occasions, drinking also occurs at the location of the event, regardless of whether it is private or public space. People may drink along the walkway in the village while they are in a procession during *Boun Phawet* or in a groom's procession, where everyone can be seen. In the past, *Wat* or monastery is not a place for drinking except in a few situations such as when drinking is continued from a celebration outside the area. Today, it is prohibited by law and reinforced by signs. However, drinking may occur immediately when the procession parades out of the monastery.

4.5 Drinking occasions

There are many occasions for villagers to drink throughout a year. Drinking therefore can be considered as a part of daily life, a social activity, a way of marking the life cycle, and as a part of cultural events. Functions and meanings of alcohol drinking are perceived according to the use-values and contexts of drinking. In each context, particularly drinking occasion, alcohol has specific functions and meanings for those who drink.

Drinking times vary by the nature of occasions. In everyday life, drinking time is usually from the evening until night-time (after work, when people return home from work, before eating a meal, or during a meal). Alcohol is consumed throughout the day at cultural events when most villagers are involved. Drinking can occur at the time of specific social events, for instance, in the morning or evening at a wedding ceremony, in the evening of a funeral ceremony, in the afternoon after a cremation, and during or after a work feast. For sociability and hospitality, alcohol may be offered and consumed at any time.

Following are drinking occasions in the village which can be divided into three main categories according to contexts and functions of drinking: drinking in everyday life, drinking in social activities and special occasions, and drinking in traditional rites.

4.5.1 Drinking in everyday life

Both men and women usually drink in the evening. Hard workers or laborers may stop at a grocery shop in the village to buy a small bottle of *Lao Khao* or a bottle of beer before coming back home after work. They may drink together at someone's house before returning their houses. It is considered as a relaxation after a hard days' work, and to socialize with friends. Several people explained that drinking could relief muscle ache and stimulate their appetite.

Dinner is a time for drinking too. Some villagers buy a small glass of *Lao Khao* (30 ml.) and drink at the kiosk before they have a dinner. They drink to accompany the meal, particularly when relations or close friends gather together. In these practices, alcohol is usually consumed in a small amount only. It is considered again as a way of relaxing, to stimulate appetite, and to facilitate social contact and

relationships. However, drinking at a dinner can take a long period of time, and a large amount of alcohol may be consumed if the focus of the gathering is on drinking, not the meal.

Alcohol is also consumed for medicinal purposes. In this context, it is consumed in a small amount and not regarded as a liquor or intoxicant. For example, a man who identifies himself as an abstainer drank a can of beer to relief his dizziness, though it did not help him as much as his thought it might. Another woman drank occasionally when she felt faint. She explained, "*It's just a little amount, for the blood circulation.*"

Some elderly people drank infrequently and one of them told me that, "*Only one or two small glasses of Lao Khao for good appetite and sleeping.*"

In the cool temperature of winter, drinking a glass of whisky or *Lao Khao* is considered to warm up the body. But in summer or after working hard when the weather is hot and humid (average high ~ 35°-38° C), chilled beer or whisky mixed with soda and ice is imbibed to cool down and for thirst quenching. Alcohol is also used for mood alteration. In general, drinking is supposed to enhance mood and facilitate fluent speaking. It is expected to bring cheerfulness and pleasure to the drinkers. However, a man whose wife had recently passed away told me that he drank occasionally one or two glasses of *Lao Khao* to ease his suffering and sorrow.

4.5.2 Drinking in social activities and special occasions

In many social and communal events, both private and public occasions, alcohol drinking is a necessary activity of the events. Social functions of drinking are considered to be an enhancement of the atmosphere and social relationships among the drinkers in those occasions. Drinking is also an essential part of special occasions in each moment of life cycle.

4.5.2.1 Drinking in social activities

Drinking is regarded as a social act and social relationship enhancer. It is considered as enabling celebration and hospitality. Drinking together can affirm their relationship. Inviting someone to drink may be considered as a way of establishing friendship or acceptance, and by drinking with them, it can be considered as an

acceptance of a relationship. Alcohol is sometimes considered an appropriate way to show reciprocity.

Celebration is the most common reason for alcohol drinking. In general each significant occasion in daily life can be marked by a celebratory drink, such as when someone has got a new property, a new car or motorcycle; after renovation of a house; or at a birthday party. New Year is another significant occasion for celebration. For several people, relatives or close friends are invited to participate in these occasions. However, the celebration may involve only the family members.

The other function of drinking is sociability. Alcoholic beverages are regarded as a social lubricant at a social event, mediating the relationships between individuals or establishing friendship in a drinking group. When a group of friends or relatives go to a river site or to a pond for fishing and picnicking, drinking is expected, and frequently, it becomes the central of the event. This is a kind of relaxation from daily life. Some guests may bring alcohol with them to drink together. It is considered as a reciprocal for the invitation.

Drinking is also an adjunct to hospitality. When one's friends or relatives who have not been met for ages visit his home, the host and visitor are usually drink together. Even one who defines himself as an abstainer told me that he should drink at least a glass of alcohol on this occasion. Though it is not considered rude to refuse a drink, encouragement to drink by the host seems to be an extension of hospitality.

After a work feast, they are treated to food and drink as an expression of thanks for their generous participation. When relations or friends are asked to assist in personal work, they are treated likewise after work. Employers are expected to provide alcohol at the conclusion of work or after working hour, even to hired laborer within the village.

A long-boat racing tournament is also an occasion for drinking (Figure 4.14). A tournament usually arrange for two days. As the long-boat is a favorite activity in the village, many villagers go watching and cheer the village's team in every tournament even in other provinces. During the tournament, the atmosphere is cheerful and alcoholic beverages are consumed by many villagers. The drinkers in the event include both sexes and several age groups. Drinking is considered as a

relaxation from their work days. It is also a celebration when the team has won in each round.



Figure 4.14 Drinking in a long-boat racing tournament

4.5.2.2 Drinking on special occasions: from birth through to death

Each moment of the villagers' life cycle is associated with alcoholic beverage. In most events of the life cycle, *Su Khwan* ceremony is performed to celebrate the moment and alcoholic beverages are considered as sign of celebration and the hospitality of the host to their guests.

In *Su Khwan* ritual, alcoholic beverage may have a role in some occasions such as in a wedding ceremony, when someone gets an illness or ill-fated as an offering to the ancestors or spirit. But, alcohol and food are not offered when the ritual associates with *thewada* – good spirit – and the Buddha (Figure 4.15).



Figure 4.15 *Su Khwan* rituals – with and without alcoholic beverage

However, after the *Su Khwan* ritual in both situations, food and beverages are served to all participants. Guests are usually encouraged to drink by the host particularly in the event that the ritual is performed for celebrating a significant moment.

When a couple has a baby, relatives and close friends will be invited to the ‘monthly birthday celebration’ to congratulate and celebrate with the family. For the couple, this is the time to introduce the new member to the society. The celebration is usually held in the late afternoon with *Su Khwan* ritual and is followed by participants eating and drinking together.

When the groom’s procession arrive the bride’s home on the morning of the wedding day, before entering the door, alcoholic beverage (at least one bottle of whisky) is exchanged by relatives (Figure 4.16). The exchange of alcohol is considered as a sign of reciprocity between the bride and the groom’s families. After the dowries are presented to the bride’s family, the *Su Khwan* ritual is conducted. Food and drinks are served to all participants afterwards. Alcoholic beverage is served to celebrate the wedding. In the evening, there is usually a wedding party. Many guests are invited to participate in the party. Alcohol is thought to be an essential part of the celebration, and it is expected that both host and guests will drink to celebrate the event (Figure 4.17).



Figure 4.16 In a groom’s procession



Figure 4.17 Drinking in wedding party

The funeral ceremony is usually held between three to five days after death at the house of the deceased. Each evening, after the monk's ritual and chanting, food and drinks including alcoholic beverages are served to all guests. On the last day, the dead body will be cremated at the crematorium in Wat-a Buddhist monastery. After the cremation ritual, all guests are invited to have a meal at the deceased's house. Food and beverages are served. Alcoholic beverage appears as part of the hospitality. However, alcoholic beverages are drunk to accompany the meal and not in a large amount. A long drinking session may occur by the host or relatives of the deceased.

In the evening prior to an *ordination ceremony* of someone to be a Buddhist monk, the family celebrate the ordinand. Relatives and close friends are invited to participate in celebration where food and drink are served after *Su Khwan* ritual. The event may last until late at night. A non-alcoholic celebration was arranged only in one of four observed ordination ceremonies. In this case, the ordinand's family desired not to serve alcohol in their celebration and the feast was held in the monastery where it is illegal to drink.

On an auspicious day, a religious ceremony to bless the house and a housewarming party may be held. Monks are invited to the house in the morning to perform the religious ritual. After an hour of chanting and sprinkling holy water for peacefulness and prosperity, it is time for celebration. Plenty of food and drinks are served to all guests. A party may be held the prior evening to the religious ritual, or in the evening of the blessing day.

4.5.3 Drinking in traditional rites

Most of these occasions are a form of merit-making which encompass the value of religion and community, while sacred rituals usually derive from the fundamental beliefs of animism. These events consist of two parts – religious or traditional rituals, and celebration or hospitality. There is an overlap of the two parts. In rituals which are performed by the monks, there is no place for alcohol. But for the traditional rituals which are associated with ancestors or spirit, alcoholic beverages are a necessary component. In addition to these rituals, there is usually a time for celebration together. ‘Offer food to monks and then, feast all guests’ is a custom of a good host in several religious events; therefore alcoholic beverages are considered essential for the feast, even those who identify as abstainers may drink a small glass of alcohol.

Apart from the religious rituals, alcohol is expected to be consumed during *Boun Phawet*. Alcohol may be consumed as the procession is being prepared as well as during it. While walking in front of the band in the *Phawet* procession, several villagers drink and dance, particularly women, young adults and adolescents (Figure 4.18). When they pass a kiosk or restaurant, the owner usually provides alcoholic beverages for the drinkers in the procession as part of the celebration. On the third day, in the *Khanlorn* procession, the same pattern is repeated again (Figure 4.19). In the past, people from other villages were invited to participate, and food and drinks were prepared as the hospitality for all guests. Nowadays, alcohol is consumed only for celebration in this joyous festivity. Some people told that alcohol was consumed in a large quantity than other events in the year.



Figure 4.18 In front of the *Phawet* procession



Figure 4.19 Drinking in the *Khanlorn* procession

Songkran (Wan Nao) is another occasion of great festivity. Alcohol was consumed as early as men gathered to fish in the river and they drink until the end of the festive (Figure 4.20). Women also drank after they finished their cooking. After the religious ritual, the atmosphere of the event was filled with loud voice of talking and laughing with fun. Alcoholic beverage is expected to drink and everyone should be cheerful, as one elderly man explained, “*Wan Nao is the joyous day; they drink from morning till the end of festive period, both men and women.*”



Figure 4.20 Drinking in Wan Nao

In my field notes, I described alcohol consumption in this event as

“They have been drinking since they gathered for fishing in early morning. All kinds of alcohol were consumed, whisky, Lao Khao, and beer. Many people did not usually drink in the morning but this was a special day for drinking. After they took fish to women at the location of event, they form drinking groups and plenty of alcoholic beverages were provided. Women began to drink after they finished cooking. Women seemed to get more enjoyment than men; they drank, chatted, sang, and encouraged each others to drink in loud noises. They felt free to drink what they liked. The major activities on this day appeared that there were foods offered to monks, a bathing ritual for monks and elderly persons, and alcohol drinking. At the end of the event, I could see lots of empty bottle of whisky, beer, and soda water, more than water bottles and other soft drinks. However, there was not so much drunkenness as I expected. Most of them tended to drink for an

enjoyment and to socialize with the others. Though they drank a large volume of alcohol, they did not intend to binge or to drink until drunk.”

In *Pu Ta* worship, where every household take a tray of food and alcoholic beverage to worship, there are plenty of alcoholic beverages for all participants. After the ritual, the offerings are shared for eating and drinking nearby the house of *Pu Ta* although some people may take them back home. Both men and women can drink together in a drinking group. Alcohol is consumed not only for blessing the drinkers but also for a celebration of the event. Several people may drink in a large amount than usual. However, no one drinks until overtly intoxicated. The event usually ends before noon.



Figure 4.21 Plenty of alcoholic beverages in *Pu Ta* worship

4.6 Summary

Ban Rim Nam and alcohol drinking in the village has a long history. The village and village life has transformed over time. Economic driven in the village has changed from agriculture into food and drinks service for travelers. From a closed

community which has a difficult communication and transportation, now, there is a good asphalt road straight into the village. The village has opened to a more modern and urban life. Today, the village can be regarded as a suburban community. There are several evidences of urbanization such as good infrastructure, style of housing, and communication systems. However, traditional customs and norms still affect the way of life. These transformations influence alcohol drinking practices among the villagers in several aspects.

Alcohol consumption is woven into the village life in various ways. Drinking in *Ban Rim Nam* seems to be permitted overtly. Drinking occasions for villagers are not only the cultural events and communal activities but also personal occasions. The occasions of drinking can be divided into 3 categories; drinking in everyday life, drinking in social activities and special occasions, and drinking in traditional rites. Drinking places on every occasion are visible to the others. In a public activity or a traditional annual rite, alcohol drinking mainly occurs in public spaces and both men and women can join together. Although it is a personal occasion, the drinking group usually appears in an open space where it can be easily seen.

On each drinking occasion, alcohol has various use-values. Alcohol can be used for medicinal purpose in everyday life as a sleep inducer, appetite enhancement, and muscle relaxation, or for good blood circulation. It is also consumed for thirst quenching or refreshment, and accompany a meal particularly in the evening. It may be used for mood enhancement in daily life. A social lubricant is also perceived as the major function of alcohol drinking to facilitate socializing and to enhance interpersonal relationship.

Alcohol consumption is domesticated into an everyday life of the village by the various functions of drinking (Figure 4.22). The common functions of drinking in social and cultural occasions are celebration, hospitality, and reciprocity. Drinking can serve more than one function on an occasion.

As noted, drinking in the village is frequently associated with meals. Participants in drinking group are usually members of families, relatives or closed friends. Both sexes and several generations may participate in drinking-related activities, whether they drink or not.

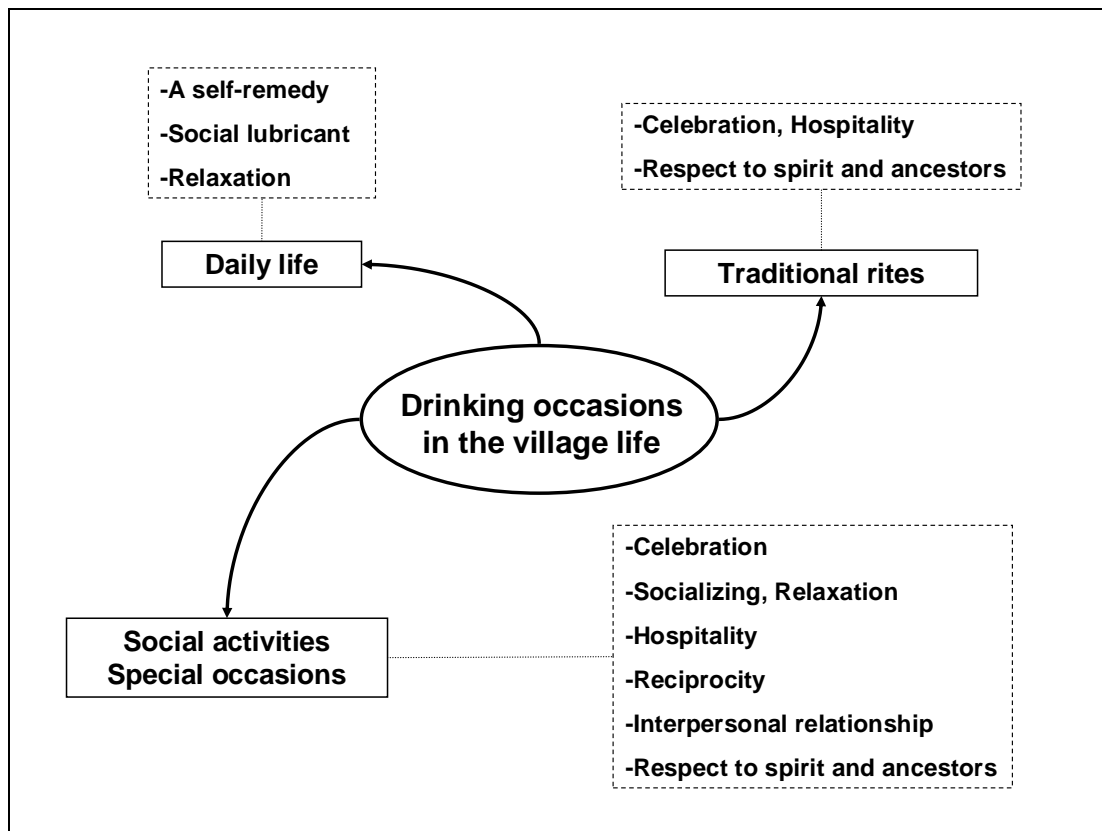


Figure 4.22 Various functions of alcohol drinking in the village life

Social and cultural events are the opportunity for everyone to drink and sometimes drink more than usual. Several drinking occasions are occurred in events which associated with traditional rites such as *Boun Phawet* and religious ceremonies. Drinking may occur out side monastery area as in the processions or at someone's house. It is not a part of religious ritual but it is an essential part of celebration for everyone and hospitality for guest from outside the village.

CHAPTER V

The Social Construction of Alcohol Drinking at *Ban Rim Nam*

At the time of study (2008), '*Ban Rim Nam*' can be considered as a transitional society. Several aspects of the village have transformed from a traditional community and economy into an urban and modern life, however, the traditional way of life still has an effect on current lifestyle. Although alcohol consumption has been woven into the village life since the village had established, the changing contexts have influenced drinking practices and perceptions among villagers. Through drinking practices, the contexts of drinking, and perceptions of the villagers, meanings of alcohol consumption in the village life are constructed and shared.

In this chapter, current drinking practices among villagers as well as the changing contexts from the villagers' viewpoint are presented. The various perceptions of alcoholic beverage and alcohol drinking are identified. Some factors which are considered to influence the practices are also discussed.

5.1 From moonshine to the corner store

As the village was established more than 100 years ago, there have been many changes in drinking contexts in the village. Various types of alcoholic beverage with various alcohol contents have increased by the time. Alcoholic beverages have turned from home-made, *Satho* and moonshine, to many commercial beverages. In the past alcoholic beverages were made and drunk only in traditional rites or at special moments of life. During the moonshine period, alcohol was made and sold illegally with the evidence of increasing of drinkers and drinking occasions. Nowadays, alcohol is readily available and accessible from every grocery shops. There are much more opportunities for drinking than the previous period, particularly social and special occasions. The numbers of women who drink are increasing. Alcohol consumption among adolescents is another issue which has changed in some aspects.

5.1.1 Changing types of alcoholic beverage

Alcoholic beverages that the villagers consume have changed over time. One elderly person explained the change in types of alcoholic beverage in the village as

“In the past, they had drunk Satho in some traditional rites or significant socio-cultural events. The major events were Boun Phawet, Boun Songkran, Boun Kathin or wedding ceremony. When we made moonshine, we usually drank it instead. We did not make Satho anymore because of the price of rice and the long time it wasted. Today, it’s better to get a commercial drink. It’s convenient to get it from any grocery.”

In the early period of the village, *Satho* was the only type of alcoholic beverage that people consumed. *Satho* is a fermented alcohol which locally made from sticky rice. It takes at least five days but no longer than ten days of fermentation, depending on how strong of alcohol content that the producers intend. It can spoil within a few days. Thus, it was produced for significant occasions, and not an everyday beverage. During the moonshine period of the village, *Satho* was still produced and drunk among villagers. Nevertheless, distilled alcoholic beverage which they produced became a drink of choice particularly in daily drinking. One elderly who is a former producer of moonshine beverage also described alcoholic beverages and drinking in his days as

“In those days, we drank Satho and moonshine. Satho was made and drunk in significant occasions like wedding ceremony, Boun Pawet, Boun Kathin, or ordination ceremony. It was around four to five times a year. In general, we drank distilled liquor. Moonshine was a production of our village and we usually drank it. There was no other kind of drink. No one drank Lao Khao like today.”

When the economy of the village was driven by food and drink services business and moonshine production was eradicated by government agency, commercial alcoholic beverages were widely spread. *Lao Khao* was drunk to replace distilled liquor and whisky was a second favorite drink particularly among new generation and ones in food service. Some grocery’s owners added that there were some differences in the last ten years.

Nowadays, there are new brands and types of alcoholic beverage. Types of alcoholic beverage that they prefer have changed. Whisky becomes a most favorite type of alcoholic beverage. One owner said that, *“At my shop, I cannot make a good sale of Lao Khao as in the past. Beer is better. Beer is cheaper by now, so many people turn to drink beer. For whisky, it’s fairly well sold.”*

5.1.2 The increase in drinking frequency and drinking occasion

One elderly man who has abstained for most of his life stated that in the past drinking occasions usually occurred on significant events only. Moreover, there were a few regular drinkers or problem drinkers. He described drinking practice among the villagers when he was a young adult as

“They usually drank in the evening but not everyday. Sometime they got drunk but they infrequently had a fight or quarrel. Only the addict or drunkard who might has a fight. In those days, there was rarely a regular drinker or someone who drank all day. They might drink all day long only in the annual rites or significant occasions. Today, they drink more often. They drink at the grocery shops. There are many alcohol drinks for anyone who wants.”

Availability and ease of purchase from grocery shops in the village are generally considered as a reason of increase in alcohol consumption in daily life. Another man in his seventies also stressed that *“In the past, there were a few addicts. The regular drinker was not seen a lot like today. It’s hard to get money. And all the jobs that we did used a lot of energy. We worked seven days a week. That was the reasons that limited our drinking.”*

In contrast, there are many occasions for drinking in the village nowadays (see chapter 4). One late middle-aged man said about existing drinking frequency in the village as *“They drink whenever they are ready for drinking. There’s not a matter of time. They may ask each other when they gather. Someone may persuade his friends to drink when he meet them at a suitable time. They can drink at any time.”*

5.1.3 The increase in drinking among women

Elderly women said that in the past, most women did not begin to drink until they were around aged thirty or more and almost all were occasional drinkers. Several women began to drink after they had got married and had children. An elderly woman told me about her drinking experience as *“When I was a young girl, I didn’t know what alcohol was. I had never thought of drinking. Until I was in thirties and had my family, that it’s the time that I started drinking.”*

Drinking occasions for women in those days were annual rites or significant socio-cultural events. In general, women did not join with men in a drinking group. They only drank with the same gender, although a few men might join in the women group if they were husbands or close relatives. There was not a clear reason but it has practiced for a long time. On the other hand, women who joined in with men group were subjects of scorn from both men and women. One elderly man compared drinking among women between past and present that

“There were not many women who drank in those days. They just drank in significant events or annual rites. Sometime they encouraged or forced each other to drink. But all of them were older than thirty. They drank only in the women’s group and no one got drunk. Women and men did not join together in a drinking group. There was no restriction but we all knew. Unlike today, they join in a group with men. Women now have more social life, so they drink much more than the past.”

Another man also stressed that,

“Nowadays, women drink more than the past. It has been changing by the time. They usually drink in a significant occasions and drink in their group. But they should drink just for fun. They should stop in a limit time, and do not get overtly drunk. They are women, not like men.”

Sociability and egalitarianism are thought by several men as reasons for the increasing numbers of women who drink in ways similar to men. An elderly man who has quit drinking for several years gave me an opinion of drinking among women as

“When I was young I rarely saw woman drinking. Drinking was not a women’s way. About twenty to thirty years later, there is a rise in numbers of

women who drink. Today you can see women drink on every social occasion. They drink for socializing and enjoyment. It's a modern style of women's life."

There is an increase in both numbers of women who drink and the frequency of drinking among women. Moreover, age at onset of drinking is lower than the past. The first experience of drinking is usually in late adolescence. Then, the increase in frequency and volume of drinking appear when they have graduated and got a job. The highest drinking level usually occurs between thirties to forties. However, overt drunkenness among women is still rarely observed and it is unacceptable. Slight drunkenness may be observed only in annual rites or significant socio-cultural events with a few numbers.

5.1.4 The prevalence of adolescent drinking

Although the first experience with alcohol drinking is usually in adolescence, most adult drinkers told that they started drinking with male friends after they had finished secondary school and got a job. Moreover, they drank overtly when they were around eighteen to twenty. One middle aged man told me about his drinking experience as

"I started drinking when I was about fourteen to fifteen, after I had left primary school and worked. I drank with my friends. At first we drank in significant events such as Boun Phawet, Boun Songkran, or wedding ceremony and concealed our drinking from the elder. We infrequently drank on a normal day, but we could drink a lot when there were special events. I drank more and more when I was around seventeen to eighteen. Lao Khao was the main drink and I usually drank until drunk."

One woman, in her early sixties, also told me about her son's drinking as *"My son, he started drinking when he was around twenty. He got his job and he could take his responsibility. He drank with his male friends when they visited our house. They were all the boys of similar ages."*

Adolescents in the present day are said to consume alcohol more than previously. Sometime they drink without any special occasion. Several teenagers consume alcoholic beverages while they are still a student. One elderly man said of adolescents' drinking as

“Teenagers now drink more than the past. They drink even though they are still in educations. They still live with their parents and don’t get any job. In the past they drank when they had finished school and earned their money. They always obeyed their parents. Today they do not listen to anyone. It is a modern time.”

Another elderly man also stressed that, *“In the past, teenagers were allowed to drink only in certain events. But on these days, they form a drinking group without any special occasions. They just want to drink. They begin to drink while they are still in school.”*

Given the age at onset of drinking, however, there seems to be a little distinction from the past. The difference is that adolescents today have a longer formal education period than in the past. Though the elders tend to disapprove of drinking among today adolescents, they seem to recognize it as the change over time.

5.2 Current drinking practices

Walking around the village, there are much evidence of alcohol drinking among villagers; empty bottle of whisky beside the front door and in terrace, empty beer bottles and cans in household garbage, caps of whisky and beer lying along the pathway, and a soda water case at the front of a house. When I asked the grocery’s owners about the sale of alcoholic beverages, they all answered as *“We can sell everyday, more or less.”*

One immigrant to the areas explained that he had seen villagers drink every day, particularly on social and cultural occasions and customary events, both in private and public spaces: *“Everyday, I can see someone drink particularly in the evening. Some drink a lot but some drink just a little. Anywhere you go in the village you can see. Not only men but women also drink. When there is a significant event, you can see them drink more than usual.”*

As indicated alcohol consumption is considered to be a normal behavior accepted by the villagers. To understand drinking culture in the village, multiple aspects of drinking practice must be considered including the drinkers, type of beverage and how they drink, the regularity of drinking, in the company of whom,

drinking volume on each occasion, what they expect from alcohol drinking, and how they perceive alcohol drinking and drinking behaviors.

5.2.1 The drinkers

The numbers of adult men who drink in the village is quite high. Almost all of them have got an experience of alcohol consumption once in their life and the large numbers of them continue their consumption for a long period. The numbers of women who drink tend to increase from the past. Nevertheless, there are a few numbers of women who drink regularly and most of them drink occasionally. Men tend to consume more frequently and to drink beverages with higher alcohol content than women. In addition, drinking among the elderly and adolescents are no longer unusual.

The headman estimated that around 90% of adult males in the village consumed alcohol at least once a year and he defined them all as the drinkers. Among this number of drinkers, more than half of them drank at least once a week while only small numbers abstained. More than half of male drinkers in this village drink regularly, at least 1-2 times a week. Social and cultural events are the primary opportunity for occasional drinkers to drink and sometimes drink in a large amount than their usual practice. In general, the volume and frequency of drinking tends to be highest among young and middle aged adult and decline with increasing age. Men usually drink with the same gender or male friends. Women may present or join in a drinking group only if they are with their spouse, or relatives. The most common type of beverage among men is whisky followed by *Lao Khao* and beer. Types of beverage vary with age group of drinkers. Young men and middle aged men drink whisky with soda more often than beer and *Lao Khao*. Among elders, *Lao Khao* seems to be preferred to whisky and beer. Wine coolers are rarely consumed among male drinkers.

Although the number of adult men who abstain is quite low, their abstention is not considered to be offensive by male drinkers. To drink or not to drink is accepted as the decision of each individual.

For women, around 40% of adult females were estimated, by the headman, to be the drinkers. Most women are occasional drinkers, but a number of women drink at least once a week. Women drink in a lesser volume per occasion than men, and

usually drink with family members, relatives, or close friends. They usually drink at their house or at social and cultural events. In communal activities, when women gather to prepare food, alcoholic beverages are considered to make the working atmosphere to be enjoyable (Figure 5.1). Moreover, community activities and social and cultural events also provide them to drink in a larger amount than usual. The proportion of women who drink generally increased with age, but decreased among women over the age of 50. The preferred drinks for women are beer, followed by whiskey. Women in their 20s usually drink beer or wine cooler; among those aged 30 to more than 40, beer is preferable to whiskey with soda or cola mixers; but from the mid forties older, whisky with mixers and beer are preferable.



Figure 5.1 Drinking in a communal activity

More than half of the adolescents in the village still in formal schooling, some adolescents had left their high school to work. Both educated and working adolescents drink occasionally. Beer and wine coolers are the favorite drink among adolescents. Adolescent drinking usually occurs in communal activities associated with religious or cultural events such as *Boun Phawet*, *Songkran festival*, and *Pu Ta* worship. While *Phawet* procession is parading around the village, a group of adolescents share glasses of beer and dance at the front of the procession. Birthday parties are another occasion, where peers gather at the host's house. In general, drunken adolescents are not visible. They usually drink to a limited amount and in the eye of the elders. One man explained that,

“Most of teenagers here do not drink a lot. They usually drink at their home or their close friend’s home. Some are students and some do their work on the beach. Those who work on the beach do their work from early morning till late evening and work everyday. So, they can drink a bit and only in special occasions or some traditional rites.”

In some special occasions, they may drink more than usual. The headman told me in a party after a sport event as “Normally, they do not drink a lot but tonight we’ve arranged the party for them. They are all sportsmen and our team. So, they drink quite a lot.”

The numbers of elderly drinker, most at 60-70 years of age, is much more than I expected before I entered the field, and includes both men and women. Men drink more than women in both volume and frequency. The number of male drinker aged > 70 is quite high - 7 out of 14 reported that they drank at least once a week. The oldest man who still drinks is aged 86. The volume and frequency of drinking tends to decline with increasing age, but there are a number of regular drinkers. Though all of them drink in a small amount – less than 2-3 drinks per episode, at social and cultural events they usually drink in larger amounts. Elderly men prefer whisky, *Lao Khao*, and beer respectively while elderly women prefer whisky, beer, and *Lao Khao*.

The consensus of the number of people who are defined by most villagers as the addicts is quite low, both men and women. The preferred types of beverage among those who are alcohol dependent are *Lao Khao* and whisky respectively. *Lao Khao* is more preferable because of its cheap price and high content of alcohol.

Table 5.1 summarizes preferred alcoholic beverages among different age groups and sex.

Table 5.1 Types of beverage by sex and age groups

	Male (age groups)				Female (age groups)			
	20-30	30-40 ⁺	40 ⁺ -60	>60	20-30	30-40 ⁺	40 ⁺ -60	>60
Whisky (Thai brand)	~	√√	√√	√√	-	√	√	√√
<i>Lao Khao</i>	~	~	√	√√	-	-	~	~
Beer	√	√	~	~	√	√√	√√	√
Wine cooler	-	-	-	-	√	~	~	-

√√ more preferably, √ less preferably, ~ infrequent, - no drinking

5.2.2 The beverage choice and the strength of alcohol content

Strength of alcoholic beverages is perceived by flavor and taste of beverages rather than real alcohol content. *Lao Khao* is perceived as the strongest drink, followed by whisky, beer, and wine cooler respectively. A man in his forties who drink regularly said that, “*Lao Khao is cheaper and you can get high quicker. All my friends drink it, so I drink it like them.*”

Although *Lao Khao* and whisky are similar in alcohol content, several *Lao Khao* drinkers said that ‘whisky can not satisfy their drinking.’ On the other hand, several whisky drinkers said that ‘*Lao Khao* is too strong to drink.’ Beer and wine cooler are considered to be the lighter alcoholic beverages. However, wine cooler is sometimes not considered to be ‘a real drink’ because of the sweet taste and belief that it has low alcohol content – although it contains 5% alcohol which is an equivalent concentration to beer. Thus, several drinkers choose beer or wine cooler instead of their usual beverages in the beginning of recurring period after quitting, particularly after they had some physical health problems. As one woman in her forties told me about her experience that,

“After I got out of the hospital at the second time, my friend told me that ‘spy’ (a brand name of wine cooler) is lighter than beer, so I started with it. I tried it two or three glasses in a time. It seemed that nothing went wrong. Later, I turned to drink beer again.”

Another man who usually drinks whisky, answered to my question when I wondered why he drank beer instead of whisky as “*I had stopped drinking for three weeks because of a stomach ache. I just feel well this week. So I start with something lighter.*”

For several women, particularly young adults, whisky is preferable to other drinks. The reason is the belief that beer can make they gain weight. Though whisky has much more content of alcohol and a strong flavor, they mix it with soda water or soda and cola drink to dilute the strength and flavor. In general, volume of whisky that women pour in their glasses is lesser than the amount poured by men. Women in one drinking group at which all drank whisky concluded that, “*Beer can make you gain your weight. But whisky is not. So we all drink whisky mixed with soda water.*”

5.2.3 Drinking career

Familiarization with drinking occurs on an everyday basis. Children stay or play nearby drinking groups at feasts and participate in various social and cultural events, religious rites, and communal activities where drinking is visible. Occasionally their parents order them to buy alcoholic beverages or mixers. Adolescents get an experience of alcohol consumption on special occasions within the community. Many rites, custom, and social events in the village provide opportunities for children and adolescents to assimilate the drinking practice. Moreover, the major occupation of villagers, which associated with restaurant services, also provides them the opportunities to be acquainted with drinking. These circumstances influence learning and socialization about drinking from early in life.

The first direct experience with alcohol consumption is usually in adolescence. They usually consume overtly when they are in late adolescence or young adulthood. Among male adolescents, they may drink with male friends or with both sexes. But for female adolescent, it is often founded that they drink with both male and female friends in the group particularly in social and cultural events.

The frequency and quantity of drinking varies by age of a drinker and responsibilities. During adolescence, the opportunities for drinking are significant social or cultural events. One elderly person told me that religious and cultural events are opportunity where drinking initiated. Volume of drinking among adolescents is not quite high. It may be influenced by the monitoring of drinking by the elders or their parents. Most male drinkers told that their drinking frequency and volume were highest when they were in young adults, particularly when they had a job and were not married. After they had a child, they tended to reduce their drinking volume. Most male drinkers tended to decrease their drinking in both frequency and volume when they became middle age. A significant decline in drinking occurred in elderly when they usually drank only on significant occasions such as wedding ceremony, the annual rites of the village, or with close friends in special occasions.

In contrast, women tended to drink in more frequency and greater volume after they have married or their children had grown up. However, women also decreased their drinking when they were in 50s. There were only small numbers of elderly women who still drank, but, drank in small amounts in significant occasions.

One woman in her early sixties told me about her drinking experience while we were participating in a drinking group that,

“When I was young, I could drink more than today. But now I’m older. I can not drink like that anymore. I rarely think about drinking. I just drink on significant occasions or when I and my friends gather together like this. I’ve never drunk alone at my house or in the evening. It’s not on my mind.”

Another reason for reduction of drinking was their health and physical status. Many older drinkers explained that they could not well tolerate the effects of alcohol as earlier with increasing age. Nevertheless, several people told that they just reduced their drinking but never thought of quitting. The field notes that I took after chatting with one elderly person describes as:

“He told me that he did not often drink because of his health. In the past he always drank every evening, after working time, but now he has not done it. Just a little he drank, he felt dizzy and felt like drunk. Nowadays, he drank infrequently and only 2-3 small glasses could make him worse. “When I drink, it makes me feel bad. It doesn’t like the past. By now, my body can’t tolerate alcohol as before. I wonder that my increased age makes me feel like this.”

There are many factors which influence the continuation of alcohol consumption. The belief of the pharmacological properties of alcohol itself is a factor for several people. Drinking associated events which occur throughout the year are opportunities for drinkers. The perceptions of drinking practice such as enjoyment in drinking session are also a major factor. For several occasional and regular drinkers, they do not think of quitting whenever they realize that they are not a problem drinker or an alcohol addict. One elderly who has drunk occasionally for his entire drinking career told me that,

“I do not think of stop drinking. I just drink once for one to two weeks. Sometimes it may be once in a month. I just drink when my friends gather together. I know that alcohol is not good to the health. I have heard that they say about the bad result of drinking. But, I’m not an addict.”

Another man in his sixties, a regular drinker who had temporarily quit during the Buddhist Lent period, answered me when I asked him about his drinking practice

as *“I’m not an addict but I like to drink. Drink for enjoyment. I will drink till I die. (laugh) ... When I die, don’t forget to bury whisky with my body.*

5.2.4 Drinking groups

Going out of the village to drink infrequently occur. Villagers usually drink within the boundary of the village. Almost members in a drinking group are the villagers and they all know each other very well. Most of them are cousins or relatives. The others are close friends. The outsiders who join in a drinking group are also close friends of some villagers in the group. The vice headman told me in a party which arranged for teenagers and young adults that, *“They are all people in this village and most of them are relatives. They all know each other. We’ve never had much trouble with them. The only problem is that we can’t provide alcohol as much as they drink.”*

One man who has migrated into the village for more than twenty years further explained that the reason might be the location of the village. As the village is set in a cul-de-sac, three borders of the village are surrounded by a river and there is only one road from a highway straight into the village. Thus, there are a few outsiders who come into and join in the activity of the village including drinking associated events. In addition, all restaurants on the beach are not close to the household area of the village. People who travel to the beach for leisure usually stop at the restaurants. There are a few people who approach the center of the village. Therefore, members in a drinking occasion are usually the familiar people.

As almost all members in a drinking group are villagers and are related to the others in some way, these may be the reason that why the tolerance with their drinking behaviors is more than I had expected. One elderly woman told me that after the party, several young adults had formed a drinking group at a house nearby her house. They were quite loud that late night. I wondered if she felt annoyed or not. She replied my question as

A: They are all cousins with similar ages. I had slept for a while but when I woke up I could hear their sound. I think that it was around two o’clock in the morning.

Q: Did you get annoyed with them?

A: *What can I say? They are all my descendants and their relatives. It's quite good that they didn't go out to other places.*

5.2.5 Quantity of drinking per episode

As drinking occurs in various situation, people may drink alone, with friends and relatives at a meal time, or with other people in social and cultural events, these can influence the volume of drinking in the situation. In addition, drinking style and atmosphere of drinking context can affect their recognition of volume after drinking session.

In general, alcohol drinking is accepted as an evening or late afternoon activity. Drinking in the morning or during the day is not a normal everyday life. They may drink throughout the day if it is an annual rite of the village or a significant socio-cultural occasion. If they drink before late afternoon, they usually drink less than in the evening.

Solitary drinking usually involved a *Lao Khao* drinker who might drink at a grocery store in the evening, and most of them were regular drinkers. In general, they frequently drank a small amount of *Lao Khao*, 30-60 ml (Figure 5.2). But some *Lao Khao* drinkers might buy a small bottle (150 ml. or 320 ml.) back home when they had had someone to drink with. When they drink with friends or in a group, it was a custom to pour it from bottle into a shared glass and drank it up, then passed the glass to another person in a circular fashion.

In a drinking group, whisky is usually poured from one container to each member's glass and is mixed by one or two persons in the group. The quantity of whisky that is poured into a glass varies by gender and drinking preference. Men usually pour in larger amount per glass than women. Several men said that, "*It's flavorless when you pour too little amount (of whisky) and mix with soda water.*" In contrast, women said that, "*Too much is tough to drink.*"

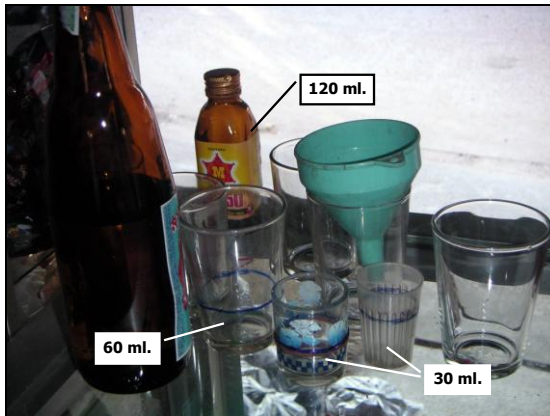


Figure 5.2 Drinking *Lao Khao* at a grocery

Beer drinkers usually drank from a glass filled with ice and also poured from the bottle to an others' glass when they drank in a group, so, the quantity of beer per glass could vary from glass to glass.

At social and cultural event where alcohol drinking take place, the vessels which were used for drinking might have various form and size (Figure 5.3). Because of participation of many people and because drinking glasses were not enough, thus, they might use anything that they could take a drink such as a small plastic bucket, a plastic bottle or an oversize glass. Moreover, the atmosphere of festivity could encourage their drinking more than usual.

When they were asked about the quantity of beverage per drinking occasion, only solitary *Lao Khao* drinkers could respond more accurately about their customary consumptions than other drinkers. Nevertheless they usually answered in term of money that they had spent for beverage. Among group drinkers or communal events, the response of drinking quantity was quite difficult because of the various sizes of vessels and the drinking atmosphere which encouraged heavy drinking. They usually responded by the size or the number of containers and number of drinkers, for instance “*Last night we drank around one crate of beer by 4-5 persons*” and “*Yes, one bottle of whisky with my friends, around 4 persons.*”



Figure 5.3 Various forms and sizes of drinking vessels

5.3 Defining drinking behaviors

Drinking behaviors are defined by the villagers into 3 dimensions. The first is defined by the usual frequency of drinking. By this dimension, people are classified roughly into 4 groups of drinking pattern; abstainer, occasional drinker, regular drinker, and former drinker. The second is defined by the level of drunkenness. The third dimension is defined in term of moderate drinking and heavy drinking according to drinking contexts and physiological effects of alcohol.

5.3.1 Drinking pattern

5.3.1.1 Abstainer

From a lay perception, ‘drinking’ is defined by the frequency of drinking and the use-value by those who consume. A person does not define his/her practice as ‘drinking’ if they regard what they drink as ‘just a sip,’ even if they drink 1-2 glasses of mixed whisky or beer, if alcohol is consumed infrequently, or if alcohol is used for

a medicinal purpose. *“Just one or two times in a year and it was not a large amount,”* or *“Just one or two drinks, it doesn’t make me drunk.”*

Some people said that people should not be regarded as “a drinker” if they drank infrequently and drank just a little amount.

“This is not alcohol drinking. If you drink, you must get drunk. All that I take is just a small glass. I take it as a medicine for blood circulation. If you ask me have I ever been drunk or not, the answer will be ‘yes.’ But you should understand that I’m not a drinker.”

“I drink it for a medicinal purpose. Just to refresh after hard work, for good blood circulation, or for my appetite. But I drink infrequently and I’ve never got drunk. You can not call me an alcohol drinker.”

They usually answer as *“No, I do not drink”* when someone asks about their drinking practices. They may answer likewise if they have stopped drinking for a long time – usually more than five years.

Thus, an abstainer as they use the term is not only a person who has never drunk, but also someone who infrequently drinks and drinks only a little amount at an occasion.

5.3.1.2 Occasional drinker

Most of the drinkers in the village identify themselves as occasional drinkers. The term is used for a wide range of frequency of drinking. “Occasional” means, for the villagers, not every day. It can range from 1-2 times a week to 0-1 time a month, or only on special occasions. Several occasional drinkers identified themselves as *“I’m not a frequent drinker, it’s only one or two times a week”* or *“I drink only at significant social or traditional events.”*

5.3.1.3 Regular drinker

A regular drinker is one who drinks every day or nearly every day regardless of volume of drinking. The volume that regular drinkers drink per episode may be quite low, such as one to two small glasses of *Lao Khao* (30 ml./glass with 40% of alcohol) or one bottle of beer (660 ml./bottle with 5% of alcohol). In contrast, some regular drinkers may drink at least one small bottle of *Lao Khao* (330 ml./bottle), two to three bottles of beer, or one small bottle of whisky (300-320 ml./bottle with 35-40% of alcohol).

5.3.1.4 Former drinker

People usually identify themselves as a former drinker if they have stopped drinking for a long duration. Nevertheless, several former drinkers still drink infrequently, one to two glasses of mixed whisky or a glass of beer at a time. One middle age man who stopped drinking when he was twenty years old said that, *“I can’t say that I have not ever drunk at all. But it is very rarely. If I drink, I just drink it only one or two glasses.”*

When I asked the others about his drinking, they all replied that he had stopped for a long time. As mentioned earlier, this practice is not perceived as alcohol drinking among the villagers.

Apart from the above drinking patterns, villagers may define someone as a ‘heavy drinker’ in order of frequency of drunkenness but not frequency of drinking. A ‘heavy drinker’ does not depend on volume of drinking. Several regular drinkers are not defined as heavy drinkers because they infrequently get drunk, regardless of the volume that they drink. They may be defined as a heavy drinker if they get drunk every time of drinking though they drink occasionally. The numbers of heavy drinker are difficult to estimate because the cycle of drinking is not stable. A ‘heavy drinker’ may be used to indicate a person’s drinking pattern at a specific duration and then, change into other drinking pattern.

On the other hand, an ‘addict’ (*tid lao*) is one who drinks everyday and gets drunk most of the time. The consensus numbers of either heavy drinker or addict are not so many. There are only three men and two women who are defined as the addicts. Both addicted men and women drink nearly everyday, however, the volume and frequency of consumption among addicted women is lower than addicted men.

5.3.2 Level of drunkenness

In general, the effect of alcohol after drinking is defined by the word ‘drunk’ which represents an intoxication level of alcohol both physiological and psychological effects.

Villagers use the word ‘drunk’ when one has an overt intoxication such as slurred speech, ataxia, nausea or vomiting, falling asleep or drop into the ground, and lack of control of themselves. Drunkenness can be described as *“I can’t drink any*

more. I feel sick to my stomach,” or “They may speak incoherently or say something foolish,” or “I drifted off and couldn’t sit down anymore.”

The term may be used when someone get a hangover in the morning, after of they did not realize that they got drunk on the night. One man told me about his feeling on the day after a traditional rite as *“Last night, I thought that I didn’t get drunk. But in the morning, I had a headache and a little bit nausea. I couldn’t do my work all the morning.”*

Someone may use the word ‘begin to get drunk’ when they feel that they get some degree of intoxication such as lightheadedness, dizziness, or drowsy. However, this word is sometimes used as a reason for discontinuation, when they do not want to drink anymore, even though they are not intoxicated.

The euphoric effect of alcohol is not perceived as drunkenness, and sometimes it is a desirable effect for drinkers. In *Wan Nao*, a man who talked too much with loud noise than usual told me when I asked him had he got drunk or not as *“I’m just giddy with fun, not being drunk. If I get drunk, I would speak or do something silly. I would not recognize or be aware of anything.”*

On the other hand, drinkers may not be defined as being drunk if they can control their behaviors or take their responsibilities appropriately, even though they display some degree of drunkenness.

5.3.3 Heavy drinking and moderate drinking

When ask about how much alcohol that one has drunk in a session, people may distinguish level of drinking as ‘heavy and moderate’ drinking. These words do not refer to the number of glasses or containers of alcoholic beverage that they drank. They usually refer to the feeling after a drinking session or hangover symptoms on the next day.

5.3.3.1 Heavy drinking

In their meaning, ‘heavy drinking’ (*nhug*) is used when they get drunk in a drinking session or drink until they can not drink anymore. If they get some degree of hangover in the next morning, it is also a heavy drinking. However, it should not interfere with their responsibilities or obligations.

“Heavy drinking? That means you drink until you get drunk or get a hangover when you wake up. You may be unable to work on the next day. But moderate drinking means drinking in a limit amount. If you can do your work properly it’s not a heavy drinking. Someone may drink everyday but they do not get drunk. For example, one or two glasses before they have a meal and they do not drink when they finish their food.” (M, 24 years, regular drinker)

5.3.3.2 Moderate drinking

In contrast, ‘moderate drinking’ (*paw dee*) has various meanings in relation to the drinkers and the drinking context. It is not simply the volume of alcohol consumed in an episode. Moderate drinking when they have a meal may be 30-60 ml. of *Lao Khao*, one bottle of beer, or one-quarter of a whisky bottle. It is influenced by drinking time and drinking practice of a person. Moderate drinking during the day is usually less than moderate drinking in the evening. For several regular drinkers, particularly the heavy drinkers, the volume of their ‘moderation’ is also higher than others’. *“That’s O.K. Two bottles of beer for each person at a lunch time”* one man told me after they have had a lunch with his friends. *“For me, if I’d like to drink until I get some degree of drunkenness it should be a bottle of whisky. Half of a bottle is suitable for good appetite at a dinner. But this is in the evening time”* said one regular drinker man.

Moderate drinking can mean that it is appropriate at that moment. It concerns the obligation during or after a drinking session. *“You can drink, but you have to do your work,”* is a sentence that usually said in communal activities. If the work is not finished in one day and they have to do it on the next day, drinking also has a limit amount. It reflects a responsibility of a person to control his/her drinking or do the work appropriately. In one drinking session after a work feast for a communal building construction, the headman told the group as *“This bottle would be enough. It’s just right. We have much work to do tomorrow.”* That was two bottles of whisky for six people and a bottle of *Lao Khao* for three people.

In addition, moderate drinking in cultural events is not measured by the volume, instead, it means drinking until they get slightly drunk. Elevated mood, enjoyment and socializing are the aim of alcohol drinking in these circumstances. As

a result, moderate drinking in these events is usually higher than daily drinking practice.

5.4 Perceptions of alcohol drinking in the village

As alcohol consumption in the village has originated from the significant occasions or delightful events, these affect perceptions and control of alcohol consumption from past to present. Alcohol consumption occurs overtly among both adult men and women. Villagers all perceive the positive consequences of alcohol consumption. Though some negative consequences are recognized, the concern is not raised into the community issue. Several villagers concluded that in their village, alcohol is consumed more than nearby villages.

“Everywhere you go in the village, you can see some one drinking. This village drinks more frequent than the others. When I go to other villages, I can see that they do not drink so much. Our village drinks quite a lot.” (M, 35 years, regular drinker)

“This village is full of fun. They like to have fun and to drink.” (M, 53 years, occasional drinker)

One man who migrated to the village more than fifty years ago, answered when I asked him about the drinking atmosphere in the village: *“I think this village is the joyful place. I came from other village but I love the enjoyment of this village. No any place drink like here.”*

Another migrated man in his fifties told me in one occasion that, *“You see, it always enjoys like this in every events.”*

5.4.1 Drinking is an enjoyment of life and sociable activity

“When I drink, it means that I’d like to enjoy in that event. We drink and we have fun together. Drinking is generally accepted as the way of village life. Most villagers agree that drinking bring them an enjoyment of life and it is not a problem in community. Drinking tends to intensify harmonious relations among the villagers, promote social cohesion, and affirm social relationships and kinship ties. Drinking is also considered to be necessary for the enjoyment of festive and communal events. It can promote the atmosphere of socializing and enhance interpersonal interaction.

“Actually, it doesn’t mean that I only want to drink but I’d like to have fun with my friends. If they are drinking but I’m not, we can’t talk together. It’s tasteless.” (M, 53 years, occasional drinker)

One woman said, while I was participating in her drinking group, that, *“I drink just for fun. I always drink with my friends. Drinking, eating and chatting are all that we do in a drinking session. If I do not drink, I think I won’t have any friends to enjoy with. If we do not drink, how can we have a good time together?”*

Another man in his early sixties also stressed that he frequently drank because drinking brought him enjoyment. However, he has frequently quit when he felt that his physical status was not well: *“I like drinking, drink for enjoyment. But when my body can’t tolerate it or I’m not well, I have to quit for a while. I always start it again when I feel well enough.”*

Even a former drinker still realizes that drinking is an essential component of enjoyment and socializing and he would drink if he could. One man who has stopped drinking for twenty years also stressed that if he could drink as the others he would drink without hesitation: *“Actually, I like to drink when I see my friends drink in each event. I’d like to drink because it can make me enjoy with the others. I can’t talk so much and can’t have fun with them if I do not drink. But I have never thought of drinking when I am alone.”*

These perceptions influence drinking practices among the villagers. Drinking is considered a social activity which should be done with others. It is unusual to drink without other people, particularly among the occasional drinkers. One regular drinker also said that, *“I’ve never drunk alone. I can’t imagine of it. I’m hesitant to do it without friends.”* (M, 40 years, drinker)

One woman who drinks occasionally explained about her drinking practice as *“I just like to drink and chat with friends. I’d like to have fun with them. I’ve never thought of drinking alone. It’s never in my mind. But if my friends come to me we would drink together. We drink and chat just for fun and it’s not so many drinks.”*

These also affect behavior after drinking and drunkenness. Overt drunkenness is usually unacceptable except if it occurs among close friends or relatives in a private place. Some degree of drunkenness can be considered as a normal behavior, and it is expected on several occasions. One man told me while I was participating in Wan

Nao that, "You'd not have fun if you don't get some degree of drunkenness. This is an occasion of enjoyment."

Solitary drinking may be found in some contexts among those who drink regularly, for instance, before a dinner or accompany a meal. But usually, just a small amount is consumed. It is considered inappropriate if someone drinks alone until drunk. As the headman complained about one who was identified as a problem drinker, *"He just drank only one, but he drank till he got drunk most of the time."*

5.4.2 Alcoholic beverages and drinking are a norm in several social and cultural events

As Alcohol drinking is considered to be the norm particularly on the celebration occasions and cultural events. Alcoholic beverages are expected to provide by the host of the social event. However, serving alcoholic beverages in an event may depend on the socio-economic status of the host.

The headmen illustrated the role of alcoholic beverages and the host in several events as

"In funeral ceremonies, it's up to the economic status of the host. No one complain if the host can not afford. Sometimes, there may be someone ask for it, if they have close relationship. But the host may be a target of complaint if they do not provide alcohol drinks when the guests think that they can afford or they are stingy. Unlike the wedding ceremony or the socio-cultural events, whisky or beer is certainly served. If alcohol drinks are not served, the host will be complained behind. If the host serves plenty of alcohol drinks, the praise will be follow. It is unusual to talk about food in the events but the guests frequently mention about drinking. In some religious ceremony like Boun Kathin, if the host announces that it is an alcohol free event, the guests always conform to that statement."

During a funeral ceremony, alcoholic beverages are served to guests at least at the feast after the cremation ritual. Though alcoholic beverages are usually consumed in a small amount and accompany a meal, a long drinking session may occur if the host or relatives of the deceased are drinkers, someone who has a local political position or high socioeconomic status. Drinking in this occasion is expected if the

villagers realize that the host can afford. The host may be complained after the event if they do not reach their expectations. One man told me of a cremation ritual which I had missed as *“Yesterday, after the cremation ritual, most of the guests came back their home immediately. There were a few guests in the evening chant. Someone said that the host was stingy. They didn’t serve any whisky or beer to guests at all, even from beginning of the ceremony.”*

At a work feast or a communal activity, food and drink usually treat to all participants after they finish their work. Alcoholic beverages are expected to serve in accompany with food. In some occasions alcoholic beverages may be served during working hours. One elderly person explained that alcohol could made the atmosphere of working more enjoyable and it was considered as reciprocity to their generosity because all participants were ask to work without payment. However, alcohol is not consumed in a large amount during working hours.

“Alcohol is a lubricant for a job. It has to be served at a work feast or when we ask the others for doing a job. In the past, it might be served from the beginning of working hour until the end of the job. We had a lot of distilled alcohol because we could make it by ourselves. But they drank not so much during the day. They would drink again in the evening or after they finished the job.” (Male, 74 years, abstainer)

In a non-alcoholic ordination ceremony which the celebration for the ordinand was held in monastery area where it was illegal to drink, it was noticeable that fewer villagers participated the ceremony than the other events and they left earlier than usual. Several villagers supposed that the hosts did not want to provide any alcoholic beverage even though they could afford it. Somebody complained to me after the ceremony as *“Without alcohol, who’d stay for a longer? It’s not a feast. There’s no joy in participating.”*

5.4.3 Alcohol provide positive outcomes more than negative consequences

In addition to the issues mentioned above, alcohol consumption can be perceived in both positive and negative dimension. Nevertheless, the villagers, both drinkers and non-drinkers, tend to emphasize the positive outcomes more than the negative consequences.

While I was participating in a drinking group where both men and women were presented, I asked them why people drink. One woman in her forties stated that,

“I know that drinking is not quite good, but I still drink. If I do not drink I would not have many friends and the enjoyment. My daughter asked me why I still drink even though drinking is not good. I told her that I always drink with my friends, never disturb anyone, and never have a quarrel with others.”

The positive consequences of alcohol drinking are the enjoyment and socializing in various occasions as illustrated above. On the other hand, mood alteration due to alcohol drinking is also recognized.

“When you drink you can get all the bravery. You can sing, dance, or express yourself. You may talk more than usual. You can have so much talk and fun with the others.” (M, 62 years, former drinker)

Another instance of positive consequence of alcohol drinking as a result of socializing came when one man told me that he had got a permanent job from his acquaintance in a drinking group. He stressed that, *“If I do not drink, I would not be acquainted with somebody and I would not have got a permanent job.”*

Beside the mood alteration effect, alcohol can relieve some symptoms of anxiety while drinking. Although it is not a good problem solving method, it can help someone escape from distress for a moment. One regular drinker explained that,

“Sometimes drinking can make me comfortable. It can relieve some distresses. But you must know it can't relief all the stresses. It isn't a good way of problem solving. The next day you have to face the same suffering. I know the bad result but sometimes it can help me. It can make you feel better with your life.” (M, 40 years, regular drinker)

Physical health consequences are major issues associated with drinking that concern villagers. However, they usually concern with health consequence only when they feel not well or get an illness. It is a major reason for quitting among several drinkers (see detail in Chapter 6). But when they feel well again they usually turn back to drink. Even the former drinker who has quit because alcohol-related problem also stated that *“Alcoholic beverages are made for drinking, so, drink it when you can drink.”*

Another negative consequence is perceived in the ability to cause violence. Both drinkers and abstainers are aware of this consequence.

“If you drink a bit, it’s just like a medicine. But when you drink more and more, you may get drunk and fighting could follow.” (M, 74 years, abstainer)

Alcohol-related violence rarely occurs among the villagers. This can be the result of other perceptions and norms around drinking as describe hereafter.

5.4.4 A good drinker must keep his/her self-control and responsibility

“I drink just for the enjoyment, not to get drunk,” said one regular drinker. In general, normal drinking is defined without reference to quantity of consumption. It depends on the ability of the individual to know when and how to drink, actual drinking practices, and how to behave even if slightly inebriated. Solitary drinking is not recognized as a problem if the person drinks to accompany food or for medicinal purpose. On the other hand, drinking unaccompanied until drunk was sometime considered as an improper practice. Drinking in the morning and during the day is not accepted as a normal practice, except in social and cultural or religious events. One man in his seventies told me on the morning of a socio-cultural event when I saw him take a drink as *“Normally, I do not drink in the morning. If I drink, I could not work all the day. But today is a special occasions. There are a lot of friends. So I drink a little bit.”*

Most villagers emphasize the value of moderate drinking. Drunkenness as a result of alcohol consumption is tolerable if a person can control his or her behavior and takes responsibility for themselves. Many villagers agreed that, *“If you enjoy drinking, you will need to assess your competence.”*

One woman who was an occasional drinker also stressed that, *“Drinking? It’s both good and bad. It would be good if you drink moderately. It would be bad if you can’t control yourself. Though you get a bit drunk, it’s not a matter if you just have fun with your friends. It’s an enjoyment. But you mustn’t get into a quarrel or a fight.”*

Drunkenness is not an excuse for failure to control their behaviors. Severe drunkenness with physical signs and loss of control is ridiculed and scorned; even so,

there are no strong sanctions against this. However, drunken behavior is sometime evaluated in the context of social relationships. Ridicule and scorn may be replaced by joking and having a take care by the others if the person has good relationships with others. In contrast, he may be the subject of criticism even if only slightly intoxicated if his relationship with others is poor.

Problematic drinking does not largely depend on quantity or frequency of consumption, but rather to the interference in personal responsibility or obligation during and after drinking session and the ability to control their behaviors. It emphasizes the negative effects that drinking can have on social well-being or the family and work obligations. In addition, one can be defined as a problem drinker if he/she frequently gets drunk and can not take the responsibilities or frequently behave in a problematic drinking style.

“If you drink you must keep your responsibility and do your job. Not just walk around looking for drink.” (M, 35 years, regular drinker)

“A problem drinker? They love to drink, any kind of alcohol. They usually get drunk. When there is an event, they can drink and get drunk all day long or several days. They don’t think of other things than drinking.” (M, 74 years, abstainer)

An ‘addict,’ (*tid lao*) by the villagers’ meaning, is not similar to a problematic drinker. It used to define a person who drinks regularly and gets drunk most of the time that he/she drinks. The five persons who are identified as addicts, all drink everyday and have some degree of drunkenness most of the time. They can drink at any time of the day, even in the morning. Although all of them still work and can take some responsibilities, they usually do it improperly or inappropriately.

The consensus of the number of villagers who abuse alcohol, characterized by continual problematic drinking, is that the number is low. From the headmen’s point of view, social distress as a result of drinking occurs infrequently in the village. Drinking rarely leads to a fight or a brawl. Most fighting is due to annoyance with drunken person who is attacked by the sober ones. Another man described the atmosphere of drinking in traditional rites as *“They almost all drink both men and women, except the abstainers. But there is rarely a quarrel or fighting. It is the drunk that annoys others and does not listen to anybody. Though somebody warns them*

about those behaviors, he ignores the warning. Finally, it is the drunk who is hit by someone.”

5.4.5 Women should control their drinking behaviors more than men: special restrictions and concerns

Alcohol consumption among women tends to be more acceptable, both in private and public spaces, and age at beginning drinking is quite low compared to the past. Nevertheless, inebriation and solitary drinking are improper, and women who drink alone or get drunk are subject to ridicule. They are usually criticized if they do not take their family obligations when they drink. The elderly, both men and women, expressed concern about drinking among women in the previous and the present day as

“In the past, it’s not appropriate for young women to drink alcohol. They should not drink. Some women might drink when they have got her family or her children were grown-up but a good housewife should not do. Women are responsible to housework and family. But a lot of young women today drink in many social events and sometimes they drink without special occasions. Anyway, it’s bad manners if they get drunk. It’s not good for their health, their housework, and self-awareness.” (F, 62 years, occasional drinker)

“In the past, I was not satisfied when I saw young women drank. But I can tolerate it by now. It has become a common practice today. They drink all over the country, all over the world.” (M, 62 years, former drinker)

Alcohol consumption among women tends to be more acceptable to younger than elderly people. Nevertheless, women are expected to drink infrequently and do not get drunk. Though alcohol consumption among women is acceptable from both drinkers and non-drinkers, drunkenness is considered in contrary view even among the regular drinkers. Several men gave me their opinions about drinking among women as

“It’s OK for women to drink alcohol. Many women here drink it. But it’s not the same as men when they get drunk. They may be drunk sometime

but they should stop instantly. It's not so good if they drunk and lose their control. It doesn't a matter if they are male.” (M, 38 years, former drinker)

“Women should not get drunk. It's quite improper. They are not men. It's appropriate if they drink occasionally but not frequently.” (M, 35 years, regular drinker)

It is considered as inappropriate if a woman drink with a group of men. From women's view point, drinking with men can be followed by sexual harassment both verbal and physically particularly when someone gets drunk. That is a reason why women should not join in male drinking group. Women and men can join together only if they are relatives, family members, or close friends.

“It's not so good if a woman drinks with a group of men. You may be harassed by a drunken man ... grab your hand or say something dirty. I don't like it. My children also do not expect me to drink like that. It's not a matter if I drink with close neighbors or close friends. But if they just acquaintances or someone that I've have seen, it's not OK. It's not a good thing.” (F, 62 years, occasional drinker)

In other situation, she expressed her opinion about women' drinking behavior again, *“It's OK to drink in a group of women or with female friends. But you must not get drunk. If you get overtly drunk, you can lose control. You may do an awful thing or do something unashamedly. You may go with anyone. If you drink you must aware of yourself.”*

5.4.6 Teen can drink under control of adults and on special occasions: adults' viewpoint

Though it is usually considered to be improper for adolescents to drink, adolescent drinking is seemed to be acceptable if they drink in community contexts, or in front of their parents or in the presence of other elders. Even so, drinking without a special occasion is considered to be unacceptable from a community point of view. Alcohol drinking among adolescent is also considered as a way to interact with the others as in adults. One young adult man said to me while we were sitting together in a birthday party for his neighbor's daughter who was in her late teens, *“Normally, they do not drink but today it's her birthday. So, her parents let they drink. But they*

have to drink at her house. If her father did not get drunk, he would have kept an eye on them until they finish. So, it's me that take his place."

One man in his thirties also said that, *"It's OK if they drink in a special occasions. If they do not drink, they could not join with their friends. But it's not right if they still studying."*

Frequent drinking should be avoided until they finish their education and are able to earn money and take responsibility for themselves. Several adults told me in various situations that:

"I'm not satisfied if they still in school. It's not a matter if they have a job and earn their money. But if they drink they must be responsible for their duties." (M, 38 years, former drinker)

"I think that it should be eighteen or more. At least they should be responsible for themselves, have a job and earn their money." (M, 53 years, occasional drinker)

5.4.7 Men tend to tolerate alcohol-related behaviors more than women

There are some differences between male and female perception of alcohol-related behaviors and problems. In general, negative consequences are considered as the responsibility of the person who drinks, and this includes health problems and family disruption. When an alcohol-related accident or injury occurs, it is the drinker who is blamed for his carelessness, not the drinking. However, men appear to accept and tolerate drinking-related behaviors more than women. Factors which could explain this difference between men and women may be the fact that men drink more than women and drinking is accepted as a norm for men.

Evidence came while I was talking with a couple and they talked about their son. In the field notes, I wrote down as

"She told me that her youngest son had drunk a lot though he almost thirty years old and had family. I asked her about how much he usually drank. She replied that he did not drink frequently, but he always drank until he got drunk and lost his control. She added that it's O.K. to drink a little bit for good appetite. Her husband argued that he was a man and he did not drink everyday. He drank because of his job or his boss asked him to drink with. It's

not a matter whenever he did not get into a quarrel or a fight. The wife against that his drinking might cause a distress to his family's money."

The mother identified her son as a problem drinker because he often drank a large amount and got drunk, the father contradicted her, and argued that the son drank because he was a man and because of his work. She judged her son to be a problem drinker because of the large volume consumed, his behavior after drinking, and his lack of responsibility to take care his family, but not the frequency of drinking. On the other hand, the father judged him according to the prevailing norms of masculinity and occupation.

5.4.8 "It's my mistake not because of drunkenness": the difference between drinkers and abstainers

Another perspective is how a drinker and an abstainer, not the difference between sexes, perceive about alcohol-related behaviors. In the incidents mentioned above, the two wives were the abstainer while the husbands were the drinker although one is occasional drinker and one is regular drinker. Abstainers tend to perceive lack of responsibility for family obligations and accident as the consequences of drinking. In contrast, the drinkers do not associate the incidents with drinking. They tend to associate those behaviors with personal character or carelessness, but not with alcohol-related consequences.

Another example begins with a car accident. When a husband bumped his car against the wall, his wife accused him of alcohol intoxication. She said that, *"He has drunk Lao khao with friends, then beer with his brothers, and drove the car without caution."*

The husband argued that he had drunk only 2-3 small glasses of *Lao Khao* and one bottle of beer and did not get drunk. *"It was my carelessness but not drunkenness. It was just an accident that might happen at any time. It's quite good that there was just a little damage."*

The story from one woman emphasizes the difference between a drinker and an abstainer perception. She narrated the experience with her husband who passed away between her abstention period and when she began to drink as followed,

“There was a problem because I didn’t like a drunken one. At that time I never drank. When my husband got drunk, he talked too much, he could grumble about anything. I didn’t like it and sometime I got angry. If I could not put up with him, we always argued with each other. But when I started drinking, I understood what a drunk is. I could tolerate his expression. I just got away from him. If he started to grumble, I must close my mouth. Didn’t listen, didn’t say anything. I knew if I made an argument with him it might turn into a quarrel. ... Since I have drunk, I’ve never got any problem; I’ve never had any trouble with anyone. Just drink and enjoy with my friends. My husband and my family haven’t said anything. When I got home drunk, he knew but he didn’t say anything. I just took a bath and went to sleep. That’s all right.” (F, 62 years, occasional drinker)

Besides this, there is also a difference between the definition of drunkenness between the drinkers and the abstainers. The abstainers or infrequent drinkers consider that it is drunkenness when there are some alterations to the drinkers. In contrast, the drinkers, particularly regular drinkers, realize that they are drunk when they get overtly intoxicated and they can not drink anymore.

Some regular drinkers also stressed the divergence of practice in a drinking session and perception of drinking between the drinkers and the non-drinkers as

“Non-drinkers could not understand drinkers in many ways. When non-drinkers participate in a drinking group they could not listen to the drinkers, they could not chat with. But if they drink together they can enjoy each other. They may go along with each others. You understand?” (M, 55 years, regular drinker)

“One who doesn’t drink, they may look down on the drinkers. I know them, just take a look. But I don’t blame them: they always wonder why we drink like this.” (M, 40 years, regular drinker)

5.5 Summary

Social transformation can affect drinking patterns of the villagers. Drinking becomes more prevalent with economic influence. When illegal distilled spirit was produced and sold, drinking in the village increased and was more frequently in daily

life. As communication improved, commercial alcoholic beverages were introduced into the village, particularly in the boom of food service business. Nowadays, alcoholic beverages seem to be available at any time and drinking occasions occur more than previously. The number of drinker has also increased in both sexes. Regular drinkers have increased in numbers and the occasional drinkers tend to drink more frequently. Though the first experience of adolescent drinking is not a much different age, adolescents in previous times could take more responsibility for themselves. The changing context of alcohol drinking influences perceptions of drinking among the villagers in several ways. On the other hand, current drinking practice is also a consequence of perceptions at the present day.

Drinking practice can be considered in two dimensions (Figure 5.4). First is frequency of drinking which has a wide range in each pattern. Second is drinking behavior particularly level of drunkenness, without attention to amount of drinking. The drinking practice of each drinker is difficult to anticipate as it can change over time by several reasons and contexts of a person. In most cases, it is not a linear pathway. It can change as a cycle of wax and wane.

Apart from drinking patterns, there are other words which people use to describe drinking practices and drinking behaviors among the drinkers. These metaphors have specific meaning to the people and the context. It depends on the level and frequency of drunkenness more than drinking pattern or volume per episode (Figure 5.5).

Heavy drinker is used to define one who frequently gets some degree of drunkenness whenever they drink regardless of frequency of consumption. A heavy drinker does not mean that one is a problem drinker as long as he/she can take the responsibilities properly. Thus, a problem drinker is one who frequently gets drunk and can not take their responsibilities or obligations properly including the addict.

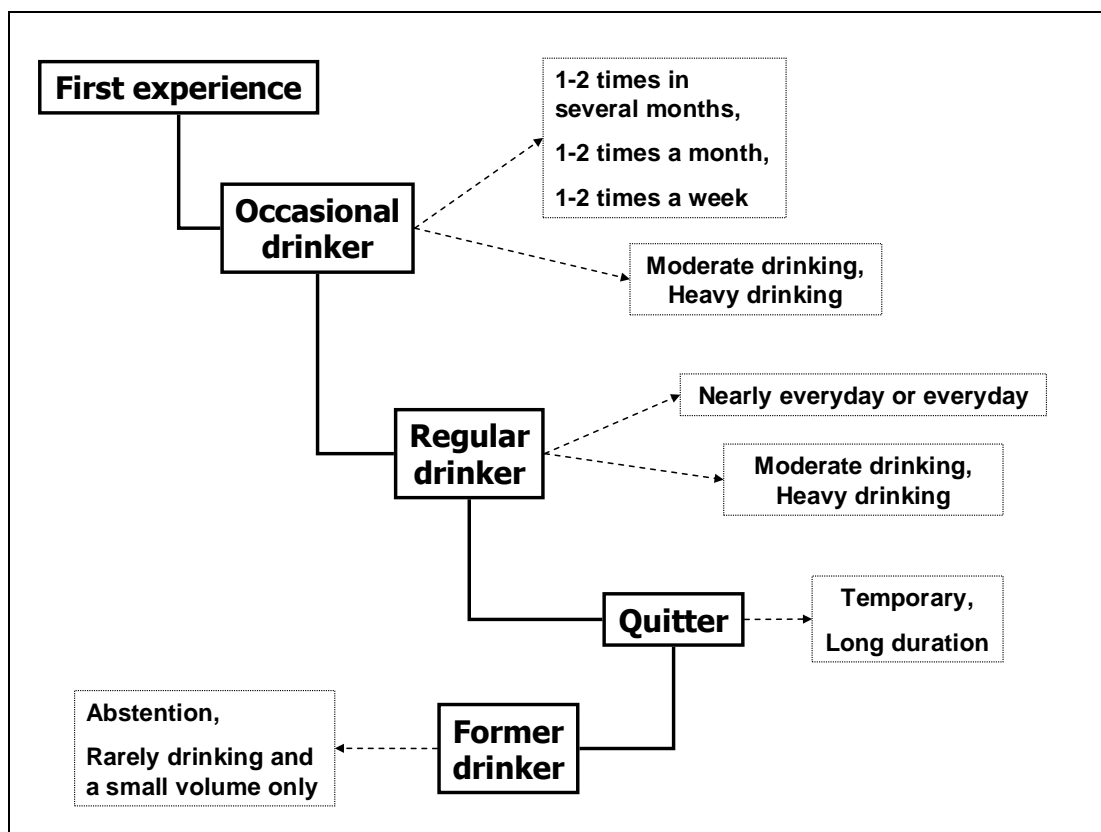


Figure 5.4 Characteristics of drinking practices

Moderate and heavy drinking, by the villagers' meaning, is not differentiated by volume that one drinks or the number of drinks per episode. In general, they usually emphasize the level of drunkenness after consumption. Moderate drinking can vary in volume of consumption by the drinking context. Moderate drinking in social activities or traditional rites is higher in volume than alcohol consumption in daily life. Even so, the responsibility of themselves and obligations are the focus of distinction between moderate and heavy drinking. Thus, heavy drinking is used to mean drinking until they get some degree of drunkenness but still take their responsibility properly.

Problematic drinking is defined by an overt drunkenness and potential for negative consequences. Even though it may occur among heavy drinkers or regular drinkers, people do not define them as the problem drinkers whenever they behave infrequently. Therefore, normal drinking or a good drinker according to the villagers'

meaning is not dependent only on volume per episode or drinking pattern. But, it emphasizes the responsibility of the drinker along with the drinking context.

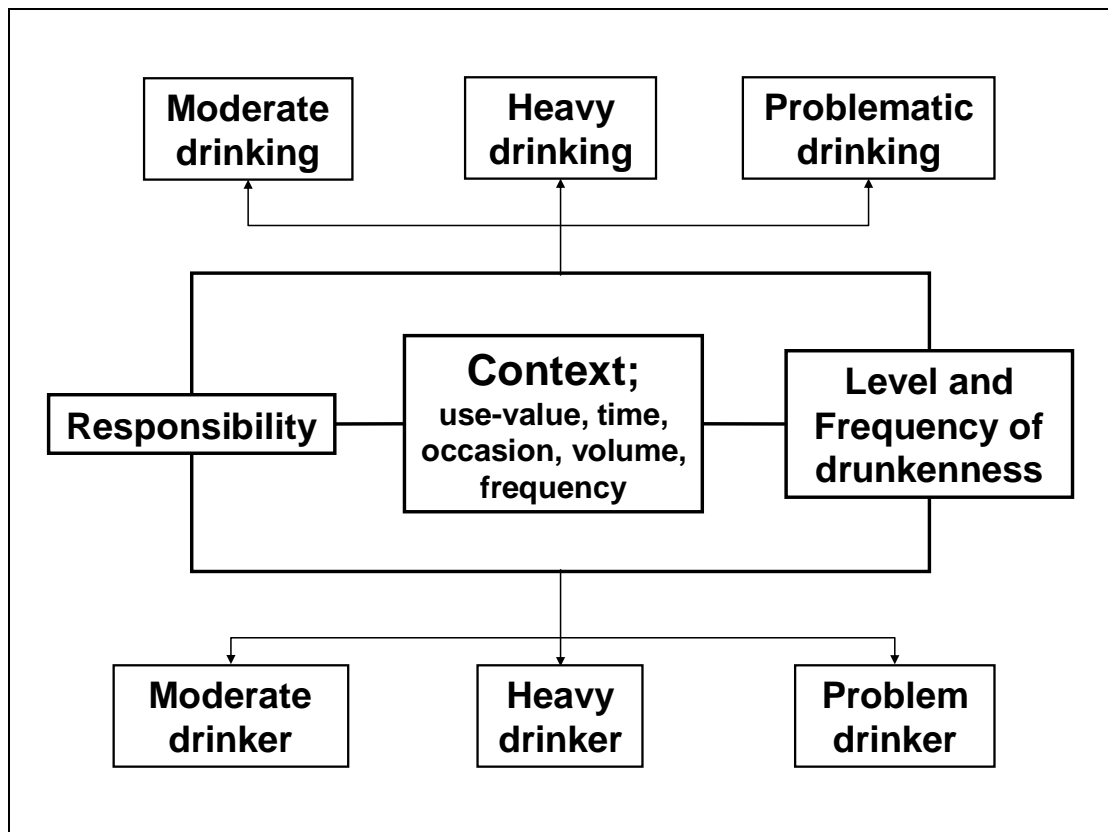


Figure 5.5 Factors which influence drinking practice and drinking behavior

At 'Ban Rim Nam,' previous perceptions and norms still affect current drinking practice and can limit drinking practices. For instance, there is an acceptance that alcohol consumption is a norm of adult men and it is more acceptable than previously among adult women, but the restrictions of alcohol consumption among women are still evident. Though adolescent drinking is more prevalent, several aspects of drinking norm are learned through socialization with the elders. Another is the distinction between normal and problematic drinking which has different definition from public health perspective.

Several perceptions about alcohol consumption can be considered as the factors that encourage and promote alcohol consumption among the villagers. Alcohol drinking in the village is regarded as a norm in most social and cultural occasions.

Drinking is usually perceived as an enjoyment of life. The positive outcomes from consumption tend to be realized, among both drinkers and non-drinkers, more than the negative consequences.

Villagers usually drink within the boundary of the village particularly when they drink in a large amount. The members of a drinking group are the villagers or close friends more than the outsider people. They all know each other very well. In a drinking group, members usually pour alcoholic beverage from the same container into each one's glass or even into the same glass and pass it in a circular manner. Drinking together, thus, can be recognized as a way to affirm relationships among the villagers. It can be the reason that why incidence of quarrel, fighting, or injury from drink-driving is quite low among the villagers. However, the major reason seems to be the norms about self-control and responsibility during and after drinking session.

It is noticeable that a notion of anti-drinking among the villagers is vague. Alcohol drinking is rarely perceived as a social distress or raised into public issue. Even non-drinkers or spouses of drinkers also recognize positive outcomes of drinking. Family problems related to alcohol consumption such as household expenses or potential family violence may be raised only when someone drink heavily or in a problematic pattern. It is the drinkers that are criticized, based on the norms around drinking behaviors, but not alcohol or drinking. Although women and abstainers tend to perceive lack of responsibility for family obligations and accident as the consequences of drinking, they also realize the social benefit from drinking particularly moderate drinking.

CHAPTER VI

Social Control of Alcohol Consumption

Social control of alcohol consumption can be divided into informal and formal controls which influence alcohol drinking at both individual and societal level. Informal control includes the appropriateness of drinking practices and drinking-related behaviors in various contexts. It is a process that determines normal and problematic drinking based on the prevailing cultural interpretation. Formal social control refers to regulation by the laws associated with alcohol policy or community consensus and measure which aim to manage specific local alcohol-related problems.

Although alcohol consumption including drinking, sale, and purchase is accepted and practiced overtly, this does not mean that there is no control. Several perceptions about drinking as well as other aspects of village life can limit or control alcohol consumption at the individual level as informal type of control. Perceptions and social contexts can influence drinking practice, drinking behavior, and the process of quitting drinking. Moreover, these informal social controls influence the process of control in drinking group and the process of community control within drinking groups and problematic drinking. On the other hand, formal type of control is derived from the national alcohol policies which have been employed and enforced in last decade.

6.1 Individual level

Several perceptions shared among villagers can be considered as social controls over individual consumption, and can be used to distinguish between normal and problematic drinking. Individual context is another factor which influences drinking practice. These factors can curtail drinking practice, both in term of frequency and volume of consumption.

6.1.1 Self-control

6.1.1.1 Level and frequency of drunkenness

Perceptions about alcohol consumption and how villagers define a good and a problem drinker have an effect on self-control of consumption. The core of control at individual level is the concept that *“you can drink but you must take responsibility.”* Other norms which derived from the core concept are; *if you drink you need to assess your drinking ability; when you drink you should not get (overtly) drunk; and frequent drunkenness is not a good practice.*

These concepts constrain drinking among villagers in several ways. Drinkers are expected to take care of themselves, to respond to their obligations properly, and to not drink heavily frequently. The distinction between a good drinker and a problematic drinker is based on these norms.

In general, overt drunkenness is not accepted. Some degree of drunkenness may be accepted in occasions associated with great celebrations or festivities such as wedding party, ordination ceremony, and some traditional rites. Drunkenness among male drinkers in particular situations is permitted. It is observable that drunken women at any drinking occasion are quite uncommon. As women who get drunk are a subject for ridicule, thus, women usually drink in a lesser amount than men.

6.1.1.2 Concern about health

Physical and health status are the major concern among drinkers. They may curtail their consumption, both frequency and volume, or quit for a while by these reasons. Somebody may quit for a long duration or abstain from alcohol if they associate their health problems with alcohol consumption. However, several people turn back to drink again when they gain their physical status or recover from health problems.

6.1.1.3 Aging with increasing responsibility

Increasing age is also a factor leading to reduce in drinking both frequency and volume. Increasing age can make older people intolerant to the effects of alcohol, thus, most elderly has curtail their drinking both frequency and volume.

For many adults, the reason concomitant with age is a much more to do with responsibilities with increasing age, particularly the responsibility to take care of other

family members. Family concern or advice may stimulate the idea of curtailment, but their decision is the most significant element, as a man in his fifties described:

“When I was a young man, I drank quite heavily. But in my thirties, I had some problems with my wife. Finally, we divorced each other. And I raised our children alone. I had many more obligations, so I could not drink like before. Until now, I just drink occasionally and infrequently get drunk.”
(M, 53 years, occasional drinker)

Other regular drinkers, who were not married, still drank regularly even though their mothers complained about alcohol consumption. They argued that they could take care of themselves appropriately and that their drinking did not disturb anybody.

“Of course, I usually drink. But I can take care of myself and do my job as it should be. I don’t just walk around to look for drink or get drunk most of the time.” (M, 35 years, regular drinker)

6.1.1.4 Restriction of drinking among women and adolescents

Although alcohol consumption among women and adolescents is permitted and accepted by the villagers, the norms of drinking and gender still control their drinking practices. Women are expected to drink in same sex group or with family members and close relatives or friends. They are expected to drink occasionally, in a lesser volume than men, and not to get drunk. Moreover, they are supposed to take a good responsibility of their family members and to do housework.

Adolescents are permitted to drink only on special occasions and at some traditional rites whether or not they have left school and have a job or are in education. They should drink in the presence of parents or elders, and they are warned to stop drinking before they get drunk

6.1.2 The contexts of drinking

6.1.2.1 Times, occasions, and drinking behaviors

Drinking may be constrained by perceptions about the proper context of drinking. In general, villagers consider it improper to drink in the morning or to drink alone particularly to drink until drunk. Although alcohol consumption is a norm on many occasions, drunkenness is not expected in most of events. Euphoric effect which

makes the atmosphere of the occasions more enjoyable is only the result that the drinkers anticipate. Therefore, alcoholic beverages are usually consumed moderately. Many drinkers finish their drinking whenever they feel that they begin to get drunk. As a result, drunkenness in public spaces is infrequently occurred.

6.1.2.2 Refusal is not a rude

Although alcohol consumption is common practice, to drink or not to drink is accepted as the decision of each individual. The evidence is that the number of a few men who abstain and their abstention is not considered to be offensive. When one has decided not to drink, it is accepted without scorn or disrespect.

“I’m not a drinker. I don’t like to drink. Once, I got drunk when I was a young man, around twenty-two to twenty-three. I had tried it before but I did not like it, so I drank infrequently and in a little amount. That was an annual rite and my friends convinced me to drink with them. I got really drunk. That was only once in my life. So I have decided not to drink anymore. Since then, they have never forced me to drink and no one has asked me to drink.” (M, 74 years, abstainer)

Refusal to drink when one has an obvious reason is accepted and it is not offensive to anyone. One woman who decided to quit drinking for a while after she had been in hospital told me about her experience that,

“The doctor told me to have a meal at a regular time and not to eat spicy food, whisky and beer. That’s all I like. I got out of hospital for two weeks and I’m feeling better. But I think that I won’t drink again. Last week my friends, a housewives group, called me to go drinking. I refused. At last, they brought the whisky and beer to my house. I told them that I was not so well. They understood my reason. Now, I drink only water when I go to an event. No one asks me to drink with them, and no one forces me to drink.”

Another woman who had just been discharged from hospital also added that,

“At first, my friends still asked me to drink with them. I just told them that I had stopped drinking. When they knew they did not ask me anymore. They knew that I want to stop for a while.”

In some situations, refusal to drink is difficult however, when one is encouraged by a close friend or when drinking is considered as a sign of respect to

one who has offered the drink. Nevertheless, just taking a sip is sufficient. Several quitters said that they avoided drinking associated situation as much as they could, because they might not resist their desire to drink in motivated environments. One man who identified himself as a former drinker told me how he avoided drinking:

“In general, I usually avoid participating in an occasion associated with drinking. If someone really pressures me, I just sip it and quickly leave. They all know that I don’t drink but they just want to annoy me.”

6.1.2.3 Economic constraint

Alcohol consumption among the villagers is partly influenced by economic context. Since the earliest period of the village, locally fermented alcoholic beverage was produced and consumed only in special events. There was no commercial drink available, and so alcohol consumption was limited by the production and availability of beverage. Consumption became more evidences when the village communication to the outside world improved, and distilled spirit (moonshine drink) was produced and sold illegally. As the economy of the village still depended on agriculture and fishing which required much energy and time, alcohol consumption among the villagers was limited, by these factors. One elderly person described alcohol consumption as follow:

“In the past, a heavy drinker was quite rare. I did not see as many as today. One reason was our work. We had to work everyday. Another reason was money. It’s hard to get money on those days. That was the thing that restrained our drinking.”

Alcohol consumption in the village has spread widely with the boom in food and drink service businesses, and, these factors still continue to influence current drinking practice both at individual and community levels. One restaurant owner who identified himself as an occasional drinker explained his drinking practice:

“Usually, I drink with friends. Sometimes I drink in the evening, before a dinner, or in a special event. I never drink alone. But I do not drink a lot, do not get drunk, because I work nearly everyday. And my job requires much energy. I could not do my job properly if I drank too much.”

Another young man also said that one factor which constrained his drinking was income. As most of his jobs were temporary work, he could drink heavily only when he had money.

“It’s upon the money. I drink a lot when I have enough money, but I drink less if I don’t have any job. When I get a job, I always start drinking. We drink after working hours. We buy a bottle of Lao Khao in turn, today it’s mine, tomorrow it will be yours. So, it seems like we drink every day. ... Usually we drink Lao Khao. Beer is less often. We drink beer only when we have a lot of money. Lao Khao is cheaper than beer.” (M, 24 years, regular drinker)

6.1.3 Quitting

Alcohol quitting can be for a short duration or result in sustained cessation. In most cases, quitting from drinking is often a personal reason. Some drinkers quit several times in their life and still do not decide to stop drinking entirely. However, temporary quit can be associated with social and cultural activity.

6.1.3.1 Temporary quit

Temporary quitting, by intention, ranges from a few weeks to several months. Some drinkers may quit temporarily several times as physical rehabilitation after a period of heavy alcohol consumption.

1) *Physical status* The major reason of intention for temporary quit is a personal physical status. Many people decide to quit after they have had some problems with their well-being; when they have got an illness, or after they had had a heavy drinking session. The quitting duration from this reason may range from one or two weeks to one or three months, but no longer than one year.

“I stop drinking intermittently. It is my physical status that concerns me. No one tells me. I never propose how long I will stop. I just think of stopping for a while. I return to drink again when I want to enjoy it or at a significant event. The longest period that I stopped is about three to four months. The last time that I stopped, I had got really drunk and vomited about ten times. It took two to three days for me to recover. So, I decided to stop. By chance, it was the same period of long-boat racing training. So, I stopped for about three months.” (M, 23 years, occasional drinker)

For some regular heavy drinkers, quitting can mean drinking only a few glasses or much less than usually. Quitting by their intention may be a few days when they do not feel well.

“When I was drinking heavily for five to seven days, I would stop for two or three days. It doesn’t mean that I do not take any drink. Sometimes I drink only a glass of Lao Khao before a meal. Then I go and watch TV or read. If I go to my friends, they may fuel my drinking. I have to stay at home.”
(M, 40 years, regular drinker)

Quitters usually return to drink again when they feel that they have regained their health or on significant occasion. On return to drinking, most start with a lower alcohol content beverage or drink in lesser volume than typical practice and then, gradually increase to their usual pattern. One man in his fifties said to me while he was taking a drink that, *“I was not so well, so I stopped drinking for a week. I started drinking again just yesterday. Normally, I drink whisky but yesterday I started with beer.”*

One woman told me about her experience of returning to alcohol consumption after she had a health problem:

“For a long time, I’ve been drinking a lot of beer without any health problem. This year, I had to go to hospital three times. I had to stay in the hospital for two to three days. The doctor told me that I had a peptic ulcer. I felt better after I’d come back home for five to seven days, and then I started to drink again. After the first admission, I started by sipping two to three glasses of beer and resumed drinking at my normal level after a short time.”

2) *Buddhist Lent period* During the Lent period of Buddhism, around three months, some people temporarily quit their drinking. Though the real reason is not for religiosity, this religious period can help them indirectly by strengthening their willpower and decreasing social force to drink. The reason for quitting during this period is often for physical health. Several temporary quitters said that, *“This is an opportunity for physical rehabilitation after nine months of drinking,”* and *“It’s my intention to quit for a period of time, not for religious reasons, but this is a good period of the year to do so.”*

One restaurant owner told me that he quitted his drinking during Lent every year for 20 years. He explained that during this period, there was the rise of water in the river and he had to move the bamboo rafts every week. This work used a lot of his energy. By quitting, he could get into good physical condition for his job.

“... (during the quitting period)... now I feel better and I don't think about it. My blood pressure is good. All my friends know that I quit so they do not ask me to drink with them. The first year that I quitted ...I drank a lot that year. I drank most of the day, from morning through evening, and did my job at the same time. I felt weak and could not do a good job so I decided to quit drinking. It was quite good. I felt I'd recovered and I felt better. So, I quit during this period every year till now.”

Returning to drink may occur immediately at the end of Lent. Another man added that, *“When I stop drinking, I feel better. I don't think about it. But after Lent there are many social and cultural events. I have to drink if I go to join the events. After that, I keep on drinking through the year until the next Lent period.”*

3) *Long-boat racing season* Another opportunity is during the Long-boat racing season. From the beginning of rowing team training until the final tournament, all crew are asked to quit alcohol. If the request does not receive a good response, the crew may be forced to make a vow by the Buddha in a temple or *Pu Ta* to quit. This enforcement usually gets a good cooperation. Though some crew refuse to make a vow, they usually drink less than usual and drink alone in private place. Drinking by crew during the racing season is considered a sign of non-cooperation in this communal activity. All return to drink as usual immediately at the end of the season, after revocation of the vow. An older person in rowing team said to some younger crew during the season as *“Take patience. It's not a suitable time for drinking. We have a duty to do. I have a stopped drinking just like you.”*

One crew member who still drank during the racing season told me that, *“Of course, I still drink. But I drink in a lesser amount than usual and I hide drinking in my house. It's just a half of small bottle before I have a dinner. I never encourage or invite anybody to drink with me.”*

6.1.3.2 Long duration of quitting

Long duration of quitting is defined by villagers as quitting for more than a year. The most common reasons are physical health and intolerance of alcohol effects. Other negative consequences from alcohol consumption are less affected the quitting process, and it is a reason of reduction of consumption more than quitting.

1) *Physical health* Former drinkers who decided to stop drinking usually did so for their physical health. In most cases, they realized that their health problems were caused by alcohol consumption. Several people told me that it was their belief and decision without any influenced from health professional. One woman who was a former drinker explained her experience as

A: When I was 63-64, I had to stay in hospital for three days. The doctor told me that I had high cholesterol and a spot in my brain. After I came back home, I stopped drinking since then.

Q: Did the doctor tell you to stop drinking?

A: No. No one told me.

Q: Did anyone ask you about drinking?

A: No, they didn't ask me like that.

Q: So, why do you stop drinking?

A: I just want to stop it. I'm afraid of my illness.

Q: Do you think that there is a relationship between your drinking and health problem?

A: Yes, I think so. I decided to stop myself. I have an illness. I'm not in a good condition as before. I think that drinking may make my health worse. And if I have a more serious problem or get a physical impairment, it will make a difficult for my relatives.

Most drinkers also said that if there was a reason to give for the long term quitting, it would be a health problem.

"I think that I will stop drinking when it's the right time. It's up to my body. Sometimes I think of stopping drinking. If I've got a pain or bad sensation from my inner body, I will stop. The important reason for stopping is my health." (M, 47 years, regular drinker)

2) *Unpleasant effects of alcohol* Another reason for long term quitting was severe unpleasant effects of alcohol. As one man told me that he had got a severe headache after a heavy drinking session, and then a headache after every drink, even if he drank only one or two glasses of whisky.

“I have stopped drinking for a long time, about fifteen years. The last time that I drank heavily I was twenty. At night I vomited everything from my stomach and I was so tired. I went to the hospital and they gave me IV fluid. After that I drank again, but I got a headache every time I drank. Just one or two of small glasses it doesn't matter. But the third or fourth glasses can made me feel so bad. At last I decided to stop drinking because I feel not well every time I drink.” (M, 38 years, former drinker)

3) *Family distress and economic status* For some heavy or problem drinkers, strong influence from family members may have an effect on their drinking practice. The impact on family security and stability can influence the drinker's decision.

One former drinker with a history of addiction decided to stop drinking for a long duration because of family distress and his obligation to take care of all family members explained his experience as

“The reason was my family. When I drank I didn't have any money. And I didn't have enough physical strength for my job. As you know, I'm a hard worker. Finally, I had a quarrel with my wife and she told me that I must stop drinking. So, I decided myself. I stopped two to three times, but this time, I think that I can do it for a long time. If the others can do it, so can I. It's my will and commitment to do so. That's all I think about now. ... Another reason is my age. You have many more obligations and responsibilities with increasing age. My children are growing up. And, I hope that I can make a stable and secure home for them. ... At this moment, I don't think of drinking. When someone asks me to drink, I just tell them that I do not drink anymore. So, they all know that I have stopped. I think you must have the intention, a strong will.” (M, 38 years, former drinker)

6.1.3.3 The way to quit drinking

1) *Self-commitment* As mentioned above, there are many ways to facilitate the intention to quit drinking. For most quitters, concern about their health status and their

well-being influence the decision and commitment. They believe that there is an association between illness and alcohol drinking, but they rarely get advice from health professionals.

One former drinker explained that he stopped by himself after he had admitted to the hospital for two surgical operations. He said that, *“I thought that it might be the cause of my health problems, so I decided to stop. No one asked or advised me to stop. I just thought of my body. It’s up to your will, I believe.”*

2) *Supernatural power* Another factor is sacred belief in religious and ancestor. Some quitters make a vow to Buddha in a temple, or to a monk, when they decide to stop drinking. They may make a vow by *Pu Ta* as occur with the rowing team. This belief influences their drinking practice in many ways. On the other hand, it is a public announcement of one’s decision and will. It is a reason to refuse drink and can strengthen their intention. Moreover, villagers fear breaking the vow as one man told me during his quitting period, *“I’d like to drink but I’m afraid of breaking the vow. I have to be patient (laugh).”*

Another man also said during his quitting period, *“No one asks or encourages me to drink. They all know that I vowed to stop for one year.”*

All said that the most essential factoring successful quitting is the commitment and the will to stop. Without a strong will, they may revoke the vow at anytime. One regular drinker told me that sometime he thinks of quitting:

A: *Do you think that you can stop drinking by yourself or you should go to a doctor for help?*

Q: *I think I can stop by myself. Some people take medicine, but I must have confidence in myself. Anything that you do, you must solve by yourself. I know it, but it’s not my time.*

A: *When?*

Q: *I don’t know when. I cannot answer this question, but I know myself (laugh).*

3) *Avoidance is a strategy* Although a little money in their pocket can constrain alcohol consumption, looking at someone drinking may remind them of drinking. Therefore, another way to control craving is to avoid drinking situation.

“It’s not good. It can harm your health, and it’s an expense. You just have fun with it. But when you have had it for a while, you may feel nervous if you don’t have any drink. Sometimes I think of stopping but I could not do that. I must have no money before I give up. Sometimes I don’t have any drink for three to four weeks when I don’t have money. But when I see someone drinking, I also think of it. It’s not a matter if I don’t see anyone drinking.”

(M, 24 years, regular drinker)

Some quitters try to avoid situations that can lead to alcohol consumption because the enjoyment in the drinking group evokes thought of drinking. It is not just a perception of drinking, but the enjoyment that they experience at that moment:

“Since I have stopped drinking I infrequently go out to meet friends. I don’t like sitting but not drinking with them. When they have fun but I am not, I feel nervous because I’d like to drink with them. So, I avoid going to social events as much as I can do, particularly the events which they enjoy together.”

(M, 62 years, former drinker)

4) *Health professional influence* Most drinkers who quit for a long duration do so by themselves, even heavy drinkers. They all said that self-motivation and strong will facilitated their success. Some quitters had mild withdrawal symptoms, but these usually disappeared within a few days. Some people with alcohol dependence may go to see a doctor to quit. The experiences of withdrawal symptoms such as shaking, insomnia, or craving are their major concern.

Several drinkers said that if they had received advice from health professional, they would stop drinking for a while. Reasonable or serious advice may persuade them to stop for a long duration.

A middle-aged man with chronic disease, who still consumes alcoholic beverages, told that he has never received any serious advice from health professionals to stop drinking. He told me after he was discharged from hospital,

A: The doctor told me that I had lipid occlusion in my heart vessels. He gave me many kinds of medicine and made an appointment for a follow-up.

Q: Did the doctor ask you to stop drinking?

A: No, not at all. No one asked about my drinking. But I think that I should stop for a while. I know how my body is. I've still got some feelings of tiredness.

Q: Don't you think of stopping forever?

A: Why do I have to stop? The doctor didn't tell me about that.

Another man avoided an appointment at the hospital because he was afraid of abnormalities being detected. Although he had some health problems, he refused to go to the doctor. His wife told me, when I had not seen him drinking for a week that,

"He went to hospital last year and the doctor told that he had had high cholesterol. The doctor made an appointment for repeat checking, but he refused to go. He was afraid the doctor would detect other abnormalities and he would not be able to drink anymore. He just stopped drinking when he felt dizzy and fainted. I told him to go to hospital but he refused. He's afraid that the doctor will tell him to stop drinking."

6.1.3.4 Recurring of drinking

Though several people stopped drinking for a long duration, drinking might resume at any time.

1) *Slip or Lapse* Although several people identify themselves as former drinkers, they may still drink infrequently in a small amount. Most of them said that it was their desire to drink, particularly on enjoyable occasions.

"It doesn't mean that I stop drinking entirely. I still drink infrequently, both whisky and beer. I drink when I want to enjoy myself or at an event like a wedding ceremony or house warming party. But, I just drink a limited amount.
(M, 73 years, occasional drinker)

2) *Recurring or Relapse* The reasons of recurrence include the desire to drink and the need to join in with the others. Some people returned to drink at their past level, but some might drink at a lower level and with less frequency. Some drinkers with a history of dependence may stop drinking many times, but still do not think about permanently abstention from alcohol consumption.

A: I stopped drinking for nine months, the first time. I went to make a vow at a temple in Ubon. The second time I went to a temple in Surin province. I made a vow to quit for one year, but I stopped for four years and

three months. The third time I went to another temple in Ubon. I made a vow for one year again, but it was only two months. The fourth time, I went back to the same temple but I could not stop for more than one month. This is the last time. I decided to stop by myself. It was my intention to stop forever.

Q: How long of each drinking round before you decided to stop?

A: About two to three years. I could say that I became addicted every time before I had to stop. Sometimes I'd get irritated with my family when I did not drink.

Q: Why did you return to drink?

A: I don't know. It was a strong desire. I felt like it was craving when I saw my friends drinking. (M, 38 years, former drinker)

Another former drinker also said:

"I don't think about permanently stopping. I just try to do it as long as I can do. I try to restrain myself. I don't know when I will return to drink. If I cannot restrain myself, I don't know what will go on. How can I control my drinking?" (M, 62 years, former drinker)

6.2 Group control

Responsibility and behavioral control of the drinkers which influence alcohol consumption at an individual level also have an effect on social control in drinking group and community events. Overt drunkenness infrequently occurs in public spaces or communal events. Management of a drunken person depends on the specific situation and the context of occasion. Drinking norms and customs also prescribe drinking practices in a drinking group or a social event. However, it seems to control over drinking behaviors. It rarely enforces heavy or problem drinkers to quit or to engage in treatment as a social pressure.

6.2.1 Handling a drunken one: take them away or down on the floor

Although drunkenness in public spaces is generally not accepted, it can occur infrequently. The approaches used in handling a drunken person, male or female, depend on whom that person is and in which context he/she is drunk.

In private drinking sessions, encouraging someone to drink can occur in the early phase of the session. But when one decides to stop his/her drinking, it is accepted by the others unconditionally. He/she can leave the group or stay for a while without continuing to drink. Others may offer a glass of water or soft drink instead of alcohol. Sometimes the drunken person may be ordered to sleep. One woman explained how her drinking group manages someone who is drunk as

Q: In general, what do you do when someone in your group get drunk?

A: Take them to sleep. Women are the same; we just take them to sleep. They always comply with us when they get really drunk and they can't do anything.

Q: How about some degree of drunkenness?

A: If they get some degree of drunkenness and they can't drink anymore, they can tell the group. If they are all friends, they should not force the person to drink any longer if they are drunk or refuse to drink anymore. ... You should give them a soft drink. You should not go against them. ... We can tell each other. We can warn others off drinking when they show signs of drunkenness.

In large social or communal events, the drunks are usually heavy drinkers or addicted. They will be allowed to participate in the events as long as they do not disturb the event or anybody. The most common approach to handle the drunks in these situations is to give them more drinks until they get so drunk that they cannot move and fall asleep. Another way of handling them is to keep them away from the event, or send them to join a heavy drinking group. On the evening of a funeral ceremony, I observed how they handled with the drunk:

"There were two drunken men at the event. One man distressed everyone. He walked around, talked loudly, and disturbed the others. At last, someone dragged him out to a nearby house. There was a group of young adults playing guitar and drinking Lao Khao. The man who dragged him out told the group to handle him because he was disturbing people at the event. Then, one person in the group poured him a glass of Lao Khao and took him into the group. Another man got even drunker than the first one. Someone gave him two glasses of Lao Khao, and he took a nap on a mat. That was the

end of his disturbance. “We have to make him sleep, so he doesn’t disturb the others,” one man told me after the incident.”

Most drinkers in a group know each other quite well, and so, violence during or after drinking is unlikely to occur. It may occur between people who have got into a dispute after both get drunk, and have a serious quarrel or challenge each other. However, most incidents are drunks who are beaten by people who are sober, when the drunk annoys them. One man – a former headman of the village – told me how villagers dealt with a drunk that,

“If someone has too much to drunk, his friends will take him out and keep him away from the drinking group. ... Those who fight always have had a quarrel before. When they got drunk, they challenge each other. ... Sometimes we give them more and more drinks till they are really drunk and fall asleep. ... When the drunk annoyed others and doesn’t listen to anyone, or disturbs events too much, someone might beat him. Usually, sober people beat the drunks.” (M, 74 years, abstainer)

Although a brawl may occur, conflict often ends within a few days. One man gave me his viewpoint, with which others concurred, that, *“Today they fight each other, tomorrow they’ll talk to each other as before. They are all acquaintances or relatives in some way.”*

6.2.2 In drinking groups and communal events

Several customs can be observed in a drinking group and drinking at a communal event. In a personal drinking group, participants are usually relatives and close friends. Both sexes may join in the group and drink together. Age of participant may vary wildly and, sometimes, two generations of people can join together. But in a social event which many people participate or several guests are invited, even if it is a personal occasion, participants in a given drinking group are usually the same sex. If there are opposite sex participants in that group, their spouses or close relatives are also usually in the group. In these latter situations, the participants are quite similar in their ages. Alcoholic beverage is poured from the same container to every participant’s glass, and only one or two persons in the group take on this duty. It is usually the preserve of the youngest or a junior in the group.

The pace of drinking in the group depends on the drinker's competence, not the person responsible for pouring. Enforcement or strong encouragement is infrequent. Encouraging someone to drink may occur in some situations, but it is often a joke and intended to create a relaxed and joyful atmosphere. Refusal to continue drinking can be made without rudeness when someone has a reason or begins to get drunk.

In general, a drinking group continues until the alcoholic beverage in the group is depleted. The decision to end the drinking session at social or personal occasions is frequently made by a senior member of the group or the host of the event. In traditional rites and communal occasions, drinking usually proceeds until most participants slightly drunk or the headman makes a decision to call it to an end. Sometimes, the drinkers who still want to drink may form a group to continue drinking in their private homes. However, the decision to end drinking is usually made depend on perceptions of behavioral control and personal responsibility.

6.2.3 Social pressure on problem drinkers

Because the numbers of heavy drinkers and problem drinkers are quite low, most villagers do not regard them as a problem of the society. It is a problem only when those drinkers annoy others or disturb events.

“They drink and get drunk in their groups and do not disturb anybody. They buy alcohol themselves. So, no one rails against them. But if they make a bother at an event, we would give them more drinks until they get drunk and fall asleep.” (M, 74 years, abstainer)

Several elders are reluctant to advise people to quit or curtail drinking, or to warn anybody against problematic drinking. They think that it is an individual matter, a personal issue which one should work out by oneself. One man who had drunk heavily but has been an occasional drinker for more than fifteen years said that, *“I’ve never told anyone to quit drinking. They will know by themselves when it is the time. I wouldn’t like to tell anyone ... (laugh)... because I had done that too. They may tell me to look back at myself before teaching others.”* (M, 53 years, occasional drinker)

In accordance with others, he also stressed: *“We are the outsider. It’s a family members’ or close relatives’ role.”*

6.3 Regulation by the national alcohol policies

The government has employed several strategies to control alcohol consumption and harm reduction. Most villagers are informed of these measures, particularly those who work in the food service at the beach, by the media and government agencies such as the public health agency and the police. The measures which can influence drinking practice among villagers include availability and accessibility, prohibition areas, and drink-driving strategies.

As the economic driver in the village is the food and drink services, the sale of alcoholic beverages is a necessary part of business. The sale of alcohol is made freely in the village. Apart from all restaurants on the beach that serve both food and drink to the customers, there are other three grocery shops nearby that also sell alcoholic beverages. And, there are four grocery shops that sell alcoholic beverages in the old town area of the village.

6.3.1 Selling time

According to the national alcohol policy (retail sell regulation), alcoholic beverages can be sold between 11.00 -14.00 and 17.00 -24.00. However, alcoholic beverages in *Ban Rim Nam* can be bought any time the owners open their shop. The restaurants on the beach also serve alcoholic beverages as long as the customers continue to order. Most of the owners know about the restriction times, but this does not affect their practices. As one owner of a restaurant explained, *“We all know about the restriction of selling time, but there are restaurants here, it’s a leisured place for food and drink. So, we sell all the time, whenever they (customer) want. We don’t think of the restriction.”*

In contrast, most other villagers do not know exactly about the time of restriction. They recognize that there is a restriction, but not the times. One man in a drinking group which takes place at noon told me, *“I’ve heard about the restriction time, but I’m not sure when the time is. ... It would be after midnight. ... But you don’t worry; we can buy it at anytime, whenever the grocery shops are still open.”*

6.3.2 Selling to the young

As adolescents in the villager are permitted to drink in special occasions and traditional rites, the sale of alcohol to young people in the village is also available. They can buy all kind of drinks without any question from the grocers. Though their customer is under minimum age limit (less than 18 years), they still make a sale without hesitation. It seems like the grocers know each customers quite well. Sometimes they may ask for whom the child buys a beverage, but sometimes they sell as if they already know. In one drinking session, I noticed that a woman in the group sent her ten year old nephew to buy a bottle of whisky for the group. I asked her a question and she replied:

“I asked her that would the grocery owner sell (whisky) for the young that she sent to buy whisky. She replied that it was no problem if they were children or teenagers from the village; the owner knew who was who. Everyone knew that the young people bought it for adults, not for themselves. But for strangers or youth from other villages they would not sell. “They sell as usual. No one says anything. They all know who the young take it to,” she stressed at the end.”

At restaurants on the beach, there are some differences because the customers are the outsiders who come for leisure and eating and drinking. Consumption by adolescents can be observed on some occasions. As all restaurants are informed about and aware of the alcohol measures, most of them do not make a sale to adolescents. However, they never check the exact age of all customers from ID card. They usually estimate the age of customers from their appearance. In general, restaurants refuse to serve alcoholic beverages if the customers are dressed in student uniform. Despite this, some restaurants may allow adolescents to bring alcoholic beverages from the outside to drink in their places. They are more interested in the income from food and mixers or soft drinks. As one restaurant owner mentioned, when I discussed with him about the business:

“About the teenagers? It depends on the owner of restaurant. Some may sell (alcohol) to them. But sometimes they bring it in from the other places. Actually, it’s the grocery nearby. It seems like the grocers don’t care whenever they don’t drink at the grocery shops. When they come to our places

with alcohol and order some food or something else, we just let them take a seat. Just (income) for some expenses of our places, that's all we think."

In another discussion, the others also stated that, *"We want to sell whether its food or drink. In hard times like this, we'll sell anything we can."*

Enforcement from police or other government agency occurs infrequently. The headman also said that he could not ask for any police to patrol, even at major occasions when many people go to the beach. During my fieldwork, there was only one meeting between the restaurant owners and the police. The owners tried to negotiate some actions such as a police patron on a long weekend or a regulations sign with symbol of police, but there was no response, only oral acceptance of the request. The headman concluded at the end of a discussion as *"We'd like to cooperate with the police but since then we haven't seen them come here anymore. What can we do?"*

6.3.3 Prohibited area

As mentioned in Chapter 4, religious occasions and traditional rites often involved both rituals and celebrations. In the past, celebrations might occur within the monastery area or the ground of the Wat. Therefore, consumption and selling of alcoholic beverages might have occurred in the events. One elderly man told me about alcohol consumption and rites which associated with religion as *"When we had a traditional rite or a religious celebration at the Wat, alcohol drinking would follow as part of the celebration. But it was restricted near the celebration or in the ground of the Wat. We never went into the Buddha's area."*

The enforcement of the prohibition of alcohol consumption in educational and monastery areas by the law in 2008 was announced by the temple's committee to all villagers. However, the custom of alcohol consumption at celebration still influences drinking practice. Alcohol is still consumed for celebration and enjoyment of the event, but not in the prohibited area. In one ordination ceremony at which the *Su Khwan* ritual was performed in the temple and the ordinand procession paraded around the village after the ritual as a celebration, alcohol consumption occurred as soon as the procession paraded out of the monastery gate and along the parade.

Consumption ceased abruptly when the procession came back into the monastery ground. In my field notes, I described the incident as follows:

“In the monastery, I could not see any whisky or beer. But when they paraded the procession outside, I saw a woman with a bottle of whisky in the procession. That bottle of whisky was poured and distributed among women who danced behind a music band as they paraded along the village lanes. But when they were going back into the monastery again, I could not see any bottles of whisky. I asked that woman about the whisky that she had taken along the way, she answered that she had drunk it up till the last drop before entering the gate of the monastery.”

That night, there was a feast with an Isaan music band in the monastery ground. No alcoholic beverage was served at the feast. Nevertheless, I saw some young adults, who appeared to be slightly drunk, danced in front of the music band. Later, one of them admitted that he had been drunk that night although he recognized that drinking was prohibited in the monastery.

“I asked him that why he looked dizzy that night and had he drunk alcohol or not. He replied to me that he had drunk Lao Khao before they went into the monastery and hid it at the entrance. Then, he came out and took a drink there. He stressed that no one would dare to take alcoholic beverages into the monastery area because someone had announced during the day that it was illegal to drink or take alcohol into the monastery.”

Those people balance measures to confine drinking while drinking is still an essential part of celebration. The measures limit drinking places, but do not constrain the practice. They just avoid drinking in the prohibited area.

6.3.4 Drink-driving countermeasure

“It doesn’t matter if you drive within the village. But you must be aware if you drive into the city, particularly during the great festivity of the year.” This sentence is confirmed by several drinkers of different age groups in the village. Government agencies usually conduct a campaign during the great festivity of the year such as New Year or *Songkran* with a sobriety checkpoint and random breath testing. Awareness of the law in relation to drink-driving comes to their mind only when they

have to drive into the city or outside the village. It seems that villagers fear of being arrested rather than awareness of risky behavior.

Although they all know about the drink-driving countermeasure which has promoted for several years by the government, driving a motorcycle or a car after a drinking session is common for most drinkers in the village. Some drinkers may be cautioned by other drinkers or sober people, but not be forbidden, against driving under the influence only if they appear to be drunk.

However, road traffic accidents as a consequence of alcohol drinking are rarely among the villagers who drink. This may be due to the norm of drinking within the boundaries of the village and the value of controlling one's drinking behavior. These can encourage moderate drinking among people when they drink outside the village or in the city. Heavy drinking which can lead to driving while intoxicated usually occurs only within the village, thus they have to drive a short distance at a low velocity. Moreover, driving competency is assessed by drinkers throughout the drinking session, and, as already described, most people discontinue drinking before they get overtly drunk.

6.4 Summary

Informal social control tends to have an effect on villagers' drinking more than formal control or regulation measures. Drinking norms, drinking contexts, and individual contexts influence drinking behaviors and drinking practices as informal controls. These factors affect the individual control and group or societal control. Villagers tend to conform to these unofficial controls rather than regulation measures.

The effects of alcohol control at *Ban Rim Nam* and factors which influence control of alcohol consumption among the villagers can be summarized as shown in figure 6.1. Control of alcohol drinking tends to be strong at the individual level. At the family and community level, control of consumption seems to be loosely exercised because of the permissive drinking culture. There is not any community consensus or explicit measure in dealing with local alcohol-related consequences. Compliance with the law infrequently occurs within the village. Regulations are often used only as a warning but not strongly exercise.

The main source of informal control is a cultural basis regarding attitudes and perceptions of alcohol drinking within the society or drinking norms. Drinking and individual contexts also affect a person's behaviors, under the influence of cultural expectations. Normal or problematic drinking is judged locally within the drinking culture. In addition, informal controls influence individual drinking cycle and patterns in relation to curtailing and quitting processes.

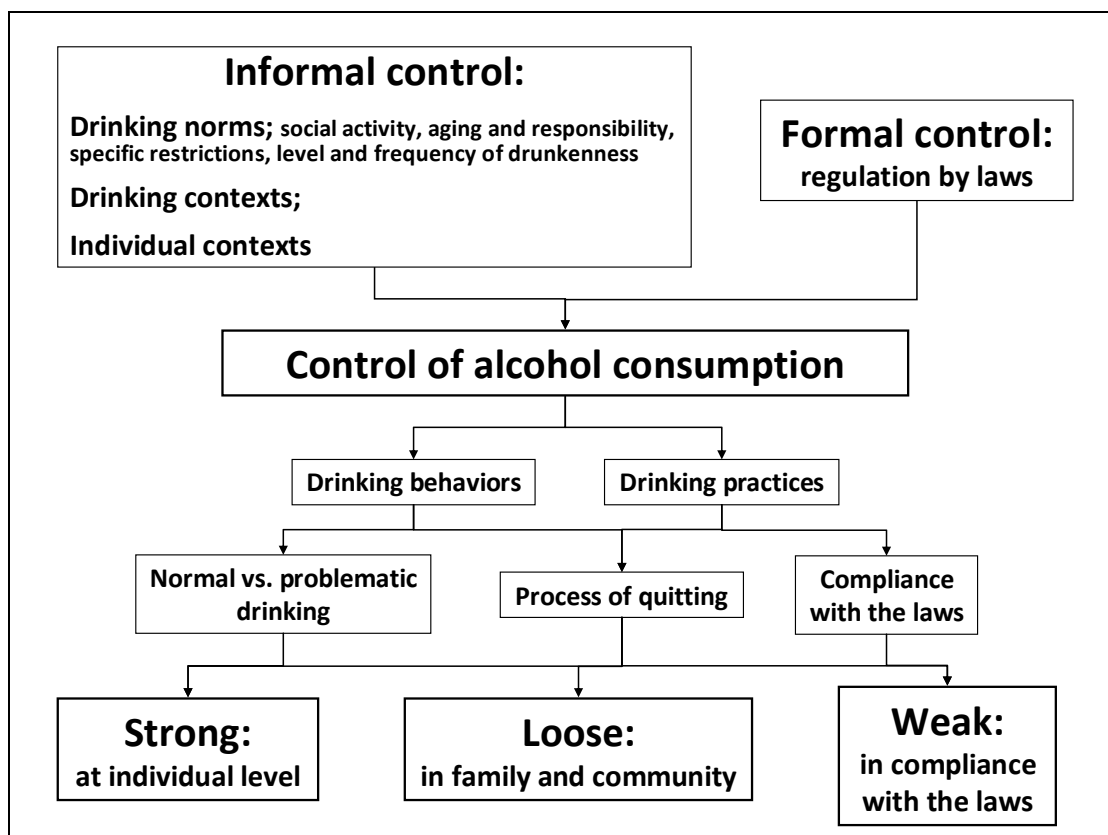


Figure 6.1 The effects of control and factors which influence control of alcohol consumption among the villagers

Quitting can be considered as both individual and societal control, involving not only drinking norms but several individual's factors and social contexts (Figure 6.2). Several factors can be facilitated and maintained duration of abstinence. The primary concern of most drinkers is individuals' health and well-being. Temporary quitters may quit because they feel not well or think about physical rehabilitation after a long duration of consumption. Nevertheless, they usually turn back to drink again

when they regain their physical conditions. For the long-duration quitters and the former drinkers, health problem or illness can be the reason for quitting or abstinence. Quitting by health-related reason, however, seems to be a personal distress rather than the others' concern.

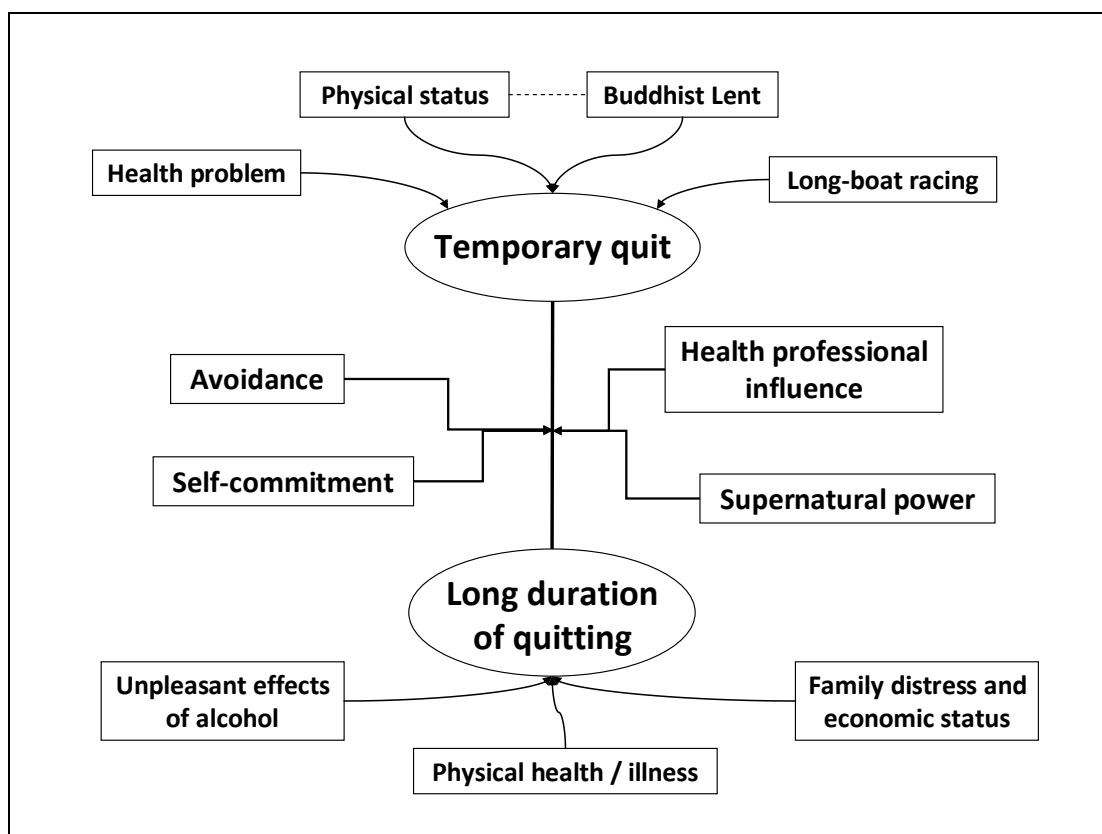


Figure 6.2 Causes of quitting

Apart from personal decision to quit alcohol consumption, other factors can affect motivation and decision. As the village still has a relatively traditional way of life, Buddhism and animism influence villagers' belief in some ways, and can influence drinking practice. Several drinkers reinforce their motivation by making a vow by *Pu Ta* or Buddha. Serious advice to quit from healthcare providers, particularly a physician, also has a strong effect on the drinkers who have a health problem. However, several quitters told that they never received advice to quit or even asked about alcohol consumption from health providers.

Quitting does not mean that a person changes attitude about alcohol drinking into negative view. Some former drinkers and long-duration quitters still speak about drinking positively. Some people also say that they still do not think of abstinence although they have quitted for several years.

Although some drinkers take several periods of quitting, resumption of alcohol drinking can occur by their desire for drinking and need to enjoy themselves with other drinkers. The triggers to resume drinking are usually a special occasion and a drinking group of their friends. Most drinkers conclude that the importance factors for stopping are their commitment and strong will. Without these two factors, recurrence of alcohol consumption can occur at any time.

As mentioned in Chapter 5, villagers value personal control and responsibility when drinking including drinking norm that overtly drunk is unacceptable. These factors also form the basis of control in a drinking group, especially in communal activities and special occasions. End of drinking session may be initiated by someone who is responsible for the session such as the host, the headman, or a senior member in the group. It is the power of status in a drinking group that other drinkers comply with.

At community level, social pressure on problem drinkers is rarely appeared. It seems to be a personal responsibility or family business rather than public concern. Coercion or persuasion for treatment seeking is not prevalence. Dealing with a drunk who annoy or disturb the others by providing alcohol until falling asleep may emphasize the permissive drinking culture and low level of social pressure.

Several alcohol control policies have been employed by the government in last decade, however, these seem to influence drinking practice in the village less than expected. Although most adults in the villages recognize alcohol regulation measures, many of them cannot describe details of such the measures. For instance, they do not know definitely about selling time and minimum legal age. Most legal measures are enforced for outsiders or customers of restaurants but not villagers. Enforcement from official agency such as police is in limitation. Conformity to alcohol regulations usually occur when they are outside the village. National policies tend to affect the villagers' drinking less than cultural perceptions and local drinking norms which are widely recognized and shared.

CHAPTER VII

Drinking in Culture and the Reflections on Public Health Perspectives

Ethnographic findings illustrate how alcoholic beverages are woven into the village life in various ways. Alcohol is widely used in everyday life by particular use-value and its social functions. There are many occasions for villagers to drink throughout a year, not only the personal occasions but also traditional rites and communal activities. Alcoholic beverages can affirm social relationships and unity of the village. Although contexts of drinking and drinking patterns have been transformed over time by social and economic influences, the fundamental functions of drinking still exist in present drinking practices. Since it occurs in many occasions including people with several age groups in every situation, alcohol drinking is not an unfamiliar activity to the villagers. They have learnt and passed drinking norms and attitudes by socialization from generation to generation, shared even with abstainers and former drinkers.

Drinking is considered as a normal activity among men and increasingly accepted in women. Although there are some restrictions and concern about drinking among women and adolescents, the prevalence of drinking among these groups are evidenced and accepted. Alcoholic beverages and drinking take part in several social and cultural events as an enjoyment of life and essential for socializing. Villagers tend to perceive positive outcomes of drinking more than negative consequences.

Based on particular drinking context, drinking-related behaviors can be perceived and interpreted differently, defined by usual drinking frequency, level of drunkenness, and effects of alcohol consumed. A good and a problematic drinker are distinguished by the ability of self-control both during and after drinking session and personal responsibility or obligation.

Drinking norms – as a reflection of values, perceptions and attitudes toward alcohol drinking – are shared and practiced among the villagers, thus they influence drinking-related behaviors either to promote or to inhibit consumption as informal

control. These unofficial rules have an impact on constraining drinking behaviors in the village more than regulation from alcohol policies.

The construction of drinking culture at *Ban Rim Nam* demonstrated the socio-cultural dimensions of alcohol consumption in a Thai-Isaan society, though the finding may not be applicable to all Thai-Isaan society because of unique characteristic of the village. The empirical information gives deep understanding of how drinking related to everyday life of villagers, how culture and other contexts shape drinking practices, and role of informal control and alcohol regulations at the local level. Moreover, several aspects of the study results can challenge public health perspectives and the effort to diminish level of alcohol consumption.

In this chapter, drinking culture at *Ban Rim Nam* is formulated and factors associated with the culture are summarized to explain the socio-cultural context of alcohol consumption. The insider's perceptions and meanings of alcohol drinking, and drinking-related behaviors are considered to challenge public health perspective. The perceptions of social control and, interaction between particular culture and social control are discussed. Several issues from ethnographic findings which can devise public health strategy and alcohol policy are reflected and proposed.

7.1 Meaning and pattern of drinking at *Ban Rim Nam*: the permissive drinking culture

Among the typologies of drinking that utilize culture to explain and classify characteristic of drinking in particular society, drinking at *Ban Rim Nam* is defined as 'the permissive culture' which Pittman (1967, cited in Room and Mäkelä, 2000) has described because members in society have positive attitude toward alcohol consumption and overt drinking, but not problem drinking, overt intoxication with loss of self-control and lack of self-responsibility. The following are characteristics of permissive drinking culture and factors associated at *Ban Rim Nam*.

7.1.1 Characteristics of drinking culture at *Ban Rim Nam*

The prominent characteristics of drinking culture among the villagers can be considered from various dimensions (Room and Mäkelä, 2000). According to types of

beverages, strong spirits - Thai brand whiskey, *Lao Khao* - are far more popular. Beer has gained popularity over the past decade since the government campaigned for a free market of fermented alcoholic beverage in 1990 resulting in widespread of beer and lower price than prior (Thamarangsi, 2006). Women tend to prefer beer than men because of low strength of alcohol.

Though all the villagers are Buddhist who should conform to the fifth precept of Silas Ha (the Five Precepts), most of them, particularly men, consume alcoholic beverages on many religious associated occasions. In general, alcohol has no role in religious rituals. But in several religious ceremonies such as *Boun Phawet*, which is a traditional rite associated with religious belief or ordination ceremony, the social activity is part of the events including drinking. It is part of hospitality and celebration of the events but not part of religious ritual.

Villagers comfortably accept alcohol drinking as part of normal life and integrate it into many occasions and events. Alcohol drinking is frequently associated with meals when a group of family or relatives gathering. It is the essentials of a norm in several occasions, part of many events and several traditional rites. Both men and women of various generations participate in drinking-related activities, whether they drink or not. Though more than half of the drinkers define themselves as an occasional drinker, many of them drink at least once a week for personal reasons. Otherwise, there are many drinking occasions throughout a year by traditional rites and special occasions. Alcoholic beverages are widely available and easily accessible for the villagers. The drinkers can obtain alcohol most of the time they want and as much as they can afford, with low level of restriction.

Drinking places also reflect the permissive attitude of the villagers towards alcohol (SIRC, 1998). They usually drink in open and highly visible spaces either on private or public occasions. In several cultural and traditional events, drinking can be seen in public space and everyone, both men and women, can drink without nagging or scorn. Drinking places can be seen easily by the others even when they drink in private events or in daily life and sometimes the passers-by may be invited to drink together. On the other hand, drinking in open spaces where the others can join together also facilitates social bonding among the drinkers and familiarity to the witnesses.

Although some degree of drunkenness is tolerated, society does not accept overt intoxication or drunkenness with loss of self-control whenever the drinking appears, even in social and cultural occasions where heavy drinking anticipated. The drinkers are expected to control their behavior appropriately even when they drink heavily or get some degree of drunkenness. They must take their responsibility or obligation during and after drinking session properly.

Alcohol-related behaviors do not appear to be recognized as causes of social distresses or societal problems. In fact, drinking among the villagers is rarely associated with destructive and disruptive behaviors. These correlate with some aspects of drinking and social life in the village. Villagers usually drink within the boundary of the village and possibly because of strong social relationships and kinship ties. The refusal of overt intoxication can be another reason that limits the negative behaviors and reduce the possibility of violence.

7.1.2 Learning process

Family, significant others, and social environment can be the source of models for children and the development of behaviors around drinking. By socialization in drinking society, parent and elders pass attitudes, values and norms to the young who then internalize and integrate them into their own behavior (Sanchez-Sosa and Poldrugo, 2001).

Several family contexts can inhibit or increase the probability of alcohol drinking and other substances in a child (Bry et al, 1998, Etz et al, 1998). Family risk factors include parental or sibling use of substance, positive family attitudes and acceptance of use, lack of attachment to parents, poor family management, economic instability, and physical or sexual abuse. Protective factors can be a strong parent-child bond, high level of supervision and monitoring, parental warmth and emotional support, and consistent and positive discipline. This concept is applicable to drinking culture at *Ban Rim Nam*, particularly when considering the society as a family. However, the risk and protective factors arise simultaneously in daily life. Overt alcohol consumption and positive attitudes can positively influence alcohol drinking in the young. Correspondently, strong family relationships and kinship ties,

supervision and monitoring, and drinking norms can prevent them from alcohol-related problems.

Learning about drinking takes place in every step of village life where young people learn social customs and constructive norms of drinking behaviors from elders. Alcohol consumption at *Ban Rim Nam* at the present time usually occurs in an open space where passers-by can be aware of drinking behaviors. Moreover, various generations always present or stay nearby the drinking and participate in the events which associated with drinking. These factors facilitate familiarization with alcohol consumption since early in life. The young can indirectly learn about drinking behaviors by observing and participating in the drinking groups. By observation of enjoyment and excitement of alcohol's effects can induce the young to become involved in alcohol drinking and to expect the positive consequences and social reinforcement. Adolescents in the village usually begin their drinking career within the circumstance of elders or in front of their parents who directly guide and teach them to drink. Although they drink within similar age-groups in traditional rites and social activities, their drinking behaviors are still under supervision of the elders in those events. Therefore, drinking norms including the appropriateness of drinking, drinking styles, and drinking behaviors are learned and shared by this way (Simpura, 1991).

7.1.3 Social and enhancement motives

The reasons that people give for their drinking, either conscious or unconscious reasons which provide explanations or judgments for drinking in different situational contexts, are found to associate with possible drinking patterns and consequences. The reasons or drinking motives have been grouped into four categories; social (drinking to obtain social rewards), enhancement (drinking to enhance positive mood or well-being), coping (drinking to attenuate negative emotions), and conformity (drinking to avoid social rejection) motives (Kuntsche et al, 2005). Social reasons or enhancement reasons in the sense of enjoyment or social facilitation appear to associate with drinking in social context and moderate drinking. Enhancement reasons, on the other hand, are likely to be associated with heavy drinking, low inhibitory control and low suppression of aggression if the drinkers

drink to get drunk or to feel the effects of alcohol (Kuntsche et al, 2006). Drinking to cope with negative emotions tends to associate with alcohol abuse or dependence, depressive symptoms and high levels of anxiety sensitivity (Carpenter and Hasin, 1998; Kuntsche et al, 2006). The coping drinking motive and enhancement motive which associated with sensation-seeking or drinking to get drunk can result in the high incidence of alcohol-related problems (Kuntsche et al, 2005).

From the perspective of most villagers, drinking is valued as a way of contributing to the enjoyment of life. Many drinkers stated that '*Kin hai muan, bo dai hai mao*' (drink for enjoyment, not for drunkenness). Even former drinkers and several abstainers also mentioned about the enjoyment from drinking and acknowledged that drinking was an essential component of enjoyment and socializing. Some abstainers stressed that they would drink if they could and they could not enjoy as the others because of their abstinence. They tend to associate drinking with enjoyable occasions, and to perceive the positive functions of drinking rather than the risks. This may links with the value of being joyful in Isaan culture, as indicated by the phrase *Muan seun - Ho saiw* (joyous and cheerful with a loud noise of enjoyment), which is used to express the atmosphere of festivities and social events. Alcohol drinking is certainly a part of those events.

Alcohol consumption is a facet of everyday life by its use-value. Alcohol is used as a self-remedy, for relaxation after a day work, and to enhance interpersonal relationship. Alcohol drinking play a role at most stages of life cycle from birth to weddings and funerals. Special occasions, traditional rites and several community activities are marked by drinking. Celebration, hospitality and reciprocity are the most common reasons for drinking in these occasions. Drinking is also considered as a facilitator for socializing. Drinking atmosphere among the villagers can emphasize a strong social relationship of the drinking group and the community. On the other hand, all these reasons emphasize the various functions of drinking in social life. In each occasion, drinking can have more than one function. The more drinking functions can encourage more consumption or heavy drinking in those contexts and promote more drinking in the society. Thus, drinking as the norm of social occasions, cultural events and communal activities is the result of these social functions of drinking.

As mentioned above, the major drinking motives at *Ban Rim Nam* seem to be the social motive with some aspect of enhancement motive. The villagers usually drink in a social context, in the company of family or relatives, and in situation with both sex. They value enjoyment and socializing from drinking but not intoxication. And when combined with the emphasis on responsibility after drinking, drinking behavior and alcohol-related consequences are restrained. For these reasons, it can explain the low incidence of social distress or societal problem from alcohol consumption and alcohol-related disorder in the village despite of heavy drinking and high frequency of drinking.

7.1.4 Personal choices

In general, the highest level of male drinking usually occurs during young adult period and could persist for decades without progression. Decreasing in both frequency and volume is often found among middle age men. But among women, they tend to drink much more when they are in thirties or after they have got married and their children have grown up. The significant declining occurs among elderly although the numbers of elderly men who still drink are much higher than elderly women. However, drinking pattern or level of consumption can alternate over the life course (Figure 7.1). Drinkers may progress the consumption level both frequency and volume and curtail or quit in response to individual and social contexts. Once drinking is experienced, it does not mean that every drinkers have to progress in the similar direction.

From first experience, usually in traditional rites or social events, most drinkers progress to drink occasionally. Some drinkers maintain their occasional drinking pattern for a long time, particularly among women. Several proceed on drinking to regular pattern or heavy drinking when they have got a job and earn their money. A few numbers manage to quit drinking because of unpleasant effects of alcohol such as severe headache, severe vomiting or experience of severe intoxication. However, progression from regular or heavy drinking to dependence rarely occurs among the villagers. The high level of consumption could persist for decades without progression to dependence or remission. Several drinkers change

their drinking patterns between period of occasional drinking and period of regular drinking or even a period of quitting alternately.

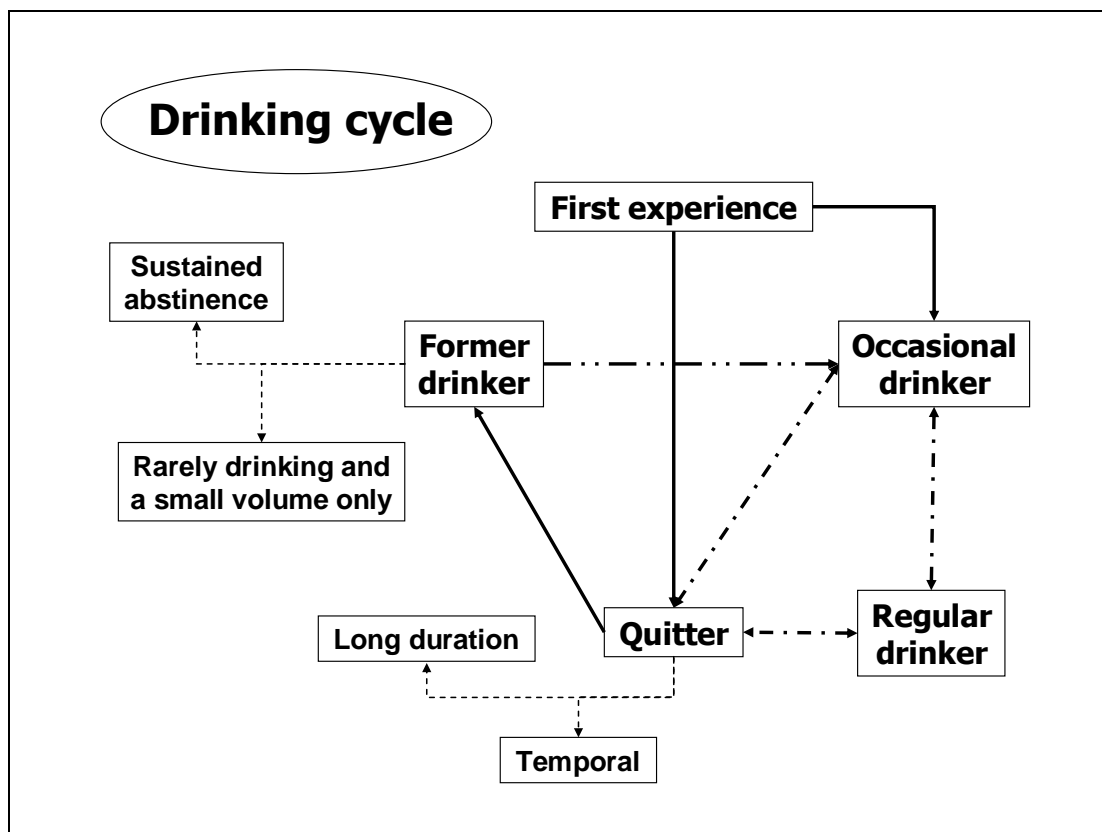


Figure 7.1 Drinking cycle

Quitting can occur at any time of drinking career but the period of quitting could be a few weeks, a few months, or more than a year. Several drinkers have quit more than one time in their life. Some drinkers take a few months of quitting every year. For the short period quitters, they could return to drink the same as previous pattern or drink in moderation. A long duration of quitting does not guarantee an abstinence. There are several quitters who have quit for more than one year but still think about drinking again in the future or do not entirely abstention. Less often consumption or small volume consumption does not regard as drinking for some former drinkers. Relapse from abstinence to alcohol drinking can occur even after they have quit for more than five years.

Long term follow-up of alcohol drinkers could affirm the phenomena of wax and wane cycle (Rolfe et al, 2005, Vaillant, 2003). Drinking pattern can be alternated by several individual's contexts. Regular drinking or heavy drinking could persist for decades without progression to dependence. Heavy drinking can be alternated with period of moderate drinking. Return to drinking in moderation or controlled-drinking is less stable and can evolve into relapse or abstinence. More over, relapse from abstinence can occur even in individual who has been quit for more than seven years (Vaillant, 2003). Many drinkers who have decreased level of consumption or quit because of external circumstances may gradually increase their consumption towards their previous level after the situation has changed (Rolfe et al, 2005). Social pressure from family or close friend and physician warning can motivate some drinkers to curtail or quit but may not be strong enough to maintain change (Matzger et al, 2005)

7.2 Perceptions of drinking: contest of lay perceptions and public health perspective

There are several differences between perceptions of lay people and public health's definitions from scholars and health professionals. Interpretations and meanings of alcohol drinking which are passed and learned by direct experiences and socialization are derived from cultural contexts, societal history, and prominent drinking pattern in the society. Even in the same culture, definition and interpretation vary by drinking practices. The differences between lay people and public health criteria are obvious in self-identification, societal defining either drinking behaviors or consequences, and societal responses. Table 7.1 summarizes the significant differences between lay perceptions and public health perspective (Dawson, 2003; Midanik and Greenfield, 2000; Rehm et al, 2004; Room, 2000a; Stockley, 2007; WHO, 2000).

Table 7.1 The differences between lay perceptions and public health perspective

Definitions	Lay perceptions	Public health perspective
Abstainer	-lifetime abstainer	-lifetime abstainer
	-former drinker – more than 5 years	-former drinker – more than 12 months
	-less often drinker who drink in a little amount – sip or for medicinal purpose	-drink 5 or fewer times a year
Problem drinker	-lack of responsibility or self-control during and after drinking session	-frequency of drinking and volume (a number of drinks or grams of ethanol) in a specific period of time
	-level and frequency of drunkenness	-alcohol use disorders
Quantity of drinking per episode	-numbers of beverage container and drinker in a session	-numbers of standard drink
	-no standard drink	-grams of ethanol
Moderate drinking	-accepted by most people, appropriateness in particular context	-numbers of standard drink
		-grams of ethanol
Heavy drinking	-get drunk or cannot drink anymore, but should not interfere with responsibilities or obligations	-more than 5 standard drinks per episode
	-hangover	
Alcohol-related health problems	-alcohol is not attributed as the only cause	-direct biochemical effects
	-a precipitator or incidental cause	-intoxication
Alcohol-related social consequences	-alcohol is not attributed as the main cause	-dependence
	-personal character, carelessness, or misfortune	-physiological and psychological effects
	-community tolerance	-intoxication
		-alcohol use disorders

7.2.1 Who are the abstainers?

Wherever there are drinkers, abstainers also exist. However, there is several ways that people in particular culture define abstainers and how abstainers define themselves. The wide ranges of definition include lifetime abstainers, former drinkers, no alcohol drinking in past 12 months, or drink 5 or fewer times a year (ICAP, 2000). Each definition reflects cultural attitudes to alcohol drinking and how drinking is integrated into many facets of particular society. The more positive attitude and integration can result in looser of the definitions.

The villagers' opinion, both drinkers and non-drinkers, define 'abstainer' as someone who never drink in their life and the former drinkers who stop drinking for a long period, usually for more than five years. Sipping or using alcohol for medicinal purpose is also regard as not a drink. Therefore, the 'abstainer' in their definition can be lifetime abstainers, former drinkers, and less often drinkers who drink in a little amount or not for an intoxicant effect of alcohol. Several studies from other societies also reveal a similar result. The 1958 British Birth Cohort Study (Caldwell, 2006) found inconsistency of report among the drinkers who identified themselves as lifetime abstainers. Half of respondents at age 45 years-old reported having never drunk identified themselves as lifetime abstainers just three years earlier, while only a third of respondents had consistently reported being abstinence from age 16 to 45 years-old. There was also overlap between non-drinkers and infrequently drinkers. When someone describes their practice as taking a 'sip' or 'taste' alcoholic beverage, it can be regarded as not drinking (Strunin, 2001).

From public health perspective, drinking status is important in epidemiological study of alcohol-related health consequences (Dawson, 2003). As individual's drinking cycle is not consistency, a former drinker who stopped drinking before study period (e.g. 12 months) may have been a heavy drinker or have had a serious health problem. Thus, this can cause systematic error in study of mortality risk for abstention. Fillmore et al (2006) suggested that protective effect of alcohol on coronary heart disease would be overestimated by including former drinkers with ill health in risk estimation of the abstainers.

7.2.2 To quantify volume of drinking: factors which influence the validity

In studying the relationship between alcohol consumption and alcohol-related outcomes, particularly health consequences, one of the significant variables is the quantity of consumption in term of gram of ethanol (WHO, 2000). In survey study, there is a tradition to ask about the volume that a person consumed both average volume and amount on particular occasion and then, converse it into gram of ethanol. To quantify a certain volume of alcohol consumed researchers have developed a standard drink or unit for data collection. But in real life practice, respondents may answer in actual drink size or household vessels. It also influence by drinking place and occasion, size of vessels, and drinking style.

Drinking at *Ban Rim Nam* is usually a group activity and people pour alcoholic beverage from the same container into each one's glass. Moreover, many drinking groups have only one or two persons who serve alcohol for everyone in the group. Therefore, an estimation of daily individual's volume of consumption is quite difficult. They usually answer in numbers of container and the drinkers in those sessions. Various form and size of vessels that they use also make the attempt to answer more difficult.

Drinking style is another factor in concern as the villagers prefer drinking an alcoholic beverage from a glass filled with ice. Among whisky drinkers, this issue may make fewer problems than among beer drinkers. Even though there is a difference in flavor preference between men and women who drink whisky, the volume they pour into a glass often is a similar amount. But among beer drinkers, quantity of beer per glass varies from glass to glass because of the amount of ice filled in the glass.

In social and cultural events where people enjoy the atmosphere and drinking, most drinkers recognize the atmosphere of drinking session or the event more than the drink volumes. Some people may drink more than one type of beverage. They may not recall the volume of each beverage that they consumed exactly. Apart from the enjoyment which distracts attention, heavy drinking or some degree of drunkenness may interfere with the memory.

In Thailand, the definition of standard drink has not been well established (ICAP, 2003), thus it is difficult to ask the respondents in term of standard drink.

Most survey studies in Thailand asked only the frequency of consumption. Although the picture of containers and various shape and size of vessels were used in recent national household survey to facilitate the recognition (ACSAN, 2009), those pictures did not represent all the local vessels particularly among Thai-Isaan society. Therefore, it could confuse some respondents or interfere with the accuracy of the answer.

7.2.3 Defining ‘moderate drinking’

Although alcohol consumption in moderation may be associated with some health benefit, the definitions of ‘moderate drinking’ vary significantly among researchers and different societies. The term ‘moderate’ can be used both a quantitative and a qualitative meaning. From public health perspective, moderation refers to low-risk consumption or the amount of alcohol that individuals can consume without significantly increasing their risk of negative-health consequences (Dufour, 1999). Many definitions among public health guidelines on alcohol consumption are presented in terms of a specific number of standard drinks or grams of ethanol consumed over a day or week (ICAP, 2003). However, the definitions differ significantly between countries. It can range from 20 grams of ethanol per day for men and 10 grams for women to 60 grams of ethanol per day and 40 grams for women. For weekly consumption, it ranges from 42 grams of ethanol per week for men and 28 grams for women to 252 grams for men and 168 grams for women (Stockley, 2007).

In contrast, people usually perceive the term according to the space and time. Villagers characterize the term as a drinking that are accepted by most people and considered to be appropriate in particular context without consideration of the volume of consumption. It is influenced by drinking contexts such as time of consumption, occasions of drinking, and obligations during and after drinking session. It can range from specific volume – 30-60 ml. of *Lao Khao*, one bottle of beer, or one-fourth of a whisky bottle – to drinking until they get slightly drunk

Heavy drinking, by villagers’ definition, is also defined by drinking behaviors. It emphasizes level of drunkenness and alcohol-related behaviors more than the volume that a person consumed. It is influenced by cultural traditions, drinking

contexts, and drinking norms. The term has broad definitions among general people even in western society where specific units of drinking are widely used (MCM Research, 2004). People rarely identify this pattern of drinking in numbers of drinking unit – 5+ drinks – as public health definition (WHO, 2000). In addition, the term has various particular numbers of standard drinks among epidemiological studies across countries (ICAP, 1997) resulting in difficulty of international comparative study (Bloomfield et al, 2003).

7.2.4 Who is the problem drinker?

The number of alcohol abuse or dependence in the village, by lay estimation, is quite low. This incidence is a result of perception about-related behaviors, how people define what a problem is, and how they relate those consequences with alcohol consumption. Lay people define problematic drinking and problem drinker in term of the lack of responsibility, personal ability, level and frequency of drunkenness but not the volume that they consumed.

In contrast, public health literatures define problematic drinking and problem drinker by quantitative measure. Several terminologies (e.g. hazardous, harmful, or high risk drinking) were created to reflect degree of severity by drinking patterns – frequency in a specific period and a number of drinks or grams of ethanol (WHO, 2000). The quantitative definition, however, raised another problem. Public health guidelines on alcohol consumption in several countries rely on a number of drinks in terms of both daily and weekly amount (Stockley, 2007). Despite this, volume of beverage in a ‘standard drink’ varies from country to country. The problem further influence cross-cultural epidemiological study of drinking pattern and relationship to alcohol-related consequences.

Another impact from the way that the problem drinker is defined is treatment seeking for alcohol problem or change process. Identification of alcohol-use problem is culturally constructed (Room, 2003a), and differs across societies and drinking cultures (Bennett et al, 1998). Alcohol-use problems which present at clinical setting are the result of drinking norms and cultural differences in how alcohol problems are defined and dealt with (Room, 2006). Alcohol abuse or harmful use, and even dependence, by public definition, may remain in the society without realization.

Despite the fact that the drinkers infrequently recognize their own problems, the others may underestimate the severity of problems as well. Therefore, encouragement or coercion from family members and other network as social pressure or informal social control may not be initiated to persuade a problem drinker to enter treatment or change process.

7.2.5 What are the alcohol-related problems?

Problems from drinking may reflect the real problem of a person or problems which are defined by the others in the society, or public health professionals, or researchers. In each problem areas, perception and level of concern are influenced by cultural expectations and attitudes to alcohol consumption.

Physical status and health problems are emphasized, by several drinkers, in association with alcohol consumption. But, alcohol is not attributed as the only cause of the problems. Villagers usually have other explanations and alcohol could be considered just as a precipitator or incidental cause. The association between alcohol and illness, by lay belief, is not as strong as the understanding of public health. Consequently, physical health and well being are usually the reasons for a short term quitting. Sustained abstinence for a long duration could occur only when they have got a serious illness and continuous treatment from medical doctor.

Defining social problem or social harm from alcohol consumption can be social construction and culturally specific (Room, 1996). It could not be recognized only from drinking behaviors itself but also a reaction by the others and the society as well. The society may choose to connect alcohol with harm or may not, or even give another attribution the same as a health-related problem. These interpretations are influenced by cultural presumptions and perceptions of alcohol consumption in daily life (Room, 1998). In addition, it could be the differences of perception and interpretation between drinker and non-drinker, or the differences of gender as illustrated in chapter 5.

At *Ban Rim Nam*, alcohol-related social consequences are recognized differently, both concepts and items, from public health and researchers (Midanik and Greenfield, 2000; Room, 2000a; Weisner et al, 2003). Alcohol is not a main reason attributed to social problem or social distress. People usually connect the problems,

either accident or intentional injury, with personal character or carelessness. Traffic accident or injury may be connected to misfortune instead of direct effect of alcohol. Public annoyances, such as a loud noise in late-night, tend to be tolerated because of a close relationship as relatives or descendents. Acceptance of drinking as a norm on special and social occasions and value of enjoyment can excuse such problems. Family disruption or impaired family roles are recognized as irresponsibility of individual rather than as a consequence of drinking.

As a result, alcohol-related social consequences, in public health meaning, are less likely to be recognized as a real social problem. And it may be difficult for the outsider, either public health professionals or policy makers, in raising these consequences to broad societal concern.

7.3 Controlling alcohol consumption

In general, drinking culture at *Ban Rim Nam* can be considered as a drinking culture which is less correlated with alcohol abuse or dependence and alcohol-related social problems, at least from insider's view. It could suppose to be a healthy drinking culture (Peele and Brodsky, 1996; Research New Zealand, 2006) though the study cannot quantify the exact numbers of alcohol-related problems. Several characteristics of norm and drinking context can be contributed to this phenomenon (Figure 7.2). While positive attitudes promote alcohol consumption and encourage heavy drinking, drinking norms contexts and drinking behaviors can facilitate reduction of harms' potential. Moderate drinking, by lay definition, is more evident than heavy drinking with overt intoxication. Therefore, social distresses from negative alcohol-related consequences and alcohol consumption problems are low, at least from the community consensus.

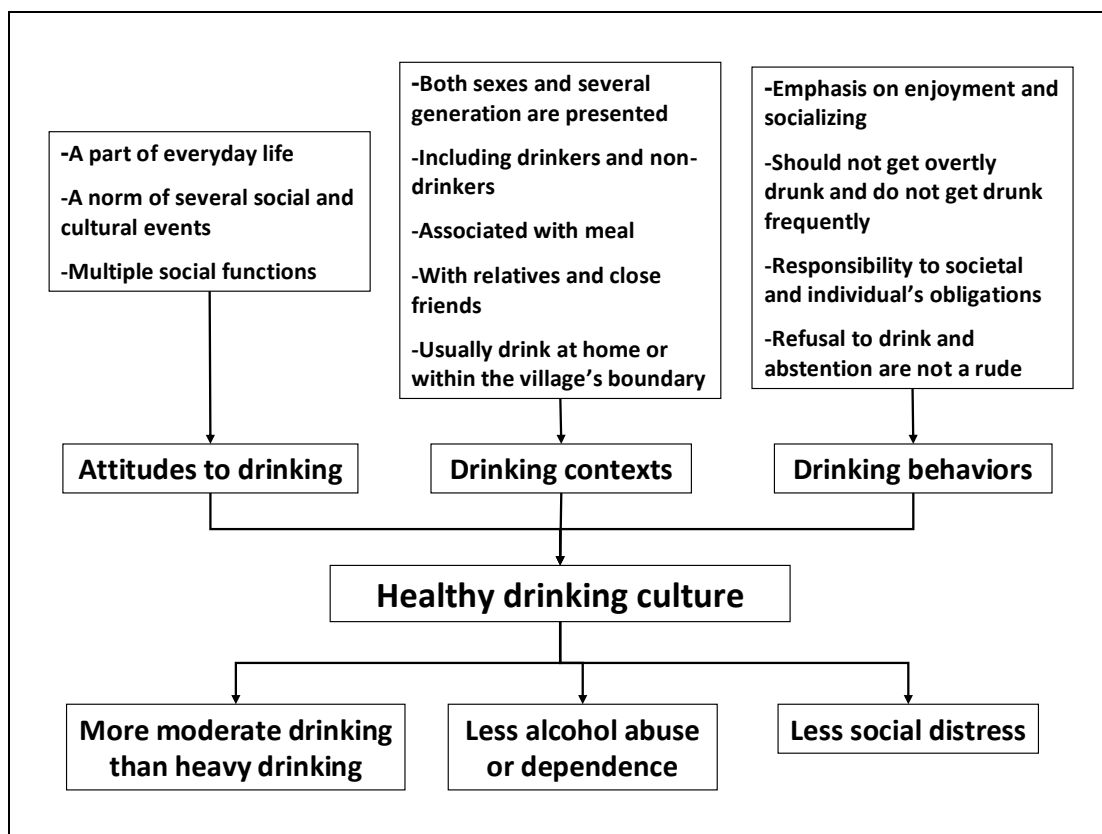


Figure 7.2 Factors which promote healthy drinking cultures

As mentioned in chapter 6, control of alcohol drinking among the villagers is exercised through informal control more than formal type or regulation by the laws. Although drinking culture at present time seems to be a healthy drinking culture, several aspects of the whole culture which associated with drinking should receive attention. The history of *Ban Rim Nam* demonstrates that the changes in drinking practices occur according to changes in social conditions and economic contexts. According to Rimal and Real (2005), alcohol consumption is based on the belief or perception about the prevalence of drinking (descriptive norms) and the interaction with three normative mechanisms: social approval, outcome expectations for benefits and socialization, and group identity that individuals' social networks play in initiating and reinforcing drinking behaviors. As alcohol consumption occurs overtly in the village, the prevalence of drinking can be perceived directly by the young. Social functions and positive benefits of drinking for individual's reasons and

socializing are also realized. The elders' role model has a significant effect on socialization and identification.

In relation to this normative framework, kinship ties can be considered as a powerful factor in learning process and normative influence. This natural social network influence drinking culture in both encouragement and control of alcohol consumption. Kinship ties seem to be the fundamental of social cohesion and socialization at *Ban Rim Nam*. Another factor is the low rate of migration into the village and most migrants are by marriage with native people. Most of them recognize each other quite well, at least by asking about their parents or relatives.

Because of the strong kinship ties and villagers' relationships, they then easily accept and normalize the cultural rule of drinking behavior from the elders and internalize as their normative behavior. In addition, higher numbers of drinkers in one's network can promote more consumption and negatively relate to long duration quitting (Weisner et al, 2003).

On the other hand, drinking norms which constrain consumption are also passed and learned more comfortably within the domain of kinship. The young enact drinking behaviors in accordance with the others' expectation and reactions to their behaviors (Rimal and Real, 2005). Inappropriate drinking behaviors are informed by the elders. Warning or notice of problematic drinking and inappropriate behaviors can be accepted and complied with less conflict.

7.3.1 The role of informal control

Perceptions of alcohol consumption among people in the village can have an effect on both encouraging and limiting one's drinking. The enjoyment of drinking and drinking as a norm, generally promotes alcohol drinking. Thus, alcohol consumption is permitted and practiced overtly in both private and public places and occasions. The distinction between a good and a problematic drinker is based on several aspects of perceptions, therefore perceived norms can limit or control alcohol consumption.

Control of alcohol consumption is primarily learned by socialization in everyday life. It is accepted and integrated into the village life as a norm of the society. Strong relationship can facilitate normative mechanisms around drinking and

strengthen the effects of social sanctions against inappropriate drinking behaviors. There is no explicit or written rule but it is practiced through informal social control. It can affect drinking practice in both individuals who drinks and a drinking groups, or drinking practice in communal events.

At an individual level, several factors can be considered in controlling alcohol drinking. These factors can shape either drinking practice or drinking behavior, as well as the reduction of consumption and quitting. Figure 7.3 illustrates the factors which can curtail or control alcohol consumption of the drinkers, including perceptions about drinking and the appropriate drinking contexts, and the individual contexts that constrain and restrict consumption. Changes may occur in relation to the circumstances of significant others in their social network (Rolfe et al, 2005). Many drinkers decrease their level of consumption because of responsibilities for others or for work.

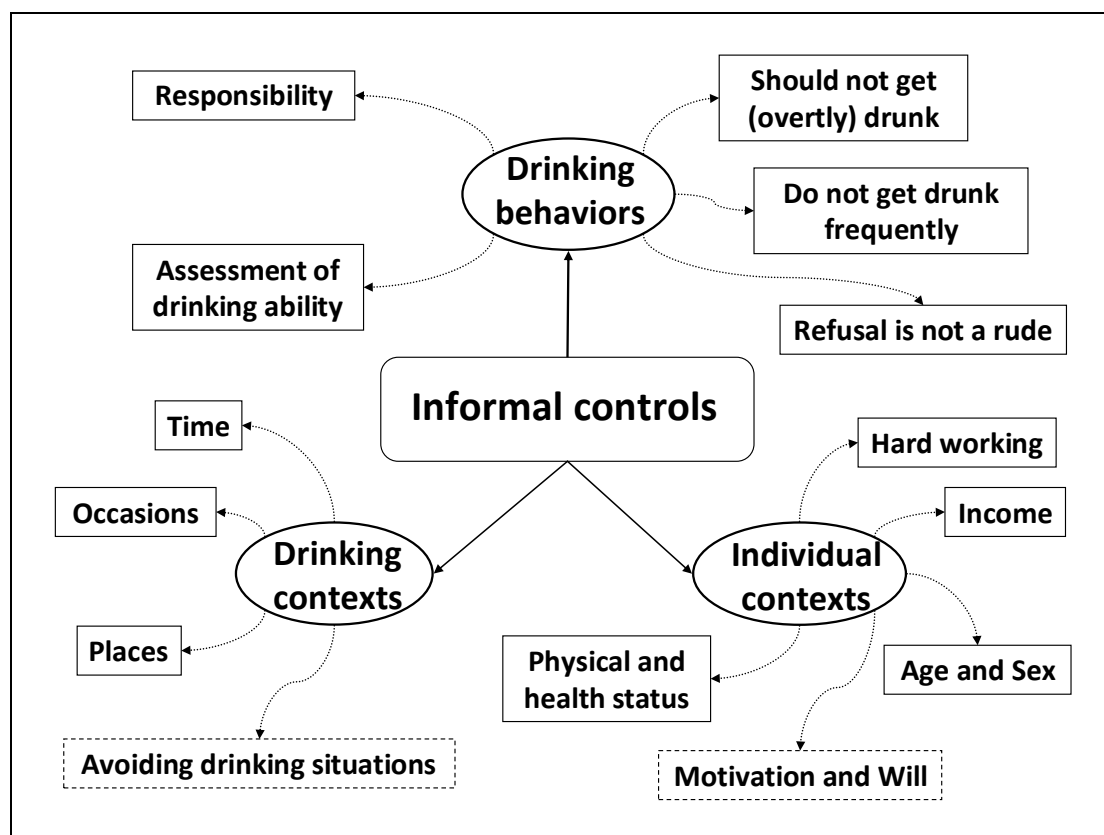


Figure 7.3 Informal controls at individual level

Many drinkers cut down or quit at certain times, however, it seems to be a personal responsibility rather than the others' concern. Several reasons are given for quitting but most are personal reasons without social pressures or other influences. Self-commitment and will are important factors which help to maintain abstinence. Nevertheless, drinking norms and beliefs usually underlie the decision. It is noticeable that religious belief and practice was not mentioned as a trigger or reason for quitting. But, to some extent, it can strengthen individual's willpower and decrease social force- drinking.

For the quitters, avoiding an event which associated with drinking and public announcement are self-control strategies for maintaining abstinence (Burman, 1997). Participating in those situations may weaken their motivation, particularly in the early period of abstinence. On the other hand both strategies can reinforce the will or commitment for abstinence. Another norm that helps the quitters when participate at an event or a drinking group is refusal to drink or just take a sip when someone offers them a drink. As refusal to drink is not perceived as a rude to anyone, it is a useful strategy against drinking persuasion.

Dealing with alcohol-related behaviors at societal level also reflects norms and behaviors around drinking in a culture. Perceptions about alcohol consumption and drinking contexts which influence alcohol consumption at individual level also have an effect on social control in drinking groups and at community events. An overt drunk is unusual and brawls or violence as a consequence of alcohol consumption is relatively rare. Heavy drinking which may lead to accidents or injuries usually occurs within village circumstance. The ways people handle a drunken person at an event may reflect the understanding of drunken behaviors. Most people understand what a drunk is and argument with a drunken one can lead to quarrel. Slightly drunk person can be detected and warned by others to stop drinking or take a soft drink instead of alcohol. The drunks who annoy or disturb an event may be provided more alcohol until they cannot move or fall asleep.

7.3.2 Alcohol consumption and religiosity

Involving with religious activities is documented as a trigger for natural recovery from alcohol problems in some societies (Geppert et al, 2007; Sobell et al,

1993; Sobell et al, 2000). It can play a role as a maintenance factor by establishing new sober relationships and in dealing with the difficult emotions that may arise with abstinence (Bezdek and Spicer, 2006; Matzger et al, 2005). For Buddhism, refrain from alcohol consumption is one of the five precepts which all Buddhist is expected to conform. However, this fifth precept is interpreted differently among Buddhist layman. Several people interpret as a total abstinence but the others may recognize as moderate drinking. A study among southern Thai Buddhist men also demonstrated that more than half of abstainers/light drinkers and harmful drinkers often involved in some religious activities and did not differ significantly in current religious practices (Assanangkorchai et al, 2002). Another study among Thai secondary school students (equivalent to grade 10-12) suggested that religious practices may influence the decision about drinking but not drinking pattern once the decision to drink was made (Newman et al, 2006).

Though all the villagers are Buddhist in which alcohol consumption is restricted by the five precepts of Buddhism, it influences their drinking practice less than expected. Most drinkers at *Ban Rim Nam* seem to interpret the fifth precept as moderate drinking and not to get drunk. Involving in religious activity does not guarantee that a person will not drink any alcoholic beverage. Alcohol consumption occurs in many occasions which associated with religious activity. Even so, alcohol is not a part of religious ritual. Drinking in those occasions is meant to be a celebration of the events and hospitality for all participants. In several events, social interaction is valued more than religious ritual. Thus, social functions of drinking can take place in the events.

Despite the fact that the five precepts can not constrain alcohol consumption among the villagers, religious belief can take some places in quitting process. Some quitters made a vow to the Buddha as self-commitment and a public announcement of their will. Buddhist lent is an opportunity for some people to quit from drinking during three months. Though the others may tease that it is a time of strict religious practice for monks, it is acceptable when a person decides to quit during the lent. Social acceptance, on the other hand, means that a quitter can maintain abstinence for a long period with less social force for drinking.

7.3.3 Status of formal control

Formal control can be divided into two sources of initiation including local or community initiation and legal or regulations from national alcohol policy. Local initiation may be established by community consensus in response to particular alcohol-related problem in community or from legal basis of existing national policies. Public awareness and concern over the problem are the crucial elements of initiation, support and conformity with enacting local measures (ICAP, 2006; WHO, 2004b). Effectiveness of formal or legal control will be obtained only if it coincides with local norms and customs or can change related behaviors (Horwitz, 1990).

The phenomena at *Ban Rim Nam* can demonstrate some aspects of failure of national policy at community level. On the other hand, it can reflect the strength of local norms and drinking culture which influence drinking practices and behaviors more than alcohol regulations. Underage drinking does not restrict to the minimum legal age but is accepted and permitted with some restrictions. Adolescents are permitted to drink occasionally in special occasions and traditional rites, though the amount of consumption may be constrained. More frequent drinking is accepted if they get their own money for living and can take care of themselves with little concern about age. The young can buy alcoholic beverages from grocery shops in the village because the owners know whom they will bring to. There is not a definite selling time for the villagers. Driving, particularly motorcycle, after drinking session is a common practice.

The low compliance with the regulations can not be explained by unawareness of the laws or simply non-compliance. Overall cultural contexts, permissive drinking culture, and strong ties of social network should be the key explanation. Most of them know each others quite well and most of the young in the village are familiar to the elders. Minimum age restriction is not a specific number of years or chronological age but mature age in meaning of lay people. Normative standard for acceptable age are governed by local norms and cultural expectations (Room, 2004a) more than legal restriction. Drinking time does not depend on 'clock time', as restricted by law, but on 'social time' of the events or occasions.

Beyond the low compliance with the laws, there are evidences that indicate a number of successes of national policy effort. Most people recognize the minimum

drinking age, selling time, prohibited area, and drink-driving campaigns. Despite the fact that they rarely comply with the laws within the village circumstances, they tend to conform to the regulations whenever they are outside the village. Moreover, law enforcement is sometime exercised, though it is often enforced to the outsiders.

7.4 Recommendations: from ethnographic data to public health consideration

Results of the study disclose the drinking culture and the world of the drinkers in a Thai-Isaan society. Although it seems to be a permissive drinking culture which alcohol is integrated into everyday life and negative alcohol-related consequences are not much evident and less concerned from the villagers as it should be, there are several issues which are worth considering. Ethnographic data from socio-cultural perspective can provide deep understanding of drinking culture in particular society for public health scholars. Moreover, several issues can be used in devising an epidemiological study, prevention strategy, and intervention for high risk drinkers.

As demonstrated, perceptions, attitudes, and drinking norms can influence drinking behaviors. On the other hand, these also influence epidemiological alcohol studies and the effort to regulate alcohol consumption by national alcohol policies. Beside this, particular drinking culture raises some interesting issues in establishing alcohol education and local policy, and the role of health provider in dealing with alcohol-related health consequences. The following are discussion about these issues and implication for public health approach.

7.4.1 Assessing drinking pattern and quantifying level of drinking: self-rating and self-report

In general, pattern of drinking is usually inconsistency. Frequency of consumption can be wax and wane. Volume that a person consumed on an occasion can vary according to drinking contexts and individual's reasons. Moderate drinking and heavy drinking may be alternated. Drinkers may not estimate consumption level accurately in response to questions about past dinking pattern. These can pose several

problems to survey study for alcohol consumption and in studying relationship between alcohol consumption and long-term consequences.

As mentioned in Chapter 5, most people can not quantify volume of drinking in a number of glasses or drinking units. Various sizes of drinking vessel and drinking styles are another cause of problem. They tend to recognize their consumption by numbers of beverage's container and numbers of drinker in a drinking session.

In addition, several terms defined by lay people and by scholars have different meanings. For instances, abstainer can refer to someone who has quit for more than five years or someone who just take a sip infrequently. Another issue is a wide range of frequency and drinking quantity which are found among occasional and regular drinkers. Quantity of drinking per episode also has a great variation in each pattern of drinking. Quantifying drinking volume in an episode by using unit of drink or standard drink may be confusing because of misunderstanding of respondents or confusion with actual drink size. Thus, self-rating or self-report about drinking pattern is usually underestimated from the exact consumption level, though researchers have made an effort to gain accurate estimation by several methods for measuring consumption during short reference periods (Dawson, 2003; Stockwell et al, 2004) or lifetime drinking behavior (Friesema et al, 2004).

Variations in the definition of abstainer pose a number of problems when researchers try to investigate alcohol-related health outcomes, particularly coronary heart disease. Non-drinkers have been found to have poorer outcomes than light or moderate drinkers (Rimm and Moats, 2007; Rhem et al, 2003a). Stable drinkers also had a significantly decreased risk of all-cause mortality in elderly adults compared with stable non-drinkers (Paganini-Hill, 2007). However, lifetime abstainers may difficult to separate from former drinkers because the wide ranges of definition. On the other hand, less often drinkers with a little amount consumed may respond as non-drinkers.

Quantifying volume of drinking by drink size results in another problem. 'Standard drink' is an ambiguous term. The definitions of standard drink differ across countries and cultural preferences. A 'drink' could be defined by local drinking custom, commercial serving size, official government determination, or researcher construction. It can range from 8 grams to 19.75 grams of ethanol by official

definitions (ICAP, 2003). In contrast to actual drink in real life, unit of drink may vary by type of beverage, size of vessel, and a drinker preference. Even in a country, drinking size can vary across regions (Nayak et al, 2008). Reports from several societies reveal that actual drink sizes in household consumption are poured larger than standard unit in the study country (Gill and Donaghy, 2004; Kaskutas and Graves, 2000; Kerr et al, 2005). Using photographs of drinking vessels as a method of measuring drink size and volume of consumption may be practical and resulted in more accuracy particular when commonly used drinking vessels are included (Kaskutas and Kerr, 2008).

7.4.2 “There’re just a few problems from alcohol in the village”: attitude toward alcohol-related consequences and societal concern

Alcohol consumption is domesticated into an everyday life of the village by the various functions of drinking and use-values of alcohol. These matters can promote more drinking in the community and affect the societal perception in several ways. Positive attitude and social approval of alcohol consumption can encourages drinking in social circumstances. Exposing to parental or close relations drinking is an indirect social pressure towards consumption. The local drinking culture may prevent people from recognizing negative consequences of drinking on a societal level. Though drinking take place in both private and public spaces, the consequences of drinking can be considered to be a personal issue more than a public issue. Therefore, alcohol-related problems at an individual level can be late to be noticed by the public (Cottino, 1995) and societal response to drinking consequences is limited. Although problem drinkers and alcohol abuse can not be denied, these problems seem not to be raised into the public issues. It is considered as a personal or family responsibility more than others’ concern. This may explain why there is no explicit local measure or community action to control consumption among villagers.

The integration into sociocultural life with high frequency of drinking occasions can also lead to increase in community tolerance to drinking and related behaviors (McIlwaine and Moser, 2004). Furthermore, it may be difficult to raise alcohol-related problems as a societal concern or public awareness and to receive community support which is a clue of success in harm reduction strategy of local

alcohol policy (Roche, et al, 2005, Room, 2001). This is because the support for existing alcohol policy, by public opinion, is influenced by consumption volume, belief about alcohol beverage and drinking, and risk perception of people in the society (Greenfield et al, 2007; Hemström, 2002).

Perceiving of the harm from alcohol consumption and related negative consequences are based on past experience, information from surrounding people, and mass media (WHO, 2002b). Experiences usually occur within the context of a person's society and culture including beliefs and attitudes. People's perceptions and frames of reference for interpreting risk and consequences may not be the same as those public health professionals provide. For instance, the villagers tend to perceive health-related consequences only when they have got an illness and tend to not associate their illness with alcohol as a major cause. Both benefit and risk perceptions are crucial in understanding drinking behaviors either at individual or societal level. Harm prevention program thus, should be planned within the context of local culture and society, and with understanding of risk and benefit from drinking by lay interpretation. Moreover, cultural backgrounds are the important issue that should be considered in implementing an alcohol intervention program.

7.4.3 Informal advertising: alcohol-related litters

Walking around the village, there are many evidences of alcohol-related litter which can be found without intention to seek out. Caps of both spirits and beer were thrown along the pathway even at the center of the village. Empty bottles or cans of beer are usually found in household garbage or in front of a house. Bottles of whisky and *Lao Khao* are placed together with bottles of soft drinks and kitchen ingredients in a bamboo basket.

These evidences could reflect the role of alcoholic beverages and alcohol-related perceptions in the village. The quantity of alcohol-related litters indicate level of alcohol consumption of the villagers both frequency and volume, and an integration into daily life. The numbers and categories of identified alcohol-related litters provide information of preference type of alcoholic beverages in this particular society. Inattention and improper management may emphasize a normative status of alcohol in similar status as other consumer products. Again, reaction of people

towards these litters can indirectly inform of the tolerance to alcohol-related problems.

In concern about alcohol advertising, which site and time of promotion have been regulated by Thailand's alcohol policy since 2003 (Sornphaisan, 2006), all these litters act as a form of free advertisement by the brand identifiable litters (Forsyth and Davidson, 2010) without time and site restriction. Brand recognition and brand preference could be the impact of exposure on general people. On the other hand, familiarization with alcoholic beverages of young people can be a result of exposing to the litters. It can strengthen the normalization of alcohol drinking among adolescents and young adults.

7.4.4 Issues to consider in alcohol education

Alcohol education can be delivered through formal or informal channels and aimed at general public or at-risk populations. The goals of alcohol education include 1) informing the public about the effect of alcohol on health and social consequences or recommendations about risks and benefits to specific group; 2) building or raising awareness around issues relating to alcohol-related consequences by public service announcements such as the counter-advertisement, responsibility messages, labels of information and warning; 3) changing behaviors or drinking patterns to avoid risk or the potential for harm (ICAP, 2004).

Formal education in most alcohol literature has focused only on school-based education and public information campaigns. Outcome evaluation of these approaches demonstrates less influence on drinking behaviors particularly in long term assessment, though knowledge and awareness may be increased (Room et al, 2005, Gandhi et al, 2007). It should be argued that the formal education programs usually exercise in a limit of time and evaluate within its own single measure.

In contrast, alcohol consumption has a deep root in social life as drinking is essentially a social act and perform in a recognized social and cultural context. Individual can experience and learn about drinking behaviors from every step of life cycle. Thus, family, significant others, and societal circumstances can play a key role in learning process and development of beliefs, attitudes and drinking norms. The young can learn to behave in a way that is acceptable in the society since early in life.

Alcohol consumption and drinking practices should be considered as a result of learning process and direct experience by socialization. In this sense, socialization can be considered as one of effective way in educating young people on alcohol consumption as it has more influence on drinking behaviors than formal education from the formal prevention approaches, because of the internalization and integration into one's self. Socialization is an informal education, in broad definition, throughout drinking career.

However, encouraging socialization as a strategy of alcohol education must be done with caution. Drinking culture in a particular society must be carefully explored. Society with healthy drinking culture is probably an appropriate candidate. Moderate drinking and prevention of potential harms should be the aims of strategy. Negative alcohol-related consequences have to be raised into societal concern with sanction or local regulation. The elders should behave as a good role model and teach the young about drinking norms and behaviors. Early drinking practice should be experienced under supervision and guidance of the elders or parent. Importantly, alcohol consumption either moderate drinking or for health benefit should not be introduced into traditional non-drinking culture and even ambivalence culture. It may cause unexpected adverse consequences because of the lack of other norms and informal social controls on drinking.

For official formal education, differences between definition by public health and by lay people can pose problems for communication and recommendations on alcohol consumption. As drinking is embedded in culture and perceptions are shared in the society, therefore, it is not difficult to understand the term by their experiences in everyday life more than recommendation from public health. Several countries have recommended their people about low-risk or moderate consumption by using grams of ethanol or standard drink units (Stockley, 2007). However, people may confuse grams of ethanol or standard drinks recommended with 'moderation' in qualitative meaning. In Thailand, there is not a definite guideline for sensible or moderate drinking at the present time. The national dietary guidelines of Thailand only state that individuals should avoid or reduce the consumption of alcohol beverage (ICAP, 2010). Thus, using the term 'moderate drinking' to recommend or to educate general people should consider about the cultural definition of the term.

Moderate drinking may be perceived in term of not getting drunk but not the numbers of standard drink as public health meaning (Dufour, 1999, 2001).

The application of the term ‘standard drink’ in Thai society is also complicated because of the lack of clear definition. There is no explicit definition of drink unit either by commercial measures or official determination. Actual drink sizes may vary by drinking style and type of beverages. *Lao Khao* is only a beverage which can be identified by unit of serving size or amount of money purchased. For beer or wine cooler, drink unit may be recognized by standard container – can or bottle. But for whisky, the volume of a drink varies by the preferences of the drinkers and may vary by different drinking contexts. As the type of alcoholic beverages and the range of alcohol content in Thailand are not in a wide range, the exact volume of each type or the container size of beverages (e.g. 30 ml of *Lao Khao*, one can or bottle of beer, one quarter or a half of whisky bottle) may be appropriately applied instead of standard drink.

Health-related consequence is another issue which can have a role in alcohol education. People may relate alcohol consumption with health problems, but they do not truly understand about the association between alcohol and physiological responses or pathophysiology of a disease. They usually have other reasons to explain or to associate with the problems. A specific information and clear association with an individual’s illness can provide them an understanding of the role of alcohol and progression of a disease. Alcohol education at this appropriate moment may lead to reduction of consumption or changing drinking behaviors. This will be beneficial for outcome of treatment and prevention of complication.

7.4.5 The health professional roles

In general, individuals who seek formal treatment appear to have had severe or more alcohol problems. However, drinkers who have never accessed to treatment might experience some problems associated with alcohol consumption at some point in their lives (Cunningham et al, 2000). Though many drinkers reduce or quit their consumption without any help from the others or formal help as demonstrated in this study, several of them may get benefit from healthcare provider’s intervention.

Approaching alcohol issue at the appropriate opportunity should be considered as the responsibility of health professionals in reducing alcohol-related harm.

Health professionals can influence alcohol consumption in several ways. As many drinkers, particularly problem drinkers and abusers, have a chance of medical or mental visits more than general population, it is a good opportunity for addressing consumption problem (Weizner and Matzger 2003). Even when people do not specifically request help with alcohol problems, it is possible to ask questions about alcohol consumption in relation to present problem. Discussion about the association between alcohol consumption and individual's health consequences and serious advice can lead to a process of self-reflection or re-evaluation of their drinking practices and the decision to cut down or quit (Brady, 1993; Rolfe et al, 2005). However, it is frequently a missed opportunity in having drinking addressed by physician and others professionals.

The villagers' experience indicated this missed opportunity. For several drinkers, health problems were the reason for cutting down or quit their consumption. However, it seemed that it was their own decision and intention more than the influence from health professionals. In most cases, they related their health problems with alcohol consumption or belief that alcohol consumption may be a cause of the problem. In addition, drinkers who went for medical services were infrequently asked about their alcohol consumption. Though the issue was raised in sometime, there was no further discussion or advice regarding the adverse effects of alcohol on their health problem or strong advice about quitting. According to Weizner and Matzger (2003), only 40% of those who went for medical or mental health services had their drinking addressed. Moreover, women and older adults were likely to have their drinking addressed less than men. In addition, people who seek for alcohol treatment are usually judged that there is a problem from people around them ((Room, 2006) and have obvious clinical symptoms of alcohol-use problems at presentation.

On the other hand, just asking a general question about alcohol consumption or self-rating may be insufficient to discriminate drinking level accurately and may fail to identify the problem drinker (Daepfen et al, 1999). Non-specific frequency of consumption may be inadequate to estimate drinking level because the meaning of frequency such as less often or occasional can have a wide range of number of days

drinking in a period of time. Volume of drinking should be asked precisely according to type of beverage and container because self-rating is usually lower than customarily practice. The answer may mislead health providers to underestimate relationship between level of alcohol consumption and health status. For clinical practice, delayed diagnosis or even missed diagnosis of alcohol misuse and alcohol withdrawal syndrome may be a result.

Nevertheless, the process of discussion about drinking should be done as the way to motivate people for change and should be aware not to impose on them. Intervention in the course of health visits should be done by the mean of triggering individuals to re-thinking and to make their own decision because internal motivation tends to associated with greater long-term change than external motivation (DiClamente et al, 1999). Some drinkers may cut down or quit for just a short period and then return to drink again, though they may not drink as high as previous or drink in moderation, if they perceive an advice as an order or medical imposition (Rolfe et al, 2005). Developing a willingness to change can also lead to treatment-seeking. Health professionals can facilitate this process by paying attention to alcohol consumption, promoting motivation and encouraging an action to change. Information, advice and support from professionals or health providers can promote treatment-seeking for alcohol problems (Jakobsson et al, 2004).

7.5 Conclusion

The ethnographic study at *Ban Rim Nam* revealed the social construction of alcohol consumption in a particular society and the world of the drinkers within the culture. In general, alcohol consumption in the village could be classified as a permissive drinking culture because of attitudes and drinking norms, use-values, and the integration into several aspects of villagers' life. Alcohol played a role in both personal and social occasions and had many social functions from past to present. Although it might not represent drinking culture in all Thai-Isaan culture, to some extent, it could demonstrate that there was a permissive drinking culture as a subculture in Thai society.

In the society in which kinship ties, close relationships, and contributing to community are valued, local norms and cultural position of alcohol consumption

should be emphasized along with law enforcement or alcohol control policy. Strong kinship ties and social network can be considered as social capital (Portes, 1998) in dealing with changes in drinking contexts and drinking behaviors. In contrast, a loss of social cohesion, a heightened sense of individualism, and materialism which based on the consumption of market goods and services can promote alcohol consumption (Eckersley, 2006). Without restraint from appropriate cultural norms and values against problematic drinking, negative alcohol-related consequences and drinking patterns may be the prevalence.

Drinking patterns are shaped not only by culture, but also a number of complex social and economic forces. On the other hand, drinking culture and drinking pattern can also reflect the change in overall culture and social circumstances. As illustrated in Chapter 5, changes in alcohol consumption have followed changes in other contexts including urbanization and modernization, and continue to occur by globalization. However, core elements of drinking norm and value tend to be relatively stable over time whenever drinking culture is still passed from generation to generation. These can be the factors which help to prevent drinking culture from changing toward negative direction with more negative consequences of drinking.

Alcohol drinking has both benefit and harm. Negative consequences such as health problems, intentional and accidental injuries, and social harm have got more attention from public health (Rehm et al, 2006). Health benefit from light or moderate consumption is an only issue that they concern. Nevertheless, social benefits from drinking are evident that can not deny (Heath, 2007). Social functions and enjoyment are more recognized by direct experience in real life of people. The challenge is how to make the drinkers realize negative potential, raise their awareness of negative consequences, and still be able to drink with the lowest rate of negative consequences.

In situation like this, it is an interesting challenge for public health and policy maker in dealing with alcohol-related consequences and controlling alcohol consumption. Alcohol policy or strategy designed outside the community may not reflect, or even oppose, the community's concerns, interests, and social or cultural structure. An effort to reduce the overall volume of consumption or to indicate the negative consequences can be challenged by local perceptions and beliefs as identified in this study. Although legislation of alcohol control measures and law

enforcement are likely to be the effective strategies for preventing alcohol-related harm in many societies, these may not be a suitable choice for the permissive drinking culture. Strengthening norms around drinking which promote moderate drinking and less negative consequence, as informal social control, may be an alternative strategy. In addition, raising alcohol-related health problem into individual's concern should be done by local healthcare providers as another way to increase societal concern.

As alcohol consumption is integrated into several aspects of the village life and learning about drinking occur in every step of village life, informal channel of alcohol education should receive more attention. Socialization can be considered as a channel of alcohol education to inform the young about positive drinking norms and drinking behaviors. Information of health-related, social consequences and potential harms can be emphasized since early period of drinking career. Furthermore, information or recommendation of alcohol consumption and related consequences should concern about perceptions and beliefs of lay people particularly perceptions about risk and benefit from drinking.

Health promotion and harm reduction are also responsibility of all healthcare professionals. Because many health conditions, diseases and injury are associated with alcohol consumption, therefore, drinking practice is a target that should be concerned. In clinical setting, it is a window of opportunity to link individual's health conditions with alcohol consumption. Discussion about effect of alcohol and association to health can raise patients' awareness and re-evaluation of their consumption. Reduction of alcohol consumption is not an only expected result but the overall health of a person.

7.6 Lesson learned

1) An ethnographer

A journey into a culture
Walking in rhythm of life
On path that lead to wilderness

Concepts, theories, and methodology

Methods, skills, and equipments

Careful preparation is the key

Standing at the ethical crossroad

Drinking together or temperance

Trust, honesty, and reciprocity

2) World of the drinkers

Two sides of a coin

Enjoyment or demon rum

Benefits or harms

What is the problem?

What is the advantage?

A dilemma of judgment

Multiple realities are constructed

Emic perceptions or etic perspectives

It's wise to grasp them all

3) Drinking and community ties

Drinking is embedded in culture

Reflecting by contexts and norms

Through drinking, society is disclosed

Amid the changes

Cultural beliefs, customs, and values

Shaping a drinking culture

Strength of culture and affinity

Community ties and cohesion

Weakness may result in harms

4) Reflexivity

Biomedicine and public health

Human being and anthropology

Just a different aspect of ideology

Walking between two lines

Look for both strength and defect

Reveal the means of interweaving

Abuse isn't only a person or a disease

But human networks and the whole society

A consequence of social frailty

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The world of drinkers
Not two poles of good and bad
Just the way of living

Benefits for life and socializing
Harms for you and the others
Balancing and choosing