

# Health needs and social response in a rural town: Metaphors and dilemmas regarding the use of alcohol

Mónica Carrasco Gómez,<sup>1</sup> Guillermina Natera Rey,<sup>2</sup> Luz Arenas Monreal,<sup>1</sup>  
Hortensia Reyes-Morales,<sup>1</sup> Lilian Erendira Pacheco Magaña<sup>1</sup>

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## ABSTRACT

### Background

Harmful alcohol use is identified as a public health problem and the success of the health system response to needs will depend on the programs, the actors who implement them and their degree of acceptability among the recipient population.

### Objective

To determine the perception of how political, civil, commercial and health system actors meet the health needs derived from harmful alcohol use in a rural area, with the aim of providing information for decision-making in health policies to cope with this problem.

### Method

Case study with a qualitative approach, conducted in a rural town of Morelos, in which its inhabitants identified the fact that alcohol posed a health problem.

### Results

Discourse is analyzed by identifying the metaphors used to make sense of this phenomenon and the dilemmas faced.

### Discussion and conclusion

The authors discuss the differences in the way it is perceived and how they prevent the implementation of actions to prevent and deal with alcohol abuse and sales regulations. They conclude that designing public policies that respond to the health needs in this area requires taking into account the dilemmatic nature of the social thinking of the individuals involved in this response, which goes beyond health service provision, and incorporating social determinants (economic, political and cultural).

**Key words:** Health needs, alcohol abuse, community health planning, dilemmas and metaphors.

## RESUMEN

### Antecedentes

El consumo nocivo de alcohol se identifica como un problema de salud pública. El éxito de la respuesta del sistema de salud a las necesidades depende de los programas, los actores que los ejecutan y del grado de aceptabilidad de la población receptora.

### Objetivo

Conocer la percepción sobre cómo enfrentan los actores políticos, civiles, mercantiles y del sistema de salud las necesidades de salud derivadas del consumo nocivo de alcohol en una zona rural, con la intención de brindar información para la toma de decisiones en políticas de salud dirigidas a la atención de este problema.

### Metodo

Estudio de caso con enfoque cualitativo, realizado en una localidad rural de Morelos, en la cual sus habitantes identificaron que el consumo de alcohol representaba un problema de salud.

### Resultados

Se analiza el discurso y se identifican las metáforas que utiliza la población para darle sentido a este fenómeno y los dilemas que enfrentan.

### Discusión y conclusión

Se discuten las diferencias en la manera en que se percibe el consumo de alcohol y cómo éstas dificultan la implementación de acciones de prevención y atención del abuso del mismo así como la regulación de la venta. Se concluye que para el diseño de políticas públicas que respondan a las necesidades de salud en este tema se requiere tomar en cuenta la naturaleza dilemática del pensamiento social de los individuos que intervienen en dicha respuesta, la cual debe rebasar la prestación de los servicios de salud e incorporar los determinantes sociales (económicos, políticos y culturales).

**Palabras clave:** Necesidades de salud, abuso de alcohol, planificación de la salud de la comunidad, dilemas y metáforas.

<sup>1</sup> Center of Research into Health Systems. National Institute of Public Health.

<sup>2</sup> Department of Epidemiological and Psychosocial Research, National Institute of Psychiatry Ramón de la Fuente Muñiz.

Correspondence: Dr. Mónica Carrasco Gómez. Nogales 31, Rincón Arboledas, 72460, Puebla, Pue., Mexico. E-mail: lazulblues@hotmail.com

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## BACKGROUND

Harmful alcohol consumption\* is currently identified as a public health problem, and it is considered the third most important risk factor for premature death and incapacity.<sup>1</sup> In young people, it can endanger their biological and psychic integrity through damage to the neurological system which has not yet reached maturity.<sup>2-4</sup> Alcohol is associated with various causes of illness, injury, accidents, and violence; it has repercussions on human wellbeing and affects individuals, families, and communities, contributing to social and health inequality due to the economic losses it incurs.<sup>1</sup>

In the area of healthcare systems, work with populations should ideally be generated based on their healthcare needs. Various classifications have been proposed to understand these needs, which differ in their perceived, correlative,<sup>5</sup> normative, comparative, and care needs.<sup>6</sup> Both epidemiological and methodological indicators are used in their definition, which explore the perceptions of the actors involved so that knowledge of this can provide information on how the actors face these situations and thereby help the health system to provide a comprehensive response. This study tackles a relevant healthcare problem for society: damaging alcohol consumption. In Mexico, there exists a typical consumption pattern of large quantities on occasion, and a new phenomenon of excessive alcohol consumption at ever younger ages, including by women.<sup>7,8</sup> This pattern contributes to the increase in social and health problems, which is evident on comparing data with other countries where consumption is not excessive, and where generally, alcohol consumption is accompanied by food.<sup>9,10</sup>

In rural areas of Mexico, where some 23% of the population live,<sup>11</sup> alcohol dependency has been reported as higher than in urban areas (10.5% *vs.* 9.3%).<sup>12</sup> It has also been reported that in these regions, people do not identify the problem as a healthcare need due to its being socially accepted,<sup>13</sup> and as a consequence, it is difficult to present it as a demand for treatment until there is some comorbidity or other serious social consequence.<sup>14</sup>

The health consequences in this context can be exacerbated by the precarious living conditions of the population, and the minimal access to healthcare.<sup>14</sup> It is also aggravated by the perception of some healthcare staff that alcoholism is incurable;<sup>15</sup> it has been reported that some actors' perceptions of governmental interventions influence the actions they take.<sup>16</sup> Furthermore, in spite of evidence showing the effectiveness of regulatory policies for alcoholic drinks,<sup>17,18</sup> these are rarely complied with in terms of availability, affordability,<sup>19</sup> and sales restrictions for minors.<sup>20</sup>

\* Damaging alcohol consumption is a concept implying consumption which has health and social effects on the drinker, those close to them, and society in general (WHO, 2010:5).

## OBJECTIVE

To understand the perception of how actors in the healthcare, political, civil, and commercial systems deal with the healthcare needs deriving from damaging alcohol consumption in a rural area, with the aim of providing information for making healthcare policy decisions oriented to treating this problem. This was started on the basis of observation to describe the local scenario in terms of alcohol consumption. Furthermore, we identified the metaphorical expressions and dilemmas faced by the different actors dealing with the problem.

## METHOD

This was a qualitative investigation with a case study design covering different units of analysis (individuals with different social roles),<sup>21</sup> carried out in a rural Morelos town whose inhabitants had described, via a participative diagnostic tool,<sup>22</sup> that alcohol consumption represented a health problem in their young people. The town of 768 inhabitants is recorded as having a high level of marginalization.<sup>11</sup> The town subsists on seasonal agriculture, the cut and sale of palm and wood, employment in other nearby areas, or migration to the US; 34% of families have a migrant family member.<sup>22</sup>

## Participants

A theoretical sample was used which started with the identification of volunteers. It snowballed\* and continued until the intended sample was recruited. Four types of actors were recruited. Those belonging to the healthcare system: 1. a manager of the healthcare jurisdiction,\*\* doctors, a nurse, and an auxiliary healthcare provider; 2. civil society: members of the group Alcoholics Anonymous (AA) (facilitator and members of AA); 3. political: government and public officials (the mayor, municipal helper, commissioner for communal land, police officers); and commercial: local business owners. This included both vendors and makers of alcoholic drinks.

The selection of the five health service providers was based on the following criteria: a. work experience of more than two years, b. being part of the health services of that locality or healthcare region. The political actors must be carrying out a publically-elected role. For the police, civil, and commercial roles, the criterion was to be working in the area.

\* This is a recruitment technique whereby participants in an investigation are asked to identify other potential subjects, according to the inclusion criteria of the investigation.

\*\* The healthcare jurisdiction is a technical-administrative unit delegated by region of the Healthcare System of different states. It has the resources and authority to give medical care to the uninsured population, with the aim of adequately dealing with the actions of its sector in its area of influence.

Participant observation, semi-structured interviews, and focus groups were carried out. Instruments were designed for each of these techniques with the following themes: The perception of a. social aspects in terms of alcohol consumption, b. cultural aspects (customs and meanings), c. economic aspects (commercialization),\* d. health services (treatment and prevention actions), and e) political aspects which influence alcohol consumption (regulation, sale, and distribution). The differentiated application of the instruments was due to the information sought. Information was required on how each actor faced the situation from their respective functions, while with the civil actors, we were interested in discussion around their own experience on their path as members of the AA and regarding alcohol consumption in their town.

### Procedure

The study was based in the town from February through April 2012. The authorities, leaders, and families of the community were approached, and contact was established with different actors involved in the sale and consumption of alcohol.

Mapping of the town's stores was carried out, identifying the number of stores and vendors of alcohol and the type of regulation (sale to minors or not), visibility of the alcohol sale permit, and respect for selling hours for grocery stores - through 10pm). Participant observation was made at certain community celebrations and in the town center, such as carnival. Facilities of the walking mobile unit from the Opportunities Program were used, as well as the local police force. The number of interviewees was established in accordance with the criterion of theoretical saturation.<sup>23</sup>

### Information analysis

Audio recordings were made of the interviews and groups, and field diaries were transcribed and analyzed with the Atlas. ti v.5 program.

The approach of the discourse analysis was taken as the basis<sup>24</sup> whereby means of the rhetoric allows the arguments, metaphors, and dilemmas stemming from the actors' conversations to be identified in the various areas of action.

The relevance of analyzing perceptions from the dilemmas and metaphors expressed by the social actors is due to the latter having a central role in cognition, political behavior, and social interaction,<sup>25</sup> due to which they facilitate complex problems having meaning, which creates conditions that support or resist certain actions.<sup>26,27</sup> Metaphor refers to

the substitution of one word for another whose literal meaning has certain similarities with the literal meaning of the substituted word.<sup>28</sup>

Dilemmas are generated in thought that is in constant reflection on opposing topics stemming from between the ideological and the common meaning, depending on the advantages and disadvantages associated with decision making, based on which certain actions are taken. The dilemma refers to the argument formed of the reflection of contrary topics which stem from between the ideological and the common meaning.<sup>29</sup>

Discursive fragments which sustained the argument, metaphors, and contrary topics stated by each actor in the interviews, focus groups, and field notes were identified, which served to place the findings in context. The information was organized into four themed sets: 1. Perception of alcohol consumption; 2. Perception of prevention of alcohol consumption and health care; 3. Perception of the sale of alcohol; 4. Perception of the regulation of sale of alcohol.

The study was approved by the research and ethics committee of the National Institute of Public Health. The participants gave their informed consent and their confidentiality was guaranteed.

## RESULTS

### Local scenario of actors studied

The community has a Walking Mobile Unit (WMU) from the Opportunities Program.\* The healthcare staff is made up of one doctor, one nurse, and one auxiliary staff member (the latter lives in the area). The hours of treatment are 9am through 2pm, two days a week. The unit lacks basic resources to treat any kind of emergency, including alcohol intoxication. The hours are a barrier to accessing care, as well as generally giving treatment by appointment. The doctors change approximately every year. The inhabitants have problems facing a medical emergency as the nearest healthcare center is 40 minutes away by public transport, with a cost that represents 45% of a day's minimum wages.

The town has an AA group which meets twice a week. It is run by a woman who comes from the community, who took over the group two years ago. It is common for people from the town not to attend the AA group, and the group is made up of people (approximately six) from other populations. The leader mentions that currently, only two or three

\* Economic aspects are not only restricted to commercialization; there is more information which would show us a wider landscape of this issue, such as costs generated to meet these needs, investment in the purchase of the drinks, and the social cost of absence from work, incapacity, and lack of community involvement. However, this lack of information is one limitation of this paper.

\* The Walking Mobile Unit forms part of a federal program designed so that the network of health services approaches populations living in towns with lower levels of human development, areas with high or very high marginalization, and/or no access to healthcare services. There are three types of mobile unit, but in this particular case it is type 1, which is equipped with a general medical consulting space with standard equipment for primary care, dry chemistry, sampling for cervical-uterine cancer, and ECG equipment. It is formed of one doctor, one nurse, and an auxiliary health promoter.

**Table 1.** Study population

N	Unit of analysis	Age	Sex	Codes for identification
1	Healthcare actors	$\bar{x}$ =39 years R=(52-30)	4 women and 1 man	Manager of healthcare jurisdiction: (ijs) Female Doctor: (med m) Nurse: (enf) Auxiliary healthcare staff: (aux) Male Doctor: (med h)
2	Civil actors AA	$\bar{x}$ =45 years R=(37-57)	3 men and 1 woman	AA support group: (G AA) AA group facilitator: (m AA)
3	Political actors and police	$\bar{x}$ =43 years R=(35-57)	3 men	Mayor: (pm) Municipal helper for the town: (ayu) Commissioner for the communal land: (com)
		$\bar{x}$ =38 years R=(35-40)	2 men and 1 woman	Police 1: (poli 1) Police 2: (poli 2) Police 3: (poli 3)
4	Commercial actors	$\bar{x}$ =43 years R=(36-50)	5 women	Trader 1: (comer 1) Trader 2: (comer 2) Trader 3: (comer 3) Non-seller of alcohol 1: (comer no 1) Non-seller of alcohol 2: (comer no 2)

people from the town attend sporadically and she does not know the reason for this reduction, as there were more attendees before.

Local organization takes place in the form of monthly meetings, chaired by the local authority (municipal helper), where agreements are made about different problems and about local celebrations. The police headquarters is a small space with a radio in contact with the municipal guard. It is occupied by a police officer in 24 hour shifts.

In terms of the economic-commercial context, the lack of work options means that part of the population is dedicated to trade, setting up grocery stores in the town, where alcohol is also sold. In total, there are 17 grocery stores in the town, 11 of which sell alcohol. There are also homes where alcohol is sold on an unauthorized basis. With the exception of one store that showed its authorization to sell alcohol, the others did not have visible permits. All traders were women, who owned the stores with their families. The permits granted by the local authority for the sale of alcoholic drinks in grocery stores range in price between MXN \$4,716 and MXN \$9,507, and are renewed annually at a price of \$368.28 to \$4,910, according to Municipal Tax Law<sup>30</sup> (table 1).

The metaphors and dilemmas of the four theme sets are as follows.

### Perceptions around alcohol consumption

The healthcare service providers have different perceptions of alcohol consumption in women. The auxiliary healthcare provider and the manager of the health jurisdiction identified that consumption in women was a problem in the community and the municipality respectively (normative and comparative need). This perception is not shared by the doc-

tors working in the town, who consider that the consumption is mostly by men and that it is "rare for a woman to drink" (med h, p.93). Police and political actors identified that alcohol consumption in women was increasingly public and even a way of showing "that they had developed" (poli 1, p.22). Through observation, it was confirmed that some underage women drank in party contexts where it was permitted.

The community presented contradictory perceptions around alcohol consumption. Healthcare service providers had different perceptions, as on the one hand, they identify it as a real problem, and on the other as a non-problematic custom in the town. Political and police actors perceived it as a "tradition of the Mexican people" (pm, p.55), a routine custom in party contexts: "there is a lot of drunkenness at carnival... it is part of our day-to-day" (poli 2, p.321) or according to the mayor, it is a way of supporting the precarious socio-economic situation: "Borracho y dormido se me quita lo jodi-

**Table 2.** Dilemmas and testimonies about alcohol consumption

Dilemmas	Testimonies
Perceptions about alcohol consumption in the female population	...it is a public health problem ...it even represents a growing phenomenon in the female population as well (ijs, p.6) vs. ...It is a female problem because it isn't normal... it is strange in women... (med h, p.93)
Dilemma: problem vs. it's not a problem	yes, it is a problem... with people who don't stop themselves and don't control their drinking... (aux, p.76) vs. ...it wasn't the majority... I wouldn't take it as a problem in this town... (med h, p.60)



do [If I'm drunk and asleep, the crap don't bother me]" (pm, p.14). The majority of local traders who sell alcohol also identified that it is a problem because children are consuming alcohol and because of the violence it brings about. Other traders mention that it is not an issue for many. Conversely, vendors who do not sell alcohol agreed on the conflicts caused by its consumption and confirmed that for that reason they did not sell alcohol. These contradictions can impede alcohol consumption being identified as needing treatment and regulation in health (table 2).

### Perception on prevention of alcohol consumption and healthcare

The political authorities consider that alcohol consumption is a public order rather than a health problem, and that as such they are not able to support people who have difficulties with consumption and therefore do not get involved. The way they propose to tackle this problem is to support preventative action. The metaphor used is "start to vaccinate (against alcohol) in schools" (pm, p.257), although not everyone believes that intervention is possible: "what can you do to stop them drinking?" (com, p.265)

Public officials and police in the town recognize that alcohol consumption is something that they also practice and which affects their health, but they do not include themselves among those who should seek treatment from healthcare services. They choose to attend the AA, or go to church and take an oath,\* and it is sheer force of will not to drink that keeps them going. The following metaphor is used to understand the idea of will with a moral connection: "when it comes to us... it's like in the Pedro Infante movie, where he has the little angel and devil on his shoulders, generally, we go with the devil" (GAA, p.145). These people are in authority and at the same time they have the need for good health in terms of alcohol consumption, but they assume that healthcare for excessive drinkers where "it's alcohol that drinks them" (ayu, p.44) must be via coercion: "a firm hand is needed for rehabilitation..." (poli 1, p.21).

The doctors debate between the usefulness or inefficacy of the actions taken to deal with alcohol consumers. On the one hand, they perceive alcohol dependency as a biological illness: "medication to stop drinking" (med m, p.5) and on the other, they believe in changing social situations such as lack of work and recreation, over which they have no influence. They express this with the metaphor that "they are a burden not just on us" (med m, p.25). As such, they assume that it is a social illness which they cannot treat because they recognize their limitations to providing adequate care.

\* The action of taking an oath ["jurar"] is to promise before a Catholic priest not to drink alcohol for a certain amount of time. This action was not a consistent reference in the actors' accounts, but one of the political actors did advise practicing it. Another political actor mentioned that to "jurar" was a farce, because they knew that sometimes the person who did so would then seek permission from the priest to let them drink.

**Table 3.** Dilemmas and testimonies about the prevention of alcohol consumption and healthcare

Dilemmas	Testimonies
Getting involved vs. avoiding problems	...they say -get involved-, and I say -no, what for, if the next problems are for me too?- (ayu, p.40)
Treatment to stop drinking: will vs. coercion	...for alcoholism, there is no other option than force of will... (poli 1, p.21) Where would I recommend to someone who had problems with their drinking? (ent*, p.282): there are groups... but I would say join one (com, p.283)
Curability vs. incurability	is there a treatment? ...alcoholism is a social illness. How do you cure it? (med m, p.22)
Prioritizing the problem: priority vs. non-priority	...alcoholism is a priority but not the highest priority... there are other things on the agenda which concern us more because of the social impact... I believe they still have on the population... (jjs, p.147)

\* The interviewer is shown by the abbreviation ent.

Alcohol dependency is not a priority in the healthcare sector because there are other more important problems "due to their social impact, such as maternal and infant mortality, dengue, and scorpionism" (jjs, p.147). This leads to alcohol dependency not being a priority from the healthcare planning stage. As a likely consequence of the above, preventative actions are programmed in a sporadic way. The metaphor used is: "they are things in the mist which don't work" (med h, p.35). Treatment activities are also affected because stigmatization is common: "turn a blind eye" (to the patient) (med h, p.205), "deal with them quickly and let's go" (send them home) (med h, p.213), and assume that treating these patients "is a waste of money that could be used for other things" (med m, p.27). Referring to the second level of care is not an option as the doctors are doubtful of its usefulness due to the scarcity of this type of center and their capacity to effectively resolve the problem (table 3).

### Perception of the sale of alcohol

The sale of alcohol is perceived by the population as a business both for the trader as well as the local authority. The authority can profit from the sale permits it grants: "honestly, it doesn't suit them (to regulate sales) because they charge you a ton" (of money for the permits) (Poli 2, p.133-139).

There is the perception that a store which does not sell alcohol or cigarettes does not have enough income to make profit. The authorities consider that entertainment comes only through alcohol consumption at parties, but they criticize problems of alcohol-fuelled violence and accidents. They seek cooperation for festivities but this is later perceived by health and civil service providers as a business for the authorities in terms of alcohol sales (table 4).

**Table 4.** Dilemmas and testimonies about the sale of alcohol

Dilemmas	Testimonies
Non-profitable store vs. alcohol as main business	...lots of people think that because selling alcohol here will get them more money, that is the people's mindset... (comer 2, p.19) ...thank God ...that we can eat with what is left over from the profit... (comer 2, p.142)
Festivities: cooperation for enjoyment vs. problem and profit	...when there are dances organized by the town helper, he buys the drinks himself, I see it as a type of business for him, because he sells it on... at a higher price... (aux, p.245) and asks us to cooperate for the party... (aux, p.247)

### Perception about the regulation of alcohol sales

This section groups together arguments which favor the regulation of sales and is in contrast with perceptions which question the usefulness and viability of restrictions due to corruption: "there's a party going on over there and I'm just going to carry on" (poli 2, p.373.) (table 5). It was confirmed that it is possible to control the sale of alcoholic drinks to minors and apply restricted hours, with the exception of holidays, because: "carnaval is one big saloon... where human instincts are given free rein" (pm, p.46), and "anything goes at carnaval" (poli 2, p. 271)

Local government officials are afraid to enforce the regulations because they think this will increase unofficial sales. Some even think that nothing can be done to impede people's drinking.

The difficulty perceived by public actors about applying the regulations is evident, which contrasts with the confusion of duties around enforcing them. They justify this by indicating that when they try to meet their obligations

**Table 5.** Dilemmas and testimonies about regulating the sale of alcohol

Dilemmas	Testimonies
Governable vs. ungovernable	...If we tried to find a way to restrict it, I've seen what happened in the States in the 1920s, ...there was just indiscriminate, clandestine sales of alcohol instead (pm, p.98)
Difficult application of regulation vs. confusion of duties	...there will never be enough checks for alcohol sales (to minors) ...there are things in the law but enforcing it is very hard... (jjs, p.18)
Economic benefits: of applying the regulations vs. of negligence	...they have a permit... because they pay for extra time and it is income for the town... (pm, p.140)
We all break the regulations vs. nobody complains	...the same people haven't reported it... but the day they do, forget it... I would have to keep going... but if people didn't say anything... (ayu, p.143)

around restricted selling hours, the traders hassle them: "then people ride you about it" (com, p.189). The politicians cite ignorance of the regulations to justify the lack of vigilance around them and blame parents for facilitating their children obtaining alcohol. In this respect, Article 201 of the Federal Penal Code states: "It is a felony to oblige, induce, facilitate, or procure the habitual consumption of alcoholic drinks in a person or persons under the legal age of consent".<sup>31</sup> The ethnographic record taken during carnaval observed that alcoholic drinks were sold with no restrictions to uniformed officers and underage minors, with no authority supervising or restricting sales. It seems that everyone knows that regulations should be adhered to, but it is not clear whom they correspond to.

The economic benefits of applying the regulations in municipal towns are the Pueblo Mágico<sup>32,33</sup> incentive, which commits to monitoring alcohol consumption in public spaces. Other income can also be obtained by applying alcohol monitoring. Conversely, resources can be obtained by granting permits for the sale of alcohol. There are varying agreements in different towns which permit or prohibit the night-time sale of alcohol. The following metaphors are used to express these types of earnings in the town: "it's a gold mine" (poli 2, p.381) and "all the town authorities make a killing" (poli 2, p.42).

This last dilemma exposes the complicity that exists between political and commercial actors who infringe the prohibition of sales to minors and restricted selling hours, but at the same time the politicians allow nothing to be done as long as there are no complaints from the local population. This perception about the impossibility of regulating hours of sale for alcoholic drinks highlights the State's vulnerability to commercial interests at a local level. This "anti-regulatory complicity"<sup>34</sup> by various actors can be appreciated at various different levels.

## DISCUSSION AND CONCLUSION

The present study further explored understanding of the ways various social actors face the healthcare needs deriving from abusive alcohol consumption at a local level. This

\* The Pueblos Mágicos Program contributes to increasing the profile of a number of places in Mexico which have always captured the country's collective imagination and which represent fresh and different alternatives for national and foreign visitors. More than a rescue project, it is a recognition of those who live in these beautiful areas of Mexican geography and have the wisdom to preserve for everyone the cultural and historical richness that surrounds them.<sup>31</sup> In Tepoztlán specifically, in order to preserve the designation of Pueblo Mágico and continue obtaining the resources provided by the government for its conservation, in 2013 controlled sales of alcohol were implemented for carnaval.<sup>32</sup>

\*\* Anti-regulatory complicity is a category created in this paper which refers to the internalization of a set of relationships between State and market actors which justifies their inaction towards the conflicts generated between the profits from availability of alcohol in the market and its regulation in favor of public wellbeing.

type of analysis was useful to understand how a series of complex problems take on meaning for the different actors and influence their behavior and social interaction, favoring certain social practices.

In terms of perceptions around health needs, even if alcohol consumption was expressed as a problem by the members of the community, it was identified that there are differences in the value placed on it by different actors. These discrepancies could be due to reasons such as the time spent in the place, or the skills and experience around the subject. It was found that the response to the needs for treatment, prevention, and regulation in this context is complex because on one side, metaphors emerge like women having "evolved" through consuming alcohol, which would impede prevention and treatment actions for that population group. On the other hand, the social actors responsible for planning healthcare at a local level (heads of the health jurisdiction in coordination with government officials) fail to take into account that alcohol consumption is assessed in different ways and they implement regulation and care actions with limited scope to reduce damaging alcohol consumption.

Analyzing the discourse used through metaphors and dilemmas enabled identification of how the actors' vocabulary regarding the issues maintained and promoted certain social relationships<sup>22</sup> around alcohol consumption. Examples are a) the lack of monitoring among actors responsible for sales regulation, considering that alcohol consumption is a "tradition of the Mexican people"; b) the scarce or nonexistent demand for treatment reported by doctors to deal with this problem, which could be due to the perception that it is a problem which resolves itself with willpower and good behavior; and c) the arbitrary nature of selling regulations for minors, due to the fact that "anything goes" during holiday periods, and therefore both those who grant the permits and those who sell the alcohol should take advantage of the "gold mine" of alcoholic drinks.

There was a certain inertia observed on the part of health service providers and local government officials, who perceived alcohol consumption as a cultural problem that cannot be modified. As described by Menéndez, it becomes banal and opaque,<sup>34</sup> and consequently, justified. This passiveness can be favored by prejudiced perceptions and a lack of resources assigned to training healthcare personnel on the issue, which leads to patients not being treated or referred to specialist addiction clinics.

In terms of healthcare by AA, the metaphors used influence the type of response given, such as: "we go with the devil", which has a moral connotation and as such, reduces the problem to the person confronting it with sheer force of will. This hides structural causes like lack of recreation, study, and work opportunities for local people, and the limited application of sales, distribution, and advertising regulations for alcoholic drinks, which benefits their production. Something similar happens with illnesses that carry a

certain moral stigma, such as obesity<sup>35</sup> and HIV-AIDS,<sup>36</sup> in which metaphors have been reported that "blame" the individual for their situation and do not take structural causes into consideration.

If alcohol consumption is perceived as a problem of will, it is assumed that no type of restriction, regulation, or treatment is required, because everything depends on a personal decision. Drawing a parallel with obesity, this coincides with the results of Oliver and Lee,<sup>16</sup> who identified that individuals interviewed who attributed obesity to personal choices had difficulty in recognizing the role played by the State in individual behavior. It has been documented that one of the consequences of blaming a person for their lifestyle is not focusing on the landscape of structural determinants which favor these situations of excessive consumption and which limit the planning of alternative solutions.<sup>37</sup>

The metaphors around prevention, such as: "vaccinate in schools" demonstrate the difficulty some health service providers and local government officials have in imagining treatment and prevention outside of the biological sphere. This agrees with the limitations of medical practice based on a more curative focus than one of prevention and promoting good health under a medicalized, unhistorical, and non-social model known as the Hegemonic Medical Model.<sup>38</sup> This biological interpretation of a social problem such as alcohol consumption coincides with indications made by other authors for phenomena such as family violence.<sup>39</sup>

The metaphor "turn a blind eye" shows the discriminatory attitudes of some doctors to treat people under the influence of alcohol, which ranges from stigmatizing them to making them feel that they are a "burden" on the health sector. The above is similar to that reported by Mondragón and collaborators,<sup>40</sup> who mention attitudes of disgust and rejection by healthcare staff towards patients who attend under the influence of alcohol and also in the differential treatment of people with AIDS.<sup>41</sup>

One of the historical characteristics of masculine identity is to take on risks, as well as it being "natural" for men to consume alcohol, and this situation is viewed as a cultural aspect that cannot change; in other words, it is not perceived as a healthcare need. Consumption in females, on the other hand, is still under debate as to whether it is a public health problem or an invisible issue. The above makes it necessary to include programs with a gender perspective in treating alcohol consumption, which has also been reported by other authors.<sup>42</sup>

The dilemmas in alcohol sales show how the socioeconomic determinants provide situations in which people decide to sell alcoholic drinks as a means to supporting themselves, because of a lack of other sources of work. In this respect, Boltvinik<sup>43</sup> mentions that to study the determinants of need, we should look to the analysis of the conditions of reproduction in the workforce; the production process of consumption and sales.



Metaphors related to regulation for sales and distribution of alcoholic drinks express the difficulty and lack of control generated in applying them. The lack of regulation and precarious economic conditions over the past 15 years have led to an increase in the distribution and affordability of alcoholic drinks, among other products that have been designated as harmful to health. This coincides with the increase in consumption of these products in low and medium income countries.<sup>44</sup>

This study takes a look at the contradictory and evasive responses to healthcare needs which are reflected through analysis of the discourse used by the actors involved. This allows knowledge of how personal experience is mixed or contrasted with the social actors' duties, which influences their practice and occasionally justifies ignoring the problem.

Research is necessary to support the healthcare system in resolving the dilemmas springing from the treatment and regulation of alcohol consumption. Generating this type of information through case studies, qualitative methodology, and discourse analysis highlights the importance of healthcare promotion initiatives at a local level.<sup>45-47</sup>

As such, we agree with that proposed by Campos and Mishima<sup>48</sup> that the healthcare system's response to the population's needs must be cross-sectional and favor the presence of the State to guarantee services which promote wellbeing and social participation. In other words, a practice which transcends the curative approach, and which is involved in the determinants; in health as a universal right, and in the improvement of the human condition.

One limitation of this study is its length of time in the field, which limited the inclusion of more actors and opportunities for observation. It is also possible that the people in the field location changed their behavior due to the presence of a researcher. For this reason, there may be bias in the process of production, acquisition, and analysis of data. However, the variety of sources and informants, data collection techniques, and researchers attempted to minimize this.

In order to design a public policy which responds to alcohol-related health needs, the problematic nature of social thought from individuals involved in this response must first be taken into account.

It is recommended that public policy is strengthened in four areas: a. Primary care in rural areas, favoring long stays by health service providers, as constant rotation diminishes knowledge of local problems. Establish other mechanisms such as monitoring, opinion surveys, service requests, etc. b. Health promotion, including promoters that have advocacy roles to overcome obstacles, such as informing about AA processes, the damaging effects of alcohol consumption, and incorporating a preventative focus with a gender perspective. It is important to identify actors who can generate synergy to provide an integrated response through forming local commissions against addictions. c. In terms of regula-

tion, precision is needed in application and compliance, as well as better citizen participation to enforce and monitor the regulations. This can be achieved by incorporating social actors in the planning and operation of policies and programs with ongoing assessment. d. Involvement in social determinants such as increasing work sources, recreation, education, and access to healthcare services.

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The authors do not declare any conflicts of interest.

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