

# I just don't know what to do! Barriers to seeking treatment for needs arising from alcohol consumption

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## ABSTRACT

### Background

The present work analyzes the main barriers to seeking medical help and regulation experienced by people who abuse alcohol and their families in a rural community.

### Objective

The aim was to analyze the metaphors and dilemmas used by people who consume alcohol and their family members, in terms of their healthcare needs, pursuit of treatment, application of regulations, and obstacles faced.

### Method

This is a case study with qualitative methodology: ethnography, focus groups, and semi-structured interviews.

### Results

The results show that the actors consider alcohol abuse a problem until it becomes an addiction, at which point there is debate as to whether to consider it a "vice" or an illness. Obstacles to the pursuit of treatment are tolerance of alcohol by consumers and family members, lack of knowledge about how to proceed, and the fear of gossip. All of this occurs in a context of scarce regulation and treatment options, where consumption is socio-culturally encouraged.

### Discussion and conclusion

The paper concludes with the meanings and dilemmas faced by actors to seeking healthcare treatment and regulating the sale of alcohol. They represent barriers to accessing treatment which the healthcare system should respond to in a comprehensive manner.

**Key words:** Access to healthcare, dilemmas, metaphors, alcohol abuse.

## RESUMEN

### Antecedentes

En el presente trabajo se analizan las principales barreras que impiden la búsqueda de ayuda médica y la regulación que viven tanto las personas que abusan del alcohol como sus familiares en una comunidad rural.

### Objetivo

Analizar las metáforas y los dilemas de las personas consumidoras de alcohol y sus familiares, en cuanto a sus necesidades de salud, búsqueda de atención, aplicación de la regulación y los obstáculos a los que se enfrentan.

### Método

Es un estudio de caso, con metodología cualitativa: etnografía, grupos focales y entrevistas semiestructuradas.

### Resultados

Éstos muestran que los actores consideran el abuso de alcohol como un problema hasta que se presenta una adicción y se debaten entre considerarlo un "vicio" o una enfermedad. La búsqueda de atención está obstaculizada por la tolerancia hacia la ingestión de alcohol por parte de los consumidores, así como de los familiares, el desconocimiento sobre la manera de proceder y el temor al "chisme". Todo esto, en un contexto de escasa regulación y opciones de tratamiento, donde el consumo se propicia socioculturalmente.

### Discusión y conclusión

Los significados y los dilemas a que se enfrentan los actores para la búsqueda de atención en salud y la regulación de la venta de alcohol, representan barreras de acceso a la atención a las cuales debe responder el sistema de salud de manera integral.

**Palabras clave:** Acceso a la atención en salud, dilemas, metáforas, abuso del consumo de alcohol.

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## BACKGROUND

Harmful alcohol consumption is considered a public health problem.<sup>1</sup> It is related to problems such as violence, negligence, abuse of minors, and absence from work.<sup>2</sup> It can destabilize the life of the drinker, their family, and the fabric of the community.<sup>1</sup>

In Mexico, alcohol dependency is higher in rural communities (10.5%) than urban ones (9.3%)<sup>3</sup> and it has greater health consequences due to rural locations having fewer resources and less infrastructure to deal with healthcare and problems related to alcohol dependency.<sup>4</sup> There is currently an increase in the availability and accessibility of alcoholic drinks, which may contribute to the increase in consumption.<sup>5</sup>

Identifying alcohol consumption as a health problem can have contradictions both for members of the community and for the consumers and their families. Discrepancies can be due to differences in perception between what represents a health problem and/or a need for treatment,<sup>6</sup> and it has implications for the behavior that is adopted as a response to the illness,<sup>7-9</sup> for example, how to advance or delay the seeking of help and use of healthcare services,<sup>10,11</sup> which is a dynamic process in terms of subjective experience and context.<sup>12</sup>

At a community level, consumption and abuse of alcohol can be perceived as "normal";<sup>13</sup> like a form of cultural expression. On the other hand, it can also be identified as a population problem.<sup>4</sup> These assessments change over time and are different in diverse cultures.<sup>14</sup> From the contextual theory of needs, it is confirmed that to assess these needs it is necessary to understand the social norms that are expressed through language by the individuals who make up a community. These expressions –common places, metaphors, and dilemmas– reflect agreed values about what is desirable and commonly used in society.<sup>14</sup> Such assessments can influence behavior in seeking treatment.

At a family level, people closest to the consumer may be those who consider it a problem which requires attention. It has been documented that the family is affected in terms of the physical and psychological health of its members, and the tension of living in an environment that causes feelings of uncertainty, worry, and helplessness.<sup>15,16</sup> Similarly, it has been identified that in spite of discomfort, families do not turn to prevention and treatment services.<sup>1</sup> Indigenous women interviewed did not accept interventions for various reasons, from their partners' prohibition of the women attending treatment that involves talking about family life, to a lack of time and resources to get to the location of the intervention when this does exist.<sup>4</sup>

The contextual focus of these needs,<sup>14</sup> as well as the concept of "access" and barriers,<sup>10</sup> allows an approach to the health-illness-treatment process in the harmful consumption of alcohol in a community that identifies it as a prob-

lem,<sup>17</sup> which contributes to the understanding of barriers to accessing and seeking treatment.

The aim of this work was to analyze the dilemmas and metaphors of people who consume alcohol and their family members in terms of their healthcare needs, seeking treatment, regulation, and barriers they face in a rural Mexican community. The goal was to provide proposals to the healthcare system for the prevention of, and intervention in, this problem.

## MATERIAL AND METHOD

This was a qualitative investigation with a case study design, carried out in a rural community in Morelos State, Mexico. It explored alcohol consumption from the perspective of the consumers and their families. It was based on an approach of discourse analysis which, by means of rhetoric, allows arguments, metaphors, and dilemmas coming from the interviewees' speech to be identified.<sup>18</sup>

### Participants

A theoretical sample was used which started with finding volunteers and continued in a snowball effect.\* The selection of participants was based on the following criteria: being a consumer of excessive alcohol or having a family member who was.

### Instruments

Field diaries, semi-structured interviews, and focus groups were carried out. The interviews and focus groups explored speech about what is alcohol abuse, the identification of alcohol abuse as something needing treatment, and difficulties in getting it. They also covered knowledge of services available, the different risks to men and women in excessive consumption of alcohol, and the perception of regulating the sale and distribution of alcohol.

### Procedure

The research took place in the location from February through April 2012. The authorities, population, alcohol consumers, and their families were all approached. Observations were made of daily life, events in the community, and in the municipal headquarters. Data was collected by the main author (MCG). The number of interviews was adjusted to the availability of people to participate; interview numbers reached the criterion of theoretical saturation.<sup>19</sup>

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

**Table 1.** Characteristics of the study population

Analysis unit	Sex	Age	Participant code	Occupation	Education	Civil status
Consumers	3 m	$\bar{X}$ =32 years S=13.6	Youth 1: <b>man 1</b>	Student	High school	Single
			Adult 1: <b>adult 1</b>	Construction worker	Primary	Common law
			Adult 2: <b>adult 2</b>	Unemployed	Secondary	Separated
	6 f	$\bar{X}$ =17 years S=0	Woman 1: <b>woman 1</b>	Temporary work	Secondary	Single
			Woman 2: <b>woman 2</b>	Domestic work	Secondary	Single
			Woman 3: <b>woman 3</b>	Domestic work	Secondary	Single
Relatives	1 m	$\bar{X}$ =52 years S=28.7	Woman 4: <b>woman 4</b>	Student	Secondary	Single
			Woman 5: <b>woman 5</b>	Student	High school	Single
			Woman 6: <b>woman 6</b>	Temporary work	High school	Single
Relatives	3 f	$\bar{X}$ =52 years S=28.7	Son 1: <b>son 1</b>	Student	High school	Single
			Mother 1: <b>mother 1</b>	Homemaker	Illiterate	Widow
			Mother 2: <b>mother 2</b>	Stylist	Secondary	Single
			Aunt 1: <b>aunt 1</b>	Homemaker	Illiterate	Widow

### Information analysis

The seven interviews and two focus groups with six underage women were recorded. They were later transcribed in Word along with the field diary notes, and incorporated into the *Atlas.ti v.5* program for the information to be categorized, ordered, and analyzed. 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

This was a rural location with approximately 768 inhabitants. It has a high level of marginalization, with no basic services for drinking water or sewage. It has a kindergarten, primary school, secondary education via distance learning, and a mobile healthcare unit. Agriculture is seasonal and dedicated to cutting and selling palm and wood. Inhabitants are usually employed in nearby locations, or else they migrate to the US. Around 34% of homes have a family member who has migrated.

The results are presented in three thematic sets: 1. recognition of harmful alcohol consumption as needing treatment, 2. seeking healthcare, 3. regulation of alcohol sales. The study population was made up of nine alcohol consumers (men and women), and four families (table 1).

#### Barriers to recognizing alcohol consumption as a need for healthcare treatment

*Lack of definition about the limit to control alcohol abuse:* Adult males who consumed alcohol (recognized as excessive drinkers)\* mentioned that this was a health problem be-

\* People identified excessive drinkers as those who consumed more than three times a week, drank more than three liters of beer or more than four strong drinks, drank until they lost control at parties, drove drunk, got involved in brawls, or were usually seen drinking alcohol at any time of day.

cause it can generate illness, although they considered that they did not yet fit into this category because they did not drink frequently or because the type of alcohol they drank was not strong. They indicated that they started drinking for pleasure and to lose their inhibitions, but that it also passed the time:

*"you're not drinking for fun anymore; sometimes, you're drinking just to drink"* (adult 2).

Underage people who drank alcohol agreed that alcohol consumption is a health problem because there is the possibility of it becoming an addiction; they agreed that it is accepted in the context of parties but not when practiced daily: *"sometimes, you get addicted"* (woman 1).

Mothers of those who drank alcohol with different paths to consumption did not perceive it as a problem to begin with. Conversely, if this continued or increased, they did consider it a health problem:

*"Sometimes my son comes home drunk but...it's not a problem...I would like him not to drink but...I have seen that he does."* (mother 2).

*Trilemma about cure or treatment between "a vice I can quit whenever I want vs. it is hereditary vs. it is learnt through socializing and lack of care"*: Alcohol consumption is mentioned by families and drinkers from two opposing perspectives. On the one hand, alcohol consumption is considered a "vice" and on the other, an illness. In terms of being characterized as a "vice", family members comment on their experience: *"he had a vice and he got rid of that vice"* (mother 2). From this understanding, they consider that it is a custom that they can quit whenever they like. The idea of willpower is also present among the consumers themselves:

*"I think I can quit it alone; I think I can be strong and do it myself"* (adult 1).

Excessive consumption is linked to illness or inheritance and as such, a sense of destiny. The metaphor which exemplifies this is the following: *"like father, like son"* (mother 1), and from a consumer:

*"It is a disease, you already have it...you have to get rid of it"* (adult 1).

**Table 2.** Dilemmas and barriers to recognizing alcohol consumption as a need for healthcare treatment

Testimonies
<p><b>Lack of definition about the limit to control alcohol abuse</b></p> <p>Yes, (it is a healthcare problem)... because it causes a lot of illness, if I end up drinking more, or if I drink strong drinks... right now I drink beer, I don't like wine* anymore, but if I carry on like this, I will get to my limit and then later there'll be stronger drinks like tequila, or cheaper drinks like <i>haiga</i> and it will start to affect my body. (adult 1).</p> <p>...sometimes you get addicted... like those alcoholics who need their Tonayán [liquor] every day**... (woman 1).</p> <p>...when you start drinking you are happy, but the more you start to drink... your mentality becomes different, and although you are aware, it's not the same reaction, now you're drinking just to drink, it's not for pleasure anymore. (adult 2).</p> <p><b>Trilemma between cure or treatment: "it's a vice I can quit any time I want vs. it is hereditary vs. it is learnt through socializing and carelessness"</b></p> <p>...I think it is an illness, because drinking as a vice has become <i>immoral</i>, and an illness that needs to be stopped... (adult 1).</p> <p>"I think I can quit it alone; I think I can be strong and do it myself" (adult 1).</p> <p>...drinking is a vice controlled by willpower (aunt 1).</p> <p>...you did the same as your father and your son will do it too, it is in your blood. (woman 1).</p> <p>...my little cousin is six... and nobody realized he was drinking out of his parents' glasses, ... sometimes the parents are drinking themselves and don't realize that their kids are doing it (man 1).</p> <p>Metaphor: <i>like father, like son...</i>, the roots, the family tree didn't start well for the children (mother 1).</p> <p><b>The dilemma of women faced with alcohol consumption: shame vs. superiority</b></p> <p>Aha! A woman sneaks herself a little bit, and it goes from there, right? Why do they think they do it like little dogs? (ent.)... well, because they are ashamed... like oh, look at that damned alcoholic... (woman 1).</p> <p>Well, there are some women, actually some popular ones, who drink to be better than someone who isn't as popular so they say, "look, she's drinking", (woman 2) ...uh-huh, exactly, like "oh! I drink and I have so much more freedom than you over there like a little dog". (woman 1)</p> <p>...and then the next day, the two of them are in their right minds and with a hangover to boot, and like one month she won't get her period and she'll be like, "oh, I think I'm pregnant, and I don't know whose it is"... (woman 1) ...my boyfriend raped me. (woman 2)</p> <p><b>Hegemonic masculinity</b></p> <p>...they say to someone who doesn't drink, oh come on, "I don't want to", What, aren't you a man?, "well, yeah", well if you're a man you should drink, but drinking doesn't make you a man, you're a man because the midwife [when you were born] said you are (woman 1).</p> <p>"I mean, it would probably just be <i>touching up</i> [groping; fondling], but in terms of rape? No". (man 1).</p>
<p>* Distilled drinks like liquor that are more than 20% proof are called wine.</p> <p>** Tonayán is a liquor made in Mexico from the agave plant which is 24% proof and costs between 14 and 20 pesos for 960 ml (0.84 quarts). It can be bought in grocery stores in the area.</p>

The idea of alcohol consumption as destiny explains the situation where a person drinks because their father and grandfather drank and so on, which continues the "generational transfer".

Alcohol consumption is also related with influence from friends and family. This is exemplified by the following metaphor: "those who run with wolves will learn to howl" (woman 1).

*The dilemma of women faced with alcohol consumption: shame vs. superiority:* The young women shared experiences which ranged from feelings of shame to feelings of superiority to other young women who did not drink. This was expressed with the following metaphor: "like a little dog" (woman 1), which expresses contradiction depending on context. On the one hand, it serves to criticize women who hid their alcohol consumption to avoid judgment or shame, and on the other hand, they use the expression to depreciate another woman who does not drink like they do.

This comes about from the duality of appearing like a woman from the town or the city. There is the "small town girl" (woman 2) who is afraid of the punishing "gossip" related to drinking, and there is the "woman of the city" who seems unconcerned with "chitchat" and is free to make her own decisions about her body: "in the city... women don't give

a damn about tittle-tattle" (woman 3). For the young women and other actors, the risk when they drink alcohol is that by losing their inhibitions around emotions and behavior, they are sexually abused, lose their virginity, or become pregnant, which generates shame and makes them vulnerable:

"Well, if a woman behaves like a slut, they grab her and rape her..." (woman 3).

*Hegemonic masculinity:* In terms of the social construct of masculinity and its relation to alcohol consumption, young men advised that for them, drinking was a public act which is expected and which makes them more manly. They mentioned that drinking is more frequent and in higher quantities than in women, with pressure among them to drink. They also mentioned that for men, there is no perception of risk, either for drunk driving or for sexual abuse, as stated by one young man:

"I mean, it would probably just be *touching up* [groping; fondling], but in terms of rape? No." (man 1) (table 2).

### Barriers to seeking healthcare treatment

"I just don't know what to do and there are no good options for treatment": Family members showed different reactions towards their loved one's consumption. At first they are toler-



ant of the drinking; they just scold them and threaten to take them to a treatment center until they are unsure of what to do. There is a lack of knowledge around treatment options. Families have often heard of Alcoholics Anonymous (AA) and other associations, and of centers where people are mistreated, but they have never been to one and ignore it as an option for their relative. Family members and consumers interviewed mentioned that the Secretary for Health does not have programs or actions directed towards the prevention and cure of this problem. Between lack of knowledge, fear of mistreatment, and lack of treatment options, this situation contributes to the inertia of families in seeking treatment. The most accessible distance options are AA groups and the Asociación Reto [Hope Challenge Association].<sup>\*20</sup> However, it was observed that when drinkers have decided to enter treatment, they do not go to their local AA group, but rather, one outside their locality, due to fear of gossip.

No information for family members or alcohol consumers was identified in Secretary for Health programs in terms of addictions in the study location, nor in the nearest Primary Addiction Healthcare Center, which is approximately two hours away by public transport, and not well known in the community.

*Will power as the only way of recovery:* The idea that "the drinker's willpower is the highest influence in stopping drinking" is a discourse shared by the interviewees. Some family members think that there is no way to help drinkers if they themselves will not fight the "vice". Others argue between believing the drinker when they say they can stop on their own without any outside help, and doubting that they can do it without support, as mentioned by one mother:

*"Then they said to me, 'I am better now', and I do see a change, you know? They start behaving better and everything, but I don't know...I say to myself: they can't do it alone" (mother 2).*

There is also the idea that a higher power can help them, as is the case with other drinkers who believe and have submitted to the will of God.

*Punishing gossip:* Fear of "gossip"<sup>\*\*</sup> was common among drinkers and their family members. The stigma that exists of accepting that one has no control over their drinking causes them shame, which impedes them in attending self-help groups, therapy, or another type of treatment. "Gossip" causes conflict between parents of drinkers, who accuse and argue between themselves that someone else's child is responsible for their own child's drinking. It is common for friendships to be prohibited, monitored, or fought over, and

they do not help or seek treatment for the common problem like the consumption of alcohol and other psychoactive substances by their children. The other consequence of "gossip" is impeding the pursuit of treatment, as doing so accepts that the loved one has an addiction, which affects the family's standing in the community, both for not having been able to protect or educate the children as well as the lack of willpower by the drinker to rid themselves of the problem. The families interviewed had not come forward to seek information from an association dedicated to dealing with addiction problems, due to the fear of being seen and generating gossip.

*Alcoholics Anonymous as a stigmatized group:* Consumers of alcohol mentioned that AA was not an option for them, due to the dynamic it creates of everyone talking about their problems and dealing with personal situations. Confidentiality is not guaranteed and they could even be laughed at because of their experiences:

*"I say, don't laugh, this is part of my conscience, and I say, instead of cheering me up, they laughed at me. No way am I going..." (adult 2).*

There is a mistrust of the group because they may know of someone who attended AA and experienced little improvement:

*"That whole alcoholics thing is total hypocrisy. I have known people who just go back [to drinking] so no, I don't believe in it." (man 1).*

*The need for medicalized solutions and improved living conditions:* Consumers mentioned that after failing with willpower, therapy, and AA groups, they needed something stronger. They referred to a medication that would help them stop drinking. They showed a need to be oriented towards obtaining a treatment that would help them stop consuming. They had heard of a pill, but they did not know what it was, and despite thinking it would help them, they had not sought advice from healthcare providers.

As a way to solving problems, it was mentioned that the area lacked sources of work and spaces and activities for healthy recreation. Migration due to lack of employment is constant, basketball court facilities have been in repair for months, school education finishes at secondary level, and the only activity available at the time of the study was football training for under-11s. Many adolescents do not continue studying, while others start to work to support their parents and get temporary jobs, which some community members relate to the lack of opportunities in the area and consider that it could drive alcohol consumption at an early age (table 3).

### Barriers to the regulation of alcohol sales

*Increase in the sale of alcohol and reduction of regulation:* Regulation of the distribution, sale, and consumption of alcohol in this locality is almost non-existent. There were 11 stores in the town selling alcohol. Family members mentioned that compared to other times, there was currently more sale of alcoholic drinks. The young people interviewed considered alcohol sales to be big business for the local storeowners. They

\* The Asociación Reto a la Esperanza [Hope Challenge Association], located on the road to the town (15 minutes via public transport) is not-for-profit and its main aim is the moral, cultural, material, and spiritual help of people belonging to various marginalized social groups, especially those dependent on drugs. The help is voluntary, free, and personalized, meeting the needs of each individual.

\*\* "Gossip" refers to comments that are generally intended to affect people's disposition towards others through spreading rumors. Real Academia de la Lengua Española (Royal Academy of the Spanish Language) 22nd. edition.

**Table 3.** Dilemmas, metaphors, and barriers to seeking healthcare treatment and prevention

Testimonies
<p><b>-I just don't know what to do- and there are no good options for treatment</b> then when I'm mad at him, I say: no, I am going to shut you away in a center, and then I say, no, never... (mother 2) vs. ...then they say that ...they mistreat you in those places (AA) (mother 2).</p> <p><b>Will power as the only way of recovery</b> ...no, because it is always up to them, because if someone acts with force (against their will), they will react violently or in some other way, so there is no way of helping them, only when they accept that they do need a little help, I think they should be given all the tools they need to move forward. (son 1).</p> <p><b>Punishing "gossip"</b> or then people go and say, "didn't I see your daughter drinking the other day?", or worse, people gossip... (woman 1). ...you say my son cajoled him, but I know what kind of person my son is, what he's capable of, you don't know what your son is like, so we are there blaming each other and it all ends badly... (mother 2). ...it is not difficulty as such, I don't know, I don't want to [get help], I want to do it myself but I don't want to have...I don't want to go places [to get help] ...if they ask me what I am there for or if I don't want to say what my problem is, although I need help I don't want to say so ...I feel like they're all staring at me (adult 1). Metaphor: <i>those who run with wolves will learn to howl</i> (woman 1).</p> <p><b>Alcoholics Anonymous as a stigmatized group</b> ...I don't like it, because they start to talk about your life, and when you go you're put on trial and they start to talk about their lives, I feel like it doesn't help me because I don't like talking about my life, I don't like saying hey, when I drink, I do this, I don't do that... (adult 1).</p> <p><b>The need for more drastic solutions and improved living conditions</b> ...they told me about a pill you can take to stop drinking, I don't know, something that they told me about where you don't get urges, or the need, or the craving to drink... (adult 1).</p>

advised that this business can lead to abuse when regulations are not respected around prohibiting sale of alcohol to minors, the established hours of sale, or for undue charges.

Family members mentioned that consumption increased due to the scarce regulation of alcohol sales:

*"Why did drinking go up?"* (Ent.), *"I think it's because the limitations went down"* (son 1).

Consumers mentioned that there was no monitoring of the regulations: *"you can get as much as you want anywhere, whenever you want"* (adult 1). As well as the stores which have permits, there are cases where alcohol is distributed in a clandestine manner. *"Yeah, right now there are three pirate operators"* (adult 2). This perception of scarce regulation was shared by all the interviewees.

This minimal regulation was most visible at weekends and holidays. Various interviewees mentioned cases of fatal accidents, brawls, injuries, and damage to property where the authorities had not intervened to regulate, sanction, and/or shut down the establishments or their proprietors.

*Discontinued regulation:* Some family members mentioned that there had been attempts at regulation, but that these were discontinued. Regulation had been via the local authority in power and had been twofold: on the one hand, monitoring the prohibition of sale to minors, and on the other, that grocery stores only sold beer to go. The inconsistency of the regulation is linked to the way the local authorities apply it:

*"With one Ayudante (municipal town helper) it was prohibited to sell alcohol to minors and have drunks outside the store; that wasn't allowed...because they would take them away, but not now, now they drink it there"* (mother 2).

*Dilemma about alcohol consumption by minors: culturally encouraged vs. morally rejected:* During holidays such as carnival at municipal level, and carnavalito (mini carnival) and fiestas at a local level, it was seen that alcohol consumption by minors, including children, was socially accepted and encouraged. Those interviewed mentioned that it is common for children to be allowed to drink alcohol at parties, and although some people had a poor view of it, their disagreement was not publically demonstrated. They commented that at "carnavalito" on September 15 and 16, alcohol is given to anyone who wants it. In a celebration organized by adolescents from the distance-learning secondary school to raise funds for their graduation, they rented a house, charged entry, played music, made "aguas locas" (a combination of flavored water with different types of alcohol) and allowed anyone who had paid entry to drink it, including children. The problematic nature of alcohol consumption by minors as a phenomenon both encouraged and rejected socially is reflected in that the majority of attendees of this event were aged between 11 and 14 years old, and the interviewees themselves were 17. They considered that giving alcohol to minors was bad, but they did not consider themselves minors. One drinker indicated that alcohol should not be sold to minors: *"it's very prohibited there, for kids, for people under 12"* (adult 2). This statement shows the lack of knowledge around the current legislation in Mexico which establishes 18 as the legal age to drink.

*Community dilemma of how to protect from harmful alcohol consumption: denounce vs. concede:* The majority of the interviewees indicated that alcohol selling regulations were not respected. They mentioned that they themselves did not monitor whether the law was respected or not:

**Table 4.** Dilemmas, metaphors, and barriers to applying alcohol sales regulations

Testimonies
<p><b>Increase in the sale of alcohol and reduction of regulation</b>            ...but the ones who sell it don't have any respect (woman 2), until they open the stores at three in the morning (woman 1).            ...what I have seen a great deal of, so much of, but now too much, is a lot of expired alcohol, lots of expired stuff, and when you're drunk, they just give it to you and say they'll charge you later (adult 2).</p> <p><b>Discontinued regulation</b>            ...there is no control over what time the bars should close, what time they should stop selling the wine... (adult 2) vs.            or ok, with one Ayudante the stores were prohibited from selling alcohol to minors and having drunks outside the store, that wasn't allowed, they couldn't be drinking there because they would take them away but not anymore, now they drink there... (mother 2).            Metaphor: <i>now there are three pirate operators</i> (adult 2).</p> <p><b>Dilemma about alcohol consumption by minors culturally encouraged vs. morally rejected</b>            ...like at <i>carnavalito</i> they arrive and bring drinks and obviously they bring some for minors (woman 2), they brought beer ...and they were even giving it to kids (woman 1).            the <i>party</i> these kids threw, there were underage children there and they were drinking... (woman 2). ...they were drinking alcohol and it was bad (woman 1).</p> <p><b>Community dilemma of how to protect from harmful alcohol consumption: denounce vs. concede</b>            ...well I say it's bad, because then my mom says to me, "well, we should go and report that they are selling alcohol to minors", and I guess it's prohibited, right? But no one even bothers to report them... (mother 2).            ...well have a meeting and tell all the stores, "ok, you can sell at these times but definitely not to kids, no cigarettes, no alcohol. Sell to adults only at these times, get permits for these hours" and that's it. But I think it all needs support from the Commissioner for communal land, because we all know them, I think that's how it should be done. (mother 1).            Metaphor: <i>don't say anything, in the end, the sun shines on everybody [we are all equal]</i> (adult 2).</p>

*"In a small town, the mentality is that you don't say anything, at the end of the day, we are all equal"* (adult 2).

This impedes action being taken that could ensure respect for the rules, and it implies going against someone who infringes the law. There is also the idea that it is a problem in which the inhabitants must be involved in order to resolve it, with the aim of monitoring the traders and ensuring that they in turn respect the regulations:

*"A junta\* [meeting] happened, we didn't agree on anything, because everyone was talking at once; nothing is left, there are no proposals for anything"* (adult 1) (table 4).

## DISCUSSION AND CONCLUSION

What this study contributes is elements of understanding around the treatment needs of alcohol consumers and their families in a rural context. The use of metaphors shows the way the actors give meaning to complex situations and create or reinforce attitudes towards seeking treatment or not, and of advocacy for complying with regulation of selling alcohol. The dilemmas found allow for an understanding of alcohol abuse and the desire to reduce it by drinkers and their families, but not having support or treatment, making decisions is uncertain in terms of the advantages and disadvantages of seeking help, which does not necessarily

correspond with the beliefs and attitudes indicated as predisposing factors for seeking treatment.<sup>10,11</sup>

From a contextual theory, needs were assessed through social norms expressed by individuals.<sup>14</sup> These norms have implications in seeking treatment of a disorder and are expressed through common places, metaphors, and dilemmas in the actors' speech. Analysis of the speech allowed an understanding of these norms in a context where alcohol consumption was an expressed need but also a phenomenon that was socially encouraged and differentiated by gender. The individual is blamed, excess and illegal action by others is judged, families do not know what to do when faced with alcohol consumption in a loved one, nor do they see any reliable options, all of which makes using healthcare services and other treatment options very difficult.

The barriers to seeking treatment are centered around the contradictions the actors have in their understanding of problem drinking. At first, families tolerate consumption, which is culturally normalized, and they do not seek treatment until this increases or is out of control. Cerdá et al.<sup>21</sup> report that fathers and mothers *normalize* alcohol consumption in their underage children as long as it is in moderation and related to leisure activities. This shows the lack of knowledge around the damage that alcohol can cause to the nervous system, which in young people is still maturing.<sup>22-24</sup>

The fact that parents and consumers recognize alcohol consumption as an illness did not imply that treatment would be sought, although they did recognize the coexistence of experiencing it as a "vice-addiction"; in other words, conceiving of recovery only by willpower, or even resigning themselves to an inherited destiny. These findings coincide with those

\* Community organization at town level is through monthly meetings chaired by the municipal helper (Ayudante) as well as the Commissioner for the communal land, the Ayudante's committee, and the adult members of the town. Agreements are made in these meetings about the various problems and fiestas in the community.

reported by Nuño-Gutiérrez et al.,<sup>25</sup> in terms of the concept of "vice-addiction" held by parents when their children start taking drugs, and consider that they can stop by sheer force of will. However, once associated problems appear, they recognize it as an addiction in order to have access to treatment, although without unlinking it to the notion of "vice" that implies the will of the individual for their recovery.

It was identified that the dilemmas being faced to seek treatment are immersed in cultural considerations that hinder the pursuit of treatment through feeling criticized, such as with the stigma generated by "gossip". This coincides with that reported by Natera et al. in a rural town in Hidalgo State.<sup>26</sup>

Another barrier to treatment comes from the notion of inheritance and "incurability", which is metaphorically expressed as "*like father, like son*". This can make visible the practice of parents encouraging children to drink, or by legal adults to minors outside a parental relationship. Other studies report the fact that implies adults facilitating minors' access to alcohol during holidays.<sup>27-30</sup>

Practices of alcohol consumption and seeking healthcare treatment are differentiated by gender. The results of this study show that in women, there are contradictions in alcohol consumption; in certain contexts they reject it in order not to be castigated, but in others they will accept it in order to feel superior. Other research reports that women are more vulnerable to stigma due to sexual violence, and there is ever-growing documentation showing sexual assault associated with increasing alcohol consumption.<sup>31,32</sup> Women also criticize their peers because they don't drink, or because they hide their drinking. Conversely, men do not seek treatment for their health problems derived from drinking. Paradoxically, excessive drinkers see the need for treatment in others, but not themselves. This can be due in part to a low perception of risk, as they do not consider themselves vulnerable to accidents through drunk driving, being sexually assaulted, or being responsible for an unwanted pregnancy. This agrees with the findings of De Keijzer.<sup>33</sup>

The study identified a wish by family members to help the consumers, and by the drinkers to get treatment. Scoldings and warnings are the way that families support the consumer, which causes disagreements between them. This type of emotional confrontation<sup>26</sup> between family members who experience anguish, stress, and depression because of alcohol consumption by a family member, is not ideal for supporting them. Interventions are required which effectively support families to help their loved one, even if the consumer themselves resists treatment.<sup>34</sup>

People dependent on alcohol feel that they require external support, but the support that is available does not convince them, and in their desperation, they seek something more convincing such as using medication and improving living standards.

Some research shows that the use of medication (naltrexone) to deal with the intense desire to drink alcohol, together with cognitive behavioral therapy, has been recommended for continued reduction of alcohol abuse.<sup>35,36</sup> However, healthcare services do not have this medication available for alcohol dependents, nor do drinkers and their family members seek suitable orientation with healthcare staff.

The modification of marginal living conditions constantly features in commentary to prevent and reduce alcohol consumption. Interviewees consider that there are no opportunities for work or recreation, and that this situation is disadvantageous. Through these elements, responses to alcohol consumption are identified that come from seemingly opposed "perceptions". On the one hand is medicalization and on the other are opportunities for development; that is, one biomedical and one social response. What these responses have in common is the desire not to have a problem which affects consumers and their families, and not knowing what the best strategies are to achieve this. They identify that the lack of adherence to sales regulations endangers underage minors and excessive consumers, but it has not been possible to organize the regulations in order to protect these people.

At the level of healthcare policies, regulating alcohol sales is seen to be constantly breached and discontinued over time. Stuckler et al.<sup>5</sup> indicate that the increase in alcoholic drinks in low- and medium-income countries such as Mexico is due to liberal attitudes towards regulation and a social tolerance of alcohol consumption.<sup>37</sup> As such, an intervention is required which includes the different actors and social sectors involved in the regulation.

The community members' metaphor that gives an understanding of the scarce application and monitoring of regulated alcohol sales is "*the sun shines on everybody*" [we are all equal], which suggests not being envious of someone who is going about their business, even if it is illegal (e.g. selling to minors), as everyone has the opportunity to gain somehow. This causes a certain complicity as it implies not complaining about contempt [of the regulations] in order to have an easy life. It also seeks to avoid financially affecting a family who are trying to live off of such sales. This could favor a common feeling that places personal financial benefits above the social and economic costs of alcohol consumption.<sup>2</sup>

Limitations of the present study are: a. not having recruited more male consumers to participate, b. the time taken by the investigation limiting interaction with more actors, observation situations, and information analysis, c. with the information collected, it would have been possible to have gone into more depth in the semantic analysis of the rhetorical elements expressed on various subjects related to alcohol consumption.

The present study allowed the identification of some barriers to seeking treatment and preventing consumption of alcohol, the application of alcohol sales regulations, and



access to healthcare services due to their low availability at a local level. Faced with such a complex problem as this in rural communities, it is imperative to carry out further investigations which analyze discursive practices and allow for an understanding of the complexities of behavior and seeking treatment through the dilemmas which most subtly reflect these conflicts. There is also a need to create and reinforce programs of control, education, early prevention, and rural level care in order for healthcare systems to be successful in generating public policies.

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## REFERENCES

- Organización Mundial de la Salud. Estrategias para reducir el uso nocivo del alcohol: proyecto de estrategia mundial: informe de la Secretaría; Ginebra: 2010.
- Organización Mundial de la Salud. Alcohol datos y cifras. Nota descriptiva N° 349. Febrero de 2011. Available at: <http://www.who.int/mediacentre/factsheets/fs349/es/> (Access date: April 2, 2013).
- Secretaría de Salud, Consejo Nacional Contra las Adicciones. Encuesta nacional de adicciones Tabaco, alcohol, y otras drogas: resumen ejecutivo. Mexico: Secretaría de Salud, CONADIC; 2002.
- Natera Rey G, Medina Aguilar PS, Callejas Pérez F, Juárez F et al. Efectos de una intervención a familiares de consumidores de alcohol en una región indígena en México. *Salud Mental* 2011;34:195-201.
- Stuckler D, McKee M, Ebrahim S, Basu S. Manufacturing epidemics: The role of global producers in increased consumption of unhealthy commodities including processed goods, school, and tobacco. *PLoS Med* 2012;9:1-8.
- Rawaf S, Bahl V. Assessing health needs of people from minority ethnic groups. Londres: Royal College of Physicians of London; 1998.
- Mechanic D. The managed care backlash: perceptions and rhetoric in health care policy and the potential for health care reform. *Milbank Quarterly* 2001;79:35-54.
- Rosenstock IM. Why people use health services. *Milbank Memorial Fund Q* 1966;XLIV:94-127.
- Bronfman M, Castro R, Zúñiga E, Miranda C et al. "Del cuánto" al "por qué": la utilización de los servicios de salud desde la perspectiva de los usuarios. *Salud Pública México* 1997;39:442-450.
- Aday LA, Andersen RM. A framework for the study of access to medical care. *Health Service Research* 1974;9:208-220.
- Phillips K, Morrison K, Andersen RM, Aday LA. Understanding the context of healthcare utilization: assessing environmental and provider-related variables in the behavioural model of utilization. *Health Service Research* 1998;33:571-596.
- Gómez López L, Rabanaque Hernández MJ. Concepto de salud. En: Colomer Revuelta C, Álvarez-Dardet C (eds.). *Promoción de la salud y cambio social*. Barcelona: Masson; 2000.
- Pozas Arciniega R. El alcoholismo y la organización social, 1957. En: Menéndez EL (ed.). *Antropología del alcoholismo en México: los límites culturales de la economía política (1930-1979)*. México: Vol. 36; Ciesas; 1991.
- Ballester Braje L. Las necesidades sociales. Teorías y conceptos básicos. Madrid: Síntesis; 1999.
- Orford J. Coping with alcohol and drug problems. The experiences of family members in three contrasting cultures. Routledge: East Sussex; 2005.
- Orford J, Copello A. Los familiares de personas con problemas de alcohol o drogas: Estudios sobre un grupo marginado e incomprendido. En: Echeverría L, Carrascoza C, Reidl M (comp.). *Prevención y tratamiento de conductas adictivas*. México: Universidad Nacional Autónoma de México; 2007.
- Arenas-Monreal L, Cortez-Lugo M, Parada-Toro I. Community-based participatory research and the Escuela de Salud Pública in Mexico. *Public Health Rep* 2011;126:436-440.
- Íñiguez-Rueda L, Antaki C. El análisis del discurso en psicología social. *Boletín de psicología* 1994;44:63. En: Íñiguez-Rueda L (ed.). *Análisis del discurso. Manual para las ciencias sociales*. Barcelona: Ed. UOC; 2006.
- Glasser BG, Strauss AL. The discovery of grounded theory: Strategies for qualitative research. United States of América. Aldine de Gruyter; 1967.
- Asociación Reto a la Esperanza. No a la droga. Available at: <http://www.asociacionreto.org/fina/> (Access date: February 2, 2012).
- Cerdá MJC et al. Posicionamiento de padres y madres ante el consumo de alcohol en población de 12 a 17 años en el ámbito urbano de seis comunidades autónomas. *Gaceta Sanitaria* 2010;24:53-58.
- Bava S, Tapert SF. Adolescent brain development and the risk for alcohol and other drug problems. *Neuropsychology Review* 2010;20:398-413.
- Silveri MM. Adolescent brain development and underage drinking in the United States: identifying risks of alcohol use in college populations. *Harv Rev Psychiatry* 2012;20:189-200.
- Wetherill R, Tapert SF. Adolescent brain development, substance use, and psychotherapeutic change. *Psychol Addict Behav* 2013;27(2):393.
- Nuño-Gutiérrez BL, Alvarez-Nemegyei J, González-Fortaleza C, Madrigal-de León EA. La adicción ¿vicio o enfermedad? Imágenes y uso de servicios de salud en adolescentes usuarios y sus padres. *Salud Mental* 2006;(2):947-954.
- Tiburcio Sainz M, Natera Rey G, Mora J et al. La familia y el abuso de alcohol en las zonas rurales e indígenas de México. Un programa para apoyar a las familias. México: Instituto Nacional de Psiquiatría, Universidad Nacional Autónoma de México; 2007.
- Dent CW, Grube JW, Biglan A. Community level alcohol availability and enforcement of possession laws as predictors of youth drinking. *Prev Med* 2005;40:355-362.
- Rossov I, Pape H, Storvoll EE. Beruselsens kilder: hvordan ungdom skaffer seg alkohol [Sources of intoxication: How do adolescents get hold of alcohol?]. *Tidsskr Nor Laegeforen* 2005;9:1160-1162.
- Hearst MO, Fulkerson JA, Maldonado-Molina MM, Perry CL et al. Who needs liquor stores when parents will do? The importance of social sources of alcohol among young urban teens. *Prev Med* 2007;44:471-476.
- Paschall MJ, Grube JW, Black CA, Ringwalt CL. Is commercial alcohol availability related to adolescent alcohol sources and alcohol use? Findings from a multilevel study. *J Adolescent Health* 2007;41:168-174.
- Nguyen HV, Kaysen D, Dillworth TM, Marci Brajcich M et al. Incapacitated rape and alcohol use in white and Asian American college. *Violence Against Women* 2010;16:919-933.
- Saldívar Hernández G, Romero Mendoza MP. Reconocimiento y uso de tácticas de coerción sexual en hombres y mujeres en el contexto de relaciones heterosexuales. Un estudio en estudiantes universitarios. *Salud Mental* 2009;32:487-494.
- De Keijzer B. El varón como factor de riesgo: masculinidad, salud mental y salud reproductiva. En: Tuñón E (Coord.). *Género y salud en el sureste de México*. Villa Hermosa: ECOSUR/UJAD; 1997.
- Real T, Villatoro J, Medina-Mora ME, Natera G. Las drogas y la salud pública: ¿hacia dónde vamos? *Salud Pública México* 2013;55:67-73.
- Guardia-Serecigni J. Cambio de paradigma en el tratamiento del alcoholismo de baja gravedad. *Adicciones* 2011;23:299-316.
- Flórez G, Saiz PA, García-Portilla P, Álvarez S et al. Amisulpride en el tratamiento de la dependencia alcohólica. *Adicciones* 2011;23:149-156.

37. Villatoro Velázquez JA et al. ¿Es el alcohol una problemática aislada en los y las adolescentes? En: Secretaría de Salud, CONADIC (eds.).

Actualidades en adicciones 2012. Consumo de alcohol y tabaco en México Libro 4. México: CONADIC; 2012.