

Findings from national sample surveys on drinking among adult American men are presented and discussed. Environmental factors predominate among correlates of problem drinking though certain personality characteristics are significant in determining level and nature of drinking problems.

Problem Drinking Among American Men Aged 21-59

Introduction

This paper presents a few findings from a monograph which we have completed on the combined results of two national probability sample surveys.¹ These surveys represent the completion of the second stage in our program of longitudinal studies which began in the early sixties. Our first national survey, in 1964-5, was a general descriptive study of drinking *practices*.² Our second national survey, conducted in 1967, involved reinterviewing a sub-sample of those interviewed in the first survey; and the primary emphasis was upon *problems* related to drinking among both men and women aged 21 and older.³ The materials we are presenting today are drawn from findings on drinking problems for the relatively high-risk group of men 21 through 59 interviewed in the second survey, combined with a new 1969 sample of men of the same age span. The final stage in our longitudinal studies will be a follow-up survey two years from now of these same men aged 21-59, in order to measure the correlates of *changes* in drinking practices and problems over time.

This research program has been conducted since 1962 under grants from the National Institute on Alcohol Abuse and Alcoholism (NIMH) and its predecessors. These national studies were begun under the auspices of George Washington University under the direction of Don Cahalan, with Ira H. Cisin as Principal Investigator, and are in the process of being completed under the aegis of the University of California at Berkeley, with Cahalan as Principal Investigator.

Background

Data from the second and third national surveys were combined in order to accumulate a sufficient number of men aged 21-59 for the purpose of a rather detailed analysis of the correlates of problem drinking in this high-risk group. The 583 men aged 21-59 in the second (1967) survey, when added to the 978 men in the third (1969) survey, provided a total of 1,561 men aged 21-59. Most of the findings discussed today are based on this combined sample.

Both of these surveys were conducted according to strict principles of probability sampling. Interviewers called at preselected households and enumerated the eligible persons in the household (which consisted of both sexes and all ages over 21 in the second survey, and men 21-59 in the third survey). If there was more than one eligible person in

the household, the prospective respondent was preselected by a random-number device on the questionnaire specific for that household. Interviews were conducted in most instances by men, and in all instances by non-abstainers on the theory that these would be more likely to get candid responses on drinking. All interviewers were personally trained by regional supervisors for the Social Research Group's national field staff. The rate of completed interviews was relatively high: 80 per cent of those assigned for reinterview in the second survey, and 73 per cent of those eligible as respondents in the third national survey in 1969. Sampling and interviewing standards were planned to permit projection of the results against the total male population aged 21 through 59 of the U.S., exclusive of Alaska and Hawaii.

These surveys were designed to over-represent somewhat the non-abstainers and those living in metropolitan areas, with plans to weight the results to compensate for these over-representations. However, comparisons of weighted and unweighted results showed no substantial differences; consequently, for convenience the results are presented here in *unweighted* form.

Our general approach to the definition of drinking-related "problems" is an eclectic one, following such recent writers as Plaut—"problem drinking is a repetitive use of beverage alcohol causing physical, psychological, or social harm to the drinker or to others"⁴—and Knupfer—"a problem—any problem—connected fairly closely with drinking constitutes a drinking problem."⁵ Our general perspective is to be as inclusive as possible in defining "problems," so as not to miss any potential problem which might later be found to have long-term consequences for the individual. Thus several potential problems (such as "psychological dependence" and "belligerence") are included primarily because some past writers have considered them to be problems. Therefore, it is possible our later follow-up studies will find certain types of potential "problems" to have only ephemeral consequences.

The specific measures of drinking problems or potential problems we used drew most immediately from the prior work of Knupfer,⁶ Clark,⁷ and Cahalan.⁸ Earlier studies which were drawn upon included those of Mulford and Miller,⁹ Bailey, Haberman and Alksne,¹⁰ and Jellinek.¹¹

Let us turn now to the distributions on the *dependent* variables of the various types of actual or potential drinking problems (Table 1). In scoring these problems, we took into account both the *severity* of the problem and its *recency* or timing; Table 1 gives results for two levels of severity, both for current problems (happening during the last three years) and for problems which ever occurred during the respondent's lifetime. Time does not permit lengthy discussion here of the components of each potential problem; but to summarize:

"Intake" or "higher severity" is here defined as drinking five or more drinks at least four days per week, or eight or more drinks at least weekly, or 12 or more drinks at least monthly. Table 1 shows that 13 per cent reported this level of drinking "currently"—as happening at some time during the last three years; and twice as many (26 per cent) reported ever having had this high an intake of alcohol.

"Binge drinking": six per cent had stayed intoxicated for more than a day at a time. The "psychological dependence" measure was constructed from items indicating a reliance on alcohol to change moods—such as finding alcohol helpful when depressed or nervous, or drinking to forget one's worries. "Loss of control" included items to measure inability to stop drinking once one has started, or inability to refrain from drinking at inappropriate times. "Symptomatic drinking" items were

drawn largely from Jellinek's classical symptomatology,¹² including sneaking drinks, blackouts after drinking, and drinking to alleviate hangovers. The rest of the specific types of problems (with Wife, Relatives, Friends, on the Job, with Police, Health, and Financial consequences of drinking) should be fairly self-explanatory. The "Summary Social Consequences" score is made up of all of the people-oriented problems: with Wife, Relatives, Friends, on the Job, and Police. The "Summary Tangible Consequences" score is made up from the "Social Consequences" plus Health and Financial problems; this covers the general area encompassed by the second half of Jellinek's ultimate definition of alcoholism—"damage (individual or social or both) incumbent upon . . . drinking."¹³

It should be emphasized that the prevalences shown in Table 1 are based on what we considered reasonable but essentially arbitrary dichotomizations of the multi-step scales which form our operational measures of drinking problems. In many cases, other reasonable cutting-points would yield quite different absolute prevalences, so that the prevalences shown are most usefully treated as offering comparisons with each other.

In Table 1, it is seen that Intake and Psychological Dependence and Wife problems were the most common, and Police problems and Loss of control least common. One-half of this high-risk group of men 21-59 had at least one of these problems within the last three years, and al-

Table 1—Current and Lifetime Prevalences of Drinking Problems, Males 21-59 NIII Optimal Scales^a (N=978)

	Current problems ^b		Ever problems	
	At least minimal severity	Higher severity	At least minimal severity	Higher severity
Heavy intake	24	13	41	26
Binge drinking	8	6	18	15
Psychological dependence	24	9	35	13
Loss of control	14	5	23	10
Symptomatic drinking	14	8	30	20
Belligerence	9	9	20 ^c	20
Problems with wife	21	14	29	21
Problems with relatives	12	8	19	15
Problems with friends or neighbors	9	7	16	15
Problems on job	10	6	21	13
Police problems	6	4	15	12
Health problems	16	7	32	11
Finances	15	7	27	16
Summary social				
Consequences score 3 +	31	14	47	27
Summary tangible				
Consequences score 3 +	38	19	60	34
At least one problem				
At stated level	50	36	72	55

^aBased on the National III (1969) sample only, because it yields the best measures of problems for prevalence purposes. The rows are cumulative rather than mutually exclusive: "ever" includes "current"; "At least minimal severity" includes "higher severity".

^bCurrent: last three years.

^cNo separate minimal severity level differentiated.

most three-fourths had had one or more of these problems in at least mild form at some time. About one-third had had at least one problem in fairly severe form within the last three years.

Table 1 suggests that roughly twice as many men aged 21-59 who report a *current* problem in any area will report having *ever* had a problem in that area. This implies a rate of remission of drinking problems far greater than could be accounted for by any formal agencies of intervention. This is consistent with the finding, in the national follow-up survey reported last year, that a substantial proportion of people go into—or out of—the problem-drinking population within a three-year period.¹⁴ These findings cast doubt on characterizations of drinking careers in terms of an irreversible progression or “snowball effect.”¹⁵

Table 2 shows that all types of drinking problems are most prevalent among men in the youngest age group, and that the Current Overall Problems Score among men aged 21-24 is almost twice as high (40 per cent) as it is for any of the older groups. One infers from these findings that there is an apparent rapid decline in drinking problems after the age of 25, and perhaps also that the seeds of longer-term serious problems with alcohol are usually sown by one's drinking habits in one's early twenties, and not so much by habits acquired in one's forties.

Socioeconomic Status

Most studies of drinking problems have found them more prevalent among the poor,¹⁶ even though drinking at all is more prevalent among those of higher status.¹⁷ Table 3 bears out the higher prevalence of drinking problems among the poor (bottom part of the table), and particularly the younger men of lower social status on Hollingshead's two-factor Index of Social Position¹⁸ (top part of the table). Note also that the ratio of Consequences of drinking to Heavy Intake or Binge drinking is highest among those of lower status and youngest age. In the words of the old music-hall song, “It's the poor wot gits the blyme.”

The bottom line of Table 3 presents aggregate findings on our five-category *typology* of drinking problems, in

which we distinguish between non-drinkers, drinkers without problems, those with potential problems only, Heavy or Binge drinkers, and those with tangible Consequences of heavy drinking. Note that more than half either did not drink or had no drinking problems within the last three years; and that the Heavy or Binge drinkers who had no apparent consequences to their drinking (12 per cent) were almost as numerous as the proportion with Consequences (14 per cent).

The same typology is used for region, urbanization, and social position (see Table 4) and for religious groupings (Table 5). Table 4 shows that abstinence is almost uniformly higher for those living in rural areas, those living in “dryer” regions, and those of lower status, even after controlling for each of the other variables. The historically “dryer” areas tend to have fewer drinkers; but people in the “dryer” areas tend more often to get into trouble when they *do* drink heavily. Table 5 bears out the historical connections between religious affiliation and use of alcohol found in earlier studies¹⁹ and in the first national survey. Here it is shown that among Catholics and Liberal Protestants there are relatively few abstainers and many heavy drinkers, that most Jewish men aged 21-59 drink at least a little but that few drink heavily, and that Conservative Protestant denominations (those favoring complete abstinence) show a fairly high percentage of abstainers,²⁰ but a relatively high ratio of High Consequences Score in relation to Heavy Intake or Binge drinking. One infers that the Conservative Protestants are subject to an above-average amount of social pressure against drinking and intemperate drinking, particularly if they are living in the dryer areas.

All of the demographic variables utilized in this study were utilized in the multiple regression shown in Table 6, where it is seen that the ten independent variables which were the best predictors of Current Overall Problem Score were the following:

- 1) Index of Social Position
- 2) Residence in a central city of 50,000 or more
- 3) Age
- 4) Childhood disjunctions (hardships)
- 5) Negro ancestry
- 6) Conservative Protestant religion

Table 2—Higher Severity Level for Specific Current Problems by Eight Age Groups NII/NIII

	21-24 (147)	25-29 (204)	30-34 (186)	35-39 (216)	40-44 (226)	45-49 (201)	50-54 (199)	55-59 (182)	Total (1561)
	%	%	%	%	%	%	%	%	%
1. Heavy intake	7	7	5	7	6	3	5	6	6
2. Binge drinking	10	3	3	3	1	2	4	2	3
3. Psychological dependence	5	4	4	4	4	5	4	3	4
4. Loss of control	12	5	4	5	7	5	4	4	6
5. Symptomatic drinking	26	11	8	7	6	10	9	3	9
6. Belligerence	15	12	10	8	7	8	6	2	8
7. Problems with wife	19	17	15	10	9	9	11	6	12
8. Problems with friends or neighbors	15	5	7	5	4	4	6	4	6
9. Problems on job	10	4	3	5	5	5	6	2	5
10. Police problems	10	4	2	2	2	2	4	1	3
11. Health or injuries from drinking	8	4	5	6	4	6	8	6	6
12. Finances	11	4	6	4	3	2	4	3	4
13. Current overall problems score 7+	40	22	20	21	17	17	17	11	20

Table 3—Current Problems Typology by Four Age Groups and Four Social Position^a Groups

Men aged 21-59, age & social position	(n)	Non-drinker %	Drank, no problems %	Potential problems only %	Heavy intake or binge Not conse- quences %	High conse- quences score %
Ages 21-29:						
Lowest ISP	(39)	15	18	13	21	33
Lower middle	(106)	5	26	25	12	33
Upper middle	(119)	9	33	29	19	11
Highest ISP	(87)	5	40	23	20	13
Total	(351)	7	31	24	17	21
Ages 30-39:						
Lowest ISP	(68)	9	27	22	19	24
Lower middle	(91)	13	45	15	13	13
Upper middle	(99)	11	39	24	14	11
Highest ISP	(144)	14	43	24	10	8
Total	(402)	12	40	22	13	13
Ages 40-49:						
Lowest ISP	(78)	19	23	13	13	32
Lower middle	(112)	21	44	16	8	11
Upper middle	(99)	10	49	18	19	4
Highest SIP	(138)	12	50	23	7	8
Total	(427)	16	43	18	11	12
Ages 50-59:						
Lowest ISP	(96)	28	21	23	8	20
Lower middle	(102)	27	36	18	8	12
Upper middle	(84)	30	35	25	5	6
Highest ISP	(99)	12	56	18	8	6
Total	(381)	24	37	21	7	11
Total for Social Position:						
Lowest ISP	(281)	19	22	19	14	26
Lower middle	(411)	17	38	19	10	17
Upper middle	(401)	14	39	24	15	8
Highest ISP	(468)	11	47	22	11	9
Total	(1561)	15	38	21	12	14

^aHollingshead's Index of Social Position (ISP), New Haven, mimeo, 1957.

Key: • High Consequences Score of 3+: Tangible Consequences, i.e., social consequences, health or injury problems associated with drinking, or financial problems.
 • Intake or Binge: Not in above, but at least minimal severity Intake or Binge problems.
 • Potential Problems Only: Not in above groups, but a problem of at least minimal severity in any problem area.
 • Drank, No Problems: Has been a drinker within the last three years, but not in any of the above groups.
 • Non-Drinkers: Did not drink during last three years.

- 7) Whether attends religious services frequently
- 8) Latin American/Caribbean origin
- 9) Whether living with wife and children
- 10) Irish ancestry

The regression confirms the importance of variables which are correlated with social status.

The interactions of these same demographic variables in accounting for variance in problem drinking are shown in the Automatic Interaction Detector (AID) analysis in Table 7, which is based on the analysis-of-variance methods of Sonquist and Morgan.²¹ The table is presented in the form of a branching "tree," in which the variable making the largest single contribution to variance (ethnic group) is the first singled out and subdivided into two groups; and the Negro/Latin group in turn is subdivided into Groups 18 and 19 on Index of Social Position; and so

on. Thus a group of 67 men aged 21-59 was isolated with a mean of .61 (or 61 per cent) with a high Current Problems score, consisting of men of Negro or Latin-American/Caribbean ancestry who were *also* of lowest social status who were *also* relatively young. On the other hand, the table also shows that some portions of groups which overall have a fairly high proportion with a high Problems score (Group 4, or men in their twenties) may keep a low level of drinking problems (Group 22) if they live within a combination of environmental influences conducive to supportive interpersonal relationships.

Intervening Social-Psychological Variables

Plaut has summarized the operation of intervening variables in problem drinking by noting that an individual

Table 4—Current Problems Typology by Region,^a Urbanization and Social Position

		Non-drinker	Drank, no	Potential	Heavy intake or binge, Not conse-	High (3+) conse- quences
Higher ISP	(n)	%	%	problems only	quences	score
				%	%	%
<i>Wetter regions:</i>						
Central cities	(154)	8	35	28	20	9
Other cities & towns	(269)	6	49	23	15	7
Rural areas	(93)	11	46	26	9	9
Total	(516)	7	44	25	15	8
<i>Dryer regions:</i>						
Central cities	(112)	15	38	24	12	11
Other cities & towns	(86)	14	44	23	9	9
Rural areas	(155)	28	43	17	5	7
Total	(353)	21	42	21	8	9
Lower ISP						
<i>Wetter regions:</i>						
Central cities	(189)	11	25	24	14	27
Other cities & towns	(118)	13	34	18	20	16
Rural areas	(86)	17	42	19	11	12
Total	(393)	13	31	21	15	20
<i>Dryer regions:</i>						
Central cities	(72)	13	21	14	11	42
Other cities & towns	(77)	18	44	17	8	13
Rural areas	(150)	33	29	15	6	17
Total	(299)	24	31	15	8	22

Key: • High Consequences Score of 3+: Tangible Consequences, i.e., social consequences, health or injury problems associated with drinking, or financial problems.
 • Intake or Binge: Not in above, but at least minimal severity Intake or Binge problems.
 • Potential Problems Only: Not in the above groups, but a problem of at least minimal severity in any problem area.
 • Drank, No Problems: Has been a drinker within the last three years, but not in any of the above groups.
 • Non-Drinkers: Did not drink during last three years.

^a Wetter regions: New England, Middle Atlantic, E. North Central, and Pacific states.

Dryer regions: South Atlantic, E. South Central, W. South Central, W. North Central, and Mountain states.

who responds to alcohol with intense relief, and who has certain personality characteristics (such as difficulty in dealing with depression, frustration, and anxiety), and who belongs to a subculture where there is both pressure to drink and ambivalence about drinking, is more likely to develop troubles than other persons.²² The multivariate model of intervening variables utilized in this study is based on Plaut's concepts, and is adapted from Jessor and associates,²³ who in turn based their analysis of deviant behavior (including drinking problems) on a combination of the sociological theories of Merton concerning social structure and anomie²⁴ and the theories of Cloward and Ohlin regarding deviant behavior²⁵ as being more likely when the probability of maximizing one's attainment of goals through deviant behavior is greater than the expectation of attaining goals through conforming behavior. Psychological components of the model were drawn from Julian Rotter's "Social learning"²⁶ theories, in which the probability of deviant behavior is seen as varying directly with the degree of personal disjunction (or adverse events), alienation, tolerance of deviance, and tendencies toward short time-perspective and immediate gratification.

Table 8 summarizes the various intervening variables and shows the association of each one with overall problem drinking score.

Table 9 presents a multiple regression of all of the intervening and independent variables utilized in this study, against overall problem drinking scores. The findings are that the variables involved specifically with drinking behavior and attitudes were—understandably—correlated most highly with problem drinking. It could well be argued that the association between one's attitudes, drinking, and the drinking behavior of significant others, vis-a-vis one's problem drinking, may be as much the result of prior heavy drinking as the "cause" of it. However, support for the hypothesis that drinking attitudes may "cause" later drinking problems is found in a two-stage study in this same series of surveys, which indicates that attitudes toward drinking are more likely to precede drinking problems than drinking problems are to precede the development of favorable attitudes toward drinking.²⁷ More conclusive findings will emerge from the longer-term longitudinal study to be completed within the next few years, in which changes in attitudes toward drinking will be related to changes in

Table 5—Current Problems Typology by Summary Religion and by Region

		Non-drinker	Drank, no	Potential	Heavy intake or binge, Not conse- quences	High (3+) conse- quences score
Wetter regions:	(n)	%	%	%	%	%
Religion:						
Catholic	(389)	7	37	23	20	14
Jewish	(34)	3	62	27	6	3
Liberal Prot.	(112)	5	48	25	13	9
Conservative Prot.	(268)	18	35	22	10	15
No religion	(54)	4	44	22	13	17
Other ^a	(52)	8	29	29	21	14
Dryer regions:						
Religion:						
Catholic	(98)	5	36	22	15	21
Jewish ^b	(6)	(2)	(3)	(1)	—	—
Liberal Prot.	(108)	16	36	23	13	12
Conservative Prot.	(395)	28	38	16	4	14
No religion	(30)	10	37	17	17	20
Other ^{a, b}	(15)	(6)	(4)	(2)	(2)	(1)
Total:						
Religion:						
Catholic	(487)	6	37	23	19	16
Jewish	(40)	8	60	25	5	3
Liberal Prot.	(220)	10	42	24	13	11
Conservative Prot.	(663)	24	37	19	6	14
No religion	(84)	6	42	20	14	18
Other ^a	(67)	15	28	25	19	12

^a Other Religion includes Protestant, No Denomination; Liberal Protestant includes Episcopalian, Presbyterian, Lutheran, Other liberal denominations; Conservative Protestant includes Methodist, Baptist, Fundamentalist denominations.

^b Unpercentages because of small (n).

- Key:
- High Consequences Score of 3+: Tangible Consequences, i.e., social consequences, health or injury problems associated with drinking, or financial problems.
 - Intake or Binge: Not in above, but at least minimal severity Intake or Binge problems.
 - Potential Problems Only: Not in the above groups, but a problem of at least minimal severity in any problem area.
 - Drank, No Problems: Has been a drinker within the last three years, but not in any of the above groups.
 - Non-Drinkers: Did not drink during last three years.

Table 6—Multiple Regression of 30 Demographic Variables and Current Problem Score of 7 +

Step No.	Context	Multiple R	Partial correlation	Pearson r
1	Index of social position	.16	.12	.16
2	Resident of central city of SMSA	.22	.03	.16
3	Age (10 yr. groups)	.26	-.11	-.13
4	Childhood disjunction	.27	.09	.14
5	Negro	.28	.11	.15
6	Conservative Protestant	.29	-.08	-.06
7	Rarely or never attends religious services	.30	.08	.10
8	Latin American/Caribbean	.30	.05	.10
9	Whether living with wife, children	.31	.04	.09
10	Irish ancestry	.31	.04	.01
11	British ancestry	.31	.04	-.03

Cumulative multiple R for 30 "variables" (counting all categories including dummy variables) was .32, or 10 per cent of the variance. The 19 "variables" not shown above included Whether moved in last ten years, Region, and Membership in organizations, in addition to subgroups in categories represented in the Table above (e.g., regions and religions).

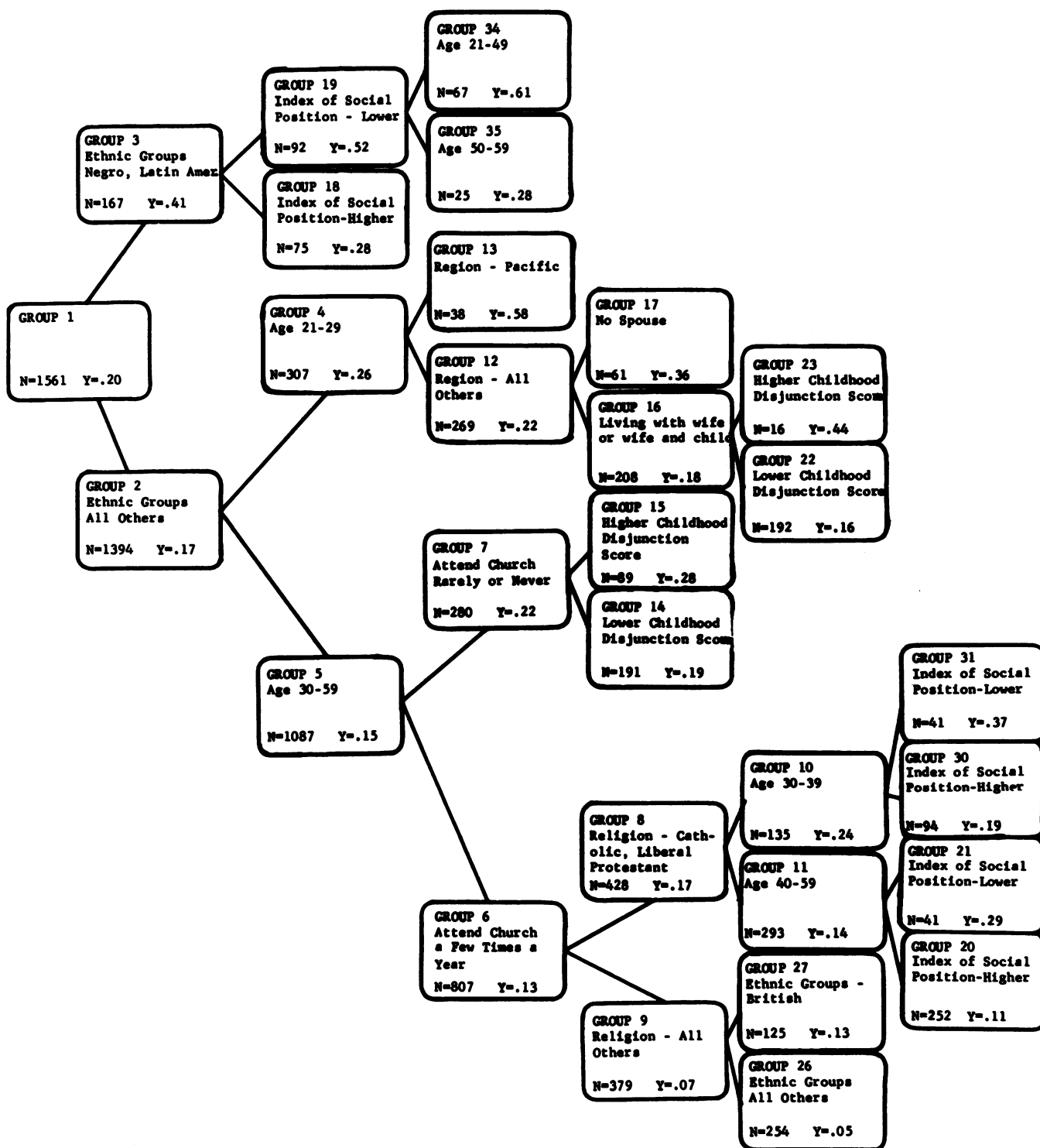


TABLE 7

Interactions of Demographic Char-
acteristics in Association with
Current Problem Score of 7+
Total Variance explained: 13 per
cent

Table 8—Association of Problem Drinking with Intervening Variables

<i>Intervening variables (with summary of components):</i>	No. of items	Current overall problem score 7+ where intervening variable score is:	
		Low %	High %
1) Favorable attitude towards drinking: (drinks to be sociable, because people he knows drink, to celebrate special occasions, polite thing to do; good things to be said about drinking; drinking does more good than harm; not really bad behavior if a man drinks a lot; would miss drinking a lot if had to give it up)	8	13	26
2) Environmental support for heavy drinking:			
a) Drinking of significant others (how many of close friends, people in neighborhood, or from work drink quite a bit; most that respondent's 'most significant other' ever drank upon occasion; same for R's father, mother, wife; R had close relative, friend with serious drinking problem)	9	11	31
b) Attitudes of significant others on the maximum amounts they would deem appropriate for respondent to drink on any occasion ('most significant other', father, mother, wife)	4	14	28
3) Impulsivity and non-conformity:			
a) Impulsivity (often act on spur of moment, often change mind rather quickly, often spend more money than think I should)	3	15	31
b) Tolerance-of-deviance scale (covering badness of various forms of behavior: not working or not paying one's debts, extramarital sexual behavior, marital problems, neglect of children, fighting)	9	14	25
4) Alienation and maladjustment:			
a) Childhood disjunctions (unhappy childhood, conditions troublesome around home when growing up, did not live with parents most of time till age 16)	3	17	29
b) Adult disjunctions (conditions often troublesome in neighborhood, at home; turnover in R's household in last 3 years because of death, marital difficulty, personal friction; past 2-3 years bad)	4	18	29
c) Job and career (conditions often troublesome at work, would prefer different occupation, worry about getting ahead)	3	17	23
d) Somatic complaints (bothered by all sorts of pains and ailments, fullness or clogging in head or nose much of time, shortness of breath even when not exercising)	3	17	29
e) Affective anxiety or irritability (tense or nervous, worried about things, depressed, the worrying type, bothered by nervousness—irritable, fidgety)	5	16	26

f) Alienation, paranoia (feel the people I am around are not too friendly, things are getting worse, often feel left out of things, hard to know how to treat people, if had choice would live very differently)	5	15	28
g) Non-helpfulness-of-others (whether people at work, neighbors, wife, relatives, police would be helpful in emergency)	5	17	27
h) Self-rating of health as poor	1	20	23
5) Social activities in evenings (how often visit friends, relatives, have visitors in home, go out for entertainment)	3	17	23
6) Use of drugs; tobacco:			
a) Use of sedatives (tranquilizers helpful when depressed or nervous, use of sleeping pills, use of tranquilizers)	3	19	24
b) Use of stimulants	1	19	29
c) Smokes at least 6 cigarettes a day	1	15	25
d) Smoking very helpful when depressed or nervous	1	17	25

Table 9—Multiple Regression of Drinking Attitudes and Behavior (in Addition to 30 Demographic and 18 Intervening Variables) Against Current Problems Score of 7 +

Step No.	Multiple R	Partial Correlation	Pearson r
1 Drinking by significant others	.26	.15	.26
2 Tolerance of deviance	.33	.13	.22
3 Own attitude toward drinking	.37	.18	.26
4 Index of social position	.41	.11	.16
5 Negro	.42	.09	.15
6 Non-helpfulness of others	.43	.06	.16
7 Central cities of SMSA	.44	.04	.16
8 Sedatives	.44	.05	.13
9 Alienation summary	.45	.05	.19
10 Health - self-rating	.45	.04	.16
11 Northeast regions (1,2,5)	.45	-.04	-.01
12 Latin American/Caribbean ancestry	.45	.03	.10
13 Moved within last 10 years	.45	.06	.05
14 Age (10-year groups)	.46	-.05	-.13
15 Somatization summary	.46	.04	.12
16 Social controls	.46	.04	.08
17 Childhood disjunction	.46	.03	.14
18 Subjective anxiety	.46	.04	.11
19 Do not belong to any organizations	.46	.03	.09
20 Attends religious services seldom or never	.46	.04	.10

Cumulative multiple R for 51 "variables" (counting all categories including dummy variables) was .47 or 22 per cent of the variance. The 31 "variables" not shown above included Social activities, Smoking cigarettes, Other's attitudes toward appropriate limits for respondent's drinking, Impulsivity score, Adult disjunction, Use of stimulants, and various sub-groups of categories represented above (e.g., regions, urbanization, religious affiliations).

drinking behavior and problems clearly occurring *after* the changes in attitudes.

Summary

To sum up, the principal findings of this national probability sample of men aged 21-59 presented in this preview are as follows: 1) The prevalence of drinking problems is rather high in this group: one-half reported some problem within the last three years, and one-third had had some fairly severe problem within that recent brief period. 2) All types of problems were most prevalent among

the youngest men (aged 21-24), particularly binge drinking, loss of control, symptomatic drinking, problems with friends and neighbors, police problems, and financial problems. 3) Most drinking problems apparently diminish rapidly after the age of 50. 4) Men of lower social status have more severe problems, and a higher ratio of interpersonal problems to alcohol intake. 5) The primary independent correlates of drinking problems appear to be socioeconomic status, large-city residence, age, childhood deprivations, race, and religion. 6) Some of the more important intervening social-psychological correlates of drinking problems include impulsivity, tolerance of deviance, and

alienation. 7) Environmental influences and perceptions and attitudes about alcohol are most highly correlated with problem drinking. 8) Those who drink heavily who live in relatively "dry" regions are found to have problems about their drinking out of proportion to the amount of alcohol consumed.

The general conclusion is drawn that environmental factors predominate among the correlates of problem drinking, although certain personality characteristics—notably impulsivity (related to Block's MMPI Factor I)²⁸ and lack of ego-resiliency (which is covered under Block's Factor II) are also of material importance in determining the level and character of drinking problems.

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