

Drinking Habits, Health, Social and Behavioural Aspects of Alcohol Users in A Semi Urban Population In Chennai

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Abstract: In this study among the semi urban population in Chennai, prevalence of alcoholism among men was 42.65%. Using CAGE criteria, problem drinking was found to be present in 38.88% among 90 respondents. Daily alcohol consumption was in 38.8%, and 59.5% consumed more than 175 ml per day; Those drinking for more than 5 years was 56.95%. The commonest reason given for drinking was to overcome stress or tiredness. De-addiction was attempted only by 9.5% and 17.2% exhibited a negative change in health seeking behavior. Hypertension was present in 13.8% diabetes in 9.5% and gastritis in 33%. Around 29.3% families felt neglected and half the families (40.5%) felt afraid of the man when he drinks; 84.5% of families experienced quarrels.

Keywords: Alcoholism, problem drinkers, health and social aspects, healthcare, family impact,

I. Introduction

Even decades ago, alcoholism was defined as a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations (American Society of Addiction Medicine 1990). Recently, according to Alcoholics Anonymous UK, it is described as a physical compulsion, together with a mental obsession. Apart from having an enormous craving for alcohol, an alcoholic often yields to that craving at the worst possible times. The alcoholic knows neither when nor how to stop drinking (Medical News today September 2014).

The World Health Organization (WHO, 2014) reported there are at least 140 million alcoholics in the world; unfortunately, the majority of them are not treated. WHO estimates for the South East Asian countries indicate that one-fourth to one-third of male population drink alcohol; there is increasing trend of drinking among women. Worldwide, 3.3 million people die every year due to harmful use of alcohol, this represents 5.9% of all deaths. Overall 5.1% of the global burden of disease and injury is attributable to alcohol, as measured in disability-adjusted life years (DALYs). In India, the estimated number of alcohol users in 2005 was 62.5 million, with 17.4% of them (10.6 million) being dependant users; 20–30% of hospital admissions are due to alcohol-related problems (CDC 2014)

Objectives Of This Study

1. To estimate the prevalence of alcoholism and problem drinkers among men, in a semi urban population in Chennai.
2. To understand the health, social and behavioural aspects of the alcoholics under study

II. Materials And Methods

This is a cross sectional study in a semi urban population of Adayalampatu and Parivakkam in Chennai the field practice area of a Medical college. All 272 adult men in this area, were included in the study after getting informed consent. Data was collected with pre-tested questionnaire. Quantitative data was analyzed using SPSS version 16.

III. Results And Discussion

Table 1 Prevalence of alcoholism among men

	number
Number of alcohol users	116 (42.65%)
Number of non alcohol users	156 (52.35%)
Total	272(100%)

Prevalence of alcoholism was 42.65% among the men population in this area

Table 2 Socio demographic and economic background of alcohol users

residence	Number	Religion		Type of housing		Monthly income in rupees	
Parivakkam	56 (48.3)	Hindu	107 (92.2)	Kutchha	12 (6.3%)	<5000	16 (14%)
Adayalampatu	60 (51.7)	Christian	8 (6.9)	Semi pukka	34 (30.9%)	5000-10000	36 (30.9%)
-	-	Muslim	1(0.9)	Pukka	70 (62.8%)	>10000	64(55.2%)
Total	116 (100.0)	Total	116 (100.0)	Total	116 (100.0)	Total	116 (100.0)

The majority of the families of alcohol users (62.8%) live in pukka houses. Of the alcohol users, 55.2% had a family income of more than INR 10000/ per month and 14% earned less than INR 5000.

Table 3: Drinking habits of the individuals

Type of alcohol	Number	Duration	number	Quantity/ day	Number	Frequency	Number
Brandy	85(73.3)	<1yr	2 (1.7)	30 ml	18(15.5)	Occasional	61 (52.6)
Whisky	19 (16.4)	1-5 yrs	48 (41.4)	175 ml	69(59.5)	Daily	45(38.8)
Arrack	4 (3.4)	6-10 yrs	25 (21.5)	350 ml	22(19.0)	No response	10(8.6)-
Beer	8 (6.9)	>10 yrs	41 (35.4)	700 ml	7(6.0)	-	-
Total	116 (100)	Total	116 (100)	Total	116(100)	Total	116(100)

Most commonly consumed type of alcohol is beer (73.3%), followed by whiskey (16.4%); 42.9% had been drinking for 1 to 5 years; 66% for more than 5 years. Daily drinkers were 40.8% More than half (59.5%) consumed 175 ml per day.

Table 4.Reasons for using alcohol*multiple responses

Reasons for drinking	Number
Stress	53 (45.7)
Habit	48 (41.4)
Tiredness	45(38.8)
Peer pressure	10 (8.6)

The reasons ascribed for taking alcohol are mainly stress (45.8) and habit (41.4%)

Table 5 Prevalence of problem alcohol users. CAGE criteria n=90

Criteria	felt that s/he should cut down drinking	people annoyed the subject by criticizing	felt guilty about his or her drinking	Morning drink for staying steady
Yes	33 (36.6)	32 (35.5)	35 (38.9)	28 (31.1)
No	57 (63.4)	58 (64.5)	55 (61.1)	62 (68.9)
Total	90 (100)	90 (100)	90 (100)	90 (100)

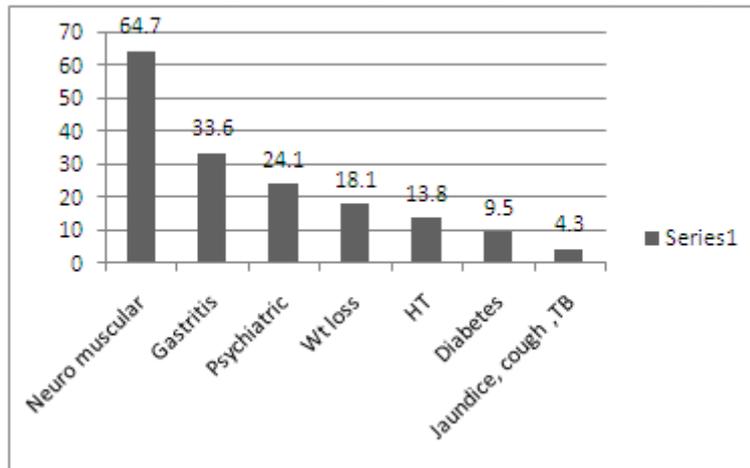
Each criterion had a score of 1. The number of Problem alcohol users (who got a score of 2 or more) was 35 out of 90 alcohol users, showing a prevalence of Problem drinking of 38.88 %

Table 6 Health seeking behavior

	Seeks Healthcare	Change in Health seeking behavior	De-addiction attempted
Yes	95 (81.9)	20 (17.2)	4 (9.5)
No	21 (18.1)	96 (82.8)	105 (90.5)
Total	116 (100.0)	116 (100.0)	116 (100.0)

General health care seeking behavior was present in 81.9 % . A negative change in health seeking behavior was seen in 17.2% after they started to drink. De-addiction was attempted by only 9.5%

Figure 1 Common health problems among drinkers as perceived by the family (multiple responses)



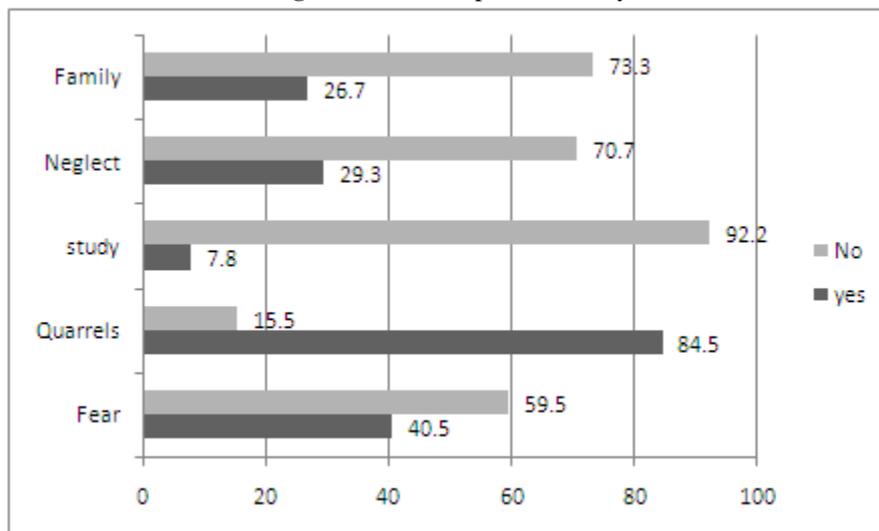
The commonest health problems (64.7%) were neuromuscular in nature. There was hypertension in 13.8% and diabetes in 9.5%. Gastritis was present in 33.6%.

Table 7 Immediate impact of drinking on behaviour

Immediate effect of drinking	
Violence	27 (25.2)
Others- irritable, lose self control	20 (18.7)
Drowsiness	60 (56.1)
Total	107(100)

Of the 107 who responded to this question, drowsiness (56.1%) was commonest immediate effect of drinking; violence was seen among 25.2% ..

Figure 2 Social Impact on family



Only 26.7% families felt that the drinker had less time with the family and 29.3% felt neglected. Less than half the families (40.5%) felt afraid of the man when he drinks. Around 84.5% of families had quarrels because of the drinking habit of the man. Only 7.8% of the families of alcohol users had experienced change in study pattern of the children.

IV. Discussion

The increasing production, distribution, promotion and easy availability of alcohol coupled with the changing values of society has resulted in alcohol-related problems emerging as a major public health concern in India. In the absence of rational alcohol policies, and with the belief that alcohol revenues can be used for the development of society, the problem has aggravated further. While revenues earned yield only short-term gains,

the impact and losses arising out of increased alcohol use remain to plague society as a long-term phenomenon. In recent years there has been a change in alcohol consumption trends, such as early age-of-onset of drinking, increasing usage among women, change in drinking patterns and increasing alcohol dependence problems. These problems are beginning to be noticed across the entire country. (Dr. John Ewing, 2004) .Several epidemiological studies have revealed that nearly 20–40% of men in the age group of 15 to 60 years consume alcohol regularly or intermittently. In this study the prevalence of drinking was 42.65% among the men population in this area. Around 11.2% started drinking in their teens and 57.9% at 20-25 years of age; 29.9% started above 26 years of age. In the study by Ganesh kumar et al 2014 those starting to drink at 15-44 years was 11.9% and at 45-59 years was 12.7%, and those started after 15 years of age was 12.5%. Brandy was the most commonly consumed alcohol(73.8 %) ,followed by Whiskey 15.9%.. Using CAGE criteria (Dr. John Ewing, 2004) the prevalence of problem drinkers who had two of these four criteria was 16.2%..

Nearly 45.7% of the alcohol users said that they drank out of habit. For 39.4% it was to overcome stress. Other reasons were peer pressure (8.5 %), and to overcome weakness or tiredness (6.4%) . A. Abbey , et al 1996 cited friends and social motives as the most common reasons.. The commonest behavior changes in the drinker, noticed by the families were drowsiness (56.1 %) and irritation/violence (43.9%). One of the frequently occurring, but not adequately recognized, effects of alcohol abuse is domestic violence. Since it is closely linked to domestic violence, alcohol consumption constitutes the single most important problem for women. This is known to occur across all strata of the society.

According to Figure 2 , the alcohol user had less time with the family and hence families felt neglected. Around half the families (49.1%) felt afraid of the man when he drinks.; 84.5% of families had quarrels because of the drinking habit of the husband. About one third of the families of alcohol users had experienced change in study pattern among their the children. The commonest health problem among alcohol users in this study was neuro muscular in nature(64.7%). Hypertension was seen in 13.8% and diabetes in 9.5%. Gastritis was present in 33.%.. Health care seeking behavior was absent in 18.1 % of the alcohol users. After starting to drink 17.2% had developed a negative change in their health seeking behavior. De-addiction was attempted by only 9.5%, indicating the lack of felt need for it.

V. Conclusion

The study reveals that alcohol use and problem drinking are common in this geographic area, and that most of the alcohol users drink to overcome stress or due to habit. Apart from the health problems and decrease in health-seeking behaviour they have, there is a disturbance in the family in terms of fear, quarrels. Most of the alcohol users did not feel the need to give up this addiction. A further study of both the non users and users would be beneficial to understand and compare the economic, social and health consequences of alcoholism and the impact on the families and to develop suitable intervention strategy. The contribution of Drs. Aswini, Anandasayanan, ClementRoy, Diravyaseelan, Emelin, Aravind, Dhanush, Dinesh in data collection is hereby acknowledged.

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