Research Article

Alcohol dependent syndrome (ADS): still a lot to be done to know the factors responsible and to prevent them

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Abstract

Background: Alcohol consumption has been steadily increasing in developing countries including India since 1980s. Recently among various strata of society there is increasing social acceptance of alcohol intake. In India, no reliable data about the extent of the public health problems due to alcoholism and various socio-demographic factors responsible are available.

Aim: To study the Socio-demographic factors among people with Alcohol Dependence Syndrome (ADS) undergoing treatment at large tertiary Hospital of Maharashtra

Methodology: A cross-sectional hospital based descriptive study was carried out for duration of 6 months and all the admitted patients with ADS were taken into the study. A total of 75 people with ADS consented to be part of the study and were included in the study. Data was collected by means of personal interview method with the help of pre-tested questionnaire.

Results: 30.6% of persons with ADS were of age group 35-39 years, while 29% were of 30-34 Years. 86.6% had family income of <20,000/- while 12 % had between 20,000-30,000/- and only 1.3% had family income above 30,000/-. As per education status is considered 34.6% had primary education, 36% secondary education, 17.3% had higher secondary and 11.9% had undergone graduation. 82.6% belong to rural areas. 28 % had upto 3 siblings, 29% had 4-5 siblings and 42% had more than 6 siblings. 15.6% had history of alcohol intake in their family. 30 % say that they started drinking when away from family. 57.3% said that they started drinking at the age of 20-24 years while 25% told that they started at 25-29 years. The main reasons for starting alcohol were to be social (66.6%), to relieve stress (30.6%) and to improve work (2.6%). 76 % said that they usually drink outside i.e., hotels while 24% drink at home.

Conclusions: This study clearly shows the effects of family history, age of onset, loneliness, socialism, low income, education and effect of family size on the severity of alcoholism. Intensive educational programs for school children and campaign for general public through most common mass-media technology would be most effective.

Keywords: Alcohol, dependency, de-addiction

1. Introduction

Alcohol consumption has been steadily increasing in developing countries including India since 1980s. Recently among various strata of society there is increasing social acceptance of alcohol intake. In India, no reliable data about the extent of the public health problems due to alcoholism and various socio-demographic factors responsible are available. Alcohol dependence is a complex behavior with far-reaching harmful effects on the family, work, society, as well as on the physical and mental health of the individual. Epidemiological studies conducted in India showed that 20-30% of our population is using alcohol at a harmful level¹.

It has been implicated in 40% of violent crimes², 15% of drowning³, and is the cause of one in seven road traffic deaths.⁴ Yet, the use of alcohol only seems to be increasing. According to estimates made by the World Health Report⁵ at least 10 thousand million people throughout the world regularly use alcohol. India has also been deeply affected where the intake of alcohol has so permeated into the culture that it is no longer acknowledged as a drug or even as a problem.⁶ It is no wonder that even with one in three people in India falling below the poverty line, alcohol use continues to be rampant causing adverse economic effects. These include reduced wages (because of missed work and lowered efficiency on the job), increased medical expenses for illness and accidents, legal cost of drink-related offences, and decreased eligibility of loans).⁷

The production, availability, consumption and drinking patterns of alcohol have all undergone phenomenal changes in India and have been influenced by the combined effects of globalization, market forces, changing government policies, media promotion and also changing values of Indian society⁸. Moreover, a large proportion of current alcohol users have hazardous or probably problematic patterns of alcohol use⁹.⁹⁰. At the same time, evidence from research suggests that some sections of the population such as younger onset drinkers, those with high family history of alcoholism, impulsivity, hyperactivity, etc. are more vulnerable to develop addiction.¹¹

In view of the magnitude of the problem and its chronic nature, it is only expected that interventions for persons with significant and refractory dependence produce only a limited impact. Studies done in community based and hospital based settings have shown the effectiveness of continued care in predicting improved outcome in alcohol dependence¹². In order to implement these evidence based public health approaches, it is mandatory to study the Socio-demographic factors among people with Alcohol Dependence Syndrome (ADS) so that we are well aware of situations dropping the indls into the prey of alcohol dependency.
2. Methodology

A cross-sectional hospital based descriptive study was carried out for duration of 6 months and all the admitted patients with ADS were taken into the study. A total of 75 people with ADS consented to be part of the study and were included in the study. Data was collected by means of personal interview method with the help of pre-tested questionnaire.

3. Results

Table 1: Socio-demographic factors of patients with ADS

<table>
<thead>
<tr>
<th>Family History of Alcohol Use</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Present</td>
<td>14 (18.6 %)</td>
</tr>
<tr>
<td>Absent</td>
<td>61 (81.3 %)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marital Status</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>5 (6.6 %)</td>
</tr>
<tr>
<td>maried</td>
<td>66 (88 %)</td>
</tr>
<tr>
<td>Divorced</td>
<td>1 (1.3 %)</td>
</tr>
<tr>
<td>Widowed</td>
<td>3 (4 %)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stay with Family</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;3 years</td>
<td>46 (61.3 %)</td>
</tr>
<tr>
<td>4-6 years</td>
<td>11 (14.6 %)</td>
</tr>
<tr>
<td>7-9 years</td>
<td>5 (6.6 %)</td>
</tr>
<tr>
<td>10 or more</td>
<td>13 (17.3 %)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason of Drinking</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>To be Sociable</td>
<td>50 (66.6 %)</td>
</tr>
<tr>
<td>To Relive Stress</td>
<td>23 (30.6 %)</td>
</tr>
<tr>
<td>To improve work</td>
<td>2 (2.6 %)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place of drinking</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>18 (24 %)</td>
</tr>
<tr>
<td>Friend’s Home</td>
<td>0 (0 %)</td>
</tr>
<tr>
<td>Parties</td>
<td>57 (76 %)</td>
</tr>
<tr>
<td>Any other</td>
<td>0 (0 %)</td>
</tr>
</tbody>
</table>

![Fig 1: Age wise distribution of cases](image1)

![Fig 2: Age at starting Alcohol use](image2)

![Fig 3: Income wise distribution](image3)

![Fig 4: Education wise distribution](image4)

![Fig 5: Number of siblings wise distribution](image5)

![Fig 6: Birth Order wise distribution](image6)
30.6% of persons with ADS were of age group 35-39 years, while 29% were of 30-34 Years. 86.6% had family income of <20,000/- while 12% had between 20,000-30,000/- and only 1.3% had family income above 30,000/-. As per education status is considered 34.6% had primary education, 36% secondary education, 17.5% had higher secondary and 11.9% had undergone graduation, 82.6% belong to rural areas.

28% had upto 3 siblings, 29% had 4-5 siblings and 42% had more than 6 siblings, 15.6% had history of alcohol intake in their family. 30% say that they started drinking when away from family, 57.3% said that they started drinking at the age of 20-24 years while 25% told that they started at 25-29 years. The main reasons for starting alcohol were to be social (66.6%), to relieve stress (30.6%) and to improve work (2.6%). 76% said that they usually drink outside i.e., hotels while 24% drink at home.

4. Discussion

Majority of ADS subjects we seen in lesser educated group. Plant in 1979 discussed the various reasons for the association of heavy drinking with professional like company director, doctors, who were very highly qualified. He reasoned that separation from normal social and sexual relationships, freedom from the restraints of alcohol, social pressure that they have picked up this habit of alcoholism. In a number of ways than problem drinkers without a family history, for instance, these persons have more medical, legal and psychological difficulties, may develop problems with drinking behaviour at an early age and have a poorer outcome. Mc Gue et al also found that parent problem drinking was significantly related to adolescent alcohol involvement in the birth offspring sample. These findings have substantial value for understanding the nature of familial influence on adolescent alcohol use.

Maximum numbers of subjects were married. Our findings are in conformity with the published literature. Jena et al have found no difference between users and non-users of alcohol. This is a finding which confirms well with other Indian studies who have reported prevalence of alcohol use as 49.6%. Family studies published in the last decades advocate that problem drinkers with a family history of problem drinking are more severely affected in a number of ways than problem drinkers without a family history, for instance, these persons have more medical, legal and psychological difficulties, may develop problems with drinking behaviour at an early age and have a poorer outcome. Mc Gue et al also found that parent problem drinking was significantly related to adolescent alcohol involvement in the birth offspring sample. These findings have substantial value for understanding the nature of familial influence on adolescent alcohol use.

Fig 7: Place of origin wise distribution

The above table shows that a majority of them belong to the group of subjects where the family size is six or more children. The above findings can be explained in the light of common knowledge that the families in India had on an average 5-6 children. All these children could not be looked after well and the lack of attention and discipline easily lead them astray on a path that they have picked up this habit of alcoholism. In a smaller family, the children could be paid more attention and were thus more disciplined and less likely to indulge in vices like alcohol dependence.

It is also observed that the majority of subjects hail from family backgrounds who are not users of alcohol. This is a finding which confirms well with other Indian studies who have reported prevalence of alcohol use as 49.6%. Family studies published in the last decades advocate that problem drinkers with a family history of problem drinking are more severely affected in a number of ways than problem drinkers without a family history, for instance, these persons have more medical, legal and psychological difficulties, may develop problems with drinking behaviour at an early age and have a poorer outcome. Mc Gue et al also found that parent problem drinking was significantly related to adolescent alcohol involvement in the birth offspring sample. These findings have substantial value for understanding the nature of familial influence on adolescent alcohol use.

Maximum numbers of subjects were married. Our findings are in conformity with the published literature. Jena et al have found no difference between users and non-users of alcohol in terms of marital status. Similar findings have been reported by Verma et al who did not find any significant difference between alcohol usage among ever and never married. An American study states that among married people, negative emotional states predicted greater wine intake. This was especially true for feelings of sadness; the same study reported that separated and divorced individuals drank more wine when experiencing positive affective states and single people drank more wine in response to positive emotions. The married people have greater responsibility of running a family and therefore more anxiety and worries. Chronic illness of spouse or illness or loss of child were some factors we elicited in our study for subjects to consume alcohol daily and finally end up as an alcoholic. Bailey et al found that divorced, widowed and separated are more prone to suffer from alcohol dependence as compared to married and unmarried individuals, however this has not been confirmed by other authors.

It is seen from the above table that majority of ADS cases had their first drink when they were in 20-24 years age group. This is followed by the age group 25-29 years. This is in concurrence with known findings. In other studies, Mohan et al have reported (42%) of the users reporting their first intake in their study on youth from rural Punjab age group 15-24 years. Mohan et al also reported that availability of alcohol is a key factor influencing consumption and can be considered in terms of 3 sets of factors: economic, physical and social. In the Indian context the economic availability and the physical availability of alcohol is quite limited in the villages. The rural base is predominantly agrarian and still following traditional methods of cultivation. This leads to a low level of disposable income for the society to indulge in alcoholic beverages. Research in Europe shows, that when the number of licenced outlets is increased through liberalisation, an increase in alcohol consumption tends to occur. Conversely, where the number of outlets limits availability, alcohol consumption and the number of alcohol related problems decline. In other studies, Mohan et al have reported a higher consumption of alcohol in rural than in urban areas because of increased farm income. Lack of alternate form of entertainment and the breaking down of joint family structure.

It is evident that majority of them belong to the group of subjects where the family size is six or more children. The above findings can be explained in the light of common knowledge that the families in India had on an average 5-6 children. All these children could not be looked after well and the lack of attention and discipline easily lead them astray on a path that they have picked up this habit of alcoholism. In a smaller family, the children could be paid more attention and were thus more disciplined and less likely to indulge in vices like alcohol dependence.

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Majority quoted that their usual place of drinking are in parties. However, Verma et al. have reported that (63.5%) of current users drank mostly in their home; (15.6%) reported drinking at friend’s home; rest nearly (20%) users gave other places as their drinking venues like near liquor shops, restaurants, clubs and social/festival occasions combined.

5. Conclusions
This study clearly shows the effects of family history, age of onset, loneliness, socialism, low income, education and effect of family size on the severity of alcoholism. Intensive educational programs for school children and campaign for general public through most common mass-media technology would be most effective. A proactive approach by motivating alcohol addicted parents to join drug de-addiction center for de-addiction will go a long way to save their children from becoming alcohol dependent and more in-depth research is the need of the hour to know the factors leading to alcohol dependency and prevent them.

References