

Original Research Article

A Community based study on alcohol dependence and treatment seeking behaviour among ever alcoholics in a rural area of Puducherry.

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Abstract

Background: Alcoholism is a social evil, alcohol related morbidities and incidents even though significantly alarming, are almost neglected by primary care physicians and policy makers. So, it needs exploration to find nature and effect of dependence and treatment non seeking behavior among them which often leads to disruption of normal socio-economic-physical health. **Objectives:** To find prevalence of alcohol dependence and to explore the reasons of **treatment seeking behavior** among ever alcoholics in a rural area of Pondicherry. **Methods:** A community based cross-sectional study was conducted among 370 adult males aged more than 20 years in a rural area of Pondicherry during July- September 2016. Data were collected by systematic random sampling method. Alcohol dependence was measured using Alcohol dependence Audit scale. In-depth interview was conducted to **explore the reasons of treatment seeking behaviour**. Data was analyzed using SPSS. Chi-square test was used for analysis. **Results:** Among 370 total respondents, 229 (61.9%) were ever alcoholic and 56% of them had alcohol related symptoms. Around 7% of the ever-alcoholics have severe dependence. Age, literacy status, occupation, socio-economic status influence the alcohol dependence with significant association ($p < 0.05$). Among ever alcoholics, 86% of them never prefer health care facility for alcohol related health problems. Majority of them reported that they don't know where to seek treatment followed by social stigma. Participants opined that alcohol consumption by males is an accepted norm in their community. **Conclusions:** Socio-demographic conditions are highly influencing the alcohol dependence. Occupation related physical aches and cultural acceptance of male alcohol consumption seems to be responsible for dependence. Treatment non-seeking behaviours were high due to social stigma and lack of awareness on treatment availability. The present scenario can be improved through enhancing IEC activities and training of health workers focusing on social stigma and management on alcohol related diseases.

Keywords: Alcohol, Dependence, non-seeking behaviour

Background:

Alcoholism is one of the leading causes of death and disability in India.¹ About two billion people worldwide consume alcoholic beverages and one-third is likely to have one or more diagnosable alcohol use disorders. In India, the estimated numbers of alcohol users in 2005 were 62.5 million, with 17.4% of them being dependent users² and 20-30% of hospital admissions are due to alcohol-related problems.²

Alcoholism is one of the major public health issues in both developing and developed countries.³ The international classification of Diseases (ICD-10) published by the World Health Organization uses the term 'harmful use' to indicate a pattern of alcohol use similar to alcohol abuse. In India, the extent of an alcohol use and

alcohol related problem have a significant impact on public health⁴. World Health Assembly declared that "problems related to alcohol and particularly to its excessive consumption rank among the world's major public health problems and constitute serious hazards for human health, welfare and life".⁵

All forms of drinking including excessive drinking also cause substantial risk or harm to the individual. These include high- quantity of drinking, repeated episodes of drinking and drinking that makes alcohol-dependent and leads to intoxication.⁶ Therefore, the identification of drinkers with various types and degrees of at-risk alcohol consumption has a great potential to reduce all types of alcohol-related problems.⁶

Alcoholism is a social evil, and alcohol related morbidities and incidents even though significantly alarming, are almost neglected by primary care physicians

and policy makers. Alcoholism is very much prevalent among rural community and needs exploration to find out cause, nature and effect of such dependence which often leads to disruption of normal socio-economic-physical health. So this study was conducted to find the prevalence and determinants of alcohol dependence among adult males in the rural area of Puducherry and also to explore the reasons of treatment seeking behaviour among ever-alcoholics.

Methodology:

Type of study: It was a community based Cross-Sectional study conducted during July 2016 to September 2016.

Study area & Population: The study was conducted in Manapet village, Bahour commune, a coastal village in Puducherry (South India). This village is situated 20 kms away from Pondicherry town and fishing being its major occupation followed by agriculture. The total households in this village are 3570.⁷ The study population comprised of adult males aged above 20 years of age.

Sample size and Sampling procedure:

Sample size was calculated by using the following formula, $n = za^2pq/l^2$, with 5% relative error and 95% confidence. Considering the prevalence of alcohol consumption among males in south India is 46.7%.⁸ The sample size was calculated to be around 369 (including 10% non-response rate).

Systematic random sampling was used to select study subjects in the village. The sampling

Interval was calculated to be 9. The starting house was selected using random number table after which every 9th house was selected. One adult male member (preferably head of the household) of each house was selected and interviewed. If the house was locked or no member is fulfilling the inclusion criteria in the house, consecutive house was selected.

Data collection Procedure: Data were collected by trained interns using pre- designed and pre-tested proforma after obtaining informed consent from the participant in a native language. House to house survey was conducted by the interviewer. Information's regarding the participants socio-demographic characteristics, personal history, detail history of alcohol consumption were obtained. Individuals with history of alcohol consumption (both current and past) were considered as ever drinkers and individuals who had never consumed an alcoholic drink in their lifetime were considered as non-alcoholics. Alcohol dependence was measured using Alcohol dependence Audit scale.⁹ In-depth interview was also conducted among ever drinkers to explore the various reasons of non-treatment seeking behaviour.

Data management and statistical analysis: The data was analyzed using Statistical Package for the Social Sciences software for Windows (SPSS Inc., Chicago, Illinois, USA) version 17.0. Percentages, Ratios were applied to assess the alcohol dependence. Content analysis was done to explore the reasons of treatment non-seeking behaviour among ever drinkers. Subject confidentiality was maintained during and after information collection.

Results:

Total 370 study participants were included for the study. Out of 370, 155 (41.9%) were belonged to the age group of 31-40 years followed by 21-30 years (32.2%). Mean

age of the participants was 34.7±2.1 years. Regarding occupation majority of them were working in fishing (69%) and fishing related works followed by agriculture (11%). Around 20% of the study participants were unemployed. Eighty six percentages of the study participants were married. Around 38.8% of the study population who consume alcohol were completed their primary education and 15.5% completed their higher secondary education.

Out of 370, 229 (61.9%) of them were ever alcoholic in the present study. Among them, mean age of initiation of alcohol was 18.1±2.7. Around 56% of the ever alcoholics reported that they had alcohol related symptoms.

Table 1: Severity of alcohol dependence scoring of study participants (n=370)

Dependence Scoring	n (%)
NA (Never drinker)	141 (38.1)
0 (Drinker but No dependence)	76 (20.6)
1-7 (Mild dependence)	56 (15.1)
8-15 (Moderate dependence)	53 (14.3)
16-19 (Moderately-severe dependence)	18 (4.9)
≥ 20 (Severe dependence)	26 (7)

Table 1 shows the severities of alcohol dependence were calculated. Out of 370, 229 (61.9%) of them were ever alcoholic in the present study. Among them 141 (38.1%) were never drinker, 53 (14.3%) of them were had moderate dependence and 26 (7%) of them had severe dependence.

Table 2: Dependence audit of ever alcoholics (n=229)

Selected Indicators (Last one year)	Never n (%)	Less than Monthly n (%)	Monthly n (%)	Weekly and daily n (%)
Six or more drinks on one occasion	129 (56.3)	30 (13.1)	25 (10.9)	45 (19.7)
Not able to stop drinking once started	135 (59.0)	48 (21.0)	14 (6.1)	32 (13.9)
Failed to do work because of drinking	136 (59.4)	61 (26.6)	26 (11.4)	6 (2.6)
Needed a first drink in the morning to get going	136 (59.4)	41 (17.9)	14 (6.1)	38 (15.6)
Had a feeling of guilt after drinking	144 (62.9)	33 (14.4)	16 (7)	36 (15.7)
Unable to remember what happened last night	153 (66.8)	39 (17)	14 (6.1)	23 (10.1)

From the table 2, 19.7% of them reports that they consume alcohol six or more drinks in a week, 13.9% reports that they cannot able to stop drinking once started, 15.6% reports that they need a first drink in the morning

after a heavy drinking session, 10.1% of them unable to remember because of drinking and only 15.7% were feeling guilty after drinking.

Table 3: Determinants of alcohol dependence

Characteristics	Ever Alcoholic n=229 (%)	Never Alcoholic n=141 (%)	Total n (%)	p-value (chi-square; df)
Age	21-30	83 (36.2)	36 (25.5)	<0.001 (48.72;df=2)
	31-40	115 (50.2)	40 (28.4)	
	>40	31 (13.6)	65 (46.1)	
Marital status	Married	196 (85.6)	122 (86.5)	0.8 (0.06; df=1)
	Unmarried	33 (14.4)	19 (13.5)	
Literacy status	Literate	89 (38.9)	112 (79.4)	<0.001 (57.88; df=1)
	Illiterate	140 (61.1)	29 (20.6)	
Occupation	Fishing	149 (65)	106 (75.2)	<0.001 (42.88; df=2)
	Agriculture	13 (5.8)	28 (19.8)	
	Unemployed	67 (29.2)	7 (5)	
Socio-economic status	V	7 (3)	6 (4.2)	<0.001 (80.32; df=4)
	IV	21 (9.2)	44 (31.2)	
	III	34 (14.8)	53 (37.6)	
	II	78 (34.1)	10 (7.1)	
	I	89 (38.9)	28 (19.9)	
History of alcohol intake in	Yes	178 (77.7)	97 (68.8)	0.05 (3.65; df=1)
	No	51 (22.3)	44 (31.2)	
of smoking*	Yes	78 (34.1)	89 (63.1)	<0.01 (OR=0.3;df=1)
	No	151 (65.9)	52 (36.9)	

*Odds ratio

Age, literacy status, occupation, socio-economic status influence the alcohol dependence with significant association ($p < 0.05$). As per odds ratio calculation, inverse relationship exhibited between alcohol and smoking. (Table 3)

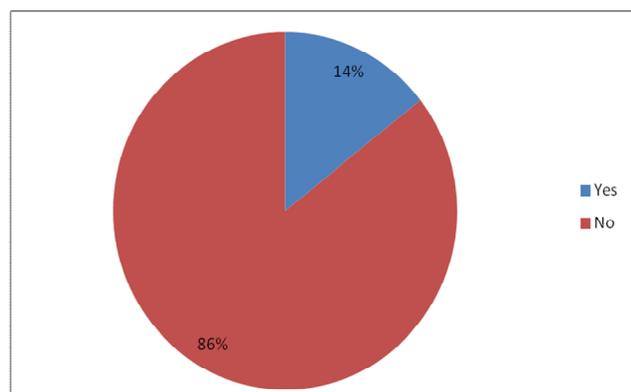


Figure 1: Preference of health care facility for health problems related with alcohol among ever alcoholics (n=229)

More than three fourth of the ever alcoholics never seek health care facility for their health problems related with alcohol (Fig 1)

Table 5: Reasons for treatment non-seeking behaviour among ever alcoholics who do not prefer HCF (n=196)

Characteristics	n (%)
Don't know where to seek treatment	113 (57.7)
Social stigma	101 (51.5)
Medicine has no effects	98 (50)
Alcohol is the best medicine for side effects	83 (42.3)
Poor quality of care in health centres	81 (41.3)
Doctors not available around the clock	78 (39.8)
Medicine can be bought over the counter if symptoms persists	43 (21.9)
Self management	56 (28.6)
Cost of medicine is high	34 (17.3)
Others	12 (6.1)

*Multiple responses

Out of 229 ever alcoholics, 196 of them never seek treatment for alcohol related health problems and Table 5 explains the reasons for treatment non seeking behaviour among them. Majority of the ever alcoholics do not prefer Health Care Facility (HCF) for treatment because they do not aware of the treatment seeking places (57.7%). Around 51.5% of them feel seeking treatment for alcohol related diseases were social stigma in the society. Forty two percentages of them reported that alcohol itself is the best medicine for its side effects.

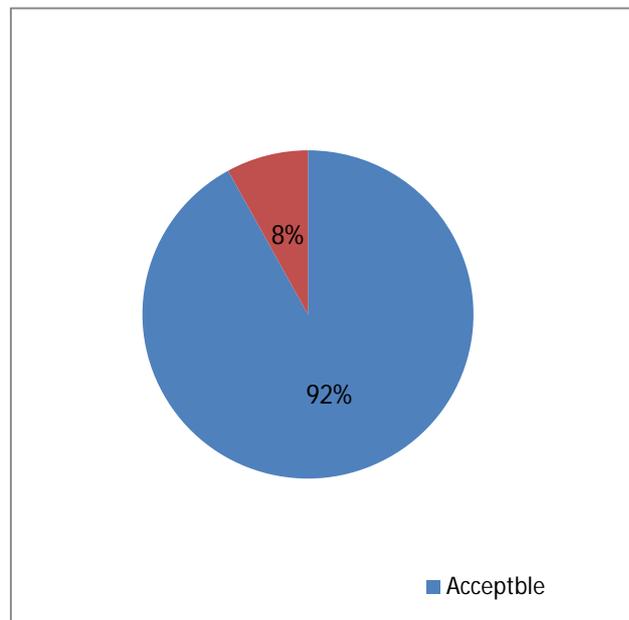


Figure 2: Opinion on alcohol consumption among adult males in the community (n=370)

Majority of the participants opined that alcohol consumption by males is an accepted norm in their community.

Discussion:

The present study was done in a Manapet village in Puducherry district. The principal focus of the current study was to assess the prevalence of alcohol dependence and its determinants and also to explore the various reasons for treatment non-seeking behaviour among ever alcoholics in the village.

A per 2011 census in Pondicherry, the literacy status among males were 80%. In our present study, only 54.3% of the adult males were literate. This shows that literacy rate is very low in the study area compared to that of census. The mean age of the participants was 34.7±2.1 years which was similar to the study conducted in Tamilnadu.¹⁰ Regarding occupation in the present study, majority of them were working in fishing (69%) and its related works; around 20% of the study participants were unemployed. This stresses the fact that predominant work in the study area is fishing and its related works.

In the present study, the prevalence of ever alcoholics was 61.9% whereas studies conducted in southern and northern parts of India reported lower prevalence ranges from 13-40%.¹⁰⁻¹² High prevalence of alcoholism shows the prevailing socio-cultural norms and relaxation in laws for the use and sale of alcohol in the study area. The mean age of initiation of alcohol consumption among ever alcoholics was 18.1±2.7 years which shows the early consumption of alcohol in the study area. In contrast to our study, wide differences in mean ages of initiation of alcohol [20-40 years] were found in other studies.^{10,13-16} Among the study participants, around 41% of them have some level of dependence for alcohol ranges from mild to severe. This shows that alcohol dependence were common among ever alcoholics.

Regarding alcohol dependence audit, around 20% of them reports that they consume alcohol six or more drinks in a week, 13.9% reports that they cannot stop drinking once started, 15.6% reports that they need a first drink in the morning after a heavy drinking session, 10.1% of them unable to remember because of drinking and only 15.7% were feeling guilty after drinking.

In the present study, alcohol dependence was found significantly associated with age (higher in age group less than 40 years), literacy status (higher in illiterates), occupation (higher in fishing and unemployment) and socio-economic status (poor SES) which was similar to the study conducted by Sundaram AK et al.¹⁷ In the current study, marital status was not associated with alcohol dependence which was similar to the study conducted in Tamilnadu.¹⁰ In contrary, study conducted by Sundaram AK et al¹⁷ reported that Marital status highly influence the alcohol dependence. In the current study, majority of the person who consumes alcohol were never smokers (63.8%) which imply there is negative association between the smoking and alcohol consumption which shows opposite to the study done by Karen.¹⁸

We found that only marginal group of ever alcoholics sought treatment or communicated their alcohol related problems with health care workers. Treatment seeking behaviour for alcohol related diseases widely varies throughout India.^{19,20} The main reason in some measure was due to lack of awareness on availability of services,

lack of public treatment services and inaccessibility of private services and most likely contributes to both the reduced demand for treatment services. Around 42% of them said alcohol itself is the best medicine for its side effects. This stresses the fact that participant’s awareness was very low in the community. Health Workers plays a vital role to increase the level of utilization of services and their awareness by implementing screening and brief intervention programmes.

Another major concern to be addressed was social stigma in the community. More than 50% of the ever alcoholics reported that social stigma as the major cause for not seeking treatment for alcohol related diseases. Participants also opined that alcohol consumption by males is an accepted norm in their community. These finding states that implementing programmes for ever alcoholics in the community without addressing social stigma leads to failure.

Strengths and Limitations:

This was a first population based study conducted to survey the alcohol use and probed treatment non seeking behaviours among alcoholics in Pondicherry. Widely validated (AUDIT) screening tool was used to identify participants who had alcohol use disorders.

This study was based on self-reported questionnaire; the validity depends of participant’s social desirability and the individual’s willingness. Participant’s unwillingness to acknowledge their drinking status and their specific problems are likely to have biased our prevalence estimates downward.

Conclusion:

Alcohol consumption and dependence was more common among the study participants in the present study. Common reasons for starting drinking were to relieve stress and out of curiosity. Socio-demographic conditions are highly influencing the alcohol dependence. Occupation related physical aches and cultural acceptance of male alcohol consumption seems to be responsible for dependence. Treatment non-seeking behaviours were high due to social stigma and lack of awareness on treatment availability. The present scenario can be improved through enhancing IEC activities and training of health workers focusing on social stigma and management on alcohol related diseases.

Conflict of interest	: None
Source of support	: Nil

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