

PREVALENCE AND PSYCHOSOCIAL FACTORS OF ALCOHOL USE DISORDER– A PROSPECTIVE STUDY FROM A TERTIARY CARE CENTRE OF ASSAM, INDIA

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ABSTRACT

BACKGROUND

Alcohol dependence, also known as alcoholism or alcohol use disorder, is a broad term for any drinking of alcohol that results in many diseases and various psychosocial problems. There are many complications in managing as well as critical treatment in the study area. The number of alcohol use disorder is increasing in Northeast India day by day. This study was conducted with an aim to study the prevalence and psychosocial factors of alcohol use disorder.

MATERIALS AND METHODS

Present study was a hospital-based, cross-sectional study from 1st December, 2015 to 30th November, 2016. A mixed research method of both qualitative and quantitative approaches, nonprobability purposive sampling and three different types of standard scales were applied among cases of age 20 and above.

RESULTS

100 alcohol use disorder patients were assessed. Most of the patients were of 20-39 years age group. Majority (96%) of total respondents were male. 48 percent of alcoholic dependence cases were from HSLC and HS standard, 98 percent of alcoholic dependence cases were from Hindu religion. Interestingly, 34 percent respondents were severely alcohol dependent, 48 percent of them suffered from high perceived stress, 66 percent of their families were problematic but the findings of hypotheses i.e., $\chi^2 = 0.489$ and $\chi^2 = 0.097$ depict there is no association between the levels of alcohol dependency and family functioning. It cannot be said 'higher the level of stress higher the severity of alcohol dependency'.

CONCLUSION

There are many health and social problems which are related to alcohol use disorder. Alcohol use disorder leads to mental illnesses such as problems of stress, depression, aggression, anxiety, alienation, revenge, shock, indifference, frustration and sleeplessness.

KEYWORDS

Alcohol, Psychosocial Issues, Dependency, Family Function.

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BACKGROUND

Alcohol use disorder means drinking too much quantity at a time which can be considered as a dangerous drinking habit that can harm the relationships, skipping work, and lead to legal problems such as driving while drunk.^{1,2} Once someone starts to alcohol abuse,³ he continues to drink even though he knows that his drinking habit is causing problems. If anyone continues to abuse alcohol, it can lead to alcohol dependence. Alcohol dependence or alcoholism leads to depending on alcohol physically, psychologically

and emotionally. It is not a new discovery that alcohol consuming is an immeasurable problem of life. It may be simply a cup of drink at first, but afterwards gradually it becomes an addiction in many groups of younger generation. Alcohol consumption is steadily rising in developing countries like India and decreasing in developed countries since the 1980s. WHO (2004) declared that alcohol consumption alone is responsible for 4% of the global disease burden, estimated that 2.2 million people died from alcohol related causes in 2005, an increase of 22% from 2000. The harmful use of alcohol ranked among the top five risk factors for disease, disability and death throughout the world (WHO, 2011a; Lim, et al., 2012). Alcohol and drug abuse have been showing an increasing trend in India, however, there is very little systematic data on the extent of use and abuse of alcohol (L. Sam S. Manickam, 2001). Estimated alcoholics were 62.5 million in India. Due to its large population, India has been identified as the potentially third largest market for alcoholic beverages in the world which has attracted the attention of

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multinational liquor companies (Indian Alcohol Policy Alliance, 2012). Consumption of alcohol and problems related to alcohol vary widely around the world, consequently, the burden of disease and death remains considerable in most countries.⁴ It is a causal factor in more than 200 diseases and injury conditions (as described in Statistical Classification of Diseases and Related Health Problems ICD 10th revision, WHO, 1992). Drinking alcohol is associated with a risk of developing health problems such as alcohol dependence, liver cirrhosis, cancer and injuries (WHO, 2004a; Baan et al., 2007; Shield, Parry & Rehm, 2013).

Assam also cannot be exempted from the same problems as mentioned above. People of both upper and lower Assam face several issues because of consumption of different types of alcohol due to fallacy belief of tradition and customs related to their communities. Researchers try to opine that alcohol use disorder is a serious psychiatric problem increasing day by day. Researchers have enough experiences for many years that certain problems of relation between husband and wife, relation problems among family members, problems in professions, problems related to property and behaviour problems were faced by several groups of people in the study area. Researchers have been consulting number of alcoholic patients, who were facing lots of psychiatric problems, admitted in Psychiatry dept. and other departments in Jorhat Medical College and Hospital, Assam. Jorhat, one of the districts of upper Assam, is one important place where huge alcohol users and dependency cases can be found. As well, it can be observed that they suffer from several kinds of diseases because of consuming different types of alcohol in the areas.

Aims and objectives- To understand prevalence of alcohol use disorder in a tertiary care centre, to assess the severity of alcohol dependency, to assess the level of stress of patient with alcohol use disorder and to assess the family function of patient with alcohol use disorder.

MATERIALS AND METHODS

Hypotheses which were tested, H1= There is an association between alcohol dependency and family function, and H2= Higher the level of stress, higher the severity of alcohol dependency. It is a quantitative research study, which involves philosophical assumptions that guide the direction of the collection and analysis of data. It focuses on collecting, analysing, and mixing both quantitative and qualitative data in a single study or series of studies. Software Package of Social Science (SPSS) was used by the researchers where simple and correlation and comparison statistics were used for interpretation. The researchers used Non-probability purposive sampling where the patients were selected and administered the standard questionnaires. The patients of the Jorhat Medical College Hospital were respective respondents. Study consisted of 100 respondents of both male and female patients of the study place. To select these respondents,

the researchers visited IPD and OPD of Psychiatry Department and other departments of the Medical College. There are some important scales like Perceived Stress Scale to assess the stress of respondent, General family function scale of McMaster to assess the family function and Severity of Alcohol Dependence Questionnaire (SADQ-C)⁵ for measuring the level of alcohol dependency, which were used among the respondents.

RESULTS

The majority (96%) of alcohol dependents were male, 56 percent of them were from the age group 20-39 years, 48 percent of alcohol dependents were from HSLC and HS standard, 62 percent of respondents were from rural place where as 38 percent of them were from urban areas. 98 percent of alcohol dependents were Hindu, 72 percent of alcohol dependents were staying at their own home, 56 percent of alcohol dependents were from joint family, 48 percent of alcohol dependents have 1-2 siblings, 28 percent of alcohol dependents did private job, 20 percent of them worked in the government, 44 percent of them had income 10000 and above, 44 percent of them had 5000 and above, 46 percent of alcohol dependents were moderately dependent on alcohol, 34 percent of them were severely alcohol dependent, more than (52 percent) half of alcoholic respondents suffered from moderate stress and 48 percent of them suffered from high perceived stress, 66 percent of respondents' family life was problematic. First hypothesis finding revealed that calculated value ($\chi^2=0.489$) was greater than the level of significance (0.05) with regard to the alcohol dependency and family function aspect. So, null hypothesis was accepted. Therefore, there was not an association between the levels of alcohol dependency and family functioning of the respondent. Second hypothesis finding also revealed that calculated value ($\chi^2=0.097$) was greater than the normal table value (0.05) with regard to the levels of perceived stress and alcohol dependence aspect. So, here also hypothesis was rejected. Therefore, it revealed that the statement 'Higher the level of stress higher the severity of alcohol dependency' is not true.

DISCUSSION

There are number of problems that people face in the communities which are related to alcohol use disorder. McGovern (2009) opined that the use of alcoholic beverages have been an integral part of many cultures for thousands of years. Drinking alcohol was thus often an occasional and community related activity, associated with particular festivals (Gumede et al, 1995). So, most of the patients of several tribal communities were considering that alcohol consuming was an integral part of their own tradition, culture and way of life, etc., was a wrong thought. Common people considered that the stress, tension, anxiety and relationship problems of individuals lead to alcohol dependency. Some patients used alcohol because of stress related to their family problems but on

the other hand there were some patients who consumed alcohol for partying. This study shows that when a person becomes alcohol dependent, it would gradually affect his family. So, if a person becomes alcohol dependent, he creates problem in his family, but there are few patients who are addicted to alcohol due to problematic family functioning.

Health awareness programmes to motivate prevention of alcohol abuse should be organised within the communities in certain places.⁶ During the time of delivering messages, psychiatry related issues and diseases should be explained so that they are understood easily by common public. False beliefs such as "alcohol intake is in our culture" should be handled sensitively among some important tribal communities in Assam. Intervention, psychosocial workup as well as motivational interviewing, counselling are very helpful for alcohol use disorder patients.^{7,8,9} Topics like 'alcohol and its impacts' can be discussed with moral science on certain religious occasions. Motivational Enhancement Therapy (MET) can be taught to the patients who visit the hospital for the treatment.¹⁰

CONCLUSION

Alcohol use disorder leads to mental illnesses¹¹ such as stress, depression, aggression, anxiety, alienation, revenge, shock, indifference, frustration and sleeplessness. There are some people who take alcohol while they are in happy mood, i.e. celebrating festivals, birthday parties, marriage, etc. The hypothesis of this study indicated that there was no association between stress/anxiety and alcohol dependency, and also there was no significant relationship between alcohol dependency and family functioning in the study areas.

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