



# A Study of Socio Demographic Profile of Alcohol Dependents Attending De-Addiction Centre in Ahmedabad

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## ABSTRACT

**Background** In Indian population prevalence of alcohol dependence is 5%. The productivity, availability and consumption pattern of alcohol has undergone phenomenal changes in recent time. So this study was aimed to fill up the lacunae in the existing knowledge about various determinants of alcohol dependence.

**Methods:** The Cross-sectional observational study was carried out among alcohol dependent patients attending Kanoriya de-addiction centre, Ahmedabad from 1<sup>st</sup> June 2014 to 31<sup>st</sup> May 2015. 480 out of total 600 patients could be studied as per the inclusion and exclusion criteria. Data was obtained after taking consent and entered in Microsoft excel and analysed using Epi info software (7.1).

**Results** Mean age of initiation of alcohol use was  $22.59 \pm 4.04$  years. Around 70% of the participants had positive family history regarding alcohol consumption and this association was found statistically significant. The most common reason responsible for the initiation of alcohol use was peer pressure (35.20%) followed by curiosity (23.95%).

**Conclusion** In the present study, all the patients were males and it may be due to poor health seeking behavior of female patients owing to the embarrassment and shame. Young age group must be taught how to handle peer pressure.

**Key words:** Alcohol dependence, sociodemographic profile, family history, deaddiction centre

## INTRODUCTION

The World Health Organization estimates that about 140 million people throughout the world suffer from alcohol dependence. Alcohol dependence is a very common public health problem in the Indian society and is increasingly expanding owing to the social acceptability of alcohol everywhere. In Indian population prevalence of alcohol use has been noted as 19.78% to 21.4% and alcohol dependence as 5%<sup>1</sup>. The productivity, availability, consumption and drinking patterns of alcohol have undergone phenomenal changes in India and have been influenced by combined effects of globalization, market forces, changing government policies,

media promotion and changing values of Indian society<sup>2</sup>.

During the last few decades the mean age of initiation of alcohol use has decreased from 28 years to 18 years indicating that people are drinking alcohol at an earlier age than previously.

This study will fill up the lacunae in the existing knowledge about alcohol dependent's lifestyle, behaviour, their knowledge, feelings, attitude and opinion values and also help in interventions in health services for early detection of alcohol dependents and their treatment especially at de-addiction centre.

## OBJECTIVES

The study was conducted to know the Socio-demographic characteristics of alcohol dependents. to study association between early initiation of alcohol use and family history, to study various reasons for initiation of alcohol use, and also to study association between type of alcohol and place of residence.

## METHODOLOGY

The present Cross-sectional observational study was carried out at Kanoriya Hospital De-addiction Centre, Ahmedabad. All the alcohol dependent patients based on ICD-10 (International classification of diseases) criteria attending de-addiction centre from 1<sup>st</sup> June 2014 to 31<sup>st</sup> May 2015 were taken up for the study. Institutional permission was taken.

**Inclusion Criteria** All those who were diagnosed as Alcohol dependent based on ICD-10 diagnostic criteria<sup>3</sup>, attending drug de-addiction centre and who were willing to give a written informed consent were included in the study.

**Exclusion Criteria** Patients having problems of speech, hearing and vision or not in state of addiction or inebriated were excluded. Patients having addiction for other substance of abuse (excluding tobacco) were also excluded.

There are 40-50 alcohol dependent patients used to come to the OPD per month. In a span of 12 months total 600 patients had visited the de-addiction centre. Out of this 600 after applying inclusion and exclusion criteria 480 consented for the study. These patients were selected.

**Data Collection and Data Analysis:** Confidentiality of information provided by them was ensured. By using pre-tested proforma, data was obtained by interviewing the patients regarding their socio-demographic profile, details of alcohol abuse, quantity of alcohol, reason for starting of alcohol drinking and family history of Alcohol abuse.

Data entry was done in Microsoft excel and data were analysed using Epi info software (7.1). Descriptive analysis was performed using univariate statistics to report means and standard deviations for the continuous variables and frequency distribution for the categorical variables. Chi-square analysis was performed to compare the frequency of categorical variables.

## RESULTS

All the study participants were male. Majority of the dependents (54.2%) were belonging to 36-40 years of age group. Mean age was 39.60±4.05 among the study participants. Most of the study

participants were educated up to secondary level and the proportion of illiterates were slightly more among urban (14.4%) than rural (13.8%) participants. Majority (69%) of them had nuclear family. Majority of the alcohol dependents either worked as skilled worker (27.3%) or as Semiskilled (24.2%) worker. The proportion of unemployment was very less (2.5%). Majority of the participants were Hindu (76.5%) followed by Christian (13.3%). Around 66.9 % of the dependents were married while unmarried and divorced was 14.6 % and 6.7% respectively. Maximum study participants were from socioeconomic class 3 while only 11 % were from socioeconomic class 1. (Table-1)

**Table 1: Demographic profile of patients attending a deaddiction center (n=480)**

| Variables               | Frequency (%) |
|-------------------------|---------------|
| Age group               |               |
| 26-30                   | 15 (3.1)      |
| 31-35                   | 30 (6.3)      |
| 36-40                   | 260 (54.2)    |
| 41-45                   | 135 (28.1)    |
| 46-50                   | 40 (8.3)      |
| Level of education      |               |
| Illiterate              | 68 (14.2)     |
| Primary                 | 80 (16.7)     |
| Secondary               | 140 (29.2)    |
| Higher secondary        | 117 (24.4)    |
| Graduate                | 47 (9.8)      |
| Post graduate           | 28 (5.8)      |
| Types of family         |               |
| Nuclear                 | 332 (69.2)    |
| Joint                   | 66 (13.8)     |
| Three generation family | 48 (10)       |
| Broken                  | 34 (7.1)      |
| Occupation              |               |
| Professional            | 19 (4)        |
| Semi professional       | 58 (12.1)     |
| Clerical                | 112 (23.3)    |
| Skilled                 | 131 (27.3)    |
| Semiskilled             | 116 (24.2)    |
| Unskilled               | 32 (6.7)      |
| Unemployed              | 12 (2.5)      |
| Religion                |               |
| Hindu                   | 367 (76.5)    |
| Christian               | 64 (13.3)     |
| Muslim                  | 29 (6)        |
| Sikh                    | 20 (4.2)      |
| Marital status          |               |
| Married                 | 321 (66.9)    |
| Unmarried               | 70 (14.6)     |
| Widow                   | 24 (5)        |
| Divorced                | 32 (6.7)      |
| Remarried               | 33 (6.9)      |
| Socio economic status   |               |
| Class 1                 | 53 (11)       |
| Class 2                 | 167 (34.8)    |
| Class 3                 | 196 (40.8)    |
| Class 4                 | 64 (13.3)     |
| Class 5                 | 0 (0)         |

**Table 2: Age of initiation of alcohol use**

| Age group (years) | Frequency (%) |
|-------------------|---------------|
| 11-15             | 35 (7.3)      |
| 16-20             | 85 (17.7)     |
| 21-25             | 242 (50.4)    |
| 26-30             | 118 (24.6)    |

Mean age  $\pm$ SD = 22.59  $\pm$ 4.04

**Table 3: Relationship between early initiation of alcohol use & family history of alcohol use**

| Age (years) | Family history |            |           |
|-------------|----------------|------------|-----------|
|             | Present (%)    | Absent (%) | Total (%) |
| $\leq$ 20   | 106 (31.5)     | 14 (9.7)   | 120 (25)  |
| >20         | 230 (68.5)     | 130 (90.3) | 360 (75)  |
| Total       | 336 (100)      | 144 (100)  | 480 (100) |

$\chi^2=25.61$ , df =1, P < 0.05

**Table 4: Reasons for initiating use of alcohol (n=480)**

| Reasons                               | Frequency (%) |
|---------------------------------------|---------------|
| Peer pressure                         | 169 (35.2)    |
| Curiosity                             | 115 (23.95)   |
| Work related stress / Academic stress | 90 (18.75)    |
| Appetizer / Increase sex drive        | 77 (16.04)    |
| Family related stress                 | 29 (6.04)     |

**Table 5: Types of consumed alcohol**

| Type of alcohol | Urban (%)   | Rural (%)  | Total (%)   |
|-----------------|-------------|------------|-------------|
| Whisky          | 128 (42.81) | 84 (46.41) | 212 (44.17) |
| Beer            | 102 (34.11) | 19 (10.50) | 121 (25.21) |
| Wine            | 50 (16.72)  | 36 (19.89) | 86 (17.92)  |
| Locally made    | 19 (6.36)   | 42 (23.20) | 61 (12.70)  |
| Total           | 299 (100)   | 181(100)   | 480(100)    |

$\chi^2=51.09$ , df =3, P =0.0009 < 0.05

Majority of the participants started consumption of alcohol in the age group of 21-25 (50.4%) followed by 26-30 (24.6%) age group. Mean age of initiation of alcohol use was 22.59  $\pm$  4.04years (Table-2). Around 70 % of the participants had positive family history regarding alcohol consumption. If either of the parents had alcohol dependence then it was considered as positive family history. Around 31 % of the participants who had positive family history initiated use of alcohol in the age group less than or equal to 20 years while only 9 % of the participants who had negative family history had started use of alcohol in the same age group. So it shows that alcohol use at early age is more common among having positive family history. Association between positive family history and age of initiation of alcohol use was found statistically significant.(P < 0.05) (Table-3)

The most common reason responsible for the initiation of alcohol use was peer pressure (35.20%) followed by curiosity (23.95%). Family related stress was the least encountered reason for the ini-

tiation of alcohol use (Table-4). Around 23% rural participants were used to consume locally made formulation while proportion of locally made consumers from urban area was only 6%. (Table 5).

## DISCUSSION

Alcohol is one of the recognized risk factors for ill-health<sup>4</sup>. This is alarming especially with an upward trend in the prevalence of alcohol use over the last two decades. There is growing evidence that apart from the total quantum, the pattern of consumption (frequency of use, drinking to intoxication, binge drinking, chronic use) plays an important role in many of the public health problems (injuries, violence etc.) consequent to alcohol use.<sup>5</sup>

The new paradigms of alcohol use viz., decreasing age at initiation, greater permissibility of social drinking, popularity among women etc., is increasingly associated with the processes of globalization, urbanization and migration.<sup>6</sup> A combination of all these proximal and distal factors have made alcohol consumption a common practice with less understanding on impact of alcohol on health, social and economic areas in the Indian society.

In the present study, all the patients who attended the De-addiction centers were males. While females are largely confined to indoors, the males have a more easy access to illicit substances than females. The lack of female patients at the De-addiction centers can also be attributed to the poor health seeking behaviour among females, owing to the embarrassment and shame they might face on revealing this behaviour to their families and society. This finding was similar to findings of Prajapati A et al.<sup>7</sup> study in which also all participants were male.

Majority of the dependents attending de-addiction centre were from the age group 36-40 years (54.2%). Similar findings were found in the Study conducted by Prajapati A et al.<sup>7</sup> in Ahmedabad city in which the most common age group was 25-45 years (66.3%) attending de-addiction centre.

In this study mean age of initiation of alcohol use was 22.59  $\pm$  4.04 years. Similarly Prajapati A et al.<sup>7</sup> found in their study that 20-30 years of age group (45.5%) was the most commonly involved age group.

In the current study majority of the participants had studied up to secondary (29.2%) and higher secondary (24.4%) level. On the contrary Payal et al<sup>8</sup> found that majority had received only secondary education (66%).

Majority of the alcohol dependents either worked as skilled worker (27.3%) or as semiskilled (24.2%)

worker. The proportion of unemployment was very less (2.5%). Ranjan D P et al.<sup>9</sup> found in their study that 53.1 % of the alcoholics were semiskilled worker and the proportion of unemployed alcoholic was around 27.2%.

In the present study majority of the participants were Hindus (76.5%) followed by Christians (13.3%). Payal et al.<sup>8</sup> had reported in their study that 93 % of the participants were Hindus. Around 66.9 % of the dependents in the present study were married while the proportion of unmarried and divorced was 14.6 % and 6.7 % respectively. Singh J. et al.<sup>10</sup> found that 86% of the dependents were married. While Singh P et al.<sup>11</sup> found that 7 % of the dependents were unmarried and 1 % was divorced.

In the current study majority of the participants were from socioeconomic class 3 while only 11 % were from socioeconomic class 1. Alcohol Dependents from Socioeconomic class 5 were not reported in the present study and it may be because of unaffordability of treatment at de-addiction centre. Similar findings were reported in the study conducted by Gururaj et al.<sup>2</sup>

In the present study around 70 % of the participants had positive family history regarding alcohol consumption. Kumar N et al.<sup>12</sup> conducted study in southern India among alcohol dependents at de-addiction centre and they found that a high percentage of patients (63.0%) had a history of substance use in the family.

In the present study peer pressure (35.20%) was the most common cause of alcohol use initiation followed by curiosity (24 %) while the least encountered reason was family related stress (4%). Kobus<sup>13</sup>, in a comprehensive review observed that adolescent peer relationships contribute to adolescent alcohol drinking. In the study of Malhotra et al.<sup>14</sup>, peer pressure was the single most important cause for initiation of substance use whereas in a study of Magroob et al.<sup>15</sup>, 44.4% patients were influenced by peer group to use substances. It was found that in 67 % of patients in a study done by Singh S P et al.<sup>16</sup> curiosity was the most common reason for development of alcohol dependence.

In the present study it was found that 34.11 % of the beer consumers were from the urban area while 10.50% were from the rural area. On contrary around 23% rural participants were used to consume locally made formulation while proportion of locally made consumers from urban area was only 6%. The variation in the type of alcohol and place of residence was mainly due to the difference in the availability, affordability and sociocultural factors. In the Bangalore study, whisky and brandy (52%) was the commonest alcoholic beverage while

33% consumed arrack (frequency of arrack use was higher in rural areas, town and slums).

## CONCLUSION

On the basis of the findings of this study it can be concluded that majority of the participants started consumption of alcohol in the early age group and two third of the participants had positive Family history regarding alcohol consumption. So, young age group who have positive family history of alcoholism should be identified as high risk group and counselled and motivated by conducting school or college based campaign. One third of the participants reported peer pressure was the responsible reason for the initiation of alcohol use. So life skill education should be incorporated in the school or college curriculum which enables them how to handle different types of situation like stress, peer pressure etc. Even there is ban on alcohol in Gujarat state, locally made formulation of alcoholism are being prepared and used in rural areas.

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