



A Study On Urges And Temptations Among Patients With Alcohol Dependence Syndrome At Integrated Rehabilitation Centre For Addicts, Tiruchirappalli

KEYWORDS

Urges, Temptations, Alcohol Dependence syndrome, Drug taking situations.

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ABSTRACT *Research on the Temptation and urges in alcohol dependence syndrome is associated with greater use of alcohol, more alcohol-related problems, and more severe symptoms of alcohol dependence. However, there is little known about the mechanisms by which Temptation may be associated with these higher levels of alcohol involvement. The present study was designed to examine how individual differences in Temptation are associated with responses to alcohol cues. The researcher adopted 36 samples from Integrated Rehabilitation Centre for Addicts, at Kajamalai, Tiruchirappalli District and used purposive sampling in this descriptive study. The researcher outlines on Alcohol dependence syndrome from Indian context, consumption patterns, Health consequences and Psychosocial consequences, and societal costs. And provide some solutions towards India on this Alcohol Dependence Syndrome.*

INTRODUCTION

According to Webster's College Dictionary, addiction is defined as a "dependence or commitment to a habit, practice, or habit-forming substance to the extent that its cessation causes trauma" Generally, when people think of addiction, they think of addiction to psychoactive substances or psychoactive drugs—chemicals that act on the central nervous system (CNS), and induce feelings of pleasure or well-being. If used for a prolonged period of time, these substances can cause individuals to become physically dependent, as their bodies require a steady flow of them to function normally.

Alcoholism, also known as alcohol dependence, is a disease that includes the following four symptoms:

- Craving
- Loss of control
- Physical dependence
- Tolerance

The three C's of on addiction are

1. Compulsive Use
2. Loss of Control
3. Continued Use Despite Adverse Consequence

ALCOHOL DEPENDENCE SYNDROME FROM INDIAN CONTEX

- The word alcohol has different meanings to people in different settings. For the government, it is the principal source of revenue; for economists, it is just another product; to a public health specialist, it is a major cause of death and injuries; to the common man, it is a pleasurable commodity and for the media

CONSUMPTION PATTERN

- Nearly 30-35% of adult men and approximately 5% of adult women consume alcohol (Male to Female ratio being 6:1)
- The amount of drinking increases with age and duration. Social drinkers generally graduate to become hazardous and pathological drinkers over time. More than 50% of regular alcohol users also fall into the category of hazardous drinking.
- Drinking usually starts in social circles for pleasure seeking, companionship, peer pressure or for relief from stress and fatigue, progressing later to isolated and regular drinking.

HEALTH CONSEQUENCE

- It is known that alcohol contributes to more than 60 different health conditions.
- Both hospital-based studies and population-based studies reflect increasing use of alcohol in the country in recent decades. The available evidence is from individual studies and in isolated areas based on the specific interests of the researchers.
- Alcohol users have a higher incidence of mortality, hospitalization and disabilities due to injuries.
- The linkages of alcohol use to specific types of cancer in the Indian region have been well-established.
- A significant relationship has been established between alcohol use, risky sexual behavior and increased risk of HIV/AIDS and other sexually transmitted diseases in the Indian region; alcohol use is more often associated with lack of protection and having multiple sex partners.
- Hospital-based studies suggest that nearly half of the deaths due to liver cirrhosis are linked to chronic alcohol use.
- Alcohol use has an intimate relationship with nutrition related disorders at both ends of the spectrum (both under nutrition and obesity).

SOCIAL AND PSYCHOLOGICAL CONSEQUENCES

- The social consequences of alcohol use at individual, family and societal level are largely anecdotal, media reported events with limited scientific evidence.
- The social consequences at the individual level significantly impacts personal life, work-related areas and family relationships.
- At the family level, alcohol has numerous effects
- Unemployment or underemployment of the alcohol user
- Increasing crime rates in Indian society

SOCIETAL COSTS

- The direct and indirect impact of alcohol on the economic situation of society as a whole has been difficult to gauge with the available data.

- ◆ The costs linked to alcohol use can be broadly categorized as direct and indirect, tangible and intangible.
- ◆ Governments incur huge expenditure for managing harmful effects of alcohol use.

THE RESPONSE

Initiatives that have been undertaken to address the complex problem include:

- Establishment of Deaddiction Centers under the Ministry of Health and, Counseling and Rehabilitation centers under the Ministry of Social Justice and Empowerment.
- Greater emphasis on management and rehabilitation of alcohol dependents.
- Increasing resources towards management of crime and stepped up judicial efforts.
- Health education programs across the country especially for drinking and driving.
- Outreach demand reduction activities by nongovernmental organizations.

REVIEW OF LITERATURE

Tiffany, Stephen T. (1990)

They made a study on A cognitive model of drug urges and drug-use behavior: Role of automatic and nonautomatic processes. The authors found that Contemporary urge models assume that urges are necessary but not sufficient for the production of drug use in ongoing addicts, are responsible for the initiation of relapse in abstinent addicts, and can be indexed across 3 classes of behavior: verbal report, overt behavior, and somatovisceral response.

Carey, Kate B. (1993)

The authors made a study on Situational determinants of heavy drinking among college students. In comparison with light and moderate drinkers, heavy drinkers were more likely to report excessive drinking in situations involving social pressure to drink, pleasant times with others, pleasant emotions, and physical discomfort. Heavy drinkers were no more likely than light and moderate drinkers to drink excessively in response to unpleasant emotions, testing of personal control, or urges and temptations to drink.

Stephen T. Tiffany and Brian L. Carter (1998)

The authors made a study on Is craving the source of compulsive drug use? They portrayed that Compulsive drug use, which is typically portrayed as a defining quality of addictive behavior, has been described as a pattern of drug consumption that is stimulus bound, stereotyped, difficult to regulate and identified by a loss of control over intake. It is widely assumed that compulsive drug use is caused by drug craving.

Tibor P. Palfai (2001)

The author made a study on Individual Differences in Temptation and Responses to Alcohol Cues. In this study hierarchical regression analyses showed that Temptation was associated with stronger urges to drink alcohol, greater difficulty controlling urges, and increased alcohol consumption, even when controlling for alcohol consumption in the past month. The findings suggest that Temptation has utility for predicting responses to alcohol cues among hazardous drinkers even when the effects of typical drinking patterns are accounted for. Moreover, the results suggest that individuals who exhibit high levels of Temptation may be particularly reactive to anticipatory cues for alcohol consumption.

METHODOLOGY

INTRODUCTION

Urges and temptations plays a major role in patients with alcohol dependence syndrome it makes them to depend the

substance whatever they take. This study is an attempt to study urges and temptations producing situations in the patient's alcohol taking habit.

SIGNIFICANCE OF THIS STUDY

Through various review of literature the researcher revealed that the urges and temptations play a vital role in keeping the patient to be dependent on alcohol. Hence this present study highly focus on the various situations pertaining to keep the patient depend on alcohol based on their urges and temptations.

TITLE OF THE STUDY

A study on Urges and temptations among Patients with alcohol dependence syndrome (with special reference to Integrated Rehabilitation Centre for Addicts, at Kajamalai, Tiruchirappalli District)

AIM OF THE STUDY

To study the situations producing urges and temptations among patients with alcohol dependence syndrome.

OBJECTIVES

- ◆ To find out the socio-demographic details of the respondent's.
- ◆ To assess the situations pertaining to create urges and temptations among the patients
- To find out the association between the dependent and independent variables.

HYPOTHESES

- here is no significant association between Family expenses met by the respondent and overall urges and tempting situations
- There is a significant association between When heard someone talking about their past drinking experiences and duration of Use by the respondent

RESEARCH DESIGN

Descriptive research design

UNIVERSE

The universe of the study belongs to Alcohol Dependence patients admitted in Integrated Rehabilitation Centre for the addicts at Kajamalai, Tiruchirappalli.

SAMPLING

This research adopted 36 respondents as samples from the universe. Sampling technique adopted by the researcher is purposive Sampling.

TOOLS FOR DATA COLLECTION

The researcher used IDTS (Inventory for drug taking situations) along with socio demography details of the patient The IDTS, developed by Annis and Martin (1985), is a 50-item self-report questionnaire that provides a profile of the situations in which a client has used alcohol or another drug over the past year was used.

3: 21 STATISTICAL TEST

Chi-Square Test for interpreting the data.

Socio demographic characteristics' of respondents

	Variable	Frequency	Percentage
	1. Age		
	26 to 34	13	36.1
	35 to 43	14	38.9
	44 to 52	7	19.4
	53 to 62	2	5.6

1.	Religion		
	Hindu	31	86.1
	Christian	3	8.3
	Muslim	2	5.6
2.	Occupation		
	Unemployed	1	2.8
	Self employed	17	47.2
	Government Job	8	22.2
	Private concern	4	11.1
	Agriculture	5	13.9
	Business	1	2.8
3.	Living arrangement		
	Staying alone	1	2.8
	Reside in family units	28	77.8
	Transient arrangements	7	19.4
4.	Family Type		
	Joint	16	44.4
	Nuclear	15	41.7
	Extended	4	11.1
	Not applicable for me	1	2.8
5.	Marital Status		
	Single	3	8.3
	married	30	83.3
	widower	1	2.8
	separated	2	5.6
6.	First used Substance		
	Tobacco	15	41.7
	Cigar/beedi	14	38.9
	Alcohol	7	19.4
7.	Age at first use of Alcohol		
	Less than 15	3	8.3
	16-20	10	27.8
	21-25	15	41.7
	26-30	4	11.1
	31-35	4	11.1
8.	Duration of Use		
	very often	18	50.0
	often	13	36.1
	rarely	5	13.9
9.	Call made to Whom when Drunk Excessively to drive the vehicle		
	Sibling	2	5.6
	Friends	12	33.3
	Relatives	8	22.2
	Drive myself	14	38.9
10.	Family Expenses met by the respondent in last one year		
	75 Percent	15	41.7
	50 Percent	11	30.6

MULTIPLE RESPONSES ON SYMPTOMS FREQUENCIES

Sl No	Symptoms frequencies	Frequency	Percent of cases	percent
1.	Decreased tolerance level	33	91.7%	15.4%
2.	Black-out symptoms	26	72.2%	12.1%
3.	Preoccupation with thoughts	27	75.0%	12.6%
4.	Pattern of daily drinking	19	52.8%	8.9%
5.	Loss of control	25	69.4%	11.7%
6.	Eye opener	10	27.8%	4.7%
7.	Binge drinking	11	30.6%	5.1%
8.	Drink in unfamiliar surroundings	32	88.9%	15.0%
9.	Accidents	8	22.2%	3.7%
10.	Increased aggression	23	63.9%	10.7%
	Total	214	594.4%	100.0%

DISTRIBUTION OF RESPONDENTS BY OVERALL URGES AND TEMPTATIONS

Sl No	Overall situations related to urges and temptations	Frequency	Percentage
	Rarely	1	2.8
	Sometimes	11	30.6
	Frequently	12	33.3
	Very frequently	12	33.3
	Total	36	100

Based on overall urges and tempting situation for alcohol intake 33.3 percent of respondents use alcohol both frequently and very frequently, which shows the study respondents are more prone to take alcohol in all tempting situations.

Association between Family expenses met by the respondent and overall urges and tempting situations

Sl No	Family expenses met by the respondent in the last one year	Urges and Temptations				Statistical Inference
		Rarely	Sometimes	Frequently	Very Frequently	
1.	75 Percent	1	1	6	7	X ² =8.000 Df=3
2.	50 Percent	0	3	4	4	
3.	25 Percent	0	4	1	0	P>0.05
4.	Nothing	0	3	1	1	Not Significant

The findings shows that alcohol dependence doesn't have any positive association with satisfying family needs and overall urge and tempting situation.

Association between When heard someone talking about their past drinking experiences and duration of Use by the respondent

Sl No	Duration of alcohol use	I take alcohol when someone talking about their past drinking experiences				Statistical Inference
		Rarely	Sometimes	Frequently	Very Frequently	
1	Very often	4	3	4	7	$\chi^2 = 7.778$
2	Often	3	2	4	4	$DF=2$
3	Rarely	0	0	0	5	$P < 0.05$ Significant

The findings show that there is a positive association between getting anything heard about past drinking experience and duration of use. Which shows when duration of alcohol increases the urge/temptation to drink alcohol also increase when heard anything about past drinking.

BARRIERS TO EFFECTIVE ALCOHOL CONTROL POLICIES

- Absence of a rational and scientific alcohol control policy and conflicts between the Centre and the State on issues regarding production, distribution, taxation and sales.
- Greater emphasis on the revenue generation and marketing / promotion of alcohol use and non-recognition of health and economic impact of alcohol related problems.
- Absence of an inter-sectoral approach to guide and implement policies and programs.
- Greater importance given to tertiary prevention as compared to primary and secondary prevention efforts.
- Inadequate training of health professionals in recognition of early alcohol related health problems and timely and effective interventions for cessation of use.
- Stigma associated with chronic alcohol use

TOWARDS SOLUTIONS FOR INDIA

- A public health approach of identifying the problem, understanding the determinants, implementing interventions and evaluating what works should be the focus of future programs at all levels.
- The taxation policies need to take into account alcoholic content of the beverages and consumption patterns of individuals.
- Health promotion efforts (not health education alone) should be given importance in control of alcohol problems, thus indicating the need for a systems approach.
- Targeted and focused education programs with clear

information on reducing consumption of alcohol along with dangers of increasing use should be undertaken.

- Community empowerment programs should be encouraged and supported.

In conclusion, in this context and in the emerging scenario of increasing harm from alcohol, it is crucial to evolve policies and programs which would improve health of the people. This requires a greater political commitment, professional involvement, cooperation of the media and an empowered society. In this entire process, health, safety and security of people and society should occupy the centre stage; it is time to move forward with a public health agenda and a coherent and rational approach. In the end, improving health of our society is the collective responsibility of one and all.

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