



A STUDY TO ASSESS VARIOUS FACTORS ASSOCIATED WITH ALCOHOL ADDICTION AND ITS EFFECTS ON DAILY LIFE OF YOUTH OF BHOPAL CITY

Community Medicine

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KEYWORDS

INTRODUCTION-

The Global Status report on alcohol and health (2014), released by the World Health Organization (WHO) states that the amount of alcohol consumption has raised in India between the periods of 2008 to 2012.^[1] Rapid increase in urban population, sizable middle class population with rising spending power, and a sound economy are certain significant reasons behind increase in consumption of alcohol in India.^[2] Alcohol use is associated with numerous harmful health and social consequences, including an increased risk of a range of cancers, stroke and liver cirrhosis. Alcohol also contributes to death and disability through accidents and injuries, assault, violence, homicide and suicide.^[3]

According to a study done in Kerala, the percentage of drinking population under 21 years of age has increased from 2% to 20%; age of initiation has decreased from 19 to 13.5 years, from 1986 to 2014.^[4] The percentage of under-15 boys who have not had alcohol has gone down from 44 per cent to 30 per cent and for girls it has decreased from 50 per cent to 31 per cent, reveals another study done by the Organisation for Economic Cooperation and Development (OECD). Easy availability of liquor, access to alcohol at home, curiosity, peer pressure and its association with a certain kind of lifestyle have contributed to this shift in drinking patterns.^[5]

This scenario has led to fears of an undocumented rise in alcohol abuse among all sections and all age group of society. Hence it is a critical time wherein if effective preventive measures are not undertaken urgently, damage done will be difficult to reverse.

OBJECTIVES

- To assess the various factor associated with alcohol addiction
- To assess the knowledge about ill effects associated with alcohol drinking
- To study the social and behavioral aspects of the alcoholics under study.

METHODOLOGY

The present study was designed as a cross-sectional study which was conducted for the period of 3 months from 1st June 2018 to 31st August 2018. The study area was three English wine shop and three traditional (desi) wine shop located nearby Hamidia Hospital campus, Gandhi Medical College, Bhopal. All the customers of selected wine shops between the age group of 15-30 years were selected using purposive sampling. Inclusion criteria was all the customers of selected wine shops in the age range of 15-30 years. After obtaining institutional ethical clearance, all the participants fulfilling the inclusion criteria were approached and those giving consent were selected. They were ensured confidentiality will be maintained. The participants were subjected to detailed interview regarding their drinking habits using semi-structured questionnaire.

Each completed questionnaire was coded on prearranged coding by the principal investigator to minimize errors. Data obtained were compiled using Ms Excel and analysed using EpiInfo 7 software. The descriptive analysis including proportions, percentages, frequency distribution and measures of central tendency was done.

OBSERVATIONS & RESULTS

Table 1- Distribution of study participants according to socio-demographic variables

Socio-demographic variables	Frequency	Percentage
Age group (years)	<20	22
	21-25	52
	26-30	26
Gender	Male	100
Religion	Hindu	49
	Muslim	32
	Others	19
Socio-economic status	Lower	17
	Lower Middle	32
	Middle	23
	Upper Middle	15
	Upper	13

Mean age of study participants in present study was 24.2±2.36 years, maximum (52%) belonged to 21-25 years of age. All the participants selected were male and majority (49%) of participants were Hindu and 32% were Muslims. Majority of participants (32%) belonged to lower middle socio-economic status, only 13% participants belonged to upper class.

Table 2-Distribution according to age of initiation of alcohol

Age of initiation of alcohol	Frequency	Percentage
<15	2	2
16-20	27	27
21-25	48	48
26-30	23	23

Majority of the respondent (48%) started drinking alcohol between the age group of 21-25 years, while 27% of respondents started to drink between 16-20 years of age.

Table 3- Distribution according to factors responsible for alcohol intake

Factors	Frequency	Percentage
Fun / Desire to taste	39	39
Pain / Tiredness	18	18
Tragedy in family	9	9

Give up social/occupational/recreational activities	24	24
Advertising, marketing and media	3	3
Peer pressure	7	7

In our study, the main factor responsible for initiation of alcohol intake was found to be fun/ desire to taste something new (39%), followed by giving up social, occupational or recreational activities(24%). About 7% participants started drinking due to peer pressure and 3% due to influence of social media.

Table 4- Distribution according to pattern of alcohol drinking

Pattern of drinking alcohol	Frequency	Percentage
Accompanying person	None	13
	Friends/ Relatives	63
	Both	24
Place of drinking	Home	7
	Bars / Hotels	93
Favorite drinks	Local / Desi	22
	Beer	31
	Wine	11
	Whisky	18
	Vodka	18

Majority of participants (63%) in present study gave history of drinking with friends/relative and 93% drink at bars or hotel instead of home. The most preferred drinks in our study was Beer followed by local/Desi drinks in 31% and 22% participants respectively.

Table 5- Distribution according to frequency of drinking and associated factors

Drinking habits	Frequency	Percentage
Frequency of Drinking	Daily	10
	Weekly	25
	2-3 times/week	18
	Occasionally	47
Number of pegs drunk / sitting	1-2	24
	3-6	48
	>6	28
		28%
Smoking tobacco	Yes	68
	No	32

Majority of participants (47%) in our study were drinking occasionally only 10% participants were drinking daily and 48% drink 3-6 peg in one sitting. Associated history of tobacco smoking was present in 68% participants.

Table 6- Knowledge regarding ill effects of alcohol drinking

Knowledge regarding	Frequency	Percentage
Neuromuscular	46	46
Gastritis	14	14
Psychiatric	11	11
Weight loss	9	9
Hypertension	22	22
Diabetes	18	18
Jaundice	12	12
Cough , T.B	28	28
Road traffic accident (RTA)	49	49

Road traffic accident (49%) was the most common ill effect of alcohol drinking as per the respondents followed by neuromuscular problems (46%), cough (28%) and hypertension (22%).

Table 7- Social and behavior impact of alcohol drinking

Impacts	Frequency	Percentage
Social Impact	Less time given to the Family	15
	Neglect	7
	Study	53
	Quarrels	18
	Fear	4
	Marital instability	3
Behavioral Impact	Violence	17
	Drowsiness	16
	Poor academic performance	34
	Others-irritable, lose self-control	33

As per respondents, the most common social impact of alcohol drinking was effect on study (53%) and most common behavioral impact was poor academic performance (34%).

DISCUSSIONS

The 32nd 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”.^[6]

Mean age of study participants in our study was 24.2±2.36 years, maximum (52%) belonged to 21-25 years of age. In a study by **Dutta R et al**, mean age of study participants was 37.20 years and 51.43% participants who were consuming alcohol belonged to ≤30 years of age.^[7] Majority of participants in our study (32%) belonged to lower middle socio-economic status, only 13% participants belonged to upper class. These findings were similar to **Dutta R et al**, in which 42.6% participants belonged to low socioeconomic status.^[7]

In our study, majority of the respondent (48%) started drinking alcohol between the age group of 21-25 years, while 27% of respondents started to drink between 16-20 years of age. In a study by **Nisanth M et al**, majority of the respondent started drinking alcohol at the age of 17 with the percentage of 28 and 20% at the age of 18.^[8] Since the age of drinking is reduced and youth are consuming alcohol at an early age, this may lead to increased morbidity and mortality amongst youth.

In our study, the main factor responsible for initiation of alcohol intake was found to be fun/ desire to taste something new (39%), followed by giving up social, occupational or recreational activities(24%). These findings were similar to **Nisanth M et al**, 39.3% consumed alcohol with the reason of trying followed by 20% and 14% respondent who started drinking just for fun and because of their family respectively.^[8]

Majority of participants (63%) in present study gave history of drinking with friends/relative and 93% drink at bars or hotel instead of home. The most preferred drinks in our study was Beer followed by local/Desi drinks in 31% and 22% participants respectively. **Pettigrew S et al** in their review suggested that peer drinking serves to operate as “passive facilitator”, they are major influence on how alcohol is drunk (i.e type, brand, rate and amount).^[9]

In our study, road traffic accident (49%) was the most common ill effect of alcohol drinking as per the respondents followed by neuromuscular problems (46%), cough (28%) and hypertension (22%) whereas the commonest health problems (30.6%) were neuromuscular followed by psychiatric problems in 28.6% in a study by **Nisanth M et al**.^[8]

LIMITATIONS

Only small sample of population could be selected because of the resources. Since it was cross-sectional study, it is difficult to establish causal relationship between the dependent and predicting variables.

CONCLUSION

The high rates of use and abuse of alcohol are devastating problems of national importance. The habit of alcoholism not only affects the individual but also affects the relationship and the environment in which he or she belongs to. One of the factors that lead to alcoholism among the youth is easy availability, advertisement and peer pressure, lack of knowledge about ill effects of alcoholism itself is a contributing factor.

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