

Alcohol Dependence Among Inmates of Drug Deaddiction Centre: A Survey

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Abstract

Background: Alcoholism is now considered a disease affecting physical, mental, social and spiritual domains of health. With the severity of alcohol dependency rates more care of such patients becomes the priority, as well as educating the low and moderate dependent alcoholics to avoid falling prey to life threatening complications. **Objectives:** To assess the levels of alcohol dependence and to seek association between alcohol dependence and selected demographic variables like age, marital status and educational status. **Methodology:** The survey was conducted at a drug de-addiction centre in Delhi. 30 patients admitted in the de-addiction centre were selected through purposive sampling technique. Those clients taking alcohol primarily were included in the sample. The alcoholic patients were interviewed by administering a standardized questionnaire that is Short Alcohol Dependence Data Questionnaire (SADD). The questionnaire was administered in the interview room. **Results:** The study findings revealed that a little over half of the alcoholic patients experienced high alcoholic dependence rate i.e. 50.33% and there was no significant relationship found between alcohol dependence and the selected factors like age, marital status and educational status. Several kinds of therapeutic approaches show promises as a basis for a new generation of ambulatory treatments. The most significant contribution of this survey is the focus it provides for the direction of future research and preventive efforts.

Keywords: Alcohol Dependence Syndrome; Alcohol abuse; Drug De-Addiction Centre.

Introduction

Alcoholism is a term commonly used to describe the medical disorder of alcohol dependence. Alcoholism is at least twice as prevalent in men as it is in women [1]. According to new statistics, India is a dominant producer of alcohol in South-East Asia, with 65 % of the total share, and contributes to around 7 % of the total alcohol beverage imports into the region, according to figures in the Alcohol Atlas of India [2]. India is one of the largest producers of alcohol in the world and there has been a steady increase in its production over the last 15 years. The use of alcohol for purposes of relaxation or socializing by mankind has been reported throughout history in most civilizations. The social approval to alcohol use has varied from strong disapproval to being actively encouraged.

In India, such direct epidemiological indicators like hospital admission rates, deaths from cirrhosis and sales figures for alcohol clearly suggest increasing patterns of alcohol use and dependence. Rates of abuse and dependence have been found to be consistently higher in men than in women, young and adult age groups than in others, in specific ethnic groups, and in certain occupational groups such as drivers, chefs, barmen, executives and salesmen with expense accounts, defence personnel and medical doctors [3].

Alcohol Dependence is a condition characterized by the harmful consequences of repeated alcohol use,

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a pattern of compulsive alcohol use, and (sometimes) physiological dependence on alcohol (i.e., tolerance and/or symptoms of withdrawal). This disorder is only diagnosed when these behaviours become persistent and disabling or distressing[4]. The diagnosis of alcohol dependence relies more on the consequences of alcohol use and less on the amount of alcohol consumed. Too much alcohol affects the central nervous system and brain functions. It affects perception, thinking, and coordination. It impairs judgment, reduces inhibitions, and increases aggression. Those who abuse alcohol are more likely than others engaged in high risk, thoughtless, or violent behaviours. According to the ICD-10, the dependence syndrome is a "cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state". According to the DSM-IV criteria for alcohol dependence, at least three out of seven of the following criteria must manifest during a 12 month period:

- Tolerance
- Withdrawal symptoms or clinically defined alcohol withdrawal syndrome
- Use in larger amounts or for longer periods than intended
- Persistent desire or unsuccessful efforts to cut down on alcohol use
- Time is spent obtaining alcohol or recovering from effects
- Social, occupational and recreational pursuits are given up or reduced because of alcohol use
- Use is continued despite knowledge of alcohol-related harm (physical or psychological)[5]

Although a smaller proportion of the population who consume alcohol become dependent than is the case with some illegal drugs such as cocaine, it is nevertheless a significant problem due to much larger number of people who consume alcohol [6]. Heavy drinking in adolescence can affect brain development and has a higher risk of organ damage in the developing body [7]. Alcohol consumption before the age of 13 years, for example, is associated with a four-fold increased risk of alcohol dependence in adulthood [8]. A given amount of alcohol will also be more harmful in women compared with men due to differences in body mass and composition, hence the

government's recommended sensible-drinking guidelines are lower for women than men [9]. Nevertheless, or perhaps as a consequence, women tend to seek help for alcohol misuse earlier in their drinking career than do men [10].

Alcoholism is now considered a disease affecting physical, mental, social and spiritual domains of health. With the severity of alcohol dependency rates more care of such patients becomes the priority, as well as educating the low and moderate dependent alcoholics to avoid falling prey to life threatening complications.

Many of the road accidents casualties largely fall under drinking driving category. Approximately two third of male prisoners and over one third of female prisoners are hazardous or harmful drinkers, and up to 70% of probation clients are hazardous or harmful drinkers [11].

Keeping this in the backdrop, a survey was conducted to assess the levels of alcohol dependence using SADD questionnaire and to seek association between alcohol dependence and selected demographic variables like age, marital status and educational status.

Methodology

The survey was conducted at a Drug De-addiction Centre, in Delhi. Administrative approval to conduct the survey was taken from the Head of the drug de-addiction centre and informed consent was taken from each patient individually to participate in the survey. 30 patients admitted in the drug de-addiction centre were selected through purposive sampling technique. Those clients taking alcohol primarily were included in the sample. The alcoholic patients were interviewed by administering a standardized questionnaire that is Short Alcohol Dependence Data Questionnaire (SADD). The questionnaire consisted of two parts: Part-A and Part-B. Part-A had 11 items related to the demographic information. Part-B included 15 items on drinking habits and behaviour. It was a 4 point Likert Scale having 15 questions. The questionnaire was administered in the interview room.

Results

Findings Related to Sample Characteristics

15 (50%) out of the 30 alcoholic patients were married. The data also showed that 11(36.66%) of alcoholic patients were in the age group of 16-30 years. The education status revealed that the 24(80%) of alcoholic patients under study were literate

Table 1: Frequency and percentage distribution of alcoholic patients by their demographic characteristics n=30

S. No.	Sample Charateristics	Frequency	Percentage
1	Marital Status		
	a. Unmarried	11	36.66%
	b. Married	15	50%
	c. Divorced	4	13.3%
2	Age (in years)		
	a. 16-30	20	66.66%
	b. 31-45	8	26.66%
	c. 46-60	2	6.66%
3	Education Status		
	a. Literate	24	80%
	b. Illiterate	6	20%

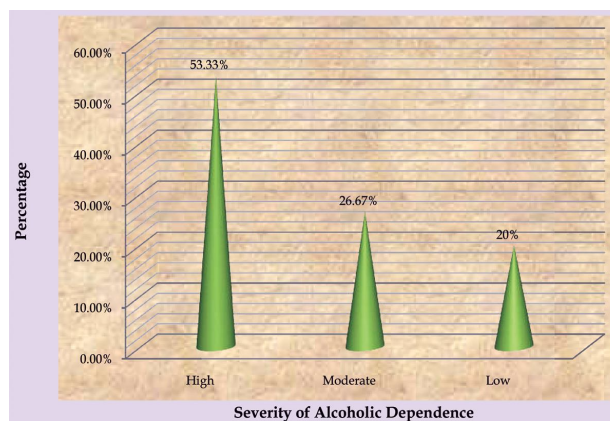


Fig. 1: A Cone diagram showing percentage distribution of alcoholic patients by the severity of alcohol dependence

Findings Related to Levels of Dependency

53.3% of the alcoholic clients had high dependence, 8(26.667%) had moderate dependence and 6(20%) had severe dependence problems.

Findings Related to Relationship between the Alcohol Dependence and the Selected Variables Like Age, Marital Status and Educational Status

Inferential statistical tests were applied to establish relationship between alcohol dependence and selected demographic variables. No significant association was found between alcohol dependence and selected demographic variables like age, marital status and educational status.

Discussion

The findings of the present study highlighted that more than half of the alcoholic patients experienced high alcoholic dependence rate. No significant association was found between alcohol dependence and the selected demographic factors like age, marital status and educational status. The data also showed that alcohol dependence was high in the young age

group of 16-30 years and it was also seen that high alcohol dependence was among unmarried patients and within the literate group. The findings of the present study were similar to the study conducted in US [12] which reported that excessive drinking, binge drinking, and alcohol dependence were most common among men and those aged 18 to 24. Binge drinking was most common among those with annual family incomes of \$75,000 or more, whereas alcohol dependence was most common among those with annual family incomes of less than \$25,000. The prevalence of alcohol dependence was 10.2% among excessive drinkers, 10.5% among binge drinkers, and 1.3% among non-binge drinkers. However, they had found a positive relationship between alcohol dependence and binge drinking frequency.

The findings of the present study were in contrast to the study undertaken in Sweden [13] which showed that 73.8% of the general population fulfilled no criteria for alcohol dependence; 4% reported 3 or more criteria and qualified for the diagnosis of alcohol dependence. There was trend towards an increasing number of dependence criteria with increasing consumption levels and negative social background factors. The majority of people with alcohol dependence however did not drink at the highest consumption levels, did not live alone, and were not unemployed. In the present survey, however, the sample size was small and hence, generalizations cannot be done.

Some problems were faced while conducting this survey. The survey intended to collect information about the drinking behaviour of the people and it is considered to be sensitive information. There was, denial of the problem by the patient as well as ambivalence about the need for external help. There was guilt related to alcohol use and related behavioural patterns due to which patients were not very comfortable to talk about their drinking behaviour. There were feelings of shame about having been 'weak' or 'failure', resulting in poor motivation for de-addiction and withholding the information related to the drinking behaviour.

Conclusion

There exists an urgent need to integrate epidemiological and etiologic research with intervention research, with a view control and prevent of alcohol use disorders. With regard to treatment of alcohol dependence, several kinds of therapeutic approaches show promises as a basis for a new generation of ambulatory treatments. Relapse is a common problem in alcohol treatment; approximately 60 per cent of patients relapse to problematic drinking within the first month of treatment. In the de-addiction centre, relapse prevention strategies taught the alcoholics how to avoid high risk relapse situations, by dampening the reinforcement potential of alcohol. Continued improvement in treatment outcome will depend upon successfully matching treatment settings and modalities to the specific needs to the individual patient.

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