

PREVALENCE AND PATTERN OF ALCOHOL AND SUBSTANCE ABUSE IN URBAN AREAS OF ROHTAK CITY

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ABSTRACT

A sample of 4,691 subjects aged 14 years and above were interviewed on a schedule based on WHO Questionnaire to collect information about prevalence & pattern of alcohol and substance abuse. The study revealed a prevalence rate of 19.78%. 42.41% of users were in the age group of 25-34 years while 44.1% were literate (up to matric). 45.04% among labourers were alcohol users. In terms of age of onset, 94.83% respondents had their first drink between the ages of 15-25 years. Most common type of alcohol consumed was country liquor by 69.07%. Majority (63.44%) of alcohol users said that they usually drink with some companion, only in the evening and night. 50.03% had arguments with family or friends after taking alcohol while 13.57% alcohol abusers confessed that they had neglected their family and work due to alcohol. In family history of 23.16% alcohol users, father was abusing alcohol. 26.61% alcohol users cited to be sociable as reason for their drinking. 16.81% users were smokers also while 6.89% had the habit of taking Pan Masala/Zarda. 2.04% of alcohol users were taking soofa also along with alcohol while the frequency of opium and cannabis abuse was 1.51 and 1.18% respectively.

Key words: Substance abuse, Prevalence, Pattern

Global trade and liberalization of socio-cultural interaction of the society had made easy access to use and spread of narcotic substances (Murray & Lopez, 1997). Progressive increase of substance abuse in the developing countries not only adds to increasing morbidity pattern but also has been forming a nidus for several dreaded infections of recent times (Neuueark & Anthony, 1997). It has been found in studies from different countries that geographical distribution of drug abuse co-related well with the availability of drugs (Gossop & Grant, 1990). The geographical location of India between the Golden Triangle (Burma, Laos & Thailand) and Golden Crescent (Iran, Afghanistan and Pakistan) makes it a transit point for the trade of various substances (Chhabra & Puri, 1989). A key factor affecting illicit drug

demand is that the age of initiation is falling almost every year, especially with regard to people seeking treatment for opiate abuse. During 1995, more young people in the age group of 15-19 years entered treatment plan than during the entire three years period from 1992 to 1994 (World Drug Report of United Nations International Drug Control Programme, UNI News, 1998). Keeping this view in mind the present study was planned to know the recent prevalence & pattern of alcohol and substance abuse in urban areas of Rohtak city.

MATERIAL AND METHOD

The present study was undertaken to determine the prevalence and pattern of alcohol and substance abuse in a selected population of

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above 14 years males in Rohtak City. Out of a total of 124 Anganwadi centers (AWC^s) spread over a population of 1.42 lac. (Approximately), house to house survey was conducted in 12 Anganwadi centre areas selected by stratified random sampling, 3 AWCs from each of the total four sectors. For data collection, a schedule based on the WHO Questionnaire (Alcohol and other Addictive Substance Abuse Check List) was administered to the study subjects.

Before embarking upon the study, proper counselling sessions were held in the study population to explain the aims of the study so as to elicit fullest co-operation of study subjects and allay their apprehensions whatsoever. The data collected was subjected to appropriate statistical analysis.

RESULTS

Out of 4,691 males surveyed, 928 were alcohol users, giving a prevalence of 19.78%. The study revealed that 42.4% were in the age group of 25-34 years followed by 28.01% in 35-44 years. As regards marital status, alcohol use was higher in married than in unmarried respondents.

TABLE 1
SOCIO-DEMOGRAPHIC PROFILE OF ALCOHOL USERS

Factors	Number(928)	Percentage
25-34 years	394	42.41
35-44 years	260	28.01
Illiterate	157	16.9
Literate	250	26.9
Matric	410	44.1
Graduate	96	10.3
Married	836	90.08
Unmarried	92	9.92
Labourers	418	45.04
Govt Job	204	21.9
Private Job	109	19.8

Alcohol use was found comparatively higher among matriculates (44.1%) followed by respondents studied up to primary level (26.9%). Lower prevalence was found in respondents who were illiterate or graduate/ postgraduate. Occupation- wise, 45.04% alcohol users were

labourers, 21.9% Govt. servants and 19.8% were private workers (Table 1).

TABLE 2
FREQUENCY OF ALCOHOL INTAKE

Alcohol consumption (Frequency)	Number(928)	Percentage
< Once in a month	338	36.43
Once in a month	173	18.65
2 to 3 times a month	152	16.38
Once a week	143	15.40
2 to 5 times a week	26	2.80
Every day	96	10.34

In terms of age of onset, the study revealed a significant fact that 94.83% respondents had their first drink between the ages of 15-25 years. Most commonly consumed type of alcohol was country liquor (by 69.07%) followed by english and country liquor (both by 10.99%). When alcohol users were asked about their frequency of intake, 36.43% responded that they took less than once a month, 16.38% took it 2-3 times a month while 15.40% once a week (Table 2). Analysis of amount of alcohol taken in a single sitting revealed that 46.01% had one-two pegs at a time while 29.74% had three-four pegs. Another 12.72% had five-six pegs and the rest (11.53%) had seven-eight pegs at a single sitting.

TABLE 3
PSYCHOSOCIAL IMPLICATIONS OF ALCOHOL CONSUMPTION FREQUENCY OF ALCOHOL INTAKE

Psycho-social implication	Number(928)	Percentage
Arguments	464	50.03
Shortage of money	83	8.94
Physical fights	46	4.95
Husband-wife strained relations	31	3.34

When users were asked to analyze their amount of drinking, 56.14% labelled it less than or equal to average. Regarding the place of drinking, majority consumed it at home or friends place usually with some company only in evening and night. Only those who were chronically addicted drink the whole day. 50.03% had arguments with family or friends after taking

alcohol, 4.95% had physical fights while 8.94% had shortage of money in the family due to alcohol abuse. In 3.34% cases husband wife relationships were strained (Table 3).

When medical implications of alcohol were analyzed, 25.75% alcohol abusers replied that they had remained intoxicated for more than 48 hours. 32.21% became unsteady after taking alcohol while 31.89% had slurring of speech after drinking. 39.43% had increased argumentativeness due to drinks while 12.93% took alcohol to steady their nerves. 0.54% was convicted at the time of interview due to their anti-social behaviour after taking alcohol (Table 4).

TABLE 4
MEDICAL IMPLICATIONS OF ALCOHOL CONSUMPTION

Medical Implications	Number(928)	Percentage
Intoxication(>48 hrs)	239	25.75
Unsteady	299	32.21
Slurring of speech	296	31.89
Argumentativeness	366	39.43

In family history of alcohol user's father was abusing alcohol in 23.16% cases while in 7.5% cases abuse in family was present in uncle/grandfather. 26.61% alcohol users cited to be sociable as reason for their drinking, 22.95% drink to overlook worries/frustrations, 13.68% replied that they drunk to cheer up while 14.26% drank to think and work better (Table 5).

TABLE 5
REASONS FOR ALCOHOL CONSUMPTION

Reasons	Number	Percentage
To be Sociable	247	26.61
To forget worries	213	22.95
To think & work better	132	14.26
To cheer up	127	13.68
To relax	68	7.32

On analysis of alcohol users for other substance abuse it was found that 16.81% users were smokers also. 6.89% had the habit of taking Pan Masala/Zarda. 2.04% of alcohol users were

taking soolfa also along with alcohol. Frequency of opium and cannabis abuse came out to be 1.51% and 1.18% respectively. 42.11% of soolfa abusers were taking it less than once weekly, 31.57% once weekly or more while 26.32% were abusing soolfa almost daily. Among opium abusers 35.71% were consuming it less than once weekly, 42.86% consumed opium once weekly or more while 21.43% were abusing daily. Analysis of cannabis abusers revealed that 63.64% were abusing less than once a week while 27.27% were abusing it once a week or more. 57.69% alcoholic smokers replied that they took 1-4 cigarettes/day (only while drinking), 35.89% took 5-8 cigarettes/day while 6.42% took 9-15 cigarettes/day.

DISCUSSION

Alcohol was used by 19.78% of the subjects in the study sample. This finding is consistent with prevalence figures of Sethi *et al.* (1979) and Thacore *et al.* (1971). Alcohol use was maximum in the age group of 25-34 years. Similar types of observations were made by Ghulam *et al.* (1996), Mushtaq *et al.* (1993), Jena *et al.* (1996), and Bhowmick *et al.* (2001). While Sethi *et al.* (1979) in a study in rural population of Uttar Pradesh found maximum alcohol abusers in the age group of 35-44 years. This difference could be due to change in people's attitude towards alcohol use over these two decades, the points of time at which these studies were carried out. The finding of the present study of initiation of alcohol at younger age is in close consistence with respect to a WHO study group on "young and drugs" which stated that most of the experimentation and initiation of dependence producing drugs takes place during adolescence.

In the study population alcohol use was most common in matriculates. Results were similar to the findings of Ghulam *et al.* (1996) but dissimilar to the findings of Sethi *et al.* (1979) who reported maximum alcohol use in illiterates or had those who attained education upto primary standard (88.30%). Only 7.7% had studied upto

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middle. The difference was because it was a rural study whereas index study was done in urban population.

The present study showed more alcohol use among married men similar to the findings reported by Lal & Singh (1979), Ghulam et al. (1996), and Singh et al. (2000). Higher alcohol use in married men is because of increased social responsibilities of married life as well as they also constitute major fraction of sample. Maximum alcohol use was among labourers followed by government employees; high alcohol use in service class population was due to their need to maintain social relations and alcohol acts as a media for interaction. Labour class took alcohol for seeking relief from fatigue and for relaxation purposes.

Age at which alcohol users had started taking alcohol illustrated that alcohol use was starting at a younger age as 94.8% respondents had their first drink between 15-25 years. Singh et al. (2000) also reported similar finding. Reasons stated for initiation of alcohol use so early in life were pressure from friends or peer groups and experimentation and curiosity. Most common type of alcohol consumed was country liquor by 69.07% as it was of low cost and maximum users were from low socio-economic status. Jena (1996) also reported that most commonly consumed alcohol in Bihar was locally brewed hadia (rice beer or mahua).

In present study 36.43% of alcohol users were using alcohol less than once in a month while 18.65% were using once in a month. About 16.38% were using 2-3 times a month while 15.40% once in a week. Sethi (1979) also observed similar frequency in his study in Uttar Pradesh. On analyzing their drinking quantity 62.76% labeled they are drinking less than or equal to average. Average level of drinking was decided by the assesses it self and it was not given in the tool.

When effects of alcohol use on familial and social life were studied, it reflected that 50.03% users had arguments or physical fights with family or friends. 8.94% reported financial hardships in the family due to money spent on alcohol while

3.34% subjects had strained marital relationships due to alcohol consumption.

Family history of alcohol users in the present study suggest that if there is some user already present in the family it has a strong effect at the initiation of use in the next generation. This point was further strengthened by a study among child labourers of Surat city (Bansal and Banerjee, 1993). They reported 99.5% substance abuse at work place followed by 94.3% abuse among neighbours. This high prevalence of substance abuse in the surrounding significantly prompted child labourers in their initiation of substance abuse.

Most common reason cited for alcohol use in index study were to be sociable (26.61%), to forget worries/frustrations (22.95%), to think and work better (14.26%) and to cheer up (13.68%). Proportions of these reasons may vary from one society to another due to cultural heterogeneity.

On analysis of alcohol users for other substance abuse opium abuse was prevalent among 1.51% of the study subjects which is similar to findings reported by Gupta et al. (1987) from Ludhiana and Ghulam et al. (1996) from urban population of Madhya Pradesh. Prevalence rate for cannabis abuse came out to be 1.18% while Lal and Singh (1979) reported 2.2% cannabis abuse in Punjab and Thacore (1971) reported 1.9% from Lucknow. These findings are consistent with the present study. Prevalence of tobacco(cigarettes) abuse in alcohol users came out to be 16.81%, which is very low, compared to prevalence reported by Sethi & Gupta (1972) 39.5% in a general population survey of Uttar Pradesh. The reason for low prevalence in the index study was that instead of ever somker's only current smokers were included

The study presents a variable picture of substance abuse in urban population of Rohtak City, the study area. While potential toxicity of excessive tobacco and alcohol abuse need not be elaborated, practicing of substance abuse other than these two though in small numbers is quite alarming. Harmful effect on health from substance abuse in the area needs in-depth study. Access

to availability of narcotic substances and its spread should be checked in the entry points by creating awareness among people and implementing other legislative measures.

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