

# Alcohol use-Perspectives from the Rural and Tribal areas of Tamil nadu



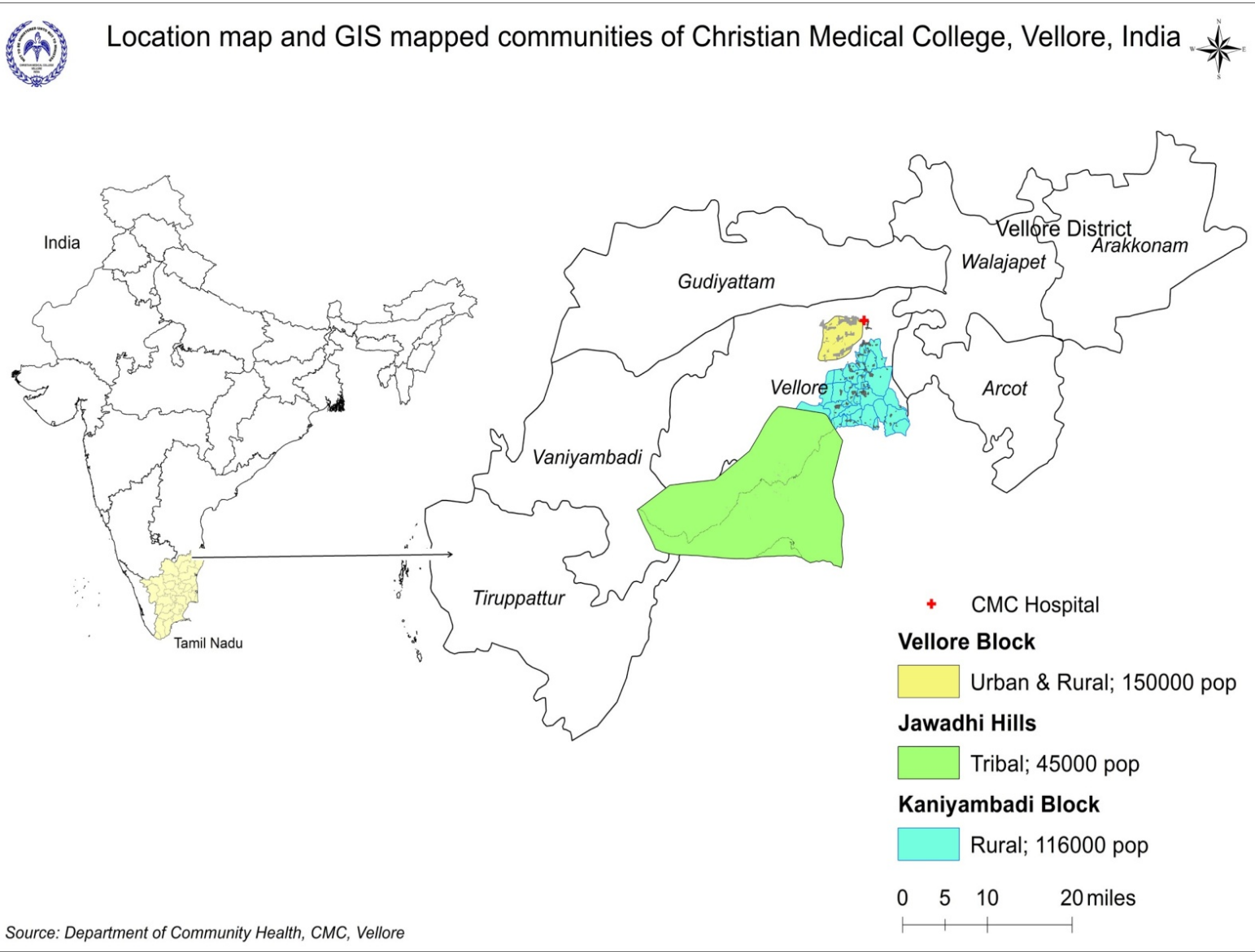
# Data from 2009 to 2017

## CMC and Don Bosco

- Qualitative studies
- Prevalence studies from Rural, Urban and tribal areas
- Brief intervention studies
- Clinic data
- Community based Programs
- New studies



# Jawadhi Hills, Kaniyambadi Block and Vellore



# Prevalence studies-Rural and Urban

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## Hazardous alcohol use in rural southern India: Nature, prevalence and risk factors

A. JOHN, A. BARMAN, D. BAL, G. CHANDY, J. SAMUEL, M. THOKCHOM, N. JOY, P. VIJAYKUMAR, S. THAPA, V. SINGH, V. RAGHAVA, T. SESHADRI, K. S. JACOB, V. BALRAJ

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### ABSTRACT

**Background.** There is a dearth of data on the hazardous use of alcohol in rural India.

**Methods.** We examined the nature, prevalence and factors associated with hazardous use of alcohol among men in a rural community in southern India. We used stratified sampling to select subjects from the Kaniyambadi block and employed 'AUDIT', a standard instrument, to assess the use of alcohol.

**Results.** The prevalence of life-time use, use in the past year and hazardous use of alcohol was 46.7%, 34.8% and 14.2%, respectively. Using Indian made foreign liquor (OR 20.51; 95% CI 8.81–47.75) and living in a village which brewed illicit alcohol (OR 2.82; 95% CI 1.39–5.72) were risk factors for hazardous use while education (OR 0.39; 95% CI 0.21–0.72) was protective. These factors remained significantly associated with hazardous use after adjusting for age and education using logistic regression.

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**Conclusion.** The relationship between the availability of illicit and commercial alcohol and its hazardous use suggests the need for an alcohol policy which takes into account health and economic issues and also implements the law to prevent the negative impact of problem drinking.

Natl Med J India 2009;22:123–5

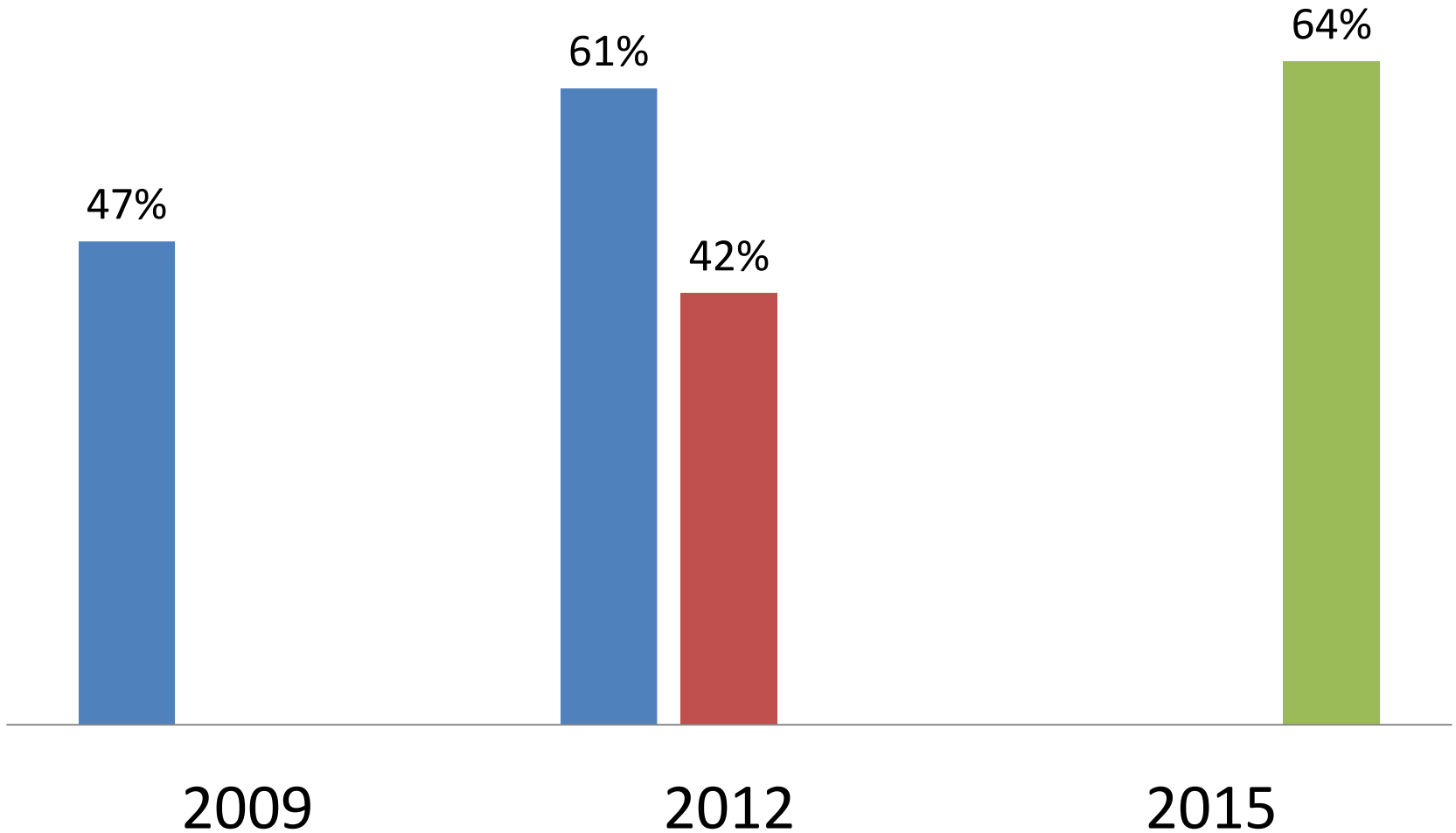
### INTRODUCTION

While alcohol is consumed in many societies, recent years have seen changes in drinking patterns worldwide with high rates of consumption, drinking to excess among the general population and heavy episodic drinking among young people.<sup>1</sup> The use of alcohol in India, both commercial and non-commercial (illicit), and its impact on health and society have been discussed in the literature.<sup>2,3</sup> Hazardous drinking is associated with increased morbidity and mortality in addition to having a major impact on the family, marriage and children.<sup>1</sup> It also leads to financial problems and poverty, loss of productivity and absenteeism at work, domestic violence, road traffic injuries, mental disorders, unsafe sexual behaviour, and nutritional and health problems.<sup>1</sup>

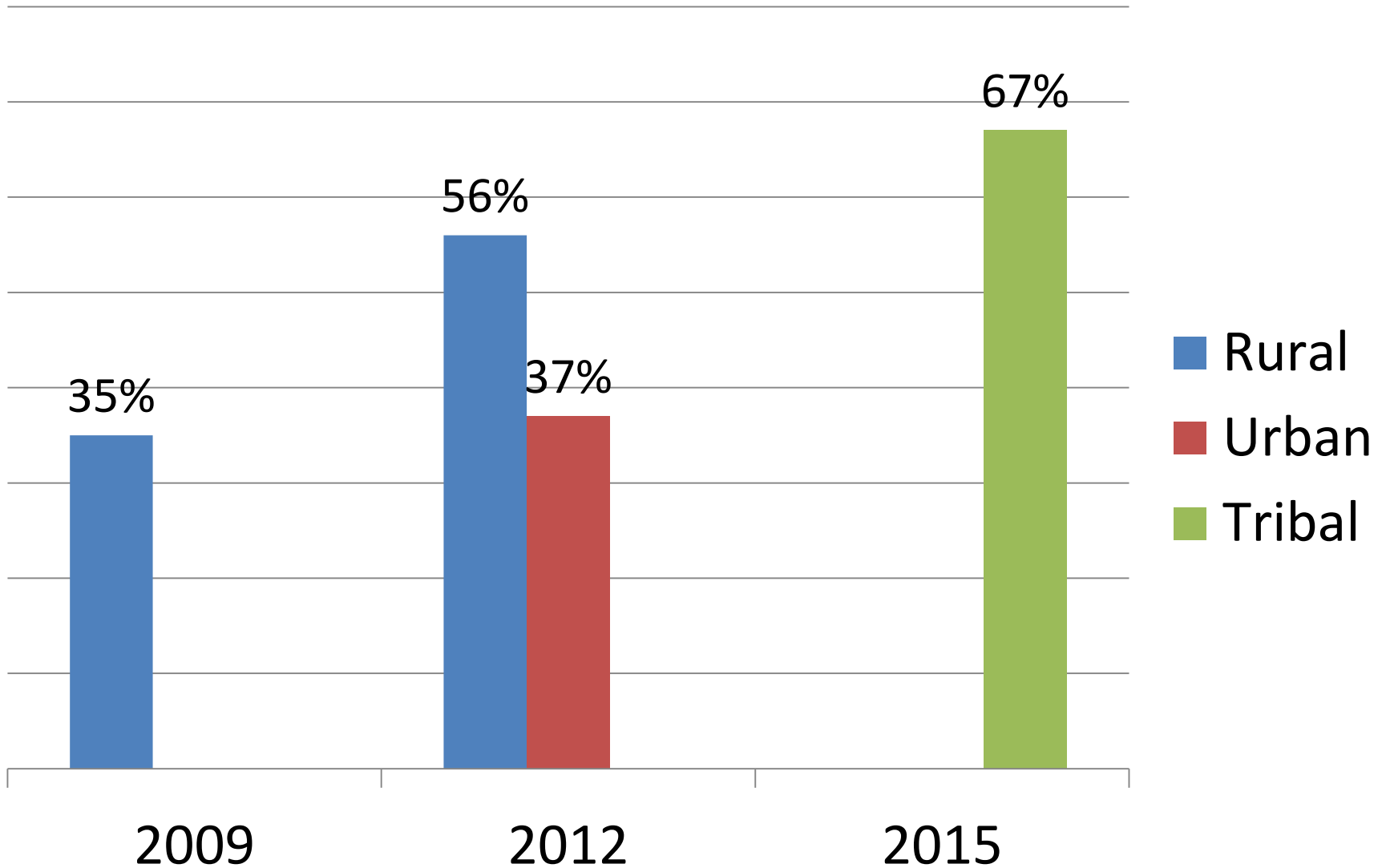
Hazardous drinking is a pattern of alcohol consumption that increases the risk of harmful consequences for the user or others.<sup>4</sup> Such problem drinking with its negative impact on the person and on society is of public health importance despite the absence of a full dependence syndrome which has a much higher threshold and occurs later in the course of the illness. Harmful use, on the other hand, refers to alcohol consumption which results in harm to physical and mental health. The social consequences are often included among the harms caused by alcohol.<sup>4,5</sup> Alcohol dependence is a cluster of behavioural, cognitive and physiological

# Prevalence of life time use

■ Rural ■ Urban ■ Tribal



# Alcohol Use in last year



# Alcohol use among adult males in Jawadhi hills

## *Original Articles*

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### Community perspectives on alcohol use among a tribal population in rural southern India

ANURADHA ROSE, R. ARUN, SHANTIDANI MINZ, G.P. MANOHARI, AMALA VINODH, THAVAMANI, KURYAN GEORGE

- *Not interested in purely medical interventions*
- *Focus on boys and youth*
- *Address the recreational gap*

**TABLE II. Perceived causes of problem drinking**

<b>Perceived cause</b>	<b>Number of focus groups where the issue was discussed</b>
1. Easy availability of IMFL, which is much stronger than the traditional brew	8
2. Change in employment patterns that result in availability of money	8
3. Change from a barter system to money transactions	8
4. Loss of traditions and changes in culture	8

*Note:* Listed above are the main conclusions of the study and the number of focus group discussions where these conclusions were reached. The four points are the perceptions of the participants related to change in the drinking pattern among the people in the hills. IMFL Indian made foreign liquor

## TABLE I. Translated verbatim statements of study participants

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- ‘All types of alcohol is now available in the hills, if one has the money.’
- ‘Earlier boys did not have access to alcohol, now money is available as boys go for *cooli* work at young age and so they drink.’

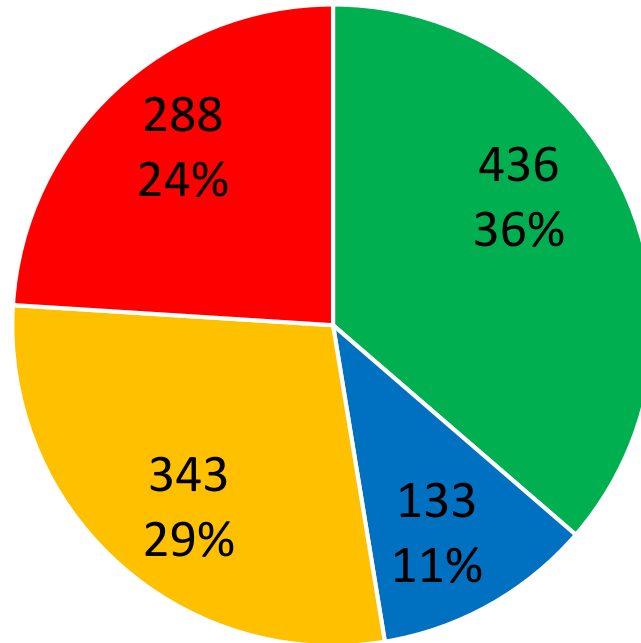
## TABLE I. Translated verbatim statements of study participants

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- ‘In the olden days the *ooran* (village leader) laid down rules for drinking. For example, the *ooran* called for a village meeting and the people decided the fine for disorderly behaviour while drunk during the festival. Now this is only done for the *Kaliamman* (local deity) festival, but not for Pongal and Deepavali.’
  - ‘I will come to seek treatment (for my drinking) if the hospital is located in the hills.’
  - ‘Boys and men will not drink if we live far away from alcohol, and from the TASMACH shop.’
  - ‘Teaching school boys about the effects of drinking alcohol at a young age will help them avoid drinking.’
-

# Prevalence of alcohol use (n=1200)

Prevalence of alcohol use



- No alcohol use
- Less than harmful use (Audit <8)
- Harmful use (Audit 8-14)
- Alcohol dependence (Audit 15 or more)

# Age at initiation among alcohol users

Statistics		
Age at first drink		
N	Valid	758
	Missing	6
Mean		23.0528
Median		22.0000
Std. Deviation		5.11298
Range		37.00
Minimum		8.00
Maximum		45.00

# Risk factors for Use in last year and for hazardous use

- Age
- Marital status
- Annual family Income
- Type of house
- Education
- Smoking
- Debt in the last year
- Other family members consuming alcohol
- Alcohol sold in the village
- Brewing in the village
- Migration

# Risk factors for alcohol use in the last one year

		Any alcohol use n (%)	Chi-square p value	Unadjusted OR	95% CI
Debt in the last one year	Yes (607)	347 (57.2)	<b>0.001</b>	1.45	1.16 – 1.82
	No (593)	284 (47.9)			
Family members consuming alcohol	Yes (134)	89 (66.4)	<b>0.001</b>	1.86	1.27 – 2.71
	No (1046)	539 (51.5)			
Any tobacco use	Present (540)	427 (79.1)	<b>&lt;0.0001</b>	8.40	6.44 – 10.89
	Absent (651)	202 (31.0)			
Education	Nil & primary (996)	538 (54.0)	<b>0.028</b>	1.40	1.04 – 1.89
	Secondary or higher (204)	93 (45.6)			
Annual family income	25,000 and above (796)	446 (56.0)	<b>0.001</b>	1.51	1.19 – 1.92
	Less than 25,000 (404)	185 (45.8)			
Alcohol brewed in the village	Yes (302)	176 (58.3)	<b>0.022</b>	1.36	1.04 – 1.77
	No (896)	454 (50.7)			
Migrate out for employment	Yes (699)	425 (60.8)	<b>&lt;0.0001</b>	2.19	1.73 – 2.77
	No (492)	204 (41.5)			

# Risk factors for 'Harmful use or alcohol dependence' (AUDIT score $\geq 8$ ) – bivariate analysis

		Any alcohol use n (%)	Chi- square p value	Unadjusted OR	95% CI
Family members consuming alcohol	Yes (134)	89 (66.4)	<b>0.001</b>	1.86	1.27 – 2.71
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# Risk factors for 'Harmful use or alcohol dependence' (AUDIT score $\geq 8$ ) – multivariate analysis

	Adjusted OR	95% C.I (lower)	95% C.I (upper)	P value
Family history of drinking	1.553	1.002	2.407	.049
Any form of tobacco use	8.225	6.160	10.983	<0.0001
Annual family income 25,000 and above	1.755	1.307	2.358	<0.0001
Alcohol brewed in the village	1.426	1.042	1.952	.027

# Brief intervention- lay counselors using mobile phones

- Venue: Jawadhi Hills
- Intervention :8 weeks
  - Biweekly phone counseling by lay counselor
- Data collected: Baseline AUDIT, following 4 weeks , Final AUDIT, Stages of Change Readiness and Treatment Scale (SOCRATES)
- Funding: TUFTS University
- Status: Analysis

# Addressing the Recreational Gap to delay initiation to alcohol

- Venue: Jawadhi Hills
- Intervention :3 year  
structured recreational activity for young males, access to recreational facilities and a youth counselor
- Data collected: AUDIT, Details on patterns of alcohol use
- Status: IRB

# Clinic Data

- Weekly
- Public health doctor, lay counselor, Counselor
- Monthly visit by Psychiatrist
- Diazepam, Thiamine
- Minimum 4 visits
- Follow up in community



170 registered

86 (50%) abstinent,

47(28%) drinking

34 (20%) Lost currently  
migrated

# Community activities









**This has to stop!**



