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A DESCRIPTIVE STUDY TO ASSESS BARRIER IN SEEKING DEADDICTION TREATMENT IN SUBJECTS WITH ALCOHOL USE DISORDER (AUD) IN SELECTED DEADDICTION CENTRES OF PUNJAB

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Abstract

Alcohol is one of leading causes of death and disability globally and in India. About 2 billion people worldwide consume alcoholic beverages and one third (nearly 76.3 million) to have one or more diagnosable alcohol use disorder. Descriptive research designs were used present study. Total sample for the study used were 60 subjects with alcohol use disorder by convenient sampling technique. Two tools were used to collect the data in the study i.e. demographic profile sheet and structured barrier questionnaire. The data was collected from subject in selected deaddiction centre, after explaining them the purpose of study.

The result of study showed that majority of subjects had average high number of barriers 13% of subjects had high number of barriers and 7% of subjects had low number of barriers. The data revealed that the mean of barrier score in subjects with alcohol use disorder was 82.42 followed by standard deviation 13.33. The significant treatment barriers were feeling of trouble to go for help (74%), confidence of handling problem by its own (72%), don't like to talk in group (70%), worry about indulge in legal trouble (70%), not to believe as an addict (68%), fear of treatment (68%), embarrassment of what others thinking (67%). Chi square values have shown that there is no significance association between the level of barrier scores and other demographic variables (Age, gender, residential area, religion, educational status, type of family, monthly income, duration of drinking).

It was concluded that the authorities should make use of the media to reach out to the population and to make them more aware of the reality and effectiveness of deaddiction treatment. The government should act as a role model to the private sector in showing ways of providing treatment at affordable costs. Moreover, the awareness camps should be organized for community to aware about deaddiction treatment and centers, as well as prevention of alcohol abuse and other substance use.

Keywords*Assess, Alcohol use disorder, Barriers, Deaddiction centre.*

INTRODUCTION

Alcohol is one of leading causes of death and disability globally and in India. About 2billion people worldwide consume alcoholic beverages and one third (nearly 76.3million) to have one or more diagnosable alcohol use disorder. Alcohol is attributed to nearly 3.2% of all deaths. It is acknowledged that countries which had low alcohol consumption are now witnessing and increasing consumption pattern WHO estimates for the South East Asian countries indicate that one fourth to one third of male population drink alcohol (Global status report on alcohol 2004) with increasing trends among women. In India the estimated numbers of alcohol users are62.5 million, with

17.4% of them being dependent users and 20-30% of hospital admissions are due to alcohol related problems (2005).The Global Information System on Alcohol and Health (GISAH) is an essential tool for assessing and monitoring the health situation and trends related to alcohol consumption, alcohol-related harm, and policy responses in countries. In 2005, the worldwide total consumption was equal to 6.13 liters of pure alcohol per person 15years and older. Unrecorded consumption accounts for nearly 30% of the worldwide total adult consumption. National Survey on Drug Use and Health (NSDUH) reported that 86.4 percent of people ages 18 or older reported that they drank alcohol at some point in their lifetime; 70.1 percent reported that they drank in the past year; 56.0 percent reported that they drank in the past month. Substance Abuse and Mental Health Services Administration, **(SAMHSA)**

Alcohol Use Disorder (AUD) is a chronic relapsing brain disease characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences. AUD can range from mild to severe, and recovery is possible regardless of severity. The fourth edition of the Diagnostic and Statistical Manual (DSM-IV), published by the American Psychiatric Association, described two distinct disorders-alcohol abuse and alcohol dependence-with specific criteria for each. The fifth edition, DSM-5, integrates the two DSM-IV disorders, alcohol abuse and alcohol dependence, into a single disorder called alcohol use disorder, or AUD, with mild, moderate, and severe sub classifications. The RTI query with the Punjab and Excise department has revealed that the state's liquor consumption has gone almost double in the last ten years. According to sources, the number of liquors vends have also gone up from around7,100 including 2,529 English liquor vends to nearly 10,000 vends including 3,500English vends in the same corresponding period. There was also a sharp rise between2011 to 2014, around 59 per cent, in liquor consumption in the state.

Collins SE, Kirouac M stated that alcohol is also known by its chemical name ethanol, is a psychoactive substance that is the active ingredient in drinks such as beer, wine, and distilled spirits (hard liquor). It is one of the oldest and most common recreational substances, causing the characteristic effects of alcohol intoxication ("drunkenness"). ("10th Special Report to the U.S. Congress on Alcohol and Health: Highlights from Current Research").Alcohol consumption is rewarding and reinforcing and can result in addiction to alcohol, which is termed ALCOHOLISM. Discontinuation of alcohol after extended heavy use and associated tolerance development (resulting in dependence) can result in withdrawal. Alcohol withdrawal can cause confusion, anxiety, insomnia, agitation, tremors, fever, nausea, vomiting, autonomic, seizures, and hallucinations. In severe cases, death can result. Delirium tremens is a condition that requires people with a long history of heavy drinking toundertake an alcohol detoxification regimen.

Yost DA Opined that death from ethanol consumption is possible when blood alcohollevels reach 0.4%. A blood level of 0.5% or more is commonly fatal. Levels of evenless than 0.1% can cause intoxication,with unconsciousness often occurring at 0.3–0.4%.The oral median lethal dose (LD50) of ethanol in rats is 5,628 mg/kg. Directlytranslated to human beings, this would mean that if a person who weighs 70 kg(150 lb.) drank a 500 mL (17 US Fl oz) glass of pure ethanol, they would theoretically have a 50% risk of dying. Symptoms of ethanol overdose may include nausea, vomiting, central nervous system depression, coma, acute respiratory failure, or death.

Lukas SE, Orozco S Opined that in combination with cannabis, ethanol increases plasma tetra hydro cannabinol levels, which suggests that ethanol may increase the absorption of tetra hydro cannabinol Disulfiram inhibits the enzyme acetaldehyde dehydrogenase, which in turn results in buildup of acetaldehyde, a toxic metabolite of ethanol with unpleasant effects. The medication is used to treat alcoholism, and results in immediate hangover-like symptoms upon consumption of alcohol.

Boyle P opined that alcohol is legal in most of the world. However, laws banning alcohol are found in the Middle East and some Indian states as well as some Native American reservations in the United States. In addition, there are strict regulations on alcohol sales and use in many countries throughout the world. For instance, most countries have a minimum legal age for purchase and consumption of alcohol (e.g., 21years of age in the United States). Also, many countries have bans on public drinking. Drinking while driving or intoxicated driving is frequently outlawed and it may be illegal to have an open container of alcohol in an automobile.

Butcher JN, Hooley JM, Mineka SM stated that alcohol causes a plethora of detrimental effects in society, both to the individual and to others. It is highly associated with automobile accidents, sexual assaults, and both violent and nonviolent crime. About one-third of arrests in the United States involve alcohol abuse. A 2002 study found 41% of people fatally injured in traffic accidents were in alcohol-related crashes. Abuse of alcohol is associated with more than 40% of deaths that occur in automobile accidents every year. Over 40% of all assaults and 40 to 50% of all murders involve alcohol. More than 43% of violent encounters with police involve alcohol. Alcohol is implicated in more than two-thirds of cases of intimate partner violence.

Alcohol abuse and dependence are major problems and many health problems as well as death can result from excessive alcohol use. Alcohol dependence is linked to a lifespan that is reduced by about 12 years relative to the average person. Alcohol dependence is also associated with cognitive impairment and organic brain damage. Simultaneously alcohol addiction is a self-diagnosable condition. But many people struggle to recognize the symptoms. Some people with AUD (alcohol use disorder, a condition that can be diagnosed when pattern of alcohol use is problematic and causes significant distress), become dependent on alcohol and have withdrawal symptoms when they suddenly stop drinking. The effect of withdrawal on body and mind can be uncomfortable and dangerous. That's where Detox comes in. Detox only is not treatment, but it's the first step to getting better for people who are dependent on alcohol. When someone with a dependence on alcohol suddenly stops drinking, usually within 6-24 hours after last drink, they might develop withdrawal symptoms.
Alcohol rehab helps people overcome alcohol withdrawal in a safe setting. Health professionals ease the experience with around-the-clock care and monitoring. Detox support, which may include medicine for withdrawal symptoms and care for other issues that come up. The goal is to help to get mentally and physically stable. Help getting into treatment so person can learn to break addiction.

Proudfoot H, Teesson M. mentioned that majority of people experiencing addiction do not disclose their addiction to healthcare providers; instead, they seek treatment for other conditions, which may be related to alcohol consumption.

Hanpatchaiyakul K, 2014 DeMarinis V reported that this complicates and increases the barriers to recovery for men and women experiencing alcohol addiction. One barrier is that the individual might lack awareness of the addiction problem or find it too hard to disclose based on embarrassment or shame resulting from the social stigma surrounding drinking problems.

Van Boekel LC, Brouwers EPM, reported that another barrier is related to negative attitudes toward people experiencing substance and alcohol addiction from healthcare providers and that these professions might lack adequate knowledge and skills related to treating addiction The National Drug Strategy in Australia pointed out geographical and cultural barriers for alcohol addiction treatment such as language difficulties, inaccessible communities, lack of transportation or childcare, and less flexible welfare service for marginalized groups (Aboriginal and Torres Strait Islanders) (Brett J,Lee KS,2016).Socio-economic inequality can lead to increased vulnerability and more severe alcohol problems, exacerbated by a lack of access to healthcare and other services(World Health Organization. Global status report on alcohol and health 2014).

Gerdner A, Holmberg A suggested that a disadvantageous social situation might also provide less motivation to seek treatment for alcohol addiction; according to a Swedish study, having _more to lose 'was associated with a higher motivation for recovery.

Jirapramukpitak T, Abas M mentioned that, it has been found that the increasing Magnitude of inequality has led to a greater risk of negative consequences for people experiencing alcohol problems; the Thailand National survey found that low-income families had more severe economic consequences from drinking than wealthy families(Center for Alcohol Studies. 2013).

OBJECTIVES OF THE STUDY

1. To identify frequency of alcohol among the subjects seeking de-addiction treatment with alcohol use disorder.
2. To identify the barrier in seeking de-addiction treatment in patient with alcohol use disorder.
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3. To find out association between the barriers in de addiction treatment and alcohol use disorder with their selected demographic variables.

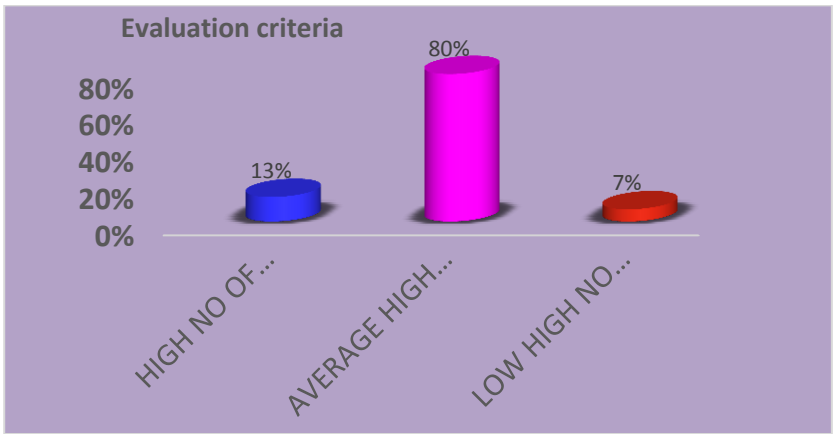
MATERIALS AND METHODS

In this study a descriptive research design was used to assess the barrier in seeking deaddiction treatment in subjects with Alcohol use disorder in selected deaddiction centers of Punjab. Total sample for the study used were 60 subjects with alcohol use disorder by convenient sampling technique. Two tools were used to collect the data in the study i.e. demographic profile sheet and structured barrier questionnaire. Validity of research tool was established under the guidance of various experts from the field of Mental Health (Psychiatry) Nursing. The pilot study was conducted for the feasibility of study. Permission to conduct the study was taken from ethical committee and superintendent of deaddiction centers. Analysis of the data was done by using both descriptive and inferential statistics.

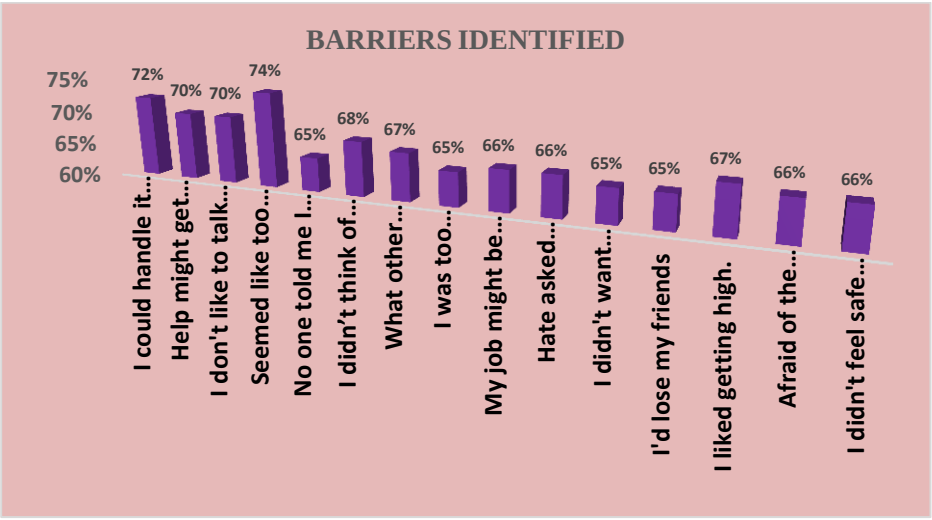
RESULTS

Table showing barrier Scores in subject with alcohol use disorder seeking de-addiction treatment.

Barrier Scores N= 60	%	Frequency
High Barriers. (101-150)	13%	8
Average Barriers. (51-100)	80%	48
Low Barriers. (0-50)	7%	4
Maximum =150 Minimum=0		



The result of study showed that majority of subjects had average high number of barriers 13% of subjects had high number of barriers and 7% of subjects had low number of barriers. The data revealed that the mean of barrier score in subjects with alcohol use disorder was 82.42 followed by standard deviation 13.33. 87



The significant treatment barriers were feeling of trouble to go for help (74%), confidence of handling problem by its own (72%), don't like to talk in group (70%), worry about indulge in legal trouble (70%), not to believe as an addict (68%), fear of treatment (68%), embarrassment of what others thinking (67%), liking the drug consumption (67%), Fear of losing the job (66%), privacy concern (66%), safety concern (66%), lack of encouragement (65%), felt embarrassed or ashamed (65%), don't want others suggestions for treatment (65%), fear to lose friends (65%).

CONCLUSION

Hence it was concluded that the authorities should make use of the media to reach out to the population and to make them more aware of the reality and effectiveness of deaddiction treatment. The government should act as a role model to the private sector in showing ways of providing treatment at affordable costs. Government authorities should also ensure that deaddiction services are available to their employees without them having to risk their jobs, and the private sector should follow suit. Most importantly, the government should ensure ample participation of psychiatrists and their organizations during policy making regarding regulation and control of abuse of alcohol. Moreover, the awareness camps should be organized for community to aware about deaddiction treatment and centers, as well as prevention of alcohol abuse and other substance use.

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