

International Journal of Pharmacy & Therapeutics

Journal homepage: www.ijptjournal.com

Print ISSN 2229-7456

I IPT

ALCOHOL CONSUMPTION AMONG COLLEGE STUDENTS IN **GWALIOR REGION - A SURVEY REPORT**

Kulkarni Sunisha *, Sharma Lalita, Sharma Shyam Bihari

SOS in Pharmaceutical Sciences, Jiwaji University, Gwalior, M.P., India.

ABSTRACT

With more than half of all alcohol drinkers in India falling into the criteria for hazardous drinking, alcohol abuse is emerging as a major public-health problem in the country. The country, which has seen a rapid proliferation of city bars and nightclubs in recent years, is fast shedding its inhibitions about alcohol as a lifestyle choice. Sales of alcohol have seen a growth rate of 8% in the past 3 years. We conducted this study to find the prevalence, pattern and predictors of alcohol consumption among college students in Gwalior district of Madhya Pradesh (India). Students were (from professional and nonprofessional colleges) were randomly selected for the present study. Information on socio-demographic details, family history of alcohol consumption, knowledge of health effects of alcohol consumption, frequency and quantity of alcohol consumption, age at initiation, reason for initiation and pattern of drinking was collected using an anonymous structured, and self-administered questionnaire. The questionnaire was developed by the authors and pre-tested on a few college students in Gwalior. Data were collected during the months of January-February, 2012. The confidentiality was maintained by emphasizing not to report their personal identifiers in the questionnaire. Data were entered and analyzed statistically.

Key Words:- Hazardous drinking, Beneficial and harmful effects of alcohol, Smart regulation.

INTRODUCTION

Alcohol Consumption in India

Alcohol consumption has been steadily increasing in developing countries like India and decreasing in developed countries since the 1980s. The pattern of drinking to intoxication is more prevalent in developing countries indicating higher levels of risk due to drinking. 62.5 million Alcohol users estimated in India. According to one study, per capita consumption of alcohol has increased by 106.7% over the 15-year period from 1970 to 1996 and it is still increasing by an alarming rate. Due to its large population, India has been identified as the potentially third largest market for alcoholic beverages in the world which has attracted the attention of

Corresponding Author

Sunisha Kulkarni Email:- sunishakulkarni2007@gmail.com multinational liquor companies (Parry Charles BH, 2000). Sale of alcohol has been growing steadily at 6% and is estimated to grow at the rate of 8% per year. About 80% of alcohol consumption is in the form of hard liquor or distilled spirits showing that the majority drink beverages with a high concentration of alcohol. Branded liquor accounts for about 40% of alcohol consumption while the rest is in the form of country liquor. People drink at an earlier age than previously. The mean age of initiation of alcohol use has decreased from 23.36 years in 1950 to 1960 to 19.45 years in 1980 to 1990. India has a large proportion of lifetime abstainers (89.6%). The female population is largely abstinent with 98.4% as lifetime abstainers. This makes India an attractive business proposition for the liquor industry (Benegal V et al., 2000).

Changing social norms, urbanization, increased availability, high intensity mass marketing and relaxation of overseas trade rules along with poor level of awareness related to alcohol has contributed to increased alcohol use. Taxes generated from alcohol production and sale is the major source of revenue in most states (Rs.25, 000 crores) and has been cited as a reason for permitting alcohol sale. Profile of clients in addiction treatment centers in 23 states (including states with prohibition) showed that alcohol was the first or second major drug of abuse in all except one state (WHO, 2004).

Alcohol is a depressant drug that

* slows down the activity of the brain

* contains absolutely no nutrients

* does not help relieve tension, induce sleep or solve problems

All alcoholic beverages contain the same mood-changing agent - ethyl alcohol though in varying percentage.

| (Whisky, brandy, rum) | | |
|-----------------------|--------------------------|--------------------------------------|
| Arrack | Wine | Beer / Toddy |
| 35-75% | 10-12% | 6 - 8% |
| | 35-75% Arrack rum) | 35-75% 10-12% Arrack Wine rum) |

Alcohol needs no digestion and is absorbed rapidly into the blood stream.

Cold showers or coffee do not remove the effect of alcohol from the body only the liver can. It takes the liver about one hour to break down one drink of alcohol.

Alcohol Use on the Rise In India

With more than half of all alcohol drinkers in India falling into the criteria for hazardous drinking, alcohol abuse is emerging as a major public-health problem in the country. The country, which has seen a rapid proliferation of city bars and nightclubs in recent years, is fast shedding its inhibitions about alcohol as a lifestyle choice. This situation has led to fears of an undocumented rise in alcohol abuse not only among poorer classes but also in sections of society that were previously considered dry. The increasing production, distribution, and promotion of alcohol have already seen drink-related problems emerging as a major public-health concern in India. Sales of alcohol have seen a growth rate of 8% in the past few years (Singh AK *et al.*, 2006).

The shifting composition of Indian drinkers has seen a rise in the number of Indian women drinking regularly and heavily (WHO, 2005). One recent study in the southern state of Karnataka found young women consumed similar amounts of alcohol to young men on any typical drinking occasion. As reported in 2007, 32 percent of our population consume alcohol (today more than 70%) (National Family Health Survey NFHS-3, 2007) and between 4 and 13 percent have it daily. There is no distinction between rural and urban population and consumption is going up, particularly amongst the young. Urban youth in India is taking to alcohol in a big way and that is one of the reasons why Health Minister Study has revealed that the average age of alcohol consumption in India has fallen by nearly nine years over the past decade, from 28 to 19, and this is predicted *to fall to 15* in another 5-7 years (Chavan BS *et al.*, 2007).

HAZARDS OF ALCOHOLISM

Most Common High-Risk College Drinking Consequences are

• **Death:** due to alcohol-related unintentional injuries, including motor vehicle crashes.

• **Injury:** unintentionally injuries under the influence of alcohol.

• Assault: by another student who has been drinking.

• **Sexual Abuse:** victims of alcohol-related sexual assault or date rape.

• **Unsafe Sex:** unprotected sex and having been too intoxicated to know if they consented to having sex.

• Academic Problems: academic consequences of drinking including missing class, falling behind, doing poorly on exams or papers, and receiving lower grades overall (Linda AB *et al.*, 1998).

• **Health Problems/Suicide Attempts:** many students develop an alcohol-related health problem and try to commit suicide due to drinking or drug use.

• **Drunk Driving:** drive under the influence of alcohol.

• **Vandalism:** damage property while under the influence of alcohol.

• **Police Involvement:** involve with the police or campus security as a result of their drinking, and some are arrested for an alcohol-related violation such as public drunkenness or driving under the influence.

• Alcohol Abuse and Dependence: some college students meet criteria for a diagnosis of alcohol abuse and alcohol dependence in the past few months, according to questionnaire-based self-reports about their drinking.

Research Methodology

The present investigation is comparative study of alcohol consumption among college students with survey being used as method for collecting data to complete the study.

Sampling Design

1. Sample Population: population included all college students.

2. Sampling Frame: since the data was collected through personal contact the sample frame was the students of

different colleges.

3. Sampling Elements: Individual respondents were the sampling element.

4. Sampling Size: Approx. 250 respondents.

Tools Used For Data Collection

Self designed questionnaire was administered for evaluating the consumption of alcohol among college students.

Tools Used For Data Analysis

Various analytical and statistical methods were used for data analysis.

RESULT AND DISCUSSION

Data was collected on the basis of answers to self-designed questionnaire, and was analyzed. Further the data was put into various graphs and pie charts. After thorough analysis, the results and the corresponding discussion are as follows.

From the collected data, nearly 72% boys reported drinking and 46.8% girls were indulged in drinking, so the ratio of boys to girls was nearly 3: 2. This indicates that boys are more involved in consumption of alcohol than girls because boys are more in touch with their surroundings, the communities outside their residencies. Also, the girls of Indian society are much more shy and Debt under the Indian culture. Thirdly, girls' hostels are far stricter than boy's hostel, which denies them to deviate towards alcohol consumption. Fourthly, existing drinkers among girls are less in number than boys, so, obviously having less influence on their juniors.

However, in metropolis and megacities, this ratio might differ from Gwalior region and approach unity, due to fewer differences in girls and boys, and also due to advances in lifestyles. 46% Hostellers and 43% day scholars accepted alcohol drinking. In spite of a little difference in ratio of drinking in day scholars and hostellers, the latter are always more attracted to spirits, mainly as they are inspired by their seniors. Boy's hosteller report percentage was 35.5%.

72.54% college students aged between 18-25 year, 13.75% below 18 years, and 13.9% of above 25 years were reported as drinkers. It indicates that students of 18-25 age groups are more involved in alcohol drinking than other age groups, which signifies that when the students entered in college they start consuming alcohol either influenced by their seniors or by classmates who is already indulged in drinking (fig.1).

From the figure it is clear that students start drinking mostly because of influence of an adult and curiosity. Their seniors are the guilty in most cases to advise and offer them alcohol, which in later stages of life sometimes leads to addiction. In addition to this, seeing the seniors enjoying alcohol drinking arouses sheer curiosity to check out if it has got something new in it. Since, 24.31% accepted of having history of alcohol or drug problems in their family, a family background set in drinking alcohol has adverse effects on the minds of young generations (fig.2).

It is clear from the fig that most of the students drink alcohol on special occasions which include mostly parties. It is observed that college students are not generally regular customers, but in group parties or in joy of some special achievement, the alcohol becomes their favorites of the beverages. It is because they don't have enough pocket money to purchase bottles of alcohol everyday as they are dependant for it on their parents. 66.4% of students describe themselves in terms of current use of alcohol as light drinkers and 33.56% as heavy drinkers. From the discussion carried out in last paragraph it follows that it is not possible for them to drink heavy largely due to shortage of money and also due the fact as being student they have to be in full presence of mind for their studies (fig.3).

Beer is the most favorite beverage among students, is considered "cool" or "soft" drinks. Beer is easily available at most of the shops, in attractive packages which pull the students towards it. Also, since it is a western spirit, it is favorite among those who drink for their status symbol. Since the price of beer is much higher than distilled liquor, beer is a drink for the middle and upper economic classes. Their alcohol content ranges from 5% to 9%. This relatively low alcohol content gives them a hint of satisfaction that it will have almost null effect on their physical and mental wellness. Therefore, beer has become a favorite beverage of the urban young (college students) (fig.4).

From the above figure it is clear that most of the students can stop drinking if they want but then also they do not stop to drink because they don't see any harm in drinking alcoholic beverages. The students having their family members involved in consuming spirits suffer the worst because if they want to lead an alcohol free life, they are frequently asked, offered and even pressurized to resume back. Some students do not even feel guilty to drink so no question arises of cut down alcohol consumption (fig.5).

Most of the students refused to become violent with fight after drinking but some accepted of becoming violent but no fight. It indicates that they have been able to control themselves after drinking. These include those who can stop drinking if they wish. This is mainly because of the fact that beer is among the favorites of students, which has relatively low alcohol contents. Hence there is not much retardation of CNS activity (fig.6).

72.54% of students have not been suggested to cut down consuming alcohol by relatives, friends or doctors. It indicates that either their relatives, friends or doctors are not serious towards their drinking or they are unaware of involvement of student in drinking. 83.15% of students have neither visited nor have knowledge about rehabilitation center. This remarks the indifferent behavior of the government towards the awareness programmes and lack of advertisement about rehabilitation centers and treatment policies run under the Health Ministry. Most of the rehabilitation centers are located in urban areas, leaving large areas of rural India unserved by any organized activity in this field. There is a need of serious attention of government in this regards.









78.54% accepted of driving after drinking. Although such activities are not legitimate and are prohibited under the law, driving after drinking is rampant and so common that it is usually ignored. College students are fond of driving, sometimes fast and rash, which has been a major cause of road accidents and causalities. The National Road Research Institute surmised that a third of all drivers on intercity roads were under the influence of alcohol, and that a quarter of all major traffic crashes is alcohol- related. Driving a vehicle with a blood alcohol level of more than 100mg % is a crime, but lack of proper measuring equipment assures that only the obviously drunk are caught. Some students who are regular drinker or addicted have reported that they use some alternatives (smack, codeine cough syrup, liquid whitener's solvent, tobacco, and cigarette), if they do not get alcohol.





Fig 4. Choice of drinking preferred by college students.





Fig 5. The student's ability to stop drinking if they wish.

CONCLUSION

With more than half of all alcohol drinkers in India falling into the criteria for hazardous drinking, alcohol abuse is emerging as a major public-health problem in the country. The concern is that there has been a rapid change in patterns and trends of alcohol use in India. Chief among them is people are beginning to drink at ever-younger ages. The percentage of the drinking population aged under 21 years has increased from 2% to more than 14% in the past 15 years, according to studies in the southern state of Kerala by Alcohol and Drugs Information Centre India, non-governmental а organization (NGO). Alarmingly, the study found that the "average age of initiation" had dropped from 19 years to 13 years in the past two decades. Alcohol consumption is a major public health problem in most parts of the world responsible for deaths and disability-adjusted life years (DALYS) lost. Alcohol remains one of the widely used drugs among college students. Earlier initiation of alcohol has been reported to be associated with increased risk for alcohol related problems. It has been observed that students start alcoholism owing to pressure from their seniors and peers. They start gradually, perhaps once a month type of addiction when they are in their 2nd year. But towards the end of 2nd year and then the remaining of the years, the frequency rises to about twice a week (on an average). And the amount of disruption that it causes is huge. But the administration seems reluctant because of the risks involved in curbing the menace. The consequences of excessive and underage drinking affect virtually all college campuses, college communities, and college students, whether they choose to drink or not.

Fig 6. Percentage of students who become violent after drinking and indulge in fighting.



We conducted this study to find the prevalence, pattern and predictors of alcohol consumption among college students in Gwalior district of Madhya Pradesh. Students were (from professional and non-professional colleges) were randomly selected for the present study. Information on socio-demographic details, family history of alcohol consumption, knowledge of health effects of alcohol consumption, frequency and quantity of alcohol consumption, age at initiation, reason for initiation and pattern of drinking was collected using an anonymous structured, and self-administered questionnaire. The questionnaire was developed by the authors and pre-tested on a few college students in Gwalior. Data were collected during the months of January-February, 2012. The confidentiality was maintained by emphasizing not to report their personal identifiers in the questionnaire. Data were entered and analyzed statistically.

According to a survey conducted by us, most students who do drink do so responsibly. According to the College Alcohol survey, students more likely to binge drink are male under 25 years of age, residing away from family. We are missing well-trained physicians with information on efficacy and availability of de-addiction drugs and an awareness of benefits of psychological, exercise and vocational therapies. Appropriate information to both the health professionals and the family of addicts can result in much needed counseling and support required for anyone wanting to quit alcohol addiction.

We hope as India strives to maintain its much hyped growth rate it also stops its infantile approach in dealing with alcoholism and many other health issues that are part of reason why people's quality of life is not going up at the same rate as economy. What is needed of college students is to be informed of the beneficial and harmful effects of alcohol, and understand that addiction is a disease that can be cured in most instances and the sooner one intervenes the better one can expect the outcomes to be. What is needed of the government is to have a smart regulation of alcohol that will add to revenue, ensure quality of alcohol, and spread information on the ills of alcoholism without making it the forbidden fruit.

LIMITATIONS

1. Time span of study was short.

REFERENCES

2. Number of subjects chosen for study was less.

3. All the subjects were college students, so there is possibly of hesitation in answering some questions.

- 4. Area covered for study was limited.
- 5. Sample size was less.

ACKNOWLEDGEMENT

I am thankful to the students of B. Pharm. Final year (2011-12), who helped me in performing this survey, namely Atul Dwivedi, Priyanka Goyal, Brajesh Bhadauria, Ram Avtar Dhakad, Renu Matoli, Umesh Chadar, and Yogendra Singh Narwariya.

- Benegal V, Velayuudham A, Jain S. Social Cost of Alcoholism: a Karnataka perspective. *NIMHANS Journal*, 18(1&2), 2000, 67.
- Chavan BS, Priti A, Bhargava R, Singh GP. Prevalence of alcohol and drug dependence in rural and slum population of Chandigarh: A community survey. *Indian J Psychiatry*, 49, 2007, 44-8.
- Linda AB, Carlos C, Chandrashekar CR and Oye G. Alcoholic Beverage Consumption in India, A Cross-Cultural Comparison Mexico and Nigeria, Alcohol Health & Research World, 22(4), 1998, 244-252.
- Ministry of Social Justice and Empowerment, United Nations Office of Drug and Crime Regional office of South Asia, Drug Abuse Monitoring System profile of treatment seekers. 2004.
- Parry Charles BH. Alcohol problems in developing countries: Challenges for the new millineum. *Suchtmed*, 2(4) 2000, 216-220.
- Singh AK, Maheshwari A, Sharma N, Anand K. Lifestyle associated risk factors in adolescents. *Indian J Pediatr*, 73, 2006, 901-6.

World Health Organisation, Global Status Report on Alcohol. 2004.

World Health Organization. WHO STEPS Surveillance Manual: The WHO STEP wise approach to chronic disease risk factor surveillance, Geneva: World Health Organization; 2005, Factsheet analysis guide WHO, 6-3B-1, 2005.