

## HEALTH STATUS AND ALCOHOL RELATED HEALTH PROBLEMS OF ALCOHOLIC RESPONDENTS IN COIMBATORE DISTRICT

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### Abstract

*The study is to examine the health seeking behavior and alcohol related health problem for sample respondents. The study comprises a survey of approximately 80 samples (with alcohol addiction) undergoing treatment in different hospitals, De-addiction and Rehabilitation centers in Coimbatore city limits. The selected patients answered for asked questions regarding the socio economic background, health status, alcohol related health problems. This result implies that drinking alcohol affects the body in many ways. These effects can lead to physical and mental changes that can put alcohol users and others at risk of injury or death. Possible dangers include falls, household accidents, and car crashes. When a person drinks beer, wine, or another alcoholic drink, the alcohol is quickly absorbed in the blood and then carried throughout the body.*

**Key words:** Health Status, Alcohol Related Health problems, Analysis of Variance.

### Introduction

Health is a value of being connected, energetic and having active interactions on a daily basis. Health is something of an enigma. The idea of health is capable of wide and narrow application, and can be negatively as well as positively defined. Health can be seen as a multifaceted dimension of human life, and as a 'reserve stock' of vitality, fitness and strength (whether psychological or physical or both) which individuals can draw upon to pursue their goals and actions. From a sociological viewpoint health can be seen as both 'attribute' and 'relation', simultaneously involving biological and social factors. This suggests a dynamic view of health and illness, changing across biographical and historical time. The experience of health, both good and poor, is likely to be influenced by the circumstances into which people are born and the contexts and actions which prevail at different stages of life. The importance of health in personal life cannot be minimized. It has come to be regarded as a prerequisite for optimum socio-economic development of man. Health care as a right of every individual has been recognized in many countries. Better health is central to human happiness and well-being. It also makes an important contribution to economic progress, as healthy populations live longer, are more productive, and save more.

### What is Alcohol?

Alcohol, or ethanol, is a sedative, hypnotic drug, and the intoxicating ingredient present in wine, beer, and spirits. It is produced by the fermentation of yeast, sugars, and

starches found in different foods. Alcohol is a legal recreational substance for adults, but it is commonly misused among individuals of all ages, resulting in significant health, legal and socio-economic damage. The effects of alcohol are particularly harmful to adolescents and unborn babies. The World Health Organization (WHO) estimate that alcohol dependence is the third leading cause of disease burden in developing countries worldwide. An overdose of alcohol can lead to severe central nervous depression, with progression to coma or death.

### **Impact of Alcohol consumption on Health**

Alcohol and its relationship to ill health have been recognized as an important public health challenge even though alcohol use has been part of the cultural traditions indifferent societies. In India, the earliest public health oriented report on alcohol can be traced to a chapter in the Bhole committee report of 1946, which showed great foresight by separating out two groups of people who might have been subjected to the ill effect of alcohol:

- (1) Those driven to drinking by misery, poor living conditions and lack of educational and of recreational facilities and
- (2) Those that result by the excesses of folk customs and group habits. The committee suggestions included rise in the standard of living accompanied by the provision of education and recreation facility, balanced by health education to bring home to the people the harmful effects of convivial drinking. (Ravi narayanan 2011)

Almost sixty years ago, the bhole committee had showed great prophetic oversight by suggesting that 'little economic merit can be claimed for a system of taxation which raises any considerable part of the public revenue from the sale of alcohol, unless, as a part of the plan of government, this tax money is used to reduce the extent of facilities for the sale of alcoholic beverages; to promote the observance of restrictive laws; to meet the cost of prevention, care and treatment of alcoholism among the considerable number of person whose health will be injured and whose earning capacity will be reduced by the use of alcohol'. The bhole committee suggested a plan of action that included: instructions in schools on the effect of alcohol and narcotics; strict control of existing liquor shops; treatment facilities for acute and chronic alcoholism; health promotion; legal sanction for detention of those who need segregation and treatment; active role for NGO's and voluntary effort; and restriction of alcohol consumption during working hours. (Ravi Narayanan 2011).

Although alcohol use existed in India for a long time, of late, has invaded life in India in a big way. Nearly 30% of Indian women are regular users of alcohol. Recent trends include easy availability of alcohol, massive direct and indirect advertisement of alcohol, increasing number of alcohol sales outlets in both urban and rural areas, earlier age of

starting drinking and greater extent of drinking amongst women. Consequent to these changes, the use of alcohol has increased. As a fall out, the harmful hazardous effects of alcohol have also increased. Ethanol in alcohol is a chemical and after consumption has a multitude of effects. These effects influence physical, social, emotional, behavioral, and financial spheres of an individual, family and the society. Alcohol is linked to more than 60 health conditions and a variety of harmful effects ranging from brawls and accidents on road on its effects on poverty and indebtedness in society. Due to lack of scientific research in India on the effects of alcohol, the harmful hazardous effects are still not documented early. (Guru Raj G et al 2010). Alcohol consumption has several negative effects on health. For example, alcoholism increases the chance of disorders such as liver cirrhosis, cancers (e.g. Pancreas and liver), hypertension and memory deficits (Smith and Kraus 1988). Alcohol also increases the chances of self-harm through accidents. In terms of its impact on mortality, data from the UK show that the number of alcohol-related deaths has increased from 6.9 per 100,000 in 1991 to 13.0 in 2004 and that the number of deaths has more than doubled from 4144 in 1991 to 8380 in 2004. Data also show that death rates are higher for men than for women and that this gap has widened over recent years.

#### **About Alcoholism in Tamil Nadu**

Tamil Nadu State Marketing Corporation (TASMAC) is a company owned by the Government of Tamil Nadu, which has a monopoly over wholesale and retail vending of alcohol in Tamil Nadu, a state in India. It controls the Indian Made Foreign Liquor (IMFL) trade in the state. TASMAC was established in 1983 by the government of M.G. Ramachandran (MGR) for wholesale vending of alcohol in Tamil Nadu. The state has a long history of prohibition, first implemented in 1937 by the Indian National Congress government of C. Rajagopalachari. Between 1937 and 2001, it was lifted briefly during 1971-74, 1981-87 and 1990-91. After 1983, TASMAC became the wholesale liquor sales in the state whenever prohibition was lifted. In 2001, prohibition was lifted again and TASMAC became the wholesale monopoly for alcohol. For retail vending, the state auctioned off licenses for running liquor shops and bars. But this led to the formation of cartels and loss of revenue to the state. The government tried to counter this by introducing a lot system from the financial year 2001-02, where potential bidders bid for shops grouped by revenue. But the lot system could not prevent cartelization, as bidders later withdrew in favour of others. In October 2003, the government passed an amendment to the Tamil Nadu Prohibition Act, 1937, making TASMAC the sole retail vendor of alcohol in the state. By 2004 all private outlets selling alcohol were either shut down or taken over by the company. This monopoly established by the ADMK government of J. Jayalalitha came into effect on 29 November 2003. The DMK government of M. Karunanidhi which took power in 2006 did

not revise its predecessor's policy and TASMAL continues to control the alcohol industry in the state.

### **Statement of the Problem**

Alcoholism is a complex illness involving psychological, medical, social, cultural and religious areas. It occurs in all social classes from men on skid row through blue-collar workers to chief executives of large corporations. It is an extremely prevalent illness, actually ranking as the fourth most common diseases in the United States, according to the Department of Health, education, and welfare. In the present day, drinking is fast becoming a social event seen as 'normal', while 'drinking to intoxication' is culturally mitigated. In a corporate culture of the emerging Cosmo polis India, alcohol consumption is getting defined as part of routine work culture, life style, family life and recreation (The Hindu, 2006a). Hence, individual perceptions of alcohol use provide critical insight towards determining the consequences of alcohol use. At the societal level, as a specific cause-effect relationship between alcohol use and certain consequences are difficult to delineate, perceptions of alcohol use and their societal meaning provide guidance to plan for intervention.

The signature pattern of alcohol consumption in India is frequent and heavy drinking. More than half of all drinkers fall into the criteria for hazardous drinking, which is characterised by bingeing and solitary consumption to the point of intoxication. Moreover, spirits account for 95% of the beverages drunk in India. There is evidence even to suggest that the poor are beginning to drink more than they earn- a deadly spiral of alcohol and debt. One recent study by the National Institute of Mental Health and Neuro Sciences (NIMHANS) in households of rural, urban, town, and slum populations found that the average monthly expenditure on alcohol of patients with alcohol addiction. Is more than the average monthly salary? The official response to India's problem remains focused on those in acute needs rather than on prevention. Although the Indian constitution includes the prohibition of alcohol among its directive principles, alcohol policy is devolved to individual states- as is the levying of taxes on it. Since most states derive around a fifth of their revenue from alcohol taxation- the second largest source after sales tax- they are generally ambivalent towards stemming its flow. One barrier to developing a national alcohol policy for India, experts say, is the woeful lack of data and research on its national health, social, and economic effects. What is known is that alcohol-related problems account for more than a fifth of hospital admissions; 18% of psychiatric emergencies; more than 20% of all brain injuries and 60% of all injuries reporting to India's emergency rooms. The role of alcohol in domestic violence is substantial: a third of violent husbands drink, according to a WHO study in 2004. Most of the violence took place during intoxication. The Government and the general public both need to have awareness about the possible

dangers of alcoholism, thereby curtailing promotion of its use to the Indian society (Anusuya Gopalakrishnan, 2011).

There is a need to develop comprehensive, integrated and people-centered alcohol control policies and programs. This requires moving beyond the immediate focus of economic returns to the government and industry towards committing for a healthy and a safe society. Developing a society that cares for its citizens, particularly children and adolescents requires a strong political commitment for setting up mechanisms to curb the growing menace of alcohol use. Given the recent commitments of the government of India for a people centered healthy society, it is time to address the problem to seek positive solutions. (Guru Raj G et al 2011).

#### **Objective**

- To examine the health seeking behavior and alcohol related health problem for sample respondents.

#### **Data and Methods**

To achieve the above objectives, an empirical enquiry is conducted. A survey of approximately 80 samples (with alcohol addiction) undergoing treatment in different hospitals, De-addiction and Rehabilitation centers in Coimbatore city limits. The selected patients answered for asked questions regarding the socio economic background, health status, alcohol related health problems.

#### **Health Status**

Health status is defined in terms of illness prevalence rate and functional disability based measures. Descriptive evidence on the measures of morbidity and choice of health care shows that there is considerable variation across the Socio-economic and demographic attributes of individuals and households. The household demand framework is used to specify the reduced-form health status and curative care functions. Both *education and income* are the important determinant of Health status. The mother's education is a more important determinant of children's health status than father's education. Mother's education has a negative effect on child morbidity but the effects are statistically significant only in the functional limitation measures. Thus, children whose mothers are better educated suffer less from illness the number of days bedridden and of normal activity being affected are fewer than the others and is reflective of better health-care inputs, such as food, nutrition, appropriate preventive or timely curative care, being allocated to children which reduces the probability of their being sick as well as the duration of restricted days. An interesting result is the significant negative effect of smoking on adult and elderly morbidity. Morbidity is found to be higher among the

Scheduled Caste and Scheduled Tribe population. The study also sheds light on the effect of other household and village infrastructure variables on the measures of morbidity. The estimates of the multinomial discrete choice model of curative health care show that the real choice in rural India is between private health care and other types of health-care facilities. Primary-level education, household income, and village-level infrastructure and amenities are found to increase the probability of choosing private health care over any other type of facility.

#### ANOVA

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	3.806	3	1.269	6.792	.000 <sup>b</sup>
	Residual	14.194	76	.187		
	Total	18.000	79			
a. Dependent Variable: Overall health status						
b. Predictors: (Constant), Education, Maritalstatus, assettotal						

ANOVA (Analysis of Variance) is the F-test outcome that measures of the absolute fit of the model to the data. Here, the F-test outcome is highly significant (lessthan.001, given in the sig. column), so the model does fit the data.

#### Conclusion

The current study concludes that drinking alcohol affects the body in many ways. These effects can lead to physical and mental changes that can put alcohol users and others at risk of injury or death. Possible dangers include falls, household accidents, and car crashes. When a person drinks beer, wine, or another alcoholic drink, the alcohol is quickly absorbed in the blood and then carried throughout the body. A drink of alcohol stays in the body for about 2 hours after being consumed. This period of time can vary depending on the person's weight, gender, and other factors. When a person drinks, the concentration of alcohol in the blood builds to a peak, and then goes down. At first, alcohol often makes people feel relaxed and happy. Later, it can make them feel sleepy or confused. The small intestine and the stomach absorb most of the alcohol after drinking. A small amount leaves the body through breath and urine. Eating food, especially fatty food, slows the absorption of alcohol.

While health sector and its professionals have not taken a lead role in elucidating the harm from alcohol, the alcohol beverage industry has utilized the doubtful ecological association of a protective effect of moderate consumption to further promotion and sales. The recommendation of moderate alcohol consumption continues to be advocated

and not countered as a misinterpretation of facts it needs to be understood that alcohol problems in society cannot be solved by health professionals alone. It is a larger issue, requiring co-ordinate and integrated research and interventions by many other sectors viz. sociology, criminology, judiciary, food and Agriculture, industry, education, information and broadcasting along with health. If each of the sectors looks at its short term gains, alcohol control can never become a reality. However, the efforts of all these sectors need to be guided based on larger Public good and health of society.

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