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Alcoholism, Social Impact and Caregiver Burden: A Cross-Sectional Study

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Abstract: ***The impact of alcohol extends beyond the drinkers to their families, who face loss of income, neglect, and caregiver fatigue and burden. Research between alcohol use and caregiver burden has received insufficient attention. Caregivers have varying effects on the recovery of alcoholic patients. Literature reports poor physical health and delay in seeking medical care in them, compared to non-caregivers. The study aimed to analyze the economic and health impacts of alcoholism on caregivers. A random sample of 100 patients was examined over three months, focusing on factors like drinking habits, income spent on alcohol, and the burden on caregivers. Findings revealed that alcohol expenditure matched or exceeded family income, with daily wage workers and auto drivers being significant consumers. Regular drinking habits were noted, with brandy being the most popular choice. Only a small percentage acknowledged alcohol as a potential cause of injury, indicating a need for further awareness.***

Keywords: Alcoholism, Social Impact, Caregiver Burden

1. Introduction

One Indian dies every 96 seconds due to alcohol consumption.[1] A quarter of hospital admissions are due in part to intoxication.[2] Alcohol is a ubiquitous social evil and a known cause of injury, disease and death. Alcohol burden is borne equally by the drinker and his dependent family as the drinker himself suffers from medical complications while the family is victim to loss of income, battering, neglect apart from loss of a functional family member and the additional burden of taking care of them. Problems such as family conflicts and poverty caused by patients of alcohol use can be the main cause of caregiver suffering and can result in the caregiver losing meaning in their life and experiencing despair and hopelessness.[3] However, little attention is being paid to the relationship between alcohol use and care giver burden. Previous research findings suggest that caregivers who experience social and emotional burden related to care giving are at risk for problematic alcohol use and warrant attention from health and mental health service professionals.[4] With a constant increase in the number of people finding themselves in the role of a caregiver to their alcoholic family members, the need to inquire into care giver burden is the need of the hour. The alcoholic's family distinguishes itself from other families in that there may be a negative, critical, hostile and rejectionist environment which is eventually passed on to their children.[5] The care giver could be parents, siblings, off springs or spouses. These care givers can have a negative or positive impact on the recovery of the patient from alcoholism. Caregivers tend to report worse physical health, including insomnia, headache, and weight loss,[6-8] and are more likely than non-caregivers to put off seeking needed medical care.

Aims: Treating patients for complications of alcoholism is not uncommon, however the care giver is left in the shadow and may become alcoholic himself. The social impact of alcoholism in terms of economic loss and association with chronic illnesses, shall be analyzed.

2. Methodology

Random sampling of 100 patients visiting NRI medical college and general hospital for 3 months was studied. Different parameters involving drinking, income spent on drinking, family expenditure, caregiver burden and complications were assessed.

3. Observations

Analysis done on the income, alcohol expenditure and expenditure on dependents shows that each alcoholic roughly spends an equivalent of a family member's share of income, on alcohol. An occupational bias towards alcohol consumption was noticed. Daily wage workers took a lion's share (30%) of the number of alcohol consumers, followed by auto drivers (15%).

Data also showed that most of the drinkers were in the habit of introducing others to drinking; this could mean that there is a great risk of the care giver being influenced into drinking. Income variation shows minimal difference in quantities of alcohol consumed, implying that a poorer man simply goes for the same quantity of a cheaper drink Reason for relapse into alcoholism were enquired into. We applied CAGE questionnaire to the cohort. Brandy was the most consumed drink (74%) followed by Whisky (25%). Most of them were regular drinkers (40%). Middle aged persons had the longest duration of drinking (23 years on average.) Only a hand full of patients (10%) see alcohol as a possible source of injury.

Some of the patient (15%) had previously tried quitting alcohol but relapsed. The most common cause of relapse

was family problems (6%) and withdrawal symptoms (5%). The primary care giver was found to be the wife in most cases (68%) and the subjective burden felt was high (86%), in line with the findings of similar research by Mattoo et al. The results show that early age at first drink is associated with a longer duration of drinking, which is concerning. The findings showed a statistical significance (p value 0.03) between age of first drink and duration of drinking as shown in Table number 1, here below.

Table 1: Association between age of first drink and duration of drinking.

Age	Age of First Drink	Duration of drinking in years
25 - 35	21.6667	9.5
36- 45	28.28571	14.7
46-55	26.5	23.75
> 56	36.6667	17.666

Another concerning finding is that younger alcoholic patients (under 45 years) had a statistically significant (p value 0.02) likelihood of being regular and binge drinkers, than older alcoholic patients (over 45 years) and it is compiled in table number 2, below:

Table 2: Association between Frequency of Alcohol consumption and Age of patient.

Type	25-35 years age	36-45 years age	46-55 years age	> 55 years age
Regular	14	12	8	6
Binge	4	5	2	0
Occasional	7	9	5	4
Daily	3	6	3	3
Once A Week	2	4	2	2

In table number 3 below, findings are summarized which suggest that those with lower income, spend a larger portion of their income, on alcohol, and have more dependent members in their family. The group with a weekly income of less than Rs. 1000, spent on average, half of their income on alcohol, leaving very little for the support of dependent family members.

Table 3: Association between income and expenditure on alcohol

Weekly Income	Weekly Expenditure on Alcohol	Dependent Members
<1000	500	4
1000-5000	400	3
6000-8000	1628.5	2
8000-10000	3666.66	2.66
>10000	6333.33	4

In table number 4 below, a link between alcoholics and profession was found, with certain professions like daily wagers and auto drivers being more likely to be alcoholics, while those who are retired, merchants, carpenters and builder masons were less likely to become alcoholics, however, the sample size is too small to draw conclusions.

Table 4: Association between occupation and alcoholism

Occupation	People
Retired	5
Builders	5
Merchants	10
Carpenter	5
Electricians	5
Daily workers	30
Farmers	10
Auto drivers	15
Hotel workers	10
Unemployed	5

The findings suggest that those who are alcoholic have, in some cases, influenced others into alcoholism or smoking or both, which increases the disease burden in the community, although no statistical significance was found. The data is compiled in table number 5 below.

Table 5: Association between alcoholism and influencing others to smoking/alcohol.

Influence others to drink alcohol	Number	Influence others to smoke as well.
yes	45	18
no	45	45

Caregiver burden in family member who is primary caregiver was assessed via a self-perception questionnaire and the findings are tabulated in Table number 6 here below:

Table 6: Evaluation of Caregiver Burden in family of alcoholic patient.

Variable	Alcohol* N=40	Alcohol user family N=100
Subjective burden		
no	2 (5%)	14
moderate	24(60%)	52
severe	14(35%)	34
Family size		
<6 members	25 (62.5%)	100
>6 members	15 (37.5%)	
Relation with patient		
wife	31 (77.5%)	68
father	2(5%)	10
mother	1 (2.5%)	11
son	4 (10%)	9
brother	2 (5%)	2
Age	41.17 +/- 10.65	43.7
Employment		
unemployed	7 (17.5%)	5
employed	33 (82.5%)	95

(*Mattoo et al: Family burden with substance dependence, IJMR, 137, April 2013, pp 704-711.)

4. Conclusion

Most patients are ignorant to see alcoholism as a problem to themselves, beyond lost work days. However, the caregiver is burdened with the risk of being influenced into alcoholism himself, as well as bears the economic loss and expenditure. A paradigm shift in thinking of alcohol as a single man's problem to a family struggle is needed so that the gravity of the situation is appropriately managed by using the care giver as a tool to provide multipronged assistance to the alcoholic bread winner of the family, to help with his health. Caregivers themselves are at a risk of stress, fatigue, lack of socioeconomic mobility and of becoming alcoholics especially those who live with alcoholics who have a tendency to influence others to drink, which is also a risk to the dependent children in the family who are growing up with seeing alcoholism and smoking as accepted behaviors.

Since smoking is the most common addiction associated with alcoholism, a combined approach to reduce both these hazardous behaviors is needed in cases where they co-exist.

Footnotes

The authors have no conflict of interest to declare. The study was done in accordance with Helsinki declaration. Informed consent from patients and caregivers were taken. This study is not funded.

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