



# Outline

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- Preventive aspects
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- Scheme of prevention of Alcoholism & substance Abuse
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- Conclusion

# Introduction

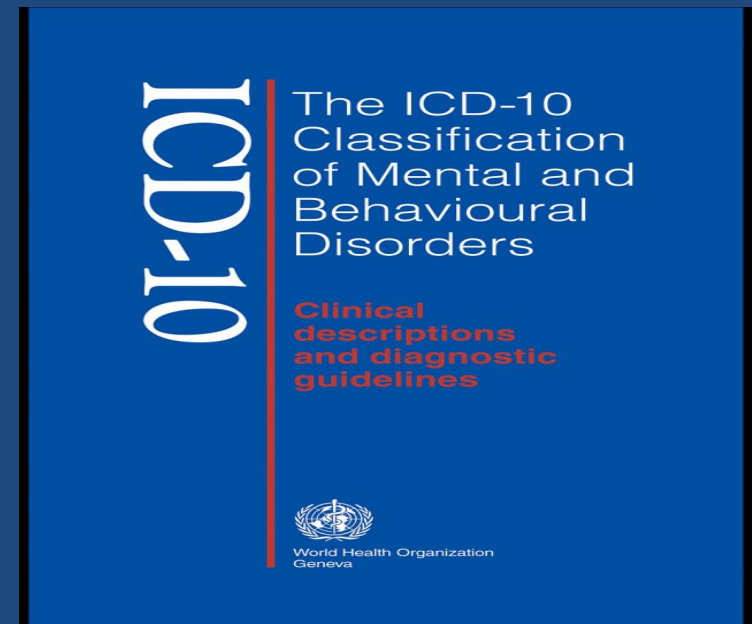
- Alcoholism is one of the **principle social evil** around the globe
- Alcoholism ranks among the **top five risk factors for disease, disability and death** throughout the world.
- Causal factor **in more than 200 disease and injury conditions.**
- Alcoholism can also have serious social and economic consequences for individuals other than the drinker and for society at large.
- Hence it is a **Public health priority** to find a strategy to reduce harmful use of alcohol.

# ICD 10

## CHAPTER 5

### Mental and behavioral disorders (F01-F99)

- Mental and behavioural disorders due to use of Alcohol (F10.1 to F10.99)



# Definitions

- **Harmful use of alcohol** is defined as a pattern of alcohol use that is causing damage to health, and the damage may be **Physical** (as in cases of liver cirrhosis) or **Mental** (as in cases of depressive episodes secondary to heavy consumption of alcohol)

(see ICD-10; WHO, 1992).

# Definition

- **Alcoholism or Alcohol Dependence :**

A cluster of behavioural, cognitive, and physiological phenomena that develop after repeated alcohol use and that typically include a strong desire to consume alcohol, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to alcohol use than to other activities and obligations, increased tolerance, and sometimes a physiological withdrawal state.

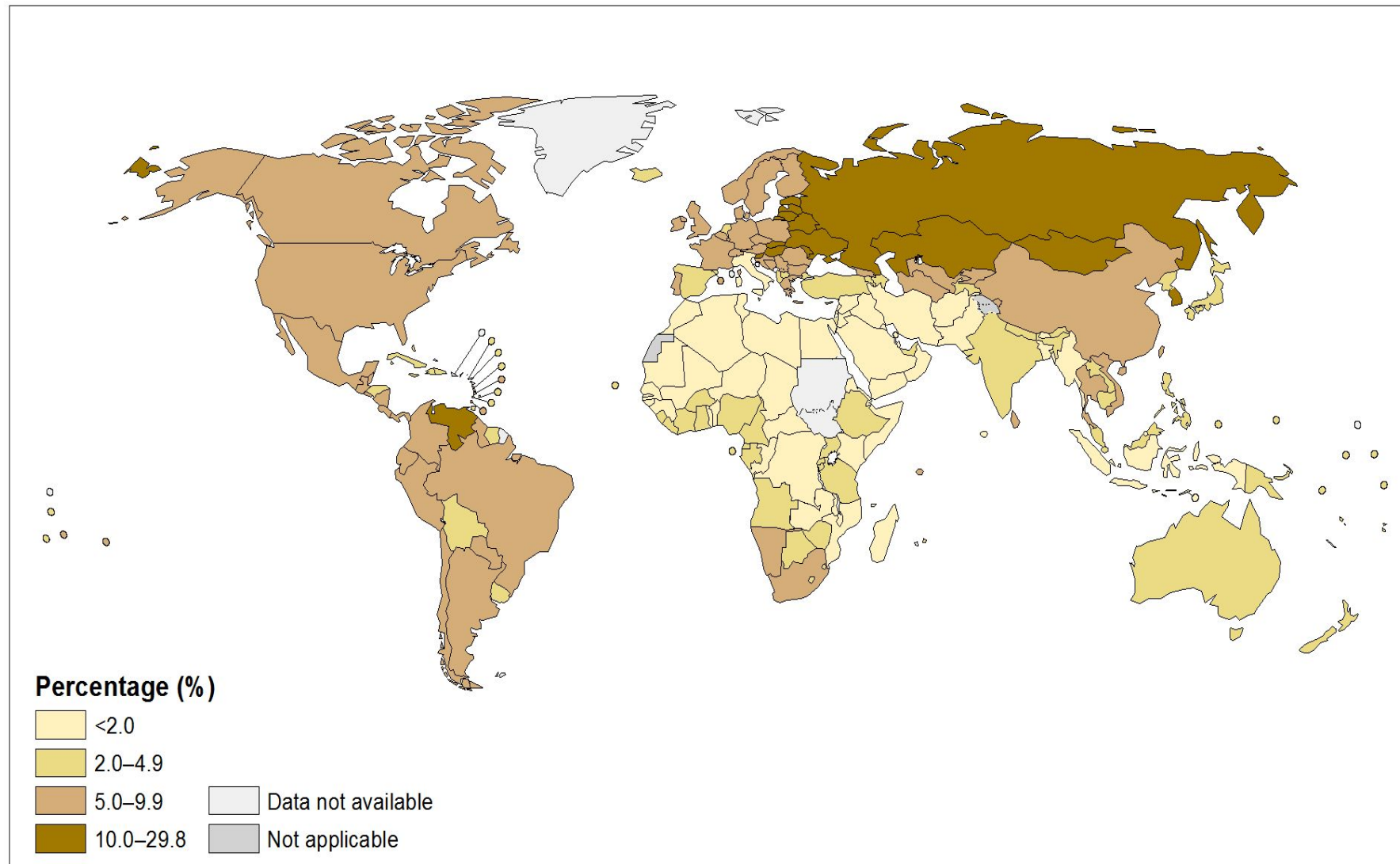
(see ICD-10; WHO, 1992).

# Problem statement

## World :

- Persons aged >15 years drinks 6.2 litres of pure alcohol per year.
- While drinkers consume 17 litres of pure alcohol annually
- Worldwide, 3.3 million deaths every year result from harmful use of alcohol, this represent 5.9 % of all deaths.
- 5.1 % of the global burden of disease and injury is attributable to alcohol, as measured in disability adjusted life years (DALYs)
- In the age group 20 – 39 years approximately 25 % of the total deaths are alcohol attributable.

## Proportion of all DALYs attributable to alcohol (AAFs; %; all ages), 2012



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

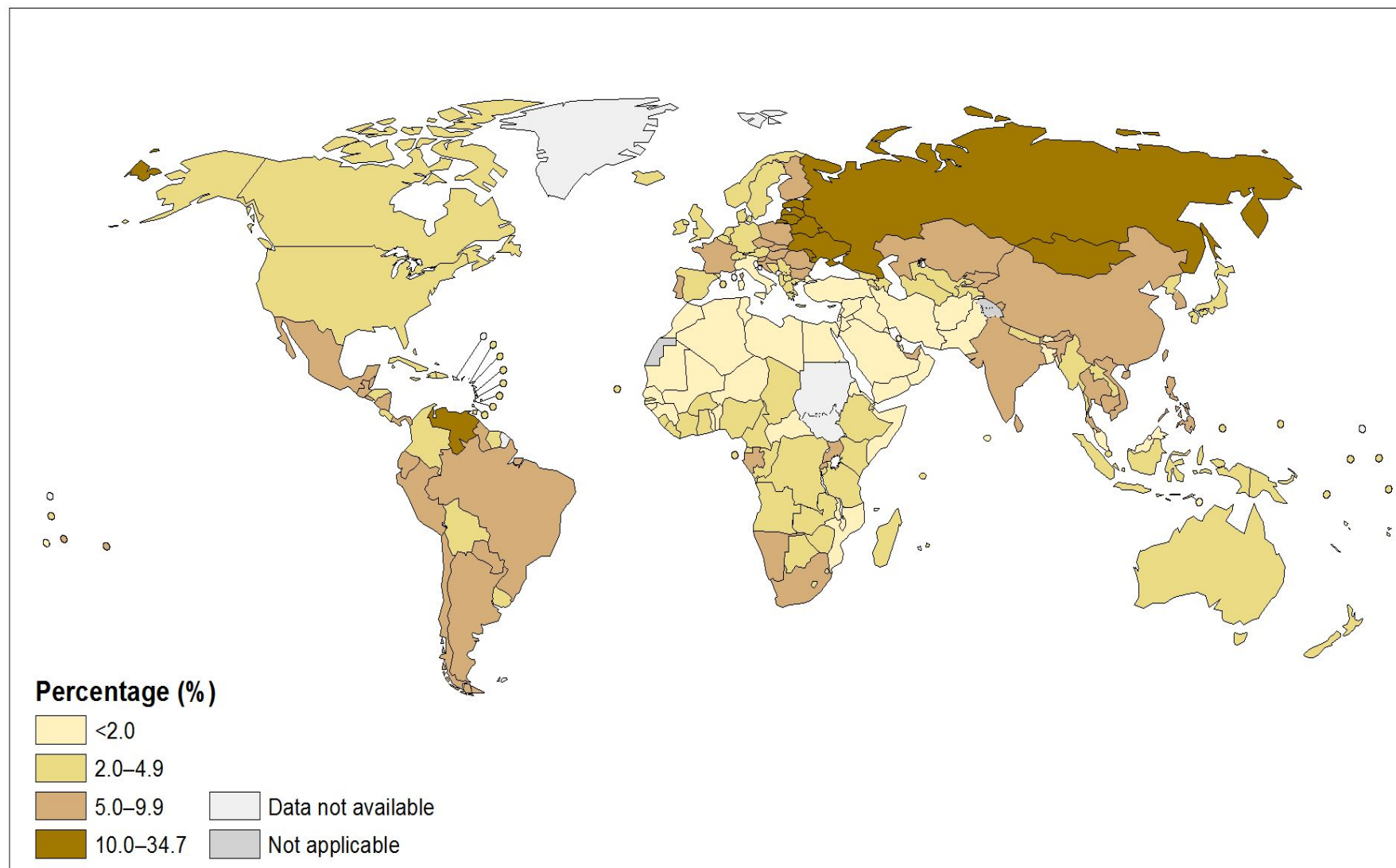
Data Source: World Health Organization  
 Map Production: Health Statistics and  
 Information Systems (HSI)  
 World Health Organization



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## Proportion of all deaths attributable to alcohol (AAFs; %; all ages), 2012



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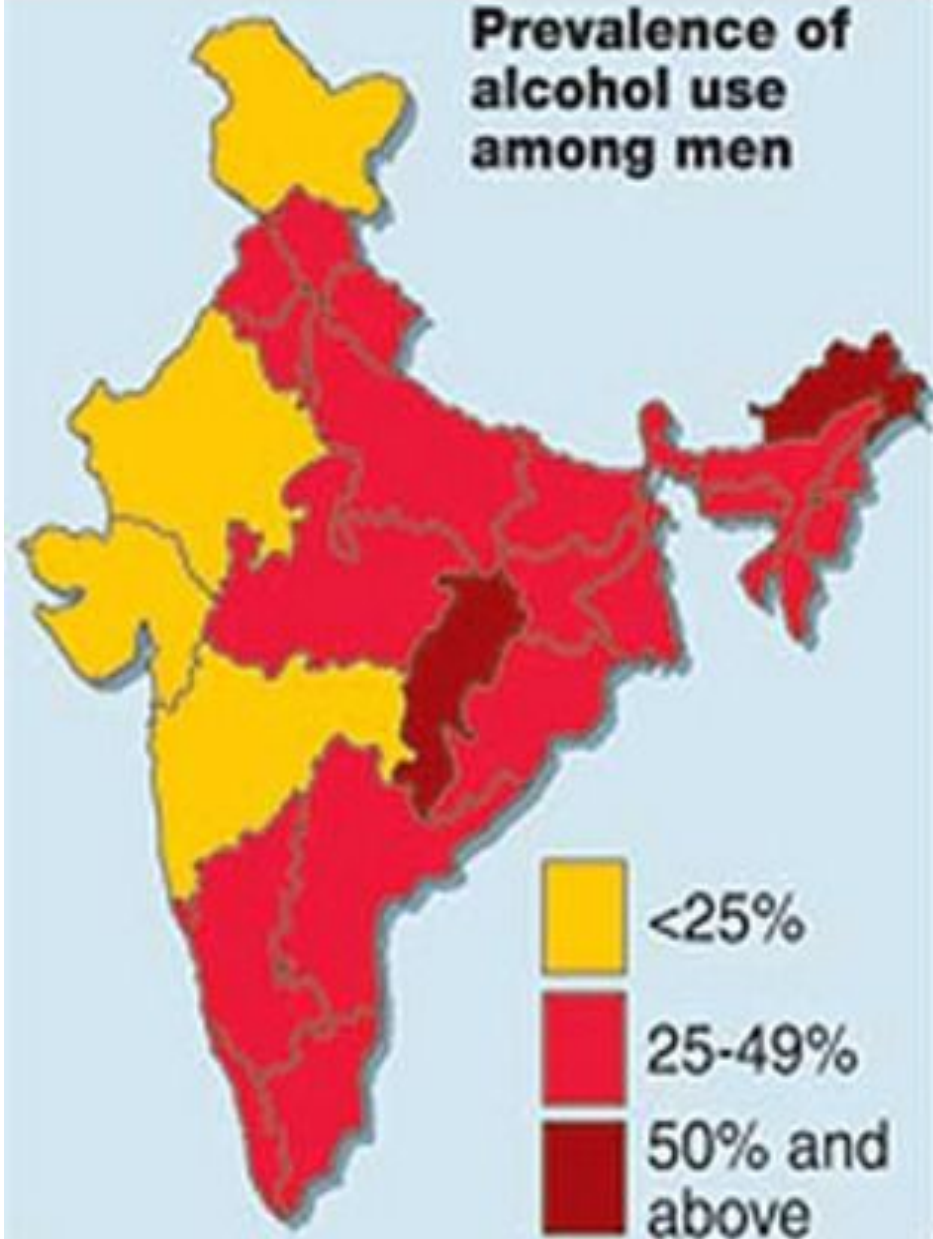
# Problem statement

## India:

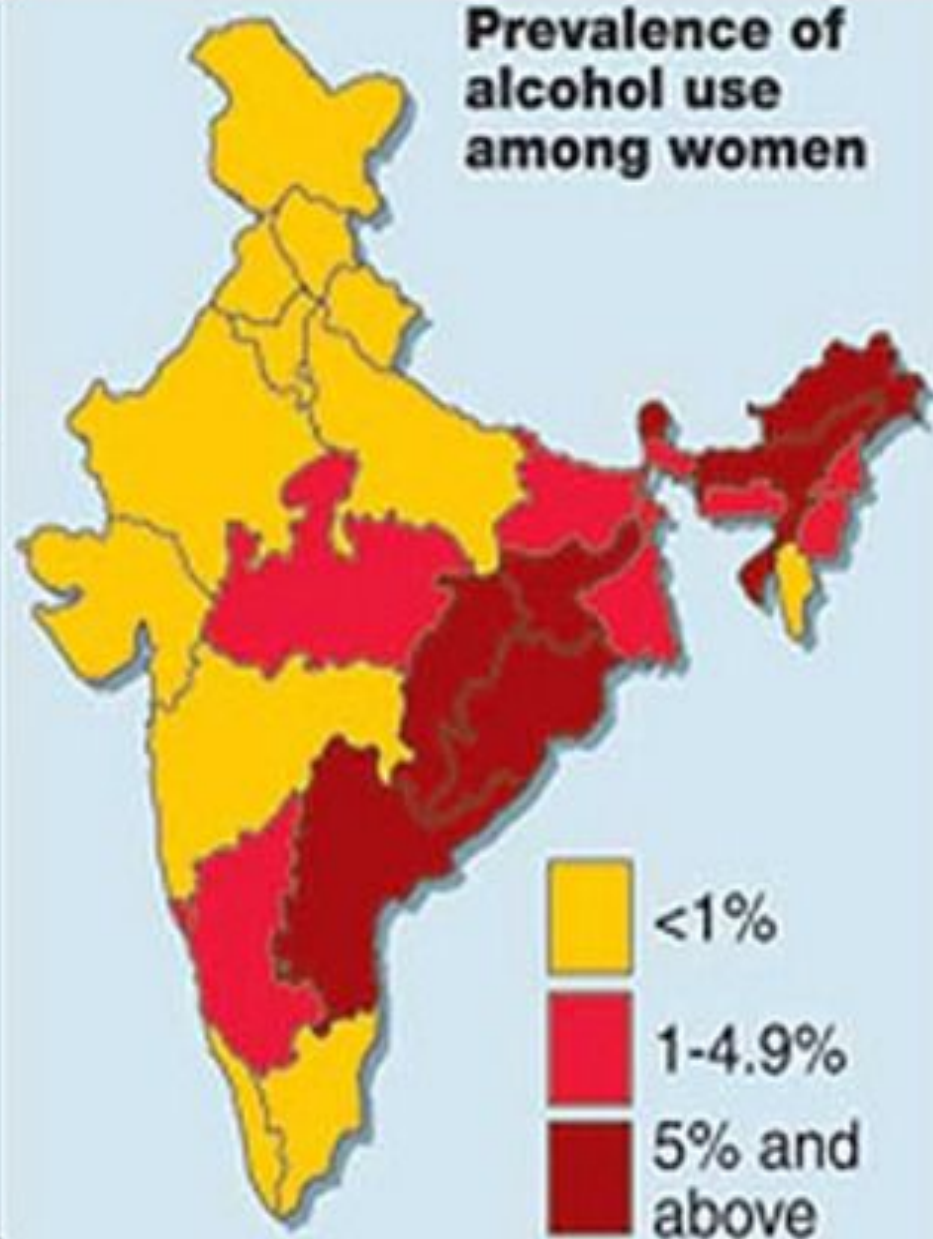
- Persons in India aged **15 years or older** drinks **4.3 litres** of pure alcohol per year.
- While **drinkers** consume **28.7 litres** of pure alcohol annually
- **2.6%** of population are having Alcohol Use Disorders in India (**2.1% : Alcohol dependence**)
- **1.6% of total road accidents** are attributed to alcohol/drug abuse

# INDIA'S ALCOHOL ATLAS

Prevalence of alcohol use among men



Prevalence of alcohol use among women



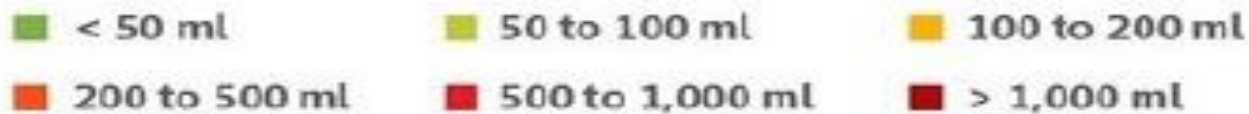
# Liquor Consumption

Per Capita Per Week

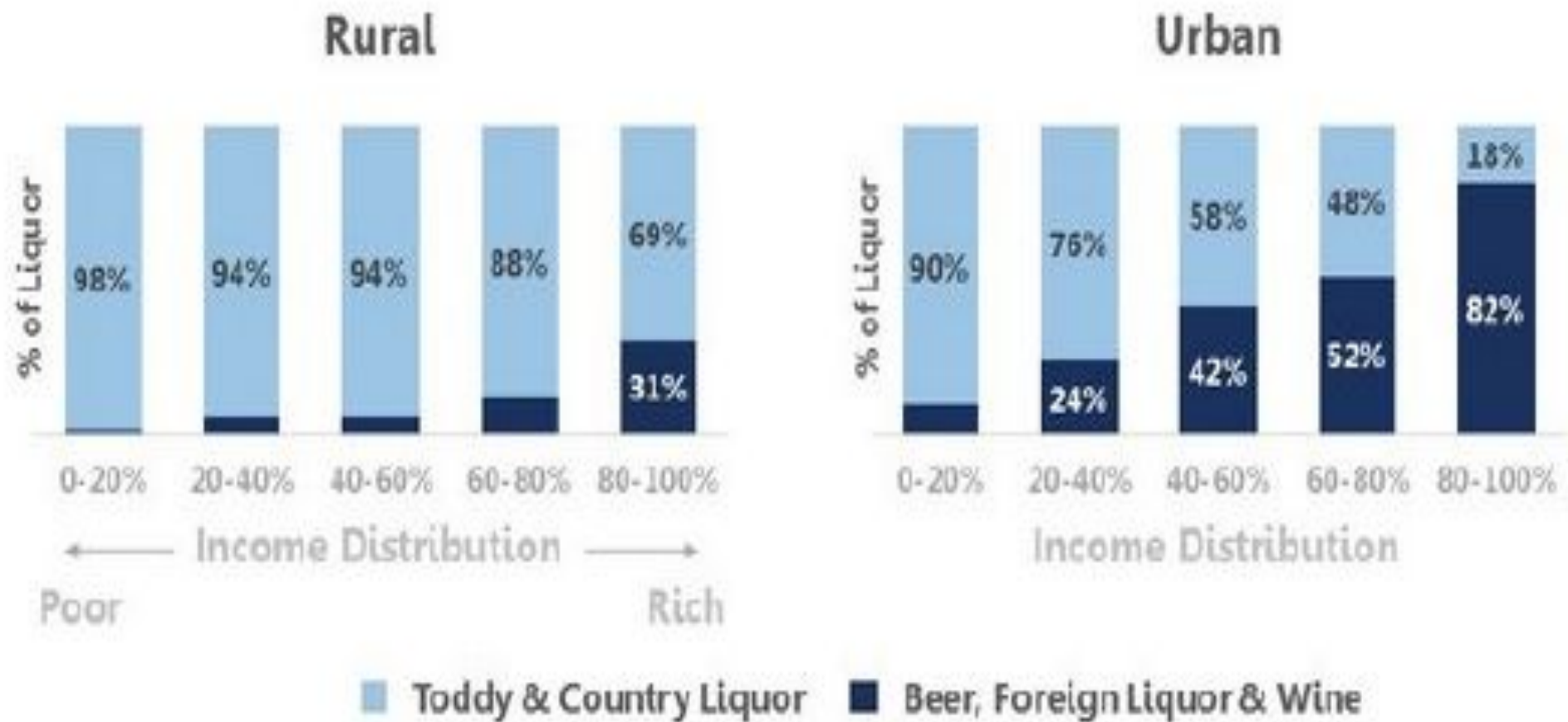
## Toddy & Country Liquor



## Beer, Foreign Liquor & Wine

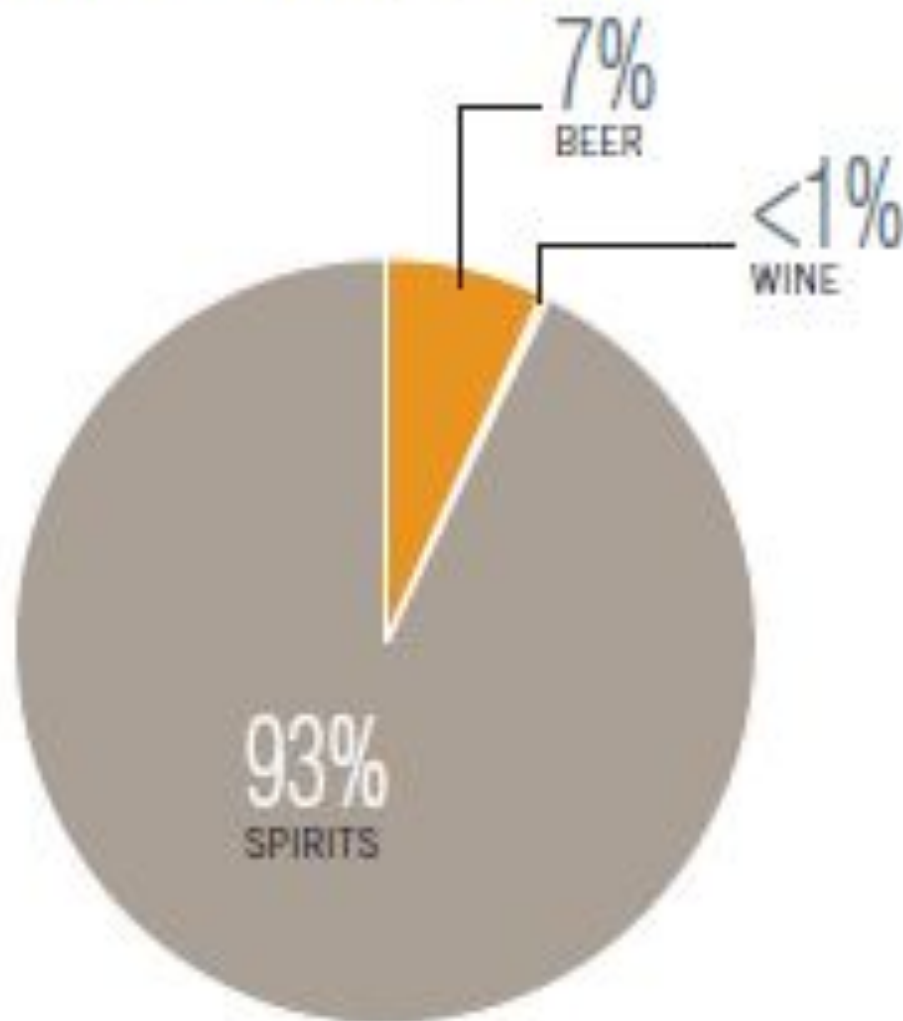


# Consumption of alcohol based on socioeconomic status in Rural & Urban India



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2010

India  
(WHO)



### Prevalence of alcohol use disorders and alcohol dependence (%), 2010\*

	Alcohol use disorders**	Alcohol dependence
Males	4.5	3.8
Females	0.6	0.4
Both sexes	2.6	2.1
WHO South-East Asia Region	2.2	1.7

\*12-month prevalence estimates (15+).

\*\*Including alcohol dependence and harmful use of alcohol.

### Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2012

	ASDR*		AAF (%)	
Liver cirrhosis, males / females	39.5	19.6	62.9	33.2
Road traffic accidents, males / females	41.0	11.4	33.1	2.1

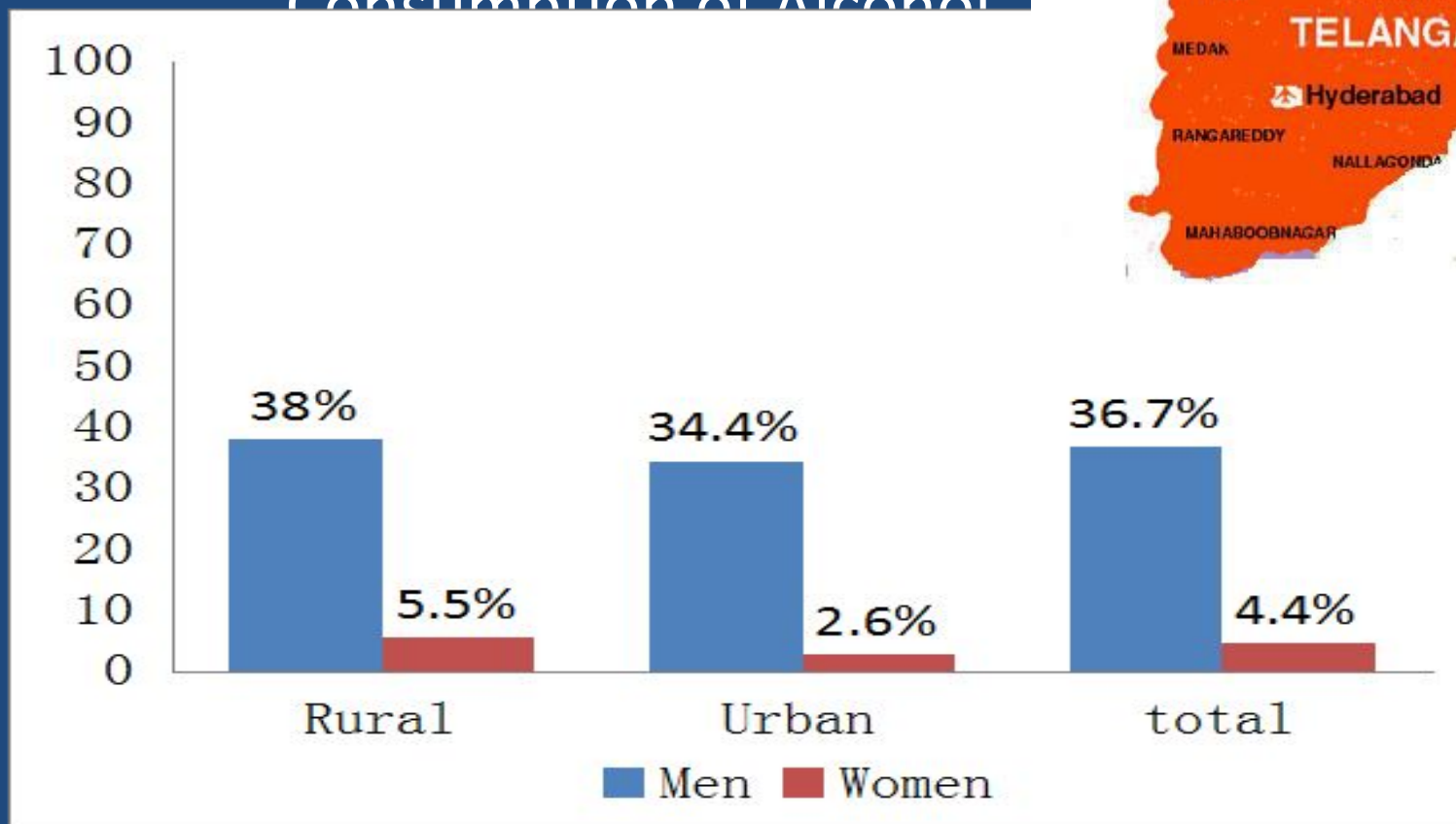
\*Per 100 000 population (15+).

India (WHO)

# Problem statement

Telangana : (DLHS 4) 2012-2013

Consumption of Alcohol



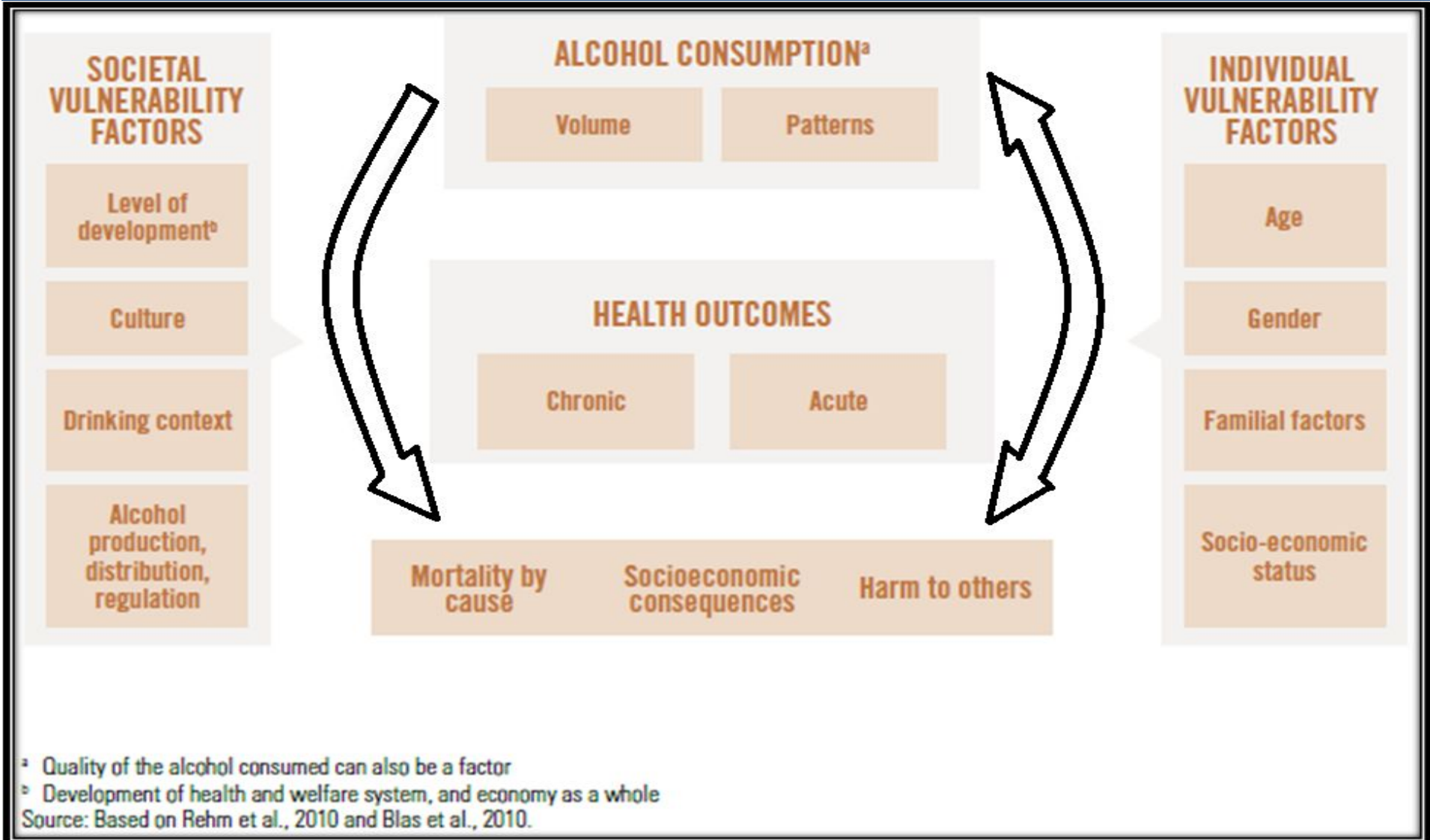


# Social factors leading to Alcoholism

- Social drinking
- Family
- Peers
- Partner drinking
- Neighborhood
- Co-workers
- Life changes
- Poverty
- Homelessness
- Cultural



# Conceptual causal model of alcohol consumption and health outcomes(WHO)



# Reasons for increased alcohol consumption

- Family drinking
  - Family structure
  - Personality variables
  - Spouse's drinking behaviour
  - Drinking environment
- 
- However poverty, unemployment and sense of helplessness may also predispose to the over-use of alcohol.

# Alcohol Related Harm

## SELF

### Immediate

- Unintentional injuries
- Violence
- Risky sexual behaviors
- Miscarriage and stillbirth
- Alcohol poisoning

### Long term

- Neurological problems
- Cardiovascular problems
- Psychiatric problems
- Social problems
- Cancer
- Liver diseases



# Alcohol Related Harm

## Harm to others

- Injury
- Neglect or abuse
- Default on social role
- Property damage
- Toxic effects (FAS)
- Loss of amenity or peace of mind

## Harm to society at large

- Health
- Social and economic costs
  - Direct costs
  - Indirect costs
  - Intangible costs

# Crimes due to alcoholism/drugs

- 1.6% of total road accidents which rendered 7,398 persons injured and 2,591 deaths in the country.
- Maximum fatal road accidents in AP(14.9%),  
Telangana(14%)
- 1.1%-1.2% of Suicides
- 250 deaths of farmers' suicides

NCRB, 2014



# Work or School problems

1. Arriving late
2. Making more mistakes
3. Leaving assignments incomplete
4. Problems with bosses and co-workers
5. Getting poor grades or evaluations
6. Drop outs from school, and
7. Losing jobs





# Financial problems

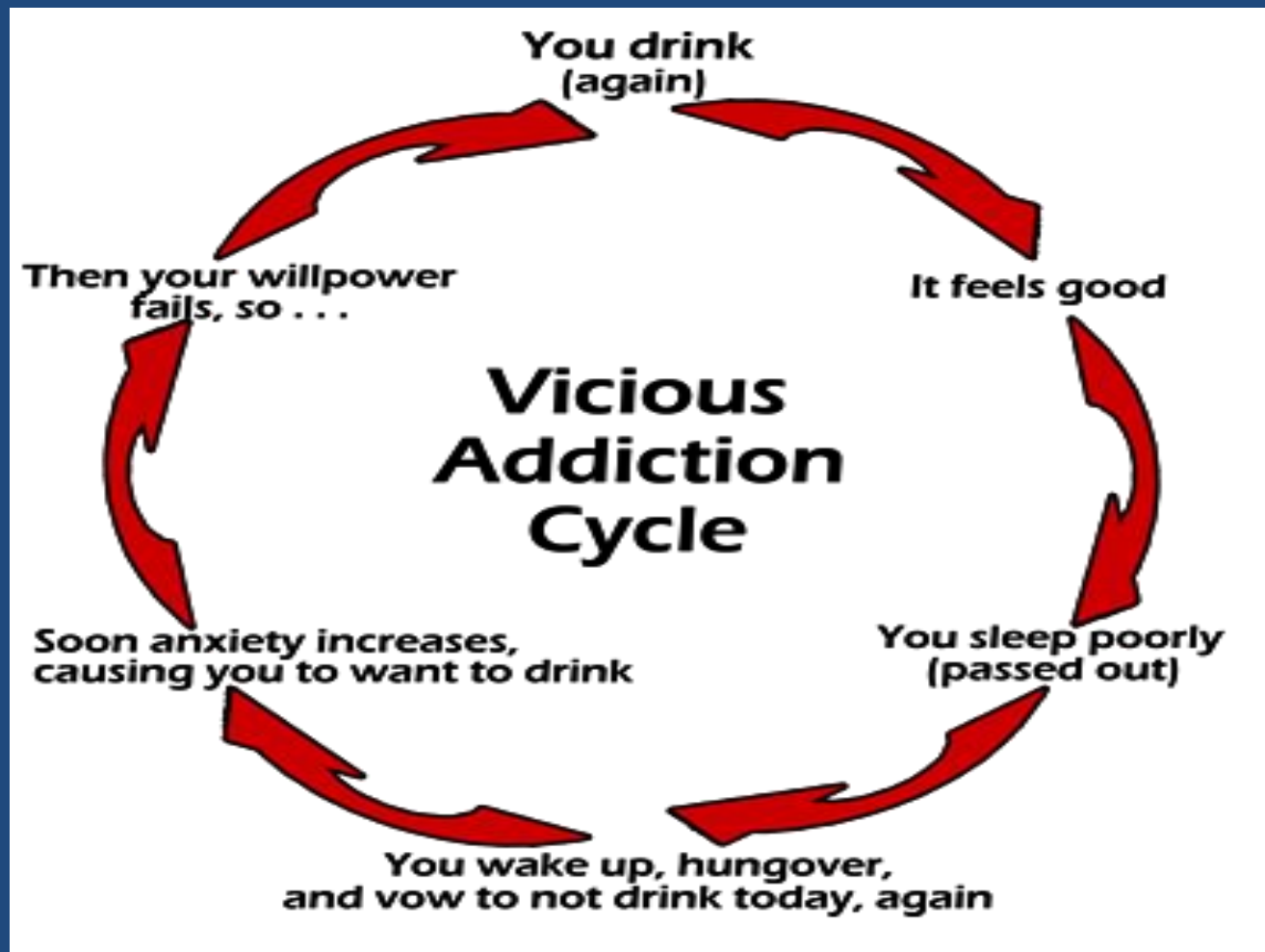
- Current money problems worse and cause new ones:
  - a) Having less money for necessary expenses like food and clothing
  - b) Neglecting to pay bills, and
- Creating additional expenses, such as extra medical costs, fines, or car repairs.

# Alcohol & Women

- Causes:
  - Age
  - Life role
  - Marital status
- Physiological impairment
- High vulnerability to liver damage and breast cancer
- Menstrual disorders



# Preventive aspects



# Primary prevention

- **Educational Approach** –
  - Programs for children ,risk group
  - Electronic Media
  - Target group intervention
- **Legal Approach**
  - Control of production and sale
  - Raising prices and taxes
  - Raising of minimum age
  - Ban advertisement available centers
  - Strict rules for drink and drive
- Low use of alcohol content
- Improve mental health and coping to stress
- Parents to be **Role Model** for their children



# Secondary prevention

- Early Diagnosis
- Adequate Treatment
  - of withdrawal symptoms
  - of addiction-(physiological, psychological and social)
  - of complications –(depression ,anxiety ,vitamin deficiency, cirrhosis)
- Post de-toxication counselling & Follow up
- Change in Environment at home , college ,work place.



# Alcoholics Anonymous



- International agency, 1935
- Share experiences with anyone seeking help with a drinking problem
- They give "**sponsorship**" to the alcoholic coming from any source
- Offers 12 step program, discussed in A.A meetings

# Tertiary prevention

It includes treatment and rehabilitation

- After care programs
- Vocational guidance
- Counseling
- Recreation.



# Quitting Alcohol

- Admit that it's a problem
- Talk to a doctor
- Help from loved ones
- Change your attitude
- Get "NEW GOOD" friends
- Reward your progress
- Dietary habits





# Family and community support

- Parents to be **Role Model** for their children
- Identifying the problem
- Listening
- Building a relationship
- Counseling
- Encouragement
- Avoid stigma



# Global action plan (WHO)



- Public policies and interventions, guided and formulated by public health interests
- Equitable and sensitive to national, religious and cultural contexts.
- Political commitment
- Protection of populations at high risk

# Global action plan (WHO)



- Accessible and affordable
- Right to be supported and protected from pressure
- Encompass all alcoholic beverages and surrogate alcohol
- Geographic Information System for Alcohol & Health

## **GISAH**

## Scheme of Prevention of Alcoholism and Substance Abuse(2015) Government of India

1. Awareness and Preventive Education
2. Drug Awareness and Counselling Centre
3. Integrated Rehabilitation Centres for Addicts (IRCA<sub>s</sub>)
4. Workplace Prevention Programme (WPP)
5. De-addiction Camps

# Scheme of Prevention of Alcoholism and Substance Abuse(2015) Government of India

6. NGO forum for Drug Abuse Prevention
7. Innovative Interventions to strengthen community based rehabilitation
8. Technical Exchange and Manpower development programme
9. Surveys, Studies, Evaluation and Research on the subjects covered under the scheme

# Deaddiction centre, KIMS



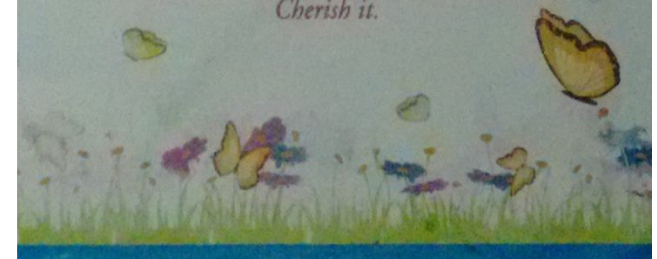
*In fond memory of*  
**Kamineni Giridhar**

**DE - ADDICTION CENTER**  
KAMINENI INSTITUTE OF MEDICAL SCIENCES

**KAMINENI FOUNDATION**  
*spreading Light, bringing Hope, renewing Life*

వెలుగును వ్యాపింపజేయడం,  
ఆశ చిగురింపజేయడం,  
జీవితాలను పునరుద్ధరించడం.

*You are a unique and noble creation of God,  
worth far more than any earthly treasure.  
Cherish it.*



# ALCOHOL AWARENESS MONTH

- THEME 2015
- “For the Health of It: Early Education on Alcoholism and Addiction.”
- Increase public awareness, reduce stigma and encourage local communities to focus on alcoholism and alcohol related issues

**April is**  
**Alcohol**  
**Awareness**  
**Month**



# Conclusion

**Alcohol:**  
Temporary  
Fun With  
Permanent  
Consequences

- Alcoholism is one of the Public Health problem
- High-income countries have the highest alcohol per capita consumption (APC).
- Yearly increasing deaths are due to harmful use of alcohol
- Wide geographical variation in the proportion of alcohol-attributable deaths and DALYs.
- Policies should be formulated at the global, regional, multinational, national and subnational level



# References

- Global status report on alcohol and health 2014
- DLHS 4 report (2012-2013), telangana
- The Hindu articles, august 2014 (India's biggest drinkers)
- National Crime Report Bureau, 2014
- Alcoholics Anonymous
- Scheme of assistance for Prevention of alcoholism and Substance (drugs) abuse and for Social defence services, government of India
- The Tribune (Alcohol Awareness Month: The bad that will rob you of your life)

The final Aim is....



Thank You