

ALCOHOL DEPENDENCE AND TURKISH PEOPLE

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SUMMARY: Alcohol abuse is a common problem in Türkiye. In order to address the problem, a retrospective analysis of 700 alcohol dependent patients presenting over a period of 6 years to a university hospital in Ankara was undertaken. Results showed that most of the subjects were within the ages 30-39, the married subjects representing the largest group. Age at onset of alcohol consumption was low. Although Islamic religion strongly disapproves alcohol use, it is ineffective in preventing its consumption.

Key Words: Alcohol dependence, Islamic religion, demographic characteristics.

INTRODUCTION

Alcohol dependence is one of the major public health problems throughout the world. In a prevalence study in United States DSM III-R alcohol dependence was found to be 5.93% (10). In respect to general hospitals' admissions alcohol abuse was identified in about 20-30% of male admissions and 5-10% of female admissions in United Kingdom (4). In Nigeria alcohol dependence was found to be 1.7% in general population while it was 5.2% in male population (11).

Alcoholic beverage production and consumption rose between 1960-1980 in the world (26). The traditional low level of alcohol consumption in Japan increased from 5.4 liters in 1984 to 6.7 liters in 1989 (21). It has long been recognized that alcohol related problems are frequently seen in Türkiye. Alcohol abuse seems to be a common problem, although there is little

information on the extent of alcohol dependence and related problems in the Turkish community. In a study in Etimesgut-Ankara in 1979, the prevalence of alcohol dependence was found to be 0.85% (25). In a recent study in a semi-urban area in Abidinpata-Ankara the rate of alcohol dependence was found to be 0.9% (2). Epidemiological surveys indicate that there is a strong positive correlation between the national consumption of alcohol and the prevalence of alcohol misuse (20). Between 1930-81 alcohol consumption increased by 800-900% in Türkiye (6). In 1992 alcohol consumption was found to be 600.000-000 liters (1).

Unfortunately there are no sufficient data about the demographic and sociocultural aspects of Turkish alcohol dependents. The aims of the present study were to assess the demographic, sociocultural aspects of Turkish alcohol dependents, to evaluate the factors contributing to the development of alcohol dependence and the consequences of the disorder.

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MATERIALS AND METHODS

The study was conducted at Department of Psychiatric Alcohol Dependence Treatment Service in Ankara-Türkiye. The records of 700 male alcohol dependents hospitalized between 1991-1995 were reviewed by two psychiatrists. Their demographic properties and sociocultural aspects were assessed. The factors contributing to the development of alcohol dependence and the consequences of the disorder were evaluated. The results are given as percentages.

RESULTS

With respect to age distribution 42 (6%) subjects and 238 subjects (34%) were within the ages 16-29 and 30-39 respectively. The number of those within the ages 40-49 and 50 or older were 330 (47.2%) and 90 (12.8%) respectively.

525 (75%) of the subjects were married, 84 (12%) of them were divorced and the remaining 91 subjects (13%) were single, separated, widowed or had multiple marriages.

5 (0.7%) of the subjects were illiterate while 168 (24%) were primary school graduates. Secondary school and university graduates were 379 (54.2%) and 148 (21.1%) respectively.

203 (29%) subjects were changing their jobs frequently. 28 (4%) of the subjects were unemployed. Others were either employee, official or retired.

Subjects coming from villages were 231 (33%) whereas the number of subjects migrated from villages to cities were 133 (19%). 630 of the subjects (90%) were from the nuclear families.

Most of the subjects were within the ages 15-20 (532 subjects, 76%) (Table 1) age at onset of alcohol consumption. 434 subjects (62%) preferred Turkish raki whereas others preferred beer, wine etc. Alcohol consumption was usually 350-700 ml/day (424 subjects, 60.6%). 633 (90.4%) of alcohol dependents had consumed alcohol for more than 10 years.

599 subjects were found to use cigarette-tobacco too, while 80 subjects never used anything other than alcohol, while others used psychotropic drugs (51 subjects) or substances such as LSD, cocaine etc. (40 subjects) (Table 1).

487 subjects (69.6%) were admitted to the hospital for the first time. 630 (90%) of the subjects were hospitalized upon their own request. 350 subjects (50%) asked help from a doctor for the first time whereas the number of subjects who visited the doctor for the second time was 182 (26%). 185 (26.4%) of the subjects had been treated in more than one hospital (Table 2).

245 subjects (35%) had first degree relatives with alcohol dependence. The number of those with alcohol

Table 1: Alcohol consumption of 700 alcohol dependents.

Age at onset alcohol consumption	15-20		21-25		26-30		31 and above			
	n	%	n	%	n	%	n	%		
	532	76	98	14	42	6	28	4		
Preferred alcohol	Beer		Wine		T. Raki		Other		No Choice	
	n	%	n	%	n	%	n	%	n	%
	14	2	28	4	434	62	14	2	210	30
Alcohol consumption (ml/day)	Below 350 ml		350-700 ml		Above 700 ml					
	n	%	n	%	n	%				
	31	4.4	424	60.6	245	35				
Duration of consumption (year)	0-5		6-10		11-15		16-20		21 and above	
	n	%	n	%	n	%	n	%	n	%
	21	3	46	6.6	91	13	180	25.7	362	51.7
Substance use other than alcohol	No		Cigarette-Tobacco		Psychotropic drug		Substance (Lsd etc)			
	80		599		51		40			

Table 2: Hospitalization of 700 alcohol dependents.

No of hospitalization	1		2		3		4		5 and above	
	n	%	n	%	n	%	n	%	n	%
	487	69.6	143	20.4	32	4.6	33	4.7	5	0.7
Hospitalized	Own request		By force of his boss		By force of this family					
	n	%	n	%	n	%				
	630	90	4	0.6	66	9.4				
No. of admissions to a doctor	1		2		3		4		5 and above	
	n	%	n	%	n	%	n	%		
	350	50	182	26	84	12	84	12		
Treatment in more than one hospital	Yes		No							
	n	%	n	%						
	185	26.4	515	73.6						

dependent second, among degree relatives was 220 (31.4%).

8 subjects (1.1%) had no belief in religion and nor God. The remaining subjects either were believers in God or/and religion or even prayed (Table 3).

440 subjects (62.9%) had neither suicidal ideas nor attempts. 48 subjects (6.9%) had attempted suicide and 212 subjects (30.2%) had suicidal ideas and plans (Table 4).

392 subjects (56%) had legal problems more than once. 412 subjects had problems in family affairs whereas problems in bussiness, interpersonal relations, school and economic affairs were reported by 448, 285, 12 and 338 subjects respectively (Table 5).

The number of subjects who expected to regain their physical and psychological health from the treatment was 491 and 175 respectively. The number of

Table 3: The religious beliefs of 700 alcohol dependents.

	n	%
No belief in religion and God	8	1.1
Believe in Gor but not religion	25	3.5
Believe in religion and God but not pray	316	45.2
Believe in religion and God and sometimes pray	309	44.2
Try to do the essentials of the religion	42	6

Table 4: Alcohol dependence and suicide.

	n	%
Suicidal ideation	162	23.1
Suicidal ideation and plan	50	7.1
Suicide attempt	48	6.9
Neither suicidal ideation nor attempt	440	62.9

those who expected to solve bussiness and family problems were 448 and 142 respectively (Table 6).

DISCUSSION

With respect to age distribution; most of the alcohol dependents were within the ages 30-49. In western countries heaviest consumption was found to be in younger men whereas countries like Mexico and Zambia showed heaviest drinking was done by middle-

Table 5: Problems associated with alcohol dependence.

	n
Problems in family affairs	412
Problems in bussiness affairs	448
Problems in interpersonal relations	285
Problems with school	12
Problems in economic affairs	338

Table 6: Expectancies of 700 alcohol dependents from treatment.

	n
Physical health	491
Psychological health	175
To solve bussiness problems	448
To solve family problems	412

aged men (18,21). The development of alcohol dependence usually starts 10-15 years after the onset of alcohol consumption and was reported to be within the ages 30 and over (19,22).

With respect to marital status 525 (75%) of the alcohol dependents were married and 84 (12%) of them were divorced. Approximately the same results were found in 1986 by another researcher in Türkiye (7). Alcohol dependence leads to problems in family affairs and results in divorce cases (9,20). In Turkish population, the mean age of marriage is approximately above 20 and wives play important roles in admission to alcohol dependence treatment. Besides this, the high rate of divorce (84 subjects, 12%) shows the extent of social problems associated with alcohol dependence.

There is no difference with respect to educational level. In contrast with some reports, this result shows that alcohol dependence can develop in persons with different educational levels in Turkish population (12,15,19).

With respect to employment only 28 alcohol dependents (4%) were unemployed. The number of those changing jobs frequently was 203. It correlates with other studies including another study on Turkish alcohol dependents (19,24). This result reflects the problems such as lack of confidence, low self esteem, low productive power associated with the disorder.

Admissions from the cities were the highest 336 subjects (48%). The number of patients who had migrated from villages to cities was as high as 133 (19%). The difficulties in adaptation to city life and the stress of living in a city may have contributed to the development of the disorder. Most of the patients were

from the nuclear families 630 subjects (90%). A similar result was found in another study done in Istanbul (24). Families in rural areas are generally crowded in Türkiye. The number of alcohol dependents coming from villages was as low as 231 (33%). These results show the protective effects of crowded families on the development of alcohol dependence. This may be due to the support among the members of crowded families against life events and other problems.

Age at onset of alcohol consumption was mostly within the ages 15-20. Many reports indicate this to be between 14 and 19 (16,18) which may be due to the consideration of alcohol use as a sign of masculinity in our culture! Besides this, consumption might have begun by peer influence or need of proving that they were grown up, in adolescence period.

Majority of the alcohol dependents consumed Turkish Raki. It is Türkiye's national alcoholic beverage. It is a distilled beverage with high alcohol content (1 bottle=700ml=248.5 gr ethanol). Alcohol consumption, by 424 subjects, (60.6%) was usually 350-700 ml/day (124.25-248.5 gr ethanol/day). 633 (90.4%) of alcohol dependents had been consuming alcohol for more than 10 years.

Generally cigarette-tobacco usage is common with alcohol consumption (23). In our study 599 subjects were found to use cigarette-tobacco. In several studies marijuhana, hallusinogen and cocain usage were detected in alcohol dependent patients (13,23). In this study substance usage (LSD, cocain etc.) was reported by 40 subjects.

Most of the subjects 487 (69.6%) were admitted to the hospital for the first time. Besides this, those who sought help from a doctor for the first or second time formed the two largest groups 350 subjects (50%); and 182 subjects, (26%) respectively. 630 (90%) of the subjects were hospitalized upon their own requests. This showed their motivation and desire for treatment, but the number of alcohol dependents treated in more than one hospital were 185 (26.4%) and the number of those with more than one hospitalization were 213 (30.4%).

Alcoholism is a familiar disorder appearing to have a strong genetic factor and one-third or more of alcohol dependents report having an alcoholic family member (5,23). Alcohol dependence tends to run in families and children of alcoholics become alcoholic about 4 times more often than children of non-alcoholics (14). 245 (35%) of the alcohol dependents had an alcoholic first-degree relative whereas those with an alcoholic second-degree relative were 220 (31.4%). These results point out the genetic component of aetiology of alcohol dependence and shows the essentiality of defining the alcoholic family as a high risk group.

Alcohol consumption is strongly disapproved by the Islamic religion. But among 700 alcohol dependents only 8 subjects (1.1%) had no belief in God nor in religion. Most of our subjects either believed in God or religion, or prayed. These results show that religion can not prevent the development of alcohol dependence. In a study from Sri Lanka alcohol dependence were detected among Budists (22). Though religions generally ban consumption of alcohol, from the psychodynamic view, superego is soluble in alcohol and this shows why religions are not effective in prevention of alcohol consumption.

Psychiatric disorders seem to be the most important risk factors for suicide. The rate of depression and suicide is high in alcohol dependence (3,17). 48 subjects (6.9%) had attempted suicide and 212 subjects (30.2%) had suicidal ideas and plans. The rate of attempted suicide is low whereas the rate of having suicidal ideas is as high as 30.2%. This low rate of suicide may be due to both Islamic religion which strongly disapproves suicide and the strong relationships and support among the members of Turkish families.

Alcohol dependence raises legal problems (8). 392 subjects (56%) had legal problems more than once. This rate shows the extent of harmful effects of alcohol on behaviours and thoughts, doesn't it?

Most of the subjects had problems in family, business and economic affairs. These problems can be defined as the consequences of alcohol dependence (19).

It is interesting to see that majority of the subjects expected to solve problems associated with alcohol dependence rather than solving the dependence problem itself!

As a result, alcohol dependence is a growing threat in Türkiye. Islamic religion strongly disapproves the use of alcohol, however admissions to the alcohol treatment services are higher than expected. This shows the extent of alcohol problems in our community and in order to be able to facilitate appropriate treatment programs for our culture, more studies should be done to point out the features of Turkish alcohol dependents.

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