

# Reasons for Alcohol Dependence and Their Relationship with Addiction Beliefs, Attitude and Severity: A Cross-Sectional Study

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## Abstract

**Background:** Alcohol abuse is a complex problem because there are so many reasons why people fall into substance abuse in the first place. Unless all these reasons are considered, it will be difficult to effectively tackle the problem. The severity of dependence may be a direct consequence of the addiction beliefs and attitude of the person toward alcohol intake. Addiction beliefs and attitude about the substance can influence the reasons which are attributed for the substance dependence. This study has examined the various reasons for substance use and correlation of reasons for substance use with socio-demographic data, alcohol dependence severity, addiction beliefs in people with different attitudes. **Subjects and Methods:** It is a cross-sectional study done at A.J. Institute of Medical Sciences, Mangalore. After obtaining the ethical clearance the study was started. Simple random sampling technique (lottery method) was adopted to select the study participants. 90 study participants who met the inclusion criteria were enrolled in the study. The sample collection was done from December 2016 to November 2017. After obtaining a written informed consent, patients were screened for cognitive impairment with the help of Hindi mental status examination and then they were further evaluated using Socio demographic clinical proforma, Modified version of reasons for substance use scale (ReSUS), Addiction belief scale (ABS), Alcohol dependence scale, The scale for assessment of attitudes toward drinking and alcoholism, second version (SAADA II). **Results:** More the severity of dependence more are the reasons quoted. A significantly high number of people with attitude of rejection have quoted social enhancement as reasons for substance abuse. People with more severe dependence believe less in free-will model. People who believe in free-will model have more rejection kind of attitude. **Conclusion:** These findings have a direct implication on the prevention and treatment of alcohol dependence in the Indian context. Discussing the treatment options and providing proper psychological interventions would be more acceptable than emphasizing on pharmacological therapies alone. Primary prevention should be planned to fit the needs of the people.

**Keywords:** Alcohol dependence; addiction beliefs; reasons for alcohol use; attitude.

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## Introduction

Developing countries like India experience more problems with alcohol abuse than developed countries, despite equal amounts of drinking.<sup>[1]</sup> Overall 5.1% of the global burden of disease and injury is attributable to alcohol, as measured in disability-adjusted life years (DALYs).<sup>[2]</sup> Far too many people, their families and communities suffer the consequences of the harmful use of alcohol through violence, injuries, mental health problems and diseases like cancer and stroke. It's time to step up action to prevent this serious threat to the development of healthy societies.<sup>[3]</sup>

Alcohol abuse is a complex problem because there are so many reasons why people fall into substance abuse in the first place. Unless all these reasons are considered, it will be difficult to effectively tackle the problem.<sup>[4]</sup>

Patients believing in free-will model are more amenable to change. The severity of dependence may be a direct consequence of the addiction beliefs and attitude of the person toward alcohol intake. Addiction beliefs and attitude

about the substance can influence the reasons which are attributed for the substance dependence.<sup>[5]</sup>

A better understanding of the reasons as to why people use alcohol is essential if effective interventions aimed at reducing alcohol use are to be developed. Further research is necessary to explore the extent to which different reasons for use are related to demographic variables, Addiction beliefs, Attitudes and alcohol dependence severity. Understanding various dynamic factors involved in substance abuse can aid in formulating effective strategies in preventing and treating them.<sup>[5]</sup>

## Subjects and Methods

After obtaining ethical committee clearance, the study was conducted in a tertiary care hospital catering Dakshina Kannada and neighbouring districts with a cross-sectional design. The study population included patients who have been referred to the department of psychiatry. Patients fulfilling the ICD-10 diagnostic criteria of mental and

behavioural disorders due to alcohol dependence syndrome, with active dependence in the age group of 18-65 years, educated upto at least primary education were taken, excluding those having any other substance abuse (except tobacco and caffeine), cognitive impairment, psychosis or severe depression. The subjects were assessed with socio-demographic clinical proforma, modified version of reasons for substance use scale,<sup>[6]</sup> Addiction belief scale,<sup>[7]</sup> alcohol dependence scale and scale for assessment of attitudes toward drinking and alcoholism- second version.<sup>[8,9]</sup>

**Results**

Karl Pearson correlation coefficient was calculated to find the significant relationship between the various parameters. Level of significance in this study was 0.05 and analysis was carried out using Statistical Package for the Social Sciences (SPSS) software, version 17. Analysed data was represented in the form of tables and diagrams.

The study findings point towards, more the dependence more are the reasons quoted for alcohol use. [Table 1 and

Figure 1]. Alcohol dependence severity more significantly correlated with individual enhancement as reason for alcohol use with  $p < 0.001$ , Whereas dependence severity significantly correlated with social enhancement as reason for substance use with  $p < 0.005$ . [Table 1 and Figure 1]

Subjects who had more severe alcohol dependence score believed less in free will model with  $p < 0.001$ . [Table 2 and Figure 2] Study participants who had attitude of rejection towards alcohol believed in free will model with  $p < 0.001$ . [Table 2 and Figure 3]

People who predominantly quoted social enhancement as reasons for substance abuse, had significant negative correlation with attitude of rejection. [Table 3 and Figure 4]

**Table 1: Correlation between alcohol dependence severity and reasons for alcohol use**

Reasons for alcohol use	Alcohol dependence severity (r value)
Coping with distressing emotions	.467
Social enhancement	.503*
Individual enhancement	.570**

\*  $p < 0.005$ , \*\*  $p < 0.001$

**Table 2: Correlation between addiction beliefs with alcohol dependence severity and Attitude**

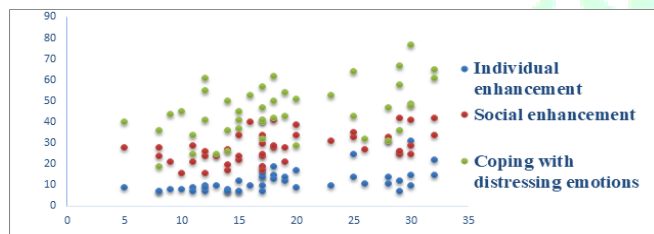
	Free will model	Alcohol dependence severity	Attitude of acceptance	Attitude of rejection	Attitude of avoidance	Attitude of social dimension
Free will model	1	-.424**	-.019	.322**	.109	-.006

\*\*  $p < 0.001$

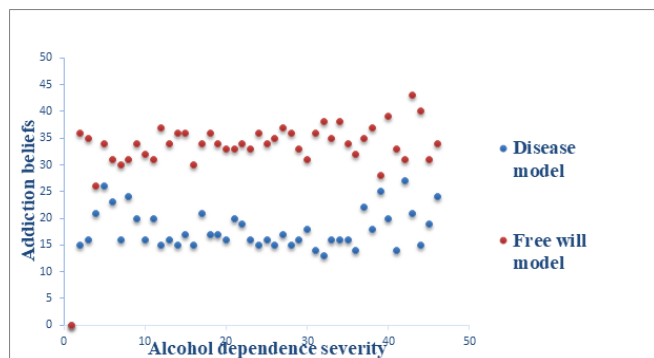
**Table 3: Correlation between attitude of rejection and reasons for alcohol use**

Reasons for alcohol use	Attitude of rejection (r value)
Coping with distressing emotions	.023
Social enhancement	-.377**
Individual enhancement	-.337

$p < 0.005$  \*\*  $p < 0.001$



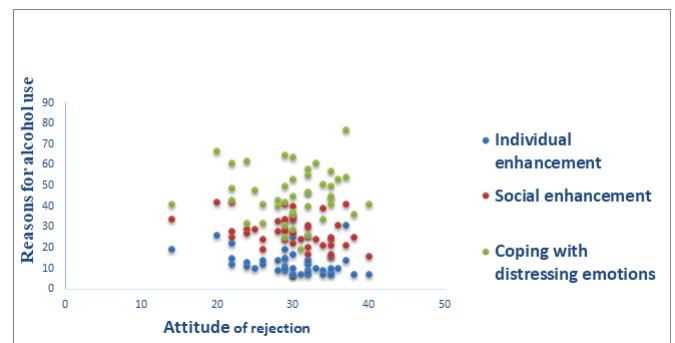
**Figure 1: Correlation between alcohol dependence severity and reasons for alcohol use**



**Figure 2: Correlation between alcohol dependence severity and addiction beliefs**



**Figure 3: Correlation between attitude of rejection and addiction beliefs**



**Figure 4: Correlation between attitude of rejection and reasons for alcohol use**

**Discussion**

The study findings point towards, more the dependence more are the reasons quoted for alcohol use. A significantly

higher reasons for consuming alcohol was quoted for individual enhancement. Individual enhancement was quoted more as compared to social enhancement and coping with distressing emotions.

Findings are in line with the study conducted by Smith M J et al, who could establish three different reasons for drinking alcohol – drink to cope, drink to be sociable, drink to enhance social confidence.<sup>[10]</sup> And the reasons for drinking in turn differentially predicted multiple indicators of quantity and frequency of alcohol consumption.<sup>[10]</sup>

Findings are in line with the study conducted by VS Sreeraj et al (2012).<sup>[11]</sup> However, this study showed that tribals cited reasons associated with social enhancement and coping with distressing emotions rather than individual enhancement, which was found in non-tribals.<sup>[11]</sup>

These findings are also supported by study conducted by Abbey A et al, which found two motives for alcohol consumption. There was a significant interaction between drinking to cope with stress and perceived stress, and there was also a significant interaction between drinking for social reasons and friend's alcohol consumption.<sup>[12]</sup>

Similar findings were obtained in a study conducted by Emmanuel Kuntsche et al in 2014. They conducted a study to test the structure and endorsement of drinking motives and their link to alcohol use among adolescents from 13 European countries, where Social motives for drinking were most frequently indicated followed by enhancement, coping and conformity motives, in that order.<sup>[13]</sup>

Similar findings were obtained in a study conducted by Blevins CE et al in 2016 where they evaluated paths from risk factors for alcohol use, motives for drinking and subsequent outcomes for alcohol use. Study indicated that expectancies, maladaptive coping and negative affect personality styles are associated with coping motives for drinking, and that coping motives are significantly related to problems associated with use.<sup>[14]</sup>

Findings are in line with a study conducted by Enoch et al, where they correlated the role of early life stress as a predictor for alcohol dependence and they found that, early onset of problem drinking in adolescence and alcohol and drug dependence in early adulthood can result in permanent neuro-hormonal changes.<sup>[15]</sup>

Findings are also supported by a study conducted by Keyes et al, where they correlated stressful life experiences with alcohol dependence. Where he correlates alcohol dependence with coping with stressful situations like catastrophic events, child maltreatment, common adult stressful life events and minority stress.<sup>[16]</sup>

People with more severity of dependence believe less in free will model and think that relying on their will power and learning new ways to cope with life will not lead them to overcome dependence. This also meant a stronger belief in disease model, which makes them realise the need for pharmacotherapy, which in turn can improve their compliance to medicines.

However, patients believing in free-will model are more amenable for change.<sup>[11]</sup> People with more severe dependence have significantly quoted individual enhancement as reasons for alcohol use and they believe

less in free will model. People with attitude of rejection have quoted social enhancement as reasons for substance abuse. A lower score on this factor would indicate agreement with the items and hence unfavourable (negative) attitude.<sup>[9]</sup> Belief in free will model was noted to be stronger in people with rejection attitude, without any correlation with the reason for intake.

## Conclusion

The reasons attributed by the patients and the interventions would be based on the addiction belief and attitude of the patient with regard to the problem related to alcohol. By just finding out the reasons attributed for alcohol abuse and by addressing them we can motivate people to change their ways of life and their ability to tackle stress.

Attitudinal characteristics importantly influence one's propensity to acquire knowledge, skills and to learn new behaviour, fostering proper attitudes towards drinking an alcoholism. Discussing the treatment options and providing proper psychological interventions would be more acceptable than emphasizing on pharmacological therapies alone.

The findings from this study can aid in planning comprehensive management strategies for the patients with substance use disorders and for their burden-ridden families.

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