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Prevalence and Pattern of Alcohol Use among Government Officers in Urban Sri Lanka

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Abstract: Non Communicable diseases (NCD) are the leading cause of death globally, of which 80% of deaths occur in low and middle income countries. In Sri Lankan context, the Non-Communicable Diseases accounted for approximately 70% of total deaths. Around 20,000 Sri Lankans die annually due to various health complications caused by the use of tobacco while another 500,000 fall sick. Approximately another 20,000 Sri Lankans die annually due to alcohol consumption. Various experimental, analytical and descriptive studies have been conducted on alcohol use. But, limited studies can be identified among certain community groups. Based on this background, this survey was conducted to determine the prevailing alcohol use among government officers in Urban Sri Lanka. Study design was a descriptive cross sectional study and study was conducted in a government office complex called Sethsiripaya in Colombo district. Study population was government officers. The participants were selected based on convenience sampling method and sample size was 442 respondents including 240 females and 202 males. A self-administered questionnaire was used to collect data and data analysis was performed using the Statistical Package for the Social Sciences (SPSS) version 20. The study found that current prevalence of alcohol consumption was 46.6% of males and 1.2% females. Among the study participants 74.8% males and 5.8% females have consumed alcohol at least once in their life time. Most of the male participants have started their alcohol use between the ages of 17-19 years. A recall of alcohol consumption for the last two months revealed that 26.6% male had used over two glasses, 22.4% between 1-2 glasses and 17% less than ¼ glass per day. Also 44.7% participants had consumed alcohol every 1-2 days during the last month. Only a very few females (n=3) reported that they consumed alcohol during the last month. The most consumed alcohol type was arrack (27.7%). Also 36.9% male users consumed different types of alcohol while 17% of males had beer. Importantly, the study also revealed that 43.3% participants were attempting to quit. The study conclude that preventive activities focusing on this group should be implemented. At the same time non-drinkers must be routinely addressed to sustain their status.

Keywords: Alcohol, Government Officers, Urban Survey

1. Introduction

Alcohol has been identified as one of the most commonly used addictive substance. According to the current situation, alcohol use and abuse are remaining as a major preventable public health problem. The World Health Organization has shown that, alcohol killing nearly 3.3 million people for a year in the world [1]. Around 20,000 Sri Lankans die annually due to various health complications caused by the use of alcohol. In global level, the average alcohol consumption for individuals above 15 years of age is 6.2 liters of pure alcohol per year [2]. Prevalence of current drinkers among males is 39.6% whereas that of females is 2.4% in Sri Lanka [3]. Alcohol use has identified as a major

modifiable risk factor for Non-Communicable Disease in Sri Lanka [4]. According to the report of the World Health Organization, per capita alcohol consumption in Sri Lanka is 3.7 liters. In Sri Lanka, per capita alcohol consumption has marginally increased from 2.2 to 3.7 liters [5] and according to the average monthly household expenditure by major non-food expenditure groups in Sri Lanka, liquor, narcotic, drugs and tobacco is remaining at 3.7% [6]. Illicit alcohol is another issue emerged. Even though strategies have been taken to address illicit alcohol, the issue was not changed in satisfactory level. Illicit alcohol could more harm than legal alcohol due to various factors [7]. Evidence has proven that, alcohol use determine the well-being of the user as well as family, society and the country. Various organizations have been conducting health promotion programs to tackle the alcohol issue among communities in Sri Lanka. In addition to that, laws and regulations related to alcohol associated issues are implemented by related focal bodies. The National Authority on Tobacco and Alcohol Act, No. 27 (NATA) of 2006, the law governing tobacco and alcohol control, was introduced to the country in 2006 in Sri Lanka for the purpose of identifying the policy on protecting public health for the elimination of tobacco and alcohol related harm through the assessment and monitoring of the production, marketing and consumption of tobacco products and alcohol products; to make provision discouraging persons especially children from smoking or consuming alcohol, by curtailing their access to tobacco products and alcohol products; and for matters connected therewith or incidental thereto [8].

According to the literature, numerous studies have been conducted on various aspects of issues relating to alcohol use. But, limited studies about issues associated with use of alcohol can be identified among certain community groups in Sri Lanka. Based on this background, this survey conducted to monitor and identify the prevailing trends and patterns related to alcohol use of government officers in urban Sri Lanka.

2. Objective

The overall objective of the study was to determine the prevailing alcohol use trend among government officers in Sethsiripaya.

3. Methodology

A descriptive cross sectional study was conducted in Sethsiripaya, Stage–II, Sri Lanka to determine the alcohol use trend. The study population was government officers (including both male and female) who work at various institutions including ministries, departments in Sethsiripaya premises. Convenience sampling method was used to select the sample. 442 officers were participated (n=240 for female and n=202 for male). Those who were not Sri Lankans or who were terminally ill were excluded from the study. Self-administered questionnaire was used to collect data. The questionnaire was developed based on World Health

Organization-Steps wise approach to Chronic Disease risk factor Surveillance [9]. Data analysis was performed using the Statistical Package for the Social Sciences (SPSS) version-20 statistical software package.

4. Results

Analysis was performed on data from *442 (n=240) females and 202 (n=202) males.* The occupation levels of the study groups are shown in Table 1 and 2.

Table 1. Distribution of participants' occupation (male).

Occupation	Frequency (n=202)
Tertiary and Seniority Level	11.90%
Secondary Level	35.60%
Primary Level	52.50%

Occupation levels were categorized into three levels and approximately half (52.5%) of the study participants were primary level officers in male group of the study.

Table 2. Distribution of participants' Occupation (female).

Occupation	Frequency (n=240)
Tertiary and Seniority Level	7.90%
Secondary Level	85.80%
Primary Level	6.30%

In female group, 85.80% participants were in Secondary level category.

Table 3 shows the distribution of participants of the study by use of alcohol. Among the participants more males (74.8%) than females (5.8%) have used alcohol any day during their lifetime (ever use of tobacco). The study found that 46.6% males have used alcohol during the past 30 days.

Table 3. Distribution of participants by period of use of alcohol.

Alcohol use pattern	Male (n- 202) %)	Female (n-240) %)
Ever use		
Yes	74.8% (151)	5.8% (14)
No	25.2%(51)	94.2%(226)
Within past 30 days		
Yes	46.6%(94)	1.2% (3)
No	53.4%(108)	98.8% (237)

Table 4 gives the initiation age of alcohol use among ever users and the responses of male participants indicated that a significant percentage (29.8%) of participants were initiated their alcohol use between the ages of 17-19 years old. It is important that, 2.6% males were commenced their use at 7 years old or less than 7 years old. 55% participants were reported that they had initiated alcohol use after 20 years old.

Table 4. Distribution of initiation age of alcohol use among ever smokers.

Initiation age	Male (n=151)	Female (n=14)
7 years old or Younger	2.6%	-
8 years old – 10 years old	1.3%	-
11 years old – 13 years old	3.4%	21.4%
14 years old – 16 years old	7.9%	7.2%
17 years old – 19 years old	29.8%	-
20 years or older	55%	71.4%

Table 5 shows the distribution of a quantity of alcohol use during the last month. Among the participants more males (26.6%) were used over two glasses. The study found that, 22.4% male were used 1-2 glass per day, during the last month. Meanwhile, 17% of male were used less than ¼ glass per day, during the last month.

Table 5. *Distribution of quantity of alcohol use during last month.*

Quantity	Male (n=94)	Female (n=3)
Less than 1/4 glass per day	17%	100%
1/4 – 1/2 glass per day	16%	-
1/2 – 3/4 glass per day	9.5%	-
3/4 – 1 glass per day	8.5%	-
1-2 glass per day	22.4%	-
Over 2 glasses	26.6%	-

Table 6. *Distribution of alcohol use days, during last month.*

Number of days	Male (n=94)	Female (n=3)
1-2 days	44.7%	33.3%
3-5 days	30.9%	66.7%
6-8 days	6.4%	-
9 to 19 days	8.5%	-
20 to 29 days	5.3%	-
All 30 days	4.2%	-

As shown by table 6, most of male participants (44.7%) were consumed alcohol 1-2 days during the last month. 30.9% male users were consumed alcohol 3-5 days during the last month. Only a few females (n=3) were reported that they consumed alcohol during the last month.

According to the study results on distribution of type of alcohol use among ever users during the last month. The most consumed brand (27.7%) is arrack. 36.9% male users were used mix brand during the last month. 17% male users were used beer.

As shown by table 7, 43.3% participants (out of 127 respondent) were attempted to quit. However 56.7% did not attempt to quit their alcohol use. At the same time, 61% participants reported that they have urged to quit their alcohol use while 39 % reporting that they need to continue.

Table 7. *Distribution of neediness of quitting Alcohol use among users.*

Variable	Male (n-202) %	Female (n-240) %
Attempt of quit	(127 was responded out of 151 ever users)	
Yes	43.3%	-
No	56.7%	-
Neediness of quit	(105 was responded out of 151 ever users)	
Yes	61%	-
No	39%	-

5. Discussion

In chemistry, alcohol encompasses drivers chemical substances each having different properties and in general, the type of alcohol consumed by humans is ethyl alcohol or ethanol. Generally, alcohol is classified as a depressant which basically means that it slow down the actions such as speech, movement, react which are maintained by Central Nervous System of the human body. Nevertheless, most of people consume alcohol, directing stimulant effect. According to the present social context, alcohol consumption has become as a popular social activity. However the harmful use of alcohol causes a large disease, and social and economic issues in societies. World Health Organization has revealed that, drinking Alcohol has raised in the South Asian Region during the past few decades. Economic factors, cultural factors and social factors have affected to increase alcohol consumption among users. Alcohol-related harm is determined by the volume of alcohol consumed, the pattern of drinking, and, on rare occasions, the quality of alcohol consumed.

In this study, the prevalence among male group is remaining at a considerable situation. Prevalence of alcohol use among male in this study group (46.6%) is higher than the national figures (39.6%). Apart from that, the prevalence data in the present study is higher than (33.3%) to that found in the "spot survey", which is a biannual survey conducted (ADIC) in 10 out of 25 administrative districts of Sri Lanka [10].

This study was conducted in an urban setting and this result should not be applied to other sub-urban or rural settings. Therefore, further studies among deferent settings, including sub-urban and rural should be implemented.

6. Conclusion

In summary, this study has presented new data on alcohol consumption epidemiology for Sri Lankan government officers with insights for preventive action. Nearly 46% males used alcohol in this study group. Preventive activities focusing on this group should be implemented. At the same time non-users must be routinely addressed to sustain their status. In addition to that, it is better if there is a special prevention programs on harm reduction including social, physical and economical for institutions' agenda of each government bodies, in Sri Lanka.

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