

Alcohol use among physicians in a medical school in Nepal

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Abstract:

Objective: The objective of the study was to know about the use of alcohol among physicians and factors that were related to it.

Methods: This was a cross sectional study conducted among the physicians in a medical school of eastern Nepal. A semi structured questionnaire was used to collect information.

Results: There were 55 subjects in the study. Half of them were between 35-45 years age group and one fourth among them were female. There were more than 88% physicians consuming alcohol for more than 10 years. One third used to preferred whisky as their favorites drink. Use of alcohol among them was due to peer pressure and to become a social human being. Most of them drink alcohol occasionally with an average amount 30-60ml in a sitting and usually in the evening. Most of the time, they use alcohol either in parties or at home.

Conclusion: Alcohol use in Nepal is very much prevalent. The use of alcohol is socially accepted in many communities. Uses of alcohol by physicians have direct effect on their health as well as the health of many people because they are role model for many people. They are also in direct contact with the patients. Steps to council the physicians may reduce the consumption of alcohol.

Key words: Alcohol, Nepal, Physicians, Dependence, Abuse

I ncreasing consumption of alcoholic beverages is a world wide health issue. Inaccurate belief about normative drinking could promote excessive drinking. Today's physicians not only serves as providers of care for their patients and guide to the students, but also are expected to model the advice they impart. Researchers have found in literature to concerns of physicians addiction to alcohol, cocaine & morphine as early as 1869¹. The misuse of alcohol by physicians forms the major component of any concern about the conduct, performance and health of the medical profession. It has been found in last 50 years, the pattern of alcohol intake among physician and student have remained relatively stable in developed countries². The consumption pattern varies between cultures and societies. Alcohol is a underline cause of 3.2% of total deaths and 4% of the total loss of DALY irrespective of societies and occupation³.

In Nepal alcohol consumption is associated since long time. It has deep rooted religious, cultural and traditional dimensions as well as social implications. Even in some rural community alcohol use is encouraged to pregnant women during delivery to get rid of labor pain⁴. Use of alcohol may lead to dependence. It has been found a quarter of female from a town of eastern region of Nepal were alcohol dependent⁵.

Most of the time, the limits and frequency are exceeded. World health assembly declared alcohol related problems to be a major public health concern all over the world. Though the trend of use of alcohol has decreased in developed world but it is increasing in developing world². Since 1970, 47% of developing countries in transition and 35% of developed countries have increased their consumption of absolute alcohol per adult⁶. About 4-8 million working days are lost annually to alcohol related problems. With regard to safety up to 25% of workplace accidents and around 60% of total accidents at work may be associated with alcohol⁷. It has been found that the pattern of increased alcohol problem with age among physicians in developed country⁸. Problem caused by alcohol that may require treatment refers to a broad array of acute and chronic medical, behavioral and social problems.

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It is important to know the practice of alcohol use among physician who knows the harmful effects of excess use of alcohol. There is very scarce data available for Nepal. We decided to know the use of alcohol among physicians and factors that were related to it.

Material and methods

This was a cross sectional study conducted at one of the tertiary care hospital of eastern Nepal. There were altogether 106 physicians, among them 75 could be contacted at the time of survey. A semi structured questionnaire was prepared after extensive literature search. Questionnaires were given to all physicians with a brief note about the objective of the study. All questionnaires were given to the physicians individually to fill themselves and to be collected later. Physicians were also told that if the contact is not possible due to some reason, keep the filled questionnaire to their respective offices. Those filled questionnaires were collected later from the respective offices. Only 61 filled questionnaires were returned. Out of them six were not properly filled leaving 55 suitable for analysis.

Questionnaire included demographic profile, reason to start drinking, time of use, and average amount in a sitting and money spent etc. The questionnaire did not include any variable that can reveal the identity of the physicians. All the information was entered in SPSS.10 for analysis.

Result

At the time of study we could contact 75 physicians. Among them 55 questionnaire were completely filled up and suitable for analysis. Rest were either not

returned or not properly filled. Out of total, 63% (35) were alcohol user and 78% (43) were male. There were 70% male and 42% female consuming alcohol. It was observed that all the unmarried subjects were consuming alcohol. Though male had higher prevalence of alcohol use than female, it was not significant ($p=0.075$). Almost half of the alcohol user belonged to 35-44 years age group. Consumption of alcohol among different age groups was not significant. Study revealed that more than half started using alcohol after joining medical college but almost 15% in their school age. More than 88% were consuming alcohol for more than 10 years.

Commonest alcohol was rum followed by vodka and wine that were frequently used by them. Curiosity for alcohol was the leading factor to start using alcohol followed by to enjoy and peer group pressure. The reason to continue the use was to socialize themselves. Other reason was to enjoy and to celebrate. Only few (6%) were taking alcohol more than 2-3 times a week and the rest were occasional user. Majority of them were taking alcohol in the evening (91%) and rest at different time. Large number was taking at their home and their friend's house. More than one third user opined that it should not be in any party (dinner, lunch etc). Only a small percentage of total subjects had opinion that there will be strong influence of use of alcohol among students. Almost two third were in favor of opinion of either no influence or some influence regarding alcohol use among students. Only one fifth subjects wish to quit alcohol and that due to family pressure and occupational problems. Mean expense of money for alcohol was 380 Nepali rupees per month (ranging from 0 to 1000 NRs).

Table 1: Distribution according to demographic profile and use of alcohol among physicians

Variable	Number [55]	Alcohol Consumption		P value
		Yes [35]	No [20]	
Sex				
Male	43 (78)	30(86)	13(65)	0.096
Female	12 (22)	5(14)	7(35)	
Age Group				
< 35 years	13 (24)	9(26)	4(20)	0.869
35 – 45	28 (51)	17(48)	11(55)	
> 45	14 (25)	9(26)	5 (25)	
Marital status				
Married	52 (95)	32(91)	20(100)	0.293
Unmarried	3 (5)	3(9)	0	

Figures in parenthesis are percentages

Table 2: Distribution according to views & consumption by physicians regarding different type of drinks

Type of Drinks (Alcohol)	Number [35]	Percentage
Drinks like*		
Beer	8	23
Wine	14	40
Vodka	7	20
Rum	2	6
Whisky	17	48
Others#	8	20
Drinks usually take*		
Beer	10	29
Wine	11	31
Vodka	4	11
Rum	2	6
Whisky	17	48
Others#	5	14

include local drinks

*Multiple responses

Table 3: Distribution according to the reason to start & continue to drink

Reason	Number [35]	Percentage
To Start		
Curiosity	17	49
Enjoy	10	29
Others#	8	23
To continue*		
Socialization	14	34
Enjoy	12	29
Celebrate	10	24
Get relax	5	12

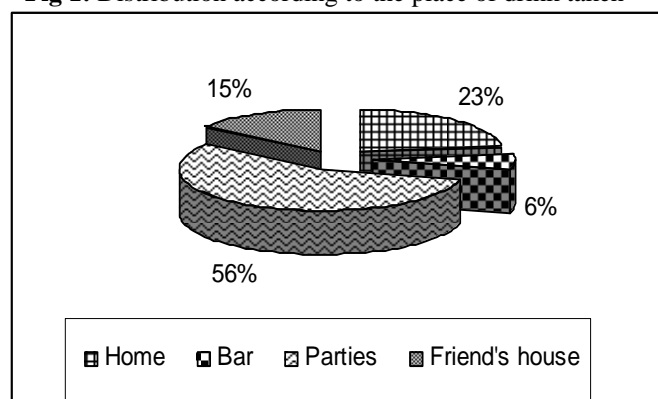
include peer pressure, traditional use of alcohol in family

*Multiple responses

Table 4: Distribution according to opinion of physicians regarding alcohol

Opinion	Respondents [N = 55]	Percentage
Views regarding alcohol in parties		
Should not be	30	55
Is better to be	14	25
It is a must	2	4
No opinion	9	16
Effect of alcohol use by physicians on students		
No influence	15	27
Some influence	21	38
Strong influence	4	7
No opinion	15	27

Fig 1: Distribution according to the place of drink taken*



*Multiple responses

Table 5: Distribution according to the place of drink taken

Place	Number [35]*	Percentage
Home	11	23
Bar	3	6
Parties	26	55
Friends house	7	15
Total	47	100

*Multiple responses

Discussion

Result from this study suggests that the use of alcohol among physicians of a medical school in eastern Nepal was 63%. We found in the present study that being a male physician had higher chance of using alcohol. In rural part of Nepal less number of female consumes alcohol in any form as compared to present study. It has been found that they (women from rural area) use local made liquors ie; jand, chhang or raksi

more frequently than Nepal made foreign liquors (NMFL)⁹. In Nepal there is a need of license to sale alcohol but it is being produced abundantly at domestic level for their consumption as well as for sale.

Use of alcohol in developing world in general population is usually less than the physician and so is true for this study also⁹. However in developed country the pattern of physician alcohol intake have

remained stable or shown a slight increase over a period of time¹⁰. The present study could find that the percentage of older subjects were more to use alcohol as compared to younger one is consistent with the findings of the other study¹¹. It had also been seen that all unmarried physician were consuming alcohol though the number were very less to conclude the result.

Increase in alcohol consumption is related to increase risk of mortality and morbidity due to physical illnesses. Researchers have described relation between alcohol consumption, morbidity and mortality in middle aged and elderly¹². Physicians are well aware regarding all the consequences of alcohol use, still they can not resist themselves to use. Nepal is a country where alcohol production contributes more than 50% of total excise duty and more than 6% share of national revenue¹³. Use of alcohol is accepted by culture in Mongoloid community, some occupational group and modern culture of Aryans. Physicians also brought up in the same environment as others. This finding was strengthened by the opinion that they started consuming alcohol because it was used by other members of the family. Curiosity about drink and to celebrate an event was observed as a factor to start for frequent consumption of alcohol. Nevertheless once a subject starts using alcohol there are high chances that he will continue it. Physician also in that case consumed alcohol not only in parties and friend's house but also in their homes. Occupation does not allow consumption of alcohol in day time or on duty but if they are dependent they can not leave even in day time or on duty. This study was not designed to find out dependence of physician on alcohol. In the present study the number of people consuming alcohol found to be higher than the general population which suggests the risk of serious health problems of physicians and health care accepters⁹. Physicians differ from general population in their style of drinking and the amount of alcohol was more in one sitting as compared to general population⁹. It is known that the misuse of alcohol is a major threat to family health and livelihoods. There are reports that confirm that in case of physicians, misuse is also a threat to the patients¹³. This also indicates that the problem of alcohol use among physicians has not been addressed satisfactorily. There are some evidence that drinking can be effectively treated with simple brief intervention^{14,15}.

Result from this study must be viewed in light of limitations of a self survey design. This includes recall bias, reporting errors and non response bias. However, self reported alcohol consumption generally been shown to be a valid measurement.

Present study had almost 20% non response rate may has non response bias of unknown quantity in to the results.

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