No. of Questions

(1) a) Slum ← non (1) Sudamanagar.

(2) b) No. of yrs of Residence → yrs.

(3) c) Native Dist. → 1) Bangalore 2) ~~Dharmapuri~~ Tiruvannamalai 3) Vellore 4) Villipuram 5) Kadalur 6) Kanchipuram 7) Kanchipuram 8) Chengalpattu 9) Chennai 10) Kolar 11) Bellary 12) Mysore 13) Tirunelveli 14) Chidambaram 15) ~~Tirunelveli~~ Dindigul 16) Salem 17) Dharmapuri 18) Madurai 19) Arcot 20) Neyveli 21) Krishnagiri 22) Kuppam

(4) d) State → 1) Karnataka 2) Tamil Nadu 3) M.P 4) A.P

(5) e) House No → write the No.

(6) f) Rented/own → 1) Rented 2) own

(7) g) Head of the family → Name.

(8) (h) Religion. → (1) Christian (2) Hindu (3) Muslim (4) RC (5) Gowda (6) Baptist (7) CSI (8) Pentecostal (9) Mudaliar (10) Gounder

(9) (i) Caste → (1) SC (2) ST (3) BC

(10) (j) Income → (1) BPL (2) ABL (3) No card

(11) (k) Involvement in Scheme → (1) Yes (2) No

(12) (l) Any of the Scheme → (1) Local SHG (2) Commercial Bank (3) P.O. (4) Any other

Demographical data of individual Household members.

(1) No of member — ~~Name~~ No.

(2) Name of member — Names

(3) Relationship with the house hold — W, D, ~~S~~, ~~D~~ M, F.

(4) Age — No.

(5) Occupation — (1) Mason / (2) Carpenter / (3) Painter / (4) Coolie / (5) Others

(6) Education — (1) Primary 1-5 / (2) Middle ~~High~~ 6-7 / (3) Higher Secondary 8-10 / (4) College 10+1+2 / (5) Degree ~~10+2+~~

Key to Sudhamanagar Alcohol Charts
E:/Sudamanagar Study/Key to Sudamanagar Alcohol Charts
(charts found at) E:/Sudamanagar Study/ Sudamanagar Alcohol Charts

House No.: Number of house as indicated on survey
Name: Name as indicated on survey
Age: Age as indicated on survey
1: Answers to section 2 (Health Behavior—Alcohol Use), question 1:
Question: Have you had a drink that contained alcohol?
1 = yes
2 = no
2 Answers to section 2 (Health Behavior—Alcohol Use), question 2:
Question: If yes (to question 1), what kind of alcohol drinks do you usually have?
1 = brandy
2 = arrack
3 = whiskey
4 = gin
5 = rum
6 = beer
7 = any
8 = silver cup
3 Answers to section 2 (Health Behavior—Alcohol Use), question 3
Question: How often you had alcohol within the last 30 days?
1 = a) several times daily
2 = b) Daily or 6 days in the week
3 = c) 3-5 days a week
4 = d) 1-2 days a week
5 = e) 2-3 times a month
6 = f) less often
4 Answers to section 2 (Health Behavior—Alcohol Use), question 4:
Question: How much do you usually drink per day?
1 = 1 quarter (calculated as 1 equivalent of alcohol: 180 ml hard liquor = 1 beer)
2 = 2 quarters
3 = 3 quarters
4 = 4 quarters (1 bottle hard liquor)
5A Answers to section 2 (Health Behavior—Alcohol Use), question 5:
Question: How much did you spend on alcohol during the last week?
5B Answers to section 2 (Health Behavior—Alcohol Use), question 5b:
Question: How much did you spend on alcohol during the last month?
Answers to **5A** and **5B** were entered on the following scale:
1 = Rs. 0-499
2 = Rs. 500-999
3 = Rs. 1000-2999
4 = Rs. 3000-4999
5 = Rs. 5000-6999
6 = Rs. 7000 +

6 Answers to section 3 (Patterns of Drinking), question 1:

Question: Where do you normally prefer to drink?

1 = 1. Bar

2 = 2. Wine shop

3 = 3. Tavern

4 = 4. House

5 = 5. Others

6 = any place

7 Answers to section 3 (Patterns of Drinking), question 2:

Question: What are your usual drinking situations?

1 = Festival

2 = Marriages

3 = Parties

4 = returning home from work

5 = relaxing at home

6 = going out with friends

7 = weekends

8 = evening almost every day

9 = all of the above

10 = often

8 Answers to section 3 (Patterns of Drinking), question 3:

Question: With whom do you usually drink?

1 = friend

2 = colleague

3 = wife

4 = others

9 Answers to section 3 (Patterns of Drinking), question 4a:

Question: Do anyone else in your family drink?

1 = yes

2 = no

3 = don't know

10 Answers to section 3 (Patterns of Drinking), question 5:

Questions: What are your reasons for drinking?

1 = (1) To be sociable, feel less shy, feel more confident

2 = (2) To relax and forget worries and tension

3 = (3) To feel good, improve mood

4 = (4) To reduce fatigue and tiredness

5 = (5) It's good for coughs, colds, breathing problems

6 = (6) To increase sexual desire / performance

7 = (7) To concentrate better, to improve mental function

8 = (8) Others

11 Answers to section 3 (Patterns of Drinking), question 6:

Question: Have you faced any problems due to drinking?

1 = a) medical problems

2 = b) accidents

Key to Sudhamanagar Alcohol Charts
E:/Sudamanagar Study/Key to Sudamanagar Alcohol Charts
(charts found at) E:/Sudamanagar Study/ Sudamanagar Alcohol Charts

House No.: Number of house as indicated on survey
Name: Name as indicated on survey
Age: Age as indicated on survey
1: Answers to section 2 (Health Behavior—Alcohol Use), question 1:
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1 = yes
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Question: If yes (to question 1), what kind of alcohol drinks do you usually have?
1 = brandy
2 = arrack
3 = whiskey
4 = gin
5 = rum
6 = beer
7 = any
8 = silver cup
3 Answers to section 2 (Health Behavior—Alcohol Use), question 3
Question: How often you had alcohol within the last 30 days?
1 = a) several times daily
2 = b) Daily or 6 days in the week
3 = c) 3-5 days a week
4 = d) 1-2 days a week
5 = e) 2-3 times a month
6 = f) less often
4 Answers to section 2 (Health Behavior—Alcohol Use), question 4:
Question: How much do you usually drink per day?
1 = 1 quarter (calculated as 1 equivalent of alcohol: 180 ml hard liquor = 1 beer)
2 = 2 quarters
3 = 3 quarters
4 = 4 quarters (1 bottle hard liquor)
5A Answers to section 2 (Health Behavior—Alcohol Use), question 5:
Question: How much did you spend on alcohol during the last week?
5B Answers to section 2 (Health Behavior—Alcohol Use), question 5b:
Question: How much did you spend on alcohol during the last month?
Answers to **5A** and **5B** were entered on the following scale:
1 = Rs. 0-499
2 = Rs. 500-999
3 = Rs. 1000-2999
4 = Rs. 3000-4999
5 = Rs. 5000-6999
6 = Rs. 7000 +

6 Answers to section 3 (Patterns of Drinking), question 1:

Question: Where do you normally prefer to drink?

1 = 1. Bar

2 = 2. Wine shop

3 = 3. Tavern

4 = 4. House

5 = 5. Others

6 = any place

7 Answers to section 3 (Patterns of Drinking), question 2:

Question: What are your usual drinking situations?

1 = Festival

2 = Marriages

3 = Parties

4 = returning home from work

5 = relaxing at home

6 = going out with friends

7 = weekends

8 = evening almost every day

9 = all of the above

10 = often

8 Answers to section 3 (Patterns of Drinking), question 3:

Question: With whom do you usually drink?

1 = friend

2 = colleague

3 = wife

4 = others

9 Answers to section 3 (Patterns of Drinking), question 4a:

Question: Do anyone else in your family drink?

1 = yes

2 = no

3 = don't know

10 Answers to section 3 (Patterns of Drinking), question 5:

Questions: What are your reasons for drinking?

1 = (1) To be sociable, feel less shy, feel more confident

2 = (2) To relax and forget worries and tension

3 = (3) To feel good, improve mood

4 = (4) To reduce fatigue and tiredness

5 = (5) It's good for coughs, colds, breathing problems

6 = (6) To increase sexual desire / performance

7 = (7) To concentrate better, to improve mental function

8 = (8) Others

11 Answers to section 3 (Patterns of Drinking), question 6:

Question: Have you faced any problems due to drinking?

1 = a) medical problems

2 = b) accidents

3 = c) Home life (trouble with wife/children/parents)
4 = d) at work
5 = e) money problems
6 = f) others (specify)
7 = no
8 = all of the above (except no)

12 Answers to section 3 (Patterns of Drinking), question 7:
Question: Have you attempted to get away from this habit?
1 = yes
2 = no

12 b Answers to section 3 (Patterns of Drinking), question 7 a:
Question: If yes (to question 3.7), when did you make this effort last?
Answer entered in terms of month

12 c Answers to section 3 (Patterns of Drinking), question 7b:
Question: Did any organizations prompt you to do this?
1 = yes
2 = no

12 d Answers to section 3 (Patterns of Drinking), question 7c:
Question: If any NGO's Name
Name entered as indicated on survey

12 e Answers to section 3 (Patterns of Drinking), question 7d:
Question: Were you ever counseled about
1 = alcoholism and its effects
2 = treatment
3 = individual's ability to subject himself to treatment
4 = How far the treatment can be effective

13 Answers to section 3 (Patterns of Drinking), question 8:
Question: What are the reasons for not being able to stop habit/ disease?
1 = dependent
2 = craving
3 = tension
4 = enjoyment
5 = boredom

14 Answers to section 3 (Patterns of Drinking), question 9:
Have you faced any of the following problems with alcohol use?
1= a) Can not limit use
2= b) Preoccupied with drinking
3= c) Given up social, occupational or recreational actives
4= d) Often intoxicated when required to fulfill major obligations
5= e) Drinking continues despite physical/ psychological problems
6= f) Unable to cut down on drinking
7= g) Increase the amount of alcohol intake to get the same effect
8= h) Experienced withdrawal symptoms
9= I) Withdrawal avoidance

Table 1

Drinking Frequency

Characteristics	n	less often	2-3 times a	1-2 days p	3-5 days p	6-7 days p	several times daily
All Drinkers	68	13	8	6	4	22	15

Table 2

Prevalence of Heavy Drinking (more than 180 ml 72% liquor)

Characteristics	n	heavy drink	no answer
Current Drinkers	68	51	12

Table 3

Reasons for Drinking in Current Drinkers

	Male	including combinations	percentages
no answer	11	11	15.9
To be sociable, feel less shy, feel more confident	0	0	0
To relax, and forget worries and tension	32	49	71
To feel good, improve mood	3	13	18.8
To reduce fatigue and tiredness	0	9	13
Good for coughs, colds, breathing problems	0	0	0
To increase sexual desire/performance	0	0	0
To concentrate better, to improve mental function	0	0	0
Other	2	2	2.9
Answers 2,3	9		
Answers 2,4	8		
Answers 3,4	1		

Table 4

Types of Beverages Consumed in Current Drinkers

Current Drinkers	n	brandy	arrack	whiskey	gin	rum	beer	any	other	no answer	1,2	1,3	1,5	1,8	2,3	3,6
	68	23	1	6	1	3	3	2		6	13	5	1	1	1	3
including combinations		43	15	15	1	4	6	2	1	6						
percentage		62.3	21.7	21.7	1.4	5.8	8.7	2.9	1.4	8.7						

Table 5

Drinking Problems in Current Drinkers (as indicated by respondent)

	Male	Female	Total		including c	mbination	percentage of total drinkers
Medical Problems			4		16		23.2
Accidents			0		8		11.6
Home life (trouble with wife, children, or parents)			1		12		17.4
At Work			0		6		8.7
Money Problems			2		16		23.2
Others			1		6		8.7
no answer			20		20		29
no			22		22		31.9
all answers listed			3				
1,2			1				
1,2,3			2				
1,2,4,5			1				
1,3,4,5			1				
1,5			3				
1,6			1				
2,5			1				
3,4,5			1				
3,5			4				
3,6			1				

Table 6

Drinking Situations in Current Drinkers

	Total	including combinations	percentage
Festivals	1	23	33.3
Marriages	0	19	27.5
Parties	0	17	24.6
Returning Home from Work	7	17	24.6
Relaxing at Home	5	6	8.7
Going out with Friends	1	5	7.2
Weekends	2	5	7.2
Evening almost every day	0	8	11.6
no answer	22		
all answers	2		
1,2	1		
1,2,3,4	2		
1,2,3	12		
1,2,3,4,7,8	1		
1,2,3,4,8	1		
1,2,3,8	1		
1,2,6,7	1		
1,4	1		
1,6	2		
4,5	1		
4,6,8	1		
4,8	3		
7,8	1		
others	1		

Health Behaviour Study – Alcohol and Tobacco use

points ~~for~~ to analyse data

Table 1.

Socio – demographic characteristics of the population respondents – Pilot study in Sudhamanagar

Characteristics	MALES n = 136		FEMALE n = 135	
	n	%	n	%
AGE				
< 10				
~~15–19~~ 10–19				
20–29				
30–~~39~~ 39				
~~40–49~~				
50 ~~and +~~ 59				
60+				
EDUCATION				
~~None~~				
~~1–6 years~~ Not literate				
~~7–12 years~~ primary				
13 years and + ~~college~~				
MARITAL STATUS of respondents (15+ years)				
Single				
Married				
Separated / Divorced / widowed				
~~RESIDENCE~~				

Occupation:

Income:

Caste:

Table 3

Drinking Status (%) ~~according to~~ Socio ~~demographic~~ ~~Characteristics~~

~~Socio-Demographic~~ SOCIO-CHARACTERISTICS

Lifetime Abstainers | Recent year Abstainers (3 years) | Current Drinkers (Last 3 months)

n

TOTAL

MEN

WOMEN

modify table to suit the question?

?

Table 3

Drinking frequency

~~Socio-Demographic~~ Characteristics	n	Less often ~~than monthly~~ ~~etc~~	once a month	2-3 times a month	1-2 days a week	3-5 days a week	Daily or ~~close~~ almost daily	Several times daily
ALL DRINKERS								
GENDER								
MEN								
WOMEN								

Table - 4. Prevalance of heavy drinking ( )

CHARACTERISTICS	n	Heavy drinkers
All Drinkers		
GENDER		
MEN		
WOMEN		

Table - 5 Reasons for drinking in (Regular) ~~current~~ drinkers

Reasons	males	Females	Total
1			
2			
3	1		
4	1		
5		1	
8	1		

Table - 6

Types of beverages consumed in ~~current~~ drinkers

Regular ~~Current~~	n	IMFL	IM Arrack (Country arrack)	illicit arrack	beer	toddy	wine
	130						
GENDER							
MEN							
WOMEN							

Table-7

Drinking problems in current drinkers (as given by the individual)

Problems	male	Female	Total
1			
2			
3			

Table - 8 Drinking situation in current drinkers.

Table — 9

Tobacco use

	MEN	WOMEN	~~YEAR~~	TOTAL
1. Beedi				
2. Cigar				
3. Chewing				
Snuff?				
details?				

Апрель, 2003 г.

The pattern of alcohol use among suicidents

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M. Vali,

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Estonian-Swedish Institute of Suicidology, Tallinn

Abstact

The aim of the study was to clear out the proportion of alcohol dependence among suicide victims in Estonia. On individual level suicidents for the year 1999 (427 cases) were examined. The diagnosis of alcohol abuse or dependence was set up by clinical diagnosis during the lifetime from medical documentation and diagnosis post mortem at psychological autopsy study run by psychiatrists.

The result of the study was that proportion of suicide victims involved in alcohol abuse or dependence was very high. Obviously alcoholism, one of the suicide risk factors, was hypo-diagnosed at lifetime, particularly with men.

Introduction

Alcohol is known from clinical studies to be an important factor in suicidal behaviour (1-7). Various studies have shown substantial proportions of alcoholics among completed suicides. Substance abuse is also commonly reported in retrospective investigations of suicide (8-10), in which 15-50% of unselected suicides were found to be alcoholics (11,12). The relation between alcohol and suicide is weaker for females than for males (13). The proportion of women alcoholics among completed suicides found in the study by Robins et al (8) was 13%, while Barraclough et al (9) reported 6% and Asgard 7% (14). Alcohol problems are more often observed among young and middle-aged male suicidents than in other agegroups (12).

It is known, that Estonia is the country with high suicide risk and also use of alcohol in litres *per capita capita* is very high.

The aim of the study was to clear out the proportion of alcohol dependence among suicide victims in Estonia. On the assumption of previous studies we raised hypotheses that male suicidents are more frequently alcohol misusers than female suicidents; middle-aged males are the biggest alcohol and suicide riskgroup. We examined also hypothesis that condition of hepatis at autopsy can use as an additional possibility for diagnosing alcoholism and tried to find correlation between habits of alcohol use among suicidents and condition of hepatis.

Methods

Subjects

On the assumption of the data of Estonian Statistical Office there was 469 suicides in Estonia in 1999. Psychological autopsy was available for 427 cases which constitute 91% of suicides in this time period. 343 (80%) from suicidents were male and 84 (20%) female. Estonian constituted 57% and non-Estonian 43%.

Alcohol diagnosis

We started our diagnostic procedure by examining medical documentation of suicidents. First we excluded suicidents who suffered at their life time from hard mental disease like schizophrenia, organic psychoses etc to detach secondary alcoholism, so 8.3% from suicidents dropped out. Hard mental disease was diagnosed more frequently among female suicidents compared to male (3.5% among males, 17.9% among females).

Secondly, we fixed the clinical diagnosis of alcohol dependence. Later we looked through all the material for every individual case and concluded *post mortem* status concerning pattern of alcohol use as follows:

F1x.2. Alcohol dependence

F1x.1 Alcohol abuse

Moderate use of alcohol

Abstinence

Drug abuse

Indistinct

Missing

Diagnosis for alcohol dependence and alcohol abuse was classified on the basis of ICD-10 as follows, if during last year three or more following symptoms occurred:

a. obsession to use alcohol;

b. inability to control behaviour or amount of alcohol while drinking;

c. withdrawal syndrome when decreasing the use of alcohol or quitting;

d. decrease of tolerance;

e. the progressing lose of interests, the increased amount of time necessary for recovering from the consumed alcohol;

f. somatic and psychological disorder (liver, depression, impediment of cognitive functions).

Diagnostical difficulties

Post mortem diagnosis is problematic because many alcoholics and alcohol abusers have not reached for help, therefore diagnosing according to medical documentation would demonstrate that the number of alcoholics is significantly smaller than in reality, as also revealed by the present study. Posthumous diagnosis using the data of a close relative is rather subjective because it is influenced

by:

a. an interviewee;

c. the quality of a questionnaire.

We tried to guarantee objectivity by the following aspects:

a. Interviewers were experienced psychiatrists who in every case expressed and added their opinion of alcohol use

b. One of the authors (AV) made a separate posthumous diagnosis about every subject to be studied on the basis of the material gathered. Diagnosis was carried out with blind method twice.

c. The condition of liver as reported in autopsy was used as a crucial objective symptom.

d. The questionnaire of psychological autopsy used for interviewing has been worked out in Finland and is internationally approved, whereas ICD-10 standards were used as the basis for the posthumous diagnosis

Results

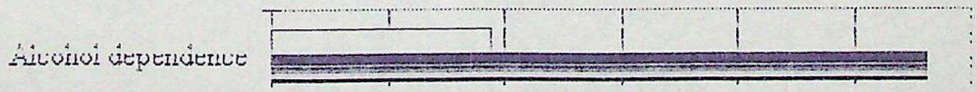
From total population of suicidents a half were alcoholics and 6% alcohol abusers by ICD 10 (Table 1). A quarter from suicidents used alcohol in moderate level and 11% did not use alcohol at all (at least in last 12 months). Drug abusers constituted 5% from suicidents, and 15 cases stay indistinct.

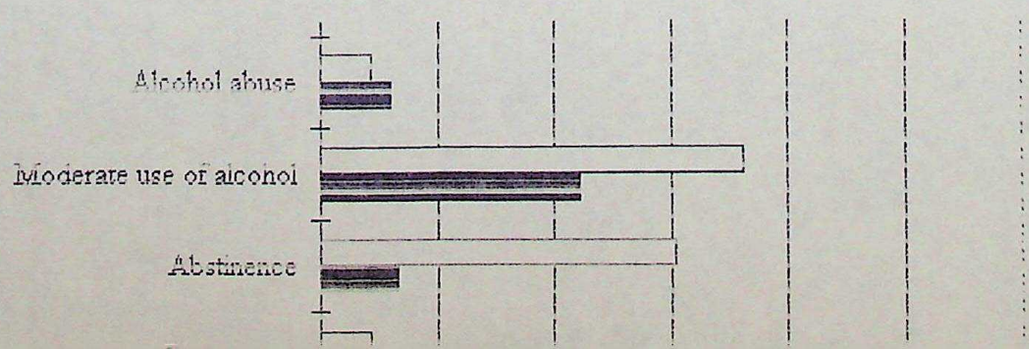
Table 1. Suicidents of the year 1999 in Estonia (No 427) devided by pattern of alcohol use

Groups by pattern of alcohol use	total		male		female	
	NO	%	NO	%	NO	%
Alcohol dependence (F1x.2 by ICD 10):	199	49.9	186	56.2	13	18.9
clinical diagnosis	*65*	*16.3*	*65*	*19.6*	*0*	*0*
diagnosis post mortem	*134*	*33.5*	*121*	*36.6*	*13*	*18.8*
Alcohol abuse (F1x.1 by ICD-10)	23	5.8	20	6.0	3	4.3
Moderate use of alcohol	98	24.5	73	22.1	25	36.2
Abstinence	43	10.8	22	6.6	21	30.4
Drug abuse	22	5.5	19	5.7	3	4.3
Indistinct	15	3.8	11	3.3	4	5.8
Total	400	100	331	100	69	100
Missing (severe mental illness)	27	6.3	12	3.5	15	17.9

Differences between genger

Male suicidents were alcoholics significantly more frequently than females as well as alcohol abusers were found more commonly among male suicidents (Fig. 1). Among female suicidents was the proportion of moderate users of alcohol or non-alcohol users noticeably bigger than among males.





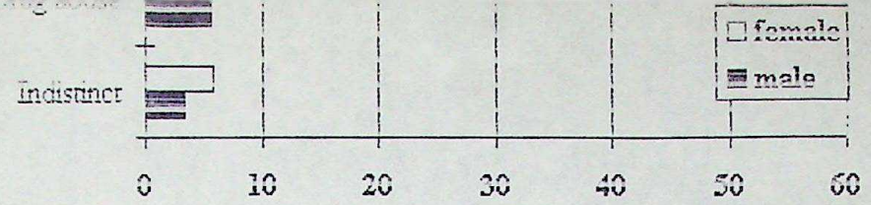


Figure 1. Pattern of alcohol use among male and female suicidents, Estonia, 1999.

Differences between age groups among males

We compared the pattern of alcohol use among male suicidents at the age of 35-59 with younger and older male suicidents. 3% from male suicidents in age group 35-59 dropped out from analysis because of hard mental illness, 1% dropped out from younger and 7% from the older age group. Almost three-quarters of middle-aged (35-59) male suicidents were alcoholics and 5% alcohol abusers. Only 2% did not use alcohol (at least in last 12 months) in this group and 13% used alcohol at the moderate level. If we compare these results with groups of younger and older males are differences remarkable. Table 2 shows also that alcohol dependence is very high among older males (older than 59) and drug users are mostly male suicidents in younger agegroup.

Table 2. Male suicidents, devided by pattern of alcohol use and age, Estonia

Groups by pattern of	males aged > 35		males aged 35-59		males aged <59	
alcohol use	abs.	%	abs.	%	abs.	%
Alcohol dependence (F1X.2 by ICD-10):	26	26.8	118	74.2	42	56.0
clinical diagnosis	*7*	*7.2*	*45*	*28.3*	*13*	*17.3*
diagnosis post mortem	*19*	*19.6*	*73*	*45.9*	*29*	*38.7*
Alcohol abuse (F1X.1 by ICD-10)	8	8.2	8	5.0	4	5.3
Moderate use of alcohol	35	36.1	21	13.2	17	22.7
Abstinence	8	8.2	3	1.9	11	14.7
Drug abuse	13	13.5	4	2.5	0	0.0
Indistinct	5	5.2	5	3.1	1	1.3
Total	**97**	**100**	**159**	**100**	**75**	**100**
Missing (severe mental illness)	1	1.0	4	2.5	7	8.5

Condition of hepatis

Almost a fifth (19% - 81) from suicidents had dystrophia or cirrhosis hepatis. 10% of them (8) had hard mental illness and dropped out from analysis. Among suicidents with pathology of hepatis

proportion of alcoholics was remarkably higher than among suicidents without hepatis damage (Table 3). Alcohol non-users and users in moderate level had affected hepatis more seldom.

Table 3. Cirrhosis or dystrophia hepatis. Suicidents for year 1999 in Estonia (No 427) devided by pattern of alcohol use

Groups by pattern of alcohol use	liver damage		non liver damage	
	abs	%	abs	%
Alcohol dependence (F1X.2 by ICD-10):	62	71.2	147	45.0
clinical diagnosis	*18*	*21.0*	*49*	*15.0*
diagnosis post mortem	*36*	*49.3*	*98*	*30.0*
Alcohol abuse (F1X.1 by ICD-10)	4	5.5	19	5.8
Moderate use of alcohol	7	9.6	91	27.8
Abstinence	3	4.1	40	12.2

Indistinct	2	2.7	13	4.0
Total	73	100	327	100
Missing (severe mental illness)	8	9.9	19	5.5

Discussion

The results show that proportion of alcoholics and alcohol abusers is very high among suicidents in Estonia in 1999: more than half of cases. In accordance with other studies, are alcohol misusers more frequently males: alcohol dependence is three times higher among male suicidents compared to females. Female suicidents are mostly alcohol non-users or users in moderate level.

Alcohol is especially important suicide riskfactor among males at the age of 35-59, but also among older male suicidents. Younger suicide victims are more frequently drug users compared with other age groups

We tried also find relationship between alcohol using habits and damage of hepatic. Results showed that suicidents with damage of hepatic were more frequently alcoholics than suicidents without damage of hepatis, but as a additional possibility for diagnosing alcoholism is this not 100% secure.

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