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IMH CONFERENCE TEAM

# WHO SEEKS TREATMENT AND REHABILITATION CARE FOR ALCOHOL PROBLEMS IN NEPAL? A DESCRIPTIVE CLINICO-EPIDEMIOLOGICAL STUDY.

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# Introduction

**Individual with alcohol use disorder benefit substantially from alcohol treatment but only few seeks help.**

**Typically, people with lower socio-economic status, severe alcohol dependence features, complex isolated or comorbid psychopathology comprises the population that seeks treatment for alcohol.**

**Traditionally, the Nepalese society was ambivalent towards alcohol use where people belonging to tagadhari community were not supposed to drink alcohol**

**whereas the matawali community was free from such taboo. The ambivalent attitude is still reflected in the society.**

**This study provides a comprehensive description of patients who sought help for their drinking problems in Kathmandu.**

# Aim of the Study

- The study aimed to describe the socio-demographic and alcohol-related characteristics of patients attending eight different alcohol-treatment centers in Kathmandu.
- Secondly, it also aimed to examine the differences between groups defined by social taboos about alcohol use within this population.

# Method:

- Structured interviews were conducted on 177 men and 21 women consecutively admitted to eight alcohol treatment centers in Kathmandu.
- Socio-demographic information was captured with the demographic module of the Composite International Diagnostic Interview version 2.1 (CIDI 2.1)
- Diagnosis of AUD was based on the alcohol module of the CIDI.
- Further, alcohol-use pattern, alcohol dependence symptoms and severity features were assessed by using the ***Alcohol Use Disorder Identification Test*** (AUDIT) developed by the World Health Organization Patients who drank alcohol against social taboo were compared with those that had no traditional taboo.

# Result

- Altogether, 164 patients (83%) had alcohol dependence and 24 patients (12%) had alcohol abuse.
- The sample was aged 35.3 years (S.D 10.1).
- Most were married (62%), lived in urban areas (72%), had above-average income (57%), received adequate social support (71%) and belonged to social groups in which drinking is taboo (57%).
- Most prevalent comorbidity was Nicotine use (86%) followed by major depression (45%).
- Depressive and anxiety symptoms as well as suicidal thoughts were common (>24%).
- Individuals in non-taboo group more often lived in urban areas, had lower socioeconomic status, more often reported parental problem drinking and started drinking at a younger age.
- Individuals in the taboo group more often had late onset, risky drinking, and waited longer before seeking treatment ( $P < 0.05$ ).

# Discussion

- The study has policy implications like strict age restriction for access to alcohol;
- need to extend the alcohol treatment facilities in the rural settings and providing subsidized treatment for underprivileged groups.

# conclusion

- Traditionally alcohol non-using castes and people with higher socioeconomic status over-represent professional alcohol services in Kathmandu.
- This indicates a shifting trend towards alcohol acceptance across traditional boundaries.



Thank you