HIGH BURDEN OF POOR PSYCHOSOCIAL WELL-BEING IDENTIFIED IN PROBLEMATIC ALCOHOL USERS FROM CAPE TOWN.

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INTRODUCTION

- Alcohol consumption is a significant **public health** concern globally.
  - 3.3 million deaths every year result from harmful use of alcohol
  - 5.9 % of all deaths.
  - 5.1 % of the global burden of disease and injury is attributable to alcohol, as measured in disability- adjusted life years (DALYs).

- Alcohol use disorders (AUDs) - drinking causes harm to physical or **mental health** or leads to serious problems in daily life.

- The harmful use of alcohol is a causal factor in over 200 diseases and injuries, including
  - liver diseases
  - cardiovascular diseases
  - various cancers
  - mental health disorders.

AIM

- This study examined the associations of sociodemographic and psychosocial factors with problematic alcohol use in people at high risk for diabetes in Cape Town.

SA-DPP PILOT STUDY

- **Target Population**:
  - The Cross-Sectional study focused on black and mixed-ancestry participants aged 25-65 years at high risk for diabetes
  - Participants from eight low-socioeconomic townships in Cape Town, South Africa

- **Community-Based Screening**:
  - The African Diabetes Risk Score (ADRS) was used for initial screening. This involved a brief questionnaire and measurements of anthropometry and blood pressure.

- **Data Collection**:
  - Used standardized questionnaires and tools.
  - Data on sociodemographic information and medical history were collected.

DATA COLLECTION TOOLS

- **Categories of alcohol use**
  - CAGE set of questions
- **Mood (depression and anxiety)**
  - Patient health questionnaire-9 (PHQ-9) amended in line with CURES-65 study
  - General Anxiety Disorder scale (GAD-7)
- **Support networks**
  - ENRICHD social support scale
- **Quality of life**
  - The MOS 36-item short-form health survey
- **Adverse Life events**
  - Brugha ALEs questionnaire – 5 questions

RESULTS: PREVALENCE OF SOCIODEMOGRAPHIC AND LIFESTYLE FACTORS PRESENTED BY CATEGORIES OF ALCOHOL

	Total	Problematic alcohol users	Nonproblematic alcohol users	No alcohol use	P Value
	N=1017	(n=130)	(n=179)	(n=708)	
Sociodemographic characteristics					
Prevalence, %(n)					
Age (years)					**<0.001**
25-54	48.7 (495)	66.2 (86)	59.8 (107)	42.7 (302)	
≥55	51.3 (522)	33.8 (44)	40.2 (72)	57.3 (406)	
Gender					**<0.001**
Male	19.0 (193)	40.0 (52)	21.2 (38)	14.5 (103)	
Female	81.0 (824)	60.0 (78)	78.8 (141)	85.5 (605)	
Ethnic group (n=1010)					**<0.001**
Black	54.0 (545)	73.4 (94)	56.7 (101)	49.7 (350)	
Mixed ancestry	46.0 (465)	26.6(34)	43.3 (77)	50.3 (354)	
Smoking status (n=1016)					**<0.001**
Daily Smoker (≥1 cigarette /day)	19.4 (197)	30.8 (40)	22.3 (40)	16.5 (117)	
Occasional smokers	2.9 (29)	5.4 (7)	7.3 (13	1.3 (9)	
Ex-Smoker	15.7 (160)	13.8 (18)	16.8 (30)	15.8 (112)	
Never smoked (Abstain)	62.0 (630)	50.0 (65)	53.6 (96)	66.3 (46.9)	

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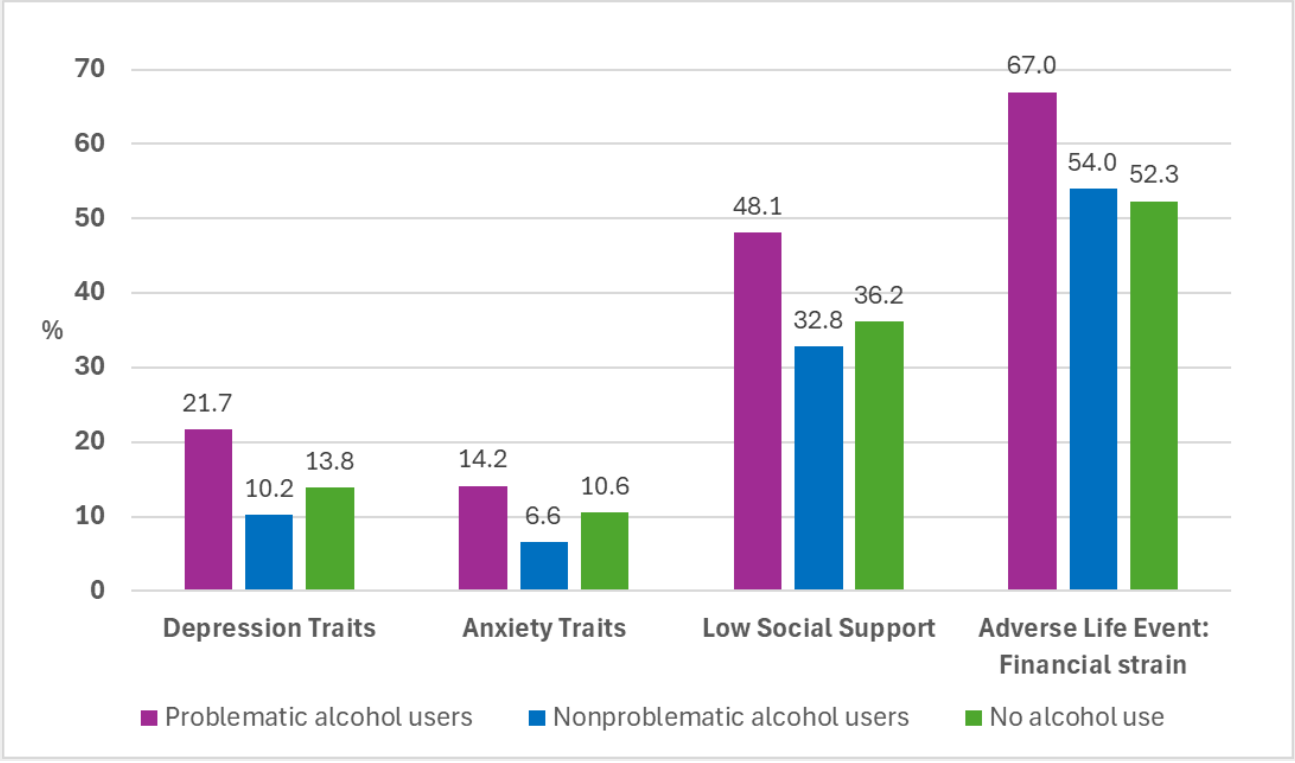
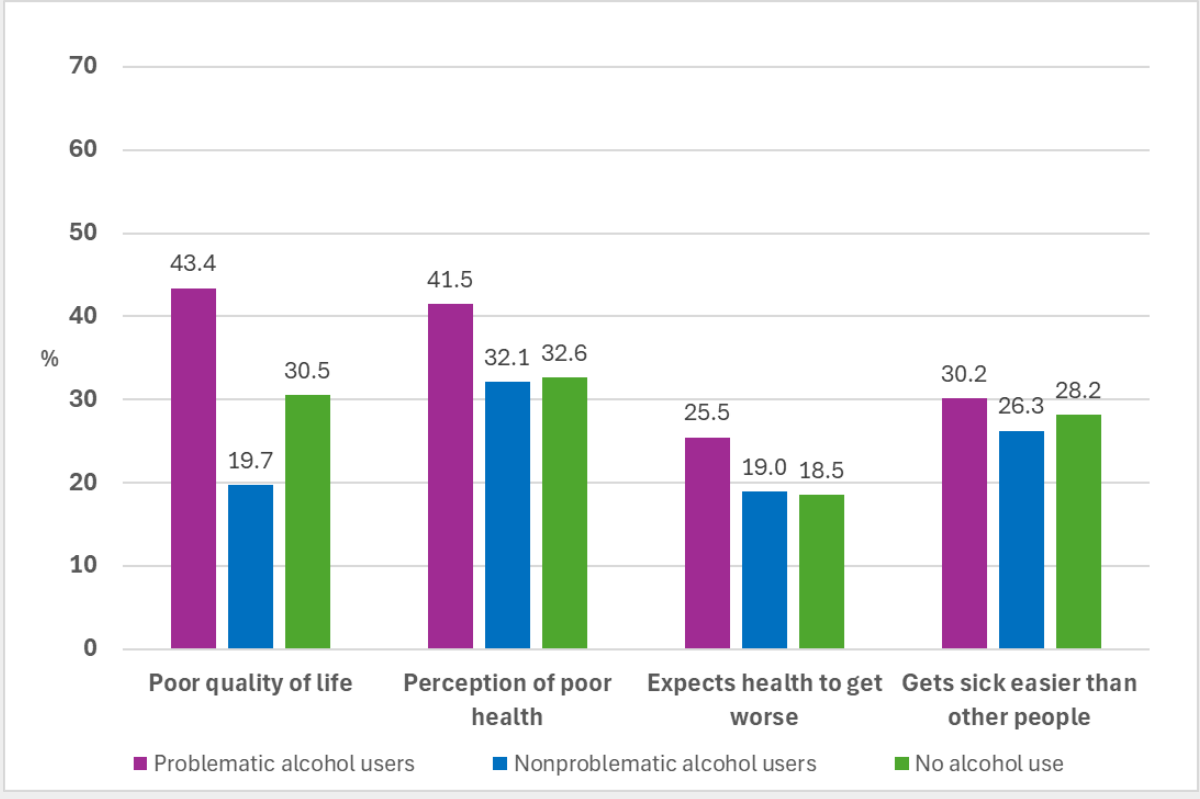
PREVALENCE OF MENTAL HEALTH, LOW SOCIAL SUPPORT, AND FINANCIAL STRAIN PSYCHOSOCIAL VARIABLES PRESENTED BY CATEGORIES OF ALCOHOL USE



PREVALENCE OF PSYCHOSOCIAL VARIABLES RELATED TO PERCEPTION OF POOR QUALITY OF HEALTH PRESENTED BY CATEGORIES OF ALCOHOL USE.



MULTINOMIAL LOGISTIC REGRESSION MODEL FOR THE ASSOCIATIONS OF SOCIODEMOGRAPHIC AND LIFESTYLE FACTORS WITH CATEGORIES OF ALCOHOL USE

Variables (N=1017)	**Non-problematic alcohol use (n=179)**		**Problematic alcohol use (n=130)**	
	OR (95% CI)	P-value	OR (95% CI)	P-value
Age (years)				
≥55	1.00		1.00	
25-54	1.56 (1.02 – 2.38)	**0.040**	2.63 (1.52 – 4.55)	**0.001**
Gender				
Female	1.00		1.00	
Male	1.52 (0.94 – 2.44)	0.083	5.56 (3.45 – 10.00)	**<0.001**
Ethnic group (n=1010)				
Mixed ancestry	1.00		1.00	
Black	1.67 (1.08 – 2.63)	**0.022**	3.85 (2.17 – 6.67)	**<0.001**
Marital Status (n=1015)				
Never Married	1.00		1.00	
Currently Married	1.61 (1.03 – 2.53)	**0.036**	2.26 (1.34 – 3.82)	**0.002**
Divorced	0.94 (0.49 – 1.79)	0.857	0.35 (0.13 – 0.96)	**0.042**
Smoking status (n=1016)				
Never smoked (Abstain)	1.00		1.00	
Occasional smokers	7.31 (2.89 – 18.48)	**<0.001**	6.13 (1.98 – 18.91)	**0.001**
Daily Smoker (≥1 CPD)	2.37 (1.43 – 3.92)	**<0.001**	3.85 (2.15 – 6.84)	**<0.001**

MULTINOMIAL LOGISTIC REGRESSION MODEL FOR THE ASSOCIATIONS OF PSYCHOSOCIAL FACTORS WITH CATEGORIES OF ALCOHOL USE

Variables (N=669)	Problematic alcohol use (n=137)	
	OR (95% CI)	P-value
Depression		
0 - 9	1.00	
≥10	2.30 (1.25 – 4.25)	**0.007**
Anxiety		
0 - 9	1.00	
≥10	1.44 (0.89 – 2.30)	0.133

MULTINOMIAL LOGISTIC REGRESSION MODEL FOR THE ASSOCIATIONS OF PSYCHOSOCIAL FACTORS WITH CATEGORIES OF ALCOHOL USE

Variables (N=669)	Problematic drinking (n=137)	
	OR (95% CI)	P-value
Social support tertile		
Highest SOS	1.00	
Moderate SOS	2.00 (1.01 – 3.95)	**0.045**
Lack SOS	2.63 (1.37 – 5.07)	**0.004**
Quality of life tertile		
1st – (good quality of life)	1.00	
2nd	1.57 (0.84 – 2.91)	0.153
3rd – (poor quality of life)	2.38 (1.31 – 4.33)	**0.004**
Adverse life events (ALE)		
<2 ALE	1.00	
≥2 ALE (multiple ALE)	1.40 (0.86 – 2.26)	0.173

CONCLUSIONS

- **Sociodemographic factors**
  - Younger people and men had increased likelihood of PAU.
  - Ethnicity: Black African increased likelihood to be PAU.

- **Behavioural factors**
  - Smoking: Daily smokers and Occasional smokers more likely to be PAU
    - More likely to engage in binge drinking

- **Mental Health and Alcohol Consumption – Depression and Anxiety**
  - PAU is associated with having higher depression scores and higher anxiety traits.
    - Integration of mental health and substance abuse services to address the co-occurrence of depression, anxiety, and PAU

CONCLUSIONS

- **Social Support and Quality of Life**
  - Perceived lack of social support and perceived poor quality of life are associated with PAU

- **Adverse Life Events and Alcohol Use**
  - PAU is associated with increase in the number of multiple life stressors

RECOMMENDATIONS

- **Policy**
  - Increase alcohol taxes
  - Regulate Alcohol Outlet Density, especially in low-socioeconomic areas
  - Restrict days and hours of alcohol sales
  - Ban on Alcohol community-based: Make alcohol less attractive, should not be associated with success
  - Integrate screening into basic healthcare
  - Public awareness and community-based screening/interventions for general populations: target younger population group

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