

IDENTIFICATION OF RISK FACTORS FOR
HAZARDOUS/HARMFUL DRINKING AMONG MALE STAFF OF
PRINCE OF SONGKLA UNIVERSITY, HAT YAI CAMPUS



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เลขที่ HV 5600.55	NSY	2001
Bib Key 213192		5.1
/ - 3.0.0.2544 /		

Master of Science Thesis in Epidemiology

Prince of Songkla University

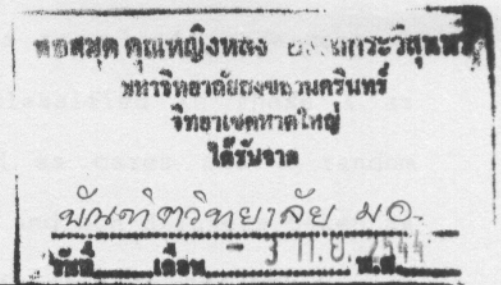
2001

Title: Identification of risk factors for hazardous/harmful drinking among male staff of Prince of Songkla University, Hat Yai campus

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Programme: Epidemiology

Academic year: 2001



ABSTRACT

Alcohol use disorders (AUDs) are a recognized cause of significant morbidity and mortality in the Thai population. Drinking among workers can threaten public safety, impair job performance and result in medical and other social problems. Early identification of those in early stages of alcohol problems and providing appropriate intervention might improve individual health status, work performance and consequently productivity of the whole organization.

This study aimed to determine the prevalence and working characteristics of hazardous/harmful drinkers, and identify factors associated with hazardous/harmful alcohol use in PSU staff. An additional objective was to describe the prevalence of other health-risk behaviors and alcohol-related morbidities.

The process of data collection was divided into two phases. A census was undertaken in Phase I where a self-administered questionnaire including an Alcohol Use Disorder Identification Test (AUDIT) was sent to all 1,556 male staff in Prince of Songkla University, Hat Yai campus. In Phase II, a prevalence case-control study was undertaken in which subjects classified in Phase I as hazardous/harmful drinkers were considered as cases and a random sample of those classified as non-hazardous and non-drinkers taken as controls. Only subjects who agreed to participate in the study were interviewed.

In Phase I, a total of 925 questionnaires were returned, giving a response rate of 59%. The age range of the respondents was 22-66 years. Only 3% perceived that their health status was poor, 24% perceived it was fair, while 73% reported they were in good to excellent health. Most of them had no disease (73%). Forty-three percent performed physical exercise less than two days a week. Very few (6%) of them had ever been hospitalized as an inpatient, while only 25% had received hospital treatment one to three times in the past 12 months.

About half of the respondents (54%) sometimes took painkillers or antifebrile agents and 40% took decongestants or anticold remedies bought from a pharmacy without a doctor's prescription. Only two respondents (0.22%) reported that they used an illicit drug. Of 925 respondents, 202 (22%) were ex-smokers who had been abstaining for an average period of ten months, and 233 (26%)

were current smokers. These smokers had been smoking for an average period of 13 months.

Based on a cut-point of the AUDIT score of eight or above, 228 could be classified as hazardous/harmful drinkers, giving a crude overall prevalence of 25%. The prevalences were 29%, 28%, and 17% among shift workers, office-hour workers and extra-office-hour workers, respectively. Categorized by job categories, the prevalences were 9%, 9%, 27%, 53% and 37% among academic teaching staff, academic supporting staff, clerical staff, skilled laborers and unskilled laborers, respectively.

Among 228 potential cases, 193 subjects agreed to be interviewed. Although it was planned to randomly select the same number of subjects from the 569 non-hazardous/harmful drinkers for interview as controls, finally a total of 325 men completed the interview, comprising 115 (35%) hazardous/harmful drinkers (cases), 150 (46%) non-hazardous drinkers and 60 (18%) non-drinkers (two control groups).

Multinomial logistic regression modeling revealed that after adjusting for other factors, using non-hazardous drinkers as a control group, the factors associated with hazardous/harmful drinking include 1) being an unskilled laborers (cRRR(95%CI), compared to being an academic teaching staff=3.9(1.16-13.3)), 2) high strain job and low strain job (cRRR(95%CI), compared to positive job=2.9(1.31-6.33) and 2.2(1.00-5.04), respectively), 3) high exposure to high-risk situations to drinking (cRRR(95%CI), compared to low exposure to

high-risk situations to drinking=6.9(3.09-15.3)), and 4) perceived availability of alcohol on campus (cRRR(95%CI)=2.8(1.49-5.14)).

Using non-drinkers as a control group, adjusted factors associated with hazardous/harmful drinking include 1) high strain job and low strain job (cRRR(95%CI), compared to positive job=4.7(1.34-16.3) and 9.2(2.21-37.9), respectively), 2) moderate and high exposure to high-risk situations to drinking (cRRR(95%CI)=4.9(1.78-13.8) and 3.9(1.36-11.3), respectively), 3) paternal drinking (cRRR(95%CI)=5.2(1.64-16.6)), 4) moderate and positive attitude towards drinking (cRRR(95%CI)=7.0(2.52-19.6) and 13.4(4.39-41.0), respectively), and 5) high knowledge about the risks and benefits of alcohol (cRRR(95%CI), compared to low knowledge=4.1(1.29-12.8)).

In conclusion, the study shows a considerably high prevalence of drinkers whose drinking levels could be classified hazardous/harmful drinking. It is suggested that strategies to improve the working environment to reduce job stress for staff in Hat Yai campus might be of substantial value in reducing alcohol-related problems among staff and thus create a healthier workplace.