

**Original Article****Association between parental and offspring's alcohol use – population data from India****Anita Chopra, MSc, Anju Dhawan, MD, Hem Sethi, MSc, Devinder Mohan, MD****Address for Correspondence:** Ms. Anita Chopra, Scientist, National Drug Dependence Treatment Centre, All India Institute of Medical Sciences, New Delhi. Email: a\_chopra02@hotmail.com**ABSTRACT**

**Aim:** Authors investigated the association between alcohol use of parents and offspring in data derived from a district based household survey on drug abuse. **Methods:** Data on 4411 fathers paired with 6884 offspring were available. Alcohol use disorders were diagnosed based on DSM-III-R criteria. Analyses was conducted to contrast 1979 offspring of alcohol using fathers (AU+ [n=1246]) with 4885 offspring of non alcohol using fathers (AU- [n=3170]). **Results:** 10% of offspring of AU+ fathers used alcohol compared to 3.7% offspring of AU- fathers. The offspring of AU+ fathers had higher odds for alcohol use (OR= 2.9, 95% CI=2.4–3.6) and tobacco use (OR= 1.5, 95% CI=1.3–1.8) (past 30 days) compared to offspring of AU- fathers. Offspring of AU+ fathers were significantly younger and less educated than offspring of AU- fathers. **Conclusions:** Offspring of alcohol using fathers are a risk group for alcohol use. There is a need for interventions that address parent alcohol use to mitigate the risk for alcohol use in male offspring.

**Keywords:** *Offspring-parent, alcohol use, patterns of consumption; population level data***INTRODUCTION**

Alcohol use and disorders are a major public health problem.<sup>1-4</sup> Factors that place individuals at an increased risk for alcohol use include gender, race, peer influences, psychopathology, personality, alcohol expectancies, and genetic factors.<sup>5-13</sup> A positive family history has been studied as a robust early marker of alcohol use,<sup>14-15</sup> but with an over-reliance on college based samples.<sup>16</sup>

Parental alcoholism influences the child.<sup>17</sup> Studies on genetic epidemiology (family, twin, adoption, half-sibs) suggest that alcoholism in a biological parent is a consistent predictor of alcoholism in the offspring.<sup>18-20</sup> Children of alcohol using parents are known to begin drinking early even when they are raised separately from each other and from the biological parents.<sup>21,22</sup> Specifically, paternal alcoholism has been associated with increased rates in both sons and daughters.<sup>23</sup>

Little data are available from India on the association between parental and offspring alcohol use.<sup>24</sup> The present communication addresses this issue in a representative general population sample for which diagnostic information on alcohol use disorders was available.

**METHODS**

**Sample:** The data are from a district based representative general population survey conducted in Thrissur district, Kerala in 2001-2002 to determine the prevalence of use of tobacco, alcohol and other substances. The survey used a multistage sampling technique. In the first stage, primary sampling units (PSUs: urban areas/villages) were selected from the district with probability proportional to size. In the second stage, these PSUs were randomly selected from each Block with equal probability. Systematic random sampling with equal probability was then adopted to draw the households to be surveyed. Information on all family members above the age of 10 years in a household was obtained. The final sample

consisted of 43952 participants of whom 20456 were males from 12731 households. A total of 4411 fathers were paired with their 6864 male offspring for this report.

**Assessment:** Trained interviewers obtained information on alcohol use by father and the offspring use of tobacco, alcohol, and other drugs through face to face interviews. The questionnaire was pre-coded and obtained information on socio-demographic variables and substance use (e.g. use in past one month, frequency of use, amount usually consumed in a sitting). The term ‘use’ referred to current active use. Diagnoses were based on the DSM-III-R criteria for alcohol abuse and dependence.

**Data analysis:** To identify an eligible parent–offspring pair, living in same household, each male was coded as father or offspring. Then based on the presence /absence of current alcohol (AU+) or no alcohol use (AU-) among their fathers, each offspring was coded as child of alcohol user or child of non-alcohol user.

## RESULTS

The mean age of fathers was 57.4±11.4 years, 95.5% of them were living with their spouse; 46.6% had completed 5-8 years of schooling and 57.1% were currently employed. Among a total of 6864 offspring, 1979 were offspring of alcohol using fathers (AU+, n=1246) and 4885 offspring of non alcohol using fathers (AU-, n=3170). Among the offspring of alcohol users, 198 (10.0%) reported consuming alcohol and 217 (10.9%) reported consuming tobacco. A chi-square test-of-independence showed a significant association between parental and offspring alcohol use ( $\chi^2=107.1$ ,  $df=1$ ,  $p<.0001$ ) and parental alcohol use and offspring tobacco use ( $\chi^2=22.4$ ,  $df=1$ ,  $p<0.0001$ ). Offspring of AU+ father had about three times (OR=2.9) higher risk of alcohol use and one and half times (OR=1.5) higher risk of tobacco use than offspring of AU- father (Table 1).

**Table 1: Distribution of offspring according to alcohol use status of father**

	AU+ father	AU- father	Odds Ratio (Confidence Interval)
Alcohol Use in offspring	198 (10.0)	179 (3.7)	OR=2.9 (2.3-3.6)
No alcohol use in offspring	1781 (90.0)	4706 (96.3)	
Tobacco Use in offspring	217 (10.9)	362 (7.4)	OR= 1.5 (1.3–1.8)
No tobacco use in offspring	1762 (89.1)	4523 (92.6)	

**Table 2: Family resemblance (father-offspring dyads) data on alcohol consumption**

		Father (N=1246)	Male offspring (N=198)	Chi-square, degrees of freedom, probability
<b>Type of alcohol</b>	Only beer	233 (18.6)	27 (13.6)	$\chi^2=4.5$ , $df=2$ , NS
	Only spirits	830 (66.7)	146 (73.7)	
	Both beers & spirits	183 (14.7)	25 (12.6)	
<b>Frequency of beer</b>	Monthly	209 (50.1)	32 (61.5)	$\chi^2=2.4$ , $df=2$ , NS
	Weekly	114 (27.4)	11 (21.2)	
	Daily	93 (22.4)	9 (17.3)	
<b>Quantity of beer</b>	28.4 grams	140 (36.6)	33 (63.4)	$\chi^2=14.9$ , $df=2$ , $p<.01$
	52.0 grams	197 (51.2)	13 (25.0)	
	>52 grams	47 (12.3)	6 (11.5)	
	Not known	32		
<b>Frequency of spirits</b>	Monthly	579 (57.2)	118 (69.1)	$\chi^2=11.2$ , $df=2$ , $p<.01$
	Weekly	236 (23.3)	36 (21.0)	
	Daily	198 (19.6)	17 (9.9)	
<b>Quantity of spirits</b>	37.5 grams	808 (81.7)	136 (79.6)	$\chi^2=.64$ , $df=2$ , NS
	75.0 grams	144 (14.6)	29 (17.0)	
	>75 grams	36 (3.6)	6 (3.6)	
	Not known	25		
<b>Type of use</b>	Dependent	282 (22.6)	37 (18.6)	$\chi^2=1.3$ , $df=1$ , NS
	Not-dependent	964 (77.4)	161 (81.3)	

NS: Non significant

Table 2 presents family resemblance (father-son dyads) data on patterns of alcohol use. Offspring drank significantly lesser quantities of beer per sitting compared to their fathers ( $\chi^2=14.9$ ,  $df=2$ ,  $p<.01$ ); also a higher proportion of fathers (19.6%) were daily drinkers (of spirits) compared to their sons (9.9%) ( $\chi^2=11.2$ ,  $df=2$ ,  $p<.01$ ).

A comparison of alcohol using offspring of AU+ and AU- fathers showed that alcohol using offspring of the AU+ fathers were significantly younger (mean  $\pm$  standard deviation: 31.9 $\pm$ 6.2 years, 34.1 $\pm$ 7.0 years,  $t=-3.2$ ,  $p=0.0014$ ) and less educated ( $\chi^2=12.9$ ,  $df=4$ ,  $p<.05$ ) than the offspring of AU- fathers. There was no significant difference in pattern of alcohol and tobacco use in the two groups (data not shown).

## DISCUSSION

The secondary analysis of general population survey data from Thrissur district confirmed the association between alcohol use by father and their male offspring. The prevalence of alcohol use was significantly higher (10%) among offspring of AU+ compared to those of AU- fathers (3.0%), as suggested by previous literature.<sup>25-27</sup> The likelihood of alcohol use by male offspring of AU+ as compared to AU- fathers (3 folds) in the present sample was lower than that in population based studies from United States (4-10 folds);<sup>28-29</sup> and a college based study from north India (6 folds).<sup>30</sup> Geographical, sampling and temporal issues may explain these differences. Kerala has the highest per capita consumption of alcohol among Indian states (8.3 liters),<sup>31</sup> probably due to easy access to Indian made foreign liquor (IMFL), high production of home brews (toddy - from coconut trees), a ban on arrack, and low stigma associated with alcohol use.<sup>32-34</sup> The association between alcohol use in parents and children has been explained based on social learning theory (modelling of parental drinking behaviour and associated values),<sup>35</sup> and genetic factors<sup>13</sup>

Offspring drank significantly lesser quantities of beer per sitting compared to their fathers, and a higher proportion of fathers were daily drinkers (of spirits) compared to their sons. This is likely due to the fact that the sons were assessed early in their drinking histories. Alcohol using offspring of the AU+ fathers were significantly younger and less educated than the offspring of AU- fathers, probably due to an early onset of drinking among them as suggested by earlier studies.<sup>35-38</sup> However, the above explanation has to be moderated in light of the fact that Kerala has a lower legal minimum age limit for alcohol consumption in India (18 years) compared to other states of India (mode: 25 years); and has witnessed a secular time-trend towards lower age of initiation of alcohol use (from 19 years in 1986 to 13.5 years in 2006).<sup>39</sup> Significant differences in educational attainment between sons of AU+ and AU- fathers has been reported in another community based study from India.<sup>40</sup>

Unlike in previous studies,<sup>14</sup> there was no tendency towards heavier, more frequent or dependent use of alcohol in the sons of AU+ fathers in the present dataset. Easy availability of alcohol, which is the key environmental risk factor for alcohol use could possibly explain this negative finding.<sup>41-42</sup>

The study has a few limitations. It is a cross-sectional study, so the data only allow for interpretations regarding associations rather than prediction. The present analysis did not account for many pertinent predictors of alcohol use, e.g. family stressors (illness, divorce) or co-morbidity; as these data were not available. Also, effects based on levels of alcohol use by fathers were not analyzed.

Decreasing the proportion of children using alcohol and delaying the age of onset of alcohol use are important goals for alcohol use policy.<sup>43</sup> In India, the prevalence of alcohol use has been increased in recent years and a younger age of onset has been reported. Since children of alcoholic fathers are at particularly high risk for developing drinking problems, these offspring deserve more attention in prevention efforts.<sup>44-45</sup> Substance use prevention programs should reinforce non-use by parents. For offspring, intervention programs should

include two approaches: 1) prevention of/delay in initiation of use and alcohol dependence and 2) prevention of the development of psychosocial problems. Parents should be educated about the effects of alcohol use on children. Therapeutic self-help groups such as 'Alateen' that function for children of alcohol users in the West, can be initiated in the Indian setting. Following proactive family management practices, children of alcohol users should also receive early screening and intervention, for which the pass through points and intervention venues can be emergency department, primary health care settings, and treatment centers.<sup>46</sup>

Further, longitudinal studies to understand factors influencing alcohol use among offspring, like development of drinking behaviors over time, and parent-child relationship issues (family environment, family interaction pattern, behavioral problems in children) need to be mounted.<sup>47,48</sup>

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