

# Using of Sample Survey for Building Social Portrait of Alcohol-dependent Persons

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## Abstract

There is a lot of death among working age population in Belarus. One of the main causes is the high level of alcohol consumption. It is possible to get official data on retail trade of alcohol, but it is difficult to know the main characteristics of person that drinks a lot. There are the main results of 2 sampling in this paper. The differences between real portrait of alcohol-dependent person and his portrait that usual population seems are given.

*Keywords* Alcohol consumption, social portrait, alcoholic sampling

The problem of alcoholism in Belarus is up to date. Alcohol abuse causes serious damage to man and society. Alcoholism is called problem number 3, after cardiovascular diseases and cancer. The probability of accidents and injuries is increased in people who are intoxicated. Working capacity is reducing, work discipline is deteriorating. Drunk drivers and pedestrians are responsible for a large number of road accidents.

Drunkenness and alcoholism are of interest to researchers in different fields, sociologists, economists, doctors, etc. Of particular importance are the results of calculations, surveys and experiments to determine the socio-economic policy. If significant harm of this phenomenon, the question dealt with alcohol abuse are not fully utilized. This abstract focuses on building the social portrait of alcoholic with the main social and economic features.

In fact, the main source of information on household spending, including for alcohol products in Belarus are the results of a sample survey of households. But the indicators of alcohol consumption derived from officially conducted quarterly sample survey of households are not representative because of its specificity. The main problems are the following:

- Insufficient sample size
- Unavailability of the information on individual categories of the population;
- Misrepresentation of the true costs due to socio-cultural reasons (feeling of awkwardness, embarrassment, a desire to leave the answer arises from the survey participants for fear of dropping your credibility, lose respect, be ridiculed, be condemned, etc.). So for the development of alcohol policies is important to conduct special surveys, allowing a detailed look at the situation with alcoholism in the country.

Special one-time survey conducted in RSPC "Mental Health" in July 2011 were examined 8% of the total number of patients were at the time of examination for medical treatment. Sample - repetition-free, quasi-random. Preference for self-random sample was given by the fact that this type of sample selected in strict accordance with the theory of probability and reflects the variability of trait in the general population. (Bokun, Chernysheva, 1997). Observed proportion of women to men is one to seven. The general population - patients with alcoholism under treatment. The sample had the following characteristics:

the degree of selection – single-stage;

in size - big;

the nature of data collection – single-phase.

To check the representativeness of the sample sampling error by the formula of the fraction corresponding to the unrepeated selection was calculated. (Bokun, Chernysheva, 1997. p.27).

$$\mu_w = \sqrt{\frac{W(1-w)}{n} \left(1 - \frac{n}{N}\right)} \quad (1)$$

$\mu$  - sampling error;

w – fraction (women among alcoholism treatment persons);

n – sample frame;

N – general population.

The results of calculation of the amount of sampling error of 5% suggest adequate representation.

The survey included three sets of questions. The first unit is devoted to the socio-economic characteristics of the respondent, in particular about his education level, marital status, changes the level of welfare. The second block contains questions to assess the health status of the respondent. It also asked about smoking. The last section includes questions about the duration of the abuse of alcohol, the types and amounts of alcohol consumed. In addition, the third block contains questions about the causes and consequences of hazardous drinking.

As a result of the sample survey in which respondents had the alcohol disease, further examination was conducted among the entire population of the same sample size and the proportion of men and women. Although sample it is not representative of the whole population, it is interested in the results. Its essence was that the respondents answered the same questions, but in terms of how they seem the alcoholic. Statement respondents answered three additional questions: gender, age and occupation.

## **Sampling of alcoholism treatment persons**

Thus, the average age of alcoholism treatment person was 33 years, 32 for men and 40 for women. The remaining sample results are mainly presented for the total group of respondents, as no differences according to sex. Almost all respondents had secondary specialized vocational education. In one-third of respondents were either divorced or never married. Only 30% were married and had children. Most of the

respondents are working with low income (money earned enough only for basic necessities). Only 12% of respondents could afford to purchase home appliances.

70% of respondents believed that their health status was satisfactory. The main problems were a headache and a bad mood, and depression. Among men more than 80% were smoking more than half a pack per day. For women was the reverse situation – 80% did not smoke. More than 30% of the respondents abused alcohol more than 10 years, 25% - about 5 years, the rest – much less. The most common type of alcohol is vodka for men and wine for women. Contrary to the belief that consumed a large number of non-beverage alcohol, the results of a sample survey shows that only 30% of respondents have tried it and only 1% consumed it periodically. And as a non-beverage alcohol was given moonshine, which is consumed in rural areas (as noted by respondents). The results showed that the frequency and amount of alcohol consumed and the percussion is really excessive. Thus, the vast majority of the respondents consumed alcohol more than once a week. For one drink of wine is drunk about 1 bottle (750 ml) bottle of vodka for more than half (300 ml or more).

The respondents believed that the stress of family and personal experiences had pushed them to hazardous drinking. However, 25% of persons showed as a push factor the disability to spend free time in any other way. Among the major consequences - the deterioration of health status (70%), loss of respect from others (40%), family breakdown (30%), poverty (30%).

In conclusion, it should be noted that 80% of alcoholism treatment persons blamed only himself of his weakness, and the rest did not answer the question.

## **Comparison of results of two surveys**

According to respondents, an alcoholic living in predominantly rural areas (65%), while among the alcoholism treatment persons was only 1% from the village. The average age of the patient's alcoholism almost coincided and was 34 years old.

It is important to note that the population is inclined to regard alcoholics worse than they really are. Thus, the majority believed that the level of education average and below the base that he is divorced and has a very low abundance (not even enough for bare necessities.) A similar situation exists in the ratio of the two other blocks. Most respondents indicated that alcoholics have cardiovascular disease and digestive problems. Almost all said that alcoholism treatment persons people smoke. But it was believed that they smoke half a pack of cigarettes.

Very interesting results were obtained from the block on the abuse of alcohol. Among the population there was a perception that all alcoholics was not only tried but also consume non-potable alcohol. In addition, among beverages, beer was indicated rarely. The consumption of samogon and spirits dominated the vodka, respectively, 55 and 45%. The survey showed that the population referred to the alcoholic who drinks every day, and shock doses.

The reason for the hazardous drinking was also different - nearly 60% of respondents believed that alcoholics are those, because the habit had become a dependency, and only 30% attributed this to family and personal problems. According to the survey, the main effects include the following: loss of respect from others (75%), poverty (60%) and family breakdown (50%).

Thus, the survey has allowed us to obtain a social portrait of the alcoholic treatment person in Belarus. This is a man at age 32, who has specialized secondary or vocational education, divorced or unmarried, a lot of smoke. He prefers to drink vodka and low quality cheap wine by shock doses and makes it more than once a week. Comparing the results with the results of the survey population showed some similarities. However,

there were large discrepancies. People tend to refer patients to alcoholism only those persons who abuse alcohol every day and those who drink nondrinking alcohol. To some extent this is due to lack of awareness of the depth of the problem of alcoholism and alcohol abuse, i.e., that alcoholic would be a man who drinks low alcohol drink a few times a month.

The results may be useful in substantiating the alcohol policy in terms of education about the dangers of alcohol. At the organization of regular ad hoc surveys may be a kind of monitoring of alcoholic treatment persons.

## **References**

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