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Problem/background : *Alcohol use disorder is a major psychiatric problem affecting both physical and mental problems of people, and also the socioeconomic status of the country. The understanding in the characteristics of alcohol use disorders is necessary for their treatment, rehabilitation and prevention in Thailand.*

Objectives : *To find out the prevalence of comorbid psychiatric disorders which include depressive disorders, suicidal behaviors, and other substance use disorders, and to study the knowledge, attitude, practice upon mental health among alcohol use disorders in Bangkok Metropolis*

Design : *Cross-sectional descriptive study*

Setting : *Bangkok Metropolis and the Department of Psychiatry, Faculty of Medicine, Chulalongkorn University*

Patients : *Sixty-nine population samples of alcohol use disorders, aged 15 – 60 years*

Methods : *The study was conducted by non-probability sampling technique from secondary data collected on Epidemiological Survey of Mental Disorders and Knowledge Attitude Practice upon Mental Health among People in Bangkok Metropolis.*

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Results : *Sixty-nine subjects with alcohol use disorders were: 34 cases of alcohol abuse (49.28 percent), 35 cases of alcohol dependence (50.72 percent); 73.91 percent of them were male and 26.09 percent female. The most common age range was between 25-34 years. The highest educational level of most subjects was in primary school and the most prevalent occupation was laborer. Their average income was under 5,000 baht/ month. The number of alcohol use disorders who had comorbid psychiatric disorders were: 22 depressive disorders (31.88 percent), 23 suicidal ideations (33.33 percent), and 5 suicidal attempts (7.25 percent). Most of them had other substance use disorders. The most common other substance use was cigarette smoking. Other common drugs and substances used were marijuana, CNS stimulants, tranquilizers, heroine and opium, kratom leaves, and volatile substances, respectively. The prevalence of comorbid psychiatric disorders: depressive disorders, suicidal behaviors, other substance use disorders of alcohol use disorders was higher than that of general population in Bangkok Metropolis. Knowledge, attitude, and practice upon mental health in these people were inadequate, especially on the issue of prevention and promotion on mental health.*

Conclusions : *Alcohol use disorders in Bangkok Metropolis had the higher prevalence of comorbid depressive disorders, suicidal behaviors, and also other substance use disorders than the general population. The health professionals who are treating patients with alcohol use disorders should not only treat the problem of alcohol use, but also should target on reducing coexisting psychiatric disorders. Alcohol use disorders in Bangkok Metropolis still had poor knowledge, attitude, and practice upon mental health. To reduce the rate of alcohol use disorders, the health professional should focus and provide the education on physical and mental heath, and enhance adaptive problem-solving and coping skills, and also shape their attitude upon mental health.*

Keywords : *Alcohol use disorders, Prevalence, Comorbid, Depressive disorders, Suicidal behaviors, Other substance use disorders, Knowledge attitude practice upon mental health.*

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ปัญหา/เหตุผลของการทำวิจัย : *ความผิดปกติจากการดื่มสุราในกรุงเทพมหานคร เป็นปัญหาทางจิตเวชที่สำคัญ ส่งผลกระทบต่อทั้งสุขภาพร่างกายและจิตใจของบุคคล รวมทั้งผลต่อเศรษฐกิจและสังคม ความเข้าใจในลักษณะของผู้ที่มีความผิดปกติจากการดื่มสุรา มีความสำคัญในการบำบัดรักษาและฟื้นฟูสภาพผู้ป่วย รวมทั้งการป้องกันปัญหาความผิดปกติจากการดื่มสุรา*

วัตถุประสงค์ : *เพื่อค้นหาความชุกของโรคทางจิตเวชที่เกิดร่วม ซึ่งได้แก่โรคซึมเศร้า พฤติกรรมการฆ่าตัวตาย และการใช้สารเสพติดอื่นร่วมด้วย และเพื่อศึกษาความรู้ เจตคติ และทักษะการปฏิบัติตนเกี่ยวกับสุขภาพจิต ในผู้ที่มีความผิดปกติจากการดื่มสุราในกรุงเทพมหานคร*

รูปแบบการวิจัย : *การศึกษาเชิงพรรณนา ณ จุดเวลาใดเวลาหนึ่ง*

สถานที่ที่ทำการศึกษา : *กรุงเทพมหานครและภาควิชาจิตเวชศาสตร์ คณะแพทยศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย*

ผู้ป่วยที่ได้ทำการศึกษา : *กลุ่มประชากรตัวอย่างจำนวน 69 ราย ที่มีความผิดปกติจากการดื่มสุราในกรุงเทพมหานคร และมีอายุระหว่าง 15 – 60 ปี*

วิธีการศึกษาและวัดผล : *ทำการศึกษาโดยการเลือกตัวอย่างโดยสะดวกจากข้อมูลทุติยภูมิ โดยอาศัยการรวบรวมข้อมูลที่ได้จากการสำรวจทางระบาดวิทยาของความผิดปกติทางจิต และความรู้ เจตคติ ทักษะการปฏิบัติตนเกี่ยวกับสุขภาพจิตของประชาชนในเขตกรุงเทพมหานคร*

ผลการศึกษา : *ผู้ที่มีความผิดปกติจากการดื่มสุราจำนวน 69 คน เป็นผู้ที่มีโรคที่เกิดจากการดื่มสุรา 34 คน (ร้อยละ 49.28) และผู้ที่มีโรคติดสุรา 35 คน (ร้อยละ 50.72) เป็นเพศชายร้อยละ 73.91 เพศหญิงร้อยละ 26.09 ส่วนใหญ่อยู่ในช่วงอายุ 25-34 ปี มีระดับการศึกษาสูงสุดชั้นประถมศึกษา และมีอาชีพกรรมกรเป็นส่วนใหญ่ รายได้โดยเฉลี่ยต่อเดือนน้อยกว่า 5,000 บาท*

พบว่าผู้ที่มีความผิดปกติจากการดื่มสุรามีจำนวนผู้เป็นโรคซึมเศร้า 22 คน (ร้อยละ 31.88) คิดฆ่าตัวตาย 23 คน (ร้อยละ 33.33) และเคยพยายามฆ่าตัวตาย 5 คน (ร้อยละ 7.25) ผู้ที่มีความผิดปกติจากการดื่มสุราส่วนใหญ่มีการใช้สารเสพติดอื่นร่วมด้วย โดยพบว่าใช้บุหรี่ร่วมด้วยมากที่สุด รองลงมาได้แก่ กัญชา, ยาม้า ยาขยัน, ยานอนหลับ ยากล่อมประสาท, เฮโรอีน ผงขาว, ใบกระท่อม และกาวตามลำดับ และพบว่าผู้ที่มีความผิดปกติจากการดื่มสุราในกรุงเทพมหานครมีความชุกของโรคซึมเศร้า พฤติกรรมการฆ่าตัวตาย และการใช้สารเสพติดอื่นร่วมด้วยสูงกว่าในประชากรทั่วไปในกรุงเทพมหานคร และพบว่าผู้ที่มีความผิดปกติจากการดื่มสุรายังมีข้อบกพร่องในด้านความรู้ เจตคติ และทักษะการปฏิบัติตนเกี่ยวกับสุขภาพจิต โดยเฉพาะในด้านการป้องกันปัญหาสุขภาพจิตและการส่งเสริมสุขภาพจิตที่ดี

สรุป : *ผู้ที่มีความผิดปกติจากการดื่มสุราในกรุงเทพมหานคร มีความชุกของโรคซึมเศร้า พฤติกรรมการฆ่าตัวตาย และการใช้สารเสพติดอื่นร่วมด้วยสูงกว่าในประชากรทั่วไป ผู้ที่ดูแลรักษาผู้ที่มีความผิดปกติจากการดื่มสุรา จึงไม่ควรเพียงแต่รักษาอาการของความผิดปกติจากการดื่มสุรา แต่ควรจะเน้นรักษาโรคทางจิตเวชที่เกิดขึ้นร่วมด้วย นอกจากนั้นพบว่าผู้ที่มีความผิดปกติจากการดื่มสุราในกรุงเทพมหานคร ยังมีข้อบกพร่องในด้านความรู้ เจตคติ และทักษะการปฏิบัติตนเกี่ยวกับสุขภาพจิต การลดปัญหาความผิดปกติจากการดื่มสุราจึงควรมุ่งเน้นให้ความรู้เกี่ยวกับการดูแลสุขภาพทั้งร่างกายและจิตใจ เพิ่มทักษะในการแก้ไขปัญหา และปรับเปลี่ยนเจตคติเกี่ยวกับสุขภาพจิตร่วมด้วย*

คำสำคัญ : *ความผิดปกติจากการดื่มสุรา, ความชุก, ภาวะที่เกิดร่วม, โรคซึมเศร้า, พฤติกรรมการฆ่าตัวตาย, การใช้สารเสพติดอื่น, ความรู้ เจตคติ ทักษะการปฏิบัติตนเกี่ยวกับสุขภาพจิต*

Substance use disorder is a major psychiatric problem worldwide. It affects both the physical and the mental health of a person. The problem also deteriorates the socioeconomic status of the country. According to the study of the National Institute on Drug Abuse (NIDA), 37 percent of the people in the US used illegal substances in their lifetimes. More than 15 percent of the people over 18 years old and living in the United States had serious substance use problems. About two-thirds of this group primarily abused alcohol.[1]

Alcohol use disorder is the most common substance use disorder in all countries worldwide. It deteriorates both the physical and the mental health. According to a study done in the United States, 90 percent of the US population have had an alcohol-containing drink at least once in their lives; 60 – 70 percent of them are current alcohol users. More than 40 percent of the people in the US have experienced alcohol-related problems at least once.[2] About 10 percent of women and 20 percent of men have met the diagnostic criteria of alcohol abuse, and 3 – 5 percent of women and 10 percent of men have met the diagnostic criteria of alcohol dependence during their lives.[3-8] Leading causes of death from alcohol use disorders are accidents, suicide, cancers, heart diseases and hepatic diseases.[9-12] The common comorbid psychiatric disorders are other substance-related disorders; antisocial personality disorder; mood disorders: major depressive disorder and bipolar disorder; anxiety disorders: phobic disorder and panic disorder, and suicide.

As described above, alcohol use disorders results in high rates of morbidity and the mortality of people, which also affects the socioeconomic status of the country. So far, the numbers of studies on the characteristics of alcohol use disorders in Thailand are still limited. A study on the characteristics and the comorbid psychiatric disorders of alcohol use disorders in Thailand will be beneficial for the development of the treatment and rehabilitation programs, as well as prevention and promotion programs for alcohol use disorders in Thailand. This study is designed to survey the characteristics of alcohol use disorders, both alcohol abuse and alcohol dependence, to find out the prevalence of the comorbid psychiatric disorders: depressive disorders, suicidal behaviors, and other substance use disorders in people with alcohol use disorders, and also to study their knowledge, attitude, and practice concerning mental health.

Patients and Methods

The research design of this study was a cross-sectional descriptive study. The study was conducted by reviewing secondary data from questionnaires collected from a previous study: An Epidemiological Survey of Mental Disorders and Knowledge, Attitude, Practice upon Mental Health Among People in Bangkok Metropolis.[13] The total number of the population samples was 69. All the data were collected from questionnaires of people aged 15 – 60 years in Bangkok Metropolis who met the diagnostic criteria of alcohol use disorders, both alcohol abuse and alcohol dependence. The questionnaires were adapted from the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition by American Psychiatric Disorder (DSM IV) and Composite International Diagnostic Interview (CIDI). They had already been tested for their validity and reliability that were approved and accepted as the standard measurement and

instrument. The questionnaires were composed of six parts, which included one part of the demographic form, and five parts of the assessment forms: 1) knowledge, attitude, practice upon mental health (reliability overall rate 0.73 - 0.76) ; 2) alcohol abuse and alcohol dependence (sensitivity 77 – 82 %, specificity 85 – 100 %, Kw = 0.81); 3) depressive disorders (sensitivity 73 – 85 %, specificity 85 – 100 %); 4) suicidal behaviors (sensitivity 98.2 %, specificity 93.3 %); and 5) other substance use disorders (sensitivity 77 – 82 %, specificity 85 – 100 %, Kw = 0.81). The data were analyzed by descriptive statistics: mean, percentage, minimum, and maximum. Chi-square test with continuity correction and Fisher's exact test were used to test group differences between alcohol abuse group and alcohol dependence group.

Results

The total number of subjects with alcohol use disorders was 69. (Table 1) Fifty-one people (73.91 %) were male, and 18 (26.09 %) female. The most common age group was 15 – 44 years, and their mean age was 34.84 years. About the marital status, 41 people (59.42 %) were living with their spouses and 22 (31.88 %) were single. Most subjects (64 people, 92.75 %) were Buddhists, and had primary school (32 people, 46.38 %) and secondary school (21 people, 30.43 %) education. Twenty-eight subjects (40.58 %) were laborers; 17 (24.64 %) unemployed; ten (14.49 %) employees; nine (13.04 %) businessmen and employers; five (7.25 %) government officials. Most subjects earned less then 5,000 baht/ month, and 22 of them (40.00 %) were in debts. Four subjects (5.8 %) had relatives with psychiatric disorders.

Table 1. Characteristics of people with alcohol use disorder, alcohol abuse, and alcohol dependence in Bangkok Metropolis.

Characteristics	Alcohol use disorder (n=69)	Alcohol abuse (n=34)	Alcohol dependence (n=35)
Gender			
Male	51 (73.91 %)	23 (67.65 %)	28 (80.00 %)
Female	18 (26.09 %)	11 (32.35 %)	7 (20.00 %)
Age (years)			
15 – 24	18 (26.09 %)	9 (26.47 %)	9 (25.71 %)
25 – 34	19 (27.54 %)	12 (35.29 %)	7 (20.00 %)
35 – 44	16 (23.19 %)	8 (23.53 %)	7 (20.00 %)
45 – 54	13 (18.84 %)	2 (5.88 %)	11 (31.43 %)
55 or more	4 (5.80 %)	3 (8.82 %)	1 (2.86 %)
Marital Status			
Single	22 (31.88 %)	13 (38.24 %)	9 (25.71 %)
Couple			
- living together	41 (59.42 %)	20 (58.82 %)	21 (60.00 %)
- separated	2 (2.90 %)	0 (0.00 %)	2 (5.71 %)
Divorced	2 (2.90 %)	0 (0.00 %)	2 (5.71 %)
Widowed	2 (2.90 %)	1 (2.94 %)	1 (2.86 %)

Table 1. Continuous.

Characteristics	Alcohol use disorder (n=69)	Alcohol abuse (n=34)	Alcohol dependence (n=35)
Religion			
Buddhism	64 (92.75 %)	32 (94.11 %)	32 (91.42 %)
Christianity	1 (1.45 %)	1 (2.94 %)	0 (0.00 %)
Islam	4 (5.80 %)	1 (2.94 %)	3 (8.57 %)
Educational achievement			
Uneducated	1 (1.44 %)	0 (0.00 %)	1 (2.86 %)
Primary school	32 (46.38 %)	15 (44.12 %)	17 (48.57 %)
Secondary school	21 (30.43 %)	8 (23.53 %)	13 (37.14 %)
Technical/Vocational school	10 (14.49 %)	7 (20.59 %)	3 (8.57 %)
Associate degree	1 (1.45 %)	1 (2.94 %)	0 (0.00 %)
Bachelor degree	4 (5.80 %)	3 (8.82 %)	0 (0.00 %)
Occupational status			
Unemployed	17 (24.64 %)	8 (23.52 %)	9 (25.71 %)
Laborer	28 (40.58 %)	15 (44.12 %)	13 (37.14 %)
Employee	10 (14.49 %)	3 (8.82 %)	7 (20.00 %)
Business, Employer	9 (13.04 %)	4 (11.76 %)	5 (14.29 %)
Government officials	5 (7.25 %)	4 (11.76 %)	1 (2.86 %)
Salaries			
(baht / month)			
None	14 (20.30 %)	7 (20.59 %)	7 (20.00 %)
Less than 5,000	24 (43.64 %)	9 (33.33 %)	15 (53.58 %)
5,000 – 10,000	18 (32.73 %)	10 (37.03 %)	8 (28.57 %)
More than 10,000	13 (23.64 %)	8 (29.63 %)	5 (17.86 %)
Adequate			
- with deposit	11 (20.00 %)	7 (25.93 %)	4 (14.28 %)
- without deposit	16 (29.09 %)	5 (18.52 %)	11 (39.29 %)
Inadequate			
- without debts	6 (10.91 %)	1 (3.70 %)	5 (17.86 %)
- with debts	22 (40.00 %)	14 (51.85 %)	8 (28.57 %)
Family history of psychiatric disorders			
- yes	4 (5.80 %)	1 (2.94 %)	3 (8.57 %)
- no	65 (94.20 %)	33 (97.06 %)	32 (91.43 %)

Subjects were categorized into two groups: ones with alcohol abuse and the others with alcohol dependence. (Table 1) There were 34 cases of alcohol abuse and 35 cases of alcohol dependence. There were 23 males (67.65 %) and 11 females (32.35 %) in the alcohol abuse group, while 28 males (80.00 %) and 7 females (20.00 %) were in the alcohol dependence group. The mean age range of alcohol abuse group was 25 – 34 years (12 people; 35.29 %), while that of alcohol dependence group was 45 – 54 years (11 people; 31.43 %). About the marital status, most people in both groups were living with their spouses and some were single. Most of both groups were Buddhists, and had primary school education. About the occupations, most people in both groups were laborers, and unemployed, respectively. The salaries of alcohol dependence group were much lower than alcohol abuse group. There was one alcohol abuse subject who had a relative with history of psychiatric disorder, while three alcohol dependence subjects group had relatives with psychiatric history.

Table 2. Comorbid depressive disorders, suicidal behaviors, and other substance use disorders among alcohol use disorders, alcohol abuse, and alcohol dependence in Bangkok Metropolis.

Comorbid psychiatric disorders	**Alcohol use disorders n = 69 (100 %)**	**Alcohol abuse n = 34 (100 %)**	**Alcohol dependence n = 35 (100 %)**	**p-value**
Depressive disorders	22 (31.88 %)	9 (26.47 %)	13 (37.14 %)	0.489
Suicidal ideation	23 (33.33 %)	12 (35.29 %)	11 (31.42 %)	0.932
Suicidal attempts	5 (7.25 %)	3 (8.82 %)	2 (5.71 %)	0.673
Drug overdose	4 (80.00 %)	3 (100.00 %)	1 (50.00 %)	
Hanging	3 (60.00 %)	2 (66.67 %)	1 (50.00 %)	
Wrist cutting	1 (20.00 %)	1 (33.33 %)	0 (0.00 %)	
Other substance use disorders				
Cigarettes	57 (82.61 %)	29 (85.29 %)	28 (80.00 %)	0.793
Marijuana	13 (18.84 %)	6 (17.65 %)	7 (20.00 %)	1.000
Amphetamines & CNS stimulants	9 (13.04 %)	2 (5.88 %)	7 (20.00 %)	0.151
Tranquilizers	8 (11.59 %)	5 (14.71 %)	3 (8.57 %)	0.477
Heroine & Morphine & Opium	2 (2.90 %)	0 (0.00 %)	2 (5.71 %)	0.493
Kratom leaves	2 (2.90 %)	0 (0.00 %)	2 (5.71 %)	0.493
Volatile substances	2 (2.90 %)	1 (2.94 %)	1 (2.85 %)	1.000

The results of comorbid depressive disorders, suicidal behaviors, and other substance use disorders among people with alcohol use disorders are shown in Table 2. Regarding depressive disorders and suicidal behaviors, 22 of 69 subjects (31.88 %) had depressive disorder; 23 (33.33 %) admitted suicidal ideation, and five (7.25 %) admitted suicidal attempts. Their suicidal methods were, namely, drug ingestion (4 of 5; 80.00 %), hanging (3 of 5; 60.00 %), and wrist cutting (1 of 5; 20.00 %). When depressive disorders and suicidal behaviors were analyzed, the data showed that depressive disorders were found in nine of 34 (26.47 %) alcohol abuse subjects and thirteen of 35 (37.14 %) alcohol dependence. Suicidal ideation was found in twelve of 34 (35.29 %) in the former group and eleven of 35 (31.42 %) in the latter group. Suicidal attempts were found in three of 34 (8.82 %), and two of 35 (5.71 %), respectively. The prevalences of comorbid depressive disorders, and suicidal behaviors of these two groups were not statistically different ($p > 0.05$). This may be caused by the small size of the study population.

Regarding other substance use disorders, most of people with alcohol use disorders had comorbid other substance use disorders. The most common other substance use was cigarette smoking (57 of 69; 82.61%). Other substances used were marijuana (13 of 69; 18.84 %), amphetamine/CNS stimulants (9 of 69, 13.04 %), tranquilizers (8 of 69; 11.59 %), heroine/morphine/opium (2 of 69, 2.90 %), kratom leaves (2 of 69; 2.90 %), volatile substances (2 of 69, 2.90 %). When other substance use disorders were analyzed, the data showed that the most common other substance use in both groups was cigarette smoking (29 of 34, 85.29 % in alcohol abuse, 28 of 35; 80.00 % in alcohol dependence group). Other substances in alcohol abuse group were marijuana (6 of 34; 17.65 %), tranquilizers (5 of 34; 14.71 %), amphetamine/CNS stimulants (2 of 34; 5.88 %), and volatile substances (1 of 34; 2.94 %), respectively; while other substances used in alcohol dependence group were marijuana (7 of 35; 20.00 %) and amphetamine/CNS stimulants (7 of 35; 20.00%), tranquilizers (3 of 35; 8.57 %), heroine/morphine/opium (2 of 35; 5.71 %) and kratom leaves (2 of 35; 5.71 %), and volatile substances (1 of 35; 2.85 %), respectively. The prevalences of comorbid other substance use disorders in these two groups were not statistically different ($p > 0.05$) due to the small size of population samples.

Table 3. Knowledge, attitude, and practice of people with alcohol use disorders, alcohol abuse, and alcohol dependence in Bangkok Metropolis.

The score of the knowledge, attitude, and practice upon mental health	**Alcohol use disorder (n = 69)**	**Alcohol abuse (n = 34)**	**Alcohol dependence (n = 35)**
Knowledge (full score = 24)	17.73	17.79	17.54
Attitude (full score = 105)	74.48	74.10	74.85
Practice (full score = 116)	68.64	69.32	67.97

The results of the knowledge, attitude, and practice upon mental health of people with alcohol use disorders are shown in Table 3. Their mean score of knowledge on mental health was 17.73 (full score =24), and that on their attitude was 74.48 (full score = 105), and on their practice was 68.64 (full score = 116). Then mean scores were analyzed, the mean scores of alcohol abuse group and alcohol dependence group were not significantly different.

Discussion

The study showed that the majority of alcohol use disorders in Bangkok Metropolis were male (73.91%). Most of alcohol abuse subjects and alcohol dependence subjects were also male. The mean age range of alcohol use disorders was 25 – 34 years. Most of them had primary school education, and were laborers, and unemployed. Most cases of alcohol use disorders had low incomes, and were in debts. All these findings showed that the prevalence of alcohol use disorders among the male is much higher than the female. The common age was young adulthood. Most cases of alcohol use disorders had low educational background with low socioeconomic status. Cases of alcohol dependence were more frequently associated with family history of psychiatric disorders than those with alcohol abuse. This may show that alcohol dependence have stronger affiliation with family history of psychiatric disorders than alcohol abuse.

Based on the results of comorbid psychiatric disorders in this study, alcohol use disorders had high prevalence of depressive disorders (31.88 %). From the Epidemiological Survey of Mental Health in Bangkok Metropolis, the prevalence of depressive disorders of the general population in Bangkok Metropolis was 20.9 % (19.9 % for major depressive disorders, and 1.0 % of dysthymia).[13] Therefore, the prevalence of depressive disorders of alcohol use disorders (31.88 %) was much higher than that of the general population (20.9 %). Moreover, alcohol dependence (37.14 %) had higher rate of depressive disorders than alcohol abuse (26.47 %). These findings show that depressive disorders commonly coexist with alcohol use disorders and the rate of comorbid depressive disorders also correlates to the severity of alcohol use disorders. These findings can be explained by the concept of self-medication, which means people take substances or alcohol to lift up their depression in order to relieve their depressive symptoms and reduce their feelings of low self-worth and low self-esteem.[13]

According to the results of suicidal behaviors, alcohol use disorders had high prevalence of suicidal behaviors (33.33 % for suicidal ideation; 7.25 % for suicidal attempts). The prevalence of suicidal behaviors of alcohol use disorders was much higher than that of the general population, based on the Epidemiological Survey of Mental Health in Bangkok Metropolis (7.1 % for suicidal ideation; 1.8 % for suicidal attempts).[14] These findings show that alcohol use disorders had higher suicidal risk than the general population.

Based on the results of other substance use disorders, alcohol use disorders had high prevalence of other substance use disorders (82.61 % for cigarette; 18.84 % for marijuana; 13.04 % for amphetamine/CNS stimulants; 11.59 % for tranquilizers; 2.90 % for heroine/morphine/opium; 2.90 % for kratom leaves; and 2.90 % for volatile

substances). The prevalence of other substance use disorder was much higher than that of substance use disorders of the general population, according to the Epidemiological Survey of Mental Health in Bangkok Metropolis (16.1% for cigarette; 5.0 % for marijuana; 3.3 % for amphetamine/CNS stimulants; 0.9 % for tranquilizers; 1.9 % for heroine/morphine/opium 0.8 % for kratom leaves; and 2.6 % for volatile substances).[14]

All these findings in this study show that alcohol use disorders were associated with higher rates of depressive disorders, suicidal behaviors, and also other substance use disorders than the general population. All these comorbid psychiatric disorders result in worsening of alcohol use disorders[15] and comorbidity with depression is the important predictor of poor treatment outcome.[16] Moreover, the presence of major depressive disorder in alcohol use disorders is associated with greater risk of suicide.[17] Therefore, health professionals who are treating alcohol use disorders should not only treat merely the problem of alcohol use, but should also target on reducing coexisting psychiatric disorders.

According to the results of the study on knowledge, attitude, and practice upon mental health, people with alcohol use disorders had the low scores on knowledge, attitude, and practice upon mental health. About the practice, people with alcohol use disorders had poor understanding of their state of mental health. They also had limited knowledge in health promotion and prevention, both physical and mental health: less regular health check-up, less physician visit when having health problems, and had inappropriate management of their free time: less time for leisure and activities – hobbies, sports, exercises, and also inappropriate coping or problem-solving skills, and also used cigarette, self-medication: tranquilizers, and gambling. All impaired practices in mental health may lead to worsening of mental health problems, including psychiatric disorders such as anxiety disorders, depressive disorders, alcohol and other substance use disorders, and suicidal behaviors. Therefore, to reduce alcohol use disorders, health professionals should focus on providing education on physical and mental heath, enhancing adaptive problem-solving and coping skills, reshaping attitude upon mental health. These will lower the risk of substance use disorders and also other psychiatric disorders.

Conclusions

This study shows that people with alcohol use disorders in Bangkok Metropolis had higher prevalence of comorbid depressive disorders, suicidal behaviors, and other substance use disorders than the general population. They also had poor knowledge, attitude, and practice upon mental health. Health professionals who are treating people with alcohol use disorders should focus on reducing these comorbid psychiatric disorders. Also, they should provide education on physical and mental health, and enhance their adaptive problem-solving and coping skills, and reshape their attitude on mental health.

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