

## ABSTRACT

### Background

Unfavorable effects of alcohol are a major public health problem in Sri Lanka. These occur with hazardous drinking and alcohol use disorders which are detectable using a reliable, valid, brief and easy to administer 10-item questionnaire which is named as Alcohol Use Disorders Identification Test (AUDIT). Determining risk factors for hazardous drinking and alcohol use disorders in relation to AUDIT scores in community setting is a very useful strategy preventing occurrence of hazardous drinking and alcohol use disorders. Examining these relationships at personal, family and environmental domains among married men will certainly help prevent transmitting risk factors into the next generation.

### Objective

To translate, adapt and validate the AUDIT 10-item questionnaire and to determine prevalence of and risk factors for hazardous drinking (HZD) and alcohol use disorders (AUD) among married men.

### Methodology

Data were collected in two stages. During the first stage, the AUDIT 10 item questionnaire was translated to the Sinhalese language according to the WHO guidelines and validated against two criterion standards. The HZD was defined as consumption of 60 or more grams of ethanol in an occasion, in a day or as an average amount of per day without fulfilling minimum diagnostic criteria of alcohol use disorders. The AUD was defined according to the minimum diagnostic criteria for alcohol use disorders. The criterion standard of hazardous drinking and alcohol use disorders were assessed using the modified beverage specific graduated quantity frequency questionnaire and the translated and validated alcohol use module of the Composite International Diagnostic Interview (CIDI) respectively. The low risk drinking (LRD) was defined as consumption of less than 60g alcohol in a day during a period of 12 months prior to the interview. The cut-off values to differentiate HZD + AUD from low risk drinking (LRD) and AUD from HZD + LRD were determined using Receiver Operating Characteristics curves.

During the second stage, prevalence of and risk factors for HZD and AUD among married men were determined. Data were obtained from face – to –face interviews administered by trained interviewers during the period from December 2004 to April 2005 to a probability sample of 670 married men in the Wattala Divisional Secretariat area in the Gampaha district.

The risk factors for HZD and AUD were determined under personal, family and environmental domains. For HZD the reference group was LRD while for AUD it was HZD. Binary logistic regression analyses were performed to determine independent effects of risk factors after controlling for confounding effects.

### **Results**

The validation sample consisted of 238 married males. The sample was drawn from both community settings as well as hospital settings in order to have adequate representation of whole spectrum of drinking patterns. The maximum score for the AUDIT 10 item questionnaire was 40. The one-month test-retest reliability and internal consistency were 0.98 and 0.89 respectively. The area under ROC was 0.962 (95 % CI= 0.939 to 0.985) to differentiate HZD + AUD from LRD. It was 0.967 (95 % CI= 0.949 to 0.985) to differentiate AUD from HZD + LRD. The respondents, whose AUDIT scores were between, 1 – 6, were classified as low risk drinkers and those who scored 7 or above were classified as high-risk drinkers. The respondents whose scores were between, 7 – 15 were classified as HZD and those who scored 16 or above were classified as those with AUD.

The prevalence of HZD and AUD were 31.4 per cent (95 % CI: 27.9 % to 35.1 %) and 24.5 per cent (95 % CI: 21.3 % to 27.9 %) respectively. The association of risk factors with hazardous drinking and alcohol use disorders in specific domains were as follows: