Abstract

Several factors are related to alcohol addiction, one of which is lifestyle. This research study used a concurrent mixed method design with triangulation to describe lifestyle factors leading to addiction among alcohol dependents (AD) in 8 provinces of the *Lanna* region (Upper North) of Thailand. For the qualitative researchcomponent of the study, recruitment involved convenience sampling until data saturation was achieved. The informants were 30 newly diagnosed ADs, 30 relatives of ADs, and 30 community members. For the quantitative research component, participants were recruited using stratified random sampling. The participants included 304 newly diagnosed ADs and 304 relatives of ADs. The qualitative data collection instruments used were the Demographic Data Questionnaire of AD, AD's relatives, and community members; In-depth interview guidelines regarding lifestyle factors leading to addiction. The quantitative data collection instruments used was the Lifestyle Factors Leading to Addiction Questionnaire composed of 4 sections: demographics, pre-alcohol addiction personal habits; pre-alcohol addiction daily life pattern, and the pre-alcohol addiction social involvement life pattern. Content analysis was used for qualitative data analysis, while descriptive statistics were used for quantitative data analysis. The lifestyle factors leading to addiction diagram was analyzed using triangulation design to mix and synthesize both qualitative and quantitative results.

The results showed that:

1. The personality traits of Ads before addiction were determined Style (55.3%), Intelligent Style (35.9%), the Aggressive Style (10.2%), the Lustful Style (4.3%), and Speculative Style (1.3%).

2. The lifestyle factors leading to addiction were as follows:

    2.1   Personal habits prior to alcohol addiction:

        2.1.1   General Health – Ads used drugs and cigarettes and did not exercise. However, most had good personal hygiene and a good diet.

2.1.2 Interpersonal Relationships - ADs communicated with friends and community members but did not participate in community activities, did not help others and had family conflicts.

2.1.3 Problem Solving Ability – Ads tried to solve problems by talking to close friends or engaged in relaxing activities for stress management, used drugs, tried to avoid problems, and had negative thoughts.

2.1.4 General Happiness - Ads were overall not religious. They did not turn to religion to relieve their suffering, and did not practice religion as a way to calm their mind.

2.2 .The 7 dimensions of the Social Involvement Life Pattern Before Alcohol Addiction were:

2.2.1 Folk Beliefs – Ads occasionally followed traditional methods. They did not believe in the laws of Karma, but held animist beliefs and used prayers and chanting to relive suffering.

2.2.2 Traditional Lifestyle – Ads could get along with others in community. They followed local traditions such as animism which included ghost and ancestor-worship.

2.2.3 Legal Issues – they were arrested for traffic, fighting, and using drugs.

2.2.4 Roles and Status-they had good employment and helped in public activities.

2.2.5 Lanna Values-they led a relaxed life, joined in fun social activities, and were concerned about being disgraced (losing face).

2.2.6 Socialization-they had few positive social experiences, such as receiving moral guidance or helping others, in avoiding drug use, knowledge seeking, and saving. They were socialized to perform immoral tasks such as using drugs, gambling and stealing.

2.2.7 Social Control- they were criticized and controlled by family members and society.

3. The lifestyle leading to alcohol addiction diagram consisted of all factors studied in this research study.

The results of this research study could be used as baseline information to understand lifestyle leading to addiction among ADs. Additionally, these data could create awareness among healthcare providers and help them prevent alcohol addiction by setting up strategies to stop new alcohol addictions.