"THE EFFECTOF ALCOHOL SKILL TRAINING PROGRAMME ON ALCOHOL ADDICTION AMONG INDIVIDUALS".

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ABSTRACT

Addiction a psychological and physiological dependence on alcohol affects not only the lives of so many people but also leaves them in a state of denial that they can stop this at any time, which is not true. Realizing the importance of the need for information and education on alcohol moderation skills, enhancing awareness on myths about alcohol addiction and related problems the current study assessed the effectiveness alcohol skill training programme on alcohol addiction among the individuals attending de addiction clinic. The main objective of the study was to assess knowledge and drinking frequency before and after Alcohol Skill Training Programme (ASTP) and to find out the effectiveness of ASTP. The conceptual framework adopted for this study was modified Ludwig Von Bertanlanffy's general system theory (1930). One hundred and twenty samples selected by convenience sampling were given ASTP for four weeks after assessing their pre-intervention knowledge and drinking frequency. The results on post intervention knowledge and drinking frequency showed significant improvement (P =0.001) on their knowledge and significant reduction (P =0.001) in their drinking frequency. The percentage difference of 31.3% in knowledge score with 95% confidence interval revealed the effectiveness of ASTP. The above findingsrevealed structural approaches to alcohol consumption. Therefore it is an important tool and can help to reduce for harm.

Keywords: IMH: Indore Mental Hospital, ASTP: Alcohol Skill Training Programme

INTRODUCTION

Alcohol is a depressant drug that slows down the activity of the brain contains absolutely no nutrients, does not help relieve tension, induce sleep or solve problems. All alcoholic beverages contain the same mood-changing agent - ethyl alcohol though in varying percentage. **About 10 to 15% of alcohol users develop alcohol dependence and become alcoholics.** Anybody can become an alcoholic - age,education, intelligence or socio-economic status has nothing to do with it. The person increases the quantity or frequency and continues drinking even though alcohol causes problems to his health, work life, family or social relationships. Alcoholism ischaracterized by the repeated drinking of alcoholic beverages to an extent that exceeds customary use or compliance with the social customs of the community andadversely affects the drinker's health or interferes with his social or economic functioning. Alcohol problems occur at different levels of severity and finally leadingto life threatening situations. **Alcoholism is treatable.** With treatment it is possible togive up drinking totally and live without alcohol. However, as with other diseases, theearlier the help is sought, the lesser the damage and the better the recovery.

Alcohol Consumption in India

In India alcoholic beverages appeared during the Indus Valley Civilization, Alcoholic beverages have served as sources of needed nutrients and have been widelyused for their medicinal, antiseptic and analgesic properties. Alcohol was consideredto be a social lubricant facilitating relaxation, providing pharmacological pleasure, and also as an appetizer. But unfortunately alcohol has always been misused by humans especially young generation.

Alcohol consumption has been steadily increasing in developing countries likeIndia and decreasing in developed countries since the 1980s. The pattern of drinkingto intoxication is more prevalent in developing countries indicating higher levels of risk due to drinking. In India it was estimated that 62.5 million population uses alcohol and per capita consumption of alcohol increased by 106.7% over the 15-yearperiod from 1970 to 1996(WHO, 1999). Due to its large population, **India has been identified as the potentially third largest market for alcoholic beverages in the world** which has attracted the attention of multinational liquor companies. Sale of alcohol has been growing steadily at 6% and is estimated to grow at the rate of 8% peryear. About 80% of alcohol consumption is in the form of hard liquor or distilled spirits showing that the majority drink beverages with a high concentration of alcohol.Branded liquor accounts for about 40% of alcohol consumption while the rest is in theform of country liquor. People drink at an earlier age than previously. The mean ageof initiation of alcohol use has decreased from 23 years in 1960 to 19 years in 1990. India has a large proportion of lifetime abstainers (89.6%). The female population islargely abstinent with 98.4% as lifetime abstainers. This makes India an attractive business proposition for the liquor industry, (The Lancet, 2009). Changing social norms, urbanization, increased availability, high intensity mass marketing and relaxation of overseas trade rules along with poor level of awareness related to alcohol has contributed to increased alcohol use**. Taxes generated from alcohol production and sale is the major source of revenue in most states (Rs.25, 000 crores) and has been cited as a reason for permitting alcohol sale, (The Globe, 2021)**

NEED FOR THE STUDY

Addiction, a psychological and physiological dependence on a substance or practice, is a disease that affects the lives of so many people. It is an uncontrollably strong longing for something and in spite of knowing the harmful and negative effectsof addiction the addicts still continue to use. This is the setback of addiction. An addict of alcohol or drugs is generally in a state of denial who believes that he or shecan stop this at any time; however, it's not true. We will have to fight against addictions to remove it completely. Hence the need for information related toaddiction, its nature, etiology and addiction treatment methods or addiction recoveryprograms is a must to a lead a normal life.

Alcoholism has become a significant problem in India and is characterized by tremendous cultural variability with respect to beliefs and practices regarding alcoholic beverage consumption. Alcoholism in Indian communities is the tip of an iceberg, that is alcohol dependence sits on top of a huge mass of other underlying problems. Alcohol dependency frequently co-exists in Indian communities with other problems such as stress-related acting out, cultural shame, depression and self- stigma/hate. Earlier, alcoholism was believed to be the symptom of some other mental disorder. But the extensive research, on the problem established that alcoholism is a disease in itself - a disease that can be **controlled by medical and psychological treatment**. Research evident also suggest that broadening the base of treatment of alcohol problems by moving beyond treatment of chronic alcohol dependence to prevention of alcohol abuse and early intervention for targeted group will improve their quality of living. Treatment matching should be based on the spectrum of alcohol consumption (fig 1.1) and hence the researcher felt that replacing the predominant myths about the alcohol consumption and treatment, educating them on alcohol moderation skills and enhancing the awareness of addiction related to problems will motivate and reduce drinking risk through skill building.

Objectives

- To Assess the level of knowledge of the alcohol dependent individuals on alcohol addiction before Alcohol Skill Training Programme

- To Evaluate the level of drinking frequency before alcohol skill training programme.

- To Assess the level of knowledge of the alcohol dependent individual on alcohol addiction after alcohol skill training programme.

- Identify the level of drinking frequency after alcohol skill training programme

- To Evaluate the effectiveness of the alcohol skill training programme

- Find out the association of knowledge and level of drinking frequency with selected demographic variables.

Assumptions

- Individual addicted to alcohol may have some knowledge regarding alcoholism

- Individual addicted to alcohol may modify or change the behavior of drinking after the alcohol skill training programme.

Hypothesis

There is a significant difference between the levels of knowledge about the alcohol addiction before and after the skill training programme.

Delimitations

The study is delimited to:

- The individuals attending de-addiction clinic at Indore.

- The individuals who consented to undergo alcohol skill training programme.

METHODOLOGY

Research Approach & design

Quantitative approach and quasi experimental design

- Pre and post intervention

Variables

- Independent variable-Alcohol Skill Training Programme

- Dependent variable-knowledge and drinking frequency

Research Setting

De-addiction clinic at Indore

Study Population

Individuals attending the de-addiction unit for the treatment.

Sample characteristics and selection

.1 Sample size

120 individual attending de-addiction unit of IMH for treatment were considered as the subjects for this study by convenience sampling.

2 Criteria for Sample selectionsInclusion Criteria

- Individuals who are attending the de-addiction clinic for treatment

- Individuals diagnosed as alcohol dependence syndrome

- Individuals who can understand Hindi and English

Exclusion criteria

- Individual who diagnosed with alcohol dependence syndrome with psychosis

- Individuals suffering from other co-morbid illness

- Individuals with the diagnosis of multiple substance use

3.5.3 Sampling technique

Convenient sampling technique.

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ANALYSIS AND INTERPRETATION

SECTION: I

Table 4.1: Socio demographic characteristics of the study subjects

Demographic variables		No.of patients	%
Age	21 -30 yrs	26	26.0%
	31 -40 yrs	41	41.0%
	41 -50 yrs	20	20.0%
	>50 yrs	13	13.0%
Marital status	Single	20	20.0%
	Married	45	45.0%
	Separated	32	32.0%
	Divorced	3	3.0%
Education status	Illiterate	17	17.0%
	Basic schooling	15	15.0%
	Middle schooling	38	30.0%
	Higher secondary	20	20.0%
	Graduate	10	10.0%
Religion	Hindu	60	60.0%
	Christian	27	27.0%
	Muslim	13	13.0%
Occupation	Daily wages	36	36.0%
	Private company/work	31	31.0%
	Government	14	14.0%
	Pensioner	10	10.0%
	Business	9	9.0%
Monthly income	< Rs.2000	21	21.0%
	Rs.2000 – 5000	35	35.0%
	Rs.5001- 10000	24	24.0%
	>Rs.10000	20	20.0%

Demographic variables		No.of patients	%
Type of family	Nuclear familyJoint family	56	56.0%
		44	44.0%
Children	No children	22	22.0%
	One	22	22.0%
	Two	34	34.0%
	Three	15	15.0%
	Four and above	7	7.0%
Source of information	Family members/friends	67	67.0%
	Media	7	7.0%
	Medical professionals	18	18.0%
	Books	8	8.0%
Family members	Grand father	22	22.2%
	Father	38	38.4%
	Uncle	14	14.1%
	Brother	25	25.3%
Reason for first alcohol consumption	Family Problem	18	18%
	Peer pressure	56	56%
	Occupation environment	13	13%
	Social gathering	13	13%

SECTION:II

Table 4.2 Knowledge of the respondents at various knowledge domains before ASTP

Knowledge	No. of questions	n –Maxscore	Knowledge score	
			Mean ±SD	%
General Information	11	0 -22	11.35±3.54	51.6%
Physical changes	11	0 -22	11.24±3.50	51.1%
Family and social aspects	11	0 -22	10.14±3.71	46.1%
Overall	33	0 - 66	32.73±9.36	49.6%

The above Table 4.2 depicts the respondents' knowledge score in different domains of alcohol addiction. The Mean score was 32.73 and the standard deviation was 9.36 and the percentage was 49.6%
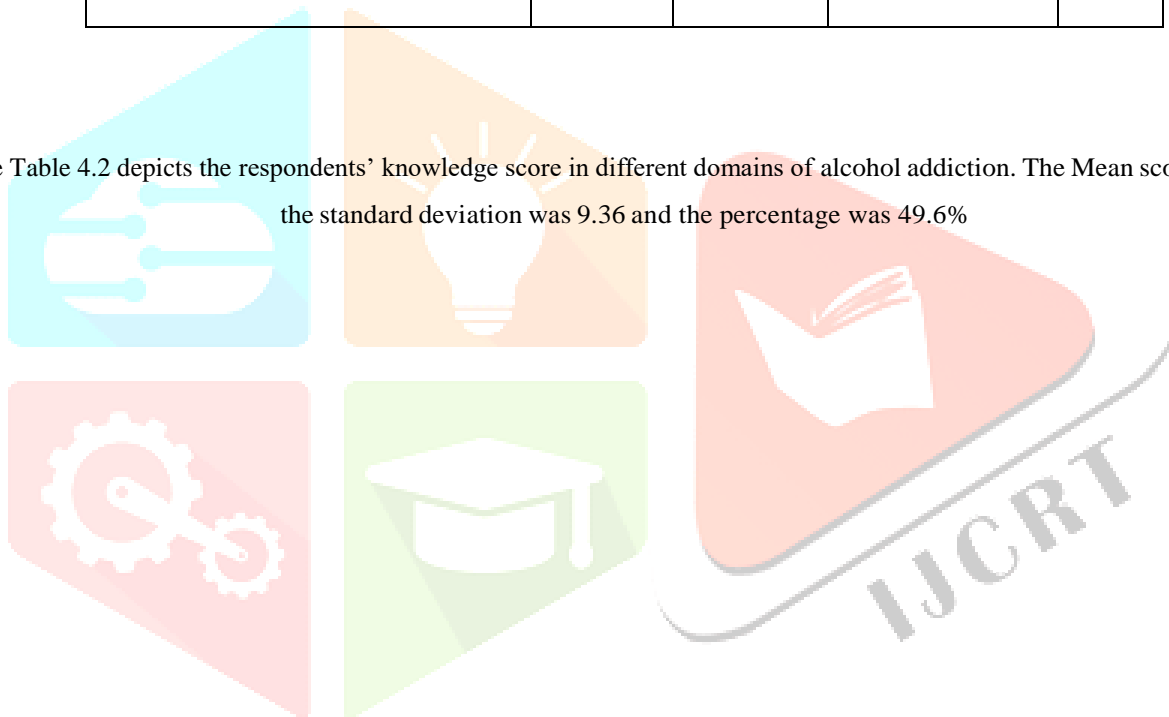
SECTION:III

Table.4.3 Level of drinking frequency before ASTP

Level of Drinking frequency	Pre intervention	
	n	**%**
I did not drink at all	0	0.0%
About once a month	4	4.0%
Two to three times a month	13	13.0%
Once or twice a week	18	18.0%
Three to four times a week	19	19.0%
Nearly everyday	20	20.0%
Once a day or more	26	26.0%

The above table 4.3 showed the level of drinking frequency before ASTP. About 26% of the respondents consumed alcohol once a day.

SECTION :IV

Table 4.4 Level of knowledge of the respondents after ASTP

Level of knowledge	No. of patients	%
Inadequate knowledge	0	0.0%
Moderately adequate knowledge	21	21.0%
Adequate knowledge	79	79.0%
Total	100	100%
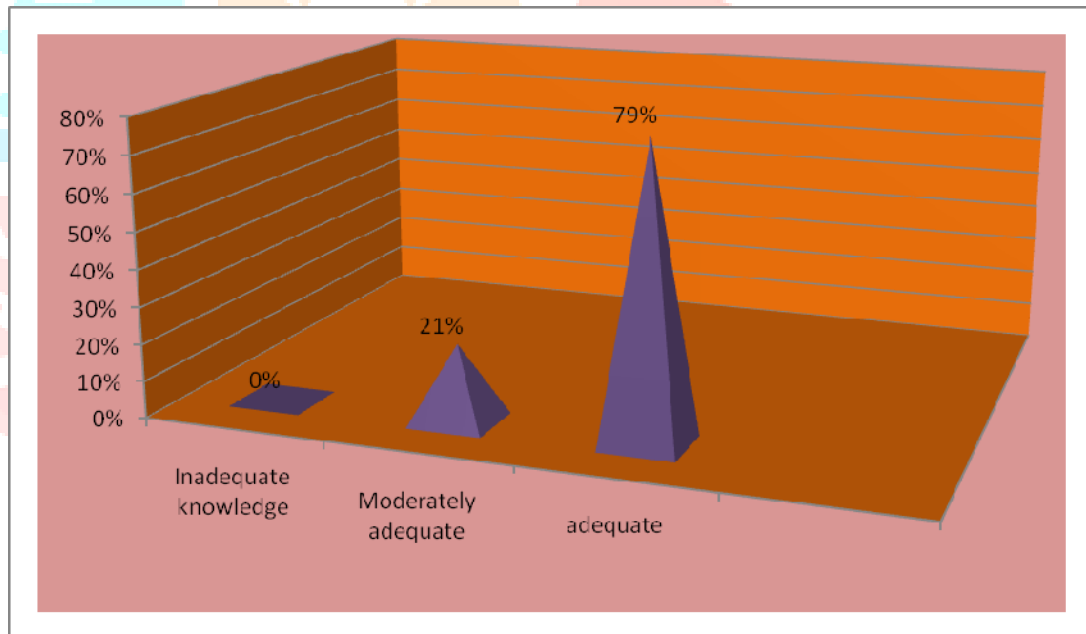
SECTION: V

Table 4.5 Knowledge of the respondents at various knowledge domains after ASTP

Knowledge (Domain)	No. of questions	n –Maxscore	Knowledge score	
			Mean ±SD	%
General Information	11	0 -22	18.33±2.98	83.3%
Physical changes	11	0 -22	17.75±3.31	80.7%
Family and social aspects	11	0 -22	17.36±3.76	78.9%
Overall	33	0 – 66	53.44±8.95	80.9%

SECTION :VI

Table 4.6 Drinking frequency after ASTP

Level of Drinking frequency	Post intervention		Chisquare test
	n	%	
No drinking	39	39.0%	☐2=95.82 P=0.001*** DF=3 Significant
Monthly	41	41.0%	
Weekly	18	18.0%	
Daily	2	2.0%	
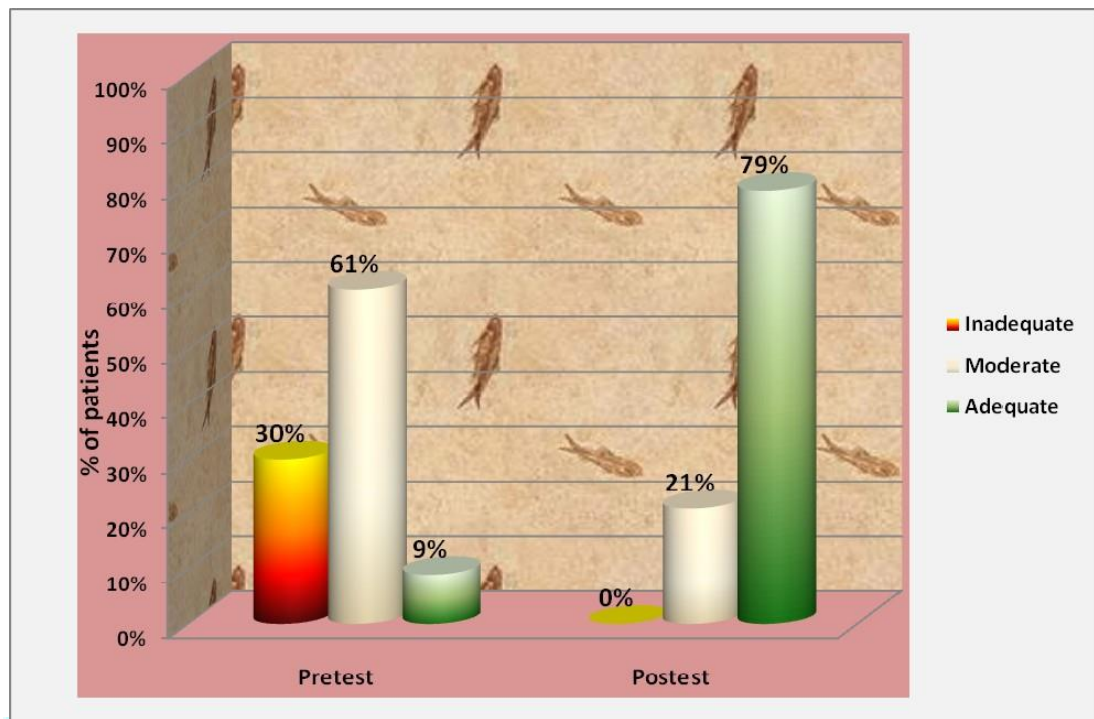
Table.4.7 Comparison of knowledge score before and after alcohol skill training programme in various knowledge domains

Knowledgedomain	No. of patients	Pretest Mean±SD	Posttest Mean±SD	Student's pairedt-test
General Information	100	11.35±3.54	18.33±2.98	t=16.76 P=0.001 *** DF=99 significant
Physicalchanges	100	11.24±3.50	17.75±3.31	t=15.39 P=0.001 *** DF=99 significant
Family and social aspects	100	10.14±3.71	17.36±3.76	t=16.91 P=0.001 *** DF=99 significant
Overall	100	32.73±9.36	53.44±8.95	t=19.77 P=0.001 *** DF=99 significant

* Significant at P≤0.05 ** highly significant at P≤0.01 *** very high significant atP≤0.001

Table 4.7 compares the before and after ASTP knowledge score. In all the domains the knowledge score improved, and showed statistical significant difference (p=0.001)

Table 4.8 Effectiveness of alcohol skill training programme

	Max score	Mean score	Mean Difference in knowledge score with 95% Confidence interval	Percentage Difference in knowledge score with 95% Confidence interval
Pre intervention	66	32.73	20.71(18.15 – 23.26)	31.3 % (27.5% –35.2%)
Post intervention	66	53.44		

Table 4.9 Association between knowledge score and socio demographiccharacteristics

Demographic variables		Level of posttest knowledge						Total	Pearson chisquare test
		Inadequate		Moderate		Adequate			
		n	%	n	%	n	%		
Age	21 -30 yrs	0	0.0%	9	34.6%	17	65.4%	26	χ^2=7.66 P=0.05*DF=3
	31 -40 yrs	0	0.0%	10	24.3%	31	75.7%	41	
	41 -50 yrs	0	0.0%	1	5.0%	19	95.0%	20	
	>50 yrs	0	0.0%	1	7.7%	12	92.3%	13	
Maritalstatus	Single Married	0	0.0%	3	15.0%	17	85.0%	20	χ^2=1.97 P=0.58DF=3
	Separated	0	0.0%	8	17.8%	37	82.2%	45	
	Divorced	0	0.0%	9	28.1%	23	71.9%	32	
		0	0.0%	1	33.3%	2	66.7%	3	
Education status	Illiterate	0	0.0%	7	41.1%	10	58.9%	17	sχ^2=11.03 P=0.05* DF=5
	Basic schooling Middle schooling	0	0.0%	6	40.0%	9	60.0%	15	
		0	0.0%	4	13.3%	26	86.7%	30	
	Higher secondary	0	0.0%	2	10.0%	18	90.0%	20	
	Graduate	0	0.0%	1	10.0%	9	90.0%	10	
	Diploma/Professional course	0	0.0%	1	12.5%	7	87.5%	8	
Religion	Hindu	0	0.0%	7	11.7%	53	88.3%	60	χ^2=3.82 P=0.43 DF=2
	Christian	0	0.0%	7	25.9%	20	74.1%	27	
	Muslim	0	0.0%	7	53.8%	6	46.2%	13	
Occupation	Daily wages	0	0.0%	9	25.0%	27	75.0%	36	χ^2=2.01 P=0.73DF=4
	Private company/work	0	0.0%	5	16.1%	26	83.9%	31	
	Government	0	0.0%	4	28.6%	10	71.4%	14	
	Pensioner	0	0.0%	1	10.0%	9	90.0%	10	
	Business	0	0.0%	2	22.2%	7	77.8%	9	
Monthly income	< Rs.2000 Rs.2000 – 5000	0	0.0%	8	38.1%	13	61.9%	21	χ^2=7.68 P=0.05*DF=3
		0	0.0%	8	22.9%	27	77.1%	35	
	Rs.5001- 10000	0	0.0%	4	16.6%	20	83.4%	24	
	>Rs.10000	0	0.0%	1	5.0%	19	95.0%	20	
Type offamily	Nuclear family Joint family	0	0.0%	12	21.4%	44	78.6%	56	χ^2=0.01 P=0.91DF=1
		0	0.0%	9	20.5%	35	79.5%	44	
Children	No children	0	0.0%	4	18.2%	18	81.8%	22	

		n	%	n	%	n	%	Total	Chi square test
	One	0	0.0%	7	31.8%	15	68.2%	22	x^2=3.93 P=0.41 DF=5
	Two	0	0.0%	4	11.8%	30	88.2%	34	
	Three	0	0.0%	4	26.7%	11	73.3%	15	
	Four and above	0	0.0%	2	28.6%	5	71.4%	7	
Source of information	Family members/friends Media	0	0.0%	11	16.4%	56	83.6%	67	x^2=6.45 P=0.09 DF=3
	Medical professionals	0	0.0%	4	57.1%	3	42.9%	7	
		0	0.0%	4	22.2%	14	77.8%	18	
	Books	0	0.0%	2	25.0%	6	75.0%	8	
Family members	Grand father Father	0	0.0%	3	13.6%	19	86.4%	22	x^2=1.48 P=0.68 DF=3
	Uncle	0	0.0%	7	18.4%	31	81.6%	38	
	Brother	0	0.0%	4	28.6%	10	71.4%	14	
		0	0.0%	6	24.0%	19	76.0%	25	
Reason for first alcohol consumption	Family problem	0	0.0%	3	16.7%	15	83.3%	18	x^2=2.50 P=0.47 DF=3
	Peer pressure	0	0.0%	13	23.2%	43	76.8%	56	
	Occupation environment Social gathering	0	0.0%	4	30.8%	9	69.2%	13	
		0	0.0%	1	7.7%	12	92.3%	13	

Table 4.10 Association of drinking frequency with socio demographic character

		Post intervention Level of Drinking frequency									Chi square test
		No drinking		Monthly		Weekly		Daily		Total	
		n	%	n	%	n	%	n	%		
Age	21 -30 yrs	6	23.1%	17	65.3%	3	11.6%	0	0.0%	26	**x^2=17.34 P=0.05** DF=9**
	31 -40 yrs	19	46.3%	13	31.7%	9	22.0%	0	0.0%	41	
	41 -50 yrs	7	35.0%	7	35.0%	4	20.0%	2	10.0%	20	
	>50 yrs	7	53.8%	4	30.8%	2	15.3%	0	0.0%	13	
Marital status	Single	5	25.0%	11	55.0%	3	15.0%	1	5.0%	20	x^2=11.87 P=0.22 DF=9
	Married Seperated	15	33.3%	21	46.7%	9	20.0%	0	0.0%	45	
		16	50.0%	9	28.1%	6	18.8%	1	3.1%	32	
	Divorced	3	100.0%	0	0.0%	0	0.0%	0	0.0%	3	
Education status	Illiterate	6	35.3%	6	35.3%	4	23.5%	1	5.9%	17	x^2=8.14 P=0.92 DF=15
	Basic schooling	6	40.0%	7	46.7%	2	13.3%	0	0.0%	15	
	Middle schooling	12	40.0%	12	40.0%	5	16.7%	1	3.3%	30	
	Higher secondary	8	40.0%	10	50.0%	2	10.0%	0	0.0%	20	
	Graduate	3	30.0%	3	30.0%	4	40.0%	0	0.0%	10	
	Diploma/Professional course	4	50.0%	3	37.5%	1	12.5%	0	0.0%	8	
Religion	Hindu Christian	24	40.0%	27	45.0%	8	13.3%	1	1.7%	60	x^2=8.80 P=0.19 DF=6
	Muslim	12	44.4%	7	25.9%	8	29.6%	0	0.0%	27	
		3	23.1%	7	53.8%	2	15.4%	1	7.7%	13	
Occupation	Daily wages	9	25.0%	14	38.9%	13	36.1%	0	0.0%	36	**x^2=27.76 P=0.01** DF=12**
	Private company/work	18	58.1%	11	35.5%	2	6.5%	0	0.0%	31	
	Government	6	42.9%	5	35.7%	2	14.3%	1	7.1%	14	
	Pensioner	5	50.0%	4	40.0%	0	0.0%	1	10.0%	10	
	Business	1	11.1%	7	77.8%	1	11.1%	0	0.0%	9	
Monthly income	< Rs.2000	8	38.1%	10	47.6%	3	14.3%	0	0.0%	21	x^2=3.42 P=0.95 DF=9
	Rs.2000 - 5000	12	34.3%	14	40.0%	8	22.9%	1	2.9%	35	
	Rs.5001- 10000	10	41.7%	10	41.7%	3	12.5%	1	4.2%	24	
	>Rs.10000	9	45.0%	7	35.0%	4	20.0%	0	0.0%	20	
Type of family	Nuclear family	23	41.1%	19	33.9%	14	25.0%	0	0.0%	56	x^2=7.73 P=0.05* DF=3
	Joint family	16	36.4%	22	50.0%	4	9.1%	2	4.5%	44	

Children	No children	5	22.7%	12	54.5%	4	18.2%	1	4.5%	22	
	OneTwo	11	50.0%	8	36.4%	3	13.6%	0	0.0%	22	χ^2=11.84 P=0.46 DF=8
	Three	11	32.4%	14	41.2%	9	26.5%	0	0.0%	34	
		8	53.3%	5	33.3%	1	6.7%	1	6.7%	15	
	Four and above	4	57.1%	2	28.6%	1	14.3%	0	0.0%	7	
Source of information	Family members/friends	21	31.3%	31	46.3%	14	20.9%	1	1.5%	67	
	Media	3	42.9%	3	42.9%	0	0.0%	1	14.3%	7	χ^2=12.77 P=0.17 DF=9
	Medical professionals	10	55.6%	5	27.8%	3	16.7%	0	0.0%	18	
	Books	5	62.5%	2	25.0%	1	12.5%	0	0.0%	8	
Family members	Grand father	7	31.8%	9	40.9%	6	27.3%	0	0.0%	22	χ^2=9.51 P=0.39 DF=9
	Father	19	50.0%	15	39.5%	3	7.9%	1	2.6%	38	
	Uncle	3	21.4%	6	42.9%	5	35.7%	0	0.0%	14	
	Brother	10	40.0%	10	40.0%	4	16.0%	1	4.0%	25	
Reason for first alcohol consumption	Family problem	3	16.7%	9	50.0%	6	33.3%	0	0.0%	18	
	Peer pressure	28	50.0%	21	37.5%	7	12.5%	0	0.0%	56	χ^2=5.97 P=0.43 DF=9
	Occupation environment	4	30.8%	7	53.8%	1	7.7%	1	7.7%	13	
	Social gathering	4	30.8%	4	30.8%	4	30.8%	1	7.7%	13	

Conclusion

The study concluded that knowledge score of the alcohol dependent individuals showed significant improvement in the level of knowledge on their addiction and the level of frequency drinking reduced significantly after ASTP. Basedon these findings the study concluded that ASTP demonstrated changes in knowledgeand reported significant reduction in drinking. But these effects tend to decay over time. Hence ASTP could be sustained with use of booster session to maintain effects

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