



PATIENTS WITH ALCOHOL DEPENDENCE SYNDROME: A STUDY OF THE QUALITY OF LIFE

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Abstract

Alcoholism is a global issue that continues to hinder the development of emerging countries. Alcohol's harmful effects not only have an impact on the individual and their family, but also on society as a whole. All social classes continue to find alcoholism to be an irritation. Around the world, and particularly in India, alcohol is the substance that is most frequently consumed and misused. The average annual alcohol consumption in India's various States is dramatically rising each year. A purely subjective aspect of wellness is quality of life. Quality of life refers to happiness, satisfaction, and gratification as they are felt in relation to life's various aspects, including health, marriage, family, work, financial situation, self-esteem, belongingness, and trust in others. It is a composite measure of physical, mental, and social wellbeing as perceived by each individual or group of individuals. Alcohol De-addiction Centres today are essential to the improvement of alcoholics. For the benefit of alcoholics, they engage in detoxification, intervention, counselling, and follow-up activities. The predominant objectives of this study are to analyse the socio-economical background of the respondents, to examine the quality of life of the respondents, to study the role of social worker in de-addiction centres, to assess the aftercare treatment through counselling, and to provide suitable suggestions. Thus, this research makes an attempt to study the Quality of Life (QoL) of patients with Alcohol Dependence Syndrome (ADS) in De-addiction Center. This study concentrates on the Alcoholic Dependent Individuals who are getting treatment in a De-addiction Centre in Tamil Nadu. This study is proposed to conduct in Sakthi de-addiction centre, Tenkasi, Tirunelveli, a De-addiction Centre of Tamil Nadu working under Ministry of Social Justice & Empowerment. Descriptive Research Design is adopted for the study. By using Simple Random Sampling, the researcher intends to collect samples from the de-addiction centres. Based on the observations, findings and suggestions will be provided.

KEY WORDS: Alcoholism, Quality of Life, counselling, De-addiction.

INTRODUCTION

Alcoholism is a global issue that has not been specifically linked to developed or developing countries. Alcohol's negative effects extend beyond its individual users to encompass society as a whole. Today, alcohol use is a serious public health issue. All social classes continue to find alcoholism to be a nuisance. Particularly in the western world, alcohol is a substance that is frequently used and misused. One

of the most severe mental diseases, which affect 5% of alcohol consumers, is alcohol dependence. Liver disease, liver disease, heart disease, and cancer are the four main health issues associated with alcoholism. Today, alcohol-related disorders rank third among the world's biggest health issues.

Quality of life, in a nutshell, refers to both medical and non-medical aspects of life, such as physical functioning, psychological functioning (e.g., emotional and mental wellbeing), social functioning (e.g., relationships with others and participation in social activities), and perception of health status, pain, and general satisfaction with life. Alcoholism is still a severe and pervasive health issue in modern culture. Over time, the idea that alcoholism is a disease has become more prevalent. Once a man begins to drink, there is no turning back, and alcohol not only carries the man away but also the entire family. Alcoholism has been one of the major issues of concern on a global scale. Alcohol has a negative impact on a person's physical health as well as the health of those around him. They may drink alcohol to reduce their tension, but the problem with this is that using alcohol to reduce stress may result in further social, emotional, and medical issues. Later on, these issues contribute to his stress and further erode his confidence and self-esteem.

Alcohol and drug abuse has been showing an increasing trend in India. Alcoholism remains a serious and prevalent health problem in the contemporary society. The disease concept of alcoholism has gained popularity over the years. According to the variability of drinking, all alcoholics pass through identifiable stages of the disease. Alcoholism has been an important problem of global concern. The impact of alcohol not only disturbs the physical health of an individual it also affect the people who surround him. Researches have shown that men comprise a large proposition of the alcohol consuming population in our country.

World Health Organization (WHO) estimates that there are about two million people worldwide who consume alcoholic beverages and 76.3% million with diagnosable alcohol use disorder (2004). From a public health perspective, the global burden related to alcohol consumption, both in terms of morbidity and mortality, is considerable in most part of the world. Alcohol consumption has health and social consequences via intoxication (drunkenness), alcohol dependence and other biochemical effects of alcohol. In addition to the chronic diseases that may affect drinkers after many years of heavy use, alcohol contributes to traumatic outcomes that kill or disable at are relatively young age, resulting in the loss of many years of life due to death or disability.

SYMPTOMS OF ALCOHOLISM

Typically, the last person to be aware that he/she has a serious drinking problem is the alcoholic himself/herself. They are in denial.

SIGNS AND SYMPTOMS OF ALCOHOLISM AND ALCOHOL ABUSE:

- Drinking alone
- Drinking in secret
- Not being able to limit the amount of alcohol consumed
- Blacking out – not being able to remember chunks of time

- Having rituals and being irritated/annoyed when these rituals are disturbed or commented on. This could be drinks before/during/after meals, or after work.
- Dropping hobbies and activities the person used to enjoy and losing interest in them
- Feeling an urge to drink
- Feeling irritable when drinking times approach. This feeling is more intense if the alcohol is not available, or there appears to be a chance it may not be available.
- Having stashes of alcohol in unlikely places
- Gulping drinks down in order to get drunk and then feel good
- Having relationship problems (triggered by drinking)
- Having problems with the law
- Having work problems
- Having money problems
- Requiring a larger quantity of alcohol to feel its effect
- Nausea, sweating, or even shaking when not drinking

DE-ADDICTION CENTRES

Addiction is a term defined a chronic relapsing disorder for people abusing substances like smoking, alcohol, rave drugs and medical drugs. It is a tendency to make one feel euphoric (well-being). There are several drugs which are available in the market which are used for abuse. Several routes of drug transmission – consuming alcohol, smoking, injecting and pills. However, the nature of the drug and its toxicity will be responsible for the morbidity or lethality of the person.

PROBLEMS OF DRUG ABUSER

The main complication of drug abusers is overdose and intoxication producing lethality, and behavioural problems both domestic and social leading to legal issues and family disruption.

REACTION OF DRUG ABUSER

There are several factors which are responsible for a person to become an drug addict, and psychiatrists now believe that it is mainly due to the congenital behavioural problem which leads to negative peer group and initializing the intake of drugs.

In India, Alcohol addiction is common, and de addiction has been very successful than abuse of other substances. It becomes a therapy when A Professional team comprising of Psychiatrist, Medical Officer, Counsellor, Social Workers and Yoga Therapist involve in the treatment of addiction. The person undergoes different stages of treatment and counselling. This process not only involves the individual but also the family members whose participation is very important in the prevention of relapse.

THE PROCESS

- Admission
- Treatment – Detoxification by the use of Ant Abuse Therapy and Aversion Therapy
- Therapeutic Interventions
- Individual Counselling

- Group Counselling
- Family Counselling
- Psycho Education
- Follow-up
- Outreach Programmes
- Research

ADMISSION

The patient is first admitted as an in-patient. Various investigations are done to assess the physical and psychological condition of the patient. A detailed case history is taken on the alcohol consumption or the form of drug addiction in order to know about the factors for the onset of the illness and the problems thereafter.

TREATMENT

The treatment is focused on enabling the patient from abstaining from drugs of any form and under any conditions for the rest of their life. This is done by way of initially detoxifying the patient.

DETOXIFICATION

It is the medical management process used for the removal of toxic substances from the body by infusion and pharmacotherapy where the process takes about 3-5 days.

THERAPEUTIC INTERVENTIONS AND ANT ABUSE THERAPY

This treatment method is used predominantly for those who are dependent on alcohol. Alcohol is given to the patient for consumption along with the medication known as ant abuse. On consumption, the patient experiences very unpleasant side effects. The negative side effects experienced by the patient lead them to lose the liking towards alcohol that earlier used to bring him pleasure.

AVERSION THERAPY

Yet another method used as a Pre-final phase of treatment where the patient is allowed to consume his favourite brand of alcohol while on ant abuse medications. Here, he experiences noxious reactions and severe adverse effects as a result of alcohol consumption. This is used to bring awareness to the patient, that if he consumes alcohol again it would lead to the undesirable reactions. This process is done under close medical supervision.

INDIVIDUAL COUNSELLING

Counselling is a scientific process of assistance extended by an expert to the individual. The process aims at enabling the individual to learn and pursue more realistic and satisfying solutions to his problems and difficulties. The process resolves primarily around the relationship between the counsellor and the client. The individual is more to understand all the information that has been accumulated about himself in the context of his work. The counsellor helps him to develop the ability to take wise, independent and responsible decisions. The counselling activities are systematically planned. It is carried on over a period of time. The length of which is dependent upon the needs of the client. Each client is given a minimum of 3-4 sessions,

which lasts for about 30-60 minutes. Issues relating to personal or problems such as extra marital affairs, legal issues, marital separation are dealt.

GROUP COUNSELLING

A homogeneous group of individuals are brought in for a group discussion. The Group of Participants can consist of persons who are dependent or addicted to chemical substances, alcohol, cannabis, tobacco, etc. The number of participants in a group is 5 - 10 Members with a counsellor. Each client is taken to participate in two sessions where the session runs in to time of about 30- 60 minutes per session. These sessions facilitate face-to-face interaction. Issues Related to problems that arise due to addiction, symptoms of addiction, breakdown of values and relapse and other relevant issues are discussed. As their problems are similar in nature, it helps them to share their experiences with one another and through this process it helps them to learn skills like coping, "Decision Making" and "Problem Solving".

FAMILY COUNSELLING

The family members of the chemically dependent person are a set of people who are hurt and confused. They are victims synergizing desperately to solve their problems. This family counselling session help the family members to get an information and insight regarding the problem and coping mechanisms. Basic issues such as the treatment programme, medications to be given, relapse and recovery are discussed in the session. A minimum of 3-4 sessions are held for each member with a time duration of 30 - 60 minutes a session

PSYCHO EDUCATION

A programme that target the family members as well as the client to re-educate them on the basic issues such as disease concept, addiction related damages, relapse, overcoming personality defects, methods to stay sober, and the role of family members in handling the recovered addicts etc. Three educative sessions for each individual and four educative sessions for the family members are given with the time duration of 30-60 minutes.

FOLLOW UP

The patients are reviewed periodically. Their medication aspects are seen to and counselling sessions are also held during the follow-ups .The outcome of the various therapeutic interventions given depends largely on the effectiveness of follow-up. Efforts to make the patient re-integrate into the community and to attain the status of being a holistic and recovered person are the ultimate aim of the programme.

ROLE OF MINISTRY OF SOCIAL JUSTICE& EMPOWERMENT

As regards rehabilitation of the addicts of use of this chemical substance, the Ministry of Social Justice & Empowerment is the nodal agency as per the Government of India (Allocation of Business Rules) 1961, which provides that all matters relating to Alcoholism and substance (drug) abuse and rehabilitation of addicts/families pertains to that Ministry. That Ministry apparently is the nodal Ministry for the purpose. In this regard, that Ministry has also set up the National Institute of Social Defence (NISD) for regularly organizing training programmes for capacity building of NGOs. That Ministry has also constituted a National Consultative Committee on De-addiction and Rehabilitation (NCCDR), a consultative mechanism at the

national level, to advise Central and State Governments on issues connected with demand reduction, especially education/awareness building, de-addiction and rehabilitation.

STATEMENT OF THE PROBLEM

Alcoholism has been regarded as one of the major, incapacitating issues with social and mental health. It has major ramifications for their family and affects the quality of life for those affected. Alcoholism therapy and rehabilitation underwent a paradigm shift from an individual to family-centered approach as it was realised how important family attitudes, behaviours, and coping mechanisms were to the recovery process. Since alcoholism considerably increases the burden of alcohol dependence syndrome, it is crucial to look at how families react and how quality of life plays a part in overcoming the challenges presented by the person with alcohol dependence syndrome.

AIM OF THE STUDY

The main aim of the study is to find out the Quality of Life among patients with alcohol dependence syndrome.

OBJECTIVES OF THE STUDY

- ❖ To study the socio-economic condition of alcoholic dependents
- ❖ To analyze the extent of quality of life of alcoholic dependents
- ❖ To find out the follow-up treatments in counseling
- ❖ To offer suitable suggestions, recommendation and social work intervention methods for alcohol dependents.

OPERATIONAL DEFINITIONS

Alcoholic

Alcoholic is a person, while alcoholism is an illness. An alcoholic suffers from alcoholism. Alcoholism is a long-term (chronic) disease. Alcoholics are obsessed with alcohol and cannot control the amount of alcohol that they consume, even if it is causing serious problems at home, work, and financially.

Quality of Life

Quality of life is the subjective satisfaction experienced by an individual in his physical, mental, social, and spiritual situations.

RESEARCH DESIGN

The researcher will adopt Descriptive Research Design for the study, as the study aims at describing the Quality of Life among patients with alcohol dependence syndrome.

PILOT STUDY

A pilot study is conducted by the researcher to examine the feasibility of this research.

UNIVERSE

The universe of the present study is 150 respondents from, Sakthi de-addiction centre Tenkasi, and Tirunelveli District in Tamil Nadu.

INCLUSION AND EXCLUSION CRITERIA

Inclusion

- ❖ The respondents must be diagnosed as alcoholic as per criteria of DSM IV.
- ❖ The respondent must be admitted for detoxification.
- ❖ The respondents must be an MSJE.
- ❖ Their age must be from 25 to 55.
- ❖ Years of admission are 2016 to 2017.
- ❖ Only male alcoholic dependents are taken for the study.

Exclusion

- ❖ The respondents who are not admitted for detoxification are excluded.
- ❖ The respondents with co-morbid symptoms are excluded.
- ❖ The respondents who are not attending second time treatment are excluded.

SAMPLING

The researcher has collected the sample from the alcoholic dependents, who take treatment provided at MSJE de-addiction centre. For the purpose of analysis, 98 respondents were selected by using lottery method in simple random sampling.

TOOLS FOR DATA COLLECTION

The researcher has used the following tools for collecting data for this research:

- Socio demographic profile
- Scale of quality of life

Socio demographic profile

Self-employing semi structure interview schedule is used to know the socio economic and demographic condition variables such as age, sex, community, education, religion, income, family type, domicile, occupation, etc.

Quality of Life-BREF (WHOQOL-BREF)

World Health Organization Quality of Life (WHOQOL) project was initiated in 1991. The aim was to develop an international cross-culturally comparable quality of life assessment instrument. It assesses the individual's perceptions in the context of their culture and value systems, and their personal goals, standards and concerns. The WHOQOL instruments were developed collaboratively in a number of centers worldwide, and have been widely field-tested.

The WHOQOL-BREF instrument comprises of 26 items, which measure the following broad domains: physical health, psychological health, social relationships, and environment. The WHOQOL-BREF is a shorter version of the original instrument that may be more convenient for use in large research studies or clinical trials.

METHOD OF DATA COLLECTION

The required information for the study will be collected by using interview schedule.

DATA ANALYSIS AND INTERPRETATION

After the completion of data collection from the field, the collected data was edited and coded and it was fed in the computer. Using SPSS software and the appropriate statistical techniques namely Simple percentage analysis, the data is further interpreted for the purpose of this research.

FINDINGS & SUGGESTIONS

- Majority (72%) of the respondents belong to the age group of 25-35. This indicates the necessary of creating alcohol and drug awareness among younger adults.
- It was found that the greater percentages (89%) of the respondents are illiterates. Hence psycho education plays a vital role and makes them to realize that addiction is a serious problem which requires professional help.
- The research indicates that a greater majority (93%) of the respondents is married and about 50% of the respondent's children are also married. So the Family Therapy Programme and personality development programmes will promote effective positive changes towards enhancing the quality of life of Alcohol Dependents.
- From the study it was revealed that nearly 87% of the respondents are self employees. The financial security is more dependent on them.
- 52% of the respondent's family said that their income is sufficient for their needs.
- 72% of the respondents are getting family support during the time of emergency.
- 56% of the respondents never compare the present status with previous experience.
- 59% of the respondents getting physically tired in the present job as well as in their previous job.
- 85% of the respondents fulfil their needs through family members. Family Support is very essential for alcohol patients.
- About 70% of the respondents are cared by the family members during the time of illness, to promote regular follow-up action through the centre.
- 78% of the respondents feel the counselling is very essential for them.
- 69% of the respondents say that social work counsellors are giving effective treatment (counselling). To appoint the professional social work counsellors in the de-addiction centres thus becomes necessary.
- A little more than 21% of the respondents have lower level of Quality of Life.
- 43% of the respondents belong to the moderate level of Quality of life. The centre has taken efforts to contact patients who do not maintain follow-up. They undertake regular home visits and promote rehabilitation programmes. Other helpful adjuncts are Alcoholics Anonymous, Narcotics Anonymous and other voluntary help groups.
- 36% of the respondents belong to the high level of Quality of life.

CONCLUSION

Alcoholism is a serious issue in a lot of Indian homes. Alcohol abuse and the difficulties that result from it have emerged as important global concerns, particularly in Indian communities. Alcoholism causes physical health to deteriorate, family difficulties, work-related issues, aggression, a collapse of moral values, and a lack of awareness of the severity of the issue. Along with a decline in their quality of life, the lack of treatment facilities contributes to the alarming expansion of issues in both rural and urban areas. These all suggested that group therapy is useful in enhancing the mental health of alcoholics. As a result, social work counsellors should facilitate group treatment for alcohol addicts in order to advance psychological wellbeing. This project will aid alcoholic addicts in quitting their habit. They will be better able to comprehend the effects of alcohol dependence and break this behaviour once they are made aware of quality of life.

REFERENCES

- Benegal V. Alcohol and public health. NIMHANS, Bangalore.2006.
- Benegal, Murthy P, Shantala P, Janakiramaiah W. Alcohol related problems; a manual for Medical officers. De-addiction center, NIMHANS; Bangalore 2001
- Charles BH. Alcohol problems in developing countries- Challenges for the new millennium. *Suchtmed* 2000; 2(4):216-220.
- D'Costa G, Nazareth I, Naik D, Vaidya R, Levy G, Patel V. Harmful alcohol use in Goa, India, and its associations with violence: a study in primary care. *Alcohol*. 2007 Mar-Apr; 42(2):131-7.
- Ilhan IO, Demirbas H, Dogan YB. Psychosocial factors in alcohol use-related problems of working youth. *Substance Use Misuse* 2007; 42(10):1537-44.
- Ministry of social justice & empowerment, United Nations office of Drug and crime. Regional office of South Asia, The extent pattern and trends of drug abuse in India, 2004.
- Niraja KP. Text book of sociology for nursing students. First edition. Jaypee brother's medical publishers (p) ltd; 2005. p. 458-462.
- Symptoms of an alcohol problem; Available from: URL:<http://www.drugfree.org/intervention/getting help>.
- Stewart SH, Connors GJ. Perceived health status, alcohol-related problems, and readiness to change among medically hospitalized, alcohol-dependent patients. *J Hosp Med* 2007 Nov; 2(6):372-7.
- Sreedevi M, Gangadharaiah & Benegal V. Domestic violence, stress & coping in spouses of alcohol dependents. *Indian Journal of Psychiatry* 2001; 43(4): 43.
- Oei TP, Hasking P, Phillips L. A comparison of general self-efficacy and drinking refusal self-efficacy in predicting drinking behavior. *American Journal of Drug Alcohol Abuse* 2007; 33(6):833-41.

Websites:

- <http://alcalc.oxfordjournals.org/content/early/recent>
- <http://dx.doi.org/10.1093/alcalc/agt114> agv114 first published online: 7 October 2015.
- <http://www.medicalnewstoday.com/articles/157163.php?page=2>
- <http://alcalc.oxfordjournals.org/content/early/2015/07/02/alcalc.agv078>
- <http://dx.doi.org/10.1093/alcalc/agt078> agv078 First published online: 8 July 2015
- http://www.emedicinehealth.com/alcoholism/article_em.htm
- http://www.emedicinehealth.com/alcoholism/page7_em.htm
- http://www.who.int/mental_health/media/en/76.pdf
- http://depts.washington.edu/seaqol/docs/WHOQOLBREF%20with%20scoring%20instructions_Updated%2001-10-14.pdf
- <http://www.aafp.org/afp/2002/0201/p441.html>
- <http://www.webmd.com/mental-health/alcohol-abuse/understanding-alcohol-abuse-treatment>
- <http://www.dualdiagnosis.org/alcohol-addiction/long-term-health-risks>
- <http://www.ncadd.org/index.php/in-the-news/155-25-million-alcohol-related-deaths-worldwide-annually>.
- <http://alcoholrehab.com/alcoholism/http://pubs.niaaa.nih.gov/publications/arh26-2/130-135.htm>.
- <http://www.sciencedirect.com/science/article/pii/S0306460315000490?np=y>
- <http://timesofindia.indiatimes.com/india/Drinking-good-for-you-Not-if-youre-an-Indian/articleshow/5691390.cms>
- http://www.who.int/substance_abuse/research_tools/whoqolbref/en/