



## **ASSESSING THE LEVEL OF COPING STRATEGIES AND QUALITY OF LIFE AMONG PATIENTS WITH ALCOHOL DEPENDENCE DURING THEIR SOBRIETY LIFE**

**Dr.E.Sathia Raj**, Assistant Professor,PG.Department of Social Work, Holy Cross College(Autonomous), Nagercoil-4.

**Ms. J. Mary Deeba**, Assistant Professor,PG.Department of Social Work, Holy Cross College(Autonomous), Nagercoil-4.

**Ms.S.Ponsunthari**, Assistant Professor,PG.Department of Social Work, Holy Cross College(Autonomous), Nagercoil-4.

---

### **ABSTRACT**

Alcoholism is a worldwide problem that continues to influence the growth of developing nations. The adverse consequences of alcohol not only affect the individuals and their family but also the society. Alcoholism continues to be a growing annoyance among all the strata of society. Alcohol is the commonly used and abused substance around the world and especially, in India. In the various States of India, the average annual consumption of alcohol is increasing every year significantly. Quality of life is a subjective component of wellbeing. Quality of life is a composite assess of physical, mental, and social wellbeing as perceived by each individual or by group of individuals, that is to say, happiness, satisfaction and gratification as it is experienced in life concerns, such as health, marriage, family, work, financial situation, self-esteem, belongingness and trust in others. Nowadays Alcohol De-addiction Centres play a vital role towards the upliftment of alcoholics. They involve in Detoxification, Intervention, Counselling, and Follow-up activities for the health of the alcoholics. The predominant objectives of this study are to analyse the socio- demographic background of the respondents, to examine the coping strategies & 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 assessing the coping strategies & Quality of Life of patients with alcohol dependence during their sobriety. 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 Sri Ramakrishna Seva Nilayam, 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, coping strategies, Quality of Life, Sobriety, counselling and addiction, De-addiction

### **INTRODUCTION**

Alcoholism is a worldwide problem not confirmed either to developed or to developing nations. The adverse cost of alcohol not only affect the individual users, but society as a whole.

Alcohol is a major public health problem today. Alcoholism continues to be a growing trouble among all strata of society. Alcohol is a most commonly used and abused substance especially in the western world. Alcohol dependence is one of the most debilitating psychiatric illnesses affecting 5% of people who consumes alcohol. The four major health problems of alcoholism are Liver problem, Stoke, heart disease and cancer. Alcohol related disorders constitute the third largest health problems in the entire world today.

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**

- Drinking without help
- Drinking in top secret
- Not being able to limit the amount of alcohol obsessive
- Blacking out
- Dropping hobbies and activities the person used to enjoy and losing interest in them
- Feeling an support 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 sense of effect
- Nausea, sweating, or even shaking when not drinking

### **DE-ADDICTION CENTRES**

Addiction is a term defined a never-ending for relapsing disorder for the 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.

### **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 a 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 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 there after.

## **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 predominately 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 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 revolves 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 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 addition, 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.

## **METHODOLOGY**

### **STATEMENT OF THE PROBLEM**

Alcohol dependence has been identified as one of the significant disabling social and mental health problems. It impacts the quality of life among individuals with serious implications in their family. The paradigm shift from individual to family focus in alcohol dependence came about to identifying family attitudes, behaviour and coping as one of the major contributors in addiction treatment and rehabilitation. Since alcohol dependence contributes significantly to the burden of alcohol dependence syndrome, it is imperative to examine the families' response and role of quality of life to overcome the difficulties posed by the person with alcohol dependence.

### **AIM OF THE STUDY**

The main aim of the study is to Assessing The Level of Coping Strategies And Quality of Life Among Patients With Alcohol Dependence During Their Sobriety.

### **OBJECTIVES OF THE STUDY**

- ❖ To study the socio-economic condition of alcoholic dependents
- ❖ To analyze the level of coping strategies among alcoholics.
- ❖ To analyze the level 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.

#### **Level of coping**

It refers to a specific effort of alcoholic dependent patients of both behavioural and psychological that employs to master, tolerate, reduce, or minimize stress caused by alcoholism. It is measured by standardized coping scale.

#### **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 Experimental Research Design for the study, as the study aims at describing the

### **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 Sri Ramakrishna Seva Nilayam, 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 65.
- ❖ 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, 108 respondents were selected by using simple random sampling method.

## TOOLS FOR DATA COLLECTION

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

- Socio demographic profile
- Scale of Coping Strategies
- 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 typology, domicile, occupation, etc.

### The Coping Strategies Scale For Alcoholism, (Litt et al. 2003)

The Coping Strategies Scale (CSS) was adapted from the Processes of Change Questionnaire, originally developed to assess ten key change processes used in modifying smoking behavior.” The development and reliability analyses, detailed here, were first documented in Litt et al. (2003). Subjects rate the frequency on a 4-point scale from “Never” to “Frequently” with which they have used each of the 59 strategies to help them not drink over the previous 6 months. Total coping is measured by taking the mean across all 59 items (internal reliability  $\alpha = .95$  in Litt et al., 2003) . In addition, two independent raters sorted the CSS items into four rationally-derived subscales based on two dimensions of coping actions suggested by Moos (1992), and as operationalized by Moser & Annis (1996). The two dimensions are active v. avoidant, and behavioral v. cognitive. The four subscales are thus: Active - behavioral; active-cognitive; avoidant-behavioral; and avoidant - cognitive. The interrater reliability of the subscale sorting process was kappa = .76. Subscale scores were computed by taking the mean of the items.

### 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**

- The majority (76%) of the respondents belong to the age group of 35-45.
- The greater percentages (46%) of the respondents are primary education.
- A greater majority (95%) of the respondents are married.
- More than half (57%) of the respondents are part of nucleare family.
- About 52% of the respondent's are married.
- Nearly 79% of the respondents are self employees.
- 42% of the respondent's family income is sufficient for their needs.
- 67% of the respondents are getting family support during the time of emergency.
- 57% of the respondents never compare the present status with previous experience.
- 67% of the respondents getting physically tired in the present job as well as in their previous job.
- 82% of the respondents fulfill their needs through family members.
- About 70% of the respondents are cared by the family members during the time of illness.
- 86% of the respondents say that counseling is very essential for them.
- 82% of the respondents say that social work counselors are effective for give up drinking.
- 78% of the respondents are moderate level of coping strategies
- 54% of the respondents belong to the moderate level of Quality of life.

## **SUGGESTIONS**

- To inculcate alcohol and drug awareness among younger adults and children
- Need of social work counselors in the de-addiction centres
- To educate them and to accept that the addiction is a serious problem which requires professional help
- To promote effective positive changes towards enhancing the quality of life of Alcohol Dependents (Group Therapy)
- To promote regular follow-up action through centre
- The center has taken efforts to contact patients who do not maintain follow-up action.
- To promote usual home visits and rehabilitation programmes
- Building up of social, family support systems is vital for the program me adherence
- Other helpful adjuncts are Alcoholics Anonymous, Narcotics Anonymous and other voluntary help groups
- To develop their personality

## CONCLUSION

Alcoholism is a severe problem in a large number of families in India. Abuse of alcohol and the consequent problems accompanying it, have become major issues of concern around the world, and especially in Indian villages. Alcoholism results in deterioration in physical health, conflicts within the family, problems on the job, violence and breakdown of the moral values, and lack of awareness of magnitude of the problem. Their quality of life also decreases, coupled with lack of the treatment facilities which results in the alarming growth of the problems in rural & urban areas. All these indicated that group therapy is effective in improving the psychological wellbeing of alcohol dependents. Hence, group therapy should be conducted for alcohol dependents in order to promote psychological wellbeing through the efforts of social work counsellors. This initiative will help the alcoholic dependents to give up this habit. When they are made aware of Quality of Life, it will pave way for them to understand the consequences of alcoholic dependence and to get rid of this habit.

## 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](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/agv114> 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/agv078> agv078 First published online: 8 July 2015
- [http://www.emedicinehealth.com/alcoholism/article\\_em.htm](http://www.emedicinehealth.com/alcoholism/article_em.htm)
- [http://www.emedicinehealth.com/alcoholism/page7\\_em.htm](http://www.emedicinehealth.com/alcoholism/page7_em.htm)
- [http://www.who.int/mental\\_health/media/en/76.pdf](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://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/](http://www.who.int/substance_abuse/research_tools/whoqolbref/en/)