

Socio Demographic Context of the Alcohol Dependence among Andhra Pradesh Individuals during Covid-19 Lock down Period

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Abstract : Y S Jagan Mohan Reddy took oath as Chief Minister of Andhra Pradesh in 2019 and following up on his poll promise made an announcement to put a ban on consumption of alcohol in the state during his —Prajya Sankalpa Yatra. If all goes to plan, the state should be liquor free by 2024. In the first step, the AP Government has taken over retail sales, reduced the number of liquor vendors. To gradually cut 1 availability and consumption, liquor shops will stay open from 11AM to 8PM only and increased the rates of liquor. The evidences indicate that the demographic, psychological, environmental, social and economic conditions have an influence on the emergence of alcohol dependence. Pre assumed Objectives planned to find out the Frequency distributions of various social aspects of The Alcohol Dependent Subjects The study has been carried out to enumerate the alcohol dependency having an alcohol dependent person in the family is a continuous source of stress to the family. In this study the author took 300 samples of alcohol dependents. The study was carried out in urban and rural areas of Srikakulam, Vizianagaram and Visakhapatnam districts. The samples were collected using purposive sampling method. Tools used for data collection were collected through Severity of Alcohol dependent Questionnaire (SADQ). Results shows that since last year, after the decision made by Government of Andhra Pradesh moving forward to banning alcohol step by step in the state. Families are worried whether the alcohol dependent caught by police or quarrel with someone or fall down somewhere at the road side. Most of the families became socially withdrawn because of feeling shyness that people will ask how the subject is doing. Since alcohol is so costly, alcohol dependent population used to spent lots of money just to buy alcohol.

Keywords: Alcohol dependency, Family context, rehabilitation counselling, Family counseling

Background of the study

Alcohol Dependence The complex modern society is characterized by specialization of human activities and functions, a characteristic which gives rise to stratification of various kinds, impersonal relationships, increase mutual dependence of subgroup and individuals on each other availability of huge varieties of good and services which may not always be within the rich of a large number of persons in the society. In the primitive society there were a limited number of primary needs fulfilled by drinking behavior which related to thirst and hunger, medication and religious ecstasy. All of them have become practically absolute in the complex contemporary society. There was of course been another function of drinking behavior that of social jollification, a function which become of increase importance due to the peculiar demands of the individual in modern society. The different and increase function of drinking is described by Seldom D.Becon (1962) in his work entitle as "Alcohol & Complex Society". The stratification, individualism, intergroup, ignorance and internal competitive tradition all endangered by complexity of society enhance the function of drinking behavior. Complexity results in a of great integrative function lesion of tension, uncertainty has been found useful in its accomplishment.

The psychological theories are built in part on the observation among non-alcoholic people that the intake of low doses of alcohol in a tense social setting or after a difficult day can be associated with an enhanced feeling of well-being and an improved case of interactions. However, in high doses, especially at falling blood alcohol levels, most measures of muscle tension and psychological feelings of nervousness and tension are increased. Thus, tension-reducing effects of this drug might impact Psychodynamic Theories superegos and to decrease unconscious stress levels.

Hypotheses regarding arrested phases of psychosexual development, although heuristically useful, have had little effect on the usual treatment approaches and are not the focus of extensive on-going research. Consequences According to counselling service (2006), University of Liverpool, U.K. followings are the consequences for drinking alcohol: Psychological Consequences Using drink or drugs to escape from a problem which might be able to solve if individuals faced it Drink and drugs don't permanently change our world often the unhappiness or anxiety returns even more strongly once the effects wear off. Drink and drugs can cause psychological problems by themselves.).Social Consequences Drink and drugs are often seriously expensive, so uncontrolled use can lead to financial problems. There can quite easily end up in trouble with the law.

Although drinking alcohol is similarly, use of certain drugs, this attitude is not consistence. Able any conviction for drink or drugs offences may severely limit the opportunities open to you in the future. Pronounced use of drink or drugs tends to rigidly define social groups, so it may limit your circle of friends. Continual or large scale use of alcohol has a bad effect on most people's sex-life. Physical Consequences Drink definitely lowers people's ability to resist harming themselves when they have problems. Drink

can lower people's inhibitions against hurting others. Drink greatly lessens people's ability to say no to unwanted sexual encounters which they would have definitely avoided had they been sober. Many serious accidents are drink and there are long-term health risks. All these things will not happen to everybody. However, all these consequences are seen routinely enough by anyone involved in welfare work to suggest they are not exaggerated or unusual.

According to National Institute on Alcohol Abuse and Alcoholism July 1997: No. 37 Drinking and Driving Among adolescents surveyed in New Zealand, alcohol misuse was significantly associated with unprotected intercourse and sexual activity before age 16 (Fergusson, D.M. & Lynskey, M.T. 1996) Forty-four percent of sexually active Massachusetts teenagers said they were more likely to have sexual intercourse if they had been drinking, and 17 percent said they were less likely to use condoms after drinking (Strunin, L. & Hingson, R., 1992). Risky Behaviour and Victimization. strongest among the 8th-grade males, compared with other students (Windle, M., 1994) Puberty and Bone Growth High doses of alcohol have been found to delay puberty in female (Dees, W.L. & Skelley, C.W., 1990) and male rats (Cicero, T.J, et al. 1990) and large quantities of alcohol consumed by young rats can slow bone growth and result in weaker bones (Sampson, I.I.W., et al., 1996).

Rationale of the study

Y S Jagan Mohan Reddy took oath as Chief Minister of Andhra Pradesh in 2019 and following up on his poll promise made an announcement to put a ban on consumption of alcohol in the state during his —Praja Sankalpa Yatra. If all goes to plan, the state should be liquor free by 2024. In the first step, the AP Government has taken over retail sales, reduced the number of liquor vendors. To gradually cut 1 availability and consumption, liquor shops will stay open from 11AM to 8PM only and increased the rates of liquor. The evidences indicate that the demographic, psychological, environmental, social and economic conditions have an influence on the emergence of alcohol dependence. The alcohol dependents have lots of psychosocial problems like drinking in-order to reduce stress, tension, anxiety, escaping from the problem, blaming others, showing more aggression, preoccupation of thoughts, compulsive behavior, gambling, cheating... instead of facing and solving the problem social problems like lost job, breakdown of relationship, financial burden, divorce etc. There is an urgent need to find out the social aspects of alcohol dependent population whether the families are satisfied with the alcohol dependents.

2. Review of literature

The study has examined the nature of self-esteem of alcohol dependents population. From the decades past many studies have been conducted in the realm of alcoholism to investigate the causes and precipitating factors leading to alcohol dependence. Equally, Psychologists have also shown much concern to investigate and evaluate the impact of alcohol addiction. Giovanni, et al., evaluate the level of empathy in a sample alcohol dependent patients in comparison to a control sample. Differences with respect to gender and psychiatric co-morbidity have also been observed. a cross-sectional study all consecutive inpatients aged 18-64 years from four general hospitals of one catchment area were systematically screened for alcohol use. A total of 1011 men with problem drinking were used for his study. Compared to spirits drinkers and controlling for possible confounders, multinomial regressions revealed that beer drinkers, mixed beer and spirit drinkers and mixed wine drinkers had lower odds of having diseases than spirits drinkers.

The World Health Organization monograph (2010) reported various impacts of alcohol dependence across many communities in the world. The common problems arising from alcohol dependence reported in Mexico were family life, occupation and legal conflicts, especially among the men. The 1 women reported more family- related and work- related problems. In Costa Rica, middle-aged males of lower education were likely to show heavy alcohol drinking, whereas the Namibian respondents reporting less drinking were likely to be younger men and married women. Heavy drinking (more than 6 units) was more likely among middle aged, urban and less educated men engaged in home or agricultural activities or self-employment.

Neumark, et al. (2007) and Katyal, et al. (2013) reported less drinking among younger males of lower education when compared to those of higher educational level, where binge drinking was characteristic of more educated young men with higher socioeconomic status. Cognitive and personality perspectives of alcohol use disorders and alcohol related problems have focused on people's expectations about the effects of alcohol on their behavior.

The Social cognitive model proposed by Young & Oei suggests that drinking behavior is in part governed by outcome expectancies related to the perceived consequences of consuming alcohol. These expectancies, also called alcohol expectancies, are representations of alcohol-related reinforcement. Significant domains of alcohol expectancy include enhanced socialization, relaxation, altered cognition, sexual enhancement, assertion and affective change. Alcohol expectancies show consistent associations with key drinking parameters such as patterns of alcohol drinking, restraint motives and drink refusal self – efficacy skills.

However, Armeli, et al. (2000) has cited that there were no significant differences in the relationship between positive alcohol expectancies and alcohol drinking. The family is the core component of a healthy society and studies have been carried out to understand the impact of alcohol dependence on the family atmosphere.

In their study, Raman, et al. (2010) & Melchoir, et al. (2011) investigated at-risk alcohol drinkers when there was a history of alcohol dependence in the family. It was observed that family history of alcoholism moderated two drinking motives: the reduction of negative alcohol effects and social facilitation.

The studies emphasized that family without substance abuse contributes tremendously to the child's overall development. When this system is disrupted due to substance use, the family experiences a lack of support, high- risk behaviours, discontentment about

family relationships and negative experiences among family members.

Family cohesiveness is compromised, while conflicts are rampant. There are indications of pathological control and emotional involvement among alcoholic families that will negatively impact children's growth. Researchers suggest that the children are at risk to engage in alcohol drinking so that they can cope with personal dissatisfaction and negative emotions emerging within the family environment.

The children were likely to seek support and companionship outside the family such that the younger binge drinkers seeking social support rather than coping with negative emotions, especially when the environment was tensed and devoid of positive interaction among family members. The gender differences were noted such that there was a stronger tendency of drinking habits among males (73 per cent) as compared to women (24 per cent).

Adrian, et al, stated heavy alcohol use is common in undergraduates and is associated with health risk behaviours, negative consequences, and increased risk for future alcohol dependence. Alcohol related memory associations and mood changes are independently related to student drinking alcohol. Association among low and high risk drinkers. The author found that negative mood change predicted alcohol memory association in high risk drinkers but not in low risk drinkers, and the opposite was found for positive mood changes.

Colin studied the relationship between alcohol dependence and alcohol related problems in a group of 103 problem drinkers. Analysis of questionnaire subscales revealed that certain problem domain were more closely related to particular aspects of dependence than others. No significant sex differences were found

3. METHODOLOGY This methodological chapter of the present study comprises the approaches, and designs of the research study applied; the nature of research settings and study area; the data sources, population, sample and sampling techniques operated with one hand. Besides, the description of measuring instruments used; instrumentation (preliminary reliability and validity tests); the procedures of data collection, description of the statistical procedures used to analyse the obtained data and finally results were discussed.

Objectives of Study

1. To find out the Frequency distributions of Drinking Since last year of The Alcohol Dependent Subjects
2. To find out the Frequency distributions of Consumption of Alcohol Per Day of The Alcohol Dependent Subjects
3. To find out the Frequency distributions of Families of alcohol dependent experience dissatisfaction in their lives.
4. To find out the Frequency distributions of Injured as Result of Drinking of The Alcohol Dependent Subjects
5. To find out the Frequency distributions of Physical Illness of The Alcohol Dependent Subjects
6. To find out the Frequency distributions of satisfaction levels regarding Number of Shops & Timings of Wine Shops
7. To find out the Frequency distributions of Shops Managed by Government
8. To find out the Frequency distributions of Increasing Rates of Wine
9. To find out the Frequency distributions of Family feel about Banning of Alcohol in Andhra Pradesh
10. To find out the Frequency distributions of Severity of Alcohol Dependency among Andhra Pradesh individuals
11. Descriptive statistics for Levels of Alcohol Dependency

Sample: The sample consisted of 300 alcohol dependent subjects. The samples were collected using purposive sampling method. The study was carried out in urban and rural areas of Srikakulam, Vizianagaram and Visakhapatnam districts.

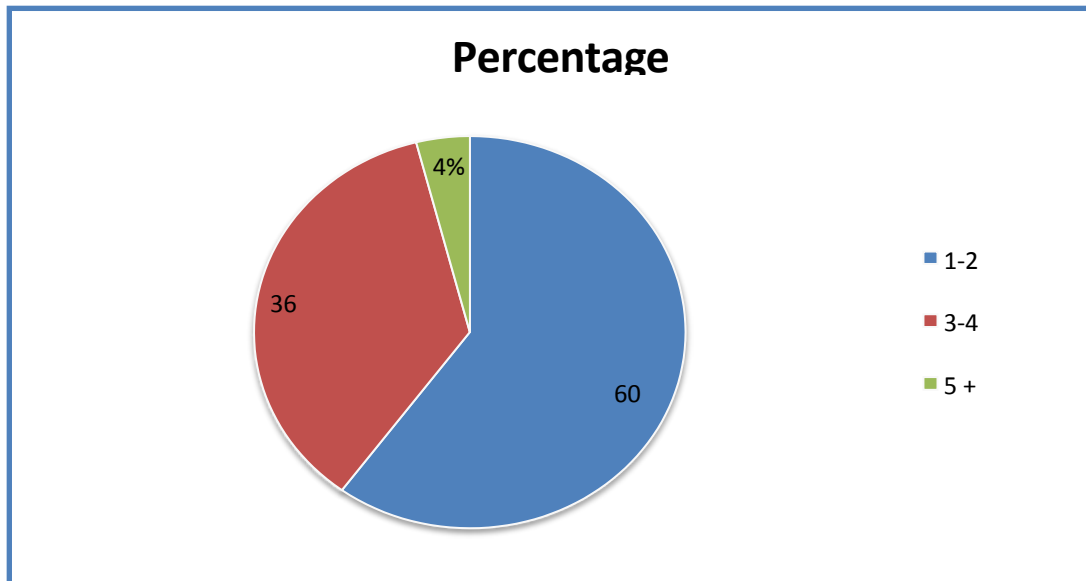
TOOL: Severity of Alcohol dependent Questionnaire (SADQ) Each item is scored on a 4-point scale, ranging from —Almost Never to —Nearly Always resulting in a corresponding 1 score of 0-3. Thus the total maximum score possible is 57 and the minimum is 0. Check boxes Adolescents Groups for which this instrument might be especially helpful. The SADQ has been widely used with such groups, and norms exist for inpatient treatment units, outpatient clinics, community based services, and controlled drinking program attenders, to name but a few.

Severity of Alcohol Dependence Questionnaire (SADQ) Comments:

Check boxes agency attenders in several countries. Split half boxes check comments: Maximum score 57; Greater than 30 correlates with clinicians rating of — Severe Alcohol Dependence. Test Retest reliability of 0.85. Factor analysis yields single main factor accounting for 53% of variance.

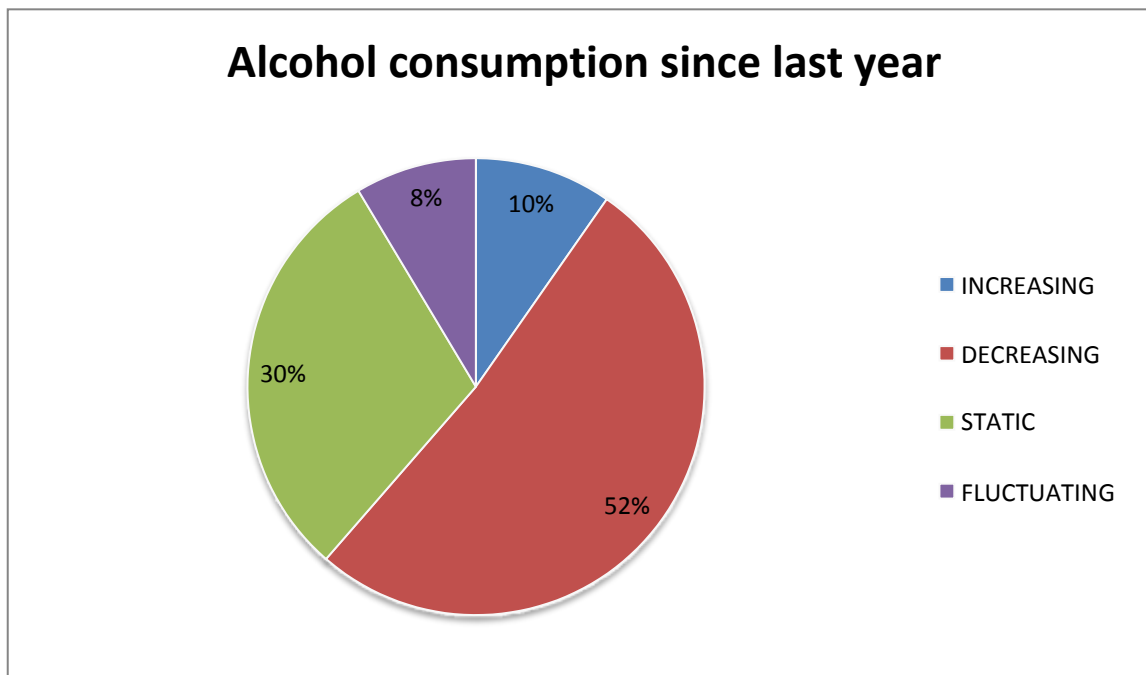
RESULT AND DISCUSSION

Figure 1 Consumption of Alcohol Per Day of The Alcohol Dependent Subject



The above picture depicts majority of alcohol dependent subjects (60%) drink 1-2 times per day, 36% and 4% drink 3-4 times and 5 and more times per day respectively. Most of them are drinking 5-8 units i.e. 45%. Most of them used to drink more than 15 years.

Picture 2 Frequency of Drinking Since last year of The Alcohol Dependent Subject



The above picture shows that 54% of alcohol dependents are satisfied with the timings of the wine shops and 46% aren't satisfied with these timings because of shops are closed after 8pm in the Andhra Pradesh state.

Picture 3 Shops Managed by Government

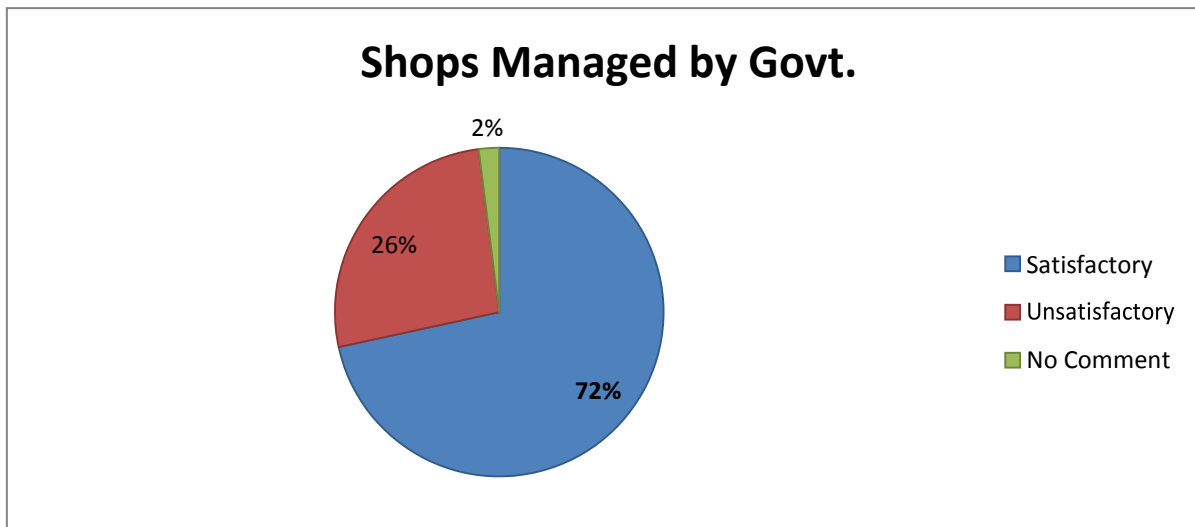
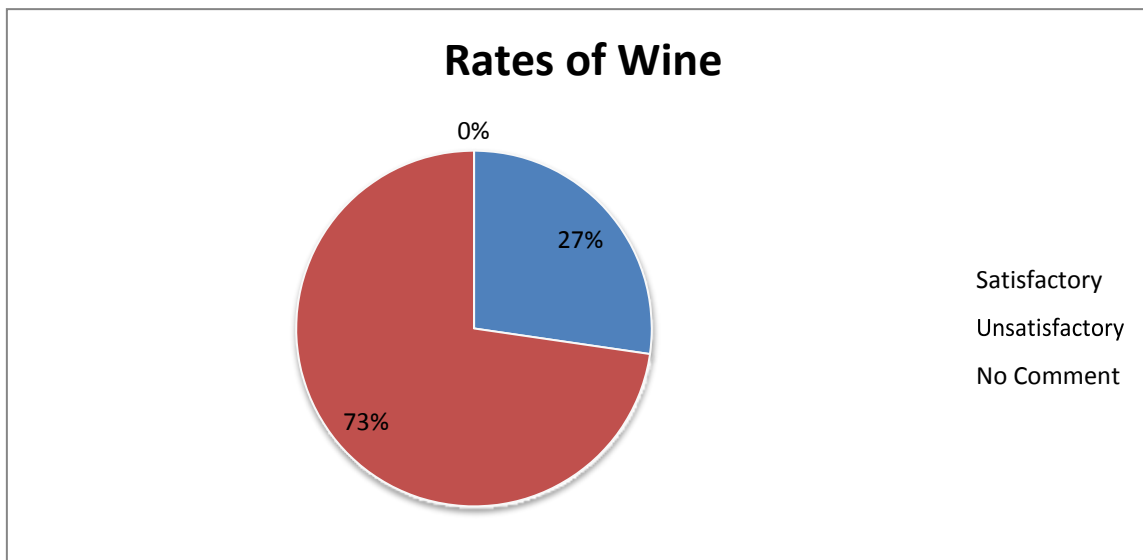


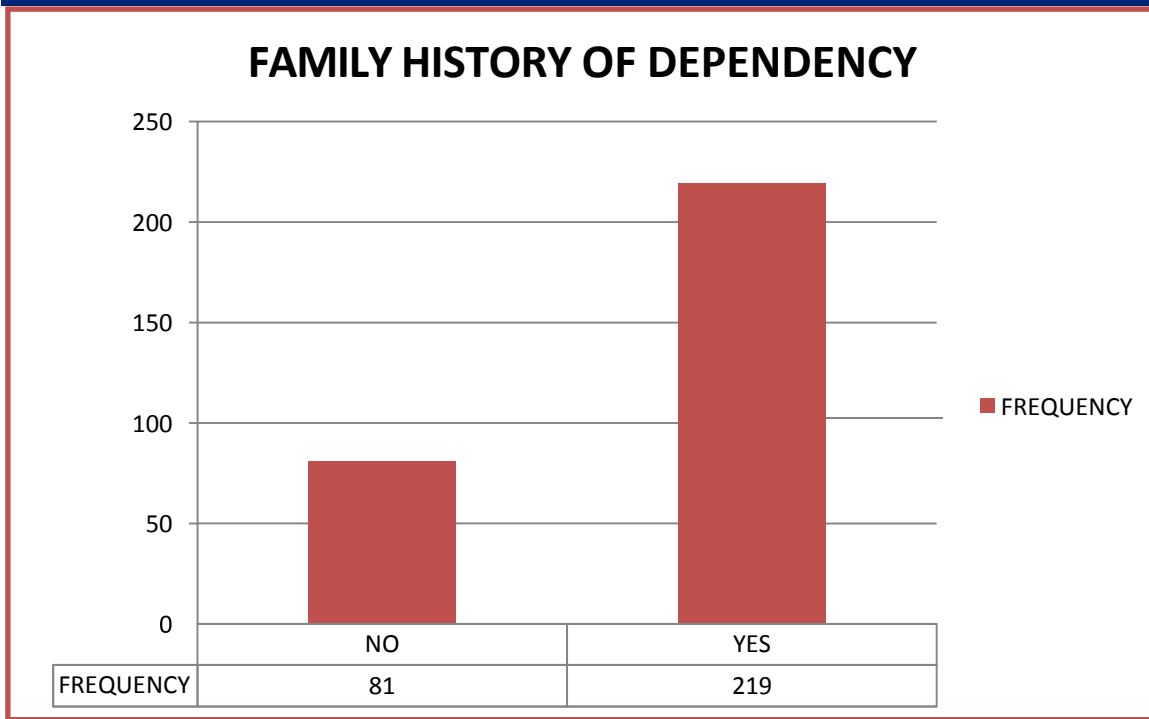
Table 12 shows that 72% of alcohol dependents are satisfied with the wine shops managed by the government and 26% aren't satisfied with the decision made by the Government of Andhra Pradesh.

Picture 4 Increasing Rates of Wine



The above picture shows that 73% of alcohol dependents aren't satisfied with the increasing the rates of wine 27% are satisfied with the increased rates of wine in the Andhra Pradesh state.

Picture -5 Family History of Alcohol Dependency of the Alcohol Dependent Subjects



The above picture Shows most of the alcohol dependents have the family history of alcohol dependents. Majority of them 73% have family history of alcohol dependency. It may be because of the influence of biological factors like hereditary influence.

Picture -6 satisfactory levels on Timings of Wine Shops of the Alcohol Dependent Subjects



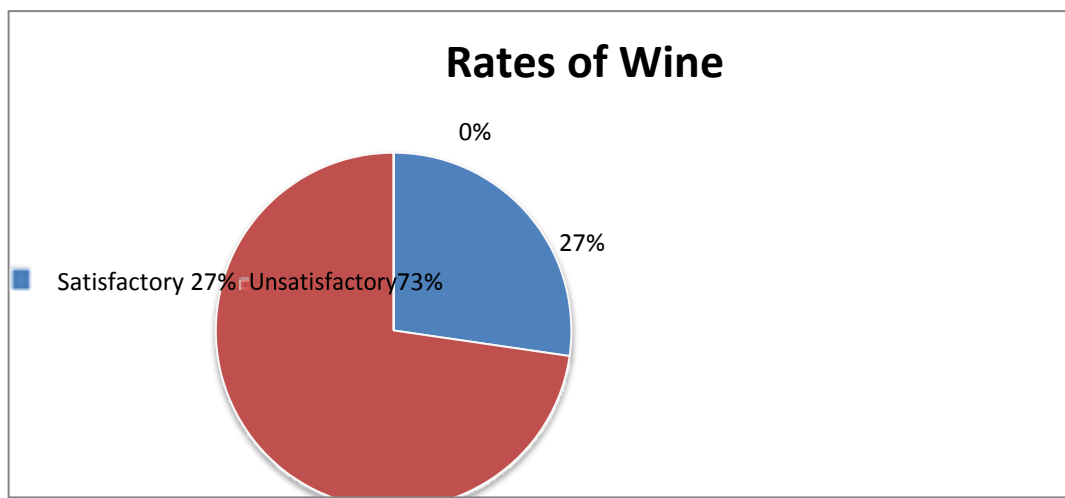
Shows that 54% of alcohol dependents are satisfied with the timings of the wine shops and 46% aren't satisfied with these timings because of shops are closed after 8pm in the Andhra Pradesh state.

Picture 7 Shops Managed by Government



The above picture shows that 72% of alcohol dependents are satisfied with the wine shops managed by the government and 26% aren't satisfied with the decision made by the Government of Andhra Pradesh.

Picture 8 Increasing Rates of Wine



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Table -1 Injured as Result of Drinking of the Alcohol Dependent Subjects

Injury	Frequency	Percent	Cumulative Percent
Never	126	41.9	42.0
Yes, In the last Year	132	43.9	86.0
Yes, But not in the last year	42	14.0	100.0

The above table Shows majority of them 43.9% got injury during the last year due to drinking alcohol and 14% of them got injured before last year. Similarly stated that it is well known that driving under the influence of alcohol increases the risk of traffic accidents. Alcohol dependents are responsible for 2/3rd of motor vehicle crashes involving alcohol.

Table 2 Physical Illness of the Alcohol Dependent Subjects

Illness	Frequency	Percent	Cumulative Percent
No	130	43.2	43.3
Diabetes	39	13.0	56.3
Liver Disease	19	6.3	62.7
Cardiac	12	4.0	66.7
Hypertension	60	19.9	86.7
More than one	40	13.3	100.0

Shows the majority 43.2 % of alcohol dependent do not have any history of illness. 13% have diabetes and 20 % of them having cardiac arrest. And 13.3% alcohol dependent subjects having more than one illness. This may be because of uncontrollable over drinking and severely dependent on alcohol. Similarly according to Diamond I. diseases related to heavy consumption of alcohol and alcoholism include stroke, alcoholic cardiomyopathy, several kinds of cancer, cirrhosis, and pancreatitis, as well as accidents, suicides and homicide.

Table 3 Severity of Alcohol Dependency Questionnaire and its Classification

VALID	FREQUENCY	PERCENT	CUMULATIVE PERCENT
MILD DEPENDENCY	48	16.0	16.0
MODERATE DEPENDENCY	127	42.3	58.3
SEVERE DEPENDENCY	125	41.7	100.0
TOTAL	300	100.0	

The above table describes that 42.3% of alcohol dependents are moderately dependent on alcohol and 41.7% are severely dependent on alcohol. Study shows majority of alcohol dependents are under severe level of alcohol dependents, it is because alcohol dependents used to resist treatment in earlier stage because of social stigma and when they become powerless over drinking and unable to control drinking then only they come for treatment.

Table 4 Levels of Alcohol Dependency

ALCOHOL DEPENDENCY	N	MEAN	STANDARD DEVIATION
MILD DEPENDENCY	48	2.9167	.27931

MODERATE DEPENDENCY	127	2.8504	.37961
SEVERE DEPENDENCY	125	2.9040	.32189

The above table shows the mean score of levels of alcohol dependency, majority of subjects are moderately dependent on alcohol with the mean 2.8504. The mean level of severely dependents is 2.9040 and 2.9167 is the mean of mild dependents. There is no difference between the dependency level means. That indicates alcohol dependency is more prone towards severity.

Findings of the present study

- Present survey found that the majority of alcohol dependent subjects (60%) drink 1-2 times per day, 36% and 4% drink 3-4 times and 5 and more times per day respectively. Most of them are drinking 5-8 units i.e. 45%. Most of them used to drink more than 15 years.
- Interest findings identified Most of the alcohol dependent subjects (51.7%) used to decrease the quantity of drinking due to increase of rates and timings of the wine shops during covid-19 lock down. 10% of them increase the quantity of drinking and 30% of dependent subjects are static. This may be because of reducing the number of wine shops, timings of the wine shop and increased rate because of pandemic lock down consequences.
- Majority of them 73% have family history of alcohol dependency because of the influence of biological factors like hereditary influence.
- Present survey resulted that most of the alcohol dependents are satisfied with the number of wine shops managed by the Government of Andhra Pradesh i.e. 67.3%. 32% of the alcohol dependents are not satisfied with the decreasing the number of shops towards banning of alcohol during lock down.
- Shows that 54% of alcohol dependents are satisfied with the timings of the wine shops and 46% aren't satisfied with these timings because of shops are closed after 8pm in the Andhra Pradesh state.
- Regarding to health and injuries of alcohol dependents Shown majority of them 43.9% got injury during the last year in 2019 due to drinking alcohol and 14% of them got injured before in 2018. Similarly stated that it is well known that driving under the influence of alcohol increases the risk of traffic accidents.
- More accidents happened with Alcohol dependents are responsible for 2/3rd of motor vehicle crashes involving heavy consumption of alcohol.
- There was shown the majority 43.2 % of alcohol dependent do not have any history of illness. 13% have diabetes and 20 % of them having cardiac arrest. And 13.3% alcohol dependent subjects having more than one illness. This may be because of uncontrollable over drinking and severely dependent on alcohol. Diseases related to heavy consumption of alcohol and alcoholism include stroke, alcoholic cardiomyopathy, several kinds of cancer, cirrhosis, and pancreatitis, as well as accidents, suicides and homicide.
- 72% of alcohol dependents are satisfied with the wine shops managed by the government and 26% aren't satisfied with the decision made by the Government of Andhra Pradesh.
- Present survey identified that 73% of alcohol dependents aren't satisfied with the increasing the rates of wine 27% are satisfied with the increased rates of wine in the Andhra Pradesh state.
- Frequencies of alcohol dependency on north coastal Andhra Pradesh findings revealed that there 42.3% of moderate alcohol dependents and 41.7% are severely dependent on alcohol. Study shows majority of alcohol dependents are under severe level of alcohol dependents, it is because alcohol dependents used to resist treatment in earlier stage because of social stigma and when they become powerless over drinking and unable to control drinking then only they come for treatment.
- **The Descriptive** mean score of levels of alcohol dependency revealed majority of subjects are moderately dependent on alcohol

Summary and Conclusions

The study has been carried out to enumerate the alcohol dependency having an alcohol dependent person in the family is a continuous source of stress to the family. In this study the author took 300 samples of alcohol dependents. The study was carried out in urban and rural areas of Srikakulam, Vizianagaram and Visakhapatnam districts. The samples were collected using purposive sampling method. Tools used for data collection were collected through Severity of Alcohol dependent Questionnaire (SADQ). Results shows that since last year, after the decision made by Government of Andhra Pradesh moving forward to banning alcohol step by step in the state. From that time number of wine shops decreased and rates of wine also increased. Timings of the wine shops are reduced to limited hours i.e. 11AM-8PM and these shops are managed by the government itself. 67% of them

are satisfied with the number of wine shops, 54% of them are satisfied with the timings of the wine shops, 71% of dependents are satisfied with managed wine shops. Most of them 72% are not satisfied

Present study can be conclude that having an alcohol dependent in the family gives lots of negative impact. It is just like a curse for them. Families are worried whether the alcohol dependent caught by police or quarrel with someone or fall down somewhere at the road side. Most of the families became socially withdrawn because of feeling shyness that people will ask how the subject is doing. Since alcohol is so costly, alcohol dependent population used to spent lots of money just to buy alcohol. This is in turn created financial burden in family, children unable to educate properly in low income group. In many cases alcohol dependents involving in many anti-social behaviors, judgments became impaired, lost their morality and spirituality. Many alcohol dependent population always seek for some excuse and develop blaming attitude. Most of them does not understand how to talk and pay respect to others, they always want to dominate, become more aggressive, adamant, in order to get what they want. As a result, and alcohol can damage someone's self-esteem. Drastic changes in self-esteem, either raising or lowering it, can hasten the development of a dependency on alcohol. Alcohol is widely used a crutch for those suffering from self-esteem issues, whether as a false means of increased self-esteem or just to push the nagging voice from their mind. Using alcohol in this way, however, it is first step towards dependency and addiction.

Recommendations:

- The government has to provide proper awareness to the public regarding alcohol dependence.
- The government has to give priority to trained psychologist to improve the self-esteem, quality of life of alcohol dependent population in de-addiction centers.
- The government required to create good post for psychologist which in turn to facilitate proper care and management regarding relapse intervention.
- The government required to give more attention in psychology department to facilitate proper service in society and to remove professional handicapped in providing service.
- The government should sanction fund and projects in the department of psychology regarding de-addiction and other mental health areas.
- The government should establish counselling centers in every district of India so as to enable the public to interact with psychologist and solve their psycho social problems.
- The government required employ trained psychologist in every de-addiction center and any other mental health areas.
- The government required to employ psychologists in every schools and colleges so as to prevent students from the risk of becoming alcohol and drugs dependents.
- Psychometrics should be mandatory.
- The government should involve psychologist whenever policy made in the country/state.

Recommendations

Present survey on social context of alcohol dependency among Andhra Pradesh individuals during lock down period various contemporary situational findings given few suggestions regarding alcohol dependencies and rehabilitation techniques

- Counselling efforts in the first several weeks to months should focus on day-to-day life issues to help patients maintain a high level of motivation for abstinence and to enhance their levels of functioning. Counselling or therapy can be carried out in an individual or group setting counselling or behavioral or psychotherapeutic approach focusing on the here and now. To optimize motivation, treatment sessions should explore the consequences of drinking.
- The likely future course of alcohol-related life problems, and the marked improvement that can be expected with abstinence. Whether in an inpatient or an outpatient setting, individual or group counselling is usually offered for a minimum of three times a week for the first 2 to 4 weeks, followed by less intense efforts, perhaps once a week, for the subsequent 3 to 6 months.
- Much time in counselling deals with how to build a lifestyle free of alcohol. Discussion covers the need for a sober peer group, a plan for social and recreational events without drinking, and approaches for re-establishing communication with family members and friends.
- Psychologists and rehabilitation drug dealing counsellors follows cognitive and behavioral approaches in the sessions. The goal of these efforts is to help the patient learn ways of coping while focusing on approaches for identifying life stresses.
- The psychologists or counsellors can use role rehearsal, modelling, and role playing while encouraging patients to practice these skills between sessions. At the same time, individuals are encouraged to identify areas of problems in day-to-day functioning, paying special attention to how they react to these challenges and the impact that substance use might have on the outcomes.
- Relapse Prevention
- The third major component of rehabilitation efforts, relapse prevention, begins with identifying situations in which the risk for relapse is high. The counsellor must help the patient to develop modes of coping to be used when the craving for alcohol increases or when any event or emotional state makes a return to drinking more likely. An important part of

relapse prevention is reminding the patient about the appropriate attitude toward slips in which short-term experiences with alcohol can never be used as an excuse for returning to regular drinking. Rather, recovery is a process of trial and error; patients use slips when they occur to identify high-risk situations and to develop more appropriate coping techniques.

- Family counselling

Most treatment efforts recognize the effects that alcoholism has on the significant people in the patient's life, and an important aspect of recovery involves helping family members and close friends to understand alcoholism and how rehabilitation is an on-going process that lasts for 6 to 12 months or more. Couples and family counselling and support groups for relatives and friends help the people involved to rebuild relationships, to learn how to avoid protecting the patient from the consequences of any drinking in the future, and to be as supportive as possible of the alcoholic patient's recovery program.

Medications If detoxification has been completed, and the patient is not one of the 10 to 5 percent of alcoholic people who have an independent mood disorder, schizophrenia, or anxiety disorder, there is little evidence in favor of prescribing psychotropic medications for the treatment of alcoholism. Levels of anxiety and insomnia that can linger for 6 months or more as part of a reaction to life stresses and protracted abstinence should be treated with behavior modification approaches and reassurance. Medications, including benzodiazepines, for these symptoms are likely to lose their effectiveness much faster than the insomnia disappears; as a result, the patient may increase the dose and have subsequent problems related to the prescribed drug.

Similarly although low levels of sadness and mood swings can linger several months, controlled clinical trials indicate no benefit in prescribing antidepressant medications or lithium to treat the average alcoholic person who has no independent or long-lasting psychiatric disorder.

The mood disorder clears before the medications can take effect, and patients who resume drinking while on the medications face significant potential dangers. With little or no evidence that the medications are effective, the dangers significantly outweigh any potential benefits from their routine use.

Data from recent years support the probable modest effect of two medications in addition to the usual cognitive-behavioral approaches for treating alcohol dependence. These have been hypothesized to possibly decrease the rewarding effects of alcohol if an individual returns to drinking, diminish the symptoms of the protracted withdrawal syndrome, or, perhaps, diminish feelings of craving.

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