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# Effectiveness of Anti-Stigma Sensitization Program on Perceived Level of Stress and Anxiety among Sober Alcohol Dependents Residing in Selected Areas.

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**Abstract**

Alcohol dependence is a national issue that needs to be tackled on a priority basis. Participants of alcohol dependence experience withdrawal symptoms, tolerance towards increasing quantities of alcohol, a strong desire to consume it and difficulty in controlling their consumption.[1]

Alcohol is the most common psychoactive substance used by Indians. Nationally, about 16 crore people, (14.6% of the population) aged between 10 and 75 years, consume alcohol with states of Chhattisgarh, Tripura, Punjab, Arunachal Pradesh, and Goa having the highest prevalence. [4]

The current study applies a quantitative research technique. In this study, Quasi Experimental Non-Equivalent control group design. To assess the Effectiveness of anti-stigma sensitization program on perceived level of stress and anxiety among sober alcohol dependents residing in selected areas. Researcher applied paired t-test for the effectiveness of anti-stigma sensitization program on perceived level of anxiety among sober alcohol dependents residing in selected areas. In experimental group, in pretest, 57.5% of the sober alcohol dependents had mild to moderate anxiety and 42.5% of them had moderate to severe anxiety. In posttest, 47.5% of them had mild anxiety, 37.5% of them had mild to moderate anxiety and 15% of them had moderate to severe anxiety. In posttest, 7.5% of them had mild anxiety, 42.5% of them had mild to moderate anxiety and 50% of them had moderate to severe anxiety. This indicates that the anxiety among sober alcohol dependents reduced remarkably after anti-stigma sensitization program.

**Key words:** Stigma, deaddiction, psychiatry, nursing, addiction.

## INTRODUCTION

Alcohol dependence is a national issue that needs to be tackled on a priority basis. Participants of alcohol dependence experience withdrawal symptoms, tolerance towards increasing quantities of alcohol, a strong desire to consume it and difficulty in controlling their consumption.[1]

Alcohol withdrawal symptoms occur when patients stop drinking or significantly decrease their alcohol intake after long-term dependence. Withdrawal has a broad range of symptoms from mild tremors to a condition called delirium tremens, which results in seizures and could progress to death if not recognized and treated promptly. Alcohol withdrawal can range from very mild symptoms to a severe form, which is named delirium tremens. Mild signs/symptoms can arise within six hours of alcohol cessation. If symptoms do not progress to more severe symptoms within 24 to 48 hours. Mild symptoms can be elevated blood pressure, insomnia, tremulousness, hyperreflexia, anxiety, gastrointestinal upset, headache, palpitations.[2]

Moderate symptoms include hallucinations and alcohol withdrawal seizures that can occur 12 to 24 hours after cessation of alcohol and are typically generalized in nature. There is a 3% incidence of status epilepticus in these patients. About 50% of patients who have had a withdrawal seizure will progress to delirium tremens. Delirium

tremens is the most severe form of alcohol withdrawal, and its hallmark is that of an altered sensorium with significant autonomic dysfunction and vital sign abnormalities. It includes visual hallucinations, tachycardia, hypertension, hyperthermia, agitation, and diaphoresis. Symptoms of delirium tremens can last up to seven days after alcohol cessation and may last even longer.[2]

Indians most frequently use alcohol as a psychoactive drug. In the country, 16.6 million people (14.6% of the total) between the ages of 10 and the states with the greatest prevalence of alcohol consumption are Chhattisgarh, Tripura, Punjab, Arunachal Pradesh, and Goa. [3]

Stress is a natural part of life process. Stressors can range from daily hassles, such as getting poor results in exams, to major events, such as marriage or the death of a loved one.

**Background of study**

The top ten nations with the highest prevalence of societal alcoholism Leading nations with the highest percentages of societal alcoholism consider the following: Australia Russia, 2.59% 2.58% Norway Sweden 2.55% 2.27% India Major alcohol- consuming towns in India include Mumbai (2.15%) and Delhi. 39% Goa 23% Delhi 20% Bangladesh 9% 9% of India's total.[5]

Alcohol dependence is a national issue that needs to be tackled on a priority basis. Participants of alcohol dependence experience withdrawal symptoms, tolerance towards increasing quantities of alcohol, a strong desire to consume it and difficulty in controlling their consumption.[4]

Alcohol is the most common psychoactive substance used by Indians. Nationally, about 16 crore people, (14.6% of the population) aged between 10 and 75 years, consume alcohol with states of Chhattisgarh, Tripura, Punjab, Arunachal Pradesh, and Goa having the highest prevalence. [4]

Increased alcohol consumption as a result of underlying worry alters the brain's physiology and depletes the neurotransmitters necessary for the brain to naturally alleviate anxiety. As a result, the person has increased anxiety and need more alcohol to "numb" it.[7]

**Need of study**

Almost 82% of India's population are suffering from stress and those in the sandwich generation are most affected with around 89% reporting some level of stress. Stress management is very important for the good health. Our daily life is very busy and stress full. Causes of stress is related to both external and internal factors.

External factors include the physical environment, including job, relationships, home, and all the situations, challenges, difficulties, and expectations our confronted with on a daily basis. Internal factors determine your body's ability to respond to, and deal with include your nutritional status, overall health and fitness levels, emotional well- being, and the amount of sleep and rest you get. An alcohol dependent person craves dreams that contain alcohol and is unable to control his or her drinking. After stopping the alcohol use, he might have withdrawal symptoms and, in this phase, he might gate into stress and anxiety. So, there is a need to decrease the stress and anxiety.

According to Government of India report India has the largest population of adolescents globally (253 million people aged 10–19 years), constituting 21% of the population. Additionally, adolescents as young as 13–15 years of age have started consuming alcohol in India. Despite this growing public health problem, the official policy response in India remains primarily focused on AUDs (Alcohol use disorders), particularly alcohol dependence in adults, with an absolute disregard for the potential of prevention programmes. One potential reason for this is the limited understanding of the onset and progression of alcohol use and AUDs(Alcohol use disorders), amongst adolescents in India. The aim of this paper is to bridge that knowledge gap by synthesizing the evidence about the prevalence and correlates of alcohol use and AUDs (Alcohol use disorders), in adolescents from India.[6]

## METHODOLOGY

There are two types of research methods: qualitative and quantitative. Qualitative methods are used to determine or verify the presence or absence of an element in a study.

The current study applies a quantitative research technique. Quantitative research is the process of collecting and analyzing numerical data. As a result, the quantitative research approach works best for this study because the researchers want to look at the Effectiveness of anti- stigma sensitization program on perceived level of stress and anxiety among sober alcohol dependents residing in selected areas, which requires numerical data.

## RESEARCH DESIGN

In this study, Quasi Experimental Non-Equivalent control group design.

## RESULT

### Section I: Description of samples (sober alcohol dependents) based on their personal characteristics

**1.Age:** In experimental group, 35% of the sober alcohol dependents had age 20-30 years, 35% of them had age 31-40 years, 15% of them had age 41-50 years, 12.5% of them had age 51-60 years and 2.5% of them had age 61 years and above. In control group, 30% of the sober alcohol dependents had age 20-30 years, 42.5% of them had age 31-40 years, 17.5% of them had age 41-50 years and 10% of them had age 51-60 years.

**2.Marital Status:** In experimental group, 72.5% of them were married, 17.5% of them were unmarried and 10% of them were separated. In experimental group, 75% of them were married, 17.5% of them were unmarried and 7.5% of them were separated

**3.Family type:** In experimental group, 60% of them had nuclear family, 35% of them had joint family and 5% of them had extended family. In control group, 50% of them had nuclear family, 40% of them had joint family and 10% of them had extended family.

**4. Occupation type:** In experimental group, 47.5% of them had government service, 32.5% of them had private service and 20% of them had business. In control group, 40% of them had government service, 32.5% of them had private service, 27.5% of them had business and 20% of them had other occupation.

**5. Health habits:** In experimental group, 35% of them were smokers, 27.5% of them were alcoholic and 37.5% of them had habit of tobacco. In control group, 37.5% of them were smokers, 32.5% of them were alcoholic and 30% of them had habit of tobacco.

**6. Monthly family income:** In experimental group, 7.5% of them had monthly family income Rs. 15000-20000, 20% of them had monthly family income Rs. 20001-25000, 15% of them had family income Rs. 25001-30000 and 57.5% of them had monthly family income above Rs. 30000. In control group, 10% of them had monthly family income Rs. 15000-20000, 25% of them had monthly family income Rs. 20001-25000, 20% of them had family income Rs. 25001-30000 and 45% of them had monthly family income above Rs. 30000.

**7. Duration of consumption of last alcohol:** In experimental group, 45% of them had last alcohol consumption before more than 3 months, 32.5% of them had alcohol consumption before 7 months, 12.5% of them had alcohol consumption before more than 9 months and 10% of them had alcohol consumption before more than 12 months. In control group, 35% of them had last alcohol consumption before more than 3 months, 27.5% of them had alcohol consumption before more than 7 months, 17.5% of them had alcohol consumption before more than 9 months and 20% of them had alcohol consumption before more than 12 months.

### Section II: Analysis of data related to perceived level of stress among sober alcohol dependents residing in selected areas

In experimental group, 87.5% of the sober alcohol dependents had moderate stress and 12.5% of them had high stress. In control group, 5% of the sober alcohol dependents had mild stress, 72.5% of them had moderate stress and 22.5% of them had high stress.

**Section III: Analysis of data related to level of anxiety among sober alcohol dependents residing in selected areas**

In experimental group, 57.5% of the sober alcohol dependents had mild to moderate anxiety and 42.5% of them had moderate to severe anxiety. In control group, 45% of the sober alcohol dependents had mild to moderate anxiety and 55% of them had moderate to severe anxiety.

**Section IV: Analysis of data related to the effectiveness of anti-stigma sensitization program on perceived level of stress among sober alcohol dependents residing in selected areas**

In experimental group, in pretest, 87.5% of the sober alcohol dependents had moderate stress and 12.5% of them had high stress. In posttest, 67.5% of them had low stress, 27.5% of them had moderate stress and 5% of them had high stress. In control group, in pretest, 5% of the sober alcohol dependents had mild stress, 72.5% of them had moderate stress and 22.5% of them had high stress. In posttest, 2.5% of them had low stress, 92.5% of them had moderate stress and 5% of them had high stress. This indicates that the perceived stress among sober alcohol dependents reduced remarkably after anti-stigma sensitization program.

Researcher applied paired t-test for the effectiveness of anti-stigma sensitization program on perceived level of stress among sober alcohol dependents residing in selected areas. Average stress score in pretest was 21 which reduced to 13.7 in posttest. T-value for this test was 7.7 with 39 degrees of freedom. Corresponding p- value was small (less than 0.05), the null hypothesis is rejected. It is evident that the perceived stress among sober alcohol dependents reduces significantly after anti- stigma sensitization program. Anti-stigma sensitization program was found to be significantly effective in reducing the perceived stress among sober alcohol dependents.

Researcher applied two sample z-test for the comparison of change in perceived stress score among sober alcohol dependents in experimental and control group. Average change in perceived stress score in experimental group was 7.3 which was

2.3 in control group. Z-value for this test was 3.5. Corresponding p-value was small (less than 0.05), the null hypothesis is rejected. It is evident that the perceived stress among sober alcohol dependents reduces significantly after anti-stigma sensitization program. Anti-stigma sensitization program was found to be significantly effective in reducing the perceived stress among sober alcohol dependents.

**Section V: Analysis of data related to the effectiveness of anti-stigma sensitization program on level of anxiety among sober alcohol dependents residing in selected areas**

In experimental group, in pretest, 57.5% of the sober alcohol dependents had mild to moderate anxiety and 42.5% of them had moderate to severe anxiety. In posttest, 47.5% of them had mild anxiety, 37.5% of them had mild to moderate anxiety and 15% of them had moderate to severe anxiety. In control group, in pretest, 45% of the sober alcohol dependents had mild to moderate anxiety and 55% of them had moderate to severe anxiety. In posttest, 7.5% of them had mild anxiety, 42.5% of them had mild to moderate anxiety and 50% of them had moderate to severe anxiety. This indicates that the anxiety among sober alcohol dependents reduced remarkably after anti-stigma sensitization program.

Researcher applied paired t-test for the effectiveness of anti-stigma sensitization program on perceived level of anxiety among sober alcohol dependents residing in selected areas. Average anxiety score in pretest was 23.7 which reduced to 18.3 in posttest. T-value for this test was 5.7 with 39 degrees of freedom. Corresponding p-value was small (less than 0.05), the null hypothesis is rejected. It is evident that the anxiety among sober alcohol dependents reduces significantly after anti-stigma sensitization program. Anti-stigma sensitization program was found to be significantly effective in reducing the anxiety among sober alcohol dependents.

Researcher applied two sample z-test for the comparison of change in anxiety score among sober alcohol dependents in experimental and control group. Average change in anxiety score in experimental group was 5.4 which was 0.8 in control group. Z-value for this test was 3.3. Corresponding p-value was small (less than 0.05), the null hypothesis is rejected. It is evident that the anxiety among sober alcohol dependents reduces significantly after anti-stigma sensitization program. Anti-stigma sensitization program was found to be significantly effective

in reducing the anxiety among sober alcohol dependents.

**Section VI: Analysis of data related to association of stress and anxiety with selected demographic variables**

Since all the p-values are large (greater than 0.05), none of the demographic variables was found to have significant association with the stress among sober alcohol dependents.

Since all the p-values are large (greater than 0.05), none of the demographic variables was found to have significant association with the anxiety among sober alcohol dependents.

**CONCLUSION**

The study came to the conclusion that patients had high perceived stress and anxiety pre- test. Anti-stigma sensitization program was found to be effective in reducing the Perceived Stress of the samples and also is effective in reducing the anxiety of samples. The patients who underwent Anti-stigma sensitization program had decrease in their level of perceived stress and decrease in level of anxiety. But the patients in the control group who did not undergo any intervention had no change in the level of perceived stress and anxiety. Also, the association was absent between perceived stress with demographic variables and anxiety with demographic variables.

**LIMITATION**

- The research is limited to sober alcohol dependents.
- Variables like perceived stress and anxiety are only assessed.
- The data is collected only from patient present in the selected deaddiction center.
- Data collection period was limited to 30 days.
- Anti-stigma sensitization program was only used as an intervention

**RECOMMENDATIONS**

On the basis of the present study, the investigator suggested the following recommendations.

- This study may be replicated on the basis of qualitative method or mixed method by using open ended questions.
- A similar study may be replicated on large samples thereby findings can be generalized.
- Study can be replicate in different deaddiction setting.
- Study can be replicated by changing the samples for the study.
- Other intervention rather than guided imagery can also be used in the study.
- A comparative study can be performed using different type of interventions

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**Conflict of interest:** There are no conflicts of interest.

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