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THE EFFECTIVENESS OF THE PSYCHOLOGICAL INTERVENTION ON ALCOHOL DEPENDENTS QUALITY OF LIFE

Rajeev Kumar*

Dr .Sunil Sharma*

Abstract

Abstract :Alcoholism is a complex illness involving psychological, medical, social, cultural and religious sphere of influence, now is a fast growing public health problem in India.In the present study an attempt has been made To see the effectiveness of the psychological intervention on alcohol dependents quality of life .This pre-test and post- test study include 42 participants(alcohol dependents) age range 25-35 were screened on Alcohol Use Disorder Identification Test and their overall quality of life were assessed on WHOQOL-BREF. After that 21 each in the experimental and control group were selected randomly and statistical analysis ancova was applied. Finding indicated the significant improvement on the alcohol dependence usage of the participants and overall quality of life of the experimental group than the control group after the intervention.

Keywords:

Psychological intervention; Alcohol Dependents; Quality of life;

* **Phd Scholar, Department of Psychology,Himachal PradeshUniversity,Summer Hill Shimla,Himchal Pradesh , India**

1. Introduction

Alcohol has been prevalent across all societies and affects people of all walks of life. The pattern of alcohol use varies on age, religion, and education, type of drink, socio-demographic characteristics, cultures, societies, and community. Due to this severe public health and safety problems arise. This leads to devastating social, economic, physical, mental and spiritual consequences. It is also associated with a sizeable percentage of deaths caused by accidents, murders, suicides, loss of productivity, damage to property and the emotional abuse of women and children. Furthermore, it causes widespread absenteeism, inefficiency, and accidents in the workplace. These, in turn, do a cascade effect on healthy socio-economic growth of families, communities, and nation. Countries which had low alcohol consumption levels are now witnessing an increasing consumption pattern.

WHO [24] reported a comprehensive picture of alcohol consumption and the disease burden attributable to alcohol worldwide. According to the report 44.8% of total recorded alcohol is consumed in the form of spirits. The second most consumed type of beverage is beer 34.3% followed by wine at 11.7%.Presently there are 2.3 billion current drinkers worldwide. The rates of current drinking are highest among 15– 19-year-olds in Europe (44%), followed by the Americas 38% and the Western Pacific 38%.In addition, School surveys indicate that, in many countries, alcohol use starts before the age of 15 with hardly the difference between boys and girls. Moreover, the harmful use of alcohol is one of the leading risk factors for population health and has a direct impact on many health-related issues such as maternal and child health, HIV, viral hepatitis, tuberculosis, non-communicable diseases and mental health worldwide.

AIIMS [1] conducted A national survey on the extent of drug abuse in India revealed that 14.6 per cent (16 crore) Indians aged 10 to 75 years are ‘current users’ (have had it at least once in the past 12 months) of alcohol. One in five of these consumers is an addict and requires urgent treatment. The national prevalence of current use of alcohol is the highest for all drug categories at 14.6 per cent with 17 men consuming alcohol for every one woman. States with the highest prevalence of alcohol use are Chhattisgarh, Tripura, Punjab, Arunachal Pradesh and Goa.

Frequent heavy drinking or episodic heavy drinking were not only associated with risks and its hazardous issues however it also has a direct impact on the Quality of Life of the individual, family, society and nation at large. Alcohol dependents had significantly lower the levels of Quality of Life compared with the general population or with other chronic health conditions George et al., [8]. Quality of life has become a dominant theme in planning and evaluating services for people with alcohol dependence. It is recognized increasingly as an important component in the evaluation of alcohol treatment processes. Alcohol misuse is a major cause of morbidity and mortality and an important health care burden but the Quality of Life of alcohol misusing subjects has been little studied to date and have shown that the quality of life have been found improved significantly when subjects do not relapse to heavy drinking, and Quality of Life deteriorates significantly on prolonged relapse Foster, [7].

Psychologically-based interventions aimed at reducing consumption behaviour or alcohol-related problems, which exclude any pharmacological treatments. This term refers to a heterogeneous collection of interventions, which vary depending on their theoretical underpinnings i.e. psychodynamic, behavioural and motivational with duration or intensity in terms of brief and extended besides setting in primary care based and inpatient having mode of delivery such as group, or individual and web-based with treatment goals i.e. abstinence-oriented and harm reduction Kaner, [9]. This form of Psychological intervention is theoretically appealing because alcohol user often is non-treatment-seeking and need to be motivated to engage in treatment. Bandura [5] explained that the cognitive-behavioural approach implies that excessive alcohol use is a maladaptive way of coping with problems. Inability to cope with life stresses in general and alcohol cues, in particular, are thought to maintain excessive drinking and lead to a resumption of drinking following unsuccessful cessation attempts.

2 OBJECTIVES

1. To study the difference between the experimental group and control group of Alcohol Dependents on their post test scores after the intervention on their Alcohol Use Disorder Identification Test.

2. To study the difference between the experimental group and control group on the overall quality of life of the alcohol dependents after the intervention.

2.1 Hypotheses

1. There would be a significant difference between the alcohol dependents of experimental group and control group on their post test scores of Alcohol Use Disorder Identification Test after the intervention.
2. There would be a significant difference between the experimental group and control group on the post test scores on overall quality of life of the alcohol dependents after the intervention.

3. Research Method

The present investigation was designed to study the effectiveness of psychological intervention on alcohol dependents and their quality of life. The following methodology was used to test the hypotheses formulated in the preceding chapter.

3.1 Design of the Study

In the present study, Pre-Test and Post-Test Treatment design was used to study the effectiveness of Psychological Intervention on alcohol dependents and their quality of life .(See Table 1 and 2).

Table 1.Designs to study see the Effect of Psychological intervention on alcohol dependents

	Pre- Test	**Post Test**
Experimental Group	21	21
Control Group	21	21

Table 2.Designs to study see the Effect of Psychological intervention on their Quality of life of the participants

	Pre- Test	**Post Test**
Experimental Group	21	21
Control Group	21	21

3.2 Participants

The present study involves the 42 alcohol dependents in total,21 each in the experimental and control group. Initially, "Alcohol Use Disorder Identification Test" was applied on the alcohol dependents that came for the treatment in de addiction clinic/centre of Govt. Hospitals. Finally, 42 participants who gave their consent to participate in the study having age range of 25-35 years were selected for the study. After that 21 each in the experimental and control group were selected randomly.

Variables of the Study: The present study involves the following variables:

Independent Variables

- Psychological Intervention

Dependent Variables

- Treatment outcomes of Alcohol Dependents.
- Overall quality of life in terms of its four domains i.e., physical health, psychological, social relationship and environment.

3.3 Tools of the study

In the present study, the following standardized tools were administered.

3.3.1 Alcohol Use Disorder Identification Test, AUDIT Babor, et al., [3]

The Alcohol Use Disorders Identification Test (AUDIT) was developed with the aim to identify hazardous and harmful use of alcoholuse in primary health care. This is a five point Likert'sScale having10itemsin total comprising three domains of alcohol usage i.e.,Hazardous use, Harmful use and Dependence symptoms ranges from 0 to 40 scores.

Scoring: Alcohol use disorders identification test is a 10-item scale.It is a 5-point Likert scale ranging from 0 to 4 with a cumulative range of 0 to 40.The higher score on the test indicate higher level of risk.The pattern of scoring for the items are as:

- For item number 1 to be taken as:
  - 0 ⇨ Never
  - 1 ⇨ Monthly or less

2 ⟹ 2-4 times a month

3 ⟹ 2-3 times a week

4 ⟹ 4 or more times a week and

- For item number 2 it is to be taken as:

0 ⟹ 1 or 2

1 ⟹ 3 or 4

2 ⟹ 5 or 6

3 ⟹ 7 to 9

4 ⟹ 10 or more drinks in a typical day. High score on the scale indicates high level of alcohol usage and

- For the item nos.3-8 of the scale are scored is to be taken as:

0 ⟹ Never

1 ⟹ Less than monthly

2 ⟹ Monthly

3 ⟹ Weekly

4 ⟹ Daily or almost daily

- Whereas the pattern for the item no 9 - 10 to be taken as:

0 ⟹ None

2 ⟹ Yes, but not in the last year

4 ⟹ Yes, during the last year,

Reliability and Validity

The Alcohol Use Disorders Identification Test studies have reported to possess adequate internal consistency Fleming, et al., [6]. A test-retest reliability study indicated high reliability (r=.86) in a sample consisting of cocaine abusers, and alcoholics Sinclair et al.,[21].According to Allen, et al., [2] the scale has been found to have good internal reliability across these populations, with Cronbach alphas ranging from.80 to.94. A validation study performed by Pal et al., [16] in India compared the AUDIT with the Short Michigan Alcoholism Screening Test (SMAST) and reported a very high internal consistency of AUDIT (Chronbach's alpha = 0.92).

3.3.2 The World Health Organization Quality of Life-BREF [25]

Thescale 'BREF, 1998'developed by WHO, wasused in the present study to measure the quality of life of alcohol dependents along with their wives.The WHOQOL-BREF, contains total 26 items, includes two items on overall QOL and general health (Not used in the present study), while the remaining 24 items comprising four domains i.e., physical health. Psychological, social relationship and environment were taken in the present study.

Physical Health (Domain I), comprising 7 items,measure the quality of life Physical health such as Activities of daily living, Dependence on medicinal substances and medical aids, Energy and fatigue, Mobility, Pain and discomfort, Sleep and rest, Work Capacity.

Psychological (Domain II), comprising 6 items, measure the quality of life Psychological such as Bodily image and appearance, Negative feelings, Positive feelings, Self-esteem, Spirituality,Religion, Personal beliefs, Thinking, learning, memory and concentration.

Social Relationships (Domain III), comprising 3 items, measure the quality of life social relationship such as Personal relationships, Social support, Sexual activity.

Environment (Domain IV), comprising8 items,measure the quality of life environment such as Financial resources, Freedom, physical safety and security, Health and social care: accessibility and quality, Home environment, Opportunities for acquiring new information and skills, Participation in and opportunities for recreation, leisure activities, Physical environment (pollution/noise/traffic/climate), Transport.

Scoring: Respondent gave their responses on a five point Likert scaleranging from 1 to 5 i.e., 1 stands for very poor/dissatisfied/not at all/Never, 2 for poor/dissatisfied/a little/ Seldom, 3 for Neither poor nor good / Neither satisfied nor dissatisfied/Moderately/Quite Often, 4 for good/ satisfied/ very much (Often)/Mostly and 5 for very good/ satisfied/ extremely/ always. The itemsnumber 3, 4 and 26 are scoredreversely. The Higher score indicates ahigher quality of life along with its domains.

Reliability and Validity

The internal consistency between the four domains of the WHOQOL-BREF was found to be excellent (Cronbach's α=0.89) among opiumand alcoholic dependent subjects. The inter-domain correlations were found to be positive and significant between all pairs of the four domains using two tailed test at P <0.01 (Pearson coefficient varied between + 0.62 to + 0.71 between the domainpairs). WHOQOL-BREF is a 26-item shorter version of the WHOQOL-100 which correlates at 0.9 with the WHOQOL-100 with good discriminant validity, content validity and test-retest reliability WHO, [21].

3.4 Procedure

At the outset, the rapport was established with the Participants of the study and they were briefed about the study tools and nature of the information it would yield. They were also briefed about anonymity and confidentially of the whole process of the psychological intervention programme. After the proper agreement understanding with the patients,"Alcohol Use Disorder Identification Test" was applied on the alcohol dependents who came for the treatment in de addiction clinic/centre of Govt. Hospitals.Finally, 42 participants who gave their consent to participate in the study having age range of 25-35 years were selected for the study. After that 21 each in the experimental and control group were selected randomly. Further, in the experimental and control group of these participants were administered WHOQOL -BRIEF before and after the intervention.

In the Second phase of the study,Psychological InterventionProgramme Module was developed following the lines of Group Treatment For Substance Use Velasquez et al. [12] and Treatment Approaches for Alcohol and Drug Dependence Tracey, et al.[23]for the alcohol dependents based on their observation on alcohol Use Disorder Identification test.Then the psychological intervention programme was conducted for the experimental group in regular three times in a month for 45 minutes. Throughout six months for alcohol dependents. The subject of the control group was only interacted simultaneously without giving any Psychological intervention programme.

After the six months of the Intervention,all the subject i.e., 21 alcohol dependents of the experimental group and 21 alcohol dependents of the control group were reassessed on "Alcohol

Use Disorder Identification Test" and WHOQOL –BRIEF scale to see the outcome of Psychological intervention Progrrame and the data was recorded for analysis.

4. Results and Analysis

The present study was designed to see the Effectiveness of Psychological Intervention on the Quality of Life of the Alcohol Dependents under study. The Pre-test and Post test design was used and the pre test was conducted on the participants (alcohol dependents)to assess the level of their alcohol dependency and quality of life of the participants (alcohol dependents). After that six month programme of psychological Intervention was organised with the Participants in the experimental group besides, the control group was interacted simultaneously but no special intervention was given to them. Further, the post test was conducted to assess the treatment outcomes and quality of life of the participants and the observation were analysed as below:

In order to see the treatment outcomes of the study analysis of covariance was applied on the pre test scores and post test scores of both the groups. To analyse the observation with Analysis of Covariance Certain assumptions need to be satisfied first, to apply the analysis of Covariance to the data observed. Firstly, to test the control on the independent variable i.e. whether there exist any difference between the participants of experimental group and control group on their pre test scores analyses was applied and the result was tabulated in Table 3.

The F value (F =.024) came out to be non-significant at .05 level of significance indicating no significant difference between experimental and control group on their pre test scores i.e., the independent variables and covariate are not different across the group and satisfied the assumption to apply Analysis of covariance.

Table 3.The F Value Table Showing the Difference between the Experimental and Control Group on their PreTest Scores.

Source	Sum of Squares	df	Mean square	F value
Groups(Pre test scores)	.595	1	.595	.024
Error	1009.810	40	25.25	
Total	13943.000	42		

Secondly to test the assumption of homogeneity of regression, the result of the analysis showed the F value (F =.099) non-significant at .05 level of significance (See Table 4) indicating no difference between the subject's effects on group time pretest and thus satisfied the assumption of homogeneity of regression to qualify to apply Analysis of covariance to test the significant difference between

experimental group and control group on the dependent variable i.e., Post test scores of the participants with the covariate independent variable i.e., pre test

Table 4.The F Value Table Showing the Difference between the Experimental and Control group to test the Homogeneity of Regression

Source	Sum of Squares	df	Means square	F value
Groups*(Pre test scores)	.031	1	.031	.099
Error	11.896	38	.313	
Total	8342.000	42		

Further, to see the difference between the experimental group and control group on the post test score of the participants on their treatment outcomes ,the F value came out (F =188.89** p<.01) to be significant at 0.01 level of significance (See table 1.5). The mean values of the post test score of the experimental group turn out to be 10.52 whereas for the control group, it is 16.71(See table 5) revealing the significant difference between the experimental and control group on their treatment outcomes i.e., the participants of experimental group showed significant improvement on their alcohol dependency than the control group.

Table 5.The F Value Table Showing the Difference between Experimental and Control Group on the Participants Scores in the Post Test

Source	Sum of Square	df	Means Square	F value
Groups (Post test scores)	373.590	1	37.59	188.89**
Error	77.134	39	1 .98	
Total	9162.000	42		

Table 6.Mean Value table of the Participants of the Experimental and Control Group on their Alcohol Dependency after the Intervention in their Post test Scores

Variable	Mean Values (Post Test)	
	Experimental Group	Control Group
Alcohol Dependency	10.52	16.71

In order to apply analysis of covariance on the pre test scores and post test scores of the Overall Quality of Life of the Participants, besides satisfying the basic assumption of applying Analysis of covariance.

To satisfy the assumption of the "control" on the independent variable i.e., pre test scores on the Overall Quality of Life of the Participants, Analysis of covariance was applied to see the difference between pre test scores in the experimental group and control group(See Table 7)

Table 7.The F Value Table Showing the Difference between the Scores of the Overall Quality of Life of the Participants in the Experimental and Control Group in the Pre Test

Source	**Sum of Squares**	**df**	**Means Square**	**F value**
Groups(Pre test scores)	23.685	1	23.685	.317
Error	2992.340	40	74.808	
Total	97262.430	42		

The Table 7 showed F value(F= .317) which is non-significant at .05 level of significance indicating no significant difference between the experimental and control group on their pre test score i.e., the independent variable and covariate that is outcome are not different across the group and satisfied the assumption to apply Analysis of covariance.

Table 8.The F Value Table showing the Scores of the Overall Quality of life of the Participants in the Experimental and Control Group to test the Homogeneity of Regression

Source	**Sum of Squares**	**df**	**Means Square**	**F value**
Groups* (Pre test scores)	5.523	1	5.523	.244
Error	859.133	38	22.609	
Total	143856.026	42		

To test the assumption of homogeneity of regression, the result in the table 8 showed the F Value(F= .244) which is not significant at .05 level of significance indicating no difference between subject effects on group time pretest and thus satisfied the assumption of homogeneity of regression to qualify for analysis of Covariance to test the significant difference between the experimental and control group on the dependent variable i.e., post test scores of the Overall Quality of Life of the Participants with covariate independent variable i.e., pretest scores of Overall quality of life of the Participants.

Now to see the difference between the experimental group and control group on the post test score of the participants in their treatment outcomes of the Overall quality of life of the Participants, the F value came out to be(F= 376.83** p<.01) which is significant at 0.01 level of significance showing significant difference between the groups on their post test scores (See Table 9) and the mean values of the post test scores of the experimental group(69.60)and the control group (42.75)revealing the significant improvement(See Table 10) on the overall Quality of life of the Participants in experimental group than control group.

Table 9.The F Value Table Showing the Difference between the Experimental and Control Group on the Overall Quality of Life of the Participants in the Post Test

Source	Sum of Squares	df	Means Square	F value
Groups(Post test scores)	8354.581	1	8354.581	376.83**
Error	864.657	39	22.171	
Total	143856.026	42		

Table 10. Mean value Table of the groups on the Overall Quality of Life in terms of its four domain after the Intervention

Variable	Mean Values (Post Test)	
	Experimental Group	Control Group
Overall Quality of Life	69.60	42.75

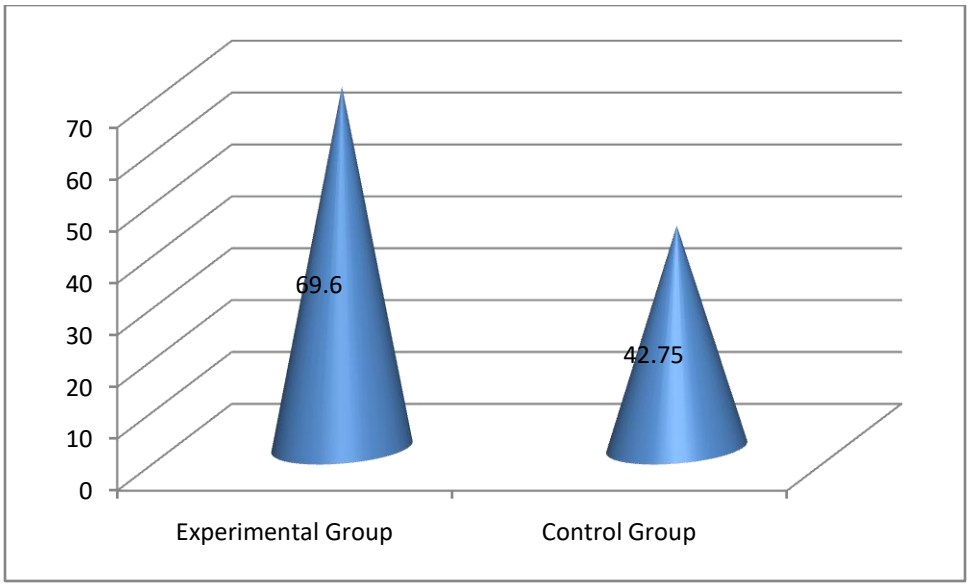

Fig. 1: The difference observed between the groups on Overall Quality of Life in terms of its four Domains after the Intervention

DISCUSSION

In order to see the effectiveness of Psychological Intervention Programme on the Participants of the study, Analysis of Covariance (ANCOVA) was applied on the pretest and posttest scores of the experimental group and control group.The F value came out (188.89**)significant at 0.01 level of significance showing significant difference between the groups on their post test scores (See Table 5).Further, the mean value scores (See Table 6)on the post-test score of the participants of the experimental group (10.52) were lower than the participants of control group (16.71). Thus, indicated the significant improvement on the alcohol dependence usage of the participants of experimental group than the control group after the intervention.Hence, the **Hypothesis No.1is accepted and stand confirmed i.e., "There would be a significant difference between the experimental group and control group of Alcohol Dependents on their post-test scores after the intervention on Alcohol Use Disorder Identification Test".**

The result of the present study does find support in the light of earlier work done in the field of alcohol abuse. Amy O'Donnell et al., [3] studied Twenty-four systematic reviews of studied the impact of psychological intervention on alcohol dependents Across the included studies, it was consistently reported that Psychological intervention was effective for addressing alcohol drinking problem and significant reduction in alcohol usage after the psychological

intervention Further, motivational interviewing focused to enhance the patient's intrinsic motivation so as to change their substance use by exploring and resolving ambivalence toward behavior change Miller et al., [14]. Riper[19] conducted ameta-analysis that revealed Cognitive behavioral therapy and motivational interviewing proved effective for treating subclinical and clinical alcohol usecompared with controls.McQueen et al., [13]Brief interventions are often motivational in nature involve a time-limited intervention focused on changing behaviour using counseling skills so as to encourage a reduction in alcohol consumption. They also included fourteen studies involving 4041 male participants and demonstrated that patients receiving brief interventions have a greater reduction in alcohol consumption compared to those in control groups at six months.

In order to observe the effectiveness of Psychological Intervention Programme on overall quality of life in terms of its Four domains(Physical Health,Psychological,Social Relationship and Environment) of the Alcohol Dependents and their wivesthe result of the Analysis of covariance (ANCOVA) applied on the data of the experimentaland control group showed the F value significant ($F = 376.83^{**}$ $p<.01$))at 0.01 level of significance and indicating significant difference in the post-test scores of the participants of the experimental and control group on their Overall quality of life in terms of its four domains(See Table 9).The mean value scores on the post-test scores of the participants of experimental group(69.60)was observed to be higher than scores of the participants of the control group (42.75) revealing the significant improvement on the Overall quality of life in terms of its four Domains Physical Health, Psychological, Social Relationship and Environment(See Table 10). Therefore, the result of the present study confirms the hypothesis No. 2 i.e., "**There would be a significant difference between the experimental group and control group of alcohol dependents on the post-test scores of their Overall Quality of Life after the intervention," is stand confirmed and accepted.**

The result of earlier researches also corroborated the result of the present study. Picci et al., [17] conducted a study to estimate the variations in the Overall Quality of Life of alcoholic patients on their physical health, psychological health, social relationships, and environment within 12 months following alcohol detoxification and Follow-up assessments were performed after 6 and 12 months. The results of psychosocial intervention and abstinent patients showed a significant improvement in the Overall Quality of Life domains at 6 months. Srivastava [20] conducted a

study on patients (aged 18-45 years) of alcohol dependence over a three months treatment programme and compared it with the quality of life of gender-matched healthy controls. The result showed a significant improvement in the physical, psychological, social, and Environment domains of quality of life of alcohol dependence over three months.The regular follow-upwith the family members in the out-patient setting enables the patients to achieve complete abstinence, thereby improving their quality of life. Hence, the result of the present study confirmed theEffectiveness of Psychological Intervention on the overall quality of life of the Participants and their wives in terms of its four domains i.e., Physical Health, Psychological, Social Relationship, and Environment.

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Conclusion

Consumption of alcohol was high before psychological intervention and overall quality of life in terms of its four domains Physical health Psychological, Social relationships and Environment in the participants of experimental group and control group were low before the intervention. the study claim that there is significant reduction in consumption of alcohol usage and significant improvement in overall quality of life in terms of its four domains Physical health Psychological ,Social relationships and Environment in the participants of experimental group after the intervention than the control group.

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