A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Complications of Alcoholism among Adolescents in Selected Schools of the City

Rajani R. Wasnik

Department of Mental Health Nursing, Sumantai Wasnik Institute of Nursing
rwasnik1[at]gmail.com

Abstract: <u>*Introduction*</u>*: Alcoholism is one of the major global health problems. From a public health perspective, alcohol consumption has become a major burden both in terms of morbidity and mortality in most parts of the world, alcohol consumption has health and social consequences via intoxication, alcohol dependence, and other biochemical effects of alcohol, which lead to traumatic outcomes that kill or disable the individual at a young age. Impairment may involve physiological, psychological or social dysfunction.* <u>*Objectives*</u>*: To assess the pre test knowledge regarding complications of alcoholism among adolescents in selected schools of the city. To assess the post test knowledge regarding complications of alcoholism among adolescents in selected schools of the city. To assess the effectiveness of structured teaching program on knowledge regarding complications of alcoholism among adolescents in selected schools of the city. To associate the knowledge scores with selected demographic variable.* <u>*Results*</u>*: The result of this study shows that the statistical Student's paired t test implies that the difference in the pre test and post test knowledge score found to be 18.77 statistically significant at 0.05% level. Hence it is statistically interpreted that structured teaching programme on knowledge regarding complications of alcoholism was effective. Thus H1 is accepted and H0 is rejected.*

Keywords: Assess, complications of alcoholism, adolescents, school

1. Introduction

Alcoholism is one of the major global health problems. From a public health perspective, alcohol consumption has become a major burden both in terms of morbidity and mortality in most parts of the world, alcohol consumption has health and social consequences via intoxication, alcohol dependence, and other biochemical effects of alcohol, which lead to traumatic outcomes that kill or disable the individual at a young age. Impairment may involve physiological, psychological or social dysfunction. Psychologically speaking, alcoholism has less to do with "how much" someone is drinking and more to do with what happens when they drink. If you have problems when you drink, you have drinking problem.

Alcohol is one of the most widely used drug substances in the world. Alcohol use and binge drinking among our nation's youth is a major public health problem. Alcohol is one of the commonly consumed intoxicating substances in India. Alcoholism is a primary, chronic disease with genetic, psychological, and environmental factors influencing its development and manifestations.4 Alcohol problems are associated with life style and socio-economic conditions of people. These are becoming more – prevalent particularly in adolescent boys mainly because of their risk taking behaviour and more over the emotional control of family; the moral control of school and the social control of community are declining.

Alcohol causes 1.8 million deaths a year, which represents 3.2% of all deaths worldwide. Unintentional injuries account for about a third of the deaths from alcohol. Alcohol is the third most common cause of death in developed countries. In the limited number of developing countries where overall mortality is low, alcohol is the leading cause of illness and disease. Damage to human life is often described in terms of loss of "disability-adjusted life years" (DALYs). This measure takes into account the number of years lost due to premature deaths as well as the years spent living with disability.7

Problem Statement
"A study to assess the effectiveness of structured teaching programme on knowledge regarding complications of alcoholism among adolescents in selected schools of the city"

Objectives
1) To assess the pre test knowledge regarding complications of alcoholism among adolescents in selected schools of the city.
2) To assess the post test knowledge regarding complications of alcoholism among adolescents in selected schools of the city.
3) To assess the effectiveness of structured teaching program on knowledge regarding complications of alcoholism among adolescents in selected schools of the city.
4) To associate the knowledge scores with selected demographic variable.

Hypothesis:
H0- there will be no significant difference in pre test and post test knowledge regarding complications of alcoholism among adolescents in selected schools of the city.

H1- there will be significant difference in pre test and post test knowledge regarding complications of alcoholism in adolescents in selected schools of the city.

2. Methodology

1) Research Approach: Quantitative approach
2) Research Design: The research design is one group pre-test post-test design.
3) Setting of the study: This study was conducted on adolescents in a selected school of the city.
4) Sample : Adolescents

2.1 Introduction

Alcoholism is one of the major global health problems. From a public health perspective, alcohol consumption has become a major burden both in terms of morbidity and mortality in most parts of the world, alcohol consumption has health and social consequences via intoxication, alcohol dependence, and other biochemical effects of alcohol, which lead to traumatic outcomes that kill or disable the individual at a young age. Impairment may involve physiological, psychological or social dysfunction. Psychologically speaking, alcoholism has less to do with "how much" someone is drinking and more to do with what happens when they drink. If you have problems when you drink, you have drinking problem. Talking to young people openly and honestly about drinking is also vitally important. Delaying the age at which young people take their first drink lowers their risk of becoming problem drinkers.[1] If alcoholism is a disease, then it is one of the greatest epidemics of modern times. While no real consensus exists among experts in the field concerning how alcoholism should be defined, recent statistics indicate that 10 million Americans are classified as alcoholics (i.e., those with chronic, problematic drinking patterns). According to a recent Gallup Poll, one out of three persons reported that alcohol abuse had caused trouble in their families. Heavy drinking is involved in 60% of violent crimes, 30% of suicides, and 80% of fire and drowning accidents. Every 22 minutes a drunk driver kills someone. Alcoholism is involved in a quarter of all admissions to general hospitals, and its abuse years estimated to cost our society[2] alcohol can induce a general, nonselective, reversible depression of the CNS. about 20 percent of a single does of alcohol is absorbed directly and immediately into the bloodstream through the stomach wall. unlike other "foods," it does not have to be digested. the blood carries it directly to the brain where the alcohol acts on the brain's central control areas, slowing down or depressing brain activity. the other 80 percent of the alcohol in one drink is processed only slightly slower through the upper intestinal tract and into the bloodstream.[3]

Need for the study:

Alcoholism is a primary, chronic disease with genetic, psychological, and environmental factors influencing its development and manifestations[4] Alcohol problems are associated with life style and socio-economic conditions of people. These are becoming more – prevalent particularly in adolescent boys mainly because of their risk taking behaviour and more over the emotional control of family; the moral control of school and the social control of

community are declining.[5] Alcohol use is a major problem affecting school and college students, with the influence of the globalizing economies and changing cultural norms, more and more young people are experimenting with alcohol at a very early age in India. The Global Youth Alcohol Survey (GYAS) carried out among 16,932 students in 8, 9 and 10 standards of 6350 schools of India found that 13.1% students used alcohol.[4] Alcohol problems are associated with life style and socio-economic conditions of people. These are becoming more – prevalent particularly in adolescent boys mainly because of their risk taking behavior and more over the emotional control of family; the moral control of school and the social control of community are declining. Information explosion and communication across cultural boundaries through mass media have lot of influence on behavior pattern all over the world. In India, the prevalence of drug abuse, which is generally low in early adolescence, aged 12 & 13 rises – steeply in the late teenage and is highest during the early 20's.[6]

3. Review of literature

1. LITERATURE RELATED TO ALCOHOLISM Daniel Owusu, Yue Pan, Changchun Xie, Sam Harirforoosh; 2017, conducted a study on Polymorphisms in PDLIM5 gene are associated with alcohol dependence, type 2 diabetes, and hypertension. This study investigated the association of 72 single nucleotide polymorphism (SNPs) with AD (1066 AD cases and 1278 controls) in the Study of Addiction - Genetics and Environment (SAGE) sample and 47 SNPs with T2D (878 cases and 2686 non-diabetic) and hypertension (825 cases and 2739 non hypertensive) in the Marshfield sample. Multiple logistic regression models in PLINK software were used to examine the associations of genetic variants with AD, T2D, and hypertension and SNP x alcohol consumption interactions for T2D and hypertension. Twenty-five SNPs were associated with AD in the SAGE sample (p < 0.05); rs1048627 showed the strongest association with AD (p = 5.53×10^{-4}). Of the 25 SNPs, 5 SNPs showed associations with both AD in the SAGE sample and T2D in the Marshfield sample (top SNP rs11097432 with p = 0.00107 for T2D and p = 0.0483 for AD) while 6 SNPs showed associations with both AD in the SAGE sample and hypertension in the Marshfield sample (top SNP rs12500426 with p = 0.0119 for hypertension and p = 1.51×10^{-3} for AD). SNP (rs6532496) showed significant interaction with alcohol consumption for hypertension.[1]

Limitation: • Study is limited to adolescents in a selected school of the city. • Sample size is only 60.

Hypothesis:

H0- there will be no significant difference in pre test and post test knowledge regarding complications of alcoholism among adolescents in selected schools of the city.

H1- there will be significant difference in pre test and post test knowledge regarding complications of alcoholism in adolescents in selected schools of the city.

4. Methodology

Research Approach: These approaches help to decide about the presence or absence as well as the manipulation and control over variables and comparison between groups. In this study Quantitative approach is used.[2]

Research Design: The research design used in this study is pre experimental design. One group pre test post-test design is used to find the effectiveness of structured teaching program on knowledge regarding complications of alcoholism among adolescents in selected schools of the city. A pre test is administered by means of structured questionnaire shown as 01 and then structured teaching programme is given and shown as X. A post test is conducted on seventh day using the same structured questionnaire shown as 02.

Sample	Tool	Sample Technique	Test	Treatment
Adolescents in Selected Schools Of The City	Structured Questionnaire	Non Probability Convenient Sampling Technique	Structured Questionnaire	Structured Teaching Programme

Variables of the Study
Variables are the qualities, properties, or characteristics of persons, things or situations that change or vary.[2] A variable, as the name implies, is something that varies which may be inherent characteristics of people. Two types of variable are identified in the study they are dependent variables and independent variables. These two variables are used to indicate direction of influence rather than causal mechanism.[1]

Independent Variables
Variables that are purposely manipulated or changed by the researcher is called as Independent variable. The independent variable in this study is structured teaching programme on complications of alcoholism

Dependent Variables
Variables that changes as the independent variables is manipulated by the researcher is called as dependent variables. The dependent variable in these study is knowledge regarding complications of alcoholism.

Population
The entire set of the individual, or objects having some common characteristic(s) selected for a research study. The population selected for this study, were the adolescent studying in selected schools of the city.[2]

Target Population
The entire population in which the researchers are interested and in which they would like to generalize the research findings.[2] In this study the target population includes adolescents studying in schools of the city.

Accessible Population
The aggregate of cases that conform to designated inclusion or exclusion criteria and that are accessible as subjects of the study.[2] All the adolescents meeting selected schools the inclusive criteria and who are available at time of data collection.

Sampling Criteria
Inclusion criteria: The criteria that specify characteristics that a population does have, The adolescent who are; - willing to participate in the study - 12 to 18 years of age - those who are present at the time of data collection **Exclusive criteria**: The adolescents who are -adolescent who are absent during data collection

Tool preparation:

Development of the Tool
Based on the objectives of the study, demographic data and structured knowledge questionnaire are prepared to evaluate the knowledge of the adolescent before and after treatment (Structured teaching Program). After extensive and systemic review of literature the investigator developed these scales. The Sources of tool construction are; Review of literature from text books, journals and on-line source reports, and other publications and thesis and discussion with the experts i.e., experts from Psychiatric nursing specialty, and statistician, who enlightened and refined the investigator's idea about the tool preparation.

Description of the Tool
Section I: Demographic data The investigator constructed this tool to collect the background data of the study subjects and to identify the influence of sample characteristics with the knowledge in them. It included variables like Age, Gender, religion, Types of family, occupation of head of family, Monthly income of family, Area of residence, knowledge of complications of alcoholism, source of information. **Section II:**-Self Structured Questionnaires The investigator constructed this tool for the purposes of assessing the level of knowledge regarding complications of alcoholism among adolescents. A structured knowledge questionnaire is conducted by reviewing the related literature and consultation with experts. The questionnaire consists of 30 multiple choice items. Each question had 4 choices, out of which only one was the correct answer and the remaining 3 are distracters. Each correct answer is awarded 1 mark making it total out of 30. Grading of knowledge: Excellent : 25-30 Very Good : 21- 25 Good- 14-20 Average- 7- 13 Poor: 0 -6 Structured teaching programme The structured teaching programme is prepared with the following content areas based on different aspects of complications of alcoholism. They are: 1) Definition of alcoholism 2) properties of alcohol. 3) epidemiology of alcoholism 4) sign and symptoms of alcoholism 5) complications of alcohol use 6)psychiatric disorders due to alcohol dependence 7) management of alcohol dependence.

Feasibility of the Study
It is a small scale test to determine the feasibility of larger study. e. g; Pilot study. The investigator did not face any difficulty in conducting pilot study and in getting the samples.

Pilot Study

Pilot study helped the investigator to assess the effectiveness of the data collection plan, identify the inadequacies of the plan and make due modifications as required, find out the feasibility of conducting the study and to determine the methods of statistical analysis. The investigator conducted the pilot study from 14/11/2016 to 21/11/2016 at selected schools of the city Permission from the principal of the schools was obtained before conducting the study. The purpose and the usefulness of the study were explained to the concerned authorities before taking permission. The investigator carried out the pilot study with 10% of the total sample. The convenience sampling technique was used for the selection of sample. Total 10 samples were taken for the pilot study. The tools were distributed and structured teaching program was conducted. 0n 7 day the post test for same samples was conducted. The investigator analysed the data and saw that the study was feasible for main study.

Reliability

The reliability of a measuring instrument is a major criteria for assessing its quality and adequacy. According to Polit Hungler the reliability of an instrument is the degree of consistency with which it measures the attribute it is supposed to be measuring. Reliability of the structured knowledge questionnaire was done on 10 adolescents by Karl Pearson's co relation co efficient method. The reliability coefficient of correlation for structured knowledge questionnaire was Correlation Coefficient(r) = 85.79. The higher the correlation coefficient, the more reliable is the instrument.

Validity

Validity is the most critical criterion and indicates the degree to which an instrument measures what it is supposed to measure. 2 To obtain content validity of the tool, the prepared tool with synopsis, Evaluator's response sheet and content validity certificate was submitted to 20 experts in the field and 16 were received back after evaluation. Experts were chosen on the basis of their teaching and clinical experience and interest in the problem area. The experts include 13 from psychiatry (mental health) nursing specialty, 1 physician from psychiatry departments,1 expert from Research and Medical education unit, 1 expert from Statistics department. 16 validated content of the tools were received from the above listed experts with their valuable suggestions and comments. Experts gave their opinion on the clarity and appropriateness of the tool. They agreed completely except some minor changes in Questionnaire on demographic data and self questionnaire on Knowledge regarding complications of alcoholism. Necessary corrections were made considering all suggestions given by the experts after discussing with the guide.

Data Collection Method

It is a precise systematic gathering of information relevant to the research purpose or the specific objective, or

hypotheses of a study. The procedure for collecting data is not a mechanical process that can be carefully planned prior to initiation. The investigator as a whole person should be totally involved, perceiving, reacting, interacting, reflecting, attaching, meaning and recording. The main study data was gathered from 28 November 2016 to 26 December. 2016. Permission from the principal was taken before conducting the study. The investigator introduced herself and explained the purpose of the study and consent was obtained. The pro-test questionnaires were distributed to the samples and collected back after 20 minutes. After collecting the Pro-test questionnaire, the investigator administered the treatment (structured teaching program). After one week the investigator conducted post-test to the same samples. The questionnaires were completed in the presence of the investigator to avoid contamination and bias in the collection of data.

Plan for Data Analysis

The data was decided to be analysed, by both descriptive and inferential statistics on the basis of objectives and hypothesis of the study. To compute the data a master data sheet has prepared by the investigator. These include; ● Demographic data containing sample characteristics like Age, Gender, religion, Types of family, residence, Family monthly income, occupation of head of family, knowledge of complications of alcoholism, source of information. ● Data of pre-test and post-test score would be analysed by using Paired 't' test, that would be used to detect the effectiveness of structured teaching program. ● The significant difference between the knowledge and demographic variables would be calculated.using one way analysis of variance and unpaired 't'test. This plan was tested with pilot study and the results detected that the treatment administered by investigator is at p

5. Results

Organization of Findings

The analysis and interpretation of the observations are given in the following section:

Section A: Distribution of adolescents with regards to demographic variables.

Section B: Assessment of pre-test and post test knowledge regarding complications of alcoholism among adolescents.

Section C: Analysis of effectiveness of structured teaching programme on knowledge regarding complications of alcoholism among adolescents.

Section D: Association of knowledge score on complications of alcoholism among adolescents with selected demographic variables

Section I Distribution of Adolescents with Regards to Demographic Variables

Table 1: Percentage wise distribution of adolescents according to their demographic characteristics, n=60

Demographic Variables	Frequency (f)	Percentage (%)
Age in years		
12-13 yrs	14	23.3
14-15 yrs	25	41.7
16-18 yrs	21	35
Gender		
Male	30	50
Female	30	50
Religion		
Hindu	30	50
Muslim	3	5
Buddhist	22	36.7
Christian	5	8.3
Type of family		
Nuclear	14	23.3
Joint	30	50
Extended	16	26.7
Occupational Status of head of the family		
Government Service	11	18.3
Private Service	13	21.7
Business	16	26.7
Housewife	7	11.7
Others	13	21.7
Monthly family income(Rs)		
<5000 Rs	5	8.3
5001-10000 Rs	10	16.7
10001-15000 Rs	27	45
Above 15000	18	30
Area of Residence		
Rural	0	0
Urban	60	100
Aware about alcohol complications		
Yes	10	16.7
No	50	83.3
Source of information		
Mass Media	2	3.3
Friends	5	8.3
Relatives	2	3.3
Health Care Personnel	1	1.7
Others	0	0

Section –II Assessment of Pre Test Knowledge Regarding Complications Of Alcoholism Among Adolescents In Selected Schools Of The City
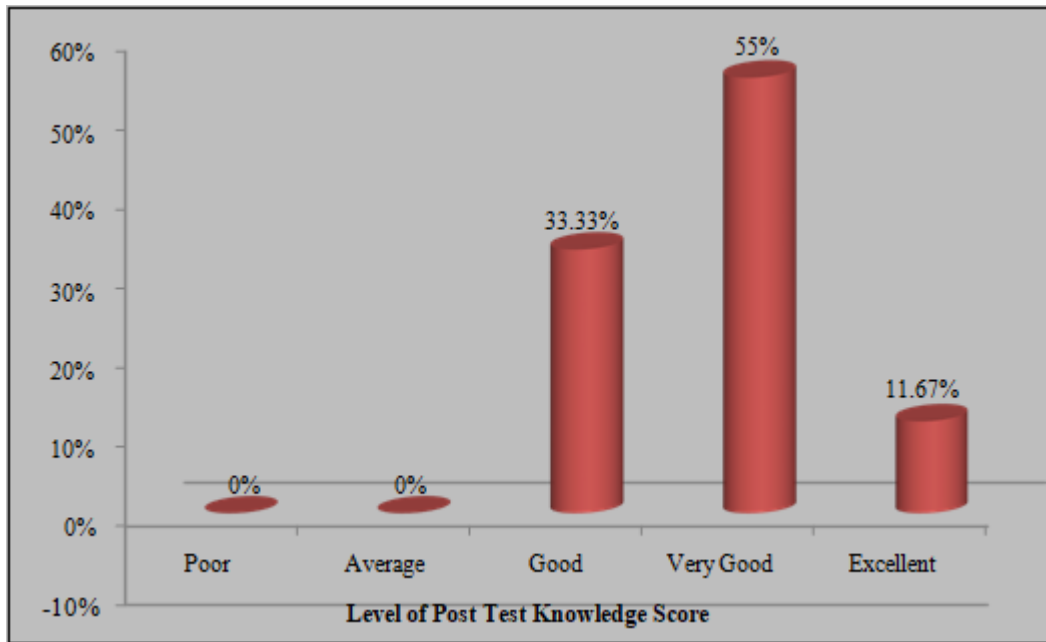
Table 2: Distribution of adolescents with regards to pre test knowledge regarding complications of alcoholism

Level of knowledge score	Score Range	Pre Test Knowledge Score		Mean	SD
		frequency (f)	Percentage (%)		
Poor	0-6	5	8.33	10.05	2.39
Average	7-12	45	75.0		
Good	13-18	10	16.67		
Very Good	19-24	0	0		
Excellent	25-30	0	0		

Assessment of Post Test Knowledge regarding complications of alcoholism among adolescents in selected schools of the city

Table 3: Distribution of adolescents with regards to post test knowledge regarding complications of alcoholism

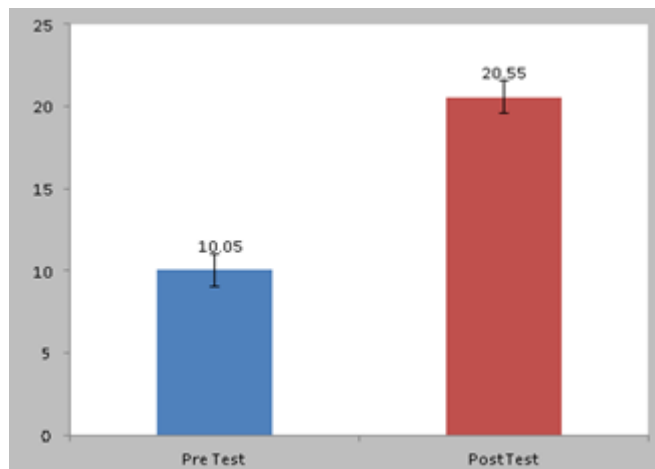| Level of knowledge score	Score Range	Post Test Knowledge Score		Mean	SD
		Frequency (f)	Percentage (%)		
Poor	0-6	0	0	20.55	3.49
Average	7-12	0	0		
Good	13-18	20	33.33		
Very Good	19-24	33	55.00		
Excellent	25-30	7	11.67		

Figure I: Cylindrical diagram showing Distribution of adolescents with regards to post test knowledge regarding complications of alcoholism

Section– D: Analysis of Effectiveness of Structured Teaching Programme on Knowledge Regarding Complications of Alcoholism among Adolescents In Selected Schools of the City.

Table 4: Significance of difference between knowledge scores in pre and post test of adolescents in relation to complications of alcoholism

Overall	Mean	SD	Mean Percentage	t-value	p-value
Pre Test	10.05	2.39	33.50		0.0001*S
Post Test	20.55	3.49	68.50	18.77	p<0.05

Figure II: Bar diagram showing Significance of difference between knowledge scores in pre and post test of adolescents in relation to complicationsof alcoholism

Section V
Overall association of association of knowledge score of adolescents in relation todemographic variables

Demographic variables	Calculated value		Degree of freedom	Table value	Level of significance	Significance
	T	F				
Age	-	3.15	2,57	1.87	P=0.16 P>0.05	NS
Gender	1.76	-	58	2.00	P=0.10 p>0.05	NS
Religion	-	2.18	3,56	2.76	P=0.10 P>0.05	NS
Type Of Family	-	3.81	2,57	3.15	P=0.17 P>0.05	NS
Occupational Status of Head of Family	-	1.12	4,55	2.53	P=0.35 P>0.05	NS

Income	-	1.64	3,56	2.76	P=0.19 P>0.05	NS
Aware About Complications	2.00	-	58	0.64	P=0.52 P>0.05	NS
Source of Information	-	3.63	4,9	2.17	P=0.154 P>0.05	NS

6. Conclusion

In the study, Distribution of adolescents according to their age in years shows that 23.3% of them were belonging to the age of 12-13 years, 41.7% in the age group of 14-15 years and 35% were belonging to the age of 16-18 years respectively.

Distribution of adolescents according to the gender reveals that 30(50%) of adolescents were female and 50 (50%) of adolescents were male.

Distribution of adolescents according to their religion reveals that 30(50%) of them were hindus, 3 (5%) were muslim, 22 (36.7%) were Buddhist and 5(8.3%) were Christian.

Distribution of adolescents according to the type of family reveals that majority of adolescents 30 (50%) live in joint family and 16(26.7%) of adolescents live in extended family and 14 (23.3%) live in nuclear family.

Distribution of adolescents according to occupational status of head of family revealsthat 11 (18.3%) having government service and 13 (21.7%) having private service and16 (26.7%) having business and 7(11.7) are housewife and others (labors) 13(21.7%)

Distribution of adolescents according to the family monthly income in rupees of the parents reveals that 5(8.3%) have monthly income of Rs less than 5000/- and 10(16.7%) have monthly income of parents of Rs 5001- 10,000 27(45%) have monthly income of parents of Rs 10001- 15,000and and 18(30%) have monthly income of parents of above 15000.

Distribution of adolescents according to the area of residence reveals that the adolescents live in urban area 60(100%) and adolescents are from rural area is 0 (0).

Distribution of adolescents according to the aware about alcohol complication reveals that 10 (16.7%) had previous knowledge and 50(83.3%) had no previous knowledge

Distribution of adolescents according to the source of information from mass media 2 (20%) friends 5 (50%) relatives was 2(20%) from health care personnel was 1(10%) By using Guttman Split Half method the reliability of the tool was 85.79% andhence the tool was reliable and valid.

7. Summary

The Major Findings of the Study

Section - I: Percentage wise distribution of adolescents according to their demographic variable.

- Distribution of adolescents according to their age in years shows that 23.3% of them were belonging to the age of 12-13 years, 41.7% in the age group of 14-15 years and 35% were belonging to the age of 16-18 years respectively.
- Distribution of adolescents according to the gender reveals that 30(50%) of adolescents were female and 50 (50%) of adolescents were male.
- Distribution of adolescents according to their religion reveals that 30 (50%) of them were hindus, 3 (5%) were muslim, 22 (36.7%) were Buddhist and 5 (8.3%) were Christian.
- Distribution of adolescents according to the type of family reveals that majority of adolescents 30 (50%) live in joint family and 16(26.7%) of adolescents live in extended family and 14 (23.3%) live in nuclear family.
- Distribution of adolescents according to occupational status of head of family reveals that 11 (18.3%) having government service and 13 (21.7%) having private service and 16 (26.7%) having business and 7(11.7) are housewife and others (labors) 13(21.7%)
- Distribution of adolescents according to the family monthly income in rupees of the parents reveals that 5(8.3%) have monthly income of Rs less than 5000/- and
- 10(16.7%) have monthly income of parents of Rs 5001- 10,000 27(45%) have monthly income of parents of Rs 10001- 15,000and and 18(30%) have monthly income of parents of above 15000.
- Distribution of adolescents according to the area of residence reveals that the adolescents live in urban area 60(100%) and adolescents are from rural area is 0 (0).
- Distribution of adolescents according to the aware about alcohol complication reveals that 10 (16.7%) had previous knowledge and 50(83.3%) had no previous knowledge
- Distribution of adolescents according to the source of information from mass media 2 (20%) friends 5 (50%) relatives was 2(20%) from health care personnel was 1(10%)

Section – II- Assessment of existing knowledge regarding complications of alcoholism among adolescents
- The finding shows that in pre test scores, test 45(75.0%) of the adolescents were having average level of knowledge, 10(16.67%)% had good, 5(8.33%) had poor and very good and excellent level of knowledge score is none.
- The findings of the post test scores shows that 33(55.00%) of the adolescents were having very good level of knowledge, and 20 (33.33%) of them had good level of knowledge and 7(11.67%) excellent level of knowledge score.

Section–III- Effectiveness of structured teaching programme on knowledge regarding complications of alcoholism

- The finding revealed that calculated 't' value 18.77 was higher than tabulated value 2.00 at df 59. Hence it is statistically interpreted that the structured teaching programme on knowledge regarding complications of alcoholism among adolescents was effective. Thus the H1 is accepted and H0 is rejected..

Section IV- description on the Association of post test knowledge score regarding complications of alcoholism related to their demographic variable There is no association between knowledge score with demographic variable

8. Recommendations

- A similar study can be conducted on larger sample for wider generalizations.
- A study can be done to assess the knowledge and skill regarding cranial nerve assessment among under graduates nursing students in selected nursing college.
- An experimental study can be conducted to assess the effectiveness of cranial nerve assessment.
- An explorative study should be carried out the various problems

References

[1] Sreevani R. A guidline to mental health psychiatric nursing. 4th edition. New Delhi: The health sciences Publisher; 2016, page no. 242-243.
[2] http;//www.xenos.org/essays/introduction-alcoholism
[3] Townsend Mary C. psychiatric mental health nursing. 6th Indian edition. new delhi: Jaypee brothers medical publishers; 2010; page no.273
[4] Testino G, Alcoholic diseases in hepato-gastroenterology: a point of view. Hepatogastroenterology. 2008. 55 (82–83): 371–7.
[5] The Hindu, Tuesday, Dec 07, 2010, http://www.hindu.com/pda
[6] The Hindu, Tuesday, Dec 07, 2010, http://www.hindu.com/pda
[7] http://www.greenfacts.org/en/alcohol/l-2/01-number-people-affected.htm
[8] Walter H, Gutierrez, K. Ramskogler, K, Hertling, I, Dvorak, A, Lesch, OM. (Nov 2003), Gender-specific differences in alcoholism: implications for treatment. Archives of Women's Mental Health 6 (4): 253–8. doi: 10.1007/s00737-003-0014
[9] Middleton Fillmore K, Chikritzhs T, Stockwell T, Bostrom A, Pascal R, Reviews about Alcohol use and prostate cancer: a meta-analysis, Mol Nutr Food Res. 2009, Feb;53(2):240-55.
[10] Alcohol/rehab.com/alcoholism/alcoholism-in-india
[11] http://www.mapsofindia.com/my-india/india/alcohol-consumption-in-india
[12] Oxford English Dictionary, Indian Edition. New delhi: Oxford University Press; p 2011.25.
[13] Bouchery EE1, Harwood HJ, Sacks JJ, Simon CJ, Brewer RD.Economic costs of excessive alcohol consumption in the U.S., 2006.Am J Prev Med. 2011 Nov;41(5):516-24. doi: 10.1016/j.amepre.2011.06.045.
[14] Owens DK1, Lohr KN, Atkins D, Treadwell JR, Reston JT, Bass EB, Chang S, Helfand M.AHRQ series paper 5: grading the strength of a body of evidence when comparing medical interventions--agency for healthcare research and quality and the effective health-care program, JClinEpidemiol. 2010 May;63(5):513-23. doi: 10.1016/j.jclinepi.2009.03.009.
[15] Gaval-Cruz M1, Weinshenker D.mechanisms of disulfiram-induced cocaine abstinence: antabuse and cocaine relapse.MolInterv. 2009 Aug;9(4):175-87. doi: 10.1124/mi.9.4.6.
[16] Adamson SJ1, Heather N, Morton V, Raistrick D; UKATT Research Team.Initial preference for drinking goal in the treatment of alcohol problems: II. Treatment outcomes.Alcohol Alcohol. 2010 Mar-Apr;45(2):136-42. doi: 10.1093/alcalc/agq005.
[17] Harris AH1, Oliva E, Bowe T, Humphreys KN, Kivlahan DR, TraftonJA.Pharmacotherapy of alcohol use disorders by the Veterans Health Administration: patterns of receipt and persistence.Psychiatr Serv. 2012 Jul;63(7):679-85. doi: 10.1176/appi.ps.201000553.
[18] Jonas DE1, Garbutt JC, Amick HR, Brown JM, Brownley KA, Council CL, Viera AJ, Wilkins TM, Schwartz CJ, Richmond EM, Yeatts J, Evans TS, Wood SD, Harris RP.Behavioral counseling after screening for alcohol misuse in primary care: a systematic review and meta-analysis for the U.S. Preventive Services Task Force.Ann Intern Med. 2012 Nov 6;157(9):645-54.
[19] O'Malley SS1, O'Connor PG.Medications for unhealthy alcohol use: across the spectrum.Alcohol Res Health. 2011;33(4):300-12.
[20] Roerecke M1, Rehm J2,3,4,5,6.Alcohol consumption, drinking patterns, and ischemic heart disease: a narrative review of meta-analyses and a systematic review and meta- analysis of the impact of heavy drinking occasions on risk for moderate drinkers.BMC Med. 2014 Oct 21;12:182. doi: 10.1186/s12916-014-0182-6.