

International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

Addiction Recovery and Family Support among Alcoholic Dependents

K. Sathyamurthi

Assistant Professor, Dept. of Social Work (Aided), Madras School of Social Work, Chennai-8. ksm@mssw.in

Citation: Sathyamurthi, K. 2022. Addiction Recovery and Family Support among Alcoholic Dependents, International Journal of Research Publication and Reviews (IJRPR), Vol 3, no 2, pp 655-661, February 2022.

ABSTRACT

Alcoholism is a broad phrase that refers to a person's difficulties with alcohol. It is most commonly used to describe obsessive and uncontrollable intake of alcoholic beverages, frequently to the cost of the drinker's health, relationships, and social position. An alcoholic can completely devastate a family's life and have long-term consequences. Alcohol may have a different effect on each family member. Every member of the family is affected by alcohol, from unborn children to alcoholic spouses. Its far-reaching consequences include not just medical issues for alcoholics, but also physical and psychological problems for other family members. Treatment is difficult, and it is not always successful. Even if the alcoholic eventually recovers, the family members who have been harmed may never be able to heal from the issues that have been perpetrated upon them. In this situation, the family support system is critical in assisting addicts in overcoming their addiction. The healing process entails altering one's attitude, values, sentiments, aspirations, and abilities in order to live a fulfilling life despite the limitations imposed by sickness. The patient's social life will be empowered as a result of the rehabilitation process, which will raise hope, duties, support, and advocacy. The patient's family's support aids in the adoption of a new lifestyle in the patient's life, restoring capacities and assisting in the return to a normal track of life. The purpose of this study is to look into the family support system of alcoholic addicts who are in treatment. Using a scientific research technique, this work also attempts to investigate the issues faced by family members throughout treatment and the elements that contribute to an alcoholic addict's rehabilitation during the treatment process. The researcher will recommend relevant methods to boost the support system and build a rehabilitation strategy based on the study's findings.

Keywords: Alcoholic, Family Support System, Recovery Process and Alcoholism Addicts

1.INTRODUCTION

"Alcoholism is a long-term psychiatric, somatic, or psychosomatic condition that appears as a behavioral disorder. It is defined by the consumption of alcoholic beverages on a regular basis to the extent that it goes beyond traditional dietary use or community social traditions and interferes with the drinker's physical, social, or economic functioning." Physical dependence is a condition in which the body has become accustomed to the presence of alcohol. If you suddenly stop using it, you may experience withdrawal symptoms. Sleep disturbances, anxiousness, and tremors are among the symptoms, which can progress to convulsions, psychosis, disorientation, delirium tremens (DTs), and death. Psychological dependence occurs when alcohol gets so ingrained in a person's thoughts, feelings, and activities that abstaining from it becomes nearly difficult. The essence of these conditions is a strong desire or need for alcohol.

- It is a main disease: Alcoholism was once thought to be a symptom of a psychiatric problem. Alcohol is now recognized as a disease that causes mental, emotional, and physical issues. These problems cannot be adequately addressed unless the alcoholism is addressed first.
- It is a progressive disease: If left untreated, the condition will deteriorate. There may be periods of improvement where one feels better, but the disease's trajectory will eventually lead to deterioration.
- If not treated, it is a fatal disease: Excessive drinking can lead to medical complications such as cirrhosis, which can lead to death. However, a closer examination reveals that the issue was caused by alcohol. As a result, alcohol is a real factor in the person's death.
- It is a treatable disease: Although this condition cannot be cured, it can be successfully halted with the help of timely, suitable, and complete
 alcohol abstinence treatment. Even a modest amount of alcohol consumed will progress to obsessive drinking in a matter of days, and the
 person will lose control. To put it another way, an alcoholic can never return to social drinking, even if he has been sober for a long time. As
 a result, alcoholism is seen as a chronic illness.

Effects of alcoholism in physical social and psychological dimensions

Physical effects

Long-term alcohol consumption can result in cirrhosis of the liver, pancreatitis, epilepsy, polyneuropathy, alcoholic dementia, heart disease, nutritional deficiencies, peptic ulcers, and sexual dysfunction, among other physical symptoms, and can be fatal. A higher risk of cardiovascular disease, malabsorption, alcoholic liver disease, and cancer are some of the other physical repercussions. Long-term alcohol intake can harm the central nervous system and peripheral nervous system. A wide range of immunologic abnormalities can arise, as well as a generalized skeletal fragility and a known proclivity for unintentional damage, which can lead to bone fractures.

Psychiatric effects

Long-term alcohol abuse can result in a variety of mental health issues. Severe cognitive difficulties are widespread; alcohol intake is linked to 10% of all dementia cases, making it the second biggest cause of dementia. Excessive alcohol use harms brain function, and psychological health can deteriorate over time. Due to the neurotoxic effects of alcohol on the brain, particularly the prefrontal cortex, social skills are greatly reduced in those suffering from alcoholism. Alcohol misuse impairs social abilities such as perceiving facial emotions, prosody perception issues, and theory of mind deficits; the ability to understand humour is also diminished in alcohol abusers. In alcoholics, psychiatric illnesses are frequent, with up to 25% experiencing severe psychiatric difficulties. Anxiety and depression disorders are the most common psychiatric symptoms. Psychiatric problems normally intensify during alcohol withdrawal, but with continuous abstinence, they usually improve or diminish. Alcohol abuse can produce psychosis, disorientation, and organic brain syndrome, which can lead to a schizophrenia misdiagnosis. Long-term alcohol abuse can lead to the development or worsening of panic disorder.

Social effects

Alcoholism causes major social issues, which are produced by pathological changes in the brain and the intoxicating effects of alcohol. Alcoholism is linked to an increased likelihood of criminal offenses such as child abuse, domestic violence, rape, burglary, and assault. Alcoholism is linked to job loss, which can lead to financial difficulties. Drinking at inopportune times and engaging in activity that is the result of impaired judgment can result in legal ramifications, such as criminal charges for drunk driving or public disorder, or civil penalties for tortious behavior, as well as a criminal sentence. Recovery, according to Anthony (1993), is "A very personal, one-of-a-kind process for altering one's attitudes, beliefs, feelings, objectives, abilities, and/or roles. It's a method of living a fulfilling, hopeful, and helpful life despite the illness's restrictions.

COMPONENTS OF RECOVERY

Following are the components of recovery process of a alcoholic dependent,

- Hope: Hope is a strong desire coupled by a sense of certainty. The foundation for long-term rehabilitation from mental illness is a sense of hope. Even the tiniest glimmer of hope that we, too, can recover, as others have, can help us move forward. It is conceivable for a treatment professional, friend, or family member to carry optimism for a consumer early in the recovery process. Consumers must, at some point, establish and internalize their own sense of hope.
- Medication/Treatment: While many people are irritated by the process of finding the proper meds and the adverse effects of medications, the majority of people with psychiatric disorders say that pharmaceuticals are essential to their recovery (Sullivan, 1997). For many people, the goal isn't to be medication-free, but to take as little as possible. Similarly, users of mental health services frequently report that mental health practitioners and treatment programs have helped them recover. Especially when customers believe they are part of a collaborative effort with their treatment provider and are involved in the therapy process.
- Support: Recovery from mental illness requires the help of peers, family, friends, and mental health experts. Having numerous sources of assistance is extremely useful. This not only decreases a consumer's sensation of isolation, but also boosts their community involvement, allowing them to play a more active role in society. Participation in support groups, in addition to individual support, is a crucial tool for recovery. The ability to communicate with others who understand their feelings and experiences is commonly cited by consumers as the most significant factor in their recovery.
- Education/Knowledge: It is critical to understand as much as possible about our illnesses, drugs, best treatment procedures, and available resources in order to maximize recovery. It's also critical to get a better understanding of ourselves, including our symptoms, so that we may better manage our illnesses. Speaking with health care providers, attending workshops and support groups, reading books, articles, and newsletters, browsing the internet, and engaging in discussion groups are all ways for consumers to educate themselves.
- Self-help: While most consumers understand the importance of professional therapy, self-help is frequently considered as a pathway to recovery advancement. Learning to recognize symptoms and taking action to counteract them, reading and learning about a disease and its treatment, learning and implementing coping skills, and attending support groups and creating a support system to rely on when needed are all examples of self-help.

LITERATURE REVIEW

Alcohol comes from the Arabic word al-akuhul, which meaning beautifully split spirit. There are numerous different forms of alcohol, including amyl, butyl, isopropyl, isobutyl, methyl, and ethyl. Alcohol is used in a variety of industrial and chemical applications. The most prevalent type of alcohol ingested is ethyl alcohol. Adolescents develop their views, attitudes, and knowledge from their parents, who are the major socialization agent. Adolescence is a phase of profound biological, cognitive, and social changes that is universally recognized. (Sathyamurthi and colleagues, 2021.)

Alcohol is a product that has served people in a number of ways throughout history. Alcohol has played a significant role in religion and worship since the beginning of humanity. Alcoholic beverages have long been employed as a source of essential nutrients and for their therapeutic, antibacterial, and analgesic effects. The importance of such beverages as thirst quenchers is self-evident, and they contribute significantly to improving one's happiness and quality of life. They can be used as a social lubricant, to aid relaxation, to provide pharmacological pleasure, and to enhance eating pleasure.

Throughout history, people have placed a great value on alcohol and have used it continuously. Alcohol consumption in moderation has rarely been questioned throughout recorded history, despite its critical function. "Fermented dietary beverage... was such a prevalent feature in the diverse cultures that it was taken for granted as one of the basic aspects of survival and self-preservation," according to the author (Lucia, 1963b, p. 165). The fact that it has frequently been accepted as a means of exchange is indicative of its value. For example, ale was commonly used to pay tolls, rent, and debts in Medieval England (Watney, 1974, p. 16).

Alcohol has played a significant role in religion from the dawn of humanity "Usually regarded as a deity's gift and strongly linked to their worship. Alcohol rejection by religion appears to be a rare occurrence. When this happens, it's possible that the rejection isn't due to alcohol at all, but rather to other factors. The nomadic Rechabites, for example, disliked wine since it was connected with an unsuitable agricultural lifestyle. The Nazarites merely refrained for the duration of their probation, after which they resumed drinking (Sournia, 1990, p.5; Samuelson, 1878, pp. 62-63). Mohammed may have prohibited alcohol for a variety of reasons, including to better separate his followers from those of other religions (Royce, 1986, p. 57).

Alcoholic beverages have also been a good source of calories and nutrients (Braudel, 1974, p. 175). The phrase "bread and beer" was used in ancient Egypt to refer to all foods and was also a traditional welcome. Many alcoholic beverages, such as Egyptian bouza and Sudanese merissa, are high in protein, fat, and carbs, which helps to explain why some communities with poor diets rarely suffer from nutritional shortages. Importantly, during fermentation, the amounts of amino acids and vitamins rise (Ghaliounqui, 1979, pp. 8-9). While modern food technology uses enrichment or fortification to boost food nutrition, nutritional enrichment can also be accomplished organically through fermentation (Steinkraus, 1979, p. 36).

Historically, alcoholic beverages have been used to quench thirst. Water pollution is nothing new; in fact, most sources have always been unhealthy or questionable at best. Water was rarely mentioned by ancient writers, unless it was as a warning (Ghaliounqui, 1979, p. 3). In 1648, travelers traversing what is now Zaire reported drinking water that tasted like horse urine. Most Parisians drank water from a murky, frequently chemically polluted Seine in the late eighteenth century (Braudel, 1967, pp. 159-161). Coffee and tea were not brought into Europe until the mid-seventeenth century, and it took another hundred years or more for them to become commonplace (Austin, 1985, pp. 251, 254,351, 359,366).

A therapeutic or medical function of alcohol has also proven crucial. According to current studies, moderate alcohol use is superior to abstention. It has been shown to reduce the incidence of coronary heart disease (e.g., Razay, 1992; Jackson et al., 1991; Klatsky et al., 1990, p. 745; Rimm et al., 1991; Miller et al., 1990), cancer (e.g., Bofetta&Garfinkel, 1990), and osteoporosis (e.g., Gavaler& Van Thiel, 1992), as well as (e.g., DeLabry et al., 1992). It is undeniably a powerful analgesic that is commonly available to those in suffering. It has also offered respite from the exhaustion of hard labor. The crucial impact that alcohol has played in boosting enjoyment and quality of life should not be overlooked. It can be used as a social lubricant, a source of amusement, a means of relaxation, a source of pharmaceutical pleasure, and a means of enhancing food flavors (Gastineau et al., 1979, p. xx).

Alcoholism in India

In some parts of India, such as Manipur and Gujarat, alcohol is prohibited, although it is permitted in the majority of states. International brewers and distillers of alcoholic beverages want to make a name for themselves in India since it might be the world's third largest market. India has also become one of the world's top manufacturers of alcohol, accounting for 65 percent of the region's alcoholic beverages. In recent years, most urban regions have seen an expansion in the number of pubs and nightclubs that have opened.

Drinking Statistics for India

Hard liquors and distilled spirits are preferred by Indians over beers, accounting for 80% of consumption. It is estimated that 20% of the population has tried alcohol at least once. The number of people who have consumed alcohol has decreased from 1 in 300 to 1 in 20 in the last two decades. According to a study published in the Lancet, more than half of individuals who consume alcohol in India engage in risky behavior. According to reports, there are over 14 million people in India who are alcohol dependent and in need of assistance. Another source of concern is the rising trend of binge drinking, in which people purposefully become intoxicated.

Alcoholism and the relationship with the family

Because addiction is a family disease, active and constructive family participation in the recovery process is critical if the family is to recover from the harmful effects of addiction. Families require a variety of resources, information, and abilities to move forward in hope, including the following:

- Break the cycle of isolation by joining an education or support group.
- Addiction and Family Education: Understanding how addiction impacts both the addicted person and their family is critical to moving forward.
- Improve Your Communication Skills: Addiction destroys family communication. Family rehabilitation requires the development of these

skills.

- Self-Detachment and Self-Responsibility: Learning to detach with love while focusing on taking responsibility for our own actions.
- Stop Old Behaviors: Many of our old coping mechanisms are unproductive and add to the problem rather than the solution: enabling, denial, blaming, and minimizing the problem are just a few examples.
- Involve the Kids: As a parent, you play a key role in providing support and protection for your children, depending on their ages. However, it is critical to involve them in their own healing.
- Build Resilience: Surviving active alcohol and drug addiction is never easy. Make the most of the healing process by focusing on your personal and family strengths.
- Participate in Personal and Family Activities: work alone and collaboratively to identify activities that provide personal and family fulfillment (ex. volunteering)
- Recognize and Prepare for Relapse: Family members, like those addicted to alcohol and drugs, are susceptible to relapse into previous behaviors. Family members must devise techniques to deal with their own relapse problems and other difficulties.

People suffering from alcoholism and drug addiction, as well as their families and children, can and do achieve optimum levels of health and functioning, but it takes years rather than days, weeks, or months. Families are strengthened via increasing levels of genuine connection during the healing process, and they are better able to cope with life's obstacles. The discipline of healing can help the family become the healthiest it has ever been throughout time.

Addiction and the Families of Alcoholics and Addicts

Substance addicts' normal actions can have a direct and indirect impact on the family structure, resulting in a dysfunctional environment. Family members frequently attempt to shield the addict from the consequences of his or her actions. When the addict is hungover, they may claim he has the flu or make reasons for why she missed yet another appointment. Children may withdraw from social situations if they are not allowed to bring their friends home. Adolescents develop their views, attitudes, and knowledge from their parents, who are the major socialization agent. 2021) (Sathyamurthi K Anjana M). Addiction frequently causes marital troubles, which might lead to divorce or separation. Physical and emotional abuse can lead to divorce, and substance misuse is frequently the root of abusive conduct. Addiction is a chronic condition, which means that its consequences worsen over time. Family members may fragment into a collection of distinct individuals struggling to coexist rather than preserving a coherent family unit in their attempt to manage the turmoil around them. Their primary goal as a family is to keep the truth about what goes on within the house hidden. There is no consistency, and family members frequently feel as if they have nowhere to turn for help, comfort, or escape from the constant stress.

Role of the Spouse in Addiction & Recovery

The spouse of an addict or alcoholic can play a number of different roles not only during the active substance abuse and addiction stage, but also during recovery. The study on substance use done by Sathyamurthi et al (2020) is to know the usage and it's on individual, family and community at large and to suggest an appropriate social work intervention method for the adolescents to cope up their dependency on substance. More than one third (72 per cent) of the respondents have not shown any proof of age while buying cigarettes, One third (38 per cent) of the respondents use both chew and snuff types of tobacco, More than one third (72 per cent) of the respondents have a habit of consuming alcohol, One third (38 per cent) of the respondents started consuming alcohol at the age of 15 years, two third (66 per cent) of the respondents have not tried marijuana, Majority (86 per cent) of the respondents have not tried Cocaine, Majority (74 per cent) of the respondents have not sniffed glue or spray cans, Vast Majority (94 percent) of the respondents have not used steroids. (Sathyamurthi & Kumar, 2020). In many cases the spouse completely takes care of the addict and is directly responsible for getting them into an appropriate treatment program, while other times a spouse can be an enabler of the addiction. Whatever the case may be, the spouse of a dependent drug user or alcoholic can sometimes make or break a recovery program because they are such a critical part of the patient's life. Therefore, understanding the role of a spouse in addiction and recovery is essential to developing a treatment plan that addresses both the harmful and beneficial impact that the spouse has had – and may or may not continue to have – on the recovering addict. All the factors including family, school, media and proper social wok intervention can make a lot of difference in improving the emotional intelligence of the adolescents. (Shefali Mohanty, 2019).

Support System for Spouses Affected by Addiction

Spouses and other committed partners of addicted individuals often find themselves serving as a buffer between the addict and the rest of the world, including other family members. They alternate between enabling the addict and attempting to control his or her behavior. Their emotions can swing from one opposite to another, as they lash out in anger and then retreat into depression. Some spouses feel a deep sense of guilt, believing that they have failed the family. Substance is abused by the respondent's family members. More than half percent (51.7) of the respondents family members use alcohol for substance abuse, more than one third percent (41.7) of the respondent's family members are not abusing any drugs for substance abuse and negligible percent (6.7) of the respondent's family members use both tobacco & alcohol for substance abuse. (Sathyamurthi & Kumar, 2020). Recovery for the spouse shares characteristics with the recovery process for an addict, as both depend on acknowledging the problem, learning about the disease that helped create the dysfunction, and adopting new coping skills. Support groups can be instrumental in giving spouses a safe place to express their fears, find comfort, and discover new ways of interacting with family members.

METHODOLOGY

In this part, researcher highlighted the objectives of the study, field of study, pilot study, research design, Sampling design, tools for data collection, sources of data, pre-testing, actual data collection, definition of terms, analysis design of the study and limitations. An extensive review of the literature and theoretical foundations made by the researcher gave an indepth insight into the research gaps in the area of Family Support System in Recovery Process in Alcoholism Addicts. Keeping this in mind, researcher has formulated the following objectives. Objectives are to explore the reason /causes of the patient's alcohol intake by the respondent, to understand the problem faced by the respondent, to study the influence of support system in the recovery process of person with alcoholism and to know about the misconception of support system about alcoholism. The pre-test was conducted among the wives of the alcoholic addicts from two al-anon group (Liberty al-anon group, CSI Church, kodambakkam, Chennai and New beginning group, Holy angel convent, opposite to nagesh theatre, T.Nagar, chennai) and one de-addiction centre (ADAPT De-addiction centre, Tambaram, chennai). The primary data collected by using the questionnaire with the Inclusion and exclusion criteria such as wives of the alcoholic addicted under the treatment included and Wives of the other substance abusers excluded for the study. The wives who are active members of al-anon group and rendering the support in the on-going recovery process of alcoholism of their spouse in Chennai, research study is conducted by adopting the snowball sampling technique. The researcher used the descriptive study. The descriptive study is the fact finding investigation with adequate interpretation. The descriptive study helps to have detailed study of research problem. The wife who are active member of al-anon group and rendering support in the on-going recovery process of alcoholism of their spouse from de-addiction centre and al-anon group. The sources of informa

MAJOR FINDINGS AND SUGGESTIONS

The main findings of the research study are the following:

- Majority of the respondents have SSLC qualification, more than one fourth (28%) of them post-graduates, more than one fifth (22%) of the
 respondents are graduates
- Majority (64%) of the respondents are working in both private sector and government sector. Less than 40% tem are jobless.
- More than half of the (56%) respondent's spouses have been addicted to the alcohol in 1-2 years only and less than 30 % of them are addicted to the alcohol in 2-3 years and 3-4 years. Very few of them have been addicted to the alcohol in more than 4 years.from this investigation the researcher found that the psycho-social and economic problems are very much high among the spouse.
- Peer group influence is always the key factor (76%) for the intake of the alcohol of the husband of the respondent and less than 15% of them are not taking alcohol due to the peer group influence so from the table the researcher understood that that the peer group influence is always the key factor (76%) for the intake of the alcohol of the husband of the respondent.
- A vast majority of the respondents (74%)) are addicted to the alcohol due to the family disputes.
- More than two third (74%) of the husband's alcohol consumption is due to the inability to face or solve the problem in their day to day life.
- Respondent opinioned that another key factor for their husband's high alcohol consumption (74%) is due to their stressful work nature.
- More than half of the (74%) respondents' spouse started to consume the alcohol as fun.
- A Vast majority of the (94%) respondents having the anxiety resulting from their husband's alcohol intake.
- Almost of the (96%) respondents having fear of their future life and family life due to the excessive usage ad addiction on their husband's
 alcohol intake.
- Most of the respondents were undergoing through the psychological problems like depression (84%), loneliness (82%), anger (84%), guilt (82%), and suicidal ideation (82%) and above half of them (62%) did suicide attempt due to their husband's alcohol addiction.
- The researcher came to know that the abuses are the outcome factors of the addiction in any drugs especially the alcohol.so the wives are the main victim for it. The most of the respondents are faced different kinds of abuses such as physical abuse (80%), verbal abuse (74%), and sexual abuse (74%) due to their husband's alcohol addiction.
- Half (50%) of the respondents feel the less intimacy due to the husband's alcohol addiction and its effects and at the same percentage of (44%) the respondents had to take up the whole family responsibility solely.
- Almost 70% of the respondents had faced the problems in decision making and problem solving because of their husband's alcohol
 addiction.
- 48% of the respondents had facing the problem in communicating with the family members.
- The alcohol addiction of the spouse of the respondentis directly affect to the children scholastic performance (38%) as well as the behaviour
- The most of the respondents are facing difficulty to keep relationship with friends (62%) and with the neighbours (64%).
- Almost (76%) respondents avoid the social gathering or functions due to the addiction of their spouse.
- Financial problems are another effect of the alcoholism. The less than 40% of the respondents faced the economic problems like increased debt, difficulty in satisfy the family needs (32%). the alcoholism is compelling the respondents (28%) to support the family in financially.
- Majority of the (40%) alcoholic spouse always losing their job due to the addiction in alcohol.
- Most of the respondents (40%) have the excellent relationship with their spouse, majority of the respondents (76%) are staying with their spouse. And almost all the respondents (96%) thinking that the recovery process is inevitable for their addicted spouse.
- Most of the respondents (64%) have sufficient knowledge about the alcoholism. Most of them (66%) are frequently consulting with the

- medical practitioners for their addicted spouse.
- Almost above 70% of the respondents are participated in the family counselling as well as the individual counselling. The majority of the
 respondents (62%) attend the meeting organized by the centre where their spouse admitted without any delay.
- Most of the respondents (76%) ever motivated the respondents to seek help from the de-addiction centre.
- Majority of them (66%) are rendering constant love and affection to their spouse to come out off from the addiction.
- Only few alcoholic spouse had suffered from the memory impairment and the half of the respondents (50%) are narrating the incidents in life to help him to recall.
- Most of the respondents (70%) are not believe that the addiction is due to the existence of supernatural power, not because of the sin (80%) and not imposed curse.

SUGGESTIONS & CONCLUSION

The wives are the other segment part of victims due to the addiction in alcoholism. They are undergoing through the psychological social economical problems as he impact of the addiction in alcoholism of their partner. Based on the findings, researcher suggested the following strategies and interventions for better support system:

- Provide counselling (marital, family and individual counselling) to help them to come out from the psychological problems. Because most of the respondents they are facing the anxiety, depression, loneliness, fear about the future, anger guilt, suicidal ideation, suicidal attempt, less intimacy with heir partner, problem in discussion making and problem solving etc. During the critical situation the counselling will be effective pain relief to the victim. As a practitioner another challenge of the social worker is make them to disclose their problems. Because in Indian context the Indian families are much closed system. They are hiding the truth what is happening inside instead of sharing it.
- Educate them about the severity of the disease. Because when they lagging to take appropriate treatment the disease will multiply as time
 passes. Even though most of the respondents are well aware about the disease. The education promotion programmes have to extent to
 disseminate the awareness about the disease which should be based on the community based. Then only the community mass participation
 will ensure.
- Link the wives to the al-anon groups. The al-anon groups will help to solve the problems due to the alcoholism in the home, help to create an
 environment to share experience, strength and hope with the others in similar circumstances, gives assistance to their emotional health and
 spiritual growth.

The recovery process is a broad term which gas been involving the arrangement of significant aspects of life such as physical, psychological, behavioural ad social recovery. In the process the family members especially the wives can play a significant role to increase the hope, responsibility, rendering support, love and affection, empower or enhance the social life, help them to adopt new life style, restore the capacity to boost the role performance of their alcoholic addicted partner.

REFERENCES

American Academy of Pediatrics. Fetal alcohol syndrome alcohol-related neurodevelopmental disorders. Pediatrics. 2010;106:358–361.

Anjali U S & Sathyamurthi, K (2018). Psychosocial Competence of Institutionalized Adolescents. Journal of Humanities and Social Sciences, 23(10),42-46.

Ayswarya. J & Sathyamurthi K, A Conceptual Understanding Of Psycho-Social Well Being of Young Women Athletes: Social Work Perspective, International journal Of Multidisciplinary educational research, Issn:2277-7881, Impact Factor:6.514(2020); Volume:10,Issue:1(6), January:2021. http://S3-Ap-Southeast-1.Amazonaws.Com/Ijmer/Pdf/Volume10/Volume10-Issue1(6)/25.Pdf

Anjali U S & Sathyamurthi K, (2021) Institutionalization of Children And their Psychosocial Problems, Science, Technology And Development Journal, ISSN: 0950-0707. Volume X Issue Ii February 2021, Pg. No. 273-282. Doi:21.18001.Std.2021.V10i2.21.350532

Crowley, T.J. Research on contingency management treatment of drug dependence: Clinical implications and future directions. In: Higgins, S.T and Silverman, K., eds. *Motivating Behavior Change Among Illicit-Drug Abusers: Research on Contingency Management Interventions*. Washington: American Psychological Association, 2009, pp. 345–370.

Daley, D.C. Dual Disorders: Relapse Prevention Workbook, Second Edition. Center City, MD: Hazelden Foundation, 2003.

Eisen M, Keyser-Smith J, Dampeer J, Sambrano S. Evaluation of substance use outcomes in demonstration projects for pregnant and postpartum women and their 8 infants: Findings from a quasi-experiment. Addictive Behaviors. 2000;25(1):123–129

Guardia J, Caso C, Arias F, Gual A, Sanahuja J, Ramirez M, Mengual I, Gonzalvo B, Segura L, Trujols J, Casas M.A. double-blind placebo-controlled study of naltrexone in the treatment of alcohol-dependence disorder: Results from a multicenter trial. Alcoholism, Clinical and Experimental Research. 2002;26(9):1381–1387

Jayapalan. (2002) Urban Sociology, Atlantic Publishers & Distributors, New Delhi.

K.Sathyamurthi, & Srinithi S. (2021). A Systematic Review on Changes in the Effects of Parenting Style And Children's Behavior. *International Journal of Advance Research And Innovative Ideas In Education*, 7(4), 2259-2273.

TT Ranganathan clinical Research Foundation, 1989, Alcoholism & Drug Dependency, Chennai

Murali Desai (1994) Family Intervention A Course Compendium' TISS, Mumbai

Ian Paylor, Fiona Measham and Hugh Asher (2013) Social work and Drug uses, Rawat Publications

R. Saraswathi Nandhini and Sathyamurthi K (2019), Scope Of Social Work Practice In Promoting Health Seeking Behaviour Of Adolescent Girls In Chennai Slums – An Eclectic Approach, Review of Research, impact factor: 5.7631(UIF) UGC Approved Journal No. 48514 ISSN: 2249-894X, Volume - 8 | issue - 7 | April - 2019, Pg.No. 1-9.

Sathyamurthi, K (2015) Adolescent Health: A Trans-disciplinary Perspective', Today Publication, Chennai. 2015. ISBN: 978-93-81992-21-0.

Sathyamurthi, K (2015) Adolescent Mental Health: An Inter-disciplinary Approaches', Today Publication, Chennai. 2015. ISBN: 978-93-81992-64-7.

Sathyamurthi, K., Agalya, S., and Anjana, M. (2020). "Adolescents substance usage in the neighbourhood community of Chennai, Journal of Current Research, ISSN: 0975-833X, Vol. 12, Issue, 06, pp.11988-11990, June, 2020, DOI: https://doi.org/10.24941/ijcr.39005.06.2020

Sathyamurthi K, Youth: Health And Wellbeing (2019), Youth Wellbeing Challenges and Perspectives, Today Publication, Chennai 2019, Pg.23-29. ISBN: 938116413-4

www.rehabs.com/about/the-addiction-rehabilitation-process.

Sathyamurthi & Kumar, S. (2020). Prevalence of Substance Use Among Neighbourhood Community Adolescence in Chennai. *International Journal of Scientific Development and Research*, 5(7), 233–239. www.ijsdr.org

Sathyamurthi K Anjana M, A. M. D. (2021). Psycho Social Care and Support for Suicidal Ideation and Attempt among School Going Adolescents. International Journal of Research Publication and Reviews, 2(1), 631–634.

Shefali Mohanty, S. K. (2019). Emotional Intelligence Among Adolescents. Humanities and Social Sciences, 7(9), 121-124.