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Understanding Gaps: Family Members Perspectives on Why People with Alcohol use disorder Do Not Utilize De-Addiction Services

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ABSTRACT

Alcohol use disorders continue to pose a major public health challenge, affecting not only individuals but also their families and communities. Despite the availability of de-addiction services in India, a substantial proportion of individuals with alcohol use problems do not access professional treatment, resulting in a significant treatment gap. Family members often play a crucial role in recognizing alcohol-related problems, motivating treatment seeking and supporting recovery. However, they also encounter numerous barriers that influence the utilization of de-addiction services. The present study, titled "Understanding Gaps: Family Members' Perspectives on Why people with Alcohol Use Disorder Do Not Utilize De-addiction Services" was undertaken to understand the treatment gap among individuals with alcohol use problems from the perspective of family members residing in selected coastal areas of Thiruvananthapuram district. The study specifically aimed to identify the barriers preventing treatment utilization, assess family members' awareness regarding available de-addiction services, explore their perceptions, attitudes and experiences related to alcohol use problems and treatment seeking, and identify the support and interventions required to improve treatment utilization.

The study adopted a Concurrent Embedded Mixed Method Design with greater priority given to the quantitative component and a limited qualitative component embedded to enrich and explain the quantitative findings. Quantitative data were collected from 60 family members of individuals with alcohol use problems using a Structured Interview Schedule, the Family CAGE-AID Questionnaire and the Alcohol Dependence Scale (ADS) – Proxy Version. Two purposively selected information-rich case studies were conducted to obtain an in-depth understanding of family experiences related to treatment barriers and treatment-seeking behaviour. Quantitative data were analysed using descriptive statistics, including frequency and percentage with the help of the Statistical Package for the Social Sciences (SPSS) while qualitative data were analysed using thematic analysis.

The findings of the study revealed that treatment refusal by the affected individual emerged as the most significant barrier to the utilization of de-addiction services. Financial constraints, lack of awareness regarding available treatment facilities, poor accessibility of services, fear of social stigma, misconceptions regarding treatment and previous unsuccessful treatment experiences were also identified as major barriers contributing to the treatment gap. The study further revealed that although many family members recognized alcohol dependence as a condition requiring professional treatment, awareness regarding available de-addiction services remained inadequate. The qualitative findings supported the quantitative results by highlighting the emotional distress, financial hardship, domestic conflicts, treatment fatigue, repeated relapse and hopelessness experienced by family members while attempting to motivate affected individuals to seek treatment. Respondents also identified family counselling, awareness programmes, financial assistance, confidential treatment services and improved accessibility of de-addiction services as essential interventions for improving treatment utilization.

The study concludes that the treatment gap among individuals with alcohol use problems is influenced by multiple interrelated personal, familial, social and service-related factors. Addressing these barriers requires family-centred interventions, community awareness programmes, stigma reduction initiatives, accessible and affordable treatment services and stronger support systems for affected families. The findings of the study provide valuable implications for social work practice, mental health professionals, healthcare providers and policymakers in developing comprehensive strategies to improve the utilization of de-addiction services and reduce the treatment gap among individuals with alcohol use problems.

Keywords: Alcohol Use Problems, Treatment Gap, De-addiction Services, Family Members, Concurrent Embedded Mixed Method Design, Coastal Communities.

CHAPTER 1

INTRODUCTION

CHAPTER 1: INTRODUCTION

1.1 Introduction

Alcohol use is a major public health problem affecting individuals, families and communities worldwide (World Health Organization [WHO], 2023). While moderate alcohol consumption is socially accepted in many cultures, harmful and dependent patterns of alcohol use have emerged as a significant public health concern. According to the World Health Organization (2023), the harmful use of alcohol contributes to approximately 2.6 million deaths annually and is associated with more than 200 diseases and injury conditions, including liver diseases, cardiovascular disorders, cancers, mental health disorders, road traffic injuries, violence and suicide. Alcohol use contributes significantly to physical illnesses, mental health problems, accidents, injuries, violence, family conflicts, reduced work productivity and premature mortality (WHO, 2023). The harmful effects of alcohol are not limited to the individual alone but extend to families, communities and society at large. Alcohol Use Disorder (AUD) is characterized by impaired control over alcohol consumption, continued drinking despite adverse consequences and difficulty in reducing or stopping alcohol use (World Health Organization, 2023). Individuals with alcohol use problems often experience deterioration in physical health, psychological well-being, interpersonal relationships, occupational functioning and social adjustment. The burden of alcohol dependence extends beyond the individual and significantly affects family members, who frequently experience emotional distress, financial difficulties, domestic conflicts, social stigma and disruptions in family functioning (Mattoo et al., 2013; Panda et al., 2020).

Family members play a crucial role in identifying alcohol-related problems and initiating treatment-seeking efforts. They are often the first to recognize behavioural changes, deteriorating health conditions and the social consequences associated with alcohol use. Family members frequently encourage treatment seeking, provide emotional and financial support and assist in caregiving. However they also encounter numerous challenges including lack of information regarding available services, uncertainty about treatment effectiveness, fear of negative treatment outcomes, social stigma, financial burden and emotional exhaustion resulting from repeated unsuccessful attempts to help the affected individual (Wallhed Finn, 2018; Bortolon et al., 2025). Understanding treatment barriers from the perspective of family members is therefore essential for addressing the treatment gap. Family members possess firsthand knowledge regarding the challenges faced during treatment seeking and can provide valuable insights into the reasons behind the non-utilization of de-addiction services. Their experiences can contribute to the development of effective interventions aimed at improving treatment accessibility, increasing awareness, reducing stigma and strengthening family support systems (Nadkarni et al., 2023). The issue is particularly relevant in coastal communities where alcohol use has been reported as a significant social concern. Economic instability, occupational stress, limited awareness regarding available services and restricted access to treatment facilities may further contribute to treatment delays and underutilization of professional services (Rajeev et al., 2017; Sukumaran et al., 2020). Understanding the experiences of families residing in such communities is therefore important for developing community-based interventions and support mechanisms.

The present study titled “Understanding Gaps: Family Members' Perspectives on Why People with Alcohol Use Disorder Do Not Utilize De-addiction Services” seeks to examine the factors contributing to the treatment gap among individuals with alcohol use problems from the perspective of family members. Despite the availability of de-addiction services, treatment utilization remains low. The National Survey on Extent and Pattern of Substance Use in India conducted by the National Drug Dependence Treatment Centre (NDDTC), All India Institute of Medical Sciences (AIIMS)and the Ministry of Social Justice and Empowerment (2019) reported that 14.6% of the Indian population aged 10–75 years consumes alcohol, representing approximately 16 crore individuals, of whom 5.7 crore are problem users and 2.9 crore are dependent users requiring treatment. However, only a small proportion of individuals with alcohol dependence access professional treatment, highlighting a substantial treatment gap (NDDTC-AIIMS, 2019). The study therefore aims to identify barriers preventing treatment utilization, assess awareness and knowledge regarding available de-addiction services, explore family members' perceptions and experiences related to alcohol use problems and treatment seeking and identify the support and interventions required to improve treatment utilization.

The study adopts a Concurrent Embedded Mixed Method Design, with a predominantly quantitative approach supported by qualitative case studies. Quantitative data collected from family members constituted the primary component of the study, while qualitative case studies were embedded to provide an in-depth understanding of their lived experiences and to enrich the interpretation of the quantitative findings. By integrating statistical findings with personal narratives, the study seeks to generate a comprehensive understanding of the treatment gap and contribute to the development of effective strategies for improving access to de-addiction services and promoting recovery among individuals with alcohol use problems. The findings of this study are expected to contribute to the field of social work practice, particularly in the areas of addiction treatment, family welfare, mental health and community interventions. The study may assist social workers, healthcare professionals, policymakers and service providers in developing family-centred and community-based approaches to reduce treatment barriers and improve the utilization of de-addiction services among individuals with alcohol use problems. For the present study fourteen relevant studies were reviewed to understand various dimensions of alcohol use disorders, treatment gaps, barriers to treatment utilization, family burden, help-seeking behaviour, stigma and the role of family members in facilitating treatment. The studies were selected based on their relevance to the objectives of the present research and included peer-reviewed journal articles, national survey reports, government publications and community-based studies.

1.2 Background of the Study

Alcohol use continues to be a major public health concern in India and contributes significantly to physical health problems, mental health issues, family disruptions and socioeconomic difficulties. Although treatment and rehabilitation services are available, the utilization of these services remains low among individuals with alcohol dependence.

The National Drug Dependence Treatment Centre (NDDTC), All India Institute of Medical Sciences (AIIMS), in collaboration with the Ministry of Social Justice and Empowerment,

conducted the landmark study *Magnitude of Substance Use in India (2019)*. The study revealed a substantial treatment gap in alcohol dependence. It reported that only about one in thirty-eight individuals with alcohol dependence had ever received any form of treatment. Furthermore, only one in one hundred and eighty individuals had ever received inpatient treatment or hospitalization for alcohol-related problems. These findings indicate that a large proportion of individuals with alcohol dependence remain outside the formal treatment system despite experiencing significant health and psychosocial consequences.

Similarly, the *National Mental Health Survey (2015–16)* conducted by the National Institute of Mental Health and Neurosciences (NIMHANS) reported a treatment gap of 86.3 percent for Alcohol Use Disorders (AUD). This was one of the highest treatment gaps observed among mental health conditions in India. The study highlighted that many individuals with alcohol-related problems fail to receive appropriate professional intervention due to factors such as stigma, lack of awareness, financial difficulties, accessibility issues and reluctance to seek treatment.

Kerala has often been perceived as one of the highest alcohol-consuming states in India. However, findings from the *National Family Health Survey (NFHS-6, 2023–24)* indicate that approximately 22.7 percent of men aged 15 years and above in Kerala consume alcohol. This places Kerala above the national average of 18.9 percent but not among the highest-ranking states in the country. The survey also reported that alcohol consumption among women in Kerala remains negligible at approximately 0.3 percent. The findings further revealed a slight rural-urban difference with 23.7 percent of rural men and 21.5 percent of urban men reporting alcohol consumption.

The issue assumes greater significance in coastal communities of Kerala. The *Southern Coastal Kerala Study (2020)*, published in the IOSR Journal of Nursing and Health Science, examined alcohol use among fishermen in selected coastal areas of Thiruvananthapuram, including Shanghumugham, Puthenthope, Perumathuraand Mariyanad. The study reported that 88 percent of fishermen consumed alcohol, while 58 percent had been consuming alcohol continuously for more than six years. These findings indicate the widespread nature of alcohol use within coastal communities and its potential impact on family and community well-being. Despite the availability of de-addiction services through government hospitals, private institutions and rehabilitation centres, treatment utilization remains low. Families frequently experience financial difficulties, domestic violence, emotional distress, indebtedness, marital conflicts and social stigma as a result of alcohol dependence. Understanding the factors that contribute to the treatment gap is therefore essential for developing effective interventions and improving service utilization among individuals with alcohol use problems.

1.3 Statement of the Problem

Alcohol use problems continue to pose significant challenges to individuals, families and communities. Although various de-addiction and rehabilitation services are available, a substantial proportion of individuals with alcohol dependence do not access professional treatment. National studies such as the *Magnitude of Substance Use in India (2019)* and the

National Mental Health Survey (2015–16) have reported alarmingly high treatment gaps, indicating that many individuals continue to experience alcohol-related problems without receiving appropriate intervention.

Family members are often the first to recognize alcohol-related problems and are directly affected by the consequences of alcohol dependence. They experience emotional distress, financial strain, domestic violence, social stigma, relationship conflicts and disruptions in family functioning. At the same time, family members play a crucial role in motivating individuals to seek treatment and supporting them throughout the recovery process.

Several factors such as stigma, lack of awareness regarding available services, financial constraints, misconceptions regarding treatment, accessibility issues and refusal by affected individuals may contribute to the non-utilization of de-addiction services. However limited studies have explored these barriers specifically from the perspective of family members, particularly in coastal communities where alcohol-related problems remain a significant social concern so that there is a need to understand the treatment gap from the perspective of family members in order to identify barriers to treatment utilization, assess awareness regarding available de-addiction services, explore family members' perceptions and experiences related to alcohol use problems and treatment seeking and identify the support and interventions required to improve treatment utilization among individuals with alcohol use problems. The present study seeks to address this need among family members of individuals with alcohol use problems residing in selected coastal areas like Poovar, Karumkulam, Kochuthura ,Puthiyathura, Pallam, Pulluvila, Kochupally Adimalathura of Thiruvananthapuram district.

1.4 Relevance and Significance of the Study

The present study is significant because it seeks to understand the treatment gap among individuals with alcohol use problems from the perspective of family members who are often directly affected by the consequences of alcohol dependence and play a crucial role in treatment seeking. The study helps identify personal, familial, social and service-related barriers that contribute to the non-utilization of de-addiction services. Understanding these barriers is essential for developing interventions that can improve treatment accessibility and utilization. The findings provide valuable insights into family members' awareness, perceptions, experiences and support needs regarding alcohol use problems and treatment seeking. Such information can assist social workers, mental health professionals and healthcare providers in designing family-centred interventions and support programmes.

The study is particularly relevant to coastal communities where alcohol use remains a significant social issue. By focusing on family members residing in selected coastal areas of Thiruvananthapuram district, the study contributes to the understanding of community-specific challenges associated with treatment seeking.

The findings may also assist policymakers and service providers in planning awareness programmes, strengthening community-based interventions, improving accessibility of de-

addiction services, reducing stigma and enhancing support systems for affected families.The study also contributes to the existing body of knowledge on alcohol use, treatment utilization and family experiences. It is expected to provide useful information for future research, policy formulation and social work practice aimed at reducing the treatment gap among individuals with alcohol use problems.

1.5 Chapterization

The study is divided into six Chapters,

Chapter I: The first chapter attempts to provide an introduction into the study and various other concepts related to the study and state the problem that is addressed in the research paper, its intensity, relevance and significance of the study in current scenario.

Chapter II: The second chapter attempts to deal with the review of literature available in International and Indian context or perspectives. This helps the trainee to identify the dimension in which the researcher needs to focus more. A gap in these studies gets discussed in the following.

Chapter III: It discusses the methodology that the researcher uses in her study. It includes the details like title, general and specific objectives, research design, sampling techniques, details of the pilot study, Method of data collection, data analysis and limitations of the study.

Chapter IV: Details of the qualitative data collected and description of cases used in the study are recorded in this chapter in an elaborated manner for a better understanding of each case. Cases of respondents are described through narrative and verbatim reporting.Data analysis and interpretation is done in the chapter.

Chapter V: The Findings from the data analysed descriptively and thematically analysis to link the findings back to existing literature and discussion of the data collected for the study are discussed in this chapter in a detailed manner.

Chapter VI: This chapter deals with suggestions and conclusions that derived from the findings and discussions . The last pages of the dissertation include will the bibliography, Anexture and tools used for data collection in this study.

CHAPTER 2

LITERATURE REVIEW

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

The second chapter of the research deals with the literature reviews based on the various studies conducted on the topic, related aspects or associated events, that has impact on the physical, mental, social, economic aspects. Each theme reviewed in literature mainly in International, Indian, Kerala and Thiruvananthapuram context . The final part of the chapter deals with the research gap identified. The review of literature has been organized into four sections. The first section presents four international studies that explore treatment gaps, help-seeking behaviour, stigma and family involvement in alcohol use disorders across different countries. The second section includes five Indian studies highlighting the prevalence of alcohol use, family burden, treatment gapsand barriers to accessing de-addiction services in the Indian context. The third section presents four studies conducted in Kerala focusing on alcohol consumption patterns, community-specific issues and the impact of alcohol use on families, particularly in coastal communities. The final section reviews one methodological study that validates the use of the Family CAGE-AID questionnaire for identifying substance dependence through information provided by family members. The chapter concludes with the theoretical framework and the research gap which provide the conceptual basis and justification for undertaking the present study.

2.2 Review of Literature

2.2.1 International Studies

1. Wallhed Finn (2018)

Wallhed Finn (2018) conducted a qualitative study in Sweden to explore barriers to treatment seeking among individuals with alcohol dependence. The study sought to understand why a large proportion of individuals with alcohol-related problems fail to access professional treatment despite the availability of services. Data were collected through interviews and focus group discussions with individuals experiencing alcohol dependence.The findings revealed that alcohol dependence is associated with one of the largest treatment gaps among mental health and substance use disorders. Many participants reported feelings of shame, guilt and embarrassment related to their alcohol use. These emotional responses often prevented them from disclosing their problems to others or seeking professional help. Stigma emerged as a significant barrier with participants expressing concerns about being labelled as alcoholics and facing negative judgement from society.The study also identified lack of awareness regarding treatment services as an important obstacle. Many participants possessed limited knowledge about available treatment options and held misconceptions regarding treatment outcomes. Some believed that treatment required complete abstinence for life, while others feared that entering treatment would result in social isolation or loss of personal freedom. Negative perceptions regarding treatment effectiveness further reduced motivation to seek help. The author emphasized that improving awareness, reducing stigma and promoting accurate

information regarding treatment services could encourage earlier treatment seeking. The study highlighted the importance of addressing psychological and social barriers in order to reduce the treatment gap among individuals with alcohol dependence.

2. Bortolon et al. (2025)

Bortolon et al. (2025) conducted a national cross-sectional study in Brazil to examine help-seeking behaviour among family members of individuals with substance use problems. The study included 3,030 affected family members and explored factors influencing treatment seeking, delays in obtaining help and barriers encountered during the process. The researchers aimed to understand how family members respond to substance use problems within the household and the challenges they face while attempting to access support and treatment services. The findings revealed that family members often played a critical role in recognizing substance use problems and initiating efforts to seek professional help. Although a large proportion of respondents eventually sought assistance, nearly two-thirds reported significant delays in help-seeking. The average delay extended beyond three years from the recognition of the problem. Major barriers identified included treatment refusal by the affected individual, denial of the severity of the problem, lack of awareness regarding available services and uncertainty about where to seek help. Many respondents also reported feelings of frustration, helplessness and emotional exhaustion resulting from repeated unsuccessful attempts to encourage treatment. The study further highlighted the impact of stigma and social judgement on treatment-seeking behaviour. Family members often hesitated to seek assistance due to fear of criticism from relatives, neighbours and community members. Financial difficulties and limited availability of specialized services also contributed to delays in treatment utilization. The authors concluded that family members should be considered key stakeholders in addiction treatment programmes and emphasized the need for family-focused interventions and awareness initiatives.

3. Zewdu et al. (2019)

Zewdu, Hanlon, Fekadu, Medhinand Teferra (2019) conducted a community-based study in rural Ethiopia to assess the prevalence of alcohol use disorders, treatment gaps, stigma and help-seeking behaviour among adults. The study aimed to determine the extent to which individuals with alcohol use disorders accessed treatment and to identify factors contributing to non-utilization of available services .The study reported an exceptionally high treatment gap with approximately 87 percent of individuals with alcohol use disorders not receiving professional treatment. The findings revealed that help-seeking behaviour was generally low and only a small proportion of affected individuals sought assistance from healthcare providers. Many participants preferred to manage their problems independently or relied on informal sources of support rather than professional services. Stigma emerged as one of the most significant barriers to treatment utilization. Participants reported fears of being judged, discriminated against or socially excluded if they sought treatment for alcohol-related problems. In addition lack of awareness regarding treatment facilities and limited understanding of alcohol use disorders prevented many individuals from seeking help. Some respondents believed that alcohol-related problems would resolve naturally without intervention and others underestimated the severity of their condition. The researchers

concluded that treatment gaps are strongly influenced by social attitudes, stigma, poor awareness and inadequate access to information regarding treatment services. They recommended strengthening community awareness programmes, reducing stigma and improving access to treatment facilities.

4. Nadkarni et al. (2023)

Nadkarni, Gandhi, Bhatiaand Velleman (2023) conducted a review study titled "Closing the Treatment Gap for Alcohol Use Disorders in Low- and Middle-Income Countries." The study examined the magnitude of treatment gaps in alcohol use disorders across low- and middle-income countries and explored evidence-based strategies for improving treatment accessibility and utilization. The authors reviewed existing literature on service delivery models, treatment barriers and interventions designed to reduce treatment gaps. The review identified alcohol use disorders as one of the most undertreated health conditions globally. Despite the availability of effective psychological, pharmacological and community-based interventions a large proportion of affected individuals fail to receive professional treatment. The authors identified multiple barriers contributing to treatment gaps including stigma, poor mental health literacy, lack of awareness regarding available services, financial constraints, inadequate healthcare infrastructure, shortage of trained professionals and limited accessibility of treatment facilities. A significant finding of the review was the important role played by family members in facilitating treatment seeking and recovery. Families often serve as the primary source of emotional, financial and practical support for individuals with alcohol use disorders. However family members themselves frequently experience stress, burden, frustration and helplessness while attempting to motivate affected individuals to seek treatment. The authors recommended expanding community-based treatment services, integrating addiction care into primary healthcare settings, increasing public awareness regarding alcohol use disorders and promoting family involvement in treatment programmes. They emphasized that family-centred approaches can improve treatment engagement and reduce relapse rates.

2.2.2 Indian Studies

1. Mattoo et al. (2013)

Mattoo et al. (2013) conducted a cross-sectional study among family caregivers of individuals with alcohol and opioid dependence attending a de-addiction centre in North India. The primary objective of the study was to assess the burden experienced by family caregivers and to examine the various domains of family functioning affected by substance dependence. A total of 120 caregivers participated in the study and data were collected using the Family Burden Interview Schedule. The findings revealed that the majority of caregivers experienced moderate to severe burden due to the substance use behaviour of their family members. Financial strain emerged as one of the most significant areas of burden as families often had to bear the expenses associated with substance use while simultaneously coping with reduced income and debt. The study also identified disruption in routine family activities, strained interpersonal relationships, reduced leisure time and increased emotional distress among caregivers. Many respondents reported feelings of frustration, helplessness, anxiety and social embarrassment as a result of the substance use problems of their family members. The

researchers further observed that caregiver burden was higher among families belonging to lower socioeconomic backgrounds and among those residing in rural areas. The study emphasized that substance dependence affects not only the individual but also the entire family system. The authors highlighted the need for family-focused interventions and support services to reduce caregiver burden and improve treatment outcomes.

2. Panda, Sahooand Saini (2020)

Panda, Sahooand Saini (2020) conducted a contextual review examining stigma associated with substance use disorders in India. The review aimed to understand the various forms of stigma experienced by individuals with substance use disorders and their familiesand to explore how stigma influences treatment-seeking behaviour and recovery outcomes. The authors analyzed existing literature related to public stigma, self-stigma, structural stigma and discrimination associated with substance use disorders. The review revealed that stigma remains one of the most significant barriers preventing individuals from seeking professional treatment. Individuals with substance use disorders are frequently perceived as irresponsible, dangerous, morally weak or lacking self-control. Such negative stereotypes often result in discrimination within families, workplaces, healthcare settings and communities. The authors found that these experiences of stigma frequently lead to feelings of shame, guilt, low self-esteem and social isolation among affected individuals. The study further highlighted that family members also experience stigma due to their association with the affected individual. Families often report embarrassment, social exclusion, blame and fear of community judgement. As a result many families attempt to manage alcohol-related problems privately rather than seeking professional help. This tendency contributes significantly to delays in treatment seeking and increases the overall treatment gap .The review emphasized the importance of stigma reduction programmes, public awareness campaigns and family-focused interventions. The authors concluded that addressing stigma is essential for improving treatment utilization and supporting recovery among individuals with substance use disorders.

3. National Mental Health Survey (NMHS) – NIMHANS (2015–16)

The National Mental Health Survey conducted by NIMHANS (2015–16) reported a treatment gap of 86.3% for Alcohol Use Disorders in India. The survey highlighted that a majority of individuals with alcohol-related problems fail to receive professional treatment due to barriers such as stigma, lack of awareness, limited accessibility of servicesand financial constraints. The findings underscore the need for improving treatment accessibility and awareness.

4. National Academy of Medical Sciences (NAMS) Task Force Report (2024)

The National Academy of Medical Sciences (NAMS) Task Force Report (2024) reviewed the current status of substance use disorders and behavioural addictions in India. The report was developed to provide evidence-based recommendations for prevention, treatment and rehabilitation services related to substance use disorders. It examined the prevalence, burden, treatment availability and challenges associated with addiction care in the Indian context. The report highlighted that substance use disorders constitute a major public health concern in India and are associated with significant physical, psychological, social and economic consequences. Individuals with substance use disorders often experience chronic health problems, mental

health difficulties, unemployment, financial hardship, family conflicts and reduced quality of life. The report emphasized that these consequences extend beyond the individual and substantially affect family members and communities. A major concern identified by the report was the large treatment gap associated with substance use disorders. Although treatment services are available through government institutions, private facilities and non-governmental organizations, many individuals fail to access these services. The report attributed this treatment gap to stigma, lack of awareness, financial difficulties, inadequate availability of specialized services, shortage of trained professionals and limited community-level interventions. The report recommended strengthening addiction treatment services through early screening, community outreach programmes, public awareness initiatives, improved referral systems and expansion of treatment facilities. It also emphasized the need for involving families in treatment planning and recovery support. The findings of this report are highly relevant to the present study as they highlight the continuing treatment gap in substance use disorders and underscore the importance of understanding barriers to treatment utilization from the perspective of family members.

6. National Drug Dependence Treatment Centre (NDDTC), AIIMS and Ministry of Social Justice and Empowerment (2019)

The National Drug Dependence Treatment Centre (NDDTC), All India Institute of Medical Sciences (AIIMS), in collaboration with the Ministry of Social Justice and Empowerment, conducted the landmark national survey titled “Magnitude of Substance Use in India” in 2019. The study was undertaken to estimate the prevalence and pattern of substance use across the country and to assess the treatment needs of individuals affected by substance use disorders. The findings revealed that alcohol was the most commonly used psychoactive substance in India, with approximately 14.6 percent of the population aged 10–75 years reporting alcohol use. The survey further estimated that millions of individuals were consuming alcohol in a harmful or dependent manner and required professional intervention. One of the most significant findings of the study was the enormous treatment gap associated with alcohol dependence. The report indicated that only about one in thirty-eight individuals with alcohol dependence had ever received any form of treatment. Furthermore, only one in one hundred and eighty individuals had received inpatient treatment or hospitalization for alcohol-related problems. These findings highlighted the gross inadequacy of treatment utilization despite the widespread burden of alcohol dependence in the country. The study identified lack of awareness, limited accessibility of treatment services, shortage of trained professionals, stigmaand financial barriers as major contributors to the treatment gap. The report emphasized the need for strengthening de-addiction services, expanding community-based treatment programmes, increasing public awarenessand improving access to evidence-based interventions.This study provides national-level evidence regarding the treatment gap among individuals with alcohol dependence. The findings strongly support the need to explore why individuals with alcohol use problems fail to utilize de-addiction services and justify the focus on family members' perspectives regarding treatment barriers

2.2.3 Kerala Studies

1. Rajeev et al. (2017)

Rajeev, Abraham, Reddy, Skariah, Indiradeviand Abraham (2017) conducted a community-based study titled "A Community Study of Alcohol Consumption in a Rural Area of South India." The primary objective of the study was to determine the prevalence of alcohol consumption, identify the age of initiation of alcohol use and examine the associated adverse effects among adult males residing in a rural community in South India. Data were collected through a house-to-house survey using the Alcohol Use Disorders Identification Test (AUDIT).The findings revealed that alcohol consumption was highly prevalent among adult males in the study area. The prevalence of problem drinking was found to be significant particularly among younger individuals. The study observed that respondents who initiated alcohol use at an earlier age were more likely to develop hazardous drinking patterns and experience alcohol-related complications. Lower socioeconomic status was also associated with higher levels of alcohol consumption and greater alcohol-related problems. The researchers identified several adverse consequences of alcohol use including financial difficulties, health problems, family conflicts, reduced work productivity and social problems. Alcohol use was found to negatively affect family relationships and contribute to instability within households. The authors emphasized the importance of preventive interventions, early identification of risky drinking behaviour and community-based awareness programmes to reduce alcohol-related harm.

2. Sukumaran et al. (2020)

Sukumaran, Vijithand Haran (2020) conducted a cross-sectional study titled "Prevalence of Alcohol Use and the Interventions Needed among Adults in a Rural Area in South India." The study was carried out in Nellanad Panchayat of Thiruvananthapuram district Kerala with the objective of assessing the prevalence of alcohol use and identifying intervention needs among alcohol users. Data were collected from 1,545 adults using standardized screening tools including the Alcohol Use Disorders Identification Test (AUDIT) and the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST).The findings indicated that alcohol use remained a significant public health concern in the study area. The prevalence of current alcohol use was reported to be 9.5 percent among adults while alcohol consumption among males was considerably higher. The study found that peer influence was one of the major factors contributing to alcohol use initiation and continuation. A substantial proportion of respondents were identified as requiring intervention services. The researchers observed that nearly half of the alcohol users required health education regarding the harmful effects of alcohol while many others required counselling and de-addiction services. The study highlighted deficiencies in awareness regarding treatment options and emphasized the importance of community-based intervention programmes. The authors recommended strengthening awareness campaigns, counselling services and treatment facilities at the community level.

3. Rajagiri College of Social Sciences & Kerala State Planning Board (2014)

The Rajagiri College of Social Sciences in collaboration with the Kerala State Planning Board conducted a comprehensive study titled “Impact of Alcoholism – Kerala” in 2014. The study aimed to examine the social, economic, health and familial consequences of alcohol use across different regions of Kerala. Data were collected from alcohol users, spouses, family members, community representatives and key informants to obtain a broad understanding of the impact of alcoholism on individuals and families. The study revealed that alcoholism had severe consequences on family functioning and overall quality of life. Family members reported experiencing emotional distress, marital conflicts, financial instability, domestic violence, neglect of family responsibilities and social embarrassment due to the drinking behaviour of affected individuals. Women and children were particularly vulnerable to the negative consequences of alcohol dependence within the family. The report further indicated that many families experienced debt, reduced household income and disruption of childrens education due to excessive alcohol consumption. Despite these adverse consequences only a limited proportion of alcohol users had accessed de-addiction services. Factors such as lack of awareness, treatment refusal, stigma and misconceptions regarding treatment were identified as barriers to service utilization.The authors emphasized the need for strengthening de-addiction services, increasing public awareness regarding treatment options, promoting family counselling services and developing community-based support systems. The study highlighted the crucial role played by family members in identifying alcohol-related problems and encouraging treatment seeking.

4. Rani Catherine and Bibiyana (2020)

Rani Catherine and Bibiyana (2020) conducted a community-based study titled “Alcohol Consumption and Related Health Problems among Fishermen in Southern Coastal Areas of Kerala.” The study aimed to assess alcohol consumption patterns and related health problems among fishermen residing in coastal communities of Kerala. A quantitative descriptive design was adopted and data were collected from fishermen using structured questionnaires and the Alcohol Use Disorders Identification Test (AUDIT). The findings revealed a very high prevalence of alcohol use among the study population. Approximately 88 percent of the fishermen reported consuming alcohol while a majority had been drinking continuously for several years. The study identified a substantial proportion of participants as hazardous or harmful alcohol users. The researchers observed that alcohol use was associated with various health problems including gastrointestinal disorders, respiratory problems, musculoskeletal complaints and endocrine-related complications. In addition to health consequences alcohol use was found to contribute to financial difficulties, reduced productivity and family-related problems. Significant associations were identified between alcohol consumption and socio-demographic variables such as age, educational status and income. The study emphasized the need for targeted awareness programmes and early intervention strategies within coastal communities.

2.2.4 Studies Related to Screening and Identification of Substance Dependence Through Family Members

1. **Basu et al. (2016)**

Basu, Ghosh, Hazari, Parakhand Mattoo (2016) conducted a study titled "Use of Family CAGE-AID Questionnaire to Screen the Family Members for Diagnosis of Substance Dependence." The study aimed to evaluate the validity and reliability of the Family CAGE-AID questionnaire as a screening tool for identifying substance dependence through information provided by family members. The researchers compared the Family CAGE-AID questionnaire with ICD-10 diagnosis and the standard CAGE-AID questionnaire among substance-dependent individuals and their family members. The study was conducted among 210 substance-dependent patients and their respective family members attending a tertiary care de-addiction treatment centre. Data were collected using the Family CAGE-AID questionnaire, CAGE-AID questionnaireand ICD-10 diagnostic criteria. The findings demonstrated that the Family CAGE-AID questionnaire showed excellent diagnostic utility. A cut-off score of three was found to provide a sensitivity of 95.8 percent and a specificity of 100 percent in identifying substance dependence. The study concluded that family members can provide reliable information regarding substance use problems and that the Family CAGE-AID questionnaire is an effective screening instrument for detecting substance dependence. The study is highly relevant to the present research because it validates the use of the Family CAGE-AID questionnaire among family members. Since the present study utilized the Family CAGE-AID scale to assess alcohol-related problems from the perspective of family members the findings of this study provide methodological support and strengthen the credibility of the tool used for data collection.

2.3 RESEARCH GAP

The review of literature indicates that alcohol use disorders continue to be a major public health concern globally as well as in India (World Health Organization [WHO], 2023; National Drug Dependence Treatment Centre [NDDTC], AIIMS & Ministry of Social Justice and Empowerment, 2019). Previous studies have examined various dimensions of alcohol use, including prevalence, patterns of consumption, caregiver burden, stigma, treatment barriers, help-seeking behaviour and the impact of alcohol dependence on families and communities (Mattoo et al., 2013; Panda et al., 2020; Wallhed Finn, 2018; Nadkarni et al., 2023). National reports such as the Magnitude of Substance Use in India (NDDTC-AIIMS, 2019) and the National Mental Health Survey (NIMHANS, 2015–16) have highlighted the existence of a substantial treatment gap among individuals with Alcohol Use Disorders. Several international studies have identified stigma, lack of awareness, financial constraintsand poor accessibility of services as major barriers to treatment utilization (Wallhed Finn, 2018; Zewdu et al., 2019; Bortolon et al., 2025).

Studies focusing on family members have demonstrated that alcohol dependence significantly affects family functioning, emotional well-being, financial stability and interpersonal relationships (Mattoo et al., 2013; Rajagiri College of Social Sciences & Kerala State Planning Board, 2014). Research has also shown that family members frequently play an important role in recognizing alcohol-related problems, encouraging treatment seeking and supporting

recovery (Bortolon et al., 2025; Nadkarni et al., 2023). Many family members experience frustration, emotional exhaustion, stigma and helplessness due to repeated unsuccessful attempts to motivate affected individuals to seek treatment (Bortolon et al., 2025; Panda et al., 2020). Although previous studies have explored caregiver burden, stigma, treatment barriers and help-seeking behaviour, relatively few studies have specifically examined treatment gaps from the perspective of family members. Most existing studies have primarily focused on individuals with alcohol dependence rather than on the experiences and perceptions of their family members. Limited research has examined family members awareness regarding available de-addiction services, their attitudes towards treatment and the support systems required to improve treatment utilization (Chinnasamy & Chand, 2016; Nadkarni et al., 2023).

In the Kerala context the available studies have mainly concentrated on the prevalence of alcohol use, drinking patterns and the social and health consequences of alcohol consumption (Rajeev et al., 2017; Sukumaran et al., 2020; Rani Catherine & Bibiyana, 2020). Research focusing specifically on family members' perspectives regarding the non-utilization of de-addiction services remains limited, particularly within coastal communities where alcohol-related problems continue to be a significant social concern (Rajagiri College of Social Sciences & Kerala State Planning Board, 2014). There is also a scarcity of studies that integrate quantitative assessment of treatment barriers with qualitative exploration of family experiences. Understanding both the measurable barriers and the lived experiences of family members can provide a more comprehensive understanding of the treatment gap and contribute to the development of effective family-centred interventions. So that the present study seeks to address these gaps by examining treatment barriers, awareness regarding available de-addiction services, family members' perceptions and experiences and the support and interventions required to improve treatment utilization among individuals with alcohol use problems from the perspective of family members in selected coastal areas of Thiruvananthapuram district.

CHAPTER 3
METHODOLOGY

CHAPTER 3: METHODOLOGY

3.1 Introduction

In the third chapter of the research, the researcher is detailing the title of the study, objectives of the study, operational definitions used for the purpose of the study, details regarding the pilot study, Methodology used for conducting the study which provides the details regarding the research design, sampling, data collection, etc.

3.2 Title of Study

"Understanding Gaps: Family Members' Perspectives on Why People with Alcohol Use Disorder Do Not Utilize De-addiction Services"

3.3Objectives

3.3.1General Objective

To understand the treatment gap in alcohol use problems from the perspective of family members and identify factors influencing the utilization of de-addiction services.

3.3.2Specific Objectives

1. To identify the barriers that prevent individuals with alcohol use problems from utilizing de-addiction services.
2. To assess family members' awareness and knowledge regarding available de-addiction and treatment services.
3. To explore family members' perceptions, attitudes and experiences related to alcohol use problems and treatment seeking.
4. To identify the support and interventions required to improve treatment utilization among individuals with alcohol use problems.

3.4 Definition of Concepts

Table No: 3.4.1: Theoretical and Operational Definition

Concept	Theoretical Definition	Operational Definition
Treatment Gap	According to the World Health Organization (WHO, 2004), the treatment gap may be expressed as the percentage of individuals who require care but do not receive treatment.	In the present study treatment gap refers to the non-utilization of available de-addiction services by individuals with alcohol use problems despite experiencing alcohol-related

		difficulties and requiring professional intervention as perceived and reported by their family members.
Alcohol Use Problem	According to the World Health Organization (WHO, 1992), harmful alcohol use is defined as a pattern of alcohol consumption that causes physical or mental damage to health and may result in adverse social, occupationaland family consequences.	In the present study alcohol use problems refer to patterns of alcohol consumption among individuals that result in significant negative consequences such as family conflicts, financial difficulties, neglect of responsibilities, behavioural problems, health issues and social dysfunction as reported by family members. The severity of alcohol-related problems was assessed using the Family CAGE-AID Questionnaire and the Alcohol Dependence Scale (ADS) through proxy reporting by family members.
Family Members	According to Desai (1994), family is a unit of two or more persons united by marriage, blood, adoption, or consensual union, generally sharing a household and interacting with one another	In the present study family members refer to adult relatives such as spouses, parents, siblings, children or other household members who are closely associated with and directly affected by the alcohol use problems of an individual and who provided information regarding treatment-seeking behaviour and treatment barriers
De Addiction Services	According to the United Nations Office on Drugs and Crime (UNODC, 2003), de-	In the present study de-addiction services refer to the treatment and rehabilitation

	addiction services refer to a range of institutional, medicaland psychosocial interventions aimed at reducing dependency on alcohol and other substances and promoting recovery. These services include counselling, detoxification, rehabilitation, relapse prevention and aftercare support.	facilities available for individuals with alcohol use problems, including de-addiction centres, counselling services, medical treatment, rehabilitation programmes and family support services known to or utilized by the respondents.
Awareness	According to Chalmers (1996), awareness is the state in which information is directly accessible to conscious processing and can be used in the control of behaviour, verbal reporting and deliberate actions.	In the present study awareness refers to the knowledge possessed by family members regarding the availability, accessibility, purpose and benefits of de-addiction and treatment services for individuals with alcohol use problems.
Treatment Utilization	According to Andersen's Behavioural Model of Health Services Utilization (1968; revised 1995), treatment utilization refers to the use of available health services by individuals based on predisposing, enabling and need-related factors.	In the present study treatment utilization refers to the extent to which individuals with alcohol use problems have accessed attended or received services from de-addiction centres, hospitals, rehabilitation facilities, counselling services or other professional treatment programmes as reported by family members.

3.5 Pilot Study

Researcher conducted a pilot study to analyse whether a full study could be conducted using the prepared set of questionnaires so as to check whether any other sort of changes to be made on the components included for the study. The pilot study conducted using the google forms in which the respondents filled the response by themselves have helped the researcher to understand how to change the question structure to make the questions easier for the respondents to understand and respond with further conviction. Based on the result of the pilot study the researcher scheduled time for further data collection.

3.6 Research Approach

The present study adopted a Mixed Method Research Approach, integrating both quantitative and qualitative methods to obtain a comprehensive understanding of the research problem. In the present study the greater priority was given to the quantitative approach while the qualitative component was embedded to supplement and enrich the quantitative findings. The quantitative component enabled the researcher to identify patterns and trends related to treatment barriers, awareness, perceptions, attitudes and support needs among family members of individuals with alcohol use problems. The qualitative component consisted of two purposively selected information-rich case studies which provided contextual insights into the lived experiences, perceptions and challenges faced by family members. The integration of quantitative findings with the embedded qualitative case studies facilitated a more comprehensive understanding of the treatment gap among individuals with alcohol use problems and strengthened the interpretation of the study findings.

3.7 Research Design

The present study adopted a Concurrent Embedded Mixed Method Design in which the quantitative component constituted the primary method of inquiry while a limited qualitative component was embedded within the quantitative framework to provide contextual understanding and enrich the interpretation of the findings. Quantitative data were collected from 60 family members of individuals with alcohol use problems using a Structured Interview Schedule , the Family CAGE-AID Questionnaire and the Alcohol Dependence Scale (ADS) Proxy Version. In addition two information-rich case studies were purposively selected and conducted to obtain an in-depth understanding of the lived experiences of family members. The qualitative component was not intended as an independent qualitative investigation; rather, it was incorporated to supplement, explain and provide deeper insights into the quantitative findings, thereby facilitating a more comprehensive understanding of the treatment gap among individuals with alcohol use problems.

3.8 Universe and Unit of Study

The study was conducted in selected coastal areas such as Poovar, Kochuthura, Puthiyathura, Pulluvila, Adimalathura of Thiruvananthapuram district Kerala . These coastal communities were selected based on previous evidence indicating a high prevalence of alcohol use and its significant impact on family functioning and well-being in coastal areas of Kerala (Rani Catherine & Bibiyana, 2020)and other literature reviews. The universe of the study consisted of family members of individuals with alcohol use problems residing in the selected coastal areas of Thiruvananthapuram district.

The unit of study was the individual family member who is closely associated with and directly affected by the alcohol use problems of the concerned individual.

3.9 Sampling Design (Inclusion-Exclusion Criteria)

Purposive sampling technique was employed for the selection of respondents. Family members who met the inclusion criteria and possessed adequate knowledge regarding the alcohol use behaviour and treatment history of the concerned individual were selected for participation in the study.

The quantitative component of the study comprised 60 family members of individuals with alcohol use problems who constituted the primary sample for the study. Two information-rich case studies were selected purposively as an embedded qualitative component to gain a deeper understanding of the lived experiences of family members particularly with regard to treatment barriers, treatment-seeking attempts and the impact of alcohol use on family functioning. The qualitative case studies were not intended to constitute an independent qualitative inquiry rather they were included to supplement and enrich the interpretation of the quantitative findings by providing contextual insights into the treatment gap.

3.9.1 Inclusion Criteria

The study included:

1. Family members aged 18 years and above.
2. Family members of individuals with alcohol use problems residing in the selected coastal areas of Thiruvananthapuram district.
3. Family members who had sufficient knowledge regarding the alcohol use behaviour, treatment history and family impact of the concerned individual.
4. Family members whose responses on the Family CAGE-AID Questionnaire indicated clinically significant alcohol-related problems (score of 2 or above).
5. Family members who were willing to participate in the study and provide informed consent.

3.9.2 Exclusion Criteria

The study excluded:

1. Family members below 18 years of age.
2. Family members who were unwilling to participate in the study.
3. Family members who were unable to provide adequate information regarding the alcohol use behaviour of the concerned individual.
4. Family members whose Family CAGE-AID score was below the clinical significance cut-off score of 2.

3.10 Tools for Data Collection

The researcher utilized the following tools for data collection:

3.10.1 Socio-Demographic Data Sheet

A socio-demographic data sheet was prepared by the researcher to collect information regarding the respondents and the alcohol-dependent individuals. Information such as age, gender, educational status, occupation, marital status, relationship with the alcohol user, family type and other relevant details were collected.

3.10.2 Family CAGE-AID Questionnaire

The Family CAGE-AID Questionnaire was used to screen alcohol-related problems based on information provided by family members. The tool is an adaptation of the CAGE-AID questionnaire and has been validated for use among family members of individuals with substance use problems. The questionnaire consists of four items assessing concerns related to alcohol and substance use. The tool was used to identify clinically significant alcohol-related problems among the individuals reported by their family members.

3.10.3 Alcohol Dependence Scale (ADS) proxy

The Alcohol Dependence Scale (ADS) was utilized to assess the severity of alcohol dependence. The scale consists of 25 items measuring symptoms and consequences associated with alcohol dependence. In the present study, the scale was administered through proxy reporting by family members based on their observations of the alcohol user's behaviour.

3.10.4 Structured Interview Schedule

A structured interview schedule was developed by the researcher based on the objectives of the study. The schedule included questions related to treatment barriers, awareness regarding available de-addiction services, attitudes towards treatment, experiences related to alcohol use problems and support needs of family members.

3.10.5 Case Study Guide

A semi-structured case study guide was used to collect qualitative information from selected respondents. The guide facilitated an in-depth exploration of family experiences, treatment-seeking attempts, treatment barriers, financial difficulties, stigma, family burden and support needs.

3.11 Data Analysis

The collected data were analyzed using both quantitative and qualitative techniques.

3.11.1 Quantitative Data Analysis

The quantitative data were coded, entered and analyzed using the Statistical Package for Social Sciences (SPSS). Descriptive statistical techniques such as frequency and percentage were used to summarize and present the findings. The results were presented through tables and appropriate interpretations.

3.11.2 Qualitative Data Analysis

The qualitative data obtained through case studies were analyzed using thematic analysis. The narratives were carefully reviewed, coded and organized into meaningful themes and

subthemes. The themes were interpreted in relation to the objectives of the study and were used to support and enrich the quantitative findings.

3.12 Ethical Considerations

Ethical principles were strictly followed throughout the research process. Prior to data collection the purpose and objectives of the study were clearly explained to all respondents. Informed consent was obtained from each participant before their inclusion in the study. Participation was entirely voluntary and respondents were informed that they had the right to withdraw from the study at any stage without any negative consequences. Confidentiality and anonymity of the respondents were ensured throughout the research process and personal information was kept secure and used solely for academic purposes. The researcher maintained respect for the dignity, privacy and rights of all participants during data collection. Care was taken to ensure that respondents did not experience any physical, psychological or emotional harm while discussing sensitive issues related to alcohol use and family experiences. The information collected was used only for research purposes and the findings were presented in a manner that protected the identity of the participants. The researcher adhered to the ethical values and principles of social work research throughout the study.

3.13 Limitations and Scope of the study

3.13.1 Limitations of the Study

The present study was limited to selected coastal areas of Thiruvananthapuram district and therefore the findings may not be generalized to all populations or geographical settings. The study relied exclusively on information provided by family members and did not directly assess the perspectives of individuals with alcohol use problems. Since the data were based on respondents perceptions and recollections the possibility of recall bias and subjective interpretations cannot be completely ruled out. The sample size was limited to sixty respondents which may restrict the generalizability of the findings. In addition the qualitative component consisted of two case studies which provided in-depth insights but may not represent the experiences of all families affected by alcohol use problems.

3.13.2 Scope of the Study

The present study focuses on understanding the treatment gap among individuals with alcohol use problems from the perspective of family members residing in selected coastal areas of Thiruvananthapuram district. The study explores barriers to treatment utilization, awareness regarding available de-addiction services, family members perceptions and experiences related to alcohol use problems and the support and interventions required to improve treatment utilization. The findings of the study may contribute to the development of family-centred interventions, awareness programmes, community-based support mechanisms and policies aimed at reducing treatment gaps among individuals with alcohol use problems. The study may also serve as a reference for future research in the fields of addiction, mental health, family welfare and social work practice.

CHAPTER 4

DATA ANALYSIS AND INTERPRETATION

CHAPTER 4: DATA ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter presents the data of the study collected from 60 family members of individuals with alcohol use problems residing in selected coastal areas of Thiruvananthapuram district along with the supporting case studies. The data were analysed using frequency and percentage with the help of Statistical Package for Social Sciences (SPSS). The interpretations are presented according to the objectives of the study. The qualitative data obtained through case studies are also presented. The major themes emerging from the qualitative data include treatment refusal and lack of motivation, financial burden and economic hardship, domestic violence and family distress, lack of awareness regarding de-addiction services, fear and misconceptions about treatment, treatment fatigue and hopelessness and the need for family and community support.

4.2 Socio-Demographic Profile Of the Respondent

4.2.1 Gender of the Respondent

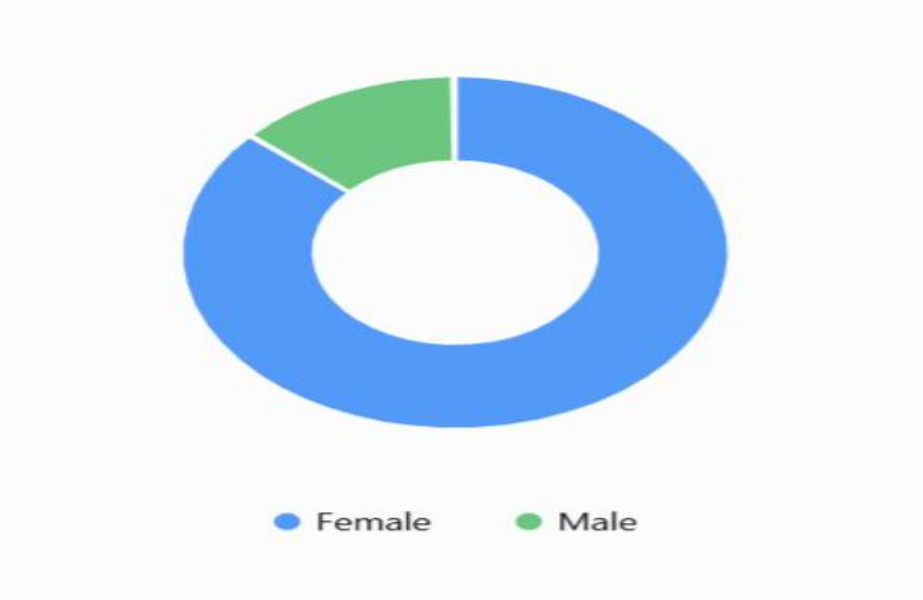

Figure 1Gender of the Respondent

The above figure no 1 depicts the distribution of respondents according to gender. Out of the total 60 respondents, 52 (86.7%) were females and 8 (13.3%) were males. The predominance of female respondents indicates that women, particularly wives and other female family members were more actively involved in reporting alcohol-related problems within the family.

4.2.2 Age of the respondent

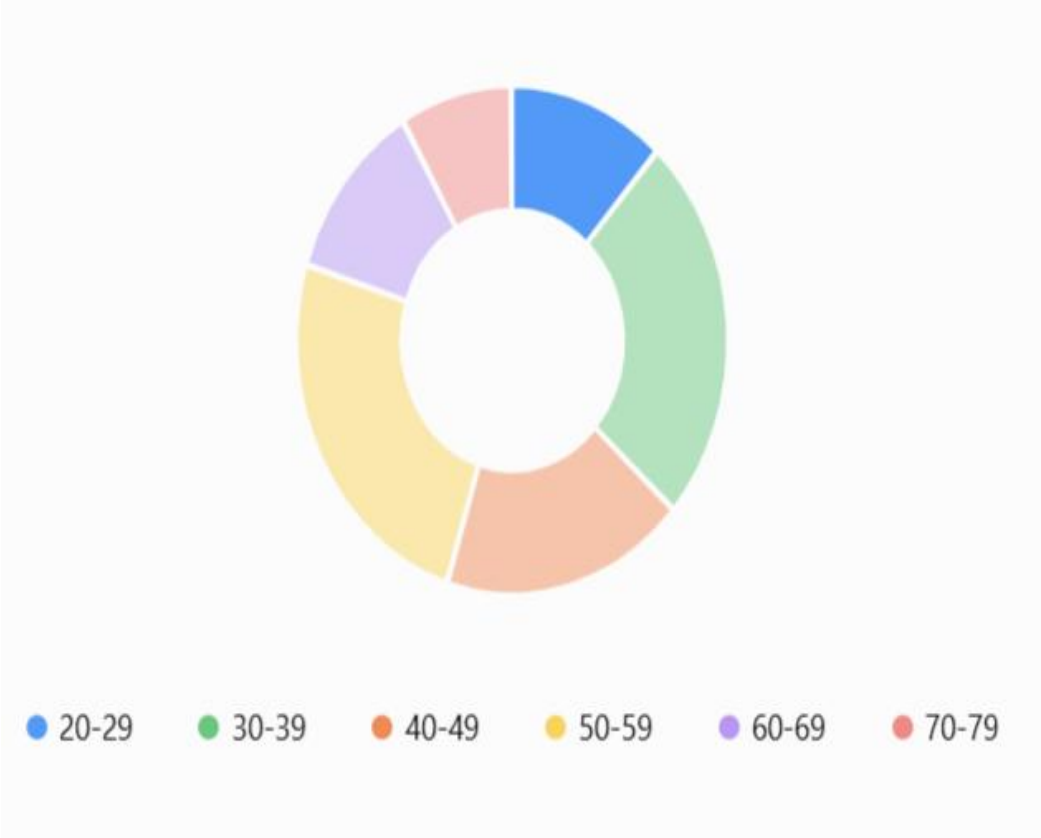

Figure 2Age Group of Respondents

The above figure 4.2.2 shows the age distribution of respondents. The largest proportion of respondents belonged to the age groups of 30–39 years and 50–59 years, each accounting for 25.0% of the sample. Respondents aged 40–49 years constituted 18.3%, while those aged 20–29 years and 60–69 years each represented 11.7% of the sample. Respondents aged 70–79 years accounted for 8.3%.

4.2.3 Relationship with the Individual Having Alcohol Use Problems

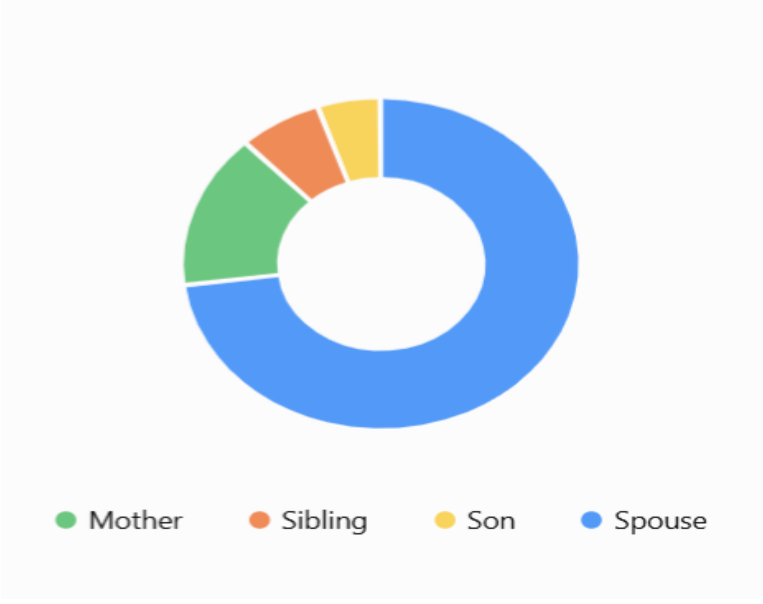

Figure 3Figure 4.2.2: Age Group of Respondents

The above figure 4.2.3 depicts the relationship of respondents with the individuals having alcohol use problems. The majority of the respondents were spouses, accounting for 73.3% of the sample. Mothers constituted 15.0% of the respondents, while siblings represented 6.7%. Sons accounted for 5.0% of the respondents.

Figure 4.2.4 Marital Status of Respondents

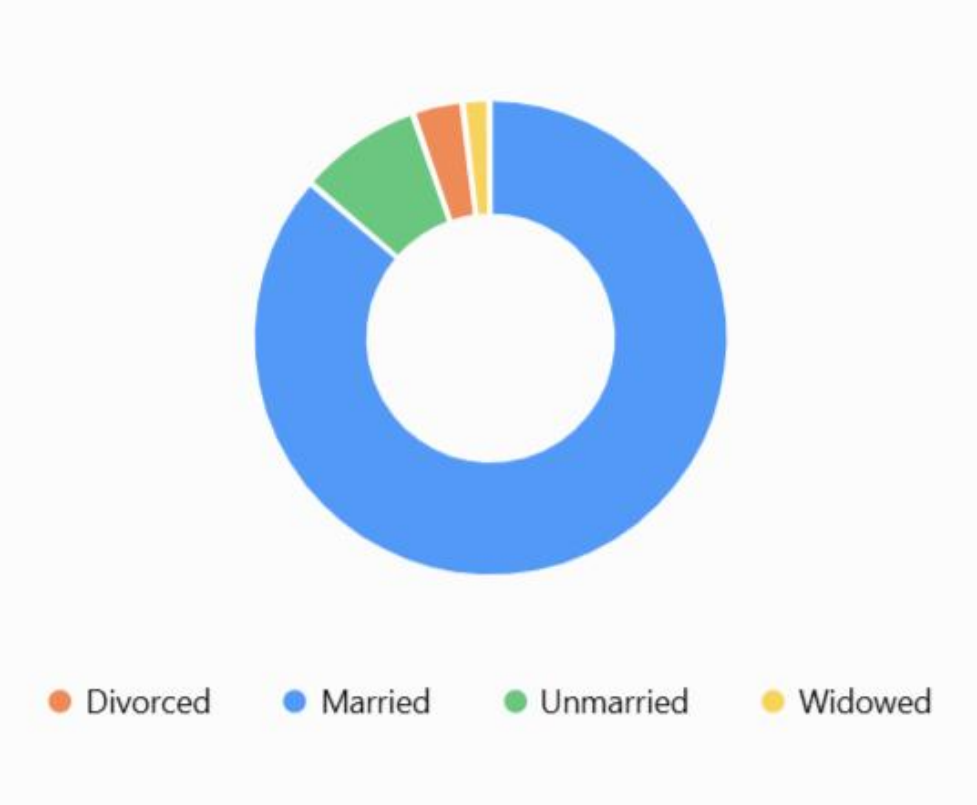

Figure 4Marital Status of Respondents

The above figure 4.2.4 shows the distribution of respondents according to marital status. A majority of the respondents (86.7%) were married. Unmarried respondents constituted 8.3% of the sample, while divorced and widowed respondents accounted for 3.3% and 1.7%, respectively

4.2.5 Educational Status of Respondents

Table 1Educational Status of Respondents

Educational Status	Frequency	Percentage
Education Not Reported	14	23.3%
No Formal Education	4	6.7%
Primary Education	13	21.7%
Secondary Education	11	18.3%
Higher Secondary Education	8	13.3%
Degree and Above	10	16.7%
Total	60	100.0%

The above table 4.2.5 depicts the educational status of the respondents. A majority of the respondents (23.3%) were categorized under unemployed . Respondents with primary education constituted 21.7% of the sample, followed by those with secondary education (18.3%). Respondents having degree and above qualifications accounted for 16.7%, while those with higher secondary education represented 13.3% of the sample. Respondents with no formal education constituted 6.7%.

4.2.6 Occupation of Respondents

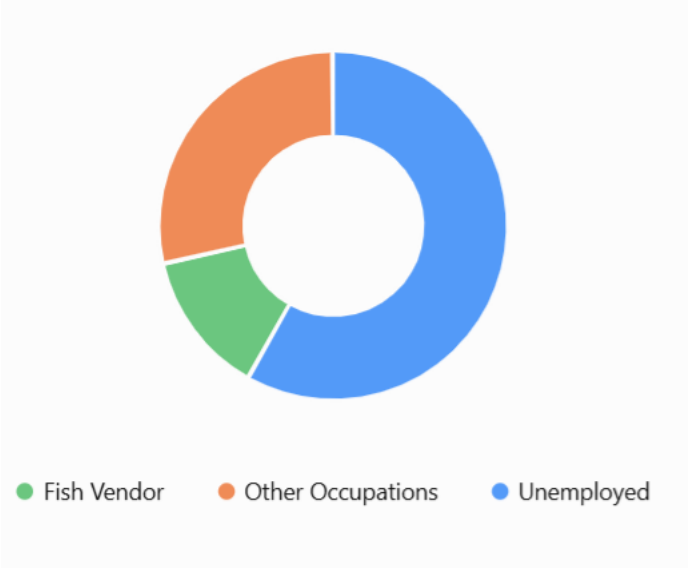

Figure 5Occupation of Respondents

The above figure 4.2.6 depicts the occupational status of the respondents. More than half of the respondents (58.3%) were unemployed. Fish vendors constituted 13.3% of the sample. The remaining respondents were engaged in various occupations such as fisherman, photographer, welding worker, editor, hotel helper, receptionist, clerk, homemaker, business, tailor, overseas worker, teacher, chefand nurse, each representing a small proportion of the sample.

4.2.7 Monthly Income of Respondents

Table 2Monthly Income of Respondents

Monthly Income	**Frequency**	**Percentage**
No Personal Income	34	56.7%
Below ₹10,000	5	8.3%
₹10,001–₹20,000	13	21.7%
₹20,001–₹30,000	7	11.7%
Above ₹50,000	1	1.7%
Total	**60**	**100.0%**

The above table 4.2.7 depicts the monthly income of the respondents. More than half of the respondents (56.7%) reported having no personal income. Respondents earning between ₹10,001 and ₹20,000 constituted 21.7% of the sample, while 11.7% reported a monthly income between ₹20,001 and ₹30,000. Respondents earning below ₹10,000 accounted for 8.3%, whereas only 1.7% reported a monthly income above ₹50,000.

4.2.8 Type of Family

Table 3Type of Family

Type of Family	Frequency	Percentage
Nuclear Family	**52**	**86.7%**
Extended Family	**7**	**11.7%**
Joint Family	**1**	**1.7%**
Total	**60**	**100.0%**

The above table 4.2.8 depicts the distribution of respondents according to the type of family. The majority of the respondents (86.7%) belonged to nuclear families. Respondents from extended families constituted 11.7% of the sample, while only 1.7% belonged to a joint family.

4.2.9 Presence of Other Alcohol Users in Family or Relatives

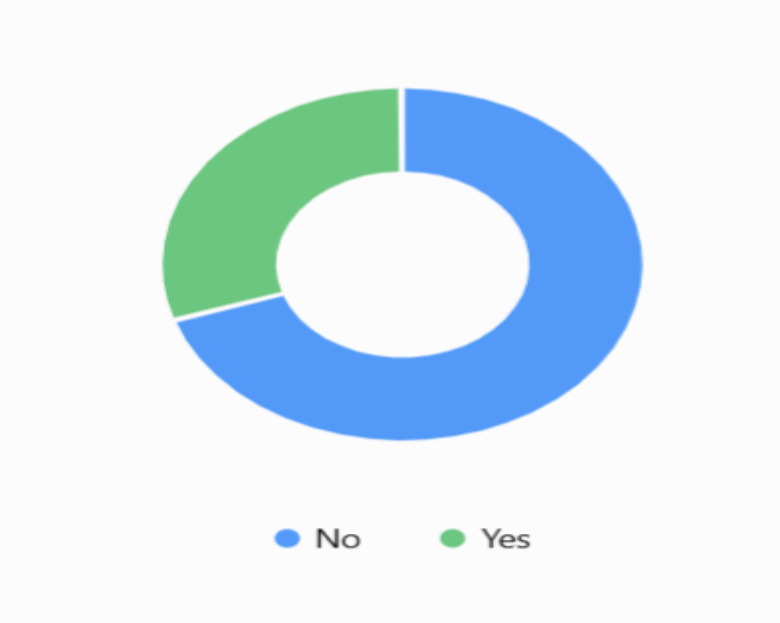

Figure 6Presence of Other Alcohol Users in Family or Relatives

The above figure 4.2.9 depicts whether any other family member or relative consumes alcohol. A majority of the respondents (70.0%) reported that no other family member or relative consumed alcohol. However, 30.0% of the respondents indicated the presence of other alcohol users within their family or among close relatives.

4.2.10 Relationship of Other Alcohol User with the Individual Having Alcohol Use Problems (n= 18)

Table 4Relationship of Other Alcohol User with the Individual Having Alcohol Use

Relationship	**Frequency**	**Percentage**
Brother	8	44.4%
Son	4	22.2%
Father	4	22.2%
Wife	2	11.1%
Total	18	100.0%

The above table 4.2.10 depicts the relationship of other alcohol users within the family of the individual having alcohol use problems. Among the respondents who reported the presence of another alcohol user in the family or among relatives (n=18), brothers constituted the largest proportion (44.4%). Sons and fathers each accounted for 22.2% of the cases, while wives represented 11.

4.3 Profile of Individuals with Alcohol Use Problems

4.3.1 Age of the Individual with Alcohol Use Problems

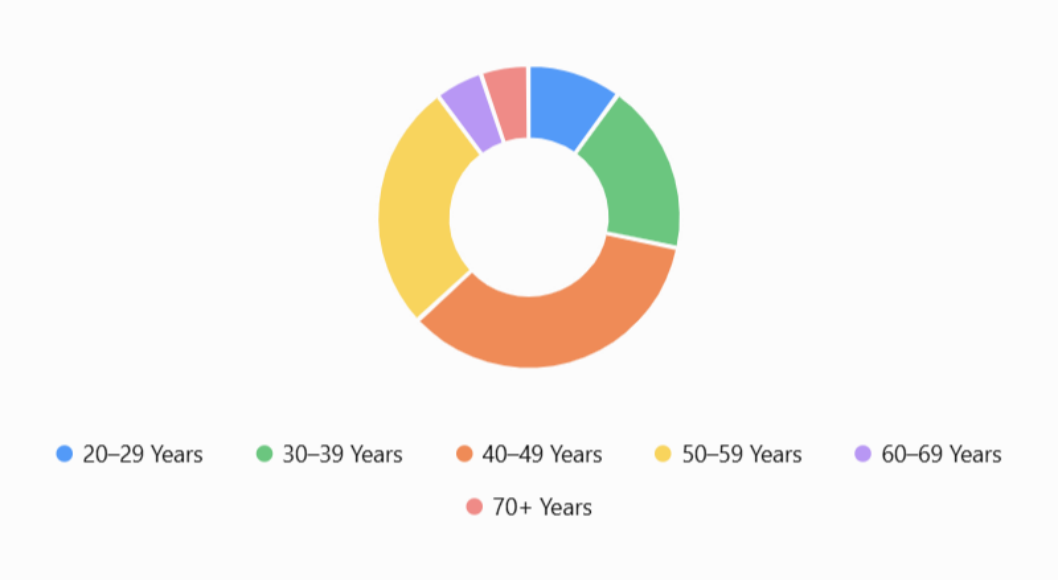

Figure 7Age of the Individual with Alcohol Use Problems

The above figure 4.3.1 depicts the age distribution of individuals with alcohol use problems. The majority of the individuals (35.0%) belonged to the age group of 40–49 years. This was followed by 26.7% in the 50–59 years age group and 18.3% in the 30–39 years age group. Individuals aged 20–29 years accounted for 10.0% of the sample, while those aged 60–69 years and 70 years and above each represented 5.0%.

4.3.2 Gender of Individuals with Alcohol Use Problems

Table 5Gender of Individuals with Alcohol Use Problems

Gender	Frequency	Percentage
Male	**60**	**100.0%**
Female	**0**	**0.0%**
Total	**60**	**100.0%**

All individuals in table 4.3.2 with alcohol use problems included in the study were males (100%). No female individuals with alcohol use problems were reported by the respondents.

4.3.4 Educational Status of Individuals with Alcohol Use Problems

Table 6Educational Status of Individuals with Alcohol Use Problems

Educational Status	Frequency	Percentage
Primary Education	26	43.3%
Education Not Reported	13	21.7%
No Formal Education	6	10.0%
Secondary Education	9	15.0%
Higher Secondary Education	4	6.7%
Degree and Above	2	3.3%
Total	60	100.0%

The above figure 4.3.4 depicts the educational status of individuals with alcohol use problems. A majority of the individuals (43.3%) had primary education. Education was not reported for 21.7% of the individuals. Those with secondary education constituted 15.0% of the sample, while 10.0% had no formal education. Individuals with higher secondary education accounted for 6.7%and only 3.3% had degree-level education or above.

4.3.5 occupation of Individuals with Alcohol Use Problems

Table 7occupation of Individuals with Alcohol Use Problems

Occupation	Frequency	Percentage
Fisherman	48	80.0%
Unemployed	5	8.3%
Overseas Worker	3	5.0%
Mechanic	1	1.7%
Salesman	1	1.7%
Editor	1	1.7%
Chef	1	1.7%
Total	60	100.0%

The above figure 3.3.5 depicts the occupational status of individuals with alcohol use problems. The majority of the individuals (80.0%) were fishermen. Unemployed individuals constituted 8.3% of the sample, while 5.0% were employed as overseas workers. A small proportion of individuals were engaged in occupations such as mechanic, salesman, editorand chef.

4.3.6 Monthly Income of Individuals with Alcohol Use Problems

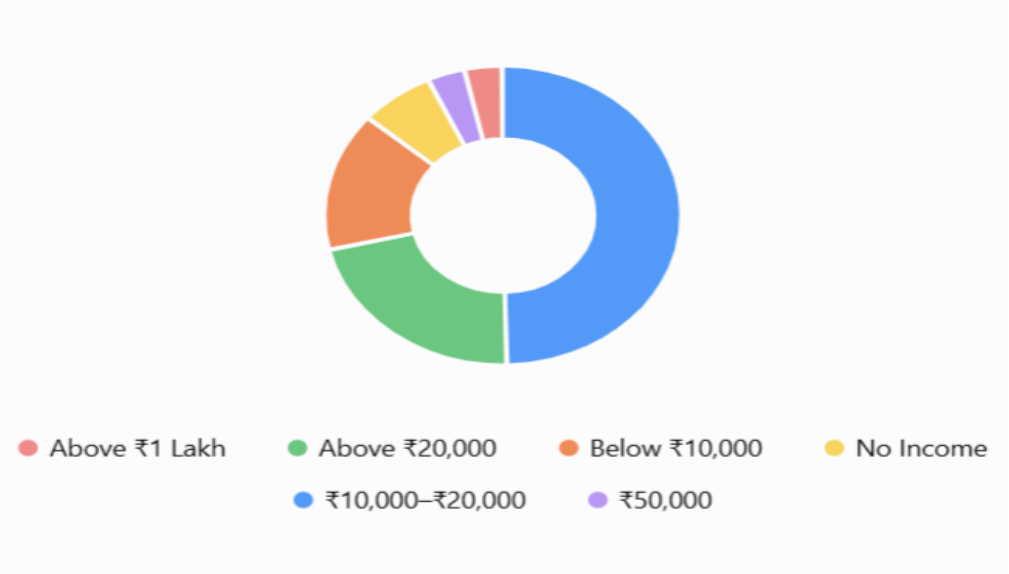

Figure 8Monthly Income of Individuals with Alcohol Use Problems

The above figure 4.3.6 depicts the monthly income of individuals with alcohol use problems. Half of the individuals (50.0%) reported a monthly income between ₹10,000 and ₹20,000. Individuals earning above ₹20,000 constituted 21.7% of the sample, while 15.0% earned below ₹10,000. A small proportion of individuals reported incomes of ₹50,000 (3.3%) and above ₹1 lakh (3.3%). Furthermore, 6.7% of the individuals reported having no income.

4.3.7 Contribution to Family from Income

Table 8 Contribution to Family from Income

Contribution to Family	**Frequency**	**Percentage**
No Contribution	16	26.7%
Below ₹5,000	6	10.0%
₹5,000 – ₹10,000	23	38.3%
₹10,001 – ₹20,000	11	18.3%
Above ₹20,000	4	6.7%
Total	**60**	**100.0%**

The above table 4.3.7 depicts the contribution made to the family from the income earned by individuals with alcohol use problems. The largest proportion of individuals (38.3%) contributed between ₹5,000 and ₹10,000 to their families. About 26.7% of the individuals did not contribute any amount to the family. Contributions between ₹10,001 and ₹20,000 were reported by 18.3% of the individuals, while 10.0% contributed less than ₹5,000. Only 6.7% contributed more than ₹20,000 to the family

4.3.8 Type of alcohol consumed

Table 9Type of alcohol consumed

Type Of Alcohol Consumed	Frequency	Percentage
All Type Of Alcohol	60	100.0%
Total	**60**	**100.0%**

All individuals with alcohol use problems included in the study reported consuming multiple types of alcoholic beverages. The respondents indicated that the individuals consumed any available type of alcohol, including different forms of liquor and alcoholic beverages.

4.4 Objective wise analysis Objective 1

To identify the barriers that prevent individuals with alcohol use problems from utilizing de-addiction services.

4.4.1 Fear of Social Stigma as a Barrier to Treatment Utilization (n = 60)

Table 10Fear of Social Stigma as a Barrier to Treatment Utilization

Response	Frequency (n)	Percentage (%)
Strongly Disagree	**6**	**10.0**
Disagree	**9**	**15.0**
Neutral	**14**	**23.3**
Agree	**22**	**36.7**
Strongly Agree	**9**	**15.0**
Total	**60**	**100.0**

The above table 4.4.1 presents the respondents' perceptions regarding fear of social stigma as a barrier to treatment utilization. More than half of the respondents (51.7%) agreed or stronglyagreed that fear of social stigma prevents individuals from seeking treatment for

alcohol use problems. About 23.3% of the respondents remained neutral, while 25.0% disagreed with the statement. The results indicate that concerns regarding negative societal attitudes and fear of judgment from others may discourage individuals and families from seeking professional help for alcohol-related problems.

4.4.2 Treatment Cost as a Barrier to Treatment Utilization (n = 60)

Table 11Treatment Cost as a Barrier to Treatment Utilization

Response	Frequency (n)	Percentage (%)
Strongly Disagree	**1**	**1.7**
Disagree	**1**	**1.7**
Neutral	**22**	**36.7**
Agree	**18**	**30.0**
Strongly Agree	**18**	**30.0**
Total	**60**	**100.0**

The above table 4.4.2 shows respondents' perceptions regarding treatment cost as a barrier to utilizing de-addiction services. A majority of the respondents (60.0%) agreed or strongly agreed that treatment is expensive, while 36.7% remained neutral and only 3.4% disagreed with the statement. The findings indicate that financial constraints are perceived as an important obstacle in accessing treatment services. Expenses related to treatment, transportationand follow-up care may influence decisions regarding treatment seeking.

4.4.3 Lack of Knowledge About Where to Obtain Treatment (n = 60)

Table 12Lack of Knowledge About Where to Obtain Treatment

Response	Frequency (n)	Percentage (%)
Strongly Disagree	**5**	**8.3**
Disagree	**6**	**10.0**
Neutral	**14**	**23.3**
Agree	**16**	**26.7**
Strongly Agree	**19**	**31.7**
Total	**60**	**100.0**

The above table 4.4.3 depicts respondents' perceptions regarding knowledge of treatment facilities. More than half of the respondents (58.4%) agreed or strongly agreed that they did not know where to obtain proper treatment services. Nearly one-fourth (23.3%) remained neutral, while 18.3% disagreed with the statement. The findings suggest that limited awareness regarding available treatment facilities may contribute to the treatment gap among individuals with alcohol use problems.

4.4.4 Distance and Accessibility of Services as a Barrier (n = 60)

Table 13Distance and Accessibility of Services as a Barrier

Response	Frequency (n)	Percentage (%)
Strongly Disagree	**4**	**6.7**
Disagree	**2**	**3.3**
Neutral	**14**	**23.3**
Agree	**24**	**40.0**
Strongly Agree	**16**	**26.7**
Total	**60**	**100.0**

The above table 4.4.4 presents respondents' views regarding the accessibility of treatment services. A majority of respondents (66.7%) agreed or strongly agreed that treatment services are located far away or are difficult to access. About 23.3% remained neutral, while only 10.0% disagreed with the statement. The findings indicate that geographical distance and accessibility-related difficulties may influence the utilization of de-addiction services.

4.4.5 Person's Refusal to Seek Treatment (n = 60)

Table 14 Person's Refusal to Seek Treatment

Response	Frequency (n)	Percentage (%)
Neutral	**1**	**1.7**
Agree	**4**	**6.7**
Strongly Agree	**55**	**91.7**
Total	**60**	**100.0**

The above table 4.4.5 shows respondents' perceptions regarding refusal of treatment by the affected individual. Nearly all respondents (98.4%) agreed or strongly agreed that the individual with alcohol use problems refuses treatment, while only 1.7% remained neutral. The results indicate that treatment refusal by the affected individual is widely perceived by family members and may significantly influence treatment utilization.

4.4.6 Family Discouragement of Treatment Seeking (n = 60)

Table 15Family Discouragement of Treatment Seeking

Response	Frequency (n)	Percentage (%)
Strongly Disagree	**7**	**11.7**
Disagree	**10**	**16.7**
Neutral	**30**	**50.0**
Agree	**6**	**10.0**
Strongly Agree	**7**	**11.7**
Total	**60**	**100.0**

The above table 4.4.6 depicts respondents' perceptions regarding family discouragement of treatment seeking. Half of the respondents (50.0%) remained neutral regarding the statement, while 28.4% disagreed and 21.7% agreed or strongly agreed that family members discourage

treatment seeking. The findings suggest that family discouragement was not strongly perceived by most respondents, although differing opinions were observed among family members.

4.4.7 Belief That the Problem Can Be Managed at Home (n = 60)

Table 16Belief That the Problem Can Be Managed at Home

Response	Frequency (n)	Percentage (%)
Strongly Disagree	**23**	**38.3**
Disagree	**9**	**15.0**
Neutral	**12**	**20.0**
Agree	**12**	**20.0**
Strongly Agree	**4**	**6.7**
Total	**60**	**100.0**

The above table 4.4.7 presents respondents' views regarding the belief that alcohol-related problems can be managed at home without professional intervention. More than half of the respondents (53.3%) disagreed with the statement, while 20.0% agreed and 6.7% strongly agreed. Another 20.0% remained neutral. The findings indicate that many respondents recognized the importance of professional treatment and did not believe that alcohol-related problems could be managed solely within the family setting.

4.4.8 Fear of Social or Legal Consequences (n = 60)

Table 17Fear of Social or Legal Consequences

Response	Frequency (n)	Percentage (%)
Strongly Disagree	**13**	**21.7**
Disagree	**12**	**20.0**
Neutral	**29**	**48.3**
Agree	**4**	**6.7**
Strongly Agree	**2**	**3.3**
Total	**60**	**100.0**

The above table 4.4.8 depicts respondents' perceptions regarding fear of social or legal consequences as a barrier to treatment utilization. Nearly half of the respondents (48.3%) remained neutral, while 41.7% disagreed and only 10.0% agreed or strongly agreed with the statement. The results indicate that fear of social or legal consequences was not strongly perceived as a major barrier by most respondents, although a small proportion reported such concerns.

4.5 Objective wise analysis objective 2

To assess family members' awareness and knowledge regarding available de-addiction and treatment services.

4.5.1 Professional Treatment Received for Alcohol Use Problems (n = 60)

Table 18Professional Treatment Received for Alcohol Use Problems

Response	Frequency (n)	Percentage (%)
Yes	3	5.0
No	57	95.0
Total	**60**	**100.0**

The above table 4.5.1 presents information regarding whether individuals with alcohol use problems had previously received professional treatment. The findings reveal that only 5.0% of the respondents reported that the affected individual had received professional treatment, whereas 95.0% reported that no professional treatment had been received. The results indicate that the majority of individuals with alcohol use problems had not accessed formal treatment services despite experiencing alcohol-related difficulties.

4.5.2 Source of Information About Treatment Services (n = 60)

Table 19Source of Information About Treatment Services

Source of Information	**Frequency (n)**	**Percentage (%)**
Not Applicable / No Information	**57**	**95.0**
Friends and Relatives	**2**	**3.3**
Self-search	**1**	**1.7**
Total	**60**	**100.0**

The above table 4.5.2 shows the source of information regarding treatment services among respondents. A large majority of respondents (95.0%) reported that they had not received any information regarding available treatment services. Only 3.3% reported obtaining information through friends and relatives, while 1.7% identified self-search as their source of information. The findings indicate limited dissemination of information regarding de-addiction services within the community**.**

4.5.3 Awareness of Nearby Alcohol Treatment Services (n = 60)

Table 20Awareness of Nearby Alcohol Treatment

Response	Frequency (n)	Percentage (%)
Yes	**24**	**40.0**
No	**36**	**60.0**
Total	**60**	**100.0**

The above table 4.5.3 depicts respondents' awareness regarding the availability of nearby alcohol treatment services. Among the respondents, 40.0% reported being aware of nearby treatment facilities, whereas 60.0% indicated that they were not aware of any such services. The findings suggest that awareness regarding available treatment facilities remains limited among family members and may influence treatment-seeking behaviour

4.5.4 Belief that Alcohol Addiction is a Treatable Health Condition (n = 60)

Table 21Belief that Alcohol Addiction is a Treatable Health Condition

Response	Frequency (n)	Percentage (%)
Yes	**20**	**33.3**
No	**2**	**3.3**
Not Sure	**38**	**63.3**
Total	**60**	**100.0**

The above table 4.5.4 presents respondents' perceptions regarding the treatability of alcohol addiction. The majority of respondents (63.3%) reported that they were not sure whether alcohol addiction is a treatable health condition. About 33.3% believed that alcohol addiction

is treatable, while only 3.3% reported that it is not treatable. The findings indicate uncertainty among family members regarding the nature of alcohol dependence and the effectiveness of treatment services.

4.6 Findings Related to Objective 3

To explore family members' perceptions, attitudesand experiences related to alcohol use problems and treatment seeking.

4.6.1 ATT1: Alcohol addiction is a health problem that requires treatment

Table 22Alcohol addiction is a health problem that requires treatment

Response	Frequency	Percentage
Strongly Agree	**12**	**20.0%**
Agree	**16**	**26.7%**
Neutral	**32**	**53.3%**
Disagree	**0**	**0.0%**
Strongly Disagree	**0**	**0.0%**
Total	**60**	**100.0%**

The above table 4.6.1 presents respondents' perceptions regarding alcohol addiction as a health problem requiring treatment. More than half of the respondents (53.3%) remained neutral regarding the statement, while 46.7% agreed or strongly agreed that alcohol addiction requires treatment. None of the respondents disagreed with the statement. The findings indicate that although a considerable proportion of family members recognized alcohol addiction as a condition requiring treatment, many respondents were uncertain regarding the nature of alcohol dependence as a health problem.

4.6.2 ATT2: Treatment centres can help individuals recover

Table 23Treatment centres can help individuals recover

Response	Frequency	Percentage
Strongly Agree	**7**	**11.7%**
Agree	**7**	**11.7%**
Neutral	**46**	**76.7%**
Disagree	**0**	**0.0%**
Strongly Disagree	**0**	**0.0%**
Total	**60**	**100.0%**

The above table 4.6.2 depicts respondents' perceptions regarding the effectiveness of treatment centres in helping individuals recover from alcohol use problems. A majority of the respondents (76.7%) remained neutral, while 23.4% agreed or strongly agreed that treatment centres can help individuals recover. No respondents expressed disagreement with the statement. The findings indicate uncertainty among family members regarding the effectiveness of treatment services and recovery outcomes.

4.6.3 ATT3: Community judgment discourages families from seeking help

Table 24Community judgment discourages families from seeking help

Response	Frequency	Percentage
Strongly Disagree	**2**	**3.3%**
Disagree	**3**	**5.0%**
Neutral	**25**	**41.7%**
Agree	**18**	**30.0%**
Strongly Agree	**12**	**20.0%**
Total	**60**	**100.0%**

The above table 4.6.3 presents respondents' views regarding the influence of community judgment on treatment seeking. Half of the respondents (50.0%) agreed or strongly agreed that community judgment discourages families from seeking help, while 41.7% remained neutral

and 8.3% disagreed with the statement. The findings suggest that community attitudes and fear of negative social reactions may influence decisions related to treatment seeking among families affected by alcohol use problems.

4.6.4 ATT4: Families should handle alcohol problems privately

Table 25Families should handle alcohol problems privately

Response	Frequency	Percentage
Strongly Disagree	**9**	**15.0%**
Disagree	**12**	**20.0%**
Neutral	**25**	**41.7%**
Agree	**11**	**18.3%**
Strongly Agree	**3**	**5.0%**
Total	**60**	**100.0%**

The above table 4.6.4 depicts respondents' perceptions regarding whether alcohol-related problems should be handled privately within the family. More than one-third of the respondents (35.0%) disagreed with the statement, while 23.3% agreed or strongly agreed and 41.7% remained neutral. The findings indicate varying opinions among respondents regarding the role of external support and professional intervention in addressing alcohol-related problems.

4.6.5 ATT5: Treatment may create problems in future life

Table 26Treatment may create problems in future life

Response	Frequency	Percentage
Strongly Disagree	**4**	**6.7%**
Disagree	**4**	**6.7%**
Neutral	**10**	**16.7%**
Agree	**30**	**50.0%**
Strongly Agree	**12**	**20.0%**
Total	**60**	**100.0%**

The above table 4.6.5 presents respondents' perceptions regarding the belief that treatment may create problems in future life. A majority of respondents (70.0%) agreed or strongly agreed with the statement, while 16.7% remained neutral and 13.4% disagreed. The findings indicate that many respondents hold concerns regarding the possible consequences of treatment seeking, which may influence their attitudes towards utilizing de-addiction services

4.6.6 ATT6: I worry that medicines used in treatment may harm health

Table 27I worry that medicines used in treatment may harm health

Response	Frequency	Percentage
Strongly Disagree	**3**	**5.0%**
Disagree	**5**	**8.3%**
Neutral	**7**	**11.7%**
Agree	**30**	**50.0%**
Strongly Agree	**15**	**25.0%**
Total	**60**	**100.0%**

The above table 4.6.6 depicts respondents' perceptions regarding the safety of medicines used in treatment. A majority of respondents (75.0%) agreed or strongly agreed that medicines used in treatment may harm health, while 11.7% remained neutral and 13.3% disagreed with the statement. The findings indicate that concerns regarding treatment medications are prevalent among family members and may influence perceptions towards professional treatment services

4.7 Findings Related to Objective 4

To identify the support and interventions required to improve treatment utilization among individuals with alcohol use problems.

4.7.1 Need for Professional Guidance to Manage the Situation (n = 60)

Table 28Need for Professional Guidance to Manage the Situation

Response	Frequency (n)	Percentage (%)
Yes	**38**	**63.3**
No	**22**	**36.7**
Total	**60**	**100.0**

The above table 4.7.1 presents respondents' views regarding the need for professional guidance in managing alcohol-related problems within the family. The findings reveal that 63.3% of the respondents reported that they require professional guidance, whereas 36.7% stated that they do not require such assistance. The results indicate that a majority of family members perceive the need for professional support in dealing with alcohol-related issues and managing the challenges associated with alcohol use problems within the family.

4.7.2 Support Required to Improve Utilization of De-addiction Services (n = 60)

Table 29Support Required to Improve Utilization of De-addiction Services

Support Required	Frequency (n)	Percentage (%)
All of the above	**60**	**100.0**
Total	**60**	**100.0**

The above table 4.7.2 depicts the support and interventions required to improve the utilization of de-addiction services. All respondents (100.0%) reported that awareness programmes, financial assistance, confidential services, youth-friendly treatment facilitiesand family counselling services are required to improve treatment utilization. The findings indicate that respondents perceive treatment utilization as an issue requiring multiple forms of support and intervention. The unanimous response highlights the importance of addressing informational, financial, socialand family-related factors in order to improve access to and utilization of de-addiction services.

4.8 Alcohol-Related Characteristics of Individuals with Alcohol Use Problems

4.8.1 Family CAGE-AID Classification

Table 30Family CAGE-AID Classification

CAGE Classification	Frequency (n)	Percentage (%)
Clinically Significant	**59**	**98.3**
No Significance	**1**	**1.7**
Total	**60**	**100.0**

The above table 4.8.1 presents the Family CAGE-AID classification of individuals with alcohol use problems as reported by their family members. The findings reveal that 98.3% of the individuals were classified as clinically significant, while only 1.7% were classified as having no significant alcohol-related problems. The results indicate that alcohol-related difficulties were highly prevalent among the individuals included in the study. The high proportion of clinically significant cases suggests the presence of substantial alcohol-related concerns within the families participating in the study.

4.8.2 Alcohol Dependence Scale (ADS) Severity Classification proxy

Table 31Alcohol Dependence Scale (ADS) Severity Classification proxy

ADS Severity Classification	Frequency	Percentage
Low Dependence	**1**	**1.7**
Moderate Dependence	**31**	**51.7**
Substantial Dependence	**23**	**38.8**
Severe Dependence	**5**	**8.3**
Total	**60**	**100.0**

The above table 4.8.2 depicts the severity of alcohol dependence among individuals with alcohol use problems based on the Alcohol Dependence Scale (ADS) proxy assessment. More than half of the individuals (51.7%) were classified as having moderate dependence, while 38.3% were categorized as having substantial dependence. A further 8.3% were classified as severely dependent, whereas only 1.7% were identified as having low dependence. The findings indicate that the majority of individuals experienced moderate to severe levels of

alcohol dependence, suggesting a considerable burden of alcohol-related problems among the study population.

4.9 Case Description

As part of the mixed-method approach two case studies were included to obtain an in-depth understanding of the experiences of family members of individuals with alcohol use problems. The case studies provide detailed insights into the treatment-seeking experiences, barriers to treatment utilization, family burden and support needs of affected families. The qualitative data complement the quantitative findings by highlighting the lived experiences of family members and the factors contributing to the treatment gap.

4.9.1 CASE STUDY NO 1

Sociodemographic profile

The respondent Mrs.A aged 45 years is the wife of Mr.B a 46-year-old man currently employed as a security worker. The family resides in a coastal community in Thiruvananthapuram. The respondent reported that her husband has been consuming alcohol for approximately 25 years and started drinking at the age of 21 due to peer influence. Over the years the frequency and intensity of alcohol consumption increased and he currently consumes alcohol on a daily basis.

Treatment History

The family made several attempts to seek treatment for B alcohol use. The first treatment attempt was made when he was around 35–36 years old. He received treatment from a de-addiction centre called Daleview in Poovachal before that he during a centering prayer at chalakudi he showed aggression and followed by they admitted him in the de addiction centre for two weeks and received treatment. During treatment at Daleview he remained alcohol-free for approximately one year and for many months he had medicines also . However, he relapsed and resumed alcohol consumption. According to the respondent Jacob was unwilling to continue treatment and experienced intense cravings for alcohol. Despite repeated follow-up visits and medication management there was no sustained improvement.

Impact on Family Life

The respondent reported severe emotional, physical and social consequences due to her husband's alcohol use. She described experiencing constant stress, mental exhaustion, embarrassment and fear. The marital relationship became emotionally and physically detached with communication being severely affected. Mr B frequently engaged in verbal abuse and physical violence toward his wife and other family members. The respondent further reported that B often became aggressive when intoxicated and had damaged household property on multiple occasions. He frequently accused family members of speaking negatively about him and displayed suspicious behaviour. Family members often remained silent during episodes of violence in an attempt to avoid further conflict.

Financial Consequences

Alcohol use had a significant impact on the family's financial stability. The respondent stated that Mr B spent large amounts of money on alcohol and frequently borrowed money from

relatives, neighbours and friends. Creditors often visited the house demanding repayment creating additional stress for the family. The respondent previously operated a textile shop and Mr B reportedly took money from the business without her knowledge contributing to financial difficulties. Although other factors also influenced the closure of the shop his alcohol-related behaviour negatively affected its functioning. At present the family's daily expenses are largely supported by their son who works abroad and regularly sends money home.

Social Consequences

The respondent reported experiencing continuous embarrassment due to Mr B behaviour. His habit of borrowing money from neighbours and relatives damaged social relationships and affected the family's reputation within the community.

Support Systems and Coping

The respondent identified her brother and supportive neighbours as her primary sources of assistance during crises. She had also observed similar experiences within the extended family particularly involving b's brother who had undergone multiple treatment programmes without achieving sustained recovery.

Themes Emerged from Case Study 1

Theme 1: Repeated Relapse, Treatment Fatigue and Loss of Hope

Sub-theme: Unsuccessful Treatment Experiences and Loss of Hope

Mrs A reported that B had undergone treatment on multiple occasions, including treatment at Dale View De-addiction Centre and a de-addiction centre in Chalakudy. Although he remained abstinent for a period following treatment, he eventually relapsed and resumed alcohol use. Repeated unsuccessful treatment attempts gradually reduced her confidence in treatment and created emotional exhaustion. Her belief that treatment would not lead to recovery was further reinforced by observing the experience of b's brother, who was also alcohol dependent and had undergone several expensive treatment programmes without significant improvement. Witnessing both situations contributed to her loss of hope regarding treatment and recovery.

Verbatim

"I took him for treatment many times. After treatment he stopped drinking for one year and then started again. I gave medicines without his knowledge for many months, but there was no change."

"His brother is also like this . They took him for many costly treatments in Pathanamthitta but he also did not improve. Seeing that also made me feel that people like them will never change unless they themselves decide to stop."

"After all these attempts,I lost hope. Now I feel they will change only if they themselves decide to stop."

Theme 2: Domestic Violence and Emotional Distress

Sub-theme: Violence and Psychological Impact on the Family

B's alcohol use was associated with frequent aggression, verbal abuse and physical violence. Sheela described living in a constant state of stress and emotional exhaustion. The violence not only affected her but also extended to other family members including her elderly mother. Continuous exposure to such behaviour created fear, emotional strain and deterioration in family relationships.

Verbatim

"Every time he drinks, he behaves like an animal not human and become aggressive."

"He physically attacked me and verbally abused me and my family"

"My mother used to shout at him because of the pain and he would even try to beat her."

"I am mentally and physically exhausted because of his behaviour"

Theme 3: Financial Burden and Indebtedness

Sub-theme: Economic Strain Due to Alcohol Use

Alcohol use had a significant impact on the family's financial stability. B frequently borrowed money from relatives, friends and neighbours to purchase alcohol and often denied doing so when questioned. Family members were left to face creditors who came to the house demanding repayment. A also reported that her son who works abroad had become the primary source of financial support for the family.

Verbatim

"He borrows money from others and they come home asking for repayment."

"When I ask him, he says he never borrowed any money."

"My son who is abroad sends money for our daily living."

"Recently he spent ₹1500 in one night and later he didn't even remember it."

“Now he only going for some security job or something I don’t know even know what he is doing he goes for some job only for making money to drink”

Theme 4: Occupational and Economic Consequences

Sub-theme: Livelihood and Occupational Disruption

Mrs A business was negatively affected by B's drinking behaviour. Initially, he assisted her in managing the shop, but later he began taking money from the business without her knowledge. This created financial difficulties and contributed to the decline of the business. The closure of the textile shop further increased the economic burden on the family.

Verbatim

"He used to help me in the shop at the beginning and due to the sons exam I was not able to monitor the shop and I belived he and a staff who is the family member of him will manage"

"Later he started taking money from the shop without my knowledge and warned the staff to not to inform about it to me"

"The staff was his relative and she also didn't inform me."

"Eventually the shop closed . even though he is not the only reason for closure of the shop this was also created loss in the business"

Theme 5: Social Embarrassment and Family Isolation

Sub-theme: Social Stigma and Family Isolation

Mrs A described experiencing embarrassment and social discomfort due to B's behaviour. His frequent borrowing of money from relatives, neighbours and friends affected the family's reputation within the community. She reported feeling ashamed and emotionally burdened by the constant social consequences of his drinking behaviour.

Verbatim

"I am very stressed and embarrassed in front of family neighbours and friends .He used to go from house to house asking for money during early mornings and at first they used to call me and inform what happened your husband came for money saying that he need to buy groceries and u don't have money for that. Now people know his character and they do not give him money anymore.I feel embarrassed all the time because this happens almost every day."

4.9.2 CASE STUDY NO 2

Sociodemographic Details

The respondent Mrs. H aged 49 years is the wife of Mr. J a 56-year-old fisherman residing in a coastal community in Thiruvananthapuram. According to the respondent, J started consuming alcohol at the age of 15 and has been drinking for approximately 41 years. His alcohol consumption has progressively increased over the years and he currently consumes alcohol on a daily basis.

Awareness and Treatment-Seeking Behaviour

The respondent reported having very limited knowledge regarding de-addiction services and treatment facilities. Although she had heard about medicines used to reduce alcohol consumption, she was unaware of formal treatment centres and available de-addiction services. No one had provided her with adequate information regarding treatment options or service availability. A major factor influencing the families treatment-seeking behaviour was fear associated with treatment. The respondent reported hearing about the death of a young man

named Saji who was undergoing treatment for alcohol use problems in somewhere in Shangumukham. Information regarding the incident was obtained through neighbours and community members. Following this event the respondent developed significant fear regarding treatment and medication. Consequently she never considered taking her husband for treatment and believed that treatment itself could be harmful. The respondent stated that her husband frequently expressed similar fears and often questioned whether the family wanted to "kill him" by taking him for treatment. He also denied that alcohol consumption was not a problem requiring medicine or treatment .

Denial of Alcohol-Related Problems

According to the respondent J did not acknowledge the negative consequences of his drinking and did not believe that alcohol use was creating problems for himself or his family. He consistently denied the need for treatment and had never expressed a desire to seek help for his alcohol use. He also mentions that people like him going for fishing must have to drink because they are doing hard labour .

Financial Impact on the Family

Alcohol consumption had severe financial consequences for the family. Although J worked as a fisherman he did not attend work regularly due to his drinking habits. Whatever income he earned was largely spent on alcohol leaving little or no money for household expenses.The respondent reported that she was compelled to work in temporary cleaning jobs to support the family. Due to inadequate income she frequently borrowed money to meet daily household needs. The burden of debt had become a major source of stress for her. Basic family needs including food, education of children and healthcare expenses were negatively affected by the financial instability associated with alcohol use.

Impact on Family Life

The respondent reported experiencing physical violence, emotional distress and social embarrassment as a result of her husband’s drinking behaviour. She described incidents in which J physically assaulted her created disturbances within the household and damaged family relationships. Although she described her husband as a caring person when sober she reported that his behaviour changed drastically after consuming alcohol. During intoxication he became aggressive, unpredictable and difficult to control. The respondent often feared for her safety and reported leaving the house on several occasions to avoid being harmed. The respondent also reported intergenerational effects of alcohol use stating that her sons had developed drinking problems and experienced family difficulties of his own.

Community Influence and Misconceptions Regarding Treatment

Information shared by neighbours and community members regarding the alleged death of an individual during treatment contributed significantly to the respondent's fear of seeking professional help. The respondent believed that greater awareness regarding available services and accurate information about treatment could help reduce fear among families facing similar situations.

Support Needs

When asked about the support required the respondent emphasized the need for financial assistance and increased awareness regarding available treatment services. She stated that if affordable and accessible treatment services were available and families were adequately informed about them treatment seeking would be more .

Themes Emerged from Case Study 2

Theme 1: Lack of Awareness Regarding Treatment Services

Sub-theme: Limited Knowledge of De-addiction Services

H demonstrated limited awareness regarding available de-addiction services and treatment facilities. Although she had heard about medicines used to help individuals stop drinking she was unaware of de-addiction centres and available treatment services. The lack of information regarding treatment options appeared to influence her treatment-seeking behaviour and contributed to non-utilization of professional services.

Verbatim

"I know that there are medicines that are given to people to stop drinking I don't know what medicine exactly it is but I have heard about it and I dont know anything about treatment centres and all"

"No, I don't know where treatment facilities are available. If you know, help me"

"I don't have any awareness about the available services and treatment."

Theme 2: Fear of Treatment and Misconceptions About Medication

Sub-theme: Fear and Misconceptions Influencing Treatment Decisions

A major barrier identified from Mrs H was fear regarding treatment and medication. Her perception was strongly influenced by the reported death of a young man from the community during treatment. Although she was unaware of the actual circumstances surrounding the incident the information she received from neighbours and community members created fear regarding treatment and medicines. This fear prevented her from considering professional treatment for her husband.

Verbatim

"Many people told me about medicines but I was afraid of the side effects. A person named Saji died while receiving treatment and after hearing that I never thought about taking my husband for treatment. He was just 26 years old and It created fear about treatment and medicines. Chechi didn't know about anything if I gave him medicine and he get affected by it then the people will criticise me .

Theme 3: Treatment Refusal and Denial of Alcohol-Related Problems

Sub-theme: Denial and Refusal to Seek Treatment

Mrs H reported that her husband consistently denied having a drinking problem and refused to acknowledge the need for treatment. According to her he believed that alcohol consumption was not causing any difficulties and resisted discussions regarding treatment. His denial and unwillingness to seek help emerged as important barriers to treatment utilization.

Verbatim

"He says drinking is not a problem."

"He never admitted that he is having a problem"

"When we talk about tmedicines that the friends of mine said me to try he says, Do you want to kill me like that Vincent's son?'"

"He does not believe alcohol is causing problems. And ststes that men like him who is doing hard labour will have alcohol that dosent need to question"

Theme 4: Financial Hardship and Economic Burden

Sub-theme: Financial Instability and Household Burden

Mrs H described severe financial difficulties resulting from her husband's alcohol use. He frequently spent his earnings on alcohol and failed to contribute to household expenses. As a result she was forced to undertake cleaning work whenever available and borrow money to meet daily needs. The family experienced difficulties in managing basic expenses such as food, education and healthcare.

Verbatim

"He spends every penny on drinking utiil his hand emptied then only he go for fishing"

"No money is given to the house."

"I have to go for cleaning work for daily living and i was forced to borrow money from others and that debt is now in my head.The food, education of children and hospital needs were all affected."

Theme 5: Domestic Violence, Fear and Family Distress

Sub-theme: Violence and Emotional Suffering within the Family

Mrs H reported experiencing physical violence and emotional distress due to her husband's drinking behaviour. According to her he became aggressive and destructive whenever he consumed alcohol. She frequently feared for her safety and sometimes felt compelled to leave the house to avoid harm. The drinking behaviour also created emotional strain and embarrassment within the family.

Verbatim

"He beats me and creates problems in the house."

"When he drinks he becomes like an animal not a human."

"I have to get out of the house because I am afraid, he will harm me."

"He breaks things in the house and creates trouble."

Theme 6: Need for Support, Awareness and Accessible Services

Sub-theme: Perceived Support Needs for Treatment Utilization

Despite her fears regarding treatment, Mrs H expressed a desire for support and information that could help her husband. She believed that awareness regarding available services, accurate information about treatment and financial assistance could encourage families to seek professional help. She also emphasized the need for community education to address misconceptions surrounding treatment.

Verbatim

"If there is treatment that can help tell me."

"Financial support will help."

"Maybe awareness about the reality behind that incident will help reduce fear."

"If treatment is affordable and accessible I would consider it."

CHAPTER 5
FINDINGS AND DISCUSSIONS

CHAPTER 5: FINDINGS AND DISCUSSIONS

5.1 Introduction

The present chapter discusses the findings of the study in relation to the objectives, existing literature and qualitative case descriptions. The study aimed to understand the treatment gap among individuals with alcohol use problems from the perspective of family members residing in selected coastal areas of Thiruvananthapuram district. The discussion integrates both quantitative and qualitative findings obtained through structured interviews, the Family CAGE-AID Scale, the Alcohol Dependence Scale (ADS) Proxy Version and case studies. The findings are discussed objective-wise to provide a comprehensive understanding of the factors contributing to the non-utilization of de-addiction services among individuals with alcohol use problems. The findings presented in this chapter are derived from both the quantitative and qualitative components of the study and are organized according to the objectives of the research.

5.2 Findings

5.2.1 Objective 1: To Identify Personal and Family-Related Barriers Preventing the Utilization of De-addiction Services

The findings of the present study revealed that several personal, family-related and service-related factors contribute to the treatment gap among individuals with alcohol use problems. One of the most significant barriers identified was refusal by the affected individual to seek treatment. Nearly all respondents (98.4%) reported that the individual with alcohol use problems was unwilling to seek professional help. This finding suggests that treatment refusal remains a major obstacle to treatment utilization. Denial of alcohol-related problems, lack of motivation for behavioural change and unwillingness to accept the need for treatment may contribute to this barrier.

The qualitative findings further supported this observation. In Case Study 1, Mrs A reported that her husband had undergone treatment at Dale View De-addiction Centre and another treatment facility in Chalakudy. Although he remained abstinent for nearly one year following treatment, he later relapsed and resumed alcohol use. Repeated treatment attempts failed to bring sustained recovery. She also expressed hopelessness regarding treatment due to repeated relapses and the unsuccessful treatment experiences of her husband's brother. As she stated,

"After treatment he stopped drinking for almost one year, but then he started again. His brother also underwent many expensive treatments, but there was no improvement. After seeing all this, I feel they will change only if they themselves decide to stop drinking."

Similarly, in Case Study 2, Mrs H reported that her husband consistently denied having a drinking problem and refused all suggestions regarding treatment. According to her,

"Whenever I speak about treatment, he says there is nothing wrong with his drinking and asks whether I want to kill him like that boy who died after treatment."

These qualitative findings support the quantitative findings and indicate that treatment refusal remains a major contributor to the treatment gap among individuals with alcohol use problems.

The study also identified financial constraints as an important barrier to treatment utilization. A majority of respondents (60.0%) agreed that treatment is expensive and may discourage families from accessing de-addiction services. Alcohol dependence often creates financial difficulties within families due to reduced household income, increased expenditure on alcohol, indebtedness and inadequate contribution towards family expenses. These financial challenges may further limit the ability of families to seek professional treatment.

The qualitative findings provided additional evidence regarding financial difficulties experienced by affected families. Sheela reported that her husband frequently borrowed money from relatives, neighbours and friends to purchase alcohol and often denied doing so when questioned. She further explained that her son working abroad had become the primary source of financial support for the family. Helen also described severe economic hardship resulting from her husband's drinking behaviour. As she stated,

"He spends all the money on alcohol. I have to go for cleaning work whenever I get work. I even borrowed money from others for running the family and now all that debt is on my head."

These findings suggest that financial burden may influence both the willingness and ability of families to seek treatment.

Lack of knowledge regarding treatment facilities emerged as another important barrier identified in the study. More than half of the respondents (58.4%) reported that they did not know where to obtain treatment services. Similarly, 66.7% reported that treatment facilities were difficult to access due to distance and accessibility-related concerns. These findings indicate that inadequate awareness and limited accessibility may contribute to delays in treatment seeking and underutilization of available services.

The findings are consistent with the Magnitude of Substance Use in India Survey conducted by the National Drug Dependence Treatment Centre (NDDTC), AIIMS (2019), which reported a substantial treatment gap among individuals with alcohol dependence. The findings are also supported by the National Mental Health Survey conducted by NIMHANS (2015–2016), which reported an 86.3% treatment gap for Alcohol Use Disorders in India. Similarly, Nadkarni

et al. (2023) identified poor awareness and accessibility-related barriers as significant contributors to treatment gaps among individuals with substance use disorders.

This finding was also reflected in Mrs H ‘s case. She reported,

"I don't know where treatment facilities are available. Other than some medicines people talk about, I don't know much about treatment."

Fear of social stigma also emerged as a barrier to treatment utilization. More than half of the respondents (51.7%) agreed that fear of social stigma prevents individuals from seeking treatment. Family members may fear negative judgments from neighbours, relatives and members of the community, which may discourage them from accessing professional services.

This finding was reflected in Sheela's case, where she described feelings of embarrassment and social discomfort resulting from her husband's alcohol-related behaviour and repeated borrowing of money from relatives and neighbours. As she stated,

"People come to the house asking for money he borrowed. I feel ashamed when neighbours and relatives talk about his drinking and behaviour."

The findings further revealed that many respondents expressed concerns regarding treatment and medication. A substantial proportion believed that treatment could create future problems and that medicines used during treatment might adversely affect health. These perceptions were also reflected in Mrs H's case. She reported,

"After hearing that Saji died during treatment, I became afraid. Since then, I have never seriously thought about taking my husband for treatment because I am scared something may happen to him too."

Such misconceptions and fears may discourage families from seeking help even when treatment services are available.

Overall, the findings indicate that treatment refusal, financial constraints, lack of awareness regarding treatment facilities, accessibility-related challenges, social stigma and misconceptions regarding treatment are important factors contributing to the treatment gap among individuals with alcohol use problems. These findings are supported by both the quantitative and qualitative components of the study and are consistent with existing literature on barriers to treatment utilization.

5.2.2 Objective 2: To Assess Family Members' Awareness and Knowledge Regarding Available De-addiction Services

The second objective of the study was to assess family members' awareness and knowledge regarding available de-addiction services. The findings revealed limited awareness among

respondents regarding treatment facilities and available services for individuals with alcohol use problems.

The findings showed that only a small proportion of individuals with alcohol use problems had previously received professional treatment, while the majority had never accessed formal de-addiction services. This indicates the existence of a substantial treatment gap despite the presence of alcohol-related problems and varying levels of alcohol dependence among the study population.

The study further revealed that 95.0% of respondents had not received any information regarding available treatment services. Only a very small proportion reported obtaining information through friends, relatives, or self-search. These findings suggest inadequate dissemination of information regarding de-addiction services within the community. Lack of information may prevent family members from recognizing available treatment options and delay treatment-seeking behaviour.

The findings are consistent with the Magnitude of Substance Use in India Survey conducted by NDDTC-AIIMS (2019), which reported that a large proportion of individuals with alcohol dependence had never accessed treatment services despite requiring professional intervention. Similarly, the National Mental Health Survey (NIMHANS, 2015–2016) highlighted lack of awareness regarding available services as an important factor contributing to the treatment gap for Alcohol Use Disorders.

The findings also revealed that 60.0% of respondents were unaware of nearby alcohol treatment facilities. Limited knowledge regarding the availability and location of treatment centres may discourage families from approaching professional services. Awareness regarding available services is often the first step in the treatment-seeking process and the absence of such knowledge may contribute to continued non-utilization of services.

The qualitative findings strongly supported these observations. In Case Study 2, Mrs H reported that she had very limited knowledge regarding available treatment services and was unaware of nearby treatment facilities. As she stated,

"I don't know where treatment facilities are available. Other than some medicines people talk about, I don't know much about treatment."

This statement reflects the lack of awareness regarding available de-addiction services among family members.

The findings further revealed that a majority of respondents (63.3%) were uncertain whether alcohol addiction is a treatable health condition. Only one-third of respondents believed that alcohol addiction could be successfully treated. This uncertainty indicates inadequate knowledge regarding alcohol dependence, recovery processes and treatment outcomes. Limited understanding of alcohol dependence as a treatable condition may discourage both affected individuals and family members from seeking professional help.

Similar findings were reported by Wallhed Finn et al. (2018), who observed that lack of knowledge regarding treatment options and misconceptions about recovery often delayed help-seeking among individuals with substance use disorders and their families. Likewise, Bortolon et al. (2025) reported that inadequate awareness regarding available services and uncertainty regarding treatment effectiveness contributed significantly to treatment avoidance.

The qualitative findings further illustrated this issue. Mrs H expressed uncertainty regarding available treatment options and repeatedly emphasized her need for information and guidance. She reported,

"If there is any treatment that can help him, please tell me. I don't know anything about these services."

This statement highlights the importance of providing accurate information and awareness regarding available treatment facilities.

Overall, the findings indicate that awareness regarding available de-addiction services remains limited among family members of individuals with alcohol use problems. Inadequate information regarding treatment facilities, poor awareness of nearby services and uncertainty regarding the treatability of alcohol dependence appear to contribute significantly to the treatment gap. These findings emphasize the need for community-based awareness programmes, information dissemination initiatives and psychoeducation services to improve treatment utilization among individuals with alcohol use problems.

5.2.3 Objective 3: To Explore Family Members' Perceptions, Attitudes and Experiences Related to Alcohol Use Problems and Treatment Seeking

The third objective of the study was to explore family members' perceptions, attitudes and experiences related to alcohol use problems and treatment seeking. The findings revealed that family members possessed varying perceptions regarding alcohol dependence, treatment effectiveness, stigma and the potential consequences of seeking professional help.

The findings indicated that nearly half of the respondents agreed that alcohol addiction is a health problem requiring treatment, while a considerable proportion remained neutral. This suggests that although many family members recognize the seriousness of alcohol dependence, uncertainty regarding the nature of the condition continues to exist. Such uncertainty may influence treatment-seeking decisions and contribute to delays in accessing professional services.

The findings further revealed that a majority of respondents remained uncertain regarding the effectiveness of treatment centres in helping individuals recover from alcohol use problems. This uncertainty may be attributed to inadequate awareness regarding treatment outcomes, negative experiences with treatment, or observations of relapse among individuals who had previously undergone treatment. Similar findings were reported by Wallhed Finn et al. (2018),

who observed that doubts regarding treatment effectiveness often influenced decisions regarding treatment utilization.

The qualitative findings support this observation. In Case Study 1, Mrs A described how repeated relapses following treatment reduced her confidence in treatment services. Despite multiple treatment attempts, her husband resumed alcohol use after a period of abstinence. She also referred to the unsuccessful treatment experiences of her husband's brother, who had undergone several expensive treatment programmes without significant improvement. As she stated,

"After treatment he stopped drinking for almost one year, but then he started again. His brother also underwent many expensive treatments, but there was no improvement. After seeing all this, I feel they will change only if they themselves decide to stop drinking."

This finding reflects the development of treatment fatigue and reduced confidence in treatment outcomes among family members.

The study also revealed that half of the respondents agreed that community judgment discourages families from seeking help for alcohol-related problems. Stigma associated with alcohol dependence may create fear of embarrassment, discrimination and social rejection. Family members may avoid approaching treatment services due to concerns regarding how they will be perceived by relatives, neighbours and the wider community.

These findings are consistent with Panda, Sahoo and Saini (2020), who reported that social stigma remains a significant barrier to treatment seeking among individuals with substance use disorders and their families. Similarly, Chinnasamy and Chand (2016) observed that fear of social judgment often prevents families from openly discussing alcohol-related problems and seeking professional intervention.

The qualitative findings further support this observation. Mrs A reported that she experienced embarrassment and emotional distress because of her husband's alcohol-related behaviour and repeated borrowing of money from neighbours and relatives. As she explained,

"People come to the house asking for money he borrowed. I feel ashamed when neighbours and relatives talk about his drinking and behaviour."

The findings also revealed mixed opinions regarding whether alcohol-related problems should be handled privately within the family. While some respondents believed that families should manage the problem independently, others disagreed with this view. The large proportion of neutral responses suggests uncertainty regarding the role of professional intervention and external support systems in addressing alcohol-related problems.

A particularly important finding of the study was that a majority of respondents believed that treatment may create problems in future life. Many family members expressed concerns regarding the possible consequences of treatment seeking, including fear of social labelling,

negative community reactions and uncertainty regarding treatment outcomes. Such beliefs may discourage individuals and families from approaching professional services.

The findings further revealed that a majority of respondents were concerned that medicines used in treatment may harm health. Fear regarding medication side effects and misconceptions about treatment procedures emerged as important influences on attitudes towards treatment utilization.

The qualitative findings strongly reflected these concerns. In Case Study 2, Mrs H reported that information regarding the death of a young man from the locality during treatment created fear and mistrust towards treatment services. Although she was not fully aware of the circumstances surrounding the incident, the information she received from others influenced her perception of treatment. As she stated,

"After hearing that Saji died during treatment, I became afraid. Since then, I have never seriously thought about taking my husband for treatment because I am scared something may happen to him too."

This finding demonstrates how community narratives and misinformation can shape attitudes towards treatment and contribute to treatment avoidance.

Similar findings were reported by Bortolon et al. (2025), who identified fear of treatment, misconceptions regarding medications and negative perceptions regarding treatment outcomes as factors contributing to delayed treatment seeking among individuals with substance use disorders. The study emphasized the importance of providing accurate information regarding treatment effectiveness and safety in order to improve service utilization.

Overall, the findings indicate that family members' perceptions and attitudes towards alcohol use problems and treatment are influenced by personal experiences, community attitudes, previous treatment experiences and available information regarding treatment services. Uncertainty regarding treatment effectiveness, fear of stigma, concerns regarding future consequences and misconceptions regarding medications appear to play an important role in shaping treatment-seeking behaviour. These findings highlight the need for psychoeducation, community awareness programmes and family-focused interventions to improve attitudes towards treatment and reduce the treatment gap among individuals with alcohol use problems.

5.2.4 Objective 4: To Identify the Support and Interventions Required to Improve Treatment Utilization

The fourth objective of the study was to identify the support and interventions required to improve the utilization of de-addiction services among individuals with alcohol use problems. The findings revealed that family members perceived the need for various forms of professional, social and financial support to address the treatment gap and facilitate access to treatment services.

The findings indicated that a majority of respondents (63.3%) expressed the need for professional guidance in managing alcohol-related problems within the family. Family members often experience difficulties in dealing with behavioural disturbances, treatment refusal, financial burden, family conflicts and emotional distress associated with alcohol use problems. The findings suggest that professional support may assist family members in understanding alcohol dependence, coping with challenges and motivating affected individuals to seek treatment.

The qualitative findings further support this observation. In Case Study 2, Mrs H repeatedly expressed her need for guidance and information regarding available treatment services. She reported,

"If there is any treatment that can help him, please tell me. I don't know anything about these services."

This statement reflects the need for professional guidance among family members who are often unsure about where to seek help and how to manage alcohol-related problems within the family.

Similarly, the experiences narrated by Sheela demonstrated the emotional burden experienced by family members following repeated unsuccessful attempts to help the affected individual. The difficulties faced by family members highlight the importance of professional counselling, guidance and psychosocial support services.

The findings further revealed that all respondents unanimously agreed on the need for awareness programmes, financial assistance, confidential services, youth-friendly treatment facilities and family counselling services to improve treatment utilization. The unanimous response indicates that family members view treatment utilization as a multidimensional issue requiring comprehensive interventions rather than a single solution.

The need for awareness programmes identified in the present study is particularly important in light of the limited awareness regarding available treatment services observed among respondents. Family members often lacked information regarding treatment facilities, treatment procedures and available support services. Similar findings were reported by the National Drug Dependence Treatment Centre (NDDTC-AIIMS, 2019), which emphasized the importance of awareness generation and community outreach activities in reducing the treatment gap associated with substance use disorders.

The need for financial assistance identified by respondents may be understood in relation to the financial burden experienced by affected families. Both Sheela and Helen described economic difficulties resulting from alcohol use, including indebtedness, inadequate household income and difficulties meeting daily expenses. Financial assistance and affordable treatment services may therefore encourage greater utilization of professional services among economically vulnerable families.

Respondents also emphasized the importance of confidential services. Fear of stigma and concerns regarding community judgement were identified as barriers in the present study. Confidential treatment services may help reduce fears related to disclosure and encourage individuals and families to seek professional assistance without concerns regarding social labelling.

The need for family counselling services was another important finding of the study. Family members of individuals with alcohol use problems often experience emotional distress, financial strain, social embarrassment and family conflicts. Family counselling can provide emotional support, improve coping skills, strengthen family functioning and enhance motivation for treatment. Similar observations were reported by Chinnasamy and Chand (2016), who highlighted the important role of family support and counselling in improving treatment engagement and recovery outcomes among individuals with alcohol dependence.

The findings of the present study are also supported by Panda, Sahoo and Saini (2020), who emphasized the importance of family-centred interventions, community awareness programmes and accessible treatment services in addressing barriers to treatment utilization. Similarly, Bortolon et al. (2025) reported that improved awareness, professional guidance, financial support and family involvement are important factors in promoting treatment seeking among individuals with substance use disorders.

Overall, the findings indicate that family members require professional guidance, awareness regarding available services, financial assistance, confidential treatment facilities and family counselling support to improve treatment utilization among individuals with alcohol use problems. These findings highlight the need for comprehensive and family-centred interventions aimed at reducing barriers and improving access to de-addiction services.

5.3 Overall findings of the Study

5.3.1 Overall Findings Related to Socio-Demographic Profile

The study revealed that the majority of the respondents were females, particularly spouses of individuals with alcohol use problems. Most respondents belonged to the middle and older age groups and were married. A considerable proportion had only primary or secondary level education and many were unemployed or engaged in informal occupations. The majority belonged to nuclear families.

The findings further revealed that all individuals with alcohol use problems included in the study were males. Most were fishermen or engaged in occupations related to the coastal livelihood sector. A substantial proportion had low educational attainment and irregular income patterns. The majority had been consuming alcohol for several years, indicating long-term alcohol-related problems within the study population.

Findings Related to Family CAGE-AID and ADS Assessment

The Family CAGE-AID assessment revealed that almost all individuals included in the study were classified as clinically significant with respect to alcohol-related problems. The Alcohol Dependence Scale (ADS) proxy assessment indicated that the majority of

individuals experienced moderate to substantial levels of alcohol dependence, while a smaller proportion exhibited severe dependence.

5.3.2 Overall Findings Related to Objective 1

The study identified treatment refusal by the affected individual as one of the most significant barriers to treatment utilization. Financial difficulties, lack of awareness regarding available treatment facilities, poor accessibility of services and fear of social stigma were also identified as important barriers contributing to the treatment gap.

The qualitative findings revealed that repeated treatment failures, relapse following treatment, treatment fatigue, domestic violence, financial burden and misconceptions regarding treatment further discouraged families from seeking professional help.

5.3.3 Overall Findings Related to Objective 2

The findings revealed limited awareness regarding available de-addiction services among respondents. The majority of respondents had never received information regarding treatment facilities and were unaware of nearby treatment centres. Many respondents were uncertain whether alcohol addiction was a treatable health condition. These findings indicate inadequate awareness regarding alcohol dependence and available treatment services.

The qualitative findings further highlighted the lack of awareness regarding treatment facilities and support services among family members.

5.3.4 Overall Findings Related to Objective 3

The study revealed that family members possessed varying perceptions and attitudes regarding alcohol dependence and treatment seeking. Many respondents were uncertain about the effectiveness of treatment centres. Community judgment and fear of social stigma were found to influence treatment-seeking behaviour. A considerable proportion of respondents believed that treatment could create future problems and expressed concerns regarding medicines used during treatment.

The qualitative findings highlighted treatment fatigue, loss of confidence in treatment outcomes, fear of treatment, misconceptions regarding medication, social embarrassment and emotional distress experienced by family members.

5.3.5 Overall Findings Related to Objective 4

The study revealed that a majority of respondents required professional guidance in managing alcohol-related problems within the family. All respondents emphasized the

need for awareness programmes, financial assistance, confidential treatment services, family counselling and accessible treatment facilities to improve treatment utilization.

The qualitative findings also highlighted the need for information, emotional support, counselling services and community-based interventions to assist families affected by alcohol use problems.

5.4 Overall findings from the Case Studies

The case studies provided a deeper understanding of the experiences of family members of individuals with alcohol use problems and further supported the quantitative findings of the study.

The findings revealed that repeated relapse following treatment and unsuccessful treatment experiences contributed to treatment fatigue and loss of hope among family members. Despite multiple treatment attempts, sustained recovery was often not achieved, resulting in reduced confidence in treatment outcomes.

The case studies further highlighted the presence of treatment refusal and denial among individuals with alcohol use problems. Family members reported that affected individuals frequently minimized the seriousness of their drinking behaviour and resisted suggestions regarding treatment.

Financial burden emerged as a significant concern in both case studies. Excessive expenditure on alcohol, indebtedness, inadequate contribution to family expenses and economic instability created considerable hardship for family members and negatively affected family functioning.

Domestic violence, verbal abuse, aggression and emotional distress were commonly reported experiences among family members. Alcohol-related behaviour contributed to strained family relationships, fear, insecurity and psychological distress among spouses and other family members.

Lack of awareness regarding available de-addiction services was identified as an important factor contributing to the treatment gap. Family members reported limited knowledge regarding treatment facilities, treatment procedures and available support services.

The findings also revealed the presence of fear and misconceptions regarding treatment. Negative community experiences and misinformation regarding treatment outcomes contributed to fear, mistrust and reluctance to utilize professional services.

The case studies further emphasized the need for professional guidance, counselling services, awareness programmes, financial assistance and family-centred interventions to improve treatment utilization and support families affected by alcohol use problems.

5.5 Discussions

5.5.1 Objective 1: To Identify Personal and Family-Related Barriers Preventing the Utilization of De-addiction Services

The present study identified several personal, family-related and service-related barriers that contribute to the treatment gap among individuals with alcohol use problems. The quantitative

findings revealed that 98.4% of respondents reported that the affected individual was unwilling to seek professional treatment indicating that treatment refusal was the most significant barrier to the utilization of de-addiction services. The financial constraints, lack of awareness regarding available treatment facilities, poor accessibility of services, fear of social stigma and misconceptions regarding treatment were identified as major factors discouraging treatment seeking. These findings suggest that treatment utilization is influenced not by a single factor but by the interaction of individual, family, social and service-related barriers.

The qualitative findings further enriched the quantitative results by providing a deeper understanding of how these barriers operate in the daily lives of affected families. In Case Study 1, repeated relapse following multiple treatment attempts resulted in treatment fatigue and loss of hope among the family members. The respondent explained that despite undergoing treatment on several occasions, sustained recovery was not achieved, leading to a decline in confidence regarding the effectiveness of treatment. Similarly, the unsuccessful treatment experiences of Jacob's brother further reinforced the family's perception that treatment would not produce lasting recovery. In Case Study 2, denial of alcohol-related problems and refusal to accept treatment were evident, as the affected individual consistently rejected suggestions regarding treatment and perceived his drinking behaviour as normal. These qualitative narratives illustrate that treatment refusal is often shaped by previous treatment experiences, repeated relapseand poor motivation for behavioural change rather than simple unwillingness alone.

Financial burden also emerged as an important factor contributing to the treatment gap. Although 60.0% of respondents perceived treatment as expensive, the qualitative findings revealed that the financial burden extended beyond treatment costs. Both case studies described excessive expenditure on alcohol, indebtedness, reduced contribution towards household expenses and increased economic responsibility placed on spouses and children. These findings demonstrate that alcohol dependence affects the financial stability of the family, thereby reducing both the willingness and the capacity to access professional treatment. Financial hardship therefore functions as both a consequence of alcohol dependence and a barrier to treatment utilization.

Another important finding of the study was the limited awareness regarding available de-addiction services. More than half of the respondents (58.4%) reported that they did not know where treatment services were available, while 66.7% perceived treatment facilities as difficult to access. The qualitative findings supported these observations, with respondents expressing uncertainty regarding available treatment centres and available support services. Limited knowledge regarding treatment facilities may delay help-seeking behaviour and contribute to the continued non-utilization of available services. These findings indicate that improving awareness alone is insufficient unless treatment services are also physically and economically accessible to affected families.

Fear of social stigma and misconceptions regarding treatment also influenced treatment utilization. More than half of the respondents (51.7%) agreed that fear of social judgement

discouraged treatment seeking. Furthermore, many respondents believed that treatment could create future problems and expressed concerns regarding the safety of medicines used during treatment. The qualitative findings demonstrated that these misconceptions were often influenced by community narratives and previous negative experiences. For example, Helen reported that hearing about the death of a young man during treatment created fear and prevented her from considering treatment for her husband. Such findings indicate that misinformation circulating within communities can significantly influence treatment-related decisions and reinforce treatment avoidance.

The findings of the present study are consistent with previous research. The Magnitude of Substance Use in India Report conducted by the National Drug Dependence Treatment Centre (NDDTC), AIIMS and the Ministry of Social Justice and Empowerment (2019) reported a substantial treatment gap among individuals with alcohol dependence despite the availability of treatment services. Similarly, the National Mental Health Survey of India (NIMHANS, 2015–2016) reported an 86.3% treatment gap for Alcohol Use Disorders, identifying poor awareness, stigma and limited accessibility as important barriers to treatment utilization. Nadkarni et al. (2023) also observed that inadequate awareness regarding treatment facilities, financial barriers, poor accessibility and stigma significantly delayed treatment seeking among individuals with substance use disorders. Likewise, Chinnasamy and Chand (2016) highlighted that denial of alcohol-related problems, fear of treatment and poor motivation for behavioural change contributed to delayed treatment utilization.

The findings may also be understood through Andersen's Behavioural Model of Health Service Utilization (1995). According to this model, health service utilization is influenced by predisposing factors, enabling factors and perceived need. In the present study, treatment refusal, misconceptions regarding treatment and stigma represent predisposing factors that influenced treatment-seeking behaviour. Financial constraints, poor accessibility of services and limited awareness functioned as enabling barriers that reduced the utilization of available de-addiction services. Although family members recognized the need for treatment, the combined influence of these barriers prevented timely access to professional care, thereby widening the treatment gap.

Overall, the discussion demonstrates that treatment refusal, repeated relapse, financial hardship, poor awareness, limited accessibility, stigma and misconceptions interact to create a substantial treatment gap among individuals with alcohol use problems. The integration of quantitative findings, qualitative case experiences, previous literature and Andersen's Behavioural Model highlights the need for comprehensive family-centred and community-based interventions that address both individual and systemic barriers to treatment utilization.

5.5.2 Objective 2: To Assess Family Members' Awareness and Knowledge Regarding Available De-addiction Services

The present study revealed that awareness and knowledge regarding available de-addiction services among family members were considerably limited. The quantitative findings showed

that 95.0% of respondents had never received any information regarding available de-addiction services, while 60.0% were unaware of nearby treatment facilities. In addition, 63.3% of respondents were uncertain whether alcohol addiction is a treatable health condition, indicating inadequate knowledge regarding alcohol dependence, available treatment options and recovery processes. These findings suggest that insufficient awareness remains an important factor contributing to the treatment gap among individuals with alcohol use problems.

The qualitative findings further strengthened these observations by providing insight into the experiences of family members. In Case Study 2, Helen repeatedly expressed that she did not know where treatment facilities were available and had very limited knowledge regarding de-addiction services. She also requested guidance regarding possible treatment options for her husband. Her statement reflected not only a lack of awareness about treatment facilities but also uncertainty regarding whom to approach for professional assistance. These findings demonstrate that inadequate dissemination of information prevents family members from making informed decisions regarding treatment and delays timely help-seeking.

The findings of the present study are consistent with previous research. The Magnitude of Substance Use in India Report published by the National Drug Dependence Treatment Centre (NDDTC), AIIMS and the Ministry of Social Justice and Empowerment (2019) reported that only a small proportion of individuals with alcohol dependence had ever accessed professional treatment despite requiring care, indicating that inadequate awareness and limited knowledge contribute substantially to the treatment gap. Similarly, the National Mental Health Survey of India (NIMHANS, 2015–2016) identified poor awareness regarding available mental health and de-addiction services as one of the major reasons for the underutilization of treatment services. These national findings closely correspond with the present study, where the majority of respondents lacked basic information regarding treatment facilities and available support systems.

The findings are also supported by Wallhed Finn et al. (2018), who reported that limited knowledge regarding treatment options and uncertainty about treatment effectiveness frequently delayed help-seeking among individuals with substance use disorders and their families. Likewise, Bortolon et al. (2025) observed that inadequate awareness regarding available services and poor understanding of treatment procedures contributed significantly to treatment avoidance. The findings of Nadkarni et al. (2023) further emphasized that improving awareness regarding available treatment services is essential for reducing the treatment gap associated with substance use disorders. These studies collectively suggest that awareness is a fundamental prerequisite for treatment utilization, as individuals and family members are unlikely to seek services that they do not know exist or do not understand.

The findings can also be interpreted using Andersen's Behavioural Model of Health Service Utilization (1995). According to the model, enabling factors such as knowledge of available services, accessibility of healthcare facilities and availability of information play a significant role in determining whether individuals utilize health services. In the present study, the lack of awareness regarding de-addiction services, poor knowledge about treatment facilities and

uncertainty regarding alcohol dependence as a treatable condition acted as enabling barriers, thereby reducing the likelihood of treatment utilization. Although family members recognized the negative impact of alcohol use on their families, inadequate knowledge regarding available treatment options limited their ability to seek timely professional assistance.

Another important observation emerging from the present study is that awareness extends beyond simply knowing that treatment services exist. The qualitative findings indicated that family members required practical guidance regarding where treatment was available, how treatment was provided, the effectiveness of treatment and the expected outcomes of recovery. This suggests that awareness programmes should not merely disseminate information but should also provide comprehensive psychoeducation regarding alcohol dependence, available de-addiction services, treatment procedures and recovery pathways.

Overall, the discussion indicates that limited awareness and inadequate knowledge regarding de-addiction services remain significant contributors to the treatment gap among individuals with alcohol use problems. The integration of quantitative findings, qualitative experiences and previous research highlights the urgent need for community-based awareness programmes, systematic dissemination of information and accessible psychoeducation initiatives to improve treatment utilization. Strengthening awareness among family members may enhance their ability to recognize treatment needs, navigate available services and support affected individuals in accessing timely and appropriate care.

5.5.3 Objective 3: To Explore Family Members' Perceptions, Attitudes and Experiences Related to Alcohol Use Problems and Treatment Seeking

The present study explored family members' perceptions, attitudes and experiences related to alcohol use problems and treatment seeking. The findings revealed that family members held diverse perceptions regarding alcohol dependence, treatment effectiveness, stigma and the consequences of seeking professional treatment. Although a considerable proportion of respondents recognized alcohol dependence as a health problem requiring treatment, many remained uncertain regarding the effectiveness of treatment services. The findings further indicated that 50.0% of respondents agreed that community judgement discouraged treatment seeking, while 70.0% believed that treatment could create future problems and 75.0% expressed concerns that medicines used during treatment might adversely affect health. These findings suggest that treatment-seeking behaviour is strongly influenced by personal beliefs, previous experiences, community perceptions and misconceptions regarding treatment.

The qualitative findings provided a deeper understanding of these perceptions and attitudes. In Case Study 1, Sheela described how repeated treatment attempts followed by relapse gradually reduced her confidence in treatment services. Although her husband remained abstinent for nearly one year following treatment, repeated relapse and the unsuccessful treatment experiences of his brother contributed to treatment fatigue and a sense of hopelessness. Consequently, she believed that recovery would occur only if the individual personally decided

to stop drinking. This reflects how repeated unsuccessful experiences may influence family members' attitudes towards treatment and reduce confidence in professional interventions.

Similarly, Case Study 2 demonstrated how fear and misconceptions regarding treatment influenced treatment-seeking behaviour. Helen reported that hearing about the death of a young man from the locality during treatment created fear and mistrust towards de-addiction services. Although she was unaware of the actual circumstances surrounding the incident, information obtained from community members shaped her perception of treatment safety and discouraged her from considering professional intervention for her husband. These findings indicate that community narratives, misinformation and isolated negative experiences may exert a strong influence on treatment-related decisions among family members.

The study also revealed that community judgement and fear of social stigma significantly influenced treatment-seeking behaviour. Many respondents believed that seeking treatment would result in negative labelling, embarrassment and criticism from neighbours and relatives. These findings were reflected in the experiences of Sheela, who described feeling ashamed when neighbours and relatives discussed her husband's drinking behaviour and repeatedly approached the family regarding debts incurred due to alcohol use. Such experiences demonstrate that alcohol dependence affects not only the individual but also the social identity and emotional well-being of family members.

The findings of the present study are consistent with earlier research. Panda, Sahoo and Saini (2020) reported that stigma associated with substance use disorders significantly discourages individuals and families from seeking professional treatment because of fear of discrimination and social exclusion. Similarly, Chinnasamy and Chand (2016) observed that concerns regarding community judgement and social labelling often delay treatment seeking among individuals with alcohol dependence. These findings support the present study by demonstrating that stigma remains a major psychosocial barrier to treatment utilization.

The findings are also consistent with Wallhed Finn et al. (2018), who reported that uncertainty regarding treatment effectiveness and previous unsuccessful treatment experiences frequently reduced confidence in professional services and delayed subsequent help-seeking. Likewise, Bortolon et al. (2025) identified fear of treatment, misconceptions regarding medications and negative perceptions of treatment outcomes as important psychological barriers that discourage treatment utilization. The present study similarly found that misconceptions regarding treatment safety and fear arising from community experiences contributed to negative attitudes towards de-addiction services.

The findings may further be interpreted using Andersen's Behavioural Model of Health Service Utilization (1995). According to the model, predisposing factors, including beliefs, attitudes, perceptions, cultural norms and previous experiences, influence an individual's decision to seek healthcare. In the present study, family members' perceptions regarding treatment effectiveness, fear of medication, concerns regarding future consequences and fear of social stigma functioned as important predisposing factors that discouraged treatment utilization.

Although many respondents recognized alcohol dependence as a serious problem, negative perceptions regarding treatment reduced their willingness to approach professional services. This demonstrates that improving treatment utilization requires not only increasing service availability but also addressing beliefs and attitudes that influence treatment-seeking behaviour.

Overall, the discussion indicates that family members' perceptions and attitudes towards alcohol dependence and treatment are shaped by previous treatment experiences, repeated relapse, stigma, misinformation and community influences. The integration of quantitative findings, qualitative case narratives and previous literature suggests that improving treatment utilization requires comprehensive psychoeducation, stigma reduction initiatives, community awareness programmes and family-centred interventions that address misconceptions and strengthen confidence in de-addiction services. These interventions may promote more positive attitudes towards treatment and contribute to reducing the treatment gap among individuals with alcohol use problems.

5.5.4 Objective 4: To Identify the Support and Interventions Required to Improve Treatment Utilization

The fourth objective of the present study was to identify the support and interventions required to improve the utilization of de-addiction services among individuals with alcohol use problems. The quantitative findings revealed that 63.3% of respondents expressed the need for professional guidance in managing alcohol-related problems within the family. Furthermore, all respondents (100%) unanimously identified awareness programmes, financial assistance, confidential treatment services, youth-friendly treatment facilities and family counselling services as essential interventions to improve treatment utilization. These findings indicate that family members perceive the treatment gap as a multidimensional problem requiring coordinated psychosocial, financial and community-based interventions rather than isolated treatment services.

The qualitative findings provided further insight into these support needs. In Case Study 2, Helen repeatedly expressed her need for professional guidance regarding available treatment services and stated that she did not know where to seek help for her husband. Her uncertainty regarding treatment options and repeated requests for information illustrate the importance of accessible professional guidance for family members. Similarly, the experiences narrated by Sheela in Case Study 1 reflected the emotional burden experienced after repeated unsuccessful treatment attempts and highlighted the need for continuous counselling, emotional support and professional follow-up for families dealing with alcohol use problems. These qualitative findings suggest that family members require not only treatment services for the affected individual but also psychosocial support to cope with the emotional, social and financial consequences of alcohol dependence.

The present study also demonstrated that awareness programmes were perceived as an essential intervention by all respondents. This finding is closely associated with the results obtained

under the second objective, where the majority of respondents reported limited awareness regarding available de-addiction services. Without adequate knowledge of treatment facilities, referral pathways and recovery options, family members may be unable to initiate timely treatment. Therefore, respondents emphasized the need for regular community awareness programmes that provide accurate information regarding alcohol dependence, treatment availability and recovery opportunities.

Financial assistance also emerged as an important intervention. The findings under Objective 1 demonstrated that financial burden was a significant barrier to treatment utilization, while the qualitative case studies revealed that excessive expenditure on alcohol, indebtedness and reduced household income created considerable hardship for affected families. Consequently, respondents perceived financial assistance and affordable treatment services as necessary measures to improve treatment accessibility. This finding indicates that reducing the economic burden associated with treatment may encourage more families to utilize available de-addiction services.

The need for confidential treatment services was another important finding of the study. Earlier findings demonstrated that fear of social stigma and community judgement discouraged treatment seeking among many respondents. The unanimous demand for confidential services reflects family members' concerns regarding privacy, discrimination and social labelling. Confidentiality may therefore increase families' confidence in approaching professional services without fear of negative community reactions.

Family counselling was also identified as an essential intervention by all respondents. The qualitative findings demonstrated that spouses experienced emotional distress, treatment fatigue, domestic violence, financial hardship and social embarrassment as a result of prolonged alcohol use within the family. These findings indicate that alcohol dependence affects the entire family system rather than only the individual consuming alcohol. Family counselling may therefore strengthen coping abilities, improve communication, reduce caregiver burden and enhance the family's ability to support treatment and recovery.

The findings of the present study are supported by previous research. The Magnitude of Substance Use in India Report (NDDTC-AIIMS, 2019) emphasized the importance of community awareness, early identification, accessible treatment services and community outreach programmes in reducing the treatment gap associated with substance use disorders. Similarly, Chinnasamy and Chand (2016) highlighted that family counselling, professional guidance and family involvement are essential components of effective treatment for alcohol dependence. Panda, Sahoo and Saini (2020) also emphasized the need for family-centred interventions, awareness programmes and stigma reduction initiatives to improve treatment engagement among individuals with substance use disorders. Furthermore, Bortolon et al. (2025) reported that professional guidance, improved awareness regarding treatment services, financial support and active family involvement significantly promote treatment seeking and improve service utilization among individuals with substance use disorders.

The findings may also be interpreted using Andersen's Behavioural Model of Health Service Utilization (1995). According to the model, enabling factors such as availability of healthcare services, financial resources, professional support, accessibility and information significantly influence healthcare utilization. The present study demonstrated that respondents perceived professional guidance, financial assistance, awareness programmes, confidential services and family counselling as essential enabling resources that could facilitate treatment utilization. Strengthening these enabling factors may improve families' ability to access de-addiction services and reduce the existing treatment gap.

Overall, the discussion indicates that improving treatment utilization requires comprehensive, family-centred and community-based interventions that address both the practical and psychosocial needs of affected families. The integration of quantitative findings, qualitative case narratives, previous literature and Andersen's Behavioural Model suggests that strengthening professional guidance, expanding awareness programmes, ensuring financial and psychosocial support, promoting confidential treatment services and enhancing family involvement are essential strategies for reducing the treatment gap among individuals with alcohol use problems.

5.6 Overall Discussion

The present study examined the treatment gap among individuals with alcohol use problems from the perspective of family members residing in selected coastal areas of Thiruvananthapuram district. By integrating quantitative findings with qualitative case studies, the study provided a comprehensive understanding of the personal, family-related and service-related factors influencing the non-utilization of de-addiction services. The findings revealed that the treatment gap is a multidimensional phenomenon influenced by the interaction of individual characteristics, family experiences, community perceptions and health system factors rather than by a single barrier.

One of the most significant findings of the study was that treatment refusal by the affected individual constituted the major barrier to treatment utilization. Along with treatment refusal, financial constraints, poor awareness regarding available de-addiction services, limited accessibility of treatment facilities, fear of social stigma and misconceptions regarding treatment discouraged families from seeking professional help. The qualitative findings further demonstrated that repeated relapse, unsuccessful treatment experiences, domestic violence, emotional distress, financial instability and treatment fatigue reinforced these barriers and reduced family members' confidence in treatment services. These findings correspond with the reports of the National Drug Dependence Treatment Centre (NDDTC-AIIMS, 2019), the National Mental Health Survey (NIMHANS, 2015–2016), Nadkarni et al. (2023) and Chinnasamy and Chand (2016), all of which identified multiple barriers contributing to the treatment gap among individuals with substance use disorders.

Another important finding of the study was the limited awareness regarding available de-addiction services. The majority of respondents had never received information regarding

treatment facilities, were unaware of nearby treatment centres and expressed uncertainty regarding alcohol dependence as a treatable health condition. The qualitative findings illustrated that family members often lacked practical knowledge regarding where to seek treatment and whom to approach for professional support. These findings are consistent with Wallhed Finn et al. (2018), Bortolon et al. (2025) and the National Mental Health Survey (NIMHANS, 2015–2016), which emphasized that inadequate awareness and poor dissemination of information remain significant contributors to delayed treatment seeking.

The study also highlighted that family members' perceptions and attitudes play a crucial role in determining treatment-seeking behaviour. Community judgement, fear of social stigma, misconceptions regarding treatment and medication and previous unsuccessful treatment experiences influenced respondents' willingness to access professional services. The qualitative findings demonstrated that repeated relapse and negative community narratives reduced confidence in treatment outcomes and created fear regarding de-addiction services. These findings support the observations of Panda, Sahoo and Saini (2020), Wallhed Finn et al. (2018) and Bortolon et al. (2025), who reported that stigma, fear and misconceptions significantly affect treatment utilization among individuals with substance use disorders and their families.

The findings further revealed that family members require comprehensive support to facilitate treatment utilization. Professional guidance, awareness programmes, financial assistance, confidential treatment services, family counselling and accessible de-addiction facilities were identified as essential interventions. The qualitative findings further demonstrated that family members require continuous emotional support and counselling to cope with the psychosocial and financial consequences of alcohol dependence. These findings are consistent with Chinnasamy and Chand (2016), Panda et al. (2020) and the NDDTC-AIIMS (2019) report, all of which emphasize the importance of family-centred interventions and community-based support systems in improving treatment engagement and recovery outcomes.

The findings of the present study may be explained using Andersen's Behavioural Model of Health Service Utilization (1995). The model proposes that health service utilization is influenced by predisposing factors, enabling factors and perceived need. In the present study, treatment refusal, fear of stigma, misconceptions regarding treatment and previous negative experiences acted as predisposing factors. Poor awareness, limited accessibility, financial constraints and inadequate professional guidance functioned as enabling barriers that reduced treatment utilization. Although family members recognized the adverse consequences of alcohol use and the need for treatment, the combined influence of these barriers contributed to the substantial treatment gap observed in the study.

Overall, the integration of quantitative findings, qualitative case studies, previous literature and Andersen's Behavioural Model demonstrates that reducing the treatment gap requires a comprehensive approach that extends beyond the provision of treatment services alone. Family-centred interventions, community awareness programmes, stigma reduction initiatives, professional guidance, financial support and accessible de-addiction services are essential to improve treatment utilization among individuals with alcohol use problems. The findings

therefore reinforce the importance of strengthening the role of social work professionals, multidisciplinary teams and community-based interventions in addressing the complex factors that influence treatment-seeking behaviour.

CHAPTER 6

SUGGESTION AND CONCLUSION

CHAPTER 6: SUGGESTION AND CONCLUSION

6.1 Introduction

This chapter presents the major suggestions based on the findings and the conclusion. The study aimed to understand the treatment gap among individuals with alcohol use problems from the perspective of family members residing in selected coastal areas of Thiruvananthapuram district. The suggestions are listed according to the findings from both quantiataive and supporting qualitative data.

6.2 Suggestions

Based on the findings of the study the following suggestions are proposed to reduce the treatment gap among individuals with alcohol use problems and improve the utilization of de-addiction services:

6.2.1 Strengthen motivational interventions to improve treatment acceptance

The study revealed that 98.4% of respondents reported that the affected individual was unwilling to seek professional treatment indicating that treatment refusal was the most significant barrier to treatment utilization. Therefore motivational interventions such as Motivational Interviewing, family-based motivational counselling and community outreach programmes should be strengthened to encourage individuals with alcohol use problems to recognize the need for treatment and improve their willingness to seek professional help.

6.2.2 Improve community awareness regarding available de-addiction services

The findings revealed that 95.0% of respondents had never received information regarding available de-addiction services while 60.0% were unaware of nearby treatment facilities. These findings indicate inadequate dissemination of information regarding treatment services within the community. Therefore regular awareness programmes should be organized through Primary Health Centres, Family Health Centres, Local Self-Government Institutions, educational institutions, other community organizations and mass media to improve public awareness regarding available de-addiction services and referral pathways.

6.2.3 Provide psychoeducation to address misconceptions regarding treatment and medication

The study found that 70.0% of respondents believed that treatment could create future problems and also 75.0% expressed concerns that medicines used during treatment might adversely affect health. The qualitative findings also revealed that fear of treatment was influenced by misinformation and negative community experiences. Therefore

psychoeducation programmes should be organized for both individuals with alcohol use problems and their family members to provide accurate information regarding treatment procedures, medication safety, treatment outcomes and relapse prevention.

6.2.4 Strengthen family counselling and psychosocial support services

The qualitative findings demonstrated that family members experienced emotional distress, domestic violence, treatment fatigue, financial burden and loss of hope due to prolonged alcohol use within the family. Along with that 63.3% of respondents expressed the need for professional guidance in managing alcohol-related problems. Therefore, family counselling and psychosocial support services should be strengthened to improve coping skills, reduce caregiver burden, enhance family functioning and actively involve family members throughout the treatment and recovery process.

6.2.5. Improve accessibility of de-addiction services in coastal communities

The findings revealed that 66.7% of respondents reported that treatment facilities were difficult to access and 60.0% were unaware of nearby treatment centres. Therefore accessible community-based de-addiction services, outreach clinics, mobile treatment units and effective referral mechanisms should be strengthened, particularly in coastal and underserved communities to improve access to treatment services.

6.2.6. Introduce financial assistance for affected families

The study identified financial burden as an important barrier to treatment utilization, with 60.0% of respondents agreeing that treatment is expensive. The qualitative findings further revealed indebtedness, loss of household income and financial instability among affected families. Therefore subsidized treatment services, financial assistance schemes, livelihood support programmes and other welfare measures should be introduced to reduce the financial burden and improve treatment utilization.

6.2.7. Implement community-based stigma reduction programmes

The findings showed that 51.7% of respondents agreed that fear of social stigma discouraged treatment seeking, while qualitative findings highlighted feelings of embarrassment and fear of community judgement among family members. Therefore community sensitization programmes, public awareness campaigns and anti-stigma initiatives should be implemented to promote acceptance of alcohol dependence as a treatable health condition and reduce discrimination towards affected individuals and their families.

6.2.8. Strengthen relapse prevention and follow-up services

The qualitative findings revealed that repeated relapse following treatment and unsuccessful treatment experiences contributed to treatment fatigue and loss of hope

among family members. Therefore, structured relapse prevention programmes, regular follow-up services, home visits, peer support groups and continuing care should be strengthened to improve long-term recovery and rebuild family confidence in treatment services.

6.2.9. Promote multidisciplinary and family-centred interventions

The study revealed that all respondents emphasized the need for comprehensive support, including awareness programmes, financial assistance, confidential services, friendly treatment facilities and family counselling to improve treatment utilization. So that social workers, psychiatrists, psychologists, community health professionals and local self-government institutions should collaborate to provide comprehensive, family-centred interventions that address the needs of both individuals with alcohol use problems and their families.

6.2.10 Encourage further research

The present study was conducted among 60 family members residing in selected coastal communities of Thiruvananthapuram district with two embedded case studies providing qualitative insights. Therefore, further studies involving larger sample sizes, different geographical settings and diverse population groups are recommended to gain a broader understanding of treatment gaps and to evaluate the effectiveness of family-centred interventions, awareness programmes and relapse prevention strategies.

6.3 Conclusion

Alcohol use problems continue to be a major public health and social concern affecting not only the individual but also family members and the wider community. The present study was undertaken to understand the treatment gap among individuals with alcohol use problems from the perspective of family members residing in selected coastal areas of Thiruvananthapuram district.

The findings of the study revealed that a substantial treatment gap exists among individuals with alcohol use problems. Treatment refusal by the affected individual emerged as one of the most significant barriers to treatment utilization. Financial constraints, lack of awareness regarding available treatment facilities, limited accessibility of services, social stigmaand misconceptions regarding treatment were also identified as important factors contributing to the treatment gap.

The study further revealed limited awareness among family members regarding de-addiction services and available treatment facilities. Many respondents were uncertain about the effectiveness of treatment and expressed concerns regarding treatment procedures and medications. These perceptions and attitudes were found to influence treatment-seeking behaviour and utilization of professional services.

The case studies provided a deeper understanding of the lived experiences of family members and highlighted issues such as treatment fatigue, repeated relapse, financial burden, domestic violence, emotional distress, fear of treatment and lack of awareness regarding available services. The findings demonstrated that alcohol use problems create significant challenges for family members and adversely affect family functioning and well-being.

The study emphasizes the importance of improving awareness regarding de-addiction services, reducing stigma associated with treatment seeking, strengthening family-centred interventions and ensuring accessible and affordable treatment facilities. Community-based awareness programmes, family counselling services, psychoeducation and professional guidance are essential to reducing the treatment gap and promoting treatment utilization.

In conclusion, addressing the treatment gap among individuals with alcohol use problems requires a comprehensive approach involving individuals, families, communities, healthcare systems and policymakers. Strengthening awareness, accessibility, family support and treatment services can contribute significantly to improving treatment utilization and enhancing the quality of life of individuals with alcohol use problems and their families.

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ANEXTURE

ANEXTURE I

Interview Schedule

Title: Understanding Treatment Gaps: Family Members' Perspectives on Why Individuals with Alcohol Use Problems Do Not Utilize De-addiction Services

Section A

Informed Consent

1. Are you willing to participate in this study?

☐ Yes

☐ No

Section B

Screening Questions

1. Is your family member a regular alcohol user?

☐ Yes

☐ No

2. Has alcohol use caused health, family, occupational or social problems?

☐ Yes

☐ No

3. Has your family ever felt the need to seek help because of alcohol use?

☐ Yes

☐ No

Section C

Family CAGE-AID Questionnaire

DISCRIPTION:- The following questions relate to your experience and observations regarding the drinking behaviour of your family member. These questions help identify the presence of alcohol-related problems and are not meant to judge or label the person. Your responses will remain confidential.

1) Have you ever felt that the person should cut down on drinking?
   ☐ Yes
   ☐ No
2) Have people annoyed you by criticizing the person's drinking?
   ☐ Yes
   ☐ No
3) Have you ever felt bad or guilty about the person's drinking?
   ☐ Yes
   ☐ No
4) Has the person ever needed a drink first thing in the morning to steady nerves or get rid of a hangover (eye-opener)?

☐ Yes

☐ No

Section D

Alcohol Dependence Scale (ADS) – Proxy Version

Description :- The following questions relate to the drinking behaviour of your family member and the effects it may have caused. Please answer based on your observations and experiences.

These questions help understand the severity of alcohol use and its impact on daily functioning. They are not intended to label or diagnose the person.

If you are unsure about any item, you may answer based on what you have observed or choose the closest response.

1.Based on your observation, how much did the person drink the last time they drank?

a. Enough to get high or less
b. Enough to get drunk
c. Enough to pass out

2.Do you often observe the person having hangovers on Sunday or Monday mornings?

a. No
b. Yes

3. Have you observed the person having “the shakes” when sobering up (hands tremble, shaking inside)?

a. No
b. Sometimes
c. Often

4.Have you observed the person becoming physically sick (e.g., vomiting, stomach cramps) as a result of drinking?

a. No
b. Sometimes
c. Almost every time they drink

5.Have you observed the person having symptoms similar to “DTs” (seeing or hearing things not there, extreme anxiety, restlessness)?

a. No
b. Sometimes
c. Several times

6.When the person drinks, do they stumble, stagger, or weave?

a. No
b. Sometimes
c. Often

7.As a result of drinking, have you observed the person becoming overly hot and sweaty (feverish)?

a. No
b. Once
c. Several times

8.As a result of drinking, has the person seen things that were not really there?

a. No
b. Once
c. Several times

9.Does the person panic or become anxious because they may not have a drink when they want one?

a. No
b. Yes

10.Have you observed the person having blackouts (loss of memory without passing out) due to drinking?

a. No, never
b. Sometimes
c. Often
d. Almost every time they drink

11.Does the person carry a bottle or keep one close at hand?

a. No
b. Some of the time
c. Most of the time

12.After a period of not drinking, does the person return to heavy drinking?

a. No
b. Sometimes
c. Almost every time

13.In the past 12 months, has the person passed out as a result of drinking?

a. No
b. Once
c. More than once

14.Have you observed the person having a convulsion (fit) following drinking?

a. No
b. Yes
c. Several times

15.Does the person drink throughout the day?

a. No
b. Yes

16.After heavy drinking, have you observed the person's thinking becoming unclear or confused?

a. No
b. Yes, but only for a few hours
c. Yes, for one or two days
d. Yes, for many days

17.As a result of drinking, have you observed the person's heart beating rapidly?

a. No
b. Yes
c. Several times

18.Does the person almost constantly think about drinking?

a. No
b. Yes

19.As a result of drinking, has the person heard things that were not really there?

a. No
b. Yes
c. Several times

20.Have you observed the person having strange or frightening sensations while drinking?

a. No
b. Once or twice
c. Often

21.Has the person felt sensations like things crawling on them (e.g., bugs, spiders) that were not really there?

a. No
b. Yes
c. Several times

22.With respect to blackouts (loss of memory):

a. Never had a blackout
b. Blackouts lasting less than an hour

c. Blackouts lasting several hours
d. Blackouts lasting a day or more

23.Have you observed the person trying to cut down drinking but failing?

a. No
b. Once
c. Several times

24.Does the person gulp drinks (drink very quickly)?

a. No
b. Yes

25.After taking one or two drinks, can the person usually stop?

a. Yes
b. No

Section 2

FAMILY RESPONDENT AND HOUSEHOLD PROFILE

A) FAMILY MEMBER PROVIDING INFORMATION

1. Name:_____
2. Age: _____
3. Gender: ☐ Male ☐ Female ☐ Other
4. Relationship to the person with alcohol use problem:

☐ Mother ☐ Father ☐ Spouse ☐ Grandparent ☐ Sibling ☐ Grandparents

5. Marital status:

☐ Married ☐ Widowed ☐ Divorced/Separated ☐ Unmarried

6. Income
7. Type of Family

☐ Nuclear ☐ Joint ☐ Extended

8. Other family member using alcohol ?
   ☐ Yes ☐ No

SECTION 3

PROFILE AND DRINKING HISTORY OF THE PERSON WITH ADDICTION

A) Profile of the Person with Alcohol Use Problem

1. Age: ___
2. Gender: ☐ Male ☐ Female ☐ Other
3. Employed or not ☐ Yes ☐ No
4. Monthly income: _____
5. Contribution to family from income (If having job): ☐ Yes ☐ No ☐
6. If yes how much _____ ☐ NA

B) Addiction History

1. Type of alcohol consumed:
   ☐ Beer ☐ Wine ☐ Spirits ☐ Toddy ☐ Multiple types
2. Duration of alcohol use:
   ☐Less than one yer ☐ 1-3 years ☐ 3-5 years ☐ More than 5 yeras
3. From your knowledge at what age did the person first start consuming alcohol?
4. What was the main reason for starting alcohol use?

☐ Peer influence

☐ Curiosity/experimentation

☐ Work environment

☐ Stress or emotional problems

☐ Family influence

☐ Cultural/social occasions

☐ All above _____

5. How frequently does the person consume alcohol now?

☐ Occasionally

☐ Weekly

☐ Several times a week

☐ Daily

6. Has the amount of alcohol consumption increased over time?

☐ Yes ☐ No ☐ Not sure

SECTION 4

Addiction Effects

A) Health Impact

1. Has alcohol use affected the person's physical health?

☐ Yes ☐ No ☐ Not sure

2. Has the person experienced any of the following? (tick if observed)

☐ Frequent illness

☐ Liver or stomach problems

☐ Injuries/accidents

☐ Sleep disturbances

☐ Loss of appetite

☐ Weakness or fatigue

3. Has the person required medical attention due to alcohol use?

☐ Yes ☐ No ☐ Not sure

4. Has alcohol use affected the person's mental well-being?

☐ Yes ☐ No ☐ Not sure

5. If YES:

☐ Anxiety

☐ Depression/sadness

☐ Irritability

☐ Mood changes

☐ Suicide

B. Financial Impact

1. Has alcohol use caused financial strain to the family?

☐ Yes ☐ No ☐ Not sure

2. Has the person spent a significant portion of income on alcohol?

☐ Yes ☐ No ☐ Not sure ☐NA

3. Has the person borrowed money or created debt related to drinking?

☐ Yes ☐ No ☐ Not sure

4. Has alcohol use affected the family's ability to meet basic needs?

☐ Yes ☐ No ☐ Not sure

If yes what all are the basic needs that cant be met due to alcohol

☐Education

☐Food

☐Shelter

☐ NA

5. Has alcohol use been associated with spending money on gambling or other risky activities?

☐ Yes ☐ No ☐ Not sure ☐NA

C. Behavioural Impact

1. Where have problems related to alcohol use occurred?

☐ Only at home

☐ At home and outside

☐ Outside only

☐ No major problems

☐ NA

2. Has alcohol use led to physical aggression or violence?

☐ Yes ☐ No ☐ Prefer not to answer

If YES:

☐ Towards family members

☐ Towards others

3. Has the person engaged in risky behaviours while drinking?

☐ Yes ☐ No ☐ Not sure

If yes what kind

☐ driving under influence

☐ public disturbances

☐ unsafe activities

☐Others

☐ NA

4. Has alcohol use affected work performance or daily responsibilities?

☐ Yes ☐ No ☐ Not sure ☐ NA

5. Has the person damaged household items or property while under the influence of alcohol?

   ☐ Yes ☐ No ☐ Not sure

6. Has alcohol use caused the person to miss work or neglect daily responsibilities?

   ☐ Yes ☐ No ☐ Not sure

7. Does alcohol consumption lead to any legal problems

SECTION 5

TREATMENT ACCESS EXPERIENCE AND BARRIES

A. Treatment Information and Access

1. Has the person ever received professional treatment for alcohol use?

☐ Yes ☐ No

2. If YES, where was treatment received?

☐ Government hospital

☐ Private hospital

☐ De-addiction centre

☐ NGO-based centre

☐ Faith-based institution

☐NA

3. How did the family come to know about the treatment service?

☐ Health worker

☐ Doctor

☐ Friends/relatives

☐ Media

☐ Community members

☐ Self-search

☐ Not aware earlier

☐ NA

4. Are you aware of any alcohol treatment services nearby?

☐ Yes ☐ No

B. Treatment Experience and Knowledge (if treatment was taken)

1 How many times has treatment been attempted?
2 Was he willing to take treatment ?
☐YES
☐NO
☐NA
3. How would you describe the persons behaviour after treatment ?

☐ Very helpful

☐ Somewhat helpful

☐ Not helpful

☐ NA

4. what was the person's opinion about the treatment experience?

☐ NA

☐ Satisfied

☐ Average

☐ Not satisfied

5. Were family members involved in the treatment process?

☐ Yes ☐ No ☐ NA

6. Did the family have clear information about the type of treatment being provided?

☐ Yes ☐ No ☐ Not fully ☐ NA

7. Do you believe alcohol addiction is a treatable health condition?

☐ Yes ☐ No ☐ Not sure

C. Willingness or Desire for Treatment

1. Does the person express willingness to stop or reduce alcohol use?

☐ Yes ☐ No ☐ Sometimes

2. Does the family currently want the person to receive treatment?

☐ Yes ☐ No ☐ Not sure

3. If treatment is available and affordable, would the family consider it?

☐ Yes ☐ No ☐ Not sure

4. If the treatment is given free or sponsored by someone will u go for treatment ?

☐ Yes ☐ No ☐ Not sure

D. Reasons for Not Seeking or Discontinuing Treatment

(If treatment was not taken or discontinued)

1. What were the main reasons for not seeking treatment?

☐ Financial constraints

☐ Lack of awareness about services

☐ Fear of stigma or social judgment

☐ Person refused treatment

☐ Family hesitation

☐ Belief that problem can be managed at home

☐ Services too far

☐ Fear of treatment

2. If treatment was discontinued, what was the reason?

☐ Financial problems

☐ Person relapsed

☐ Lack of improvement

☐ Side effects of medicines

☐ Family responsibilities

☐ Social pressure

☐ NA

SECTION 6

PERCEIVED BARRIES AND ATTITTUDES TOWARDS TREATMENT

BARRIERS TO ACCESSING TREATMENT

(☐Strongly disagree ☐ Disagree ☐Neutral ☐Agree ☐Strongly agree)

1.I fear social stigma if others know about treatment

2.Treatment may damage family reputation

3.Treatment is too expensive

4.I do not know where to get proper treatment

5.Services are too far or difficult to reach

6.I fear confidentiality may not be maintained

7.The person refuses treatment

8.Family members discourage seeking treatment

9.I do not trust de-addiction centres

10.I believe the problem can be managed at home

11.Fear of social or legal consequences prevents treatment

B) FAMILIES PERCEPTIONS & ATTITUDES

1. Alcohol addiction is a health problem that requires treatment.

☐ SA ☐ A ☐ N ☐ D ☐ SD

2. Treatment centres can help youth recover.

☐ SA ☐ A ☐ N ☐ D ☐ SD

3. Community judgment discourages families from seeking help.

☐ SA ☐ A ☐ N ☐ D ☐ SD

4. Families should handle alcohol problems privately.

☐ SA ☐ A ☐ N ☐ D ☐ SD

5. I worry that treatment may create problems for the future life.

☐ SA ☐ A ☐ N ☐ D ☐ SD

6. I worry that medicines used in treatment may harm the health.

☐ SA ☐ A ☐ N ☐ D ☐ SD

SCORING OF LIKERT SCALE : STRONGLY AGREE = 5 AGREE = 4 NEUTRAL= 3 DISAGREE= 2 STRONGLY DISAGREE = 1

SECTION 7

SUPPORT SYSTEMS AND COPING

1. Do you feel you need professional guidance to manage this situation?

☐ Yes ☐ No

2. What support would help families seek treatment?

☐ Awareness programs

☐ Financial assistance

☐ Confidential services

☐ Friendly centres

☐ Family counselling

☐ All of the above

ANNEXURE II

Semi-Structured Interview Guide for Embedded Qualitative Case Study

Title:- Semi-Structured Interview Guide for Family Members of Individuals with Alcohol Use Problems

Introduction

The following interview guide was used to collect qualitative information from selected family members of individuals with alcohol use problems. The interview aimed to obtain an in-depth understanding of their experiences regarding alcohol use, treatment-seeking behaviour, barriers

to utilizing de-addiction services and the support required to improve treatment utilization. Additional probing questions were used wherever necessary to obtain detailed information.

Section A: Socio-demographic Information

1. Name of the respondent
2. Age:
3. Gender:
4. Relationship with the individual with alcohol use problem:
5. Occupation:
6. Educational qualification:
7. Marital status:

Section B: Experiences Related to Alcohol Use

1. Can you describe your experience of living with a family member who has alcohol use problems?
2. How has alcohol use affected your family life?

Probe:

- Emotional impact
- Family relationships
- Children's well-being
- Daily life

Section C: Treatment-Seeking Experiences

1. Have you ever tried to seek treatment for your family member?

Probe:

- When?
- Where?
- Who initiated the treatment?
- How many times?

2. What was the person's response when treatment was suggested?
3. If treatment was taken, what was your experience?

Probe:

- Improvement

- Relapse
- Satisfaction
- Follow-up

Section D: Barriers to Treatment Utilization

1. What factors prevented your family member from seeking treatment?

Probe:

- Treatment refusal
- Financial problems
- Distance
- Lack of awareness
- Fear
- Stigma
- Family-related issues

2. What difficulties did you experience while trying to obtain treatment?
3. Were there any community or family factors that discouraged treatment seeking?

Section E: Perceptions and Attitudes Towards Treatment

1. What do you think about alcohol addiction?
2. Do you believe alcohol addiction can be treated successfully? Why?
3. What are your views regarding de-addiction centres?
4. Have you heard anything from others that influenced your opinion about treatment?
5. Do you have any concerns regarding medicines or treatment procedures?

Section F: Impact on the Family

1. How has alcohol use affected your family emotionally?
2. How has it affected your family's financial situation?
3. Have you experienced any violence, conflicts, or other problems due to alcohol use?
4. How has alcohol use affected your social life and relationships with relatives or neighbours?

Section G: Support Needs and Suggestions

1. What kind of support do you think families like yours require?

Probe:

- Counselling
- Financial assistance
- Awareness programmes
- Community support
- Confidential treatment
- Government support

2. What changes would encourage families to seek treatment earlier?
3. Is there anything else you would like to share regarding your experience?