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RESEARCH ARTICLE

EFFECTIVENESS OF ALCOHOLIC ANONYMOUS(AA) IN MAINTAINING ABSTINENCE AMONG INDIVIDUALS ATTENDING ALCOHOLIC ANONYMOUS MEETINGS IN SELECTED GROUPS AT COIMBATORE: AN QUASI EXPERIMENTAL STUDY

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Abstract

Alcohol dependence is a major public health concern requiring effective interventions to support sustained abstinence. Alcoholics Anonymous (AA) is a widely recognized peer-support program that helps individuals maintain sobriety. This study aimed to assess the effectiveness of AA in maintaining abstinence among individuals attending selected AA groups in Coimbatore. A quantitative quasi-experimental research design with a one-group pre-test and post-test approach was adopted. A total of 60 participants were selected using a non-probability purposive sampling technique. The SOCRATES 8A questionnaire was used to assess the level of alcohol dependence. Pre-test data were collected before the intervention. Participants attended AA group sessions for 90 minutes daily over a period of 30 consecutive days. Post-test assessment was conducted on the 31st day using the same tool. The mean pre-test score was 68.6 (SD = 14.7), while the mean post-test score decreased to 13.5, with a mean difference of 55.1. Statistical analysis using a paired t-test revealed a significant reduction in alcohol dependence scores ($t = 26$, $p < 0.05$). The findings indicate that AA participation was effective in reducing alcohol dependence levels over a short duration. However, further studies with larger samples and longer follow-up periods are recommended to assess long-term effectiveness.

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Introduction:-

Alcohol dependence is a major global public health concern affecting individuals, families, and communities. Excessive alcohol consumption contributes to a wide range of physical, psychological, and social problems, placing a significant burden on healthcare systems and society. Effective interventions are therefore essential to support individuals in achieving and maintaining long-term abstinence. Alcoholics Anonymous (AA) is a widely recognized peer-support program that facilitates recovery from alcohol dependence through mutual support, shared experiences, and structured group meetings. The program emphasizes abstinence, personal responsibility, and social support among individuals with similar experiences. AA has been extensively used in community settings as a low-cost and

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accessible intervention for individuals with alcohol dependence. Previous studies have reported that participation in AA programs can improve abstinence rates and enhance motivation for behavioral change. However, findings remain variable due to differences in study design, duration of follow-up, and participant characteristics. In particular, limited evidence is available from community-based settings in India, highlighting the need for further research to evaluate the effectiveness of AA interventions in maintaining abstinence. Despite the widespread use of AA programs, there is a need to generate context-specific evidence to support their effectiveness in real-world settings. Therefore, the present study aims to assess the effectiveness of AA in maintaining abstinence among individuals attending selected AA groups in Coimbatore.

Statement of The Problem:-

A study to assess the effectiveness of alcoholics anonymous (AA) in maintaining abstinence among individual attending Alcoholics Anonymous (AA) meeting in selected groups, at coimbatore.

Objectives of The Study:-

1. To assess the pre-test and post test level of maintaining abstinence among individuals attending alcoholics anonymous (AA) meetings in selected groups.
2. To assess the effectiveness of alcoholics anonymous (AA) in maintaining abstinence among individuals attending alcoholics anonymous (AA) meetings in selected groups.
3. To find out association between the post-test level of maintaining abstinence among individuals attending alcoholics anonymous (AA) meetings in selected groups with their selected demographic variables.

Hypothesis:

H₁:- there will be a significant difference between pre-test and post-test level of maintaining abstinence among individuals attending alcoholics anonymous meeting in selected groups.

H₂:- there will be a significant association between post-test levels of maintaining abstinence among individuals attending alcoholics anonymous meeting in selected groups with their selected demographic variables.

Materials and Method:-

A quantitative quasi-experimental one-group pre-test and post-test design was used in this study. The research was conducted among selected Alcoholics Anonymous (AA) groups in Coimbatore. A total of 60 participants were selected using a non-probability purposive sampling technique. Individuals with alcohol dependence who were attending AA meetings and willing to participate were included in the study. Those with severe psychiatric illness or unwilling to participate were excluded. The SOCRATES 8A questionnaire was used to assess the level of alcohol dependence. Pre-test data were collected before the intervention. Participants then attended AA sessions for 90 minutes daily for 30 consecutive days. Post-test data were collected on the 31st day using the same tool. Ethical clearance was obtained from the Institutional Ethics Committee of Sree Abirami College of Nursing, and informed consent was obtained from all participants. Confidentiality was maintained. Data were analyzed using descriptive and inferential statistics. The paired t-test was used to compare pre- and post-test scores, and the Chi-square test was applied to assess associations with demographic variables. A p-value of <0.05 was considered statistically significant.

Results and Discussion:-

Table No 1 shows The demographic characteristics of the participants (N = 60) indicated that the majority were aged 41–60 years (40%), followed by 21–40 years (25%). Most participants were male (72%). In terms of education, 30% were illiterate, while 27% were graduates. Regarding occupation, 30% were self-employed and 27% were privately employed. The majority (45%) had a monthly income between ₹10,001–₹20,000. Most participants were married (63%), and 78% reported a positive family history of alcoholism. A large proportion (85%) reported daily alcohol consumption, with 42% having a duration of alcohol use between 6–10 years.

Table No 2 shows In the pre-test assessment, none of the participants had mild alcohol dependence; 42% had moderate dependence and 58% had severe dependence. Following the intervention, 68% of participants demonstrated mild dependence and 32% moderate dependence, with no cases of severe dependence observed in the post-test. The mean pre-test score of alcohol dependence was 68.6 (SD = 14.7), which decreased to 13.5 in the post-test. The mean difference was 55.1. Statistical analysis using a paired t-test revealed a significant reduction in alcohol dependence scores ($t = 26, p < 0.05$). Further analysis showed a significant association between post-test

levels of abstinence and selected variables such as religion, family history of alcoholism, and duration of alcohol consumption. No significant association was found with age, sex, education, occupation, monthly income, marital status, or daily alcohol consumption.

Discussion:-

The present study aimed to evaluate the effectiveness of Alcoholics Anonymous (AA) in maintaining abstinence among individuals attending AA group meetings. The findings indicate a notable improvement in participants' levels of alcohol dependence from pre-test to post-test, suggesting that participation in AA meetings may contribute positively to abstinence maintenance. At baseline, a majority of participants exhibited moderate to severe alcohol dependence, with none classified as having mild dependence. Following the intervention, a substantial shift was observed, with most participants falling into the mild dependence category and none remaining in the severe category. This transition highlights a meaningful reduction in alcohol dependence levels over the study period. The statistical analysis further supports these findings. The mean post-test scores were significantly improved compared to pre-test scores, and the paired t-test demonstrated a statistically significant difference ($p < 0.05$). These results suggest that the observed changes are unlikely due to chance and may be attributed to the intervention.

However, it is important to interpret these findings cautiously, as the quasi-experimental design does not establish definitive causality. The study also examined associations between post-test abstinence levels and selected demographic variables. Significant associations were found with religion, family history of alcoholism, and duration of alcohol consumption. These factors may influence recovery outcomes and should be considered in future interventions. In contrast, no significant associations were identified with variables such as age, sex, education, occupation, income, marital status, or daily alcohol consumption patterns. Despite these encouraging findings, several limitations must be acknowledged. The sample size was relatively small and limited to selected groups, which may affect the generalizability of the results. Additionally, the absence of a control group restricts the ability to attribute improvements solely to AA participation. The short follow-up period also limits understanding of the long-term sustainability of abstinence. Furthermore, reliance on self-reported data may introduce response bias. The results of this study are consistent with existing literature suggesting that peer-support interventions like AA can play a beneficial role in promoting abstinence. However, further research with larger sample sizes, randomized controlled designs, and longer follow-up periods is recommended to strengthen the evidence base.

Table No 1: Distribution Of Samples According To Demographic Variables Among Individuals Attending Alcoholics Anonymous Meeting In Selected Groups

S.No	Demographic Variables	F	%
1.	Age		
	a) < 20 years	11	18
	b) 21 – 40 years	15	25
	c) 41 – 60 years	24	40
	d) > 60 years	10	17
2.	Sex		
	a) Male	43	72
	b) Female	17	28
3.	Education		
	a) Illiterate	18	30
	b) primary	12	20
	c) Secondary	14	23
	d) Graduate	16	27
4.	Occupation		
	a) Unemployed	14	23
	b) Self employed	18	30
	c) Private employed	16	27
	d) Government employed	12	20
5.	Income per month		
	a) Below Rs.5000	6	10

	b) Rs.5001-Rs.10000	11	18
	c) Rs.10001-Rs.20000	27	45
	d) Above Rs. 20001	16	27
6.	Religion		
	a) Hindu	29	48
	b) Muslim	14	24
	c) Christian	17	28
7.	Marital status		
	a) Married	38	63
	b) Unmarried	7	12
	c) Divorce	6	10
	d) Separated	9	15
8.	Family history of alcoholism		
	a) Yes	47	78
	b) No	13	22
9.	Have you consume alcohol daily		
	a) Yes	51	85
	b) No	9	15
10.	Duration of consumption of alcohol (in years)		
	a) > 5	12	20
	b) 6-10	25	42
	c) 11-15	13	22
	d) <16	10	16

Table No.2: Frequency and percentage distribution of individual attending alcoholic anonymous meeting according to pre-test and post test level of maintaining abstinence.

S.No	Maintaining abstinence	Pre test		Post test	
		f	%	f	%
1.	Mild alcohol dependence	0	0	41	68
2.	Moderate alcohol dependence	25	42	19	32
3.	Severe alcohol dependence	35	58	0	0

Table No.3: Comparison of mean, standard deviation, mean differences and paired 't' value on level of maintaining abstinence among individual attending alcoholic anonymous meeting in selected groups

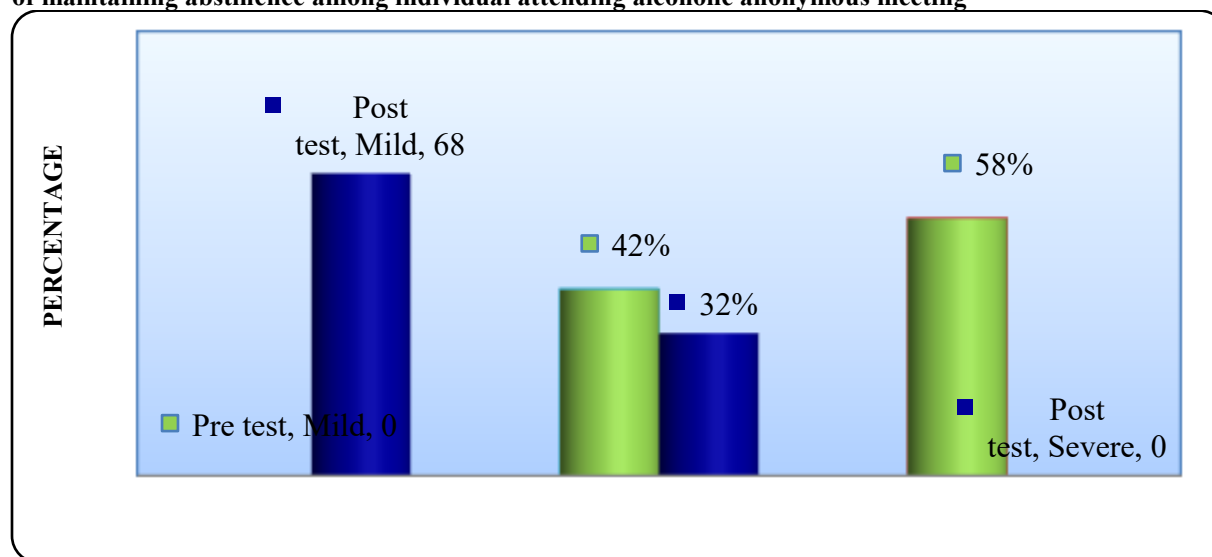
S.No	Level of maintaining abstinence	Mean	SD	Mean difference	Paired 't' value
1	Pretest	68.6	14.7	55.1	26*
2	Post test	13.5	8.1		

* significant at $p < 0.05$ **Table No.4: Association between the post test levels of maintaining abstinence among individual attending alcoholic anonymous meeting in selected groups with their selected demographic variables.**

S.No	Demographic Variables	Level of maintaining abstinence		χ^2	Table value (df)
		Mild	Moderate		
1.	Age a) < 20 years b) 21 – 40 years c) 41 – 60 years d) > 60 years	5 11 19 6	6 4 5 4	6.017	7.815 (3)
2.	Sex a) Male b) Female	31 10	12 7	1.816	3.841 (1)
3.	Education a) Illiterate b) primary c) Secondary d) Graduate	12 9 9 11	6 3 5 5	4.36	7.815 (3)
4.	Occupation a) Unemployed b) Self employed c) Private employed d) Government employed	8 11 13 9	6 7 3 3	0.438	7.815 (3)
5.	Income per month a) Below Rs.5000 b) Rs.5001-Rs.10000 c) Rs.10001-Rs.20000 d) Above Rs. 20001	4 8 19 10	2 3 8 6	1.275	7.815 (3)
6.	Religion a) Hindu b) Muslim c) Christian	21 8 12	8 6 5	7.965*	5.99 (2)
7.	Marital status a) Married b) Unmarried c) Divorce d) Separated	29 5 2 5	9 2 4 4	3.15	7.815 (3)
8.	Family history of alcoholism a) Yes b) No	35 6	12 7	10.06*	3.841 (1)

9.	Have you consume alcohol daily a) Yes b) No	38 3	13 6	0.037	3.841 (1)
10.	Duration of consumption of alcohol (in years) a) > 5 b) 6-10 c) 11-15 d) <16	9 18 8 6	3 7 5 4	13.59*	7.815 (3)

Fig.4.2: Frequency and percentage distribution of samples according to the pre test and post test level of maintaining abstinence among individual attending alcoholic anonymous meeting



Conclusion:-

In conclusion, while the findings suggest that AA participation is associated with improved abstinence outcomes, these results should be interpreted in light of the study's methodological limitations. Future studies should aim to address these gaps and explore the long-term effectiveness of such interventions.

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Conflict Of Interest:-

We declare that we have no conflict of interest.

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