



Knowledge Regarding Alcohol Abuse Relapse Prevention Strategies for Maintaining Sobriety Among First-Year B.Sc. Nursing Students

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ABSTRACT

Background: Alcohol abuse is a major public health concern affecting individuals, families, communities, and healthcare systems worldwide. Harmful alcohol consumption is associated with numerous physical, psychological, social, and economic consequences, including liver disease, cardiovascular disorders, cancers, injuries, mental health problems, interpersonal difficulties, poor academic and occupational performance, and alcohol dependence.

Aim: To evaluate the effectiveness of a structured teaching programme on knowledge regarding alcohol abuse relapse prevention strategies for maintaining sobriety among first-year B.Sc. Nursing students.

Methods and Materials: A quantitative research approach with a pre-experimental, one-group pre-test and post-test design was used. The study was conducted at a selected college in Indore. Using a non-probability purposive sampling technique, 94 first-year B.Sc. Nursing students were selected. A self-structured questionnaire was used to assess demographic characteristics and knowledge regarding alcohol abuse relapse prevention strategies for maintaining sobriety. The pre-test knowledge assessment was conducted on Day 1, followed by the administration of a structured teaching programme on alcohol abuse relapse prevention strategies for maintaining sobriety. A post-test was conducted on the seventh day after the intervention. Data were analysed using descriptive and inferential statistics.

Results: In the pre-test, the majority of students had poor knowledge. Of the 94 students, 68 (72.34%) had poor knowledge scores, 11 (11.70%) had average knowledge, 10 (10.64%) had good knowledge, and only 5 (5.32%) had excellent knowledge. A marked improvement in knowledge was observed in the post-test. None of the students (0%) remained in the poor knowledge category. Only 3 (3.19%) students had average knowledge, while 18 (19.15%) had good knowledge and 73 (77.66%) achieved excellent knowledge. The mean pre-test knowledge score was 12.01, which increased to 32.74 in the post-test, with a mean difference of 20.73. The paired *t*-test showed a calculated *t* value of -27.55 with 93 degrees of freedom, which was statistically significant at the 0.05 level of significance. The intervention was effective in improving the students' knowledge; hence, the research hypothesis (H_1) was accepted. A statistically significant association was found between pre-test knowledge scores and age, religion, number of family members, parents' educational status, parents' occupation, monthly family income, source of information regarding alcohol abuse, and participation in an educational programme on alcohol abuse prevention at the 0.05 level of significance.

Conclusion: The findings of the study revealed that the structured teaching programme on alcohol abuse relapse prevention strategies for maintaining sobriety was effective in improving the knowledge of first-year B.Sc. Nursing students.

Keywords: Structured teaching programme; knowledge; alcohol abuse; relapse prevention; sobriety; first-year B.Sc. Nursing students.

INTRODUCTION

Alcohol abuse is a major public health concern that affects individuals, families, communities, and healthcare systems worldwide. Harmful alcohol consumption is associated with a wide range of physical, psychological, social, and economic consequences, including liver disease, cardiovascular disorders, cancers, accidents, mental health problems, family conflicts, poor academic and occupational performance, and alcohol dependence. The impact of alcohol-related problems extends beyond the individual, placing a considerable burden on families, healthcare services, and society.

One of the major challenges in the treatment and recovery of Alcohol Use Disorder (AUD) is relapse, which refers to the return to problematic alcohol use following a period of abstinence or recovery. Relapse is a complex and multidimensional process influenced by biological, psychological, social, and environmental factors. Common relapse triggers include cravings, stress, negative emotions, peer pressure, interpersonal conflicts, alcohol-related cues, and inadequate coping skills. Therefore, successful recovery requires more than simply maintaining abstinence. Individuals need appropriate knowledge and skills to identify personal triggers, recognize early warning signs, manage cravings, cope effectively with stress, avoid high-risk situations, and seek timely professional and social support.

Witkiewitz and Marlatt (2004) reviewed relapse prevention approaches for alcohol and drug dependence and emphasized that relapse is influenced by personal, emotional, environmental, and situational factors. They highlighted the importance of strengthening coping responses and addressing lifestyle-related factors to reduce the risk of relapse. Similarly, Witkiewitz, Marlatt, and Walker (2005) emphasized the potential role of mindfulness-based relapse prevention in helping individuals recognize cravings, thoughts, and negative emotions without automatically responding through substance use. These findings support the importance of incorporating stress management, emotional regulation, self-awareness, healthy coping, and craving-management strategies into relapse prevention education.

The burden of alcohol use among adolescents and young adults is also a growing concern in India. Nadkarni et al. (2022) reported considerable variation in alcohol use across different regions of India and identified factors such as increasing age, male gender, academic difficulties, parental substance use, exposure to violence, and adverse social environments as important contributors. College students, including nursing students, may be particularly vulnerable to alcohol use due to increased independence, academic stress, peer influence, and exposure to new social environments.

Need for the Study

Alcohol abuse and Alcohol Use Disorder (AUD) remain significant public health concerns worldwide, affecting individuals, families, educational institutions, workplaces, healthcare systems, and society. Maintaining long-term sobriety can be challenging, as individuals in recovery may experience stress, cravings, negative emotions, peer pressure, interpersonal conflicts, alcohol-related cues, and high-risk social situations. Inadequate coping skills and poor stress management may increase the risk of relapse. Therefore, relapse prevention education is essential to help individuals identify personal triggers, recognize early warning signs, manage cravings, develop effective coping strategies, maintain healthy lifestyles, strengthen social support, and seek professional assistance when required.

According to the World Health Organization (WHO, 2024), approximately 2.6 million deaths were attributable to alcohol consumption in 2019, accounting for 4.7% of all deaths globally. Alcohol-related mortality was considerably higher among men than women, while approximately 13% of alcohol-attributable deaths occurred among individuals aged 20–39 years. This age group includes a large proportion of college students, highlighting the importance of preventive education and early intervention

among young adults. Academic stress, peer influence, social experimentation, and increasing independence may place young people at greater risk of alcohol misuse.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA, 2024) reported that approximately 27.9 million people aged 12 years and older in the United States had Alcohol Use Disorder demonstrating the widespread burden of alcohol-related problems. At the global level, the United Nations Sustainable Development Goal (SDG) Target 3.5 emphasizes strengthening the prevention and treatment of substance abuse, including the harmful use of alcohol. These concerns highlight the need for effective educational strategies that increase awareness, promote healthy coping behaviours, prevent relapse, and support long-term recovery.

Menon et al. (2021) reported that the lifetime prevalence of alcohol use ranged from 10.6% among nursing students to 41.7% among students from other academic streams, including law and fisheries. The study highlighted that alcohol use and its psychosocial correlates vary across different academic disciplines. The findings indicated that nursing students were also vulnerable to alcohol-related risks, highlighting the need for targeted educational programmes to improve knowledge regarding alcohol abuse, its consequences, and relapse prevention strategies.

Evidence-based interventions, including cognitive-behavioural approaches, emphasize the importance of developing coping skills, managing stress, identifying high-risk situations, and strengthening problem-solving abilities. Magill et al. (2019) reported that cognitive-behavioural therapy significantly improves coping skills and assists individuals in managing situations associated with alcohol use. Nurses play an important role in health promotion, screening, counselling, rehabilitation, referral, and community education related to alcohol-related problems. Therefore, nursing students require adequate knowledge of alcohol abuse, its consequences, treatment, recovery, and relapse prevention.

A Structured Teaching Programme (STP) provides a systematic educational approach to enhance nursing students' knowledge regarding relapse prevention strategies, including trigger identification, craving management, stress reduction, healthy coping, lifestyle modification, treatment adherence, and social support. Hence, the present study was undertaken to assess the effectiveness of a structured teaching programme on knowledge regarding alcohol abuse relapse prevention strategies for Maintaining Sobriety among first-year B.Sc. Nursing students. Enhancing their knowledge may prepare future nurses to provide effective health education, counselling, early identification, referral, and recovery-oriented care, thereby strengthening evidence-based nursing practice and contributing to community-based efforts to reduce alcohol-related harm and promote long-term recovery.

Problem Statement

A Pre-Experimental Study to Assess the Effectiveness of a Structured Teaching Programme on Knowledge Regarding Alcohol Abuse Relapse Prevention Strategies for Maintaining Sobriety Among First-Year B.Sc. Nursing Students at a Selected College in Indore, Madhya Pradesh.

Objectives of the Study

1. To assess the pre-test level of knowledge regarding alcohol abuse relapse prevention strategies for maintaining sobriety among first-year B.Sc. Nursing students.
2. To assess the post-test level of knowledge regarding alcohol abuse relapse prevention strategies for maintaining sobriety among first-year B.Sc. Nursing students.
3. To evaluate the effectiveness of the structured teaching program by comparing the pre-test and post-test knowledge scores.
4. To determine the association between the pre-test knowledge scores and selected demographic variables among first-year B.Sc. Nursing students.

Research Hypotheses

H₁ - There will be a statistically significant difference between the mean pre-test and post-test knowledge scores regarding alcohol abuse relapse prevention strategies for maintaining sobriety among first-year B.Sc. Nursing students after the administration of the Structured Teaching Program at the 0.05 level of significance.

H₂ - There will be a statistically significant association between the pre-test knowledge scores regarding alcohol abuse relapse prevention strategies for maintaining sobriety and selected demographic variables among first-year B.Sc. Nursing students at the 0.05 level of significance.

Null Hypotheses

H₀₁ - There will be no statistically significant difference between the mean pre-test and post-test knowledge scores regarding alcohol abuse relapse prevention strategies for maintaining sobriety among first-year B.Sc. Nursing students at the 0.05 level of significance.

H₀₂ - There will be no statistically significant association between the pre-test knowledge scores regarding alcohol abuse relapse prevention strategies for maintaining sobriety and selected demographic variables among first-year B.Sc. Nursing students at the 0.05 level of significance.

Delimitations

The present study is delimited to:

- First-year B.Sc. nursing students studying at the selected nursing college in Indore, Madhya Pradesh.
- Students who are available and willing to participate in the study during the period of data collection.
- The findings of the study are limited to the selected group of first-year B.Sc. Nursing students and may not be generalized to all nursing students or college students in India.

Method and Materials: A quantitative research approach with a pre-experimental one-group pre-test and post-test design was used for the study. The setting of the study was selected college in Indore. By using the non-probability purposive sampling technique 94 college students were selected. A self-structured questionnaire was used to assess the demographic data and knowledge regarding alcohol abuse relapse prevention strategies for maintaining sobriety among first-year B.Sc. nursing students. The pretest knowledge was evaluated on day 1 and structured teaching programme was administered regarding alcohol abuse relapse prevention strategies for maintaining sobriety to first-year B.Sc. nursing students and on the 7th day after intervention post-test knowledge was evaluated. The data analysis was done using descriptive and inferential statistics.

Result and Discussion

Section I: Distribution of participants according to socio-demographic variables(N = 94)

The socio-demographic profile of the 94 first-year B.Sc. Nursing students showed that the majority (58.51%) were aged 19–20 years, followed by 27.66% aged 17–18 years. Most participants were female (79.79%), Hindu (100%), and from urban areas (54.26%). Nearly half (44.68%) belonged to joint families, while 70.21% had 4–6 family members.

Regarding parental education, 38.30% of fathers were graduates, whereas 20.21% of mothers had postgraduate or higher education. The most common occupations were daily wage work among fathers (24.47%) and homemaking among mothers (69.15%). The largest proportion of students (39.36%) had a monthly family income of ₹10,001–₹20,000.

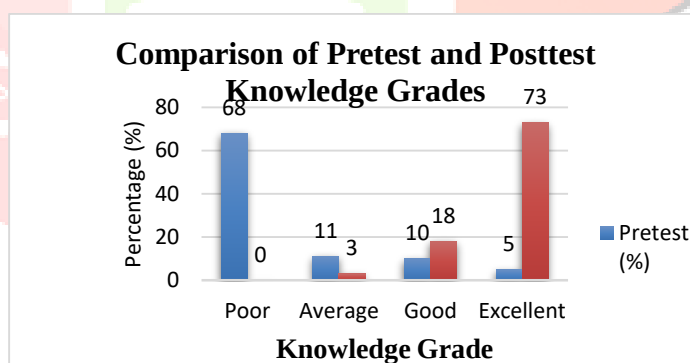
All participants (100%) had received information about alcohol abuse. Family and friends were the primary source of information (40.43%), followed by the internet/social media (25.53%) and teachers (18.09%). However, only 12.77% had attended an educational programme on alcohol abuse prevention, while 87.23% had not. Additionally, 28.72% reported having a family member or close relative with alcohol addiction, whereas the majority (71.28%) reported no such family history.

Section II- Distribution of participants according to pretest and posttest knowledge grades.

Table No.2
Comparison of pretest and posttest grades

(N=94)

S. No.	Knowledge Grades	Pretest		Posttest	
		No.	%	No.	%
1.	Poor (0-10)	68	72.34%	0	0.00%
2.	Average (11-20)	11	11.70%	03	3.19%
3.	Good (21-30)	10	10.64%	18	19.15%
4.	Excellent (31-40)	05	5.32%	73	77.66%
	Total	94	100%	94	100%



Graph 1: Bar diagram showing comparison of pretest and posttest knowledge grades

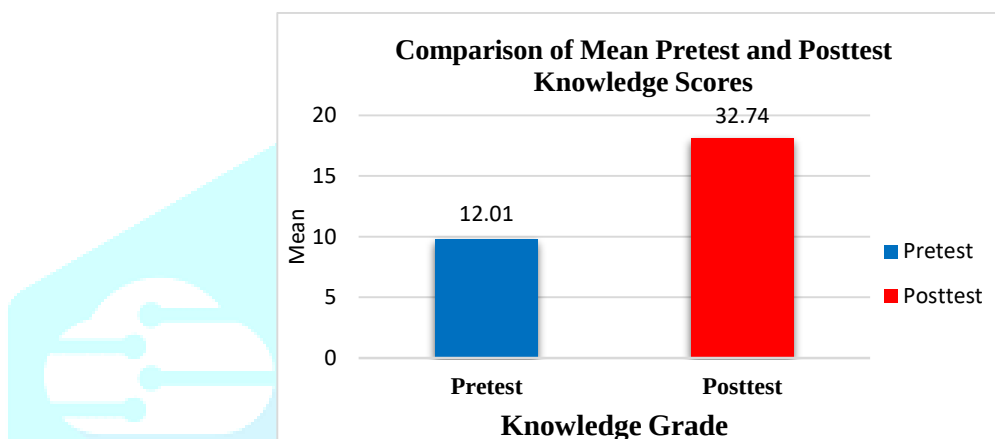
The above table and graph shows the distribution of participants according to pretest and posttest knowledge grades. In the pretest, the majority of students had **poor knowledge**. Out of 94 students, **68 (72.34%)** had poor knowledge scores, while **11 (11.70%)** had average knowledge, **10 (10.64%)** had good knowledge, and only **5 (5.32%)** had excellent knowledge. In the posttest marked improvement in knowledge was observed. **No students (0%)** remained in the poor knowledge category. Only **3 (3.19%)** students had average knowledge, while **18 (19.15%)** had good knowledge and **73 (77.66%)** achieved excellent knowledge.

Comparison of Mean pretest and posttest knowledge scores

Table No. 3 (N=94)

Pretest / Posttest	No.	Mean	SD	't' value, df	P value
Pretest	94	12.01	57.73	-27.55df=93	0.05*
Posttest	94	32.74	29.39		

Paired 't' test applied., $p < 0.05$ – Significant.



Graph 2: Bar diagram showing comparison of mean pretest and posttest knowledge scores

The comparison of the pretest and posttest mean knowledge scores revealed a considerable improvement in the students' knowledge following the Structured Teaching Programme. The mean pretest knowledge score was 12.01, which increased to 32.74 in the posttest, showing a mean difference of 20.73. The paired *t*-test revealed a calculated *t* value of -27.55 with 93 degrees of freedom, and the result was statistically significant at the 0.05 level of significance. Hence, the research hypothesis (H_1), which stated that "there will be a statistically significant difference between the mean pretest and posttest knowledge scores regarding alcohol abuse relapse prevention strategies for maintaining sobriety among first-year B.Sc. Nursing students after the administration of the Structured Teaching Programme at the 0.05 level of significance," was accepted.

Section III- Association between pre-test knowledge score and demographic variable

A statistically significant association was found between the pre-test knowledge score and age, religion, number of family members, parents' educational status, parents' occupation, monthly family income, source of information regarding alcohol abuse, and participation in an educational programme on alcohol abuse prevention at the 0.05 level of significance. No statistically significant association was found with gender, place of residence, type of family, previous information about alcohol abuse, or having a family member or close relative with alcohol addiction.

Discussion

The present study assessed the effectiveness of a Structured Teaching Programme (STP) on knowledge regarding alcohol abuse relapse prevention strategies for maintaining sobriety among first-year B.Sc. Nursing students. The findings revealed that the majority of participants were female, aged 19–20 years, Hindu, and from urban areas. Most students belonged to joint families with 4–6 family members. A considerable proportion of participants' fathers were graduates, while the majority of mothers were homemakers. Although all participants had previously received information about alcohol

abuse, most had never attended a formal educational programme on alcohol abuse prevention. This finding suggests that informal sources of information alone may be insufficient and highlights the need for structured educational interventions among nursing students.

The present study demonstrated a marked improvement in students' knowledge following the Structured Teaching Programme. In the pretest, 72.34% of students had poor knowledge, while only 5.32% demonstrated excellent knowledge. In contrast, the posttest findings showed that no student remained in the poor knowledge category, while 77.66% achieved an excellent level of knowledge. These findings clearly indicate that the structured teaching programme was highly effective in improving students' knowledge regarding alcohol abuse relapse prevention strategies. The mean knowledge score increased substantially from 12.01 ± 4.54 in the pretest to 32.74 ± 3.65 in the posttest. The paired *t*-test revealed a statistically significant improvement in knowledge ($p < .05$), confirming the effectiveness of the structured teaching programme. Therefore, the research hypothesis (H_1), which stated that there would be a statistically significant difference between the mean pretest and posttest knowledge scores regarding alcohol abuse relapse prevention strategies for maintaining sobriety following the administration of the structured teaching programme at the 0.05 level of significance, was accepted. The findings indicate that the structured teaching programme was an effective educational intervention for enhancing knowledge regarding alcohol abuse relapse prevention for maintaining sobriety among first-year B.Sc. Nursing students. This has important implications for strengthening nursing education and preparing future nurses to contribute effectively to health promotion and substance abuse prevention.

A statistically significant association was found between the pre-test knowledge score and age, religion, number of family members, parents' educational status, parents' occupation, monthly family income, source of information regarding alcohol abuse, and participation in an educational programme on alcohol abuse prevention at the 0.05 level of significance.

The findings of the present study are supported by **Anandi et al. (2018)**, who reported the presence of harmful alcohol consumption among medical students and recommended early educational interventions to improve awareness and prevent risky alcohol-use behaviours. These findings indicate that healthcare students require systematic education on alcohol abuse and relapse prevention, despite their background in health-related disciplines. The significant increase in knowledge scores is consistent with the findings of **Magill et al. (2019)**, whose meta-analysis demonstrated that cognitive-behavioural interventions can improve coping skills, problem-solving abilities, stress management, and the recognition and management of high-risk situations among individuals with alcohol use disorder. These findings support the incorporation of cognitive-behavioural principles into structured educational programmes aimed at promoting relapse prevention and maintaining sobriety.

The need for such educational interventions is reinforced by the **World Health Organization (2024)**, which identified alcohol consumption as a major contributor to global morbidity and mortality, with significant consequences for individuals and communities. Similarly, **Ambekar et al. (2019)** highlighted alcohol as a major substance-use problem in India and emphasized the importance of prevention, awareness, treatment, and rehabilitation. Collectively, these findings and reports underscore the importance of providing evidence-based education to future nurses, who play a vital role in health promotion, early identification, counselling, referral, rehabilitation, and substance abuse prevention.

Conclusion

The study identified a clear need for structured education on alcohol abuse relapse prevention for maintaining sobriety among first-year B.Sc. Nursing students, as most had not received formal training despite having some prior awareness. The Structured Teaching Programme significantly improved students' knowledge, as evidenced by higher posttest scores and statistically significant results. Therefore, the programme was effective and should be incorporated into nursing education to strengthen future nurses' role in alcohol abuse prevention, health education, and recovery-oriented care.

Nursing Implications

Nursing Education

The findings demonstrate that a Structured Teaching Programme (STP) effectively improves nursing students' knowledge regarding alcohol abuse relapse prevention strategies. Therefore, relapse prevention education should be incorporated into the nursing curriculum through classroom teaching, workshops, seminars, and continuing education programmes.

Nursing Practice

Nurses can utilize the knowledge gained to identify individuals at risk of relapse, provide health education, promote healthy coping strategies, offer counselling, and encourage adherence to treatment plans. This will enhance the quality of patient care and support long-term recovery.

Nursing Administration

Nursing administrators should organize regular in-service education programmes, awareness campaigns, and training sessions on alcohol abuse prevention and relapse management. They should also encourage the use of evidence-based educational interventions to improve nurses' competencies in addiction care.

Nursing Research

The findings provide baseline evidence for future studies on alcohol abuse relapse prevention. Similar studies with larger samples, different settings, and long-term follow-up can be undertaken to evaluate the sustained effectiveness of educational interventions and develop evidence-based nursing practices.

Limitations of the Study

1. The study was conducted among first-year B.Sc. Nursing students of a single selected college; therefore, the findings cannot be generalized to all nursing students.
2. A relatively small sample size (94 participants) may limit the generalizability of the findings.
3. The study used a pre-experimental one-group pretest–posttest design without a control group, limiting the ability to attribute changes solely to the Structured Teaching Programme.
4. The study assessed only knowledge regarding alcohol abuse relapse prevention and did not evaluate changes in attitudes or practices.

Recommendations

1. Similar studies may be conducted with a larger sample size to improve the generalizability of the findings.
2. A true experimental or quasi-experimental research design with a control group is recommended to strengthen the validity of the results.
3. Similar studies may be conducted among nursing students from different academic years and institutions.
4. Follow-up studies should be undertaken to assess long-term retention of knowledge and the sustained effectiveness of the Structured Teaching Programme.
5. Future studies may assess the effect of educational interventions on attitudes, practices, and behavioural changes related to alcohol abuse relapse prevention.
6. Structured Teaching Programmes on alcohol abuse relapse prevention should be incorporated into nursing education and continuing nursing education programmes to enhance nurses' competencies in addiction prevention and recovery care.

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