

Community Based Alcohol Intervention for Fishermen of Pamban Island in Tamilnadu, India.

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Abstract: *The ethereal liquid alcohol has overwhelmed over 3.3 million in the world in which 13.5% are in the age group of 20-39 years (WHO, 2018). In a fishing hamlet, Pamban in Tamilnadu, South India a community-based intervention program was held to reclaim the fishermen from alcohol use disorder with the coordination of the Parish Priest Rev. Fr. Dr. Britto and the community. The staff of an NGO, Moonlight Alco Care Foundation, Chennai were the resource persons. Fishermen volunteered as beneficiaries during their fishing holiday period. A clinically pretested and validated herbal treatment using Cassia Auriculata had been administered and individual and family counseling were held. Alcoholics Anonymous (AA) supported the initiative. A ten day program brought a sea change in the lives of the fishermen. In the course of four years (2016-2019) the community based intervention program had redeemed 44% fishermen to remain sober in their lives.*

Key words: *alcohol use disorder, Cassia Auriculata, counseling, herbal treatment, sober.*

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I. INTRODUCTION

Pamban is an Island in the Southeast Indian State of Tamilnadu. A town, Rameswaram is known for Ramanathaswamy Temple, a Hindu pilgrimage site. It was the birthplace of the Missile Man, Dr A.P.J. Abdul Kalam (1931-2015), former President of India. A community based alcohol intervention camp for ten days is being held since 2016 during 'fishing holidays' for the welfare of the fishermen in Pamban Island.

Genesis of the Programme

Fishermen start early in the morning before sunrise, five men in a boat and return the next day. They carry rice, vegetables, stove, kerosene and ice, one fisherman cooks the food. They bring a huge haul of fish and earn Rs. 800 per day. They fish the whole day and night. They are known for hard labor, mental strength and knowledge of the sea and understanding of the capricious weather. They have to know which fish they are after, how best to catch them, how best to bring them in and how to keep them fresh until they deliver them to the market. But their life turns sour for the family since the time they land on the shore they are under the influence of alcohol. The fishermen earn more but spend on alcohol and drugs. They need to be saved from the clutches of addiction. Superfluous brewing creates superfluous casualties!

With the initiatives of some fishermen a programme was planned under the guidance of the Parish Priest. A priest who thought if the fisherman is weaned away from alcohol the family is saved; children could have education, squabbles and skirmishes would come to an end; peacefulness would prevail; prosperity will increase. Some noble hearted fishermen and the Parish Priest collaborated with an Organization called Moonlight Alco Care Foundation which had been working on deaddiction programmes in Uthiramerur, Kanchipuram district near Chennai, the capital city of Tamilnadu. The Organization, an NGO, planned a ten day community-based deaddiction programme in which several people take part in the programme. Alcoholics, their families, community, church members, members from AA (Alcoholics Anonymous), clinical psychologist, general physician, social worker, family counselor and the Parish Priest. The whole community is involved in the deaddiction programme.

It is a longitudinal research on community-based deaddiction programme begun in 2016. The sample for the study consisted of the volunteer-fishermen who decided to extricate themselves from the clutches of alcohol and prepared to live a sober life. The programme was launched by the Parish Priest of Pamban, Rev. Fr. Dr. Britto who had the hope and vision for the welfare of the community of fishermen although it was a formidable task. Every year during the "Fishing Holidays" the deaddiction camp was held. Many young fishermen lost their lives due to alcohol and the livelihood of the families was in jeopardy.

The 10 Day Intervention Camp was held from 3 May 2019 to 12 May 2019 at Pamban Church Community Hall. The significance of the Camp is that the intervention camp was held with the request of the fishermen of Pamban village. It was formally inaugurated by the Parish Priest Rev. Fr. Dr. S. Britto Jayabalan on 3 May, 2019. The Staff from Moonlight Alco Care Foundation led by Dr. Victor were the resource persons.

Need of the Intervention Program

The fishermen earn more but most of the earnings of their hard labor were being drained out on drinks and it not only deteriorates their general health but also remains the means of creation of a storehouse of problems for the family and community. The duration of the camp is the appropriate time as the fisher folk are on strike period which does not allow fishermen to pursue their regular work on the seas. They are willing to get treatment for Alcohol Use Disorder. Some of the initiators of the Camp were the erstwhile alcoholics who are now weaned off from taking alcohol and remain sober for more than four years. Alcoholics Anonymous (AA) was also involved in this intervention camp as it provided enough vitality and strength for the conduct of the camp. The conduct of the camp was by no means an easy initiative. The magnitude of the sufferings of the family members of the fishermen was the impending impetus for the Parish Priest to visit homes and made an elaborate discussion with the affected people. The camp is carried forward with the blessings and prayer of the Parish Priest, Rev. Fr. Dr. S. Britto Jayabalan. It was an extraordinary enterprise! This is the fourth such camp exclusively held for the welfare of the fishermen.

Community Support

An enormous source of strength was readily available with local community support and AA (Alcoholics Anonymous) meetings. The first camp (2016) was held with cold response but with continuous unrelenting efforts of the Parish Priest a transformation to a peaceful harmonious situation had been made in the families. Some of the beneficiaries have affirmed that their income of hard labor has not been wasted. There is lasting peace; harmony, love and affection exist in the families. Children study well and housewives enjoy the benefits of their income of their husbands on the high seas.

The whole program was coordinated by Mr Baskar, one of the members of the first camp (2016) benefitted by the intervention program who remains sober for four years. Rev. Fr. Dr. Britto and Dr. Victor personally visited the houses of the fishermen initially during the first camp and they felt almost defeated. But still struggled and started the intervention camp and it has travelled so far to the fourth camp.

II. LITERATURE REVIEW

Bhondve et al (2013) carried out a descriptive epidemiological explorative study with 500 fishermen of Southern-East coastal areas of Mumbai, India and made an assessment of alcohol addiction among fishermen. Data were collected using preformed, pretested semi-structured interview schedule. Alcohol consumption was observed among 63.4% fishermen. Alcohol addiction was significantly associated with age, type of job, job stress, job satisfaction, and depth of fishing.

Jansen et al (2016) evaluated short and long term effects of a Dutch community-based alcohol intervention use of adolescents. The community intervention integrated health education, regulation, and enforcement in multiple settings, targeting adolescents and their environments. A quasi experimental pretest and posttest design was used based on three cross-sectional surveys in 2003, 2007 and 2011. The sample consisted of 5700 and 3100 adolescents in the intervention and reference region respectively. Findings had shown that there was decline in the prevalence of alcohol use. After a year decline was found in intervention and reference regions. Dutch community intervention appeared to be effective on the short and long term in reducing the prevalence of alcohol use.

Bhakthareddy (2007) evaluated the efficacy of an herbal formula for management of alcohol addiction as compared to a Placebo. The sample consisted of 24 adult male chronic alcoholics divided into two equal groups. All patients were treated as inpatients for 7 days. Two different treatments were given one for each group. One treatment was the propriety Herbal formula with *Cassia auriculata* as the primary active ingredient. The other treatment was a Placebo treatment formulated primarily with only the excipients. Each patient was randomly assigned to one of the two groups as per computer generated randomization schedule and the treatments were administered for seven consecutive days in the morning in empty stomach and the dose was kept constant throughout the study. The participants were evaluated clinically everyday and they were also

queried to score on their desire to consume alcohol during the treatment. No serious adverse events were observed during the study and there was one drop out in the Placebo group. All the participants in the active treatment group scored no desire to consume alcohol after four days of treatment. But only 5 participants in the Placebo group scored no desire to consume alcohol after four days of treatment. A statistically significant difference was found out between active and Placebo groups in the efficacy of the Herbal formula in the reduction of desire to consume alcohol in alcohol-addicts as compared to Placebo group. There was also improvement in clinical signs such as tremors, appetite and insomnia with active treatment as compared to Placebo treatment. Bhakthareddy had given a protocol for treatment for de-addiction of alcohol.

Prasad et al (2000) determined the choice of treatment setting and follow up of subjects with alcohol dependence. The study was carried out in Bangalore, India at National Institute of Mental Health and Neuro Sciences (NIMHANS). Patients were evaluated on demographic and alcohol consumption profiles and psychiatric complications. History about marital discord, absenteeism, financial loss and drunken brawls were obtained. Liver tests were carried out.

The treatment included hospital detoxication, group and family therapy sessions were also held. The outcome had shown that 91.5% reported subjective improvement in their physical, psychiatric and social spheres. 81.7% inpatients maintained abstinence. The abstinence rate in India is between 36% (Desai et al, 1993) and 50% (Sanjiv and Kuruvila 1991). But after 6 months dropout rate was high. Follow up work was not possible as the location of patients could not be ascertained after the treatment was over.

III. METHODOLOGY

The intervention process is carried out as follows: In the morning, oil goggling is followed by administration of *Cassia Auriculata* milkshake. Participants walk in the form of eight to the accompanying music. Next yoga session is conducted. Housekeeping is done by the participants. At 8 am breakfast is served. It is followed by meditation at 9 am. An hour of silence is maintained. From 10 am to 11.30 am first session is held followed by tea. The second session is held from 12 to 1.30 pm. Topics on the effects of alcohol are dealt with in the way the participants understand the significance of the sessions and the contents are discussed. Lunch is provided at 1.30 pm. At 3pm individual therapy session is held. From 4.30 to 6 pm family interventions are provided by the staff of Moonlight Alco Care Foundation. Local AA support group (Alcoholic Anonymous) interacts with the participants. The interaction instills faith among the participants and enhances the strength of their will and determination of the participants. There is realization of the ill effects of alcohol use and they determine to get away from alcohol in the future. At 8.30 pm dinner is served followed by medication at 9 pm. From 9.30 to 10 pm the participants share their thoughts and feelings, a total surrender of their ego and personality is really observed. At 10 pm they go to bed.

On the penultimate day the revered Bishop of Sivagangai, Rev. Fr. Dr. SusaiManickam visited the camp. His words manifested the sterling effect of the intervention program. He interacted with the participants. He said, "You have accepted that it is a disease. The family has also accepted it in the same way. So there is deliverance from Alcohol Use Disorder. It is an 'endearing shock' as recovery is achieved in 10 days. Small pox will not recur next time. Just like that alcohol use disorder has to be considered. You must have zeal. Life, wife and children and the future – all are affected. Have a sense of determination to be sober throughout your life." The revered Bishop exhorted them and blessed that the 13 participants and their families, the community and the society should be healthy. The revered Bishop appreciated the Parish Priest, Rev. Fr. Dr. S. BrittoJayabalan that his unrelenting efforts had borne fruit for the Pamban Parish.

Follow up

The most significant part of the intervention program is that the participation and follow-up work of Alcoholics Anonymous (AA) and every participant is attached to AA. After the end of three, six and nine months an evaluation is coordinated to ascertain the status of the participants through AA and the leader of the group. Data in Table 1 will manifest that after the intervention camp in 2019, 84.6% participants remain sober in their lives.

IV. DATA AND DISCUSSION

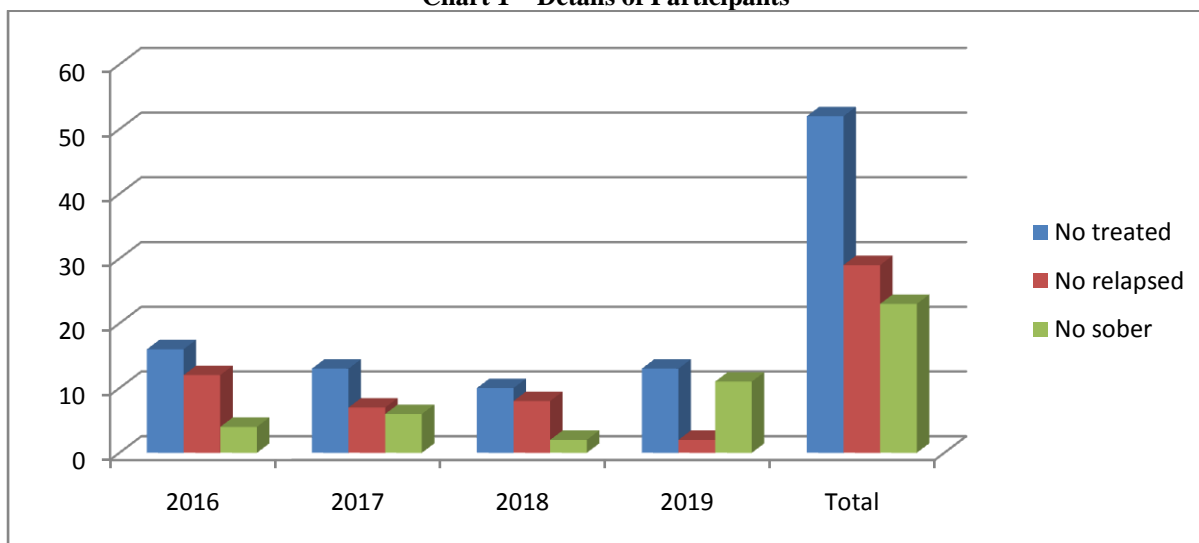
The following Table 1 provides an inference that community-based alcohol intervention program is helpful in redeeming the alcoholics to the status of permanently maintaining abstinence. Sustaining efforts are indispensable.

Table 1 - Details of Participants

Year	No. Treated	No. Relapsed	No. Maintaining Abstinence	%
2016	16	12	4	25.0
2017	13	7	6	46.1
2018	10	8	2	20.0

2019	13	2	11	84.6
Total	52	29	23	44.2

Chart 1 – Details of Participants



Community based intervention program for alcohol use disorder was a successful initiative. Herbal treatment with *Cassia auriculata* was clinically tested and validated by WHO consultant (Bakthareddy, 2007) and also supported by experiments conducted by various research scholars (Bhardwaj et al, 2011; Joy et al, 2012; Kalaivani et al, 2008; Kumar et al, 2002; Rajagopal et al, 2003). Sessions on the effects on alcohol, maintenance of food habits, interactions with members of Alcoholics Anonymous (AA), individual and family counseling by community social worker, clinical psychologist and physician and meditation and interactive sessions among participants were the additional inputs for rehabilitating the participants.

As the findings had shown it was a good beginning in the year 2016 (25% remained in total abstinence) and increased in the following year, 2017. But unfortunately it declined in 2018 (20%). The unceasing efforts of the Parish Priest, Rev. Fr. Dr. Britto proved extraordinarily successful with 84.6% maintaining total abstinence in 2019. The overall percentage (44.2%) (2016 – 2019) of fishermen maintaining total abstinence had been possible due to follow up work carried out by community, families, Parish Priest and members of local Alcoholics Anonymous (AA).

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