

**AN EVALUATION OF THE EFFECTIVENESS OF ALCOHOLICS ANONYMOUS
SELF-HELP GROUP IN REDUCING PERSONAL ALCOHOL CONSUMPTION
AMONG ADULTS IN WINDHOEK**

**A THESIS SUBMITTED IN FULFILMENT
OF THE REQUIREMENTS FOR THE DEGREE OF
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BY

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DECLARATION

I, Specioza Nnampijja Mondo, hereby declare that the research thesis titled “An evaluation of the effectiveness of alcoholics anonymous self-help group in reducing personal alcohol consumption among adults in Windhoek” is my original work. I further declare that this thesis has never before been submitted in part or entirely to any institution of higher learning within or outside Namibia by me or any other person with the intent of achieving an academic qualification. All sources of information used in this thesis have been properly quoted and accurately referenced in the reference list. Moreover, any errors or omissions contained in this report are a direct responsibility of the author.



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Specioza N. Mondo

April 2021

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Charles Ssegonga Mondo

Christine Matama-Tyebaze Mondo

LIST OF ABBREVIATIONS

Acronyms	Meaning
AA	Alcoholics Anonymous
AAFP	American Academy of Family Physician
AAP	Association of American Psychiatric
AOD	Alcohol and other drugs
AUDIT	Alcohol Use Disorders Identification Test
ASBI	Alcohol misuse Screening Brief Intervention
DAG	Drug Awareness Group
DNA	Deoxyribonucleic Acid
DSM-V	Diagnostic Statistical Manual of Mental Disorder
DTR	Double Trouble in Recovery
FAS	Foetal Alcohol Syndrome
FASD	Foetal Alcohol Spectrum Disorders
FARR	Foundation for Alcohol Related Research
FGD	Focus Group Discussion
GABA	Gamma Amino Butyric Acid
ICD – 11	International Classification of Diseases
IAA	Indulgence, Ambivalence, Attempt
MoHSS	Ministry of Health and Social Services
NA	Narcotics Anonymous
NENDU	Namibian Epidemiology Network on Drug Use

NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIDA	National Institute of Drug Abuse
SA	South Africa
SADC	Southern African Development Countries
SUD	Substance Use Disorder
TSF	Twelve Steps Facilitation
TTSC	Transactional Theory Stress and Coping
UK	United Kingdom
UNAM	University of Namibia
UREC	UNAM Research Ethics Committee
US	United States
USA	United States of America
WCRF	World Cancer Research Fund
WHO	World Health Organisation

Please note: US will be used interchangeably with USA.

ABSTRACT

1. Alcoholics Anonymous (AA) self-help groups' members offer mutual support for one another by allowing group members to nourish their natural tendencies, sharing experiences and supporting one another in a non-professional peer-operated organisation. This study evaluated the effectiveness of an AA self-help group in reducing personal alcohol consumption among adults in Windhoek. Evaluation research design was used in a qualitative study approach. Purposive sampling was used to select 10 regular members of the AA self-help group. Data was collected utilising face to face interviews. An interview schedule consisting of open-ended and probing questions was used to collect data. The data were analysed thematically. Findings of the study showed that individuals who attend AA self-help group regularly were more likely to reduce alcohol consumption. The study concluded that AA self-help group is effective in reducing personal alcohol consumption among its members. AA self-help group also assists group members to recover from the conditions related to mental health problems such as anxiety, depression, eating disorders, suicidal thoughts and insomnia resulting from abstinence from alcohol consumption. The study also found that group members improved their relationship at the workplace with colleagues and supervisors as well as with family members and friends as a result of self-discipline from alcohol consumption. Abstaining from alcohol consumption also enabled group members to improve and develop skills such as problem-solving, conflict resolution, anger management, and communication skills, planning for the future, as well as the ability to identify symptoms of other addictive behaviours. Major recommendations were as follows: Firstly, participants of the study and other group members of AA self-help group need to maintain behaviour changed of abstinence by continuing to attend meetings regularly and active participation during group meetings. Secondly, AA self-help group should find a

way of increasing the number of meetings in the most affected areas such as Katutura and beyond as well as other parts of the country and in one of the native languages. Thirdly, the MoHSS should increase its involvement with organisations such as AA and avail venues for instance clinic spaces to be used after 17H00 and over weekends. Fourthly, the (MoHSS) needs to take the lead and increase awareness on the dangers of alcohol consumption and the stigma attached to the problem and treatment-seeking in Windhoek and other parts of the country. Fifthly, the social workers in the MoHSS who are dealing with prevention and reduction programmes for substance use and abuse which includes alcohol need to develop self-help group programmes for individuals with substance use problem. Sixthly, the MoHSS may consider screening clients who display symptoms of alcohol use especially those who are attended at Mental Health Department for early intervention and referral. Finally, future research using the mixed-methods approach is recommended for the existing AA branches and future ones which may include AA group members and the support persons from Al-Anon. This is (Al-Anon) a sister organisation to AA, which assists individuals whose family members have a drinking problem. When such research is done, it may provide a broader picture of the effectiveness of AA self-help group in reducing alcohol consumption among adults.

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the background to the study.

The association world-wide could be believed to have suffered by the wave of alcohol consumption that hits adults, adolescents and children. To put this into context, the World Health Organisation (WHO) (2018a) estimates that 257 million men and 46 million women suffered from alcohol use disorders in 2016 globally. WHO (2018b) further reveals that 3 million people died in 2016 due to alcohol consumption of which, more than three-quarters of deaths were men. The harmful use of alcohol contributes to about 5% of the global burden (WHO, 2018b). In Sub-Saharan Africa, about 60% of the population consume alcohol daily. A global report of WHO (2011) reported that men in Uganda are estimated to be among of the highest alcohol per capita consumption levels in Sub-Saharan Africa, with 12.5 litres of alcohol consumed among males each year.

Wassenaar et al. (2018) investigated screening, diagnosis, and management of patients with alcohol use disorders at Bwalya Community Hospital in Uganda. The results showed 82,819 patients were admitted to hospital, of which 8,677 (10.5%) were screened and 273 (3.2%) diagnosed with alcohol use disorder (AUD). Files of the adult in-patient department had the largest number with AUD ($n=206$) with a reliable increase in numbers in the last 18 months of the study. Patients with AUD were 230 (84%) males, 150 (44%) aged between 30 and 60 years and mental health referral to Alcoholics Anonymous was 41 (15%). There was no referral shown for females.

In Southern African Development Countries (SADC), specifically in South Africa, Fortmann et al., Reelan, Dang, Babor, and Perry (2015) report that alcohol per capita consumption in

CHAPTER 1

INTRODUCTION

1.1 Background to the study

Many societies world-wide could be believed to have suffered by the wave of alcohol consumption that has hit adults, adolescents and children. To put this into context, the World Health Organisation [WHO] (2018a) estimates that 237 million men and 46 million women suffered from alcohol use disorders in 2016 globally. WHO (2018b) further reveals that 3 million people died in 2016 due to alcohol consumption of which, more than three-quarters of the deaths were men. The harmful use of alcohol contributes to about 5% of the global disease burden (WHO, 2018b). In Sub-Saharan Africa, about 60% of the population consume alcohol (Ibid). The global report of WHO (2011) reported that men in Uganda are estimated to have one of the highest alcohol per capita consumption levels in Sub-Saharan Africa, with 25.6 litres of pure alcohol consumed among males each year.

Kuule et al. (2018) investigated screening, diagnosis, and management of patients with alcohol use disorders at Bwindi Community Hospital in Uganda. The results showed 82,819 patients were admitted to hospital, of which 8,627 (10.4%) were screened and 273 (3.2%) diagnosed with alcohol use disorder (AUD). Files of the adult in-patient department had the largest number with AUD (n=206) with a reliable increase in numbers in the last 18 months of the study. Patients with AUD were 230 (84%) males, 130 (48%) aged between 36 and 60 years and mental health referral to Alcoholics Anonymous was 41 (15%). There was no statistics shown for females.

In Southern African Development Countries (SADC), specifically in South Africa, Ferreira-Borges, Rehm, Dias, Bobor, and Parry (2015) report that alcohol per capita consumption in

litres of pure alcohol among adults was a total of 11.0 litres per person per year, with a variation in gender of 18.3 litres for men and 4.2 litres for women.

Mokolobate (2017) reported that South Africans are among the highest consumers of alcohol based drinks. Based on global data, revealed that increased mortality related to road accidents mostly during festival periods were recorded. According to reports released by the WHO in 2012, approximately 6% of global deaths were accredited to alcohol use. More so, the Foundation for Alcohol Related Research (FARR) has for 20 years been recording the rate of alcohol use in South Africa and tracked its effects on the nation. The main subjects that had emerged are around education, and taking liability as South African citizens.

Moreover, one much longer-lasting and less obvious negative impact of alcohol consumption that is not given much deliberation is Fetal Alcohol Spectrum Disorders (FASD). These are disorders that affect the healthy development of a foetus due to the mother consuming alcohol during the prenatal period. They range from physical, behavioral and intellectual symptoms to alcohol-related birth defects such as congenital eye problems or heart defects. Besides, many are unaccustomed to the costs related with alcohol use, and these may include costs around driving under the influence of alcohol and the healthcare costs for families, as over consumption of alcohol causes liver, kidney and brain damage. It was also indicated that many suicides and homicides are related to alcohol misuse. Consequently, businesses incur expenses due to alcohol misuse too. Subsequently, recent studies have shown that alcohol use in males alters the excellence of sperm and affects gene regulation. Through diverse DNA-altering procedures such as ethylating and acetylating, the genes that a man contributes to the foetus are compromised and may also root or contribute to FASD. Presently, 25% prevalence

of FASD is reported in the area of Western Cape, 22% in the Northern Cape and 13% in the Eastern Cape (Mokolobate, 2017).

In Namibia, the total alcohol consumption was 12.2 litres, with men consuming 19.0 litres and women 6.2 litres in total (Brandt, 2013). Brandt (2013) also reports that WHO in its global report of 2011 ranked Namibia the fifth country with alcohol consumption of 9.62 litres per person per year among African nations, followed by Nigeria, Uganda, Kenya and Rwanda.

Moreover, the study by Seth et al. (2015) on drinking patterns and screening for detrimental, risky and dependence indicated that approximately 40% of residents in Katutura, a township in Windhoek, Namibia, were identified as harmful, hazardous or likely dependent drinkers. The men represented 57.2% of this figure compared to women at 31.0% of which about 32% of the respondents, were selling alcohol in their homes. The study also found that there was an increased criterion for alcohol consumption, calling for screening and referral for further interventions. Specifically, self-help groups can be one of the further interventions for reduction of personal alcohol consumption.

According to Brown, Tang and Hollman (2014), self-help groups are indigenous community resources which serve local communities and help people manage various challenges; for instance alcohol consumption and mental health problems. Group members share mutual support and experiential knowledge to improve individual's experiences of the common situation in a non-violent setting. Nalpas, Boulze-Launay and the Inserm Alcoholic Group (2018); and Wall, Sondhi, Day (2014) concur with Brown et al. (2014) and also add that in self-help groups, specific modes of social support emerge through self-disclosure; members

share their stories and recoveries. This can be either in face-to-face conversations or internet-based.

Self-help groups are commonly identified as mutual support groups and are the main element system of formal care for individuals with challenges of alcohol and drug use and psychiatric disorders (Moos, 2008). Kessler, Mickelson, and Zhao (2017) reported that in America, 9% of adults have been attending AA self-help groups in their life sometimes and about 80% of grown up individuals participate in AA self-help groups for alcohol dependence help (Room & Greenfield, 2013; Dawson, Grant, Stinson, & Chou, 2016). In Canada and Europe, self-help group attendance was reported to be very predominant (Humphreys, 2014). In the United States (US) and United Kingdom (UK), self-help groups are considered as an effective and cost-effective way of supporting long-term recovery from alcohol use and are gaining popularity; they are given a central part in the UK policy for substance use (Robert & Bells, 2013).

Moreover, the notion of the group evolved around the fact that alcohol misuse is an ailment that cannot be controlled but can be managed. People attend AA self-help groups for alcohol dependence, which is an intercontinental organisation used in the recovery of those with alcohol consumption problem. In the self-help groups, individuals support one another emotionally through the abstinences model for individuals recovering from alcohol dependence using a 12-steps dependences technique (Ferri, Amato, & Davoli, 2009).

In addition, Ferri et al. (2009) report remarkable generalisation in a connection that exists between the 12-step self-help groups and better substance use results, which takes on persons with alcohol disorders as well as psychiatric disorders. The majority of the related studies on self-help groups and AA have been conducted in the US but general conclusions about their

benefits have been reproduced in other countries including Namibia. AA self-help groups world-wide including Namibia follow the same approach in the reduction of alcohol consumption. It may be believed that, what works for AA internationally, can as well work for AA self-help group Windhoek. In Namibia, AA self-help group is unified by a familiar problem of alcohol use. Through meetings and talking with other group members, they can defeat the dominant force of alcohol addiction and able to stay sober (S. Pumba Personal communication March 15, 2019).

In Namibia, AA self-help groups were established before independence (March 1990) and are open groups with varying membership of approximately 25 group members, though it is difficult to estimate the actual number of group members because the attendance of weekly meetings is not compulsory (S. Pumba Personal communication March 15, 2019).

Bjerke (2012) believes that group members focus on accepting that they have a problem of alcohol misuse, assuming accountability for the recovery process, renewing hope, establishing trust, and changing insights into one's behavior.

According to Toseland and Rivas (2012) individuals with the problem of alcohol consumption are unable to fight the problem by themselves. Bjerke (2012) agrees with Toseland and Rivas (2012) and states that group members meet and share their individual histories and can resolve the problem of alcohol consumption. Therefore, participating in self-help groups is central and can be regarded as the primary agent for change.

Although, there is a general belief in the effectiveness of AA self-help groups in reducing alcohol consumption among adults, the specific findings are inconsistent. According to (Emerick et al., 1993; Watson et al., 1997; Connors et al., 2001; and Gossop et al., 2003, as cited in Mueller, Petitjean, Boening, & Wiesbeck 2007), participation in AA self-help group

has positive effects on drinking outcome. But, other studies did not find any positive impact of AA self-help group on alcohol consumption outcomes (McLatchie & Lamp, 1988; Montgomery et al., 1995, as cited in Mueller et al., 2007). A meta-analysis of 74 studies suggested that AA self-help groups experience and drinking outcome are quite heterogeneous (Tonigan et al. 1996 as cited in Mueller et al. 2007). Similarly, Ferri et al. (2009) found negative outcomes on the efficiency of AA self-help groups concerning alcohol consumption outcomes.

Despite several group approaches, many researchers have reported existing differences even within AA self-help group fellowships; they differ from their settings, group processing, members and environment in which they operate (Montgomery et al., 2015). Nonetheless, self-help groups share similarities like reference to non-professional, peer-operated organisations, where group members give and receive advice. Moreover, participation in self-help groups allows meeting with other persons who earlier had comparable trouble(s) and experience(s), thereby supporting and helping in sharing stories and expanding their social network with individuals of the same minds and non-drinking individuals (Tonigan & Rice, 2010). Equally, self-help groups in Namibia work in the same way. They are based on the premises that a group of individuals who share a common behavior by identifying problems related to alcohol consumption, and collectively support each other to eliminate the behavior of alcohol misuse (S. Pumba Personal communication March 15, 2019).

Given, the above background, it was important to evaluate the effectiveness of the AA self-help group programme in reducing personal alcohol consumption among adults in Windhoek.

1.2 Statement of the problem

The worldwide status report on alcohol and health found that an average Namibian consumes 9.62 litres of alcohol per year, with beer carrying the most weight with 67% alcohol consumption (WHO, 2011).

Self-help groups are in existence providing ranges of services such as reducing the problem of alcohol consumption, maintaining sobriety, helping individuals with the problem of alcohol use to recover, making amends and engaging a thorough examination (Parkman, Lloyd & Splishbury, 2015). However, the services offered by self-help groups are often underutilised due to reluctance to participate and limited information about the groups, which could partly contribute to the reasons why the rate of alcohol consumption is still on the increase. As a result, some people have ended up in hospitals; some have died of alcohol consumption and addiction and others have been traumatised (WHO, 2018b). In Namibia, people are hesitant to seek help due to mostly stigmatisation attached to alcohol treatment programmes such as AA self-help group and lack of information about their existence (S. Pumba Personal communication March 15, 2019).

Studies on self-help groups were done elsewhere. For instance, Geertruida, Dorien, Oksana and Karin (2016) reviewed the effectiveness and potential harms of self-help groups in substance misuse and narrative findings showed that self-help groups decreased alcohol consumption and use of drugs. Parkman et al. (2015) made a scoping review on self-help groups for alcohol dependency and found that self-help groups reduced alcohol consumption challenges, maintained sobriety and aided in the recovery of alcohol use disorder. Morgenstern, Labouvie, McCray, Kahler, and Frey (2012) found that self-help groups appear to be mediated by a set of common change factors, importantly maintenance of self-esteem, motivation and increased active coping efforts. Kyrouz and Humphreys (2014) report active

coping, recovery and friend support from abstinence mediated the effects of self-help groups' participation in substance outcome.

Maree (1998) stated that alcohol and drug misuse has become a major problem in Namibia. Nearly 40% adults frequently misuse alcohol over weekends. The most widely consumed alcoholic drinks are home-brewed beers, in combination with commercial beers. Almost 75% of the total populations of Namibian adults between the ages of 18 and 30 years have developed alcohol use dependency.

In the same way, He, Bishwajit and Yaya (2018) concur with Maree (1998) and indicate that Namibia is known to have a high prevalence of tobacco smoking and alcohol consumption. Individuals who smoke are more probable to consume alcohol. It was further stated that the prevalence of drinking was higher than that of smoking, with men having higher prevalence of high risk drinking. Men and women who consume alcohol were more likely to be smokers. The prevalence of alcohol and tobacco use was correspondingly, 53.1% (51 – 54.6) and 8.8% (8.1 – 9.5) and that of both drinking and smoking was 6.9% (6.3 – 7.6). Given that the prevalence of both alcohol and tobacco use showed significant socio-demographic patterns, call for deliberation in designing prevention and intervention programmes. With the high rate of alcohol consumption and effects of alcohol consumption in Namibia which calls for intervention. AA self-help group being a treatment program for alcohol dependency, it is therefore necessary to evaluate for its effectiveness in reduction of personal alcohol consumption.

However, the researcher did not find any study published on the effectiveness of self-help groups in Namibia. Therefore, the current study aims to close the existing gap and evaluate the effectiveness of AA self-help group in reducing personal alcohol consumption in Windhoek.

1.3 Research objectives

The specific objectives of the study were derived from the general objective and specific objectives.

1.3.1 General objective

The general objective of this study was evaluating the effectiveness of AA self-help group in reducing personal alcohol consumption among adults in Windhoek.

1.3.2 Specific objectives

The specific objectives of the study were delivered from the general objective of the study to achieve the main goal of the study and these were to:

- Assess the effectiveness of AA self-help group in reduction of alcohol consumption among its members;
- Identify the benefits of AA self-help group to its members;
- Determine how AA self-help group influence the changes in drinking behaviour of group members; and
- Establish barriers faced by AA self-help group in reduction of alcohol consumption among its group members.

1.4 Significance of the study

The present study evaluated the effectiveness of AA self-help group in reducing personal alcohol consumption among adults as well as determined the benefits, challenges and solutions faced by AA self-help group in reducing personal alcohol consumption. The findings of the present study may be used by service delivery organisations for development of the programme, in policy-making and implementations on alcohol consumption. Moreover, findings of the study may be useful to the intended target population that

participants may learn more of the positive changes in their lives, which they might have taken for granted. Besides, individuals with drinking problems may develop an interest to join AA self-help groups which may alleviate their problems. Presently, no attempt has been made to integrate and examine the effectiveness of AA self-help groups in reducing personal alcohol consumption in Namibia. This presents a significant gap in the present study. Hence, addresses this gap by bringing existing international and global literature into the Namibian context on AA self-help group for personal alcohol consumption. Further, researchers on related problems might use this study's findings as a source of their literature.

1.5 Delimitation of the study

The study was restricted to the AA self-help group led by lay people only in Windhoek. It is only self-help group members of the AA self-help group in Windhoek, who participated in the study. However, international and global literature was reviewed to support the present study. This contributed to better understanding of AA self-help groups that exist for alcohol dependency and how effectively AA self-help groups impact recovery.

1.6 The study outline

The study is presented in 5 chapters.

Chapter one gives the background of the study and the problem statement. The aims and study objectives are presented in this chapter. The chapter further presents the significance of the research study and delimitations of the study and finally outline of the study and key terms.

Chapter two presents a review of relevant literature and discusses in detail academic context underpinning the research study. The information presented in this chapter was extracted

from the primary and secondary sources. The literature review focused on theoretical perspectives and remissions of substance disorders.

Chapter three - deals with the research methodology used in this study. The methods are not limited to evaluation qualitative approaches by which data was collected and analysed. The chapter further presents the data presentation procedures and instruments, how data was analysed and finally ethical considerations.

Chapter four - contains the results of the study.

Chapter five - summarises the study, conclusions provides recommendations.

1.7 Chapter summary

This chapter discussed the effectiveness of AA self-help group in reducing personal alcohol consumption among adults in Windhoek. The present study covered the objectives of the effectiveness of AA self-help group in the reduction of alcohol consumption, benefits of AA self-help group to its members, determining how AA influences changes in drinking behaviour of its group members, and establishing challenges faced by AA self-help group to reduce alcohol consumption among its group members. The group has varying group members of approximately twenty five and it was established before independence. Namibia has a high rate of alcohol consumption which calls for attention. The findings of the study can be beneficial to those who are faced with alcohol consumption problem as they may find relieve for their drinking problems. Also, it can be beneficial for service delivery program for policy making and implementation of alcohol consumption programs. Future researchers on related problems might use this study's findings as a source of their literature. AA self-help groups are the major component system of formal care for persons with challenges of substance use and psychiatric disorder. They make several visits for help with their challenges of substance use and psychiatric compared to mental health professional

combined. People attend AA self-help group for alcohol dependence help which is an international organisation used in recovery of alcohol consumption problem by supporting individuals emotionally through AA self-help groups. The next chapter presents the literature reviewed.

The second chapter reviews the literature on the effectiveness of self-help groups in rehabilitating alcohol consumption. The chapter starts by giving the background of AA self-help groups, providing the conceptual framework for alcohol consumption and AA self-help groups. This is followed by theoretical perspectives and reduction of substance use disorder follow. The study addresses four objectives: the effectiveness of AA self-help group in the reduction of alcohol consumption, benefits of AA self-help group to its members, determine how AA self-help group influences change in drinking behaviour of its group members, and lastly identify barriers faced by AA self-help group in its attempt to reduce alcohol consumption among its members.

2.1 History of Alcoholics Anonymous (AA)

Alcoholics Anonymous is a fellowship for men and women who share their experiences, strength and insight with each other that they may solve their common problems and help other to recover from alcohol consumption (Gross, 2017). It was initiated in 1935 when Bill Wilson and Dr. Bob Smith who had an addiction problem, started the group in Akron, Ohio to help those suffering from alcohol consumption problem. Some researchers (AA, 1985, Page, 2004; Smith, 1991; Dool, 1998; Ruggie, 1991 as cited in Africa & Henderson, 2007) believe that Bill Wilson and Dr. Bob Smith both withdrew their sobriety as members of the Oxford Group which is a Christian Evangelical Movement of the 1920s and 1930s. Later on, Wilson and Smith adopted the Oxford Group System of belief to produce the 12 steps of AA. In addition, according to AA (2020), the birth of AA self-help group and its growth in the US

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This chapter reviews the literature on the effectiveness of self-help groups in reducing alcohol consumption. The chapter starts by giving the background of AA self-help groups, presenting the conceptual framework for alcohol consumption and AA self-help groups. This is followed by theoretical perspectives and reduction of substance use disorder follow. The study addresses four objectives: the effectiveness of AA self-help group in the reduction of alcohol consumption, benefits of AA self-help group to its members, determine how AA self-help group influences changes in drinking behaviour of its group members, and lastly establish barriers faced by AA self-help group in an attempt to reduce alcohol consumption among its group members.

2.1.1 A Brief History of Alcoholics Anonymous (AA)

Alcoholics Anonymous is a fellowship for men and women who share their experiences, hope and strength with each other that they may solve their common problems and help others to recover from alcohol consumption (Gross, 2010). It was initiated in 1935 when Bill Wilson and Dr Bob Smith who had an addiction problem, shaped the group in Akron, Ohio for individuals suffering from alcohol consumption problem. Some researchers (AA, 1985; Atkins, 2000; Bufe, 1991; Dick, 1998; Ragge, 1991 as cited in Atkins & Hawdon, 2007), report of how Bill Wilson and Dr Bob Smith both achieved their sobriety as members of the Oxford Group which is a Christian Evangelical Movement of the 1920s and 1930s. Later on, Wilson and Smith adopted the Oxford Group System of belief to produce the 12 steps of AA. In addition, according to AA (2020), the birth of AA self-help group and its growth in the US

and Canada began when Bill Wilson was only a few months sober, stricken with a commanding urge to drink; the thoughts came to him of needing another person with comparable problem to talk to just as much as that person may need Bill Wilson. He then found Dr Bob, who had been trying desperately and ineffectively to stop drinking and out of their universal need AA self-help group was born. The word sponsor was not yet used and the twelve steps had not been written. Meanwhile, Bill passed the message to Dr Bob who in turn shielded his own sobriety by sponsoring innumerable other persons who were affected by alcohol consumption. Through sharing both AA co-founders uncovered that their soberness could be enriched beyond measure. Initially, when they first began to attend AA self-help group meetings, they were feeling perplexed, sick and apprehensive though people at meetings used to respond to their questions would occur to them between meetings. Thus, there was a need for constant close support as they began learning how to live sober. Consequently, they selected an AA member with whom they could feel comfortable to share freely and confidentially and they could ask that individual to be their mentor (AA, 2020).

Furthermore, AA members come to believe in a “power” greater than themselves, turn their “will” and “lives over to the care of God” as they understand “Him,” take an ongoing “moral inventory,” admit their wrongs and ask God to remove those character defects, make amends with those they have wronged, and pray and meditate to maintain a link to God to know “His” will and carry it out. Next, “having had a spiritual awakening, “members carry the message to others and strive to practice the principles spoken in the 12-step approach emphasize a spiritual path to sobriety. Thus, AA self-help groups may depict themselves as spiritual and not religious, though for many this distinction can be arguable (Atkins & Hawdon, 2017, p. 5).

In Namibia, the AA self-help group was established before March 1990 and is an open group with varying membership of approximately twenty-five (25) group members, though it is

difficult to estimate the actual number of group members. The problem statement showed that the services offered by AA self-help groups are often underutilised due to disinclination to participate and having limited information about the groups.

2.2 The definition of key terms

This study is based on alcohol consumption and self-help groups for alcohol recovery. The study aims at mapping out actions needed in the course of this study, by providing knowledge of previous researchers and their point of view and observations about the effectiveness of AA self-help groups in reducing personal alcohol consumption.

2.2.1 Alcohol consumption

Alcohol consumption is defined as an act of ingesting classically orally – a beverage containing ethanol, (Collins & Kirouac, 2013). According to Nugawela, Langley, Szatkowski and Lewis (2015) alcohol consumption is the drinking of beverages containing ethyl alcohol which may include beer, wine and spirits. The consumption of alcohol is measured in litres of pure alcohol per person aged 15 or older. The average per capita alcohol consumption varies widely across the globe. Besides, Swendsen et al. (2010) state that alcohol consumption imposes a risk factor for several health outcomes. Alcohol consumption characteristically has the utmost negative impacts when consumed excessively. This pattern of behaviour is termed as binge drinking; where persons consume large amounts of alcohol within a single session versus small quantities more often.

People attend Alcoholics Anonymous (AA) self-help group for alcohol dependence help which is an international organisation used in recovery of alcohol consumption problem. This is done by supporting individuals emotionally through self-help groups; and by using the abstinences model for individuals recovering from alcohol dependence using the 12-steps dependences technique (Ferri, et al., 2009). AA self-help group is important in helping

patients accept treatment and keep patients in cure more than alternative healing, although the evidence for this is based on a small study which combined AA self-help group with other interventions and need not to be regarded as conclusive (Ferri et al., 2009). The authors used three studies to compare AA self-help group with other interventions against other treatments and results showed few differences in the number of drinks, frequency and percentage of drinking in days. Indeed, alcohol dependency severity and drinking consequences were not differentially influenced by Twelve Step Facilitation (TSF), which is also an approach in AA supported by self-help groups offering emotional support (Ferri et al., 2009).

2.2.2 Alcohol misuse

The American Academy of Family Physicians [AAFP] (AAFP, 2019) defines alcohol misuse as a pattern of excessive drinking and can be a serious problem if an individual does not stop drinking. For the American Association Psychiatric [AAP] (AAP, 2013a), alcohol misuse involves a range of unhealthy alcohol drinking behaviour, ranging from binge drinking to alcohol dependence. A comparison between Diagnostic Statistical Manual of Mental Disorders (DSM) IV and DSM-V in 2013 found that alcohol misuse was a psychiatric diagnosis in the DSM-IV and has been merged with alcohol dependence into alcohol use disorders in the DSM-V (AAP, 2013b).

Hence, the definition of alcohol misuse by Gans (2020) is the unremitting consumption of alcohol despite other results, for example, mental health problems such as depression and anxiety, substantiate the current reality of use even more accurately. It is further indicates that excessive alcohol consumption does not mean daily drinking; a person can excessively drink once in a week or a month. Still, when a person heavily drinks, he/she is putting himself or herself into risky situations such as alcohol poisoning.

Besides, Kerr and Stockwell (2012) define alcohol misuse as drinking alcohol above the recommended limits of drinking more than 14 standard drink units weekly or 4 standard drinks at once. Merikangas and McClair (2012) specify that alcohol abuse in men is drinking more than 7 alcoholic drinks daily or greater than 14 nibbles weekly while for women is consuming greater than 3 drinks daily or greater than 7 drinks weekly. Moreover, Dawson, Grant, and Li (2005) state that the standard drink units are approximately 14 gms of pure alcohol which is found in 12 fl oz. of regular beer which usually about 5% alcohol (285 ml), 5 fl oz. of table wine which is typically about 12% alcohol (100ml), 1.5 fl oz. of distilled spirits such as Vodka, which is about 40% alcohol (30ml).

Nevertheless, Langdana and Farrokh (2009) state that alcohol misuse is associated with an increased risk of committing criminal offences, including: domestic violence, rape, child abuse, assault and theft. McGovern, White, and Gaska (2013) indicate that alcohol misuse is not referred as a disease in US but, it is rather called an illness.

2.2.3 Alcohol Use Disorder

Similarly, Candate, Camaby, Cook et al. (2017) state that diagnosing alcohol misuse is risky drinking that becomes severe and this condition is given the medical diagnosis term of Alcohol Use Disorder (AUD). This is a chronic disease that affects the brain of an individual. Nearly, 16 million people – adults and adolescents – in the US have the problem of AUD. The signs which may show that someone may have AUD include drinking that interferes with fulfilling obligations, continued to drink even though it causes trouble or makes them worse, lack of control over how much one drinks, stopping or doing less of important activities as a result of alcohol, drinking in risky situations, an unmanageable urge to drink, blacking out and not being able to remember chunks and pessimistic thoughts when one is not drinking. If one is having two of the above symptoms in 12 – months, he or she will be diagnosed with

AUD. However, Heitzman, Loza and Kosmowski (2011) integrate alcohol abuse and alcohol dependence into a sole disorder called alcohol use disorder with severe, moderate and mild sub-classification and it is proposed in the International Classification of Diseases (ICD – 11) which is being updated.

2.3 Self-help groups

Self-help groups are well recognised as aftercare, (Parkman et al., 2015). Nonetheless, Hunter, Robert, Schwartz and Friedman (2016), define self-help groups as aftercare and nonstop support after a service user has left structured treatment and to later develop community reintegration. It is an important constituent of recovery and has a significant contribution to effective treatment as well as substantial influence on long term recovery.

In a study done in Washington, United States of America (USA) by Biscaye et al. (2014) self-help groups are defined as mutual assistance organisations through which individuals take on combined deeds to improve their own lives. These groups are made of people who share similar concerns, problems and meet together to support and encourage each other. The meetings they have include: sharing knowledge and experiences, networking, having self-disclosure and also finding referrals for professional help.

Moreover, Bekhuis, Ford-Martin, and Watson (2019) concurred with Biscaye et al. (2014) and state that self-help groups are known as mutual aid groups. They are encompassed by peers who come together and share for instance; mental, emotional or physical challenges. These groups are concerned with focal issues like education, parenting or network creation. Self-help groups are non-profit making associations open to everyone with similar needs or interests. They are led by peers and usually have an informal structure and are free to enter or there is free membership (Bekhuis et al., 2019).

According to Nalpas et al. (2018) as well as Wall, Sondhi, and Day (2014), self-help groups are mutual help groups of people who provide mutual support to each other. Members share common problems, disease or addiction. It is clear from the above definitions that the main strategy of self-help groups is to help members to deal with, if possible, heal or recover from similar problem(s).

Self-help groups are well recognised as aftercare, a concept that presently has no well-known definition. It is an important element of recovery and has a significant contribution to effective treatment as well as substantial influence on long term recovery (Parkman et al., 2015).

Self-help group models are believed to have existed separately or as a part of a large organisation. They may unofficially operate or work according to the format of the programme. Members meet locally in churches, schools, homes, or in any community room (Nalpas, et al., 2018; Wall, et al., 2014). Special modes of social support emerge in self-help groups, as group members share their feelings, issues, stresses, stories, and recoveries through revelation. This enables them to realize that they are not alone; other people facing related challenges.

Although Kelly and Yeterian (2013) had a different view, they also agreed with Nalpas et al. (2018) and Wall et al. (2014) in some areas. Kelly and Yeterian (2013) indicated that peer-based recovery support, known as mutual-help organisations or self-help groups are free and most in cases peer-led organisations that developed to give support to individuals with for instance alcohol consumption. It was further stated that three types of mutual-help organisations exist. The first is the twelve-step, such as AA whereas the second one is the Secular (non-twelve-step) which are rising but slighter units such as SMART Recovery, Women for Sobriety, and Life-Ring. Lastly, religious organisations such as Celebrate

Recovery are regarded as the third type. In addition, 12-step organisations like AA and Narcotics Anonymous (NA) are the largest and most extensively reachable mutual – help organisations in communities around the world. According to AA (2016) estimates of AA groups and members as of January 1, 2016, show that AA has approximately 67,000 groups, which help almost 1.4 million members across the US and Canada, and 120,000 groups helping over 2 million individuals worldwide. Whilst in Namibia, it is believed that AA self-help group in Windhoek has 25 varying group members, though it is difficult to know the exact number of group members.

2.3.1 The 12-principles of AA

Meanwhile, in AA self-help groups 12-principles are articulated in 12-steps which can be summarised as follows:

Firstly, honesty: they admitted that they were powerless over alcohol – that their lives had become unmanageable. Secondly, hope: they came to realisation that a power greater than them could reinstate them to sanity. Thirdly, commitment: they decided to revolve their will and lives over to the care of God as they understood Him. Fourthly, courage: they made a probing and fearless moral inventory of themselves. Fifthly, integrity: they admitted to God, themselves, and one more human being the precise nature of their wrongs. Sixthly, willingness: they were entirely prepared to have God eliminate all the character defects in their lives. Seventhly, humility: they humbly asked Him to take away their shortcomings. Eighth, reflection: they made a list of all persons they had harmed, and became willing to make amends to them all. Ninthly, justice: they made direct amendment of their wrongs. Tenthly, perseverance: they exercise self-discovery, honesty, abandonment, humility, reflection and amendment on a fleeting, daily and periodic basis. Eleventhly, Spirituality: they sought through prayer to improve their conscious contact with God as they may

understand Him, praying only for knowledge of His will and the power to carry it out. Twelfth, service: Having had a spiritual awakening as a result of the 12-steps, AA tried to carry the message to those who are faced with the problem of alcohol consumption and to practice these principles in all their affairs. This principle incorporates quite a few key concepts: spiritual awakening is not only just achieving emotional health, serenity, stability and sanity but also changing the way one treats himself or herself and others. Secondly, individuals who are effectively recovered by using the 12-steps are inspired by others. When one helps others to recover from alcohol consumption, she or he is as well encouraged to stay sober (Cook, 2014; Cooper-Sadlo & Chou 2016; Medina, 2014).

2.3.2 The 12-traditions of AA

Besides, AA follows not only 12-steps programmes, but is also based on 12-traditions which are related to the fellowship itself AA (2019) indicates them as follows:

First, AA common welfare should come first; individual recovery depends upon their unity. Second, there is a group purpose but one authority – a loving God as they may articulate Him in their group conscience, their leaders are but trusted servants and they do not govern. Third, the only requirement for membership is a desire to stop drinking. Fourth, each should be autonomous except in matters affecting other groups or AA as a whole. Fifth, each group should have but one primary purpose which is to carry its message to the alcoholics who are still in distress. Sixth, AA group ought never to approve, finance or lend its name to any related facility or outside enterprise, least problems of property, prestige, money and divert them from their primary purpose. Seventh, every AA group ought to be fully self-supporting, declining outside contributions. Eighth, AA should remain forever nonprofessional, but their service centre(s) may employ special workers. Ninth, AA as such, ought never to be organised; except they may create service boards or committees directly accountable to those

they serve. Tenth, they have no opinion on outside issues; hence the AA name ought never to be drawn into public controversy. Eleventh, their public relations policy is based on attraction rather than promotion; they always need to maintain personal anonymity at the level of press, radio and films. Lastly, anonymity is the spiritual foundation of all their traditions, ever reminding them to place principles before personalities (AA, 2019, p. 30).

2.4 The effects of alcohol consumption

Merikangas and McClair (2012) and AAFP (2019) state that alcohol consumption may result in serious problems such as loss of jobs, family neglect, accidents while driving, among others. Besides, alcohol abuse may lead to the breakdown of relationships and may also create absenteeism at work with consequent failures in other parts of life (AAFP, 2019; Aichmuller & Soyka, 2015). It may also cause some short-term health effects such as nausea, headaches, impaired decision and sleeplessness (AAFP, 2019). The signs of alcohol use demonstrate its drastic effects on the central nervous system which results in poor judgement, chronic anxiety, irritability and insomnia (Aichmuller & Soyka, 2015). An estimated 16 million US adults and adolescents are believed to have their brains affected due to alcohol misuse (AAP, 2013a). According to the National Institute of Drug Abuse- NIDA (2016) excessive drinking may result in other serious medical diseases like liver damage, diabetes and heart disease. Moreover, in the meeting of 131st of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) held in Rockville, Maryland, a study found that approximately half of 800 students surveyed who ever drunk alcohol had reported having experienced blackout, and 40% who drunk in the previous year had a blackout. Additionally, numbers of lifetime blackout among college students correlated considerably with reduced grade point average. The study further states blackouts increase the probability of injury in alcohol-related incident (Health, et al., 2012).

Meanwhile, Jones and Sumnall (2016) have a positive view about alcohol consumption and claimed that light to moderate use of alcohol is an indication of 'optimal' social status, such as being in good cardiovascular health. Another study by Fekjaer (2013) as cited in Jones & Sumnall (2016) also shows that abstainers are more likely to have unhealthy lifestyles and poorer psychosocial factors than moderate drinkers. However, World Cancer Research Fund/American Institute for Cancer Research [WCRF] (WCRF, 2007 as cited in Jones & Sumnall, 2016) disagree with both (Hansel et al., 2010; Fekjaer, 2013 as cited in Jones & Sumrall 2016) and state that alcohol consumption is also a cause for some types of cancer and research shows that there is no level of alcohol consumption that can be considered safe from the risk of cancer.

Although this may be true, AAP (2013a) gave a different opinion and also shared some views with Merikangas and McClair (2012) as well as with AAFP (2019) on the effects of alcohol consumption and state that alcohol is a depressant that depresses the central nervous system. Subsequently, a person who has an alcohol consumption problem can easily develop depression and other disorders that may become unmanageable. The individual also frequently develop suicidal behaviours when misusing alcohol. In addition, if a person begins to consume alcohol at a young age, there can be harmful effects of the brain. This may happen since the person's brain does not fully mature until they are in their 20s. It was further indicated that the younger a person is when they begin to consume alcohol, the easier it will be for them to have alcohol consumption problem later on in life. Also, adolescents who misuse alcohol have less self-discipline and may not know when to stop drinking. Still, they may lead to higher tolerance later in life and can further exasperate the problem (AAP, 2013a).

Moreover, Brent (2008) shared the same sentiments with AAP (2013a) and stated that alcohol's primary effect is the increase in stimulation of GABA receptor, promoting central

nervous system depression. Consequently, with recurring excessive consumption of alcohol, these receptors are desensitised and reduced in number resulting in tolerance and physical dependence. Therefore, when alcohol consumption is discontinued too abruptly, the person's nervous system suffers from uncontrolled synapse firing. This can lead to symptoms that may include possible heart failure, hallucinations, anxiety, shakes, irritability and seizures.

Furthermore, a study of nearly 6,000 life span drinkers found that drinking at an early age from ages 11 to 14 years was predictive of later alcohol use disorders (Dewitt, Adlaf, Offord, & Ogborne, 2000, as cited in Barlow & Durand, 2009). Similarly, Danny Trejo who struggled with substance use problem for a long time revealed that his problem started at a young age. Again and again, alcohol has been extensively used throughout history (Goodwin and Gabrielli, 1997 as cited in Barlow & Durand, 2009).

2.5 Contributing factors of alcohol consumption

Another study by Agarwal-Kozlowski and Agarwal (2000) indicate that environmental factors and heredity are two components related to alcohol consumption with about half the risk accredited to each other. An individual with a parent or sibling with alcohol consumption problem is three to four times more likely to have the same problem of alcohol drinking themselves. Nevertheless, elevated stress levels and anxiety, as well as alcohol's inexpensive cost and easy accessibility can raise an individual's risk in alcohol consumption.

Furthermore, Barlow and Durand (2009) indicate the factors that may contribute to alcohol use disorder include genes that can be passed from the parents. A child can also consume alcohol as a result of observing the parent doing so. Besides, an early use of alcohol may foresee later misuse (Dewitt et al., 2000, as cited in Barlow & Durand, 2009). In addition, the exceedingly genetic structure of cell may alter as a result of erudition if genes that were inactive interact with the environment in such a way that they become lively (Barlow &

Durand, 2009). Moreover, Maree, Ananias, Lightfoot, Katondoka, Ashton (2008) stated that the contributing factors to alcohol and drug use in Namibia is that of social lubricant among members of Namibian society. The study further revealed that Namibians mostly start consuming alcohol mostly for social inclusion especially with friends who consume alcohol.

2.6 Theoretical perspectives and reductions of alcohol consumption

Some theories are chosen for dynamic components that are used in the protection of individuals from the development of challenges related to substance uses and may be helpful in decision-making. These theories include Behaviour theory, Indulgence, Ambivalence and Attempt (IAA) Cycle, and Peer Participatory Model. These theories categorise similar social process for protecting individual on substances use in different spheres of life (Moos, 2008).

The fore mentioned theories spot some of the active elements that can motivate evidence-based treatment for Substance Use Disorders (SUDs), AA self-help group facilitation recovery as well as motivational enhanced recovery and treatment (Moos, 2008). Therefore, it is sensible to assume that related active elements may be part of effective self-help groups.

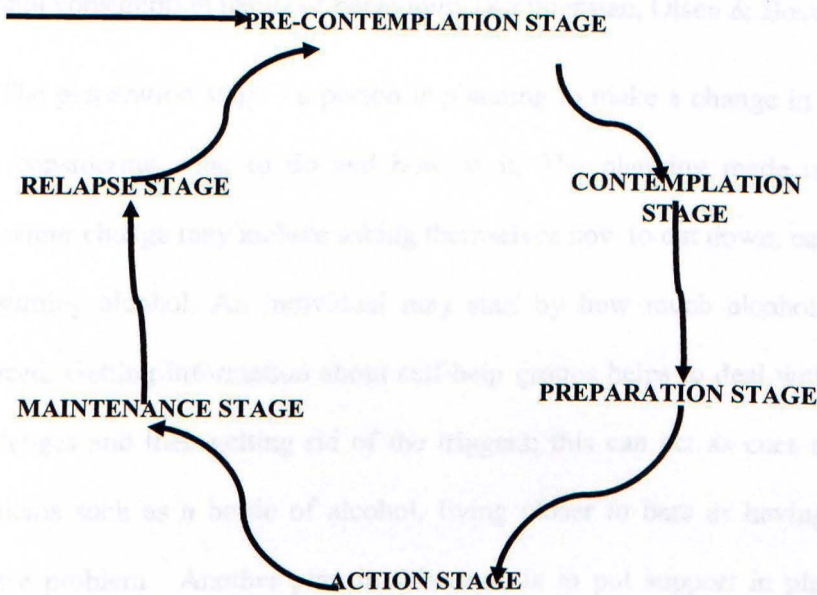
2.6.1 Behavioural Change Theory

John Broadus Watson developed the Behavioural Theory between 1878 and 1958 (Watson, 1913). The theory states that addiction is learned and enhances social situations relieving boredom, awkwardness and ultimately perceives as improving on social status. According to Collins, Witkiewitz, and Larimer (2011), in AA self-help groups, developing behaviours of alcohol consumption is believed to have a direct impact on the development of an individual. On this note, AA self-help groups increase one's understanding of the negative effects of alcohol consumption. This better supports the individual to have an alternative to deal with the challenges of alcohol consumption such as self-discipline.

Bickel and Vuchinich (2010) suggest that behavioural change theory has a major element of the alternative rewards provided by activities rather than substance use. Such rewards guard a person against substance use exposure, chances to use them and from maintaining and intensifying substance use. The theory suggests that having an opportunity to access rewards through engagement in attending meetings reduces the chances of thinking otherwise or looking for alternative ways of socialising without alcohol use. For instance, Bickel and Vuchinich (2010) report that attending meetings and sharing knowledge may likely elevate mood and increase on peace of mind. This may make individuals with alcohol consumption problem function positively and substitutive. Participation in self-help groups' activities may incorporate social relationship with non-alcoholics and this is likely to encourage the decision to refrain from substance use.

Furthermore, a person in a recovery programme may have to go through some stages of change; it does not matter whether the group is led by professional or by lay individuals (Treleaven, 2015). Behaviour change in alcohol misuse can be supported by mostly the behavioural theory. There are six stages of behaviour change one can find herself or himself, namely; pre-contemplation, contemplation stage, preparation stage, action stage, maintenance stage and relapse of substance (Figure 1). This is illustrated in the following Figure 1.

Figure 1: Change model of overcoming alcohol consumption



Adapted from Colombo Plan (2015)

- i. Pre-contemplation - this is the initial stage of change. An individual at this stage, has behaviours which are not seen as a problem, thus can easily deny the severity of the outcomes experienced (Colombo Plan, 2015). At this stage, an individual may have not experienced any undesirable effects of his/her behaviours. Individuals are not concerned to know any negative consequences or cannot be easily advised to discontinue alcohol consumption. They experience their behaviours of consuming alcohol as good.
- ii. Contemplation stage - this is the second stage of change in behaviour theory. It occurs when a person acknowledges concerns about the behaviour of alcohol abuse and is considering the possibility of change but is ambivalent and unsure about joining the group. In this stage of contemplation of behaviour change, there is receiving of information mostly on the likely effects of alcohol consumption and drug use, which may help individuals to

consider cutting down the alcohol drinking behaviours. In this stage, individuals make decisions of alcohol consumption behavioural change. This can help them to moderate or stop alcohol consumption habits or behaviours (Zimmerman, Olsen & Bosworth, 2000).

iii. The preparation stage - a person is planning to make a change in his or her future but is still considering what to do and how to do it. The planning made on individuals' alcohol behaviour change may include asking themselves how to cut down, cut harm, or totally leave consuming alcohol. An individual may start by how much alcohol consumption may be reduced. Getting information about self-help groups helps to deal with alcohol consumption challenges and then getting rid of the triggers; this can act as cues of individuals' alcohol problems such as a bottle of alcohol, living closer to bars or having friends with alcohol misuse problem. Another plan in this case, is to put support in place. This may include family, friend and individual support intended to overcome the barriers to reduce alcohol consumption, and it also involves on how an individual intends to cease alcohol drinking (Colombo Plan, 2015; and Zimmerman et al., 2000).

iv. Action stage – the Colombo Plan (2015) states that the action stage is the fourth stage of behaviour change, which is the stage where an individual takes action. The action can take a variety of forms such as attending AA meetings or attending counselling sessions. In the action stage too, the person who has changed his or her actions may intend to keep moving forward with the new behaviour change. In addition, Zimmerman et al. (2000) indicated that individuals may display the change of behaviour on alcohol use by modifying the harmful behaviour and start with healthy actions such as taking steps to change but has not yet reached a stable state, though he or she has joined the group. In some cases, this stage starts with self-help groups consisting of some people who had experienced a similar problem of alcohol consumption. Such individuals will likely help one or those with similar problems of alcohol consumption through sharing their experiences. The action stage of behavioural

theory takes place gradually and or can be a complete life change. All in all, identifying and developing strategies to promote behaviour change can assist individuals move on to the maintenance stage without experiencing the relapse stage. Action stage usually takes between 3 – 6 months to complete.

v. Maintenance stage - this stage involves the incorporation of new behaviour over a long time. Individuals need to work on the changed behaviour to prevent relapse to earlier stages, for instance action stage. However, patients may find themselves cycling through these stages of change several times before change truly happens. This is when a person has achieved initial goals such as abstinence and is now working towards maintaining the change.

This maintenance stage of change was developed by Prochaska and Diclemente of the trans-theoretical model of change in 1970. It aims at the continual achievement of results or progress in the action stage. Just from the preparation stage and action stage behaviour helps an individual to maintain his or her behaviour to reduce or stop alcohol consumption. Maintenance stage defines alcohol abstemious; lowering alcohol consumption behaviours, drinking responsibly by sticking to normal drinking limit(s). At this stage, there are challenges with stopping alcohol consumption as it is believed to be stressful. The stress of life catches with persons and the previous usual ways of alcohol drinking behaviours emerge again. It is thus crucial to learn new ways of coping with alcohol pull out related to stress during the action stage to have different strategies obtainable during this stage. Many individuals may be successful at maintaining self-denial from controlled drinking and deterioration is also common (Prochaska & Di Clemente, 1992).

vi. Relapses stage – using behaviour (relapse) between maintenance and pre-contemplation on the graphic, but it can happen at any time in the change process (Colombo Plan, 2015). This stage is included in the stages of change model in recognition that an individual may

have some or even many small lapses, or relapses. This is the period when alcohol consumption behaviour is taken up again before maintenance is achieved. Truly, the outcome of the process of change is highly individualistic; some individuals can adjust to controlled alcohol consumption without misusing alcohol or becoming addicted. It can also happen that it is only after a relapse that the person discovers what recovery from alcohol consumption problem means to them (Zimmerman et al., 2000). In the context of alcohol consumption, Nalpas et al. (2018) define relapse as the consumption of at least one drink. Barrick and Connors (2002) concur with Zimmerman et al. (2000) and Nalpas et al. (2018) and state that relapse refers to a return to drinking following a period of abstinence. While a lapse sometimes referred to as a 'slip' generally is viewed as a single episode of violation of one's attempt to restrain from drinking. A lapse might be an individual's isolated consumption of several drinks one evening after some period of abstinence.

The relevance of this is that, individuals who attend AA self-help group may go through similar changes of behaviour change in alcohol consumption recovery. Indeed, the Behavioural Theory is relevant to this study as individual(s) recovering will apply the aforementioned stages of changes to reduce on the problem of alcohol consumption, maintaining sobriety and making the persons experiencing alcohol problem to recover. Steadily, with Behaviour theory, self-help group members tend to emphasis free services of overcoming substance use by helping others to overcome the problem of substance use. It is suggested that any change in alcohol consumption behaviours like limiting the rate of consumption has a substantial positive effect on an individual's health outcomes (Davis, Campbell, Hildon, Hobbs, & Michie, 2015).

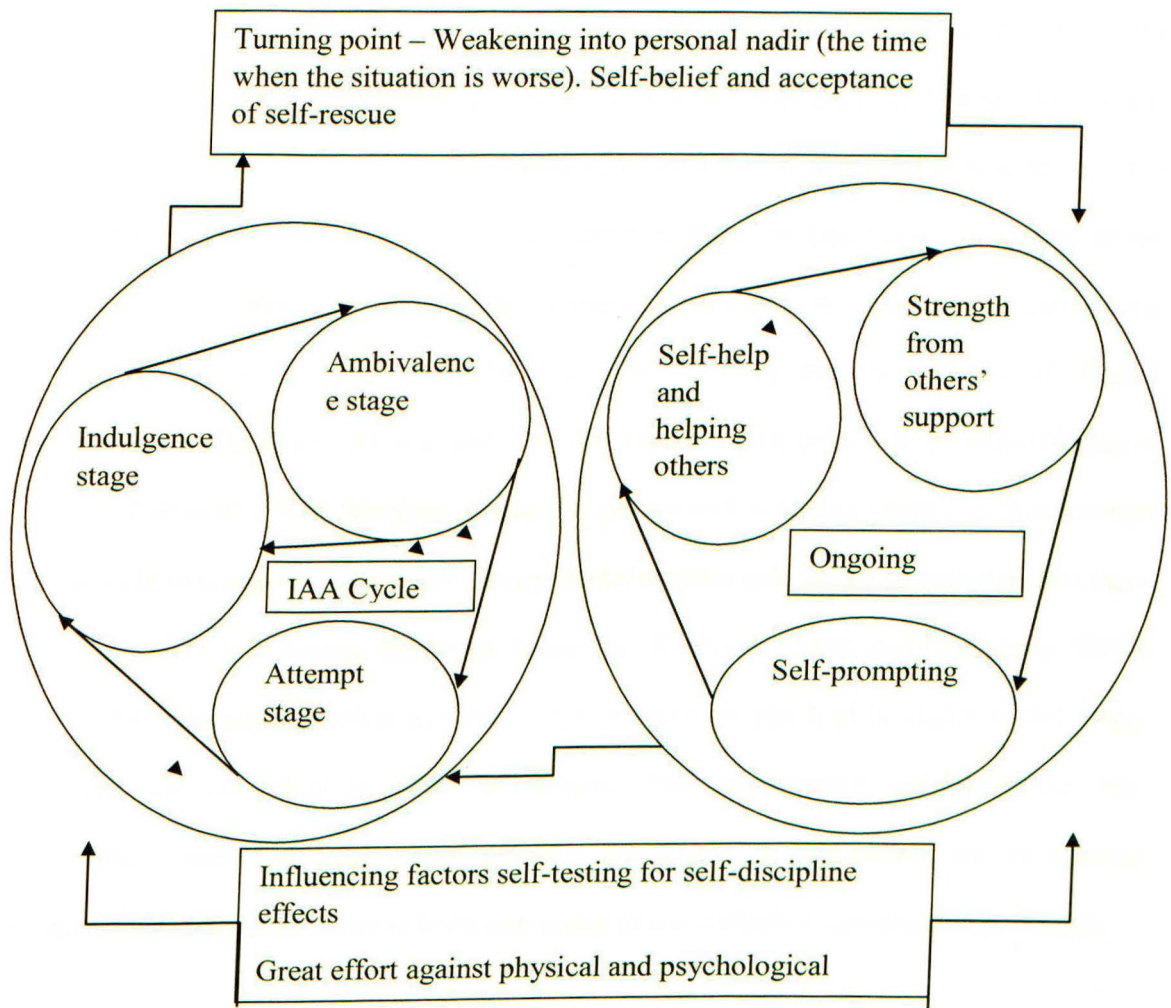
2.6.2 Indulgence, Ambivalence, Attempt Cycle (IAA)

The Indulgence, Ambivalence, Attempt (IAA) cycle, is the first stage of alcohol abstinence. Moreover, Yeh, Che and Wu (2009) indicate that abstinence is an ongoing process in which persons with alcohol consumption problems can rescue themselves. The study identifies three stages in the struggle against problem drinking which are Indulgence, Ambivalence and Attempt (IAA) cycle.

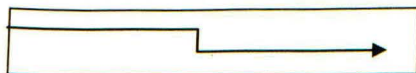
Indulgence – at this phase the habit of drinking is too much. The individual may recognise that she or he has lost control over the use of alcohol and, the drinking behaviour has power over one's life. Ambivalence – during this phase, one may begin to feel a need to quit drinking, but is unable to resist the craving for alcohol. Many newcomers in AA self-help groups usually find themselves in the stage of indulgence/ambivalence. Attempt – the person with an alcohol consumption problem attempts to discard the drinking habit but keeps on failing. If the endeavour to maintain alcohol abstinence fails and mostly after many attempts are made to ditch the habit, then the individual reverts back to the indulgence or ambivalence phase. The factors which can make someone to return to the former phase(s) are, for instance, the lack of self-belief and acceptance of self-rescue. However, the state of despair which resulted in the damaging effects on an individual's personal life and relationships, for example, the loss of employment, family relationships as well as the loss of respect of colleagues and family members can be a motivation for the person to quit alcohol. The turning point is referred to as a rock bottom or where a person feels that his or her drinking habit must stop. Hence, after the turning point, the individual may seek support from others' strength, self-help, helping others and self-prompting to achieve abstinence. In addition, during the ongoing process stage of alcohol abstinence, the individuals usually find help from support group members, family members and friends to help them maintain abstinence.

Besides, Burman (1997); Mohatt and Colleagues (2007); and Yeh and Colleagues (2009) as cited in British Psychological Society and The Royal College of Psychiatrists (2011) state that, seeing another person giving up alcohol can promote abstinence among group members. Therefore, individuals need to maintain these support systems to prevent themselves from relapsing back into drinking habits. Hence, abstinence can be achieved and maintained by continuing attending AA self-help group meetings regularly. The relevancy of the IAA cycle is that abstaining from alcohol consumption is an ongoing process with three phrases: Indulgence, ambivalence and attempt which may require the support of other group members of AA self-help group, friends and family members.

Figure 2: IAA Cycle



Key:



Influencing factors that can derail self-restraint



The process of abstinence

Adapted from Yeh, Che, and Wu (2009)

2.6.3 Peer Participatory Model

This model puts into practice peer participatory processes which states that participation is from various members of the community with effective, respected and reliable understandings to suggestion and assistances to give back unconditionally the esteemed

elements of people who are healed together (Booth et al., 2009). This model works by sharing the group problems. Indeed, experimental knowledge is considered more important than objectives. It inspires equality among group members, services are free, data and knowledge is openly shared rather than being protected and controlled. This model is relevant to self-help groups as there is peer healing for each other. In this case therefore, experienced group members help the new members. Through experience, the new member may be pretentious by reducing alcohol use. However, the new member learns that the problem of alcohol consumption can be dealt with and how, the older member who helps also benefits (Nalpas et al. 2018; Wall et al. 2014). More so, Zemore, Kaskutas and Ammon (2004) urge that through participation in the group, peer participatory model enables individuals to gain new abstinent friends and learn new coping strategies. Moreover, Kaskutas, Bond, and Humphrey (2002) indicate that increasing involvement in one's own recovery can lead to higher social status and assist the individual to build self-esteem. Peer participatory model results into empowerment since self-help group members are reliant on themselves, on each other perhaps. Self-help group members learn as a group to solve alcohol consumption problems.

2.7 Benefits of self-help groups

According to Madara (2007) and Moos (2008), varying benefits of AA self-help groups in alcohol consumption are stated below: firstly, self-efficacy- which is self-believes that they have what it takes to achieve their own goals. An individual with high self-efficacy has confidence in a sense that he/she is likely to succeed in something; thus the group instills a spirit of self-efficacy in its members. Secondly, the provision of social contacts where AA self-help groups provide opportunities to its members to create new relationships with new people and not those they were with when they were still drinking alcohol. Spending time with people who are having similar challenges helps individuals to feel that they are not alone. They come to understand that other people understand exactly what they are passing

through, thus forming a healthier form of social contacts. Thirdly, for relapse stage of change, views that participating in group meetings, being supported by the group members and physically observing clear-headed life can be realized after sometime in spite the stresses and individual passes through which is inspiring to members. Finally, AA self-help groups being free to everyone, they welcome anyone and there is no fee paid by a member, no matter if a member had relapsed, and one can go out of the groups and come again, and is always welcome.

A further presentation of the extent to which, interrelated activities benefits characterised by self-help groups are laid out. Some empirical reviews, in this case, concentrate on AA self-help group. A study conducted on AA self-help group that examined support goal direction and structure found that AA self-help groups had moderate to high importance to areas of relationship creation. The creation of relationships was defined in terms of cohesion and expressiveness (Montgomery, et al., 2015). Further, the study identified benefits related to goal direction as some individuals reduce alcohol consumption to improve their quality of life. This was emphasized on being self-independent, self-discovery as well as improving on spiritual development (Montgomery et al., 2015). A study done by Toro and Rappaport (2017) report that AA provided supportive, goal-oriented and conducive direction towards its members, social growth through sharing knowledge and lived experiences. Because of this, members of self-help groups reported increased satisfaction and wellbeing to experience healthier outcomes in future.

Given the above findings, individuals who are part of self-help groups are likely to have an increased number of right directed friends who are supportive. For instance, individuals were having SUD challenges and involved in AA self-help group reported an increase on their

associates who were members of AA self-help group in one year and created a better understanding with their contacts (Moos, 2008). Participating in AA self-help group was linked to reductions in the use of substances in their first years when they had joined the group (Humphreys, 2014). Equally, Zemore (2017) found that increases in spirituality was due to quitting alcohol consumption, upon participating in AA self-help group, an individual had to stop drinking alcohol and joined a church which increased on their spiritual beliefs.

Besides, individuals with challenges of both substances use and psychiatric disorders face several problems in recovering or during the recovery process. Consequently, the social support provided by self-help groups becomes more important. This was consistent with the study conducted by Laudet, Cleland, Magura, Vogel and Knight, (2004), members that engaged in the group perceived higher social support levels frequently and reduced alcohol consumption in the following two years and yet others had to quit alcohol consumption. Magura and Knight (2013) also give evidence on the link that existed between affiliation in Double Trouble in Recovery (DTR) and the improved positive health behaviours of AA self-help group members. The presented results advocacy propose that social support and goal direction provided by AA self-help groups are active benefits that bring a better understanding of substance misuse and outcomes among self-help group members.

Brown and Yalom (1977) and Flores (1997), as cited in Substance Abuse and Mental Health Services Administration [SAMHSA], (2005), allude that self-help groups provide opportunities for sharing experiences with those who had similar related problems which make individuals to feel secure and have enhanced potential to also share their problems with others. This implies that self-help groups provide strong peer-support and good networking.

Humphreys, Blodgett, and Wagner (2014) conducted a study while estimating AA self-help group effectiveness. The results indicated that increased attendances of AA self-help group

resulted in reduced consumption of alcohol among members. This confirms the report by Frakt (2015) in the New York Times that AA self-help group helps in reducing one's drinking habits. The report further indicated that attending AA self-help group meetings increased the chances of reducing alcohol consumption as there may be short-term and long-term reductions in alcohol consumption.

In a study conducted by Chen et al. (2014) in Canada that steered on self-help groups for alcohol use disorders, focus groups interviews were conducted in three (3) communities to talk about community perceptions of alcohol use and the viability of self-help programmes. Results showed that out of the 35 members surveyed, 77% believed the group was very helpful, and 91% indicated that they would attend self-help group meetings again. It was further indicated that post-intervention focus group respondents stated that individuals had reduced alcohol consumption after the attendance of at least one (1) self-help group meeting. This study reproduces an ideology theory that respondents reduced alcohol consumption, which the present study evaluated.

Watson et al. (1997) as cited in Kyrouz, Humphrey & Loomis (2002) of frequent, moderate, occasional, and non-attendees of AA (2014) compares four groups of men on alcohol consumption and quality of life (e.g., number of times jailed, re-hospitalisation, detoxifications, lost jobs). Information was gathered monthly for one year. The men (N=150), lately discharged from a three-week substance abuse residential treatment programme, were grouped by the number of AA self-help group meetings attended during the first month after discharge. There were four groups: non-participants (no meetings), occasional (one to four), moderate (five to eight), and frequent (nine or more). Attending meetings less often did not make a difference among the groups on the average amount of alcohol drunk daily. Men with moderate attendance were more likely to be abstinent from alcohol than non-participants, and those who attended meetings occasionally or moderately drank less alcohol on average daily

than non-participants. Participants who attend any AA self-help group meetings (occasional, moderate, or frequent) were jailed fewer times than non-participants; four groups did not differ on the other quality of life indicators used.

Besides, Korcha, Polcin, Bond, Lapp and Galloway (2011) indicate that group members who are motivated when entering into the treatment program are more likely to attain abstinence during the revival treatment process. The study identified other contributing factors to recovery in the alcohol treatment programme are as follow: communications among recovering peers offer distinctive opportunities for feeling understood, identifying with the healing process of others, recognising vulnerability in others, engaging in mutual accountability and receiving supportive confrontation.

Moreover, Linke and Ussher (2015) suggest that individuals with substance use disorder (SUD) have an interest in exercising and they derive benefits from regular exercise, in terms of both general health/fitness and SUD recovery. Weinstock, Tarney, Elrod, Henderson and Weiss (2017) concur with Linke and Ussher (2015) and indicate that exercise is connected to a variety of acute and long-term benefits for both physical and mental health and is being regarded as an adjunctive treatment for SUD.

Based on the above, the benefits of AA self-help groups to its members in addressing substance abuse can be summarised as according to Donoran et al. (2013) as well as Groh, Jason and Keys (2008) state that the groups remind the group members that they are not alone, attendances in meetings provide compassions and support, momentum maintenance and support self-acceptance as a result of meetings, new skills acquisition, increased networking, provision of a safe space for lifestyle experimentation. AA self-help groups meetings are also important in putting issues in perspective, reminding of the negative consequences of alcohol misuse and prevention of relapse.

2.8 Barriers of self-help groups in the attempt to reduce alcohol consumption

Despite the abovementioned benefits of self-help groups in AA self-help group's operation, AA self-help group and its members face a number of barriers. These barriers limit their operations in reducing substance consumption among members.

In the study done in Delphi, Thailand by Hanpatchaiyakul et al. (2016) revealed that almost all the people experiencing addiction do not disclose their drinking habit to healthcare providers; as an alternative, they seek treatment for other conditions which usually related to alcohol consumption, (Proudfoot and Teesson, 2002, as cited in Hanpatchaiyakul et al., 2016). Therefore, concealing information may hinder the necessary referral to the right service providers such as AA self-help group. This can also increase barriers to recovery for men and women experiencing alcohol problems. Another barrier may be individuals lack awareness of the drinking problem or find it too hard to disclose based on embarrassment or dishonour resulting from the social stigma surrounding drinking problems (Hanpatchaiyakul, Eriksson, Kijssompon & Ostlund, 2014; DeMarinis, Scheffe-Birath, Hansagi, 2009, as cited in Hanpatchaiyakul et al., 2016; Sleeper, Bochain 2013, as cited in Hanpatchaiyakul et al., 2016).

Moreover, Karrol (2002) concurs with Hanpatchaiyakul et al. (2016) and states that fear of stigmatization for women may lead them to deny that they are having a drinking problem, to hide their drinking and drink alone. Hence, the family members or friends who would encourage them to seek help would be in the dark. In contrast, reduced fear of stigma may lead men to admit that they have an alcohol consumption problem and eventually seek treatment.

Another barrier is related to negative attitudes toward people experiencing substance and alcohol addiction from healthcare providers and that these professions might lack acceptable

knowledge and skills related to treating addiction (van Boekel, Brouwers, van Weeghel & Garretsen, 2013). The National Drug Strategy in Australia pointed out geographical and cultural barriers for alcohol consumption treatment such as language difficulties, inaccessible communities and lack of haulage to attend treatment programmes (Brett, Lee, Gray, Wilson, Freeburn, & Harrison, 2016).

2.9 Effectiveness of self-help groups

Parkman et al. (2015) reviewed literature on AA self-help groups for alcohol dependency that involved nine qualitative studies of which five focused on AA self-help groups. The results indicated that self-help groups in recovery from alcohol dependency was important and were an effective component of recovery. Moreover, Kyrouz and Humphreys (2014) reviewed the effectiveness of AA self-help groups and found important benefits of the groups, including treating individuals with alcohol consumption problems that attend AA self-help group meetings and were more likely to reduce alcohol consumption than those who did not attend meetings.

Furthermore, Vederhus and Kristensen (2006) examined whether the use of AA self-help groups after addiction treatment was linked to absenteeism in the AA self-help groups and found that 38% of the respondents still participated in AA self-help programmes two years after treatment and among the regular participants, 81% had been abstinent over the preceding 6 months, compared with only 26% of the non-participants. On the other hand, Ferri et al. (2009) found no conclusive evidence to show that AA self-help group can help patients to achieve abstinence nor is there any conclusive evidence to show that it cannot.

Wagener (2019) indicates in the New York Times, that AA self-help group is an international institute of peer support groups where individuals, who undergo treatment from alcohol use disorder, or alcohol abuse, meet to support each other. Members meet regularly to converse

issues and concerns related to their alcohol consumption problem and support one another through triumphs and relapses. A survey conducted by AA in 2014 showed that 32% of people were introduced to the group by another member. Whilst an additional 32% were introduced to AA, by a treatment facility and 59% of AA self-help group member received some form of treatment or counselling prior to entering the programme.

Besides, there is not an exact success rate available since many of the results are published by AA and differ based on several factors. Because AA self-help group is anonymous, some members of the group do not partake in studies since it could contravene the anonymity of the group. Many prepare their participation in AA self-help group to remain anonymous congruent with the group's original intention. The author further states that AA self-help group claims that up to 75% of its members stay abstinent. Above and beyond, AA (2019) indicates that 50% achievement rate in the United States of America, and adds that another 25% remain sober after some relapses. Again the same survey conducted by AA in 2014, showed that 27% of the more than 6,000 members who participated in the study were sober 5 -10 years. A total of fourteen percent of the participants were sober 10 – 20 years, and 22% were sober for 20 or more years.

In addition, NIAAA featured results on a long-term study on AA self-help group members which was conducted by Kelly and Yeterian (2011) about the role of mutual-help groups in extending the framework of treatment. The study entailed formally treated, informally treated AA self-help group members, and untreated individuals who suffered from an alcohol problem. Meanwhile, the study showed that the one-year and three-year follow-up points indicated that almost half of the partakers who entered into AA on their own were abstinent while only a quarter of those who entered into formal treatment were abstinent at the time of the follow-up. Again and again, the eight-year follow-up showed that 46% of those who chose formal treatment were abstinent while 49% of individuals who attended AA self-help

groups were abstinent. Further results revealed that those with alcohol subjects who partook in both formal treatment and AA self-help groups were more probable to be abstinent than those in formal treatment between years one and three, but did not show many dissimilarities in abstinence rates after eight years. Moreover, this group did not display much variance with the AA self-help groups-only group across the follow-up period in terms of abstinence rates. The results concluded that for some, AA self-help group attendance can be a source of recovery.

Another study conducted by Kaskutas (2009) in the US about AA self-help group presented effectiveness in the same publication observed a smaller outpatient tester. The results concluded that over 70% of those who attended a 12-step programme weekly for 6 months before the two-year follow-up point were abstinent from alcohol. Among those with an untreated drinking problem, 70% with 27 weeks or more in AA were abstinent from alcohol at the 16-year follow-up mark. Moreover, the study revealed those with a much shorter duration of time in AA had lower rates of abstinence.

Besides, Kaskutas, Meenashi, Subbaraman, Witbrodt, and Zemore (2009) had a different opinion, on the efficiency of making alcoholics anonymous easier through a group format 12-step facilitation approach and found that most treatment programmes endorse clients attend 12-step groups, but many drop out post-treatment. Moos and Timko (2008) in their study found that, individuals with substance use disorders who participated in 12-step self-help groups tend to experience improved alcohol and drug use results than individuals who do not partake in these groups. The most mutual index of participation has been attendance at group meetings. However, current attention has concentrated on aspects of contribution, such as reading 12-step literature, working the steps, obtaining and networking with a sponsor, becoming a sponsor, and doing service work. Moreover, numerous potential studies have revealed that groups' attendance is connected with good substance use result. Project

MATCH was a large clinical experiment that compared the result of 12-step facilitation, cognitive – behavioural and emotional improvement treatment for patients with an alcohol consumption problem.

Patients who attended AA self-help group meetings more frequently in each 3-month interval after treatment were more probable to uphold self-discipline from alcohol in that interval. In addition, more frequent AA self-help group attendance in the first 3-months after treatment was associated with a higher possibility of abstinence and rarer alcohol – associated consequences in the succeeding 3 months; these results held for patients in each of the three kinds of treatment (Tonigan et al., 2003, as cited in Moos & Timko, 2008).

Similar findings were obtained in several other studies. For example, in-patients with alcohol use disorder who attended AA self-help group meetings at least weekly reported more reductions in alcohol consumption and more abstinent days at a 6 – month follow-up than did individuals who attended AA self-help group less frequently or those who did not attend at all (Gossop et al., 2000, as cited in Moos & Timko, 2008). Alcohol – dependent individuals who participated in self-help groups in the first and second years after intensive outpatient treatment were more probable to be abstinent in the second and third years, correspondingly; attendance at two or more meetings per week was connected with fewer severe relapses (Kelly et al., 2006, as cited in Moos & Timko, 2008).

2.10 How AA self-help groups influence the changes in drinking behaviour of group members

According to Barrick and Connors (2002), self-help groups are generally sought sources of help for alcohol - associated problems. These groups can include AA self-help groups among others. AA self-help group affiliation among older adults has been rising in recent years, as has the number of AA self-help groups that are senior focused. As with group therapy, the

social and peer support aspects of participation emerge very crucial to relapse. Consequently, abstinence is the predominant goal of treatment for individuals with the problem of alcohol abuse.

Hence, Kaskutas (2009) performed a meta-analysis of other studies beholding how operative AA self-help group is. The article notes that rates of self-discipline are about twice as high among those who attend AA self-help groups meetings. It was concluded that whether AA self-help group has a specific effect is uncertain. In this framework, whether it is the real AA self-help group programme which helps retain persons sober, instead of other factors including the fact that people more inspired to stay sober will go to more meetings. Nonetheless, the group support helps individuals with an alcohol problem irrespective of the actual programme. It was reported that 2 trials found a constructive effect for AA self-help groups, 1 trial found a negative effect for AA self-help groups, while 1 trial found a null effect.

Moreover, it can be believed that AA self-help group influences behaviour change of alcohol consumption through encouraging the work of sponsorship and mentoring other group members. Stevens and Jason (2015) state that having a sponsor, especially early in recovery is considerably related to the likelihood of not relapsing. It is also believed that the new sponsor understands the value of simultaneously executing the AA self-help group programme may reduce the anxiety and inspire greater adherence to their own recovery programme. Meanwhile, Tonigan and Rice (2010) concur with Stevens and Jason (2015) and inform us that having a sponsor was a significant increment predictor of abstinence outcomes over a seven year period as well as prognostic of future abstinence (Mckellar et al., 2003, as cited in Tonigan & Rice, 2010). Besides, Zemore, Kaskutas, and Ammon (2004) concur with Stevens and Jason (2015) as well as Tonigan and Rice (2010) and suggest that a new AA self-help group member is encouraged to find a sponsor who helps him or her understands

and follows the AA self-help group programme. The mentor may also benefit from their relationship with their changes as helping behaviours relate to augmenting abstinence and lower probabilities of binge drinking.

Therefore, AA self-help group can influence behaviour change of alcohol consumption through sponsorship where group members are encouraged to mentor other group members as well as doing service work such as identifying community members with alcohol consumption problems and encourage them to join AA self-help group.

2.11 Strategies to reduce barriers faced by AA group members

There are many strategies that can reduce the barriers faced by AA self-help group members.

One of the strategies involves screening of alcohol consumption and brief interventions.

Besides, McKnight-Eily et al. (2017) urge that Alcohol Misuse Screening and Brief Intervention or (ASBI) for adults older than 18 years reduced incidents of binge-level consumption and increases submissions with suggested drinking limits in those who have an intervention in comparison than those who have not. The study further states that in general, 77.7% of adults reported being inquired about alcohol use by a health professional individually or in a form during a check-up but only 32.9% reported being asked about binge-level alcohol consumption. Amongst binge drinkers, only 37.2% reported being questioned about binge-level alcohol consumption. Amid excessively binge drinkers, only 18.1% reported being asked about alcohol use and counselled to reduce or stop drinking. Therefore, extensive execution of ASBI and other evidence-based interventions could minimize excessive alcohol use in adults and associated harms.

Moreover, Babor, Aguirre-Molina, Marlatt, and Clayton (1999) concur with McKnight-Eily et al. (2017) and indicate that midstream population-based programs such as screening and brief interventions may have greater public health impact than tertiary treatment because of

early identification. The relevancy of this is that if the hospitals use the ASBI model and screen patients who, for instance, attended at mental health unit for alcohol misuse, those with such problems may receive an early referral to places such as AA self-help group and may find relief for their problem in a timely manner.

The involvement of family and friends in the treatment is a second strategy that can be useful for AA members. Jiwa, Kelly and Hansen (2018) state that community programmes that allow individuals to be treated in a recognisable environment where they are surrounded by family and friends can be beneficial. Because those programmes promote understanding of persons' alcohol consumption problem within the communities they will eventually rely on for post-treatment support. Having encouraged family involvement, the result from 1991 to 1995 demonstrated that most participants were fresh and abstemious two years after completing the programme. The study also considered outcomes such as enhanced self-image, family relations and general quality of life.

Moreover, NIAAA (2014) concur with Jiwa et al. (2018) and state that support from family members and friends is important in overcoming alcohol consumption. However, family members and friends may feel uncertain about how best to give the necessary support. Further, Moos (2008) concurs with (Jiwa et al., 2018; and NIAAA, 2014) when he or she indicates that support from friends and family members is imperative in overcoming the drinking problem. Thus the encouragement of friends and family members to be part of a family group such as Al-Anon is crucial for better alcohol recovery outcome. Through attending such meetings family members and friends can have a better understanding of what individuals with alcohol use problem go through and how they can be helped.

Nevertheless, NIAAA (2014) further states that relapse is familiar among people who overcome drinking problems. Individuals with a drinking problem are more likely to relapse

during periods of stress; for instance, when they experience death in the family or when exposed to people or places connected to past drinking. Jenkins and Tonigan (2011) as cited in Donovan et al., (2013) indicate that it is better to tackle actual barriers that make meeting attendance difficult such as travel/transportation, time and child care needs.

Furthermore, Lancaster, Sear and Ritter (2017) urge that the use of person-centred language can be another strategy through which communication concerning alcohol consumption and recovery can be destigmatised. The study shows that language can form how the public thinks about substance use and recovery and perpetuate stigma (Broyle et al., 2014 as cited in Lancaster et al., 2017). In US office of National Drug Control Policy (2017) as cited in Lancaster et al. (2017) a memorandum was issued under the Obama Administration, to all government departments and agencies about altering the use of terminologies relating to substance use and substance use disorders. All the institutions were required to conform to that medical terminology rather than using terminologies such as alcohol abuse or drug habit which research shows unconstructively shape public perceptions about substance use, and make the individuals as being to blame for their problems. Equally, use person-centred language when discussing persons experiencing AOD problems to reverence the dignity and worth of all persons, rather than using stigmatising terms such as alcoholic or addict. Such words can depersonalise and dishonour individuals (Broyles, et al., 2014; National Drug Control Policy, 2017 as cited in Lancaster et al., 2017).

Additionally, research shows that involving individuals of the alcohol recovery programmes meaningfully in the policy-making process can be another strategy to lessen stigma and discrimination. Furthermore, including the voices of the most affected community by particular practices and policies in decision-making can be regarded as an imperative ethical consideration in the policy domains (Childress, et al., 2002, as cited in Lancaster et al., 2017). Thus, when AA self-help group members are involved in policy-making regarding alcohol

consumption and alcohol recovery, stigmatisation and discrimination against the said community are most likely to be reduced. Also, the barrier of transportation and language among others may be addressed which will result in more people seeking help and possibly overcoming the problem of substance use. The relevancy of this is that words such as “addicts”, “alcoholics” and “alcohol abuse” impose blame on persons with substance use problem and can obviously increase stigma and discrimination among that particular community. So, if there are laws which discourage the society to use such words, discrimination and stigma are likely to be reduced among, for instance, AA self-help group members which can promote healing.

Lastly, the use of media can as well be part of the strategies to reduce barriers faced by AA self-help group members. Studies done in USA, Australia, Finland, New Zealand, UK, Canada, Denmark, Italy, Netherlands and Sri Lanka by Young et al. (2018) into the effectiveness of mass media campaigns to reduce alcohol consumption and harm: a methodical review, the results showed that searches produced 10,212 results and 24 studies were included in the interview. Moreover, most media campaigns used TV and radio in combination with other channels which were conducted in developed countries and were of weak quality. However, there was little evidence of reductions in alcohol consumption related to revelation campaigns based on 13 studies which measured consumption though most did not state this as a precise aim of the campaign. There was some increment in treatment and information seeking as well as mixed evidence of changes in intentions, motivation, beliefs and attitudes about alcohol. Campaigns were allied with increases in knowledge about alcohol consumption, especially where levels had initially been low.

Therefore, barriers of AA self-help group members can be reduced with the involvement of family and friends, inclusions of AA self-help group members in policy making, media campaigns as well as person- centred language – discouraging the use of words which are

used to stigmatise individuals with alcohol consumption problem or in alcohol recovery programmes.

2.12 Gaps in the reviewed literature

Studies have been done elsewhere in the world but no study was found in Namibia that evaluated the effectiveness of AA self-help group in reducing personal alcohol consumption. However, several researchers such as Ferri et al. (2009) state that AA self-help group is important in helping patients to accept intervention and keep patients in treatment more than alternative management, although the evidence for this is based on a small study which combined AA self-help groups with other interventions and need not to be recognised and regarded as conclusive. While, Toseland and Rivas (2012) indicate that individuals with the problem of alcohol consumption are unable to fight the phenomena by themselves. Besides, Geertruida et al. (2016) reviewed the effectiveness and potential harms self-help groups in substance misusing, storyline findings showed that self-help groups decreased alcohol consumption and use of drugs. Moreover, Parkman et al. (2015) made a scoping review on self-help groups for alcohol dependency and found that self-help groups reduced alcohol abuse challenges, maintained sobriety and aided in the recovery of alcohol misuse. Whilst, Morgenstern et al. (2012) found that self-help groups appear to be mediated by a set of common change factors, importantly maintenance of self-esteem, motivation and increased active coping efforts. Lastly, Kyrouz and Humphreys (2014) report active coping, recovery and friend support from abstinence mediated the effects of self-help groups' participation in substance outcome among other self-help groups outside Namibia suggested a relationship between self-help group and alcohol reduction. This study intended to close the existing gap in the literature and evaluated the effectiveness of AA self-help group in reducing personal alcohol consumption among adults in Windhoek.

2.13 Chapter summary

The chapter provided a theoretical review of the literature, and an empirical review of the previously done studies by the other researchers. It looked at the conceptual framework for alcohol consumption and self-help groups. The theoretical perspectives and remission of substance use disorder, effectiveness of AA self-help group in the reduction of personal alcohol, benefits of AA self-help group to its members. Further, the review focused on how AA self-help group influence the changes in drinking behaviour of group members, the barriers experienced by AA self-help group in the attempt to reduce alcohol consumption of its group members and strategies for reducing barriers experienced by group members in the AA self-help group and ended with gaps in the literature reviewed. The next chapter, Chapter Three, presents the research methodology used in this study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the research methodology used in this study. The methodology in question is rooted in the reviewed literature was based on the information obtained in presented literature. It included overall research strategy and approaches which were helpful in data generation and presentation. According to Greener (2008), the method which is used in data generation depends on the nature of the study problem and objectives of the study. Equally, knowing what kind of information the study should use in determining how the study is conducted.

According to Williams (2007), the broad research approach and methodology provide the idea as to how the research is conducted and provided the viewpoint of the overall research approach, research designs, and specific research methods. This research methodology chapter firstly outlines the overview of the problem and purpose. Thereafter, a discussion of the research design and philosophical underpinnings follows. This study employed a qualitative approach which was concerned with processes rather than simply the final outcomes or products. Given the data and the knowledge, the study adopted a program evaluation research design. The above research approaches helped the study to achieve its objectives.

The chapter highlights the research design, overarching research philosophy, research approach and strategy, specific research method(s) employed in the study, location, study population, sample and sampling strategies, procedure for data collection and tools, analysis of data, trustworthiness, and research ethics and lastly the conclusion.

3.2 Research methods

Research methods aim to show how research is conducted (Khotari, 2012). According to (Babbie, 2017; and Remeny et al., 1998 as cited in Mohajan, 2018), research methodology is defined as a specific method used to identify, select, work upon and scrutinise information. Above all, choosing methodology helped in significant assessing the quality of data in the study appropriate to the reader. According to Creswell (2014), research methodology consists of two main methods, namely qualitative and quantitative methods. As previously stated, this study used a qualitative approach. As defined by Creswell (2014), a qualitative research approach generates in-depth information and this method of research gives results without calculations. Creswell (2013) adds that an in-depth examination provides deeper understating and description of the research study as participants can show their knowledge, attitude and perception regarding the study problem. This study aimed at providing a better understanding of the effectiveness of AA self-help group in reducing personal alcohol consumption in Windhoek, and to seek relevant interventional strategies to reduce barriers experienced by group members in the self-help groups. In fact, knowledge found in research is at all times not perfect and weak (Creswell, 2014). Thus pragmatists' rational worldview was supported; in research true knowledge may never be found.

All the same, the ideology or proposition in this study is true if it works satisfactory and unpractical ideas were rejected (Dromi & Stabler, 2019). This study used constructivists conjecture, open-ended question to yield enough data that support the use of thematic analysis. The inductive approach of qualitative study was also used in linking the objectives of the study and study results (Jebreen, 2012). Creswell (2014) argues that the inductive approach is useful when demonstrating results logically. Meanwhile, Allen, Kaestle, and Godberg (2011) state that an inductive approach begins by collecting data that is applicable to

the researcher's topic of interest, secondly looking for patterns across the interviews and finally working to develop a theory that can explain those patterns.

3.3 Research design

This refers to techniques employed during data collection and analysis in determining the sample defined in the research study (Creswell, 2014). Creswell (2014) further asserts that the research design defines the type of study, if applicable, data collection methods and gives the plan for data analysis. Whereas Borg and Gall (2013) indicate that the study design gives a researcher a plan for guiding the study process. Mouton (2010) notes that research designs are tailored to address different kinds of questions. The present study employed evaluation research designs that used a qualitative approach of data collection. A qualitative approach was used as there was a need to gather an in-depth and interpreted understanding of the problem under study. This enabled the researcher to evaluate the effectiveness of AA self-help group in reducing personal alcohol consumption in Windhoek. This was achieved by conducting in-depth conversations and interviews with members of the AA self-help group.

3.3.1 Evaluation research design

Evaluation research design can be regarded as the process of determining whether a social intervention has produced the intended results de Vos, Strydom, Fouche and Delport (2011). Evaluation research needed qualitative methods to recognize cultural context that helped to guide in developing programmes and adapting them to new context Creswell, Vicki and Clark (2018).

Evaluation research design allowed the researcher to evaluate a sample in detail and in-depth. In the same way, propositions and questions on the effectiveness of AA in Windhoek, and relevant intervention strategies to reduce barriers experienced by group members in the AA self-help groups were used. The research strategy most appropriate was therefore evaluation

research design. The designs aimed at demonstrating good knowledge related to the effectiveness of AA self-help group, from the participants' perspective using a variety of data sources particularly well suited to the understanding the problem under study.

3.4 Population

This refers to the total number of elements to be studied (Khotari, 2012). This study's population was the self-help group, AA self-help group that assists group members who are affected by alcohol consumption in Windhoek. It is an open group with varying group members, of approximately twenty-five (25) members (S. Pumba personal communication, March 15, 2019). The AA self-help group has been in existence since before March 1990 in Namibia.

3.5 Sample

In this study, the population of AA self-help group members in Windhoek formed the sample of 10 participants for this study. According to some researchers (de Vos 2010; Gentles, Charles, Ploeg & McKibbon, 2015; Landreneau, 2017; Taherdoost, 2016), a research sample is a subset of the population. The authors further indicate that sampling is the process of choosing a sample to represent the whole population of the study. A defined map for determining the study sample is called a sampling strategy. These strategies include convenience sampling, purposive; snowball, among others, for qualitative studies. This study used purposive sampling. This helped in focusing on a particular characteristic of the population of interest, which best enabled the participants in answering the research questions. A purposive sampling involved selecting units most relevant to the subject matter, and studying them (Al-Omari, 2011). Indeed, it helped in determining a sample of participants who had enough knowledge of the study problem. Hence, a sample size of ten (10) participants from AA self-help group who were willing to participate in the present study was considered. The sample was drawn from the members who were attending the AA self-

help group meeting(s) at the time of the study. Purposive sampling which is a non-probability method was used to select participants who are AA self-help group members. The participants have each attended at least one of the three meetings per week. Also, they speak and understand English. These were part of the inclusion criteria.

3.6 Research instrument

This refers to tools for collecting data. They include interviews, observational methods, Focus Group Discussion (FGD), questionnaires, document analysis, charges and notes among others (Leary, 2014). This study relied chiefly on primary data collected using an interview schedule. The instrument was structured and contained open-ended questions that helped to obtain in-depth information from the participants. The questions in the interview schedule formed the research and provided deep understanding the problem under study. The interview schedule had two sections: One with demographic information and the second one with probing questions on the study phenomenon based on the specific objectives of the study. Open-ended question helped the researcher as they yielded candid information and unique insights as interviewees found them less threatening. The pilot testing was conducted on two (2) conveniently sampled members of AA self-help group who did not take part in the final study. Pretesting of the study instrument allowed the researcher to determine how long the exercise would take during the final data collection process. The questions that were found to be unclear were rephrased after the pilot study.

3.7 Research procedure

The data was collected through one-on-one interviews from members of the AA self-help group of AA in Windhoek. First, informed consent was obtained from the participants. Then, the purpose and nature of the study were explained. The participants were contacted through their cellular phone numbers; interviews began soon after the AA self-help group meetings. The study employed primary data collection. Primary data is the data collected by the

researcher from first-hand sources (Creswell, 2014). The data was collected within seven weeks. The researcher asked for a private room at the Methodist Church where the research participants hold their meetings. In this venue, the researcher interviewed research participants individually. The researcher spent one to two hours with the majority of participants and recorded the interviews digitally after seeking their consent. After that, the researcher transcribed the recordings verbatim. For those participants who did not want to be recorded, the researcher made notes. The data would be kept for a period of six years.

3.8 Data analysis

Data was thematically analysed. Thematic analysis is the method used to analyse data focusing on themes, identified employing coding. There are six steps involved when analysing and interpreting qualitative data (Creswell, 2014). To begin with, the researcher organised and prepared data for analysis – the researcher transcribed the interviews. Secondly, the researcher read through all the data and obtained a general sense of the information. Thirdly, the researcher coded the data – reviewed transcripts and field notes and created themes. Fourthly, the researcher generated a description and themes - used codes to generate a small number of themes concerning the data. Also, interrelated descriptions and themes – interconnected descriptions/themes into a storyline. Lastly, the researcher interpreted the meaning of themes/ descriptions – made sense of the data by asking what were the lessons learned - the researcher's interpretations. Meaning derived from comparisons of the gap findings with information gleaned from the literature and theories reviewed in earlier chapters after which, data was presented in a narrative way.

3.8.1 Coding

There are three types of coding according to Creswell (2014) namely: open coding, selective coding and axial coding. In the present study, the researcher used the open coding which

refers to the process of breaking down, examining and categorising data. Creswell (2014) further provides eight steps and considerations in coding as follows: First, code as soon as possible – the researcher read all the transcripts carefully and jotted down some ideas as they came while reading. Secondly, the initial set of transcripts was read through while jotting down general notes, interesting, important or significant in the margins. Thirdly, after several transcripts had been read, topics which were similar were listed and clustered together into columns. Fourthly, codes were reviewed and compared to the concepts from the literature review. Fifthly, the researcher went back to the data and abbreviated the topics as codes and wrote the codes next to the appropriate segments of the text. Sixthly, the researcher established the most descriptive wording for the topics and turned them into themes. Finally, data materials belonging to each theme were assembled in one place for preliminary analysis.

3.8.2 Elimination of bias

The nature of the qualitative study makes it challenging, if not impossible for a person analysing data to separate herself or himself from data. There were no leading questions asked and questions were open-ended which enabled the participants to give as much information as possible. All data obtained and analysed with a clear and unbiased mind. Participants were asked to review the researcher's findings. The researcher also asked a colleague to review the findings.

3.9 Data quality

The quality of data in this study was based on trustworthiness (see Lincoln & Guba, 1985). Data quality in this qualitative study was ensured as follows:-

3.9.1 Credibility

This refers to the confidence one can have in the truth of the results (Bowen, 2015). Credibility can be achieved through triangulation, member checking and negative case

analysis. Shenton (2014) reminds us that an investigator seeks to ensure that the study measures what is actually anticipated. The research achieved credibility by using what the participants indicated in the interview schedule as their ideas (Bowen, 2006).

3.9.2 Transferability

According to Bowen (2009, as cited in Normore, 2015) transferability is how the study outcome can be employed in other ways. Transferability was obtained by providing broad depiction and explanation in the study method on ways data was collected, interpreted and analysed to enable easy understanding by others.

3.9.3 Conformability

It is crucial in qualitative research to achieve credibility. Procedures must be followed to ensure that findings of the results are presented in trustful and faithful manners, representing the knowledge and perceptions of the participants other than researcher knowledge (Bowen, 2006). The researcher remained impartial throughout the study and did not influence the research results. During the coding, the researcher was properly recording the data to confirm accuracy and numbering of responses. The researcher presented the findings as was reported by the participants, thus ensuring the conformability of the study findings (Shenton, 2014).

3.9.4 Dependability

This was censured by pre-testing the research instrument as well as ensuring that the interview questions were consistent with the research purpose and specific objectives of the study. Pre-testing was on two conveniently selected participants at the study site who did not form part of the final study.

3.10 Research ethics

Ethics in research refers to the discipline employed in conducting the study. It includes values and principles of defining the right and the wrong in personal affairs research (David, 2015).

The following ethical values were respected in this study.

3.10.1 Approval letter

Approval to conduct research was obtained from the relevant institution(s). Thus, UNAM Research Ethics Committee (UREC) provided ethical clearance for the study. The appendix attached confirms the approval of the study by the defined institution.

3.10.2 Informed consent

This aimed at providing an understanding of the study or the purpose of the study to all participants involved. Before the face-to-face interviews, the sampled participants were informed about the purpose of the study and were told that the study was for academic purposes. Participants were also given a chance to ask any questions related to the study. Participants were asked to sign a consent form to confirm their acceptance to participate in the study.

3.10.3 Principle of fair treatment/justice

The participants that participated in the study were selected based on inclusion measure as defined in the methodology. The measures ensured that the selection procedures were fair. During sampling, no rewards were attached like financial and any other, participation was entirely voluntary. Every participant was informed that he/she could withdraw from the study at any time; no harm or penalty was issued regarding the withdrawal from the study prematurely resulting from refusal to participate. Participants were informed that the data collected would be used for academic purposes only. They were also informed that once they

were emotional or tired, they were free to take a break or stop the interviewing session until they were ready to continue with the interview.

3.10.4 Anonymity and autonomy

During data collection, no name of the participants was used and even during report writing to ensure anonymity. Consequently, all study participants were protected in the final research report.

3.10.5 Confidentiality and privacy

During the study and the writing of the report, confidentiality and privacy were ensured. This was achieved by not sharing private information with anyone. The collected data were essentially used to write the research report which would be stored in the UNAM library. Transcripts were kept under lock and key. Indeed, the computer that stores the data is also safely kept, and it is protected with a complex password to prevent access to data. The data would be disposed once the retention period has passed (6 years) and it will be deleted by purging magnetic media through degaussing. The researcher was adhering to professional values and practice throughout the study, even when giving clarity on the final results.

3.10.6 Beneficence and non-maleficence

Study participants were assured that no harm would happen to them. The final results of the study in this report were based on real findings of the study, thus trustworthiness in the study.

3.10.7 Principle of justice

Before the implementation of the study, all participants were informed that the information that would be generated would be used for academic purposes only. And that it would not be used against them or for any other purpose other than the way it is stated in the consent form.

3.11 Chapter summary

This section presented the research method used in this study. Methods included qualitative research design; population, sampling strategy, data collection instrument and procedure. The chapter further presented the data quality (trustworthiness), the way data was analysed (content) bias elimination and how ethical issues were dealt with. The subsequent chapter, Chapter Four, presents the findings of the study. There was also sequential presentation and discussion of findings.

4.2 Profile information of research participants

This section covers the gender of research participants, age groups of research participants, marital status, and their level of education.

CHAPTER FOUR

PRESENTATION AND INTERPRETATION OF THE FINDINGS

4.1 Introduction

The previous chapter explained the research methodology that was adopted in this study. This chapter, Chapter Four, presents and interprets the research findings obtained from ten research participants on the evaluation of the effectiveness of AA self-help group in reducing personal alcohol consumption among adults in Windhoek. The findings of the study are discussed in terms of themes, sub-theme, patterns, direct quotations and interpretations. This chapter covers profile information of research participants, identification of research themes and sub-themes, presentation and interpretation of research findings, discussion of research findings, and finally, chapter summary.

4.2 Profile information of research participants

This section covers the gender of research participants, age groups of research participants, marital status, and their level of education.

Table 4.1: Profile information of research participants

Participants	Gender(M/F)	Age (years)	Marital Status	Level of Education
Participant 1	M	32	Single	Grade 12 - degree not completed
Participant 2	M	28	Single	Grade 12 - Degree holder
Participant 3	M	39	Married	Grade - 12 Advanced Diploma
Participant 4	M	50	Divorced	Tertiary Education
Participant 5	M	35	Single	Grade 12 - Degree holder
Participant 6	M	40	Single	Grade 10 – Certificate
Participant 7	M	34	Single	Grade 12 – Degree holder
Participant 8	M	34	Married	Grade 12 – Degree holder
Participant 9	M	25	Single	Grade12-Tertiary Education Student
Participant 10	M	53	Married	Tertiary education

In terms of gender, all the participants were male. No female participants took part in this study. The above data seem to suggest that men are more likely to get addicted to alcohol than women.

On the item of age distribution, the majority of the participants were between 31 and 40 years. From a sample of 10 research participants, six (6) participants were aged between 31 and 40 years, two (2) participants were aged between 20 and 30 years, one (1) participant was aged between 41 and 50 years and the remaining one (1) participant was aged 50 years and above.

Regarding the marital status of research participants, Table 4.1 above shows that the majority are single. From a sample of ten (10) research participants, six (6) are single, three (3) are married and the remaining one (1) is divorced. From the above statistics, it can be inferred that people who are addicted to alcohol find it difficult to have a settled family life, given that the majority of participants in this study were aged between 31 and 40 years of age.

Finally, as far as the education level of research participants is concerned, the majority of the participants who took part in this study had degrees in various fields of study. Out of ten (10) research participants, three (4) had degrees in various fields of study, three (3) had tertiary education and did not specify whether it is a degree or diploma or certificate, one (1) with a diploma, one (1) had a certificate, one (1) did not complete the degree programme, while the last one is in tertiary education one (1). The above data show that the majority of participants completed grade 12 and are degree holders. This means that those who participated in this study are educated and are more likely to be aware of the dangers of alcohol consumption.

4.3 Identification of themes and sub-themes that emerged from interviews

Table 4.2 below shows the breakdown of themes and sub-themes that were identified during the interviews with ten research participants on the effectiveness of Alcoholics Anonymous in the reduction of personal alcohol consumption among adults in Windhoek.

Table 4.2: Themes and Sub-themes in the reduction of alcohol consumption

Themes	Sub-Themes
<p>Theme 1: Problem situations faced because of excessive alcohol consumption</p>	<p>1.1 The lifespan of alcohol consumption behaviour</p> <p>1.2. Health-related problems</p> <p>1.3. Neighbourhood behavioural problems</p> <p>1.4. Workplace problems</p> <p>1.5. Reckless driving and accidents</p> <p>1.6. Financial life</p> <p>1.7. Relation problem</p> <p>1.8. The interaction of genetic and environmental effects of alcohol consumption</p>
<p>Theme 2: The effects of AA on the wellbeing of group members</p>	<p>2.1 Abstinence from alcohol consumption of group members</p> <p>2.2 Improved health and wellbeing of group members</p> <p>2.3. Improved relationship, trust and respect recovery with individuals and family members</p> <p>2.4 Improved workplace relationship</p> <p>2.5. Improved relationship with neighbourhood</p> <p>2.6 Maintaining behaviour change of alcohol consumption</p>
<p>Theme 3: The benefits of AA self-help group for its</p>	<p>3.1 Psychosocial support from significant others</p> <p>3.2 Mutual support of group members</p>

group members	<p>3.3 Sense of belongingness</p> <p>3.4 Improved skills development</p> <p>3.5 Increased awareness of self-help and care for others</p>
Theme 4: AA influences changing in alcohol consumption behaviour	<p>4.1 Sharing experiences on changed alcohol consumption behaviour</p> <p>4.2 Mentoring other group members</p> <p>4.3 Increased spiritual awareness</p> <p>4.4 Importance of regular attendance of AA self-help group meetings</p>
Theme 5: Barriers faced by AA in the reduction of alcohol consumption	<p>5.1 Family and friends lack skills to assist the person</p> <p>5.2 Not getting a chance to share their stories</p> <p>5.3 No meetings in the most affected areas</p> <p>5.4 Stigmatisation</p> <p>5.5 Relapse and not seeking treatment</p>
Theme 6: Strategies to reduce on barriers of AA group members	<p>6.1 Increasing community awareness on alcohol consumption</p> <p>6.2 Increasing encouragement of family members/friends to attend Al-Anon</p> <p>6.3 Need to attend meetings regularly</p> <p>6.4 A growing need to bring services closer to the people</p>

	6.5 A need for collaborative efforts among stakeholders.
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The table above shows six major themes that emerged from this study. The six major themes identified: problem situations faced because of excessive alcohol consumption; the effects of AA on the wellbeing of group members; the benefits of AA for group members; AA influences in changing alcohol consumption behaviour; Barriers faced by AA self-help group in the reduction of alcohol consumption; and lastly strategies to reduce on the barriers faced by AA self-help group.

4.4 Presentation and interpretation of themes and sub-themes

This section presents and briefly interprets the verbatim responses obtained from the selected research participants. The responses from participants are coded as Participant 1, Participant 2, and Participant 3 to Participant 10 to indicate their responses.

4.4.1 Theme 1: Problem situations faced because of excessive alcohol consumption

The study identified eight (8) sub-themes under the theme 1 as follows: the lifespan of alcohol consumption behaviour, health-related problems, neighbourhood behavioural problems, workplace problems, reckless driving and accidents, financial life, relationship problems and the interaction of genetic and environmental effects of alcohol consumption.

4.4.1.1 Subtheme 1.1: The lifespan of alcohol consumption behaviour

The participants were asked about the time they had been engaged in alcohol consumption before they finally decided to join AA self-help group. Responses obtained showed that some participants took as short as two months to realise that alcohol consumption was not good for them while others took as long as eighteen years to realise that they needed to break the habit

of alcohol consumption. Findings of the present study show that those who took a long time to seek help to reduce or stop alcohol consumption never realised and regarded drinking as a problem since they could only drink in the evening after work and others used to perform well academically. Some realised only when they were excessively using alcohol and it continued being a problem after joining AA self-help group. Because, some participants took longer to seek help, the problem of alcohol consumption continued even after joining AA self-help group. Below is how they put it:

"I have been using alcohol since the age of fifteen but with the problem of alcohol drinking one may not realise that it is a problem early enough. I realised it was a problem after a long time because I used to pass my subjects well. It only became a dependency when I lost my job and it was a combination of other substances. I could drink a bottle of Vodka, sleep, wake up and drink again and sleep and it was only the last two months before I joined the group that I realised that I had a problem." (Participant 5)

"I started drinking at the age of seventeen but I did not release it was a problem until the age of twenty-three when I used to drink every day and I could not do much about the problem during that time." (Participant 6)

Findings reveal that, the participants did not realise the alcohol consumption problem early enough as a result of possibly being in pre-contemplation and contemplation stage. At pre-contemplation stage, the person can be in denial where she or he does not want to admit that he or she is having a problem and needs help. This confirms (Colombo plan, 2015) and they indicated that at Pre-contemplation stage of behavioural change theory, an individual may easily deny the sternness of the outcome experienced. Persons at this stage may as well not be concerned to know any negative effects of alcohol consumption or cannot be easily advised to discontinue drinking.

Besides, some participants were aware that they had a drinking problem but they took longer to seek help because they were not ready for change. Some responses included; participants continued with the drinking problem after even joining AA. The harm which alcohol did in participants' lives was stronger because of the bad things they used to do to themselves and others left them with pain and guilt as well as feeling judged for their past alcohol consumption behavioural problems. They put it this way:

"I have been abusing alcohol for the better part of my life – it has been eighteen years. Although alcohol is no more a problem in my life and I am now sober for over a year, the problems I caused to myself and others are still affecting my life. Some of those effects were ruining my reputation, everyone knows me as a drunkard even after I joined AA self-help group." (Participant 7)

"Alcohol had been a problem in my life for ten years. I started drinking at the age of sixteen but it only became an addiction at a later stage. Even after joining AA, alcohol continued to be a problem because I used to relapse many times. I am now sober for one and half years." (Participant 10)

"Before I joined AA self-help group, alcohol was a problem in my life for seventeen years." (Participant 4)

"Alcohol was a problem in my life for ten years before joining Alcoholics Anonymous." (Participant 1)

The above findings show that group members who took longer to seek help; reported a delay in the recovery process even after joining AA self-help group. Although some group members are now sober, they still struggle with the after-effects of alcohol use disorder for

what they used to do to themselves and others as well as being judged and labelled by the society.

The above findings also demonstrate that some participants especially participants 7 and 10 went through the IAA cycle of abstinence. At one point they were at Indulgence phase when the drinking problem was too much, and then to ambivalence when they felt a need to change and also at attempt phase when they attempted to discontinue alcohol use but kept on falling back into alcohol consumption problem even after joining AA self-help group (Yeh et al., 2009).

Moreover, participants did not only report on how long they have been with the drinking problem but they also gave responses in association with the onset of alcohol consumption problem. The study shows that the majority started consuming alcohol at a young age between the ages of eleven and seventeen. Some went on to say how the problem started and gave varying responses. Below is what they had to say:

"I started consuming alcohol from the age of fifteen. This problem was created as a result of having low self-esteem after I was bullied when I was attending both primary and secondary education." (Participant 2)

"I started using alcohol at the age of eleven when I was still a child. My father introduced me to alcohol use." (Participant 8)

The findings disclose that, indeed gender-based violence can cause a child to use alcohol at a younger age. Also, when the child watches a role figure model consuming alcohol, he or she is more likely to learn and imitate such behaviour.

The study further shows that, the majority of the participants started consuming alcohol at a younger age between the ages of eleven and seventeen. They put it this way:

"This problem of alcohol consumption started when I was still a teenager from the age of thirteen years old." (Participant 4)

"I started consuming alcohol at the age of fourteen." (Participant 1)

From the responses obtained from the research participants, it is evident that most members who sought help from AA self-help group started consuming alcohol at a tender age. Although initially, they did not experience problems as a result of consuming alcohol, problems started surfacing at later stages of their lives. Some participants experienced alcohol-related problems soon after they developed the habit of consuming alcohol while others took much longer to begin experiencing drinking related problems. The above findings confirm the study by Barlow and Durand (2009) who stated that people who start using alcohol at a tender age are more likely to use alcohol at a later stage in their lives. The same study established that nearly 6000-lifetime drinkers found that drinking at an untimely age of between eleven and fourteen was predictive of later alcohol use disorder. These findings are also consistent with the Association of American Psychiatricians (2013a) which state that the person's brain does not mature until they are in their twenties. This explains why some research participants like Participant five could not regard alcohol consumption as a problem because of the possible immaturity of the brain as the participant started consuming alcohol early in his life and only came to realise that alcohol consumption is bad at the age of twenty three.

4.4.1.2 Subtheme 1.2: Health-related problems

Research participants were asked about how their health was affected by alcohol consumption. It is evident from the responses obtained from the research participants that alcohol consumption causes bodily harm to alcohol users as a result of fights or accidents they experience after drinking. Other problems were reported which included; depressive

disorders, anxiety, loss of memory, eating disorder, insomnia, increased rate of blackouts and damage to internal organs such as the liver of the alcohol consumers. Research participants provided the following responses regarding health problems experienced by members of AA self-help group as a result of alcohol consumption:

"I suffered from a major depressive disorder. Depression was too much that in some days I could not function well at work. I also had anxiety. I had eating disorders problem. When I did not consume enough alcohol, I would drink sleeping tablets so that I could sleep. I had difficulty in sleeping – loss of sleep. I used to worry about death that I would pass on any time." (Participant 8)

"My liver enzymes were damaged as a result of alcohol consumption. I was told this when I visited the doctor who told me that my liver enzymes were damaged. I was involved in a lot of fights where I sustained bruises and cuts as a result I was hospitalized. I experienced memory loss where I could not remember where I was the previous day. I could not also remember for example that I put a pizza in the microwave. I would look for it all over the house and after a while then I remember where I had put it. I was always worried, stressed and I lacked confidence. I had suicidal thoughts." (Participant 7)

"I experienced blackouts which increased to 12 blackouts per day. This really made me uncomfortable." (Participant 3)

It is evident from the aforesaid findings that, alcohol consumption can impair a person's thinking ability and may as well cause blackouts, which may lead to depression, anxiety, reduced average grades, physical fights and road accidents. This confirms a study by Warren et al. (2012) who indicated that alcohol consumption can lead to reduced grade average as well as increases the likelihood of injury in an alcohol related event. This also confirms a study done by the National Institute of Drug Abuse- NIDA (2016) which suggested that too

much drinking results in medical disease like liver problem, diabetes and heart disease. The organ may dysfunction due to alcohol misuse and this may have a serious health problem on a person if not rightly treated.

Moreover, the findings showed that participants' emotional wellbeing was affected due to drinking problems. They gave varying responses which included where participants were emotionally abusing themselves as well as having conflicts with others such as family members and friends. This kind of behaviour made the family members and friends to lose trust and respect for the abusers. Research participants provided the following responses about emotional abuse as a result of alcohol consumption, as seen below:

"Being under the influence of alcohol, I was not respected because the family and I were angry at each other." (Participant 6)

"I was emotionally abusing myself and other people as a result of alcohol abuse." (Participant 8)

"My siblings learnt to consume alcohol because of me and it was not a good thing for the entire family. Sometimes, when I was confronted regarding my behaviour of alcohol abuse, I would defend myself and sometimes I would say things which were not appropriate. Family resources and their precious time were wasted because sometimes when I was stuck in the locations as a result of being drunk, the family would pick me up late at night." (Participant 2)

The above findings reveal that alcohol consumption can cause individuals to emotionally abusing themselves and other persons around them such as family members as a result the abuser may lose respect among family members. This is in line with AAFP, 2019; Aichmuller and Soyka, 2015) who stated that alcohol misuse may lead to relationship

breakdown. Also, (AAP, 2013a) indicated that adolescents who misuse alcohol have less self-discipline and may not know when to stop drinking for example; participant 2 used to drink in front of his siblings a situation which created conflicts in the family system.

Besides, the findings did not only establish the physical, emotional problems but also found out about the economical abuse of the individual(s) towards their family members. The responses included selling items in the house and causing stress among family members for fear of the items in the house being sold for the purpose of buying alcohol. Below is what they had to say:

"My wife was not working and I could not give her the money to maintain the household because I used to spend it on alcohol. Later, she left the home together with the children."

(Participant 10)

"I used to sell items in the house in order to buy alcohol a situation which caused worries to my family; and at times I could chase away my siblings from the house which was for my late mother." (Participant 1)

The above findings provide evidence that alcohol consumption results into loss of respect and trust after the person emotionally and financially abuses himself and other people like family members and friends. It also leads to the family dysfunctioning where the wife and children may leave the homestead. This again confirms the study done by Aichmuller and Soyka (2015), as well as for AAFP (2019) who state that alcohol misuse can lead to the breakdown of relationships with consequent failures in other parts of life.

4.4.1.3 Subtheme 1.3: Neighbourhood behavioural problems

Participants were asked a question on how their relationship with their neighbours was affected as a result of alcohol consumption. They gave various responses which included

sleeping disturbances as some of the participants used to play very loud music which disturbed the neighbours' sleeping patterns. The responses also included stealing from the neighbours; of course, the neighbours would worry as a result of that behaviour. Some research participants provided the following responses in relation to neighbourhood problems as a result of alcohol consumption:

"The neighbours also suffered because of my alcohol abuse behaviour as I could sometimes play loud music which of course disturbed their sleeping patterns. At times the neighbours would ask me to help them out for example clearing and cleaning the yard. I could not honour my promises to the neighbours as a result of being drunk or being held up in alcohol drinking places." (Participant 1)

"The neighbours were also affected by my drinking problems because whenever I was drunk, I would play music loudly. They would complain of the loud music I used to play. And wherever I did not have money to buy alcohol, I would steal from my neighbours. I remember there was a time when I stole bags of cement from the neighbour because the following day I wanted to buy alcohol." (Participant 7)

The findings mentioned here-in-above provide evidence that alcohol consumption behaviour of an individual affects the relationship of the individual with the neighbours. When the person is drunk, she or he unconsciously plays loud music without noticing the disturbance it causes with the neighbours. Alcohol consumption too leads to stealing mostly when one does not have money and wants to consume alcohol; would steal from the neighbours. The findings confirm the study by Langdana and Farrokh (2009) who stated that alcohol consumption can lead to an increased risk of committing criminal offences including: domestic violence, rape, child abuse, assault and burglary.

4.4.1.4 Subtheme 1.4: Workplace problems

The study established workplace problems as another effect of alcohol consumption for the participants. Participants' varying responses included loss of jobs, absenteeism, and inability to perform well their duties at work. Even when they report for work, they would not do the work as per their job description because they would be feeling tired and exhausted as a result of drinking the previous day. And of course, if one employee does not do their work, others would come in to fill that gap by doing the work of others which may lead to unfairness. In fact, the negligent individual would lose respect and trust of his or her supervisor and colleagues alike. This was how they expressed it:

"I was sometimes absent from work a situation which created unfairness because my colleagues were at times doing my work. I could miss out attending very important meetings because of being absent from work. Even when I report to work, I could not be so productive as I would be because I would be tired – not having enough strength as a result of consuming excessive alcohol from the previous days or evenings. The behaviour of alcohol abuse created unfairness because many times my colleagues had to step in to do the work which was supposed to be done by me." (Participant 2)

"Work was affected. I started drinking at an early stage. When I was at the university, I would get a part-time job. I would lose the job within a week because I would come to the job under the influence of alcohol and the following day I would be told not to come to work anymore. I also lost a permanent job after a month. Yes, I have a lot of stories to tell where my life was affected due to alcohol abuse but the information I have given is enough for now." (Participant 7)

"In the natural fact that I could spend nights drinking alcohol, I could not function well at work. I could sometimes drink alcohol while I was still at work." (Participant 6)

"I could sometimes fail to report for work due to alcohol consumption." (Participant 3)

The above-mentioned findings point out that alcohol consumption problem caused absenteeism from workplace and caused unfairness because the work had to be done by others to keep the organisation running. This is consistent with again Aichmuller and Soyka (2015) who stated that alcohol use can cause absenteeism at workplace which could lead to loss of respect and trust from colleagues and supervisor for that individual.

Furthermore, alcohol consumption problem caused other problems such as poor communication with clients and colleagues. The drinking problem also made participants negligent at work and sometimes lost the company's property such as keys and even stealing the agency's assets were reported. The participants faced several warnings and; multi-disciplinary hearings before they eventually lost their jobs as indicated in the responses and seen below:

"I could sometimes lose the company keys when I went to drinking places. I faced several disciplinary hearings and I was given a warning and later lost my job at the age of 28."

(Participant 4)

"I could sometimes not be doing well my tasks and activities at the workplace as a result of being exhausted and absent due to alcohol abuse. There were incidences when I took out items from the workplace to sell in order to buy alcohol and later I admitted my actions and finally lost my job." (Participant 1)

The aforesaid findings reveal that, alcohol consumption can cause the person not to remember certain things as the responses indicated that keys were lost. Craving for alcohol can make the person steal even at the workplace so that he or she can buy alcohol.

It also is evident from the above findings that some participants were negligent and unable to safeguard the agency's assets which lead to their loss of employment. This confirms the study by Aichmuller and Soyka (2015) and AAFP (2019) who stated that alcohol misuse could lead the person to be a failure of other aspects of life.

Furthermore, the study showed that some participants' drinking problems lead to experience loss of respect and trust from colleagues and supervisors as a result of bad relationship. Participants would also lack proper communication skills with their colleagues and clients which negatively impacted the organisation. Some participants also indicated that they could easily get angry, and as a result they would pick fights with peers as well as accuse their friends unnecessarily. They gave varying responses, as shown below:

"My subordinates lost trust and respect in me because of the alcohol abuse problem. I could sometimes fail to report for work." (Participant 3)

"My colleagues sometimes complained that I was smelling alcohol while at work and they could not respect me." (Participant 4)

"I used to get angry easily and I could easily pick a fight. Sometimes I could accuse people. My communication skills lagged behind that I could not communicate with others fully. I had difficulties in communicating with clients and colleagues in a professional way as a result they would get annoyed." (Participant 2)

The aforesaid findings show that, participants lost respect and trust of colleagues and supervisors due to misuse of alcohol. The drinking problem also affected their communications skills as they could not communicate with clients properly. This is again consistent with Aichmuller and Soyka (2015) who indicated that alcohol misuse can affect the central nervous system which results in poor judgement, and irritability.

Besides, the participants gave various responses on missed opportunities which included not attending very important appointments. And because the participants were not as productive as they would be; they could not be promoted at the workplace or upgrade their qualifications. They reported not developing their sports skills well and performing poorly at work. Below is how they put:

"I missed many opportunities in such a way that I could miss a very important appointment, my time was wasted through drinking alcohol. My sports skills were affected and underdeveloped. Instead of going for sports, I could go and drink alcohol." (Participant 1)

"I missed out opportunities such as career growth; I could not be promoted as a result of alcohol abuse. I was lagging behind career wise - I wanted to be in higher position." (Participant 2)

Because of the above findings, it is unmistakably that alcohol consumption can make a person miss opportunities like career growth as she or he may spend much time sleeping instead of for instance attending important events such as meetings.

Moreover, the study also revealed that alcohol consumption was intrusive with some of participants' school work. They were not doing their school work. Therefore, they were moved a grade backward. They gave various responses as seen below:

"The problem of alcohol consumption was interfering with my school work in such a way that I used to be in B-class later, I was moved to C-class. I was having a problem of alcohol consumption throughout my secondary school and it continued at tertiary level and even after completing my studies." (Participant 4)

"Alcohol misuse was preventing me from paying attention to my school work." (Participant 9)

Findings demonstrate that alcohol consumption can be so destructive that a person may perform very poorly at school and face being demoted to a much lower grade. This confirms (Health, et al., 2012) who stated that almost half of 800 college students with a drinking problem who were surveyed experienced blackout which lead to reduced grade point average.

4.4.1.5 Subtheme 1.5: Reckless driving and accidents

The study established the problem of alcohol consumption related to careless driving and accidents. The responses included the participants driving carelessly thousands of kilometres, a situation which might have ended up in loss of their lives for that particular individual and others. The responses too incorporated participant(s) who had multiple accidents. This could cause extra burden to the government and the families of individual(s) as well as other people who were involved in those accidents. Such saddle would be in terms of costs which involved sick leaves and medical bills. Below is what they had to say:

"I could drive my motorcycle and car a thousand kilometres away though I was fortunate enough not to make any accident on the road but at home I almost hit the wall." (Participant 8)

"I used to drive under the influence of alcohol and made multiple car road accidents." (Participant 9)

From the responses given above, it becomes obvious that alcohol consumption causes careless driving which leads to road accidents and contributes to government's economic burden, the families and the society at large. Thus, people who are involved in car accidents get admitted to hospital where expenses have to be incurred as well as sick leave(s) have to be obtained which lead to a reduction in production and of course less revenue for the

agencies and the government alike. These findings are as well consistent with AAFP (2019) who stated that alcohol consumption is a serious problem if a person cannot stop drinking; alcohol can lead to road accidents among others.

4.4.1.6 Subtheme 1.6: Financial life

The findings of the study also showed how participants' financial life was affected as a result of alcohol use. Various responses were given that included being an economic burden to their parents which included being looked after by their parents financially. They could not contribute financially to the household but only spending money on alcohol. Others even became an extra burden to the household after losing their jobs because they had to stay home with no work and continued drinking. Below are their responses:

"I used not to contribute financially to the household as a result the family could not respect me." (Participant 6)

"My family was affected by my drinking in such a way that I used to spend all the money on alcohol and I was staying at my parents' house." (Participant 7)

"Being an adult without any income, it was hard to stay at home and with a drinking problem, I was later told to leave the homestead." (Participant 4)

The aforesaid findings disclose that alcohol consumption can cause a person to be dependent on parents, even when they are adults as a result of losing their jobs or spending all their money on alcohol.

However, other responses touched the issue of losing properties or not being able to acquire assets as they could not pay for the mortgage since they did not have an income consequent to losing their jobs. Similarly, some participants went into debts and they could not accumulate as much assets as a result of carelessness and spending so much on alcohol

consumption. Some participants also experienced financial problems as they used to spend their money on alcohol and some could borrow money which they could not pay back. Here is how they put it:

"The financial problem is there. In the group, we are assisted to deal with such a problem which cannot be solved there and then, it is a process. It is important not to run away from the problem but one get to know how other people dealt with the problem. It is not like in the past where I used to deal with the problem by drinking bottles of Vodka. Most people with alcohol drinking problem have other problems such as depression, anxiety, high blood pressure. For me, I am fortunate that I do not have those conditions. I lost my apartment as a result of losing my job and the use of alcohol was the primary cause of everything." (Participant 5)

"I went into debts as a result of spending so much money on alcohol. I could not accumulate assets as it was supposed to be. I lost vision for the future, my future dreams were interrupted." (Participant 2)

The above findings reveal that drinking problem too, can cause an individual to be homeless after failing to pay their mortgage due to loss of income. Moreover, the person can run into debts and not be able to acquire assets or safeguard their properties.

4.4.1.7 Sub-theme 1.7: Relationship problems

Meanwhile, the findings of the study suggest that participants experienced relationship problems with family members as a result of consuming too much alcohol. They would be in drinking places and would go home late intoxicated even in the situation when they are supposed to be at home. The problem of alcohol consumption also caused family

disintegration as at some point the wife and children had to leave the homestead. The varying responses are seen below:

"My relationship with my wife was spoilt due to the problem of alcohol: I used to be in drinking places many times even when I am supposed to be at home." (Participant 3)

"The problem of alcohol use made my wife and children to leave the house because I used to go to night clubs frequently and sometime I could carry alcohol (whisky) home." (Participant 10)

"The problem of alcohol addiction created misunderstandings between my family and me. For example, I used to go home late drunk, under the influence of alcohol, I was not respected because the family and I were angry at each other." (Participant 6)

The findings are consonant with the view that, alcohol consumption caused family problems between husband and wife as well as with other family members. The husband or a family member would be at the night club consuming alcohol when he is supposed to be at home.

Besides, other varying responses included loss of relationships with friends as a result of alcohol consumption. The situation caused poor communications between the participants and friends or others as sometimes they would make unfounded allegations. Some participants lost their girlfriends due to untidiness of the participant. Below is how the participants said it:

"I could not maintain friendship because I used to drink my friends' beers after finishing mine. And I used to make some accusations" (Participant 6)

"I lost my girlfriend as she could not stand my behaviour which was influenced by the use of alcohol." (Participant 5)

It is evident from the above findings that alcohol consumption can cause poor communications of the individual with friends and other members of the public as a result the individual can have relationship problems. These findings are again consistent with Aichmuller and Soyka (2015) and AAFP (2019) who stated alcohol misuse can affect the central nervous system which may result in poor judgement and bad temper.

4.4.1.8 Subtheme1.8: The interaction of genetic and environmental effects of alcohol consumption

The findings of the study further showed how alcohol consumption affected participants' lives. Various responses were provided regarding the interaction of genetic and environmental effect of alcohol consumption. Almost every participant had close relatives (for instance first generation relative) with a drinking problem. Some responses included being introduced to alcohol by a role model figure who happened to be the parent. Below are the participants' words:

"Yes, my mother was a heavy drinker. I remember ever since I was a child, I was seeing my mother drinking but when one grows older she would drink 4 – 5 beers. My father used to drink a lot but he would control his drinking problem. He used to avoid drinking in front of us the children." (Participant 7)

"My father had an alcohol drinking problem. My father also introduced me to alcohol; he made me drink with him when I was still a child." (Participant 8)

"Yes, my father was having a problem of alcohol abuse; the problem of alcohol abuse is genetic. It is not about watching someone drinking." (Participant 5)

Based on aforesaid findings, it is not only men who can have a drinking problem, women too can drink markedly. The mother who was supposed to be a role model of one of the participants could even consume alcohol more excessively than the man.

Besides, participants did not only have relatives with drinking problem, but some of their relatives died of alcohol consumption problem. They gave varying responses which included losing their siblings and uncles as demonstrated below:

"Yes, my sibling had a drinking problem, one passed away. My father also had a drinking problem but he quit. One of my brothers passed away at the age of 32 as a result of alcohol abuse. My other two brothers were also having the same problem." (Participant 4)

"Yes, men in my family are affected by the problem of alcohol abuse. My two uncles died of alcohol abuse." (Participant 2)

The above findings show that, a person can lose his or her life due to alcohol misuse as it happened that some of the participants' close relatives died of alcohol use.

Additionally, some participants suggested that alcohol use runs in families and they mentioned members of their families with alcohol consumption problem; some relatives on both sides, maternal and paternal. In fact, some participants' relatives used to attend AA and they found relief for the drinking problems. It was therefore imperative that they thought help from the same fellowship. The responses are reported below:

"My maternal grand-father and my mother had a drinking problem. My grand-father also participated in this AA group that was how I came to know about it. My grand-father attended the group and stopped drinking. So, I thought that the group can also assist me."

(Participant 6)

"Yes, there are a lot of family members; I have uncles, aunts and cousins with alcohol drinking problems both mother's and father's side but I am more close to my father's side. They say that alcohol runs in the family." (Participant 3)

"Yes, there are other members of the family with the problem of alcohol drinking. My uncles, aunts and cousins are also having a problem of alcohol abuse." (Participant 1)

The above findings reveal that alcohol use can be a genetic problem. However, Barlow and Durand (2009) disagreed with some of the findings of the present study and indicated that learning can influence the habit of alcohol consumption as compared with the present study of some of the participants who believed that the behaviour of alcohol consumption is genetic, it can be passed from one generation to another, is not about watching the behaviour. But, Agarwal-Kozlowski and Agarwal (2000) had a double opinion and indicated that environmental factors and genetics are two components related to alcohol consumption with about half the risk accredited to each other. An individual with a parent or sibling with an alcohol consumption problem is three to four times more likely to have the same problem of drinking themselves.

4.4.2 Theme 2: The effects of AA self-help group on the wellbeing of its group members

There are six sub-themes regarding the effects of AA on the wellbeing of group members as stated below: abstaining from alcohol consumption of group members, improved health and wellbeing of group members, improved relationship, trust and respect recovery with individuals and families, improved workplace relationship, improved relationship with neighbourhood as well as maintain behaviour change.

4.4.2.1 Subtheme 2.1: Abstinence from alcohol consumption of group members

The study uncovered how the lives of the participants were after joining an AA self-help group. The majority of responses indicated that the AA self-help group is effective in assisting group members abstain from alcohol. They gave varying answers which included that they are not consuming alcohol any longer, avoid picking the first drink, being able to avoid completely eating food containing alcohol, and they are sober. AA helps group members understand themselves better to deal with the problem of alcohol consumption as the problem is not with alcohol but the individual.

Abstaining from alcohol consumption is in line with the five/six stages of behavioural change mostly the action stage where group members do what it takes to abstain from alcohol consumption (Colombo Plan, 2015; Zimmerman et al., 2000). The maintenance stage where they sustain the behaviour changed (Prochaska & Di Clemente, 1992). Besides, the participatory model can also be applied in this manner (Zemore et al., 2004) through participation in the group, the model enables individuals to gain new abstinent friends and learn new coping strategies. But also the IAA cycle where the person affected by alcohol consumption goes through the above three stages of Indulgence, Ambivalence and Attempt to maintain abstinence (Yeh et al., 2009). The findings of the present study indicate that the majority of the participants are at the action stage while participants 4, 6 and 8 appear to be at maintenance stage of the change model. Below are the participants' responses:

“When I was having alcohol problem – I used to feel misunderstood. AA gave me a place to understand what it feels like to have drinking problems and not knowing how to stop alcohol consumption. The problem is not with alcohol, but with me. I need to practise self-control. AA has helped me to understand myself better and how to stop alcohol consumption and dealing with myself because the problem is not alcohol but it is me – myself.” (Participant 9)

"I have to accept that I have a disease of alcohol consumption and I am not ashamed of saying so and I try to avoid picking up the first drink. I stay away from anything containing alcohol such as deodorant, after-shave, perfumes and some foods. I was forced to divorce my spouse who was having a drinking problem together with my step-son and they were not ready to change. Alcohol is not a problem now per se, I live on 24 hours. I do not know what may happen tomorrow because one cannot be comfortable that I got rid of the problem."
(Participant 4)

"Life is manageable now; I can deal with cravings of alcohol consumption." (Participant 2)

It is evident from the aforesaid findings that AA enabled group members to understand the problem of alcohol consumption better and how to reduce or rather stop the use of alcohol. AA also assists the members to avoid the triggers which lead to alcohol consumption or relapse. In fact, the findings of the present study differed with McGovern et al. (2010) who regarded alcohol consumption as an illness like for instance diabetes.

Moreover, other varying responses included understanding the drinking problem and how to control it. Some members indicated being sober the first time in their lives since they started consuming alcohol at a younger age. One indicated there is a change in their lives and life is now manageable as a result of abstaining from alcohol. Further responses showed that even people around them, including AA group members, family members and friends can see the difference in their lives. Although relapse is possible, they learn to deal with the craving and strive to stay sober. They stated that:

"My family, my ex-girlfriend, friends and group member of AA can also see the difference in my life it is the result of AA that I am sober for so long." (Participant 7)

"I am now sober and confident the first time in my life I was given a chip for staying sober for two months." (Participant 3)

"My life is now manageable; my daily activities are not interrupted because I am not consuming alcohol anymore." (Participant 1)

The above findings provide evidence that indeed the use of alcohol had made the lives of the participants unmanageable. However, the AA assisted group members to change their lives and reduce the use of alcohol which turned their lives manageable. The present findings confirm the study by Davis et al. (2015) who suggested that any change in alcohol consumption behaviours like limiting the rate of alcohol consumption has a substantial positive effect on an individual's health outcomes.

The present findings also support the study by Geertruida et al. (2016) who reviewed the effectiveness and possible harm of self-help groups in substance misusing and narrative findings which showed that self-help groups reduced alcohol consumption and use of drugs. Parkman et al. (2015) also made a scoping review on self-help groups concerning alcohol reliance and found that self-help groups reduced alcohol consumption challenges, maintained sobriety and aided in the recovery of alcohol use disorder. The same applied to Morgenstern et al., (2012) who found that self-help groups appear to be mediated by a set of common change factors, importantly maintenance of self-esteem, motivation and increased lively coping efforts. Also, Kyrouz and Humphreys (2014) reported active coping, recovery and friend support from abstinence mediated the effects of self-help groups' participation in substance outcome.

Whereas the present study disagrees with Ferri et al. (2009) who found unconstructive outcome on the effectiveness of self-help groups on AA for drinking outcomes. The authors stated that AA is important in helping patients to accept treatment and keep patients in

treatment more than alternative treatment, though the evidence for this is based on a small study which combined AA with other interventions and need not be recognised and regarded as conclusive. The present study too does not agree with (McLatchie & Lambo 2003; Montgomery et al., 2015, as cited in Mueller et al., 2007) who stated that they had not find a positive effect of AA on drinking results.

However, other participants gave varying responses about behaviour change. They indicated that it is mostly the individual's willingness which makes the person overcome alcohol consumption because the person has to decide to join AA self-help group. If the person is forced, it may not work. They said it this way:

"I decided myself and I found out about AA on the internet because I wanted to change."

(Participant 9)

"One day I became desperate and I walked into AA rooms." (Participant 8)

"I am in the group only to tell my story and help other sufferers who may need my help – my parents also tried to force me to change, it did not work until I realized myself that I needed to change." (Participant 6)

It is evident from the findings that change in behaviour of alcohol consumption involves much of the person's willingness and readiness to change. It also goes back to their motivation to change. The above findings are consistent with (Kaskutas, 2009) who suggested that it is uncertain whether the AA has a precise effect on individuals. For instance, it is the actual AA programme which helps to retain the individuals' sobriety or is there; other factors, including the fact that people more enthused to stay abstemious will go to more meetings, irrespective of the existent programme?

4.4.2.2 Subtheme 2.2: Improved health and wellbeing of group members

The findings of the present study further showed that the health and wellbeing of group members improved as a result of abstaining from alcohol consumption. The participants gave various responses which indicated that there was improved general health and wellbeing of participants after joining AA. They mentioned that their mental health and wellbeing, which were categorized as emotional, physical, spiritual and financial wellbeing had been enhanced. They elaborated that they felt confident as depression was almost gone. They further reported that they did not feel anxious and did not suffer from insomnia any longer, and were not even easily annoyed. The other responses included not being anxious about passing on at any time and not suffering from disorders anymore as before they joined AA. Below are their words:

"With the help of the skills which I have learnt from the AA group as well as abstaining from alcohol, I am no more depressed and feeling anxious as I used to be. I am no more easily annoyed, I can control my temper." (Participant 2)

"I now feel confident; depression is almost gone. I am no more taking sleeping tablets – I have normal sleeping patterns." (Participant 3)

"I am healthier mentally, physically, psychologically and spiritually. I am no more scared of death." (Participant 8)

It is evident from the above findings that abstaining from alcohol consumption and the application of the skills learnt during group meetings, group members felt much more confident and healthier; physically, psychologically and spiritually and were no more afraid of death. This confirms a study done by Davis et al. (2015) who concluded that any change in alcohol consumption behaviours like limiting on the rate of alcohol consumption has a considerable positive effect on an individual's health outcomes.

Although almost all the participants reported the positive effects of AA as a result of abstaining from alcohol consumption, one participant surprisingly added a negative effect and indicated that sometimes he experiences mood swings as a result of the brain adjust to the new situation. This can be attributed to the brain in an attempt to adjust to the new situation as the participant is abstaining from alcohol consumption (AAP, 2013a). Below is what they had to say:

"I also sometimes experience mood swings because when one stops drinking, the brain starts to adjust to the new situation as a result it triggers mood swings. The Psychologist advised me the possible causes of mood swings and I also read about it." (Participant 2)

The aforesaid findings reveal that quitting alcohol use can come with a price to pay. Consequently, the individual develops mood swings and sometimes feels irritated. The above findings confirm the study done by (Brent, 2008) which states that alcohol's primary effect is the increase in stimulation of the Gamma Amino Butyric Acid (GABA) receptor, promoting central nervous system depression. Therefore, with recurring excessive consumption of alcohol, the receptors are desensitised and reduced in number resulting in tolerance and dependence. Hence, when alcohol use is stopped too suddenly, the person's nervous system suffers from unrestrained synapse firing, causing irritation.

Moreover, the findings of the present study established varying responses related to emotional wellbeing after joining the AA self-help group. The participants felt joy, peace and happy as the AA enabled them to have meaningful lives; their lives are now manageable, stable and more productive. In fact, they believe that they can constructively handle emotions. They responded that:

"AA has brought meaning to my life; joy, peace and happiness. I want to plough back to the society by giving motivational speeches to the primary and secondary school learners."

(Participant 1)

"AA self-help group has made my life manageable, stable, productive, and happy. I am looking forward to the future. I can deal with cravings." (Participant 2)

"I can productively deal with my emotions rather than consuming alcohol." (Participant 5)

Apart from the positive emotional effects of the AA on its group members, the participants added some negative effects. For example, one participant mentioned that at times he feels unhappy because of the loss of friends whom he used to drink with before joining the AA with subsequent change in behaviour as confirmed by the answer below:

"I lost my friends, the ones I used to drink with as a result I sometimes feel agitated though the support I get from the AA self-help group also covers that area." (Participant 2)

The above findings tell us that some group members left the friends they used to consume alcohol with, to abstain from alcohol use. It is clear that, that change in life is not easy and group member(s) sometimes feel bad they are no more seeing their friends with the drinking problem.

Besides, varying responses were given about physical wellbeing which included group members feeling physically fit, happier and active in sports. They are as well having a need to exercise regularly. The responses are presented below:

"I feel physically fit and happier than how I was feeling in the past 20 years. I am more energetic." (Participant 7)

"My life is now stable; I am very active in sports." (Participant 5)

"I concentrate on positive things such as sports, and I exercise regularly." (Participant 1)

The above findings inform us that the time participants were using to consume alcohol, was replaced with doing productive activities such as body-building. As a result, they felt physically fit, happier and more energetic.

Additionally, the findings established improved health wellbeing in terms of spiritual life. These findings included the involvement of external power, the God of their understanding, depending on their beliefs and values, a need to surrender not only to self but also to the higher power. This can also include the mastering and practising the AA principles that when one has, for-example harmed other people in the present and the past wherever it is possible to go to them and make amends with them for what that person has done. The spiritual wellbeing can enhance the recovery process as seen below:

"I learnt to involve the external power, the God of my understanding who can be anything depending on one's beliefs for me to deal with the problem of alcohol use. There is a serenity prayer said in the group and it is: God, grant me the serenity to accept the things I cannot change, courage to change the things I can and wisdom to know the difference." (Participant 2)

"For me I believe in God, but I was doing things on my own. I need to surrender not only to myself but also to the higher power who can help me to understand the problem and be able to face it." (Participant 5)

"I now follow what I believe to be a spiritual path, I believe in God. I am much happier." (Participant 8)

Because of the above findings, abstaining from alcohol consumption enabled the participants to grow spiritually as they resorted to the God of their understandings which can be anything.

And for them to maintain sobriety, they need to surrender not only to themselves but also to the higher power.

Furthermore, participants gave varying responses relating to their financial wellbeing which seemed to have improved as a result of abstinence. The responses included being financially stable, out of debts or avoidance of wasteful and selling household items for them to buy alcohol. Some research participants used to borrow money and accumulate debt to buy alcohol, which is now a thing of the past, and they no longer feel financially insecure. They expressed it as follow:

"I am financially stable and I take care of my assets well, for example I am no more bumping my car as I used to. I avoid wasteful life as I used to leave the tap water linking for a long time, it is no more happening." (Participant 2)

"I am no more borrowing money. I am no more selling items in the house, meaning I am living within my means. I am at peace with people around me." (Participant 1)

"I am out of debts – no more borrowing money and I stick to budget." (Participant 3)

The above findings show that abstaining from alcohol consumption enabled participants to be economically stable; they came out of debts and they are no more selling items in the house to buy alcohol.

Moreover, answers included other dimensions of financial wellbeing, such as - being able to save money, provide for themselves, acquire property and take care of assets and other developments. Participants also indicated that saving money placed them in a better position to the extent that they can afford going on holiday as well as sending their children to tertiary institutions, even outside the country. They also reported buying houses for their wives and

children as well as buying furniture for their houses and living reasonably comfortable, as evidenced by the remarks below:

"I managed to save money and for the first time in my life, I went for a holiday. I also pay for my children's tertiary education; one was even studying out of the country. I also acquired assets such as furniture, a vehicle, a television set, beds, and washing machine. I used not to be keen on buying furniture for the house; I could only buy one or two. I can now take care of my house." (Participant 4)

"I bought a bigger house for my wife and children after selling the one I had which was smaller." (Participant 10)

Based on the above findings of the present study, abstaining from alcohol consumption lead to improved living conditions of the participants because they spent their money rightly such as buying a bigger house for the family. But also buying furniture for the house as well as sending their children to tertiary education, even outside the country.

Besides, the current study found that some of the participants' financial life stabilised and they can take care of their properties; not like before when they used to bump their vehicles. Most importantly, participants restored their dignity, as they tell us below:

"I am financially stable and I take care of my assets well, for example, I am no more bumping my car as I used to." (Participant 2)

"I regained my income, self-confidence, self-respect and dignity. I save my money though not a lot." (Participant 6)

4.4.2.3 Subtheme 2.3: Improved relationship, trust and respect recovery with individuals and family members

The findings of the present study also show improved relationships, trust and respect recovery with individuals and family members as a result of abstaining from alcohol consumption. The participants gave varying responses relating to spouse, children and other family members as well as their friends. The responses touched the gain of trust and respect from family, wife as well as making new friends for the participants. The responses are captured below:

"My wife is now happy because I spend more time with her compared when I was still hitting the bottle." (Participant 3)

"I am a better companion than in the past and I now spend a lot of time at home with my wife." (Participant 8)

"My wife and children had left the home and they came back after I had changed my behaviour." (Participant 10)

The aforesaid findings reveal that AA self-help group improved their relationship with spouses and children as a result of abstaining from alcohol consumption.

Improved relationship with the family as the result of abstaining from alcohol consumption was evident among the participants who reunited with their families as well as making new friends. They also gained the trust and respect of their families for they are out of the habit of stealing which was caused by the use of alcohol. Below is what they had to say:

"I have good relationship with my family; they can now trust me. I also made new friends and my relationship with my new girlfriend has improved." (Participant 2)

"I am reunited with my family and the bond is strong. I have meaningful friends – not those who want to party all the time." (Participant 6)

"I have restored my relationship with my parents and siblings." (Participant 8)

"I am no more selling items in the house and I am at peace with myself and other people around me. The family now trusts me; they are no more leaving their rooms locked up as they used to do." (Participant 1)

Although the majority of the participants gave many positive responses, there were also negative effects reported, where one participant was feeling restless due to the loss of friends who were with him when he was still consuming alcohol. Below is how they put it:

"I lost my friends, the ones I used to drink with as a result I sometimes feel agitated though the support I get from the AA self-help also makes up for that loss." (Participant 2)

The above findings provide evidence that although AA self-help group members are happy with the change of alcohol consumption behaviour; it becomes natural for them to miss their friends whom they used to consume alcohol with.

4.4.2.4 Subtheme 2.4: Improved workplace relationship

The findings of the present study found that there was improved workplace relationship for the participants as a result of abstaining from alcohol consumption. The participants gave varying responses which suggested that most of them had problems at the workplace and some lost their jobs. With abstinence from alcohol consumption, improved relationship with colleagues and peers occurred. The responses indicated that the participants were performing better at work. The quotation below testifies:

"I am now performing better at work since I do not consume alcohol any longer."
(Participant 3)

"I am working better with people and relating to friends well." (Participant 8)

Moreover, the participants were asked a question about career development. They gave varying answers in this regard, which included getting a promotional job, going for further studies, self-improvement and self-growth and improving their school work. All these resulted from, abstaining from alcohol consumption. Participants' various answers also included general improvement in their personal appearance, ability to take care of themselves, as the quotation below tells us:

"I recently started a promotional job and I also do extra work for extra income. I am now doing sports. I discovered the hobbies which I was not aware of such as reading, doing exercises, playing video games. I am recovering my confidence and self-esteem which was lost. I can now look myself in the mirror which I used not to do. I used to be very thin, I have put on a little bit of weight and I am doing sports. I look neat and presentable. I am happy with my general appearance that is the work of AA." (Participant 2)

"I managed to advance my career, I went for further studies." (Participant 4)

"I have improved; self-improvement, self-growth; my school work is improving."

(Participant 9)

It is evident from the above findings that participants improved their self-confidence, their personal growth and restored their self-esteem. This confirms Morgenstern et al. (2012) who found that self-help groups appear to be mediated by a set of common change factors; the maintenance of self-esteem, motivation and increased active coping efforts. This is also consistent with Kaskutas, et al., (2002) who stated that increasing involvement in one's own recovery can lead to the individual to build self-esteem. Peer participatory model results into empowerment since AA self-help group members are reliant on themselves and each other perhaps.

4.4.2.5 Subtheme 2.5: Improved relationship with the neighbourhood

The findings of the present study also found that there was an improved relationship with the neighbourhood as group members were abstaining from alcohol consumption. The responses included participants wanting to plough back into the society by coaching youth in the field of sports as well as helping out the neighbours when there is a need. The responses also indicated the discontinuation of loud music, a situation which might give the neighbours peace of mind because their sleep is no more disrupted by loud music, the responses below confirm:

"I am no more playing loud music which was disturbing my neighbours' sleep. I believe they are able to sleep well now." (Participant 7)

"I want to give motivational speeches in my community in order to assist those who are affected by the problem of alcohol use and coach the youth in sports. I am now able to help out the neighbours when there is a need for example working in the compound." (Participant 2)

"Before, I could promise to help out the neighbours but I could not honour the promise because I would be busy drinking." (Participant 1)

Given the above findings, participants' relationship with their neighbours improved as a result of abstaining from alcohol consumption as they stopped playing destructive music.

Even though the participants reported improved relationship with the neighbours as a result of abstaining from alcohol consumption, one participant gave a negative effect. One participant indicated that he had moved to a place opposite his former work place when he was still working. Although he lost his job, he still lives there. He said that it is difficult to wake up every day and look at the place opposite where he used to get his income from. He is

still unemployed. That situation is believed to sometimes trigger anxiety as he is unable to take care of his financial obligations. Evidence of the above findings is presented in following quotation:

"While I was still working, I moved to the place which is opposite my former workplace. I am still there up to now and every morning I wake up and I am confronted by that geographical location of looking at my old workplace which used to get me an income and I have no money now. The former workplace is in front of me that increases my fear and anxiety as I am not able to reach my life expectations." (Participant 5)

The present study did not only show that the AA self-help group is effective in the reduction of personal alcohol consumption, but it also found that participants' health wellbeing, relationship with family members, workplace relationship and neighbourhood relationship also improved.

4.4.2.6 Subtheme 2.6: Maintaining behaviour changed of alcohol consumption

The findings of the present study further established how the behaviour change of research participants would be maintained. The research participants gave various responses including attending meetings regularly as well as adhering to the 12-steps programme. Some of the responses are presented here:

"I will maintain change in behaviour by attending meetings regularly and adhering to the 12-steps programme." (Participant 4)

"I will continue attending AA meetings, reading the 12-steps and reading the serenity prayer." (Participant 5)

"I will continue attending AA group meetings." (Participant 2)

Because of the aforesaid findings, the participants will maintain behaviour change by attending the AA meetings regularly as they continue reading the 12-steps and putting into practise the serenity prayer. This confirms Bickel and Vuchinich (2010) who stated that behavioural theory encourages self-help group member to access rewards through engagement in attending meeting which reduces of members looking for alternative ways of socialising without alcohol use. This is consistent with maintenance stage of behavioural change theory; (Prochaska and Di clement, 1992) stated that this stage involves integration of new behaviour over a long time. Individuals need to work on the changed behaviour to prevent relapse to earlier stages and it can be achieved by attending AA self-help group meetings regularly.

Moreover, the participants suggested other ways of maintaining behaviour change of alcohol consumption which included active participation in the group, continue sharing experiences and listening to group members. Below is what they had to say:

“I will be active in participation in the group. I will constantly master and practice 12 – steps.” (Participant 2)

“I will continue sharing experiences and listening to others; experience strength and hope through sharing.” (Participant 4)

“I will continue sharing experiences in the group with the people who will not judge me.” (Participant 1)

The above findings show that, the participants will maintain their behaviour changed by continuing to share their experiences in the group as well as by listening to other group members. This is consistent with Peer Participatory model, which states that experimental

knowledge inspires equality among group members as knowledge is openly shared rather than being protected and controlled (Booth et al., 2009).

Besides, the participants' responses about behaviour change of alcohol consumption would be maintained included assisting new members of the group. They also indicated that they would be striving to identify members of the community with the drinking problems and inform them about the work of AA. They expressed it as follow:

"I will be talking to the newcomers and old members in the group." (Participant 2)

"I will identify other people in the community with drinking problems and encourage them to join the self-help group." (Participant 4)

The above findings demonstrate that old members of the group would continue giving the necessary support to the newcomers support as well as identifying other community members with a drinking problem and encourage them to join AA self-help group. This is consistent with Burman, 1997; Mohatt and colleagues 2007; Yeh and Colleagues, 2009; as cited in British Psychological Society and Royal College of Psychiatrists (2011) who stated that seeing another person giving up alcohol can promote abstinence among group members. Maintaining the support system by AA self-help group members would prevent them from relapsing back into alcohol use problem.

Above and beyond, participants gave varying responses about continuation of abstaining from alcohol consumption which included staying away from the triggers such as drinking places which participants used to visit before joining the AA self-help group. They would abstain by keeping away from the things they used to do which may lead to the use of alcohol. Below are their words:

"I will stay away from the triggers; for example, the places I used to visit when I used to drink. (Participant 2)

"I try to avoid socializing with people with alcohol drinking problem especially after I have encountered the death of the loved ones. As I earlier stated that death increases my likelihood of relapse." (Participant 8)

"I will continue abstaining from alcohol consumption and anything which I used to do to lead me to alcohol use problem." (Participant 7)

"I will maintain behaviour change by staying away from the first drink." (Participant 9)

Based on the findings of the current study, the majority of the participants will strive to stay away from the first drink, trying not to associate themselves with the triggers such as old friends with drinking problems. This requires self-discipline and self-testing – (IAA cycle). This confirms (Yeh et al., 2009) who indicated that if self-help group members lack self-testing and self-discipline to stay away from triggers of alcohol use; they are more likely to fall back into a drinking problem.

Also, the participants in the current study gave varying responses about continuation of doing self-help and self-reflection as a way to maintain changed behaviour. They emphasised the importance of self-discipline as a way of controlling one's behaviour of alcohol consumption. Their responses could include self-reflection, avoiding self-pity and self-hurt as well as making one's life interesting and if one, for instance, feels depressed to seek professional help. Here is what they had to say:

"I continuously do self-help and self-reflection, group members need to be able to help themselves. I will look up to positive things, if I feel for instance depressed, to seek professional help." (Participant 2)

"I keep myself busy all the time, make my life interesting and avoid looking back to the past, self-hurt or self-pity." (Participant 6)

The above findings tell us that the participants will maintain behaviour change by doing positive things when they feel depressed or seek professional help. They also do self-reflection and keep themselves busy.

Furthermore, the participants' responses were associated with preparedness which included reading literature- such as the 12-steps and taking daily inventory of one's life which is part of the 12-steps. They also indicated they would practise the principles which are like the 12-steps as well as familiarize themselves with the 12-traditions, 12-promises. They added that the same information can be found on the internet as reported by one of the participants. The responses are seen below:

"I will continue practising the principles in my daily life and some of them are: Admit that I am an alcoholic – it means that I have to surrender that I am powerless over alcohol. Another principle is to seek the God of my understanding to come and relieve me of alcoholic problem. The God of my understanding can be anything depending on one's beliefs. One can be a Christian, Muslim or anything, when I say something wrong; I am urged to admit that I am wrong of my mistakes. If I have made mistakes in the past or harmed other people, then whenever it is possible to go to them and make amends with them for what I have done. We follow the spiritual principles of forgiving someone. These are some of the principles which keep us humble as members of AA." (Participant 8)

"I will continue taking the daily inventory of myself and taking my spiritual medicine in order to refrain from substance use. Reading the big book, 12- steps and the serenity prayer, it is important to read the ideas of forwarding members – which information can be found in the big book." (Participant 5)

"I am going to maintain behaviour change of alcohol consumption by making 12 –steps program and tradition to be part of my life." (Participant 3)

Findings reveal that, participants maintain behaviour change by practising the 12-steps where they will be having the daily inventory of themselves and to go to the people they have harmed and make amends where possible as well as forgiving others. This is consistent with (Ferri et al., 2009) who stated that in the self-help groups, individuals support one another emotionally through the abstinences model for individuals recovering from alcohol dependence using a 12-steps dependences technique. Also, (Cook, 2014; Cooper-Sadlo & Chou 2016; Medina 2014) state individuals who are effectively recovered by using the 12-steps are inspired by others. When one helps others to recover from alcohol consumption, she or he is as well encouraged to stay sober.

4.4.3 Theme: 3: Benefits of AA to its group members

There are five sub-themes in the theme of benefits of AA to its group members namely: Psychosocial support from significant others, group members could not do it on their own, mutual support of group members, a sense of belongingness of group members, improved skills development and increased awareness of self-help and care of others.

4.4.3.1 Subtheme 3.1: Psychosocial support from significant others

The findings of the present study established the first benefit of AA to its group members as psychosocial support from significant others and their reasons for joining self-help groups. They gave varying responses which included alcohol had taken over their lives and life had become unmanageable. They put this way:

"I was having drinking problems for a long time and I tried some approaches, including churches, but nothing worked for me. Because AA self-help group members are affected by

the problems of alcohol abuse. I believed they could also assist me in conquering the problem of alcoholism.” (Participant 2)

The above findings reveal that group members joined AA self-help because they could not do it on their own. They wanted the support of other group members who have the same problem and they have been in the group for longer period of time. This is consistent with (Burman, 1997; Mohatt and Colleagues, 2007; Yeh and Colleagues, 2009 as cited in British Psychological Society and The Royal College of Psychiatrists, 2012) who stated that seeing another person giving up alcohol can encourage abstinence among group members. This also confirms (Zemore et al., 2004) who indicated that peer participatory model enables individuals to participate during group meetings as they gain new abstinent friends and learn new coping strategies.

Besides, they indicated that the use of alcohol was interfering with their lives, daily activities such as school-work. Although, they had the desire to stop alcohol consumption and tried various ways, including churches, but nothing worked for them. They thought AA has a better understanding of alcohol consumption problems since the group members are affected by drinking problems. Group members therefore, opted to join AA for their alcohol consumption problems. Their responses are quoted below:

“The problem of alcohol abuse had taken over my life. I used to spend nights outside the home. I could drink till sunrise. I could sometimes consume alcohol while I was still at work.” (Participant 6)

“My reasons for joining self-help group were that I was having an alcohol drinking problem and it was interfering with my daily activities. The problem was interfering with my school work in such a way that I used to be in B-class later I moved to C-class. That was throughout my secondary school education. The problem continued to tertiary education. I used to come

home at any time at night. I used to do strange things – after a night club – I could go with my peers to places like Swakopmund for about 3 – 4 days.” (Participant 4)

From the responses of the research participants, it is evident that the majority of participants displayed symptoms of AUD. The study done by (Candate et al., 2017) informed us that AUD signs include among others; drinking that interferes with fulfilling obligations, lack of control over how much one drinks, continuing to consume alcohol even though it causes problems, an unmanageable urge to drink, and negative thoughts when one is not drinking.

Moreover, the participants reported that they were desperate to stop alcohol consumption and even their partners were unhappy and had threatened to leave them or had left them. But they had difficulties in quitting alcohol consumption and the situation was getting worse. They gave a variety of responses as seen below:

“My wife was unhappy and left the house with the children because of my problem of alcohol consumption and I did not want to lose them. So, I joined AA to be assisted with the problem.” (Participant 10)

“I was having a drinking problem for a long time and it was difficult for me to stop. My wife was unhappy because of my alcohol problem.” (Participant 3)

The above findings reveal that, some of the participants joined AA because they had a problem of alcohol consumption in their lives which had caused misunderstandings between themselves and their spouses. They were at the brink of losing their partners together with the children and they did not want it to happen. This can be in consistent with IAA cycle of (Yeh et al., 2009) who stated that individuals quit alcohol use as they realise that they are about to lose their families for instance wife and children. And when they join AA self-help groups, they find support from other group members.

Additionally, having suffered from alcohol consumption for long, some family members and friends wanted the participants to join a treatment programme such as AA for their drinking problem. So, the participants were encouraged to join AA self-help group because of their relatives and friends had attended the same organisation and they found relief for their drinking problem. Some participants had lost close relatives due to alcohol consumption and they did not want to meet the same fate. The responses are presented below:

“Yes, my mother motivated me to join AA. The psychologist who used to help me from the age of twenty-five when I decided to do something about the problem also encouraged me to join the support group. Because I was also not happy with myself, I wanted to change my life. And since I had lost two uncles due to the same problem, I was afraid of being on the same path.”

(Participant 2)

“Yes, a former colleague of mine who used to have alcohol drinking problems but quit encouraged me to join the rehabilitation centre in South Africa after I left tertiary education. The social worker at the rehabilitation centre also encouraged me to join the self-help group upon my discharge from the centre.” (Participant 4)

“I was motivated by my family members through the psychologist at the rehabilitation centre; they encouraged me to join the support group to stay sober.” (Participant 6)

The findings demonstrate that, some participants were motivated by their family members and peers to join AA self-help group who thought their need to be assisted with their drinking problems. As a matter of fact, those who encouraged the participants to join AA were also helped by the organisation with the drinking problems. So, participants believed that they could as well seek long term recovery from AA self-help group. This is consistent with Hunter et al. (2016) who stated that AA self-help groups has a important contribution to effective treatment as well as considerable influence of long term recovery.

Besides, after the participants' drinking problem had become worse and uncontrollable; they tried different ways, but nothing worked for them. They were therefore, determined to change their lives, and they took the initiative to join a treatment group for their drinking problem. Because AA group members are affected by the problem and they understand alcohol consumption problem better, participants realised that they could not deal with it on their own. So, they chose to change their lives and joined AA, as the following shows:

"I had wanted to stop drinking alcohol for many years, I tried different avenues to stop but I could not manage it on my own. My drinking became worse, one day I became desperate and walked into AA rooms. Nobody motivated me I went to AA on my own." (Participant 8)

"The friend of my mother and family members encouraged to join self-help group but it was mainly I who took the courage after I was in the rehabilitation centre for 10 weeks in South Africa." (Participant 5)

"I decided myself to join AA, I googled and I found out about AA." (Participant 9)

Based on the findings above, it is clear that participants made a drastic choice to change their lives and joined AA to seek relieve for their alcohol consumption problem. The findings also demonstrate that individual's willingness to change can enable the person to seek help and stay in the program, thus participant 9, is more likely to stay in the program. This is consistent with Kaskutas et al. (2009) who stated that most treatment programmes indorse clients attend 12-step groups, but the less motivated are more likely to drop out post-treatment.

In addition, some participants were encouraged by professionals such as psychologist and social workers who used to assist them when they were still at the rehabilitation centre. The evidence is encapsulated by the quotation that follows:

“Yes, I was motivated by my psychological counsellor in the rehabilitation program here in Namibia where I was seeking treatment. I have been at the rehabilitation centre nine times but the last time I was there was in 2017. After rehabilitation centre, I joined AA.” (Participant 7)

“Yes, before I joined self-help group, I was at the rehabilitation centre. Before I was discharged from the centre, the social worker encouraged me to join a treatment group like AA.” (Participant 3)

The findings further reveal that, some participants joined AA following the encouragement of some of the professionals: social workers and psychologists who had been assisting them at the rehabilitation centres. This was because they believed that being in the AA self-help group would assist them maintain sobriety and keep them away from alcohol.

4.4.3.2 Subtheme 3.2 Mutual support of group members

The findings of the present study established the second benefit of AA as mutual support of group members. The varying responses included the exceptional support group members get from one another as their problems are similar. The participants also expressed willingness to help one another in the group because other group members had supported them as well. They also touched on drawing strengths from other group members which is very unique. Moreover, they hang out with same group members because they share similar problems and understand one another. A group member can use the list of phone numbers of group members which is made available to call a mentor or any other group member when a need arises. They gave varying answers as seen below:

“I have a lot of support from the group members. My willingness to support other group members has grown because the group has supported me.” (Participant 5)

“Group members draw strength from other group members, before one walks in the group, one may think that he or she is alone. I hang out with people in the same group because they understand my problem better. Building relationships with other group members is also common among group members.” (Participant 4)

“There is a strong support system in AA; we are there to support one another as a group. One cannot stop alcohol use on their own, who will support that person?” (Participant7)

It is evident from the findings that participants benefit from getting mutual support from one another. This confirms Madara (2007) and Moos (2008) who indicate that self-help groups provide opportunities for social networks to its group members to make new relationships with new people and not those they were with when they still had a drinking problem. Certainly, spending time with people who are having similar challenges helps individuals to feel that they are not alone. They come to understand that there are other people who may understand exactly what they are going through. It therefore shapes a healthier form of social contacts.

4.4.3.3 Subtheme 3.3: A sense of belongingness

The findings of the present study also established a sense of belongingness as the third benefit of AA. The research participants gave a variety of responses which included being an AA member with no fee required. The group members can leave the group and they are free to come back to the group at any time without being queried for their return or leaving the group. They experience a spirit of belonging within AA. As such they do not feel alone. Below is what they had to say:

“I become a member of AA and I did not need to pay any money to become a member.”
(Participant 1)

“The group gave me the spirit of belongingness because I have people who understand me and my problem; they are also affected by the same problem.” (Participant 2)

“The other benefit of being in an AA group member is to be with people who understand your problem – membership is free.” (Participant 10)

The aforesaid findings provide evidence that group members feel good about belonging to AA because there is no payment required for membership. Even if one relapses, she or he can return to the group without being judged. The studies by Madara (2007) and Moos (2008) revealed that self-help groups free for everyone; they welcome anyone, and there is no fees payable. Besides, it does not matter if a member has relapsed. And group members can leave the groups and return as they wish.

Besides, the participants gave a variety of responses which were related to sharing experiences freely without fear of being judged. They share their stories with the people who understand them best because they are also affected by the same people. This was how they put it:

“I have got people, AA group members who have the same problem as I have, people I can talk to.” (Participant 7)

“No judgement in the group so information and experiences are shared freely. The group members help me to meditate.” (Participant 4)

“There is a group called AA where I can share some information or stories. I do not feel lonely anymore, I feel that I belong to the group who understand me and cannot judge me.” (Participant 5)

The aforesaid findings reveal that the participants feel comfortable sharing their stories among other AA group members because they understand what they are going through as

they also experience the same problem. They are not judged based on what they share. This is again consistent with (Madara, 2007; Moos, 2008) who stated that self-help group benefit from spending time with people who are having similar challenges which help them not to feel lonely.

4.4.3.4 Subtheme 3.4: Improved skills development

The findings of the present study established improved skills developments as a fourth benefit of AA for its group members as a result of abstaining from alcohol consumption. The participants gave varying responses in relation to improved decision-making skills. Some participants were no more relying on other people to make decisions for them in order to deal with daily activities and be able to plan for the future what they can achieve. They are also able to identify symptoms and causes of other addictive behaviours such as shopping unnecessarily. They are able to plan for their future. They expressed it in this way:

"I look at life in a more dimensional way, any decision I take, I must check first the impact it will bring on me and other people. I am able to solve the problem I encounter or to call someone in the group." (Participant 5)

"Through sharing different stories, I learnt to make my own decisions and be accountable. In the past the family and Human Resource Management System used to take care of my choices and decisions. I have good relationship with other people not only in the group but also outside. I have started my own business." (Participant 6)

"I am able to identify symptoms and cause of other addiction behaviour which may surface and able to do something about it, for example the addiction of shopping unnecessary since now I have more disposal income. I can now make wise decisions and think logically."

(Participant 2)

Based on the findings, the participants' decision-making skills had improved as a result of abstaining from alcohol consumption. They are no more relying on other people to make decisions for them regarding their lives, and they can solve the problems they encounter.

Furthermore, the present study found that, the participants improved problem-solving and conflict resolution skills. Some participants are now able to live better with other people because they gained skills which enable them to resolve conflicts when they arise. Having, abstained from alcohol consumption, the participants also gained skills in anger management, as evidenced by the quotation below:

"When I experience conflicts in the group with another human being, I must first do self-introspection of myself. I have to ask myself why I am feeling or acting this way. I follow the spiritual principle of forgiving someone." (Participant 8)

"I learnt to deal with other issues for example on how to control anger and handling difficult situation for instance when I find myself offended by other people. I am able to deal with other issues apart from the problem of alcohol use. I learnt on how to live better with other people in the society." (Participant 1)

"In the group, I learnt to deal with any other situation better, not only alcohol consumption problem but also issues such as anger, depression, self-esteem." (Participant 2)

The above findings provide evidence that, the AA self-help group is assisting group members not only to deal with issues of alcohol consumption but they also learn to deal with conflicts and manage anger when they are faced with such a situation.

Moreover, the participants improved their communication skills which also helped them to improve their relationship with friends and family members as well as colleagues. This resulted from abstaining from alcohol. Below is what they said:

"I communicate with other group members and the public with confidence because I am not afraid that when I open my mouth, I will be smelling alcohol. I learnt to build relationship with other group members." (Participant 4)

"I can maintain a relationship through improved communications with others." (Participant 6)

The findings reveal that the participants benefited from the group's improved communication skills, conflict resolutions, anger management and maintenance of self-esteem. This again confirms Morgenstern et al. (2012) who found that self-help groups appear to be mediated by a set of common change factors, importantly maintenance of self-esteem, motivation and increased active coping efforts.

The participants in the present study not only reported improving their skills such as anger management, conflict resolution, decision making, planning skills, communication skills, ability to identify symptoms of other addictions, but they also reported on utilisation of unused opportunities such as playing video games and physical exercises. They gave varying answers as they appear below:

"I discovered the hobbies which I was not aware of such reading, exercises, and playing video games." (Participant 2)

Based on the foregoing findings, it is clear that group members did not only benefit through improved skills such as decision-making, conflict resolution and ability to identify symptoms of other addiction behaviours but also benefited from discovering some hobbies such as exercising physically and playing video games. The studies by Linke and Ussher (2015) and Weinstock et al. (2017) suggest that individuals with substance use disorder (SUD) are interested in exercising and that they derive benefits from regular exercise, in terms of both general health/fitness and SUD recovery.

4.4.3.5 Subtheme 3.5: Increased awareness of self-help and care for others

The findings of the present study also established increased awareness of self-help and care for others as the last benefit of AA for its group members. The participants' varying responses included the importance of continuously doing self-help and self-reflection which can be achieved by doing self-help, self-reflection, be considerate, being less resentful, being compassionate, kind and have peace with self and others. They also included leading the life of non-self-centred; learn to value one's self and people as normal human being. They as well learnt to be more compassionate and empathic towards others as they keep themselves busy most of the time and avoid looking back to the past, self-pity and self-hurt. Instead, they focus on positive ideas, kindness, self-respect and care for others, avoid being depressed or seek professional help. Below is what they had to say:

"I continuously do self-help and self-reflection, it is important for group members to be able to help themselves. I keep myself busy all the time, make my life interesting and avoid looking back to the past, self-hurt or self-pity. I will look up to positive things, if I feel for instance depressed, I should seek professional help. I become more considerate as a human being."

(Participant 2)

"I am much peaceful as a human being, kind to people, have less hate and resentment towards myself and others." (Participant 7)

"My life is no more self-centred as it used to be in the past. I am more compassionate and empathic to other people." (Participant 5)

The above findings tell us that AA group members learn to avoid negative thoughts by keeping themselves busy and they are encouraged to seek professional help when they feel

depressed. They also learn to have sympathy and compassion regarding other human beings.

The findings of the current study did not only report increasing awareness on self-help and care for others but also reported on learning to trust themselves and gaining the trust of others. They indicated that when a person has a drinking problem, he or she would tell a lot of lies as a result, may also think others are doing the same. Some would even lie to their family members to go and consume alcohol. But when the person abstains from alcohol consumption, the likelihood of telling lies diminishes considerably and as a result she or he will begin to gain trust as well as have faith in others. If they refrain from alcohol consumption, then the person does not have reasons for telling lies, as a result a person can gain the trust of others. The evidence can be seen in the responses below:

"I learnt to trust others because I tell myself that I am a trustworthy person as I refrain from alcohol use. When one is in the problem of alcohol use, one tells a lot of lies as a result one would always think that others are also doing the same. So, she or he would not trust anyone. When you see others talking, you think that they are discussing you, one is always paranoid."

(Participant 2)

"I used to tell a lot of lies to wife as a way to go and consume alcohol and I would come back home late hours. Since, I am now abstaining from alcohol consumption I spend more time with my wife and children. So, I have no more reasons to tell lies to my wife as a result I gained her trust." (Participant 3)

The findings also show that, abstaining from alcohol consumption enabled the research participants to gain the trust of friends and family members. The former had no reasons to tell lies because they would spend more time with families as they are sober most of the time.

4.4.4 Theme 4: AA influences changing in alcohol consumption behaviour

There are four sub-themes in the theme of AA self-help group that influence changes in alcohol consumption behaviour namely: sharing experiences on changed alcohol consumption behaviour, mentoring other group members, increasing spiritual awareness and importance of regular attendance of AA meetings. Hunter et al. (2016) state that AA self-help group has an important contribution to effective treatment as well as considerable influence of long term recovery.

4.4.4.1 Subtheme 4.1: Sharing experiences on changed alcohol consumption behaviour

Firstly, the findings of the present study found sharing experiences on changed alcohol consumption behaviour as one of the ways AA influences changes in drinking behaviour of the group members. The participants gave varying responses which included older group members of AA sharing their experiences with newer members. They indicated that sharing experiences gives them strength and energy. They share similarities and differences of alcohol consumption behaviour, successful and unsuccessful stories with people who have the same problems and they cannot judge one another. Through sharing experiences one can be reminded not to be overconfident that she or he has overcome the drinking problem. The responses are below providing evidence:

"Sharing stories of my life makes me to wanting to quit alcohol use. Similarities and differences in alcohol use are identified and how the problem affects us. Group members sharing the problems which are related to alcohol abuse – one gets to understand that I am not alone." (Participant 7)

"I n AA, we share experiences related to alcohol consumption. I can relate to other group members' stories; all our stories are related or similar." (Participant 9)

Moreover, the findings of the study further established that AA self-help group helps members not to internalise the alcohol consumption problem. They get strength from one another in the group, as the responses below show:

“There is a group called AA – where I can share some information or stories. I do not need to internalise everything. Sharing stories and experiences on how was the life before joining AA – different topics relating to alcohol abuse and recovery and reading the serenity prayer. I can share the problem with the people who understand it; from there I have the strength and energy.” (Participant 5)

“AA self-help group removes the alcohol chemical from the body of the individual group members by supporting one another, sharing experiences and follow the 12-steps program and tradition.” (Participant 3)

The aforesaid findings, provides evidence that AA influences behaviour change through group members sharing their experiences; new members learn from the older members who have been in the group longer. This confirms Toseland and Rivas (2012) as well as Bjerke (2012) who stated that individuals with the problem of alcohol consumption, individuals are unable to fight the problem on their own. Group members meet and share their individual histories and are able to resolve the behaviour of alcohol use. Bickel and Vuchinich (2016) also confirm the above findings and indicated that attending self-help meetings and sharing experiences may elevate mood and raise peace of mind. Elevation of mood may make individuals with alcohol consumption problem function positively and substitutive.

In addition, the old members who have been in the group longer, for instance between two years and ten assist the new ones to deal with the problem of alcohol consumption in a more constructive way, as some participants put it:

“Group members who have been in the fellowship longer, for instance 2 – 10 years, through sharing, encourage the new members on the best way to deal with the problem of alcohol consumption. Through sharing experiences, I am always reminded that I cannot be over confident that I am cured of the problem of alcohol use, over confident can lead to relapse.”

(Participant 2)

“The older group members of AA, who have been in the group for long time and they are sober; they help others by sharing their experiences. Through sharing in the group, I learnt that it is not only me who is affected by the problem of alcohol use, but they are also others with similar problem and they also got help from other group member on the problem.”

(Participant 1)

Clearly, the findings show that through sharing stories related to alcohol consumption, the AA new members learn from the veterans who have been in the group for two years and longer how to deal with a drinking problem in a more positive way.

4.4.4.2 Subtheme 4.2: Mentoring other group members

Secondly, the findings of the present study found that mentoring other group members as another way AA influences changes in drinking behaviour of its group members. A variety of responses were given which included older members assisting the new comers to recover from alcohol consumption. Mentors are believed to group members who have been sober for two or more years. In the absence of a mentor, group members can as well use the list of telephone numbers provided to them to reach out to other group members when they are faced with some challenges. Anyone can be a mentor provided he or she has been sober for two or more years. Below is what the research participants said:

“The 12 – steps which is related to the individual members, the last step says that having had a spiritual awakening as the result of these steps, we try to carry this messages to alcoholics, and to practice these principles in all our affairs. When I help others, I am motivated to stay sober. I take the problem of alcohol use seriously for example when I am about to relapse, I can call the sponsor or any other group member who can give me support and guidance. Each new comer gets a sponsor who has been sober for two or more years to mentor her or him. There is a list of group members in case one wants to call.” (Participant 2)

“I help others in the program to recover from alcohol use.” (Participant 4)

Based on the aforesaid findings, it is obvious that AA influences behaviour change through encouraging old group members to mentor new ones. The group members implement step 12 of the 12-steps, and they try to carry the message to other people who are affected by drinking as well as practicing the principles in their daily affairs. The mentors are also believed to benefit from helping process. This confirms AA (2019) when the old members assist the new-comers, for instance, to deal with craving for alcohol. Zemore et al. (2004) remind us that a new AA group member is encouraged to find a mentor to help him or her understand and follow the AA programme. The mentor may also benefit from the relationship with their changes as helping behaviours associate with augment abstinence and lower probabilities of binge drinking.

However, some participants had a different view and stated that AA does not change group members' behaviour, they let people come in as they wish. They talked of the importance of individual's willingness to change and practice self-control of the drinking problem as AA does not enforce change among group member and their responses were as follow:

“AA does not force itself on members. They let people come in as they wish. AA does not enforce change but the change comes from the group members themselves. I wanted to change my behaviour of alcohol consumption that is why I am in the group.” (Participant 9)

The above findings reveal that, change in behaviour of alcohol consumption mostly relies on individuals. Group members can change and quit alcohol use, especially after being tired of seeing the person in the mirror with alcohol consumption problem.

4.4.4.3 Subtheme 4.3: Increased spiritual awareness

Additionally, the findings of the current study found increased spiritual awareness as the other way in which AA influences changed behaviour of alcohol consumption among its group members. The responses given included the involvement of the external power, the God of their understandings who can be anything depending on one's worldviews. They rephrased to put into practice the serenity prayer for the God to grant them the serenity to accept the things they cannot change and the wisdom to know the difference. They also admit that they are powerless over alcohol consumption and to detect character defects. They said it in this way:

“I learnt to involve the external power, the God of my understanding who can be anything depending on one's beliefs in order for me to deal with the problem of alcohol use. There is a serenity prayer said in the group and it is: God, grant me the serenity to accept the things I cannot change, courage to change the things I can and wisdom to know the difference. Talks about self-inventory on reflecting on yourself, detect character defects. Learn to identify those character defects.” (Participant 2)

“For me I believe in God and I was doing things on my own. I need to surrender not only to myself but also to higher power the one who can help me to understand the problem and be able to face it, when I say something wrong,” (Participant 5)

“There are AA principles which are discussed which include honesty – being honest with yourself and with your peers and also apologizing past mistakes. Accept my mistakes as a normal human being. Constantly, doing moral inventory, meaning one does self – assessment in terms of principles. At first, it was strict adherence to the principles which I believed that it was like curt style that everybody must do things in a certain way. But growing in the AA self-help group and being in a group for over a period of one year, I now appreciate those principles.” (Participant 7)

It is evident from the above findings that AA self-help groups influence change in drinking habit of group members through increased spiritual awareness. This confirms (Cooper-Sadlo & Chou 2016; Medina 2014) who indicated in the twelfth principles of alcoholics anonymous which incorporates several key concepts and states: Having had a religious awakening as a result of these steps, AA tried to take the message to the individuals with a drinking problem and to practice these principles in all their affairs. Spiritual awakening is not only just achieving emotional health, serenity, stability and sanity but also changing the way one treats himself or herself and others. In addition, individuals who fruitfully recovered by using the 12-steps, they are inspired by others. When one helps others to recover from alcohol consumption, she or he is as well encouraged to stay sober.

Besides, the findings of the study established the need for group members to continue practising AA principles which can be critical for their successful abstaining from alcohol consumption. The realization that one is powerless when is faced with alcohol problem, is also necessary as it empowers a person that dealing with alcohol consumption can be tackled with the help of other AA group members, as the quotation below illustrates:

“I will continue practising the principles in my daily life and some of them are: Admit that I am an alcoholic – it means that I have to surrender that I am powerless over alcohol.

Another principle is to seek the God of my understanding to come and relieve me of alcoholic problem. The God of my understanding can be anything depending on one's beliefs whether one is a Christian, Muslim or anything. If I have made mistakes in the past or harmed other people, then whenever it is possible to go to them and make amends with them for what I have done. If I experience conflicts in the group with another human being, I am encouraged to ask myself why am I feeling or acting this way. We follow the spiritual principles of forgiving someone. I follow what I believe to be a spiritual path, I believe in God and I am much happier. These are some of the principles which keep us humble as members of AA."

(Participant 8)

Given the above findings, practising AA principles may enable group members to be disciplined and abstain from alcohol consumption. They are also able to deal with conflicts among group members and other members of the society.

4.4.4.4 Subtheme 4.4: Importance of regular attendance of AA meetings

Finally, the findings of the current study established the importance of regular attendance of AA meetings through which AA influences changes of alcohol consumption behaviour among its group members. The responses included attending AA meetings between three times or twice a week though some members prefer to attend all the three meetings (when there are obstacles such as staying far and having no transport money). The responses of some of the participants are reflected as follow:

"I attend three times a week; Monday, Wednesday and Thursday from 19 hours to 20 hours."

(Participant 4)

"I attend meetings between two to three times a week because of the distance. I stay far and I always foot to attend meetings. I would be attending all the AA three meetings a week."

(Participant 1)

The above-mentioned findings reveal that, AA influences changing in alcohol behaviour by encouraging group members to attend meetings regularly. Some members attend all the AA meetings on Mondays, Wednesdays and Thursdays every week. Other group members attend twice a week.

Besides, two other participants attend less times a week because of the distance. Although they stay far, still they communicate to their mentors when there is a need or attend online meetings. They reported as follows:

"I stay outside Windhoek. So, I attend twice a month. I also have telephonic conversations with my sponsor. The sponsor is the group member who has been sober for two or more years who guides the new group member especially when there is an urge to consume alcohol. She or he takes that person through the alcohol recovery journey. There are also AA online meetings which one can attend but sometime there is a problem with the internet."

(Participant 3)

The findings reveal that AA self-help group members consider meeting attendance seriously. Although they stay outside Windhoek, they ensure that they attend at least once a month. They also attend online meetings and communicate with their mentors when a need arises.

Moreover, two participants reported that they attend meetings once or twice a week or a month because they believe they are sober. They also believe that their confidence is high and they have other demands, for instance, the new job but they still implement AA values even if they do not attend meetings. The responses are as they emerge below:

“When I had just joined the group, I used to attend AA meetings three times week. After a year of attendance, I would attend once a week. Now, I attend once in two weeks because I have no more problems, yet I implement the values of AA.” (Participant 8)

“Initially in 2018, I was attending three times a week. Now, that I am sober and my confidence is higher and with the new job; I attend twice or three times a week.” (Participant 7)

The findings inform us that AA self-help group assisted group members to recover from alcohol consumption. This is because group members seem to have re-gained their confidence, and they are sober. Some participants attend meetings fewer times than in the past when alcohol consumption problem was at its worse but they continue to implement AA’s values.

What is more, other participants attend AA meetings once or twice a week because they are also dealing with other substances where they are required to attend NA meetings. So, they attend AA meetings either once or twice a week. Below are their responses:

“I attend AA meetings at least twice a week and NA – once a week.” (Participant 5)

“I attend AA meetings 1 – 2 times a week and I attend NA – once a week.” (Participant 6)

The findings also show that some AA group members attend once a week, others twice a week. Those who attend both Narcotics Anonymous and Alcoholics Anonymous, they attend AA meetings between once to twice a week.

The present study further established the need for AA group members to attend meetings regularly which can assist them to identify the warning signs of recurrence of alcohol consumption problem to assist members to stay sober. In people who relapse, the problem

might have started sometime back but one may not be aware. With regular attendance of AA meetings, one is constantly encouraged to read the 12-steps which can assist a person to stay away from alcohol consumption. The group also gives group members a chip for regular attendance; for a month, two, three, four, six, nine and one year of abstinence. The responses are captured below:

“The group can make me aware that whether, one has been sober for all day or many years, one can still go back to the problem of alcohol abuse. Alcohol consumption is a long time problem and it can resurface anytime. One needs to be reminded of the warning signs and prevent relapse. There is a serenity prayer said in the group and it is: God, grant me the serenity to accept the things I cannot change, courage to change the things I can and wisdom to know the difference.” (Participant 2)

“When I was having alcohol problem – I used to feel misunderstood. AA gave me a place to understand what it feels like to have alcohol problem and not knowing how to stop alcohol consumption. The problem is not with alcohol but me. I need to practise self-control. AA has helped me to understand myself better and how to stop alcohol consumption and dealing with myself because the problem is not alcohol but it is me – myself.” (Participant 9)

“They give out AA chip to encourage group members to stay sober and abstain from alcohol consumption; I was given one for being sober for two months.” (Participant 3)

Based on the above findings, it is evident that AA assisted group members to understand what it feels to have an alcohol consumption problem and to deal with it. But one may not need to be overconfident that he or she has discarded the problem completely. Thus, there is a need to continue attending meetings regularly.

The study further found that issues concerning preparedness for the group meeting as other benefits for the group members and their responses included reading literature such as 12-steps, 12-traditions, as well as the principles. They expressed thus:

“Reading the 12-steps every morning and answering the questions each steps can have many questions to answer. When someone relapses, the problem might have started way back by losing bit by bits – with small changes in my daily medicine (spiritual medicine) my routine.”

(Participant 5)

“I am actively involved in the 12-steps recovery program of which before it was not really a 12-step when I relapsed from alcohol recovery process.” (Participant 4)

“The principles applied in the AA self-help group, when I apply them in my own life, I see that they work.” (Participant 7)

The findings suggest that AA influences changes in alcohol consumption behaviour of group members by encouraging them to actively get involved in 12-steps programme. When they read the 12-steps, they can get even five answers from one question. The principles applied in AA are mostly applicable to many members' lives.

4.4.5 Theme 5: Barriers faced by AA in the reduction of alcohol consumption

There are five sub-themes in the theme of barriers faced by AA self-help groups in an attempt to reduce alcohol consumption namely: family and friends lack of skills to assist the person, not getting chance to share their stories, no meetings in the most affected areas and other regions, stigmatization as well as relapse and not seeking treatment.

4.4.5.1 Subtheme 5.1: Family and friends lack skills to assist the person

Firstly, the findings of the present study established the barrier of family members and friends lack of skills to assist the person with an alcohol consumption problem and in the

recovery process. The study gave varying responses regarding family members and friends who do not know how to assist individuals with drinking problems in a constructive way which may discourage the person. The other responses included where members of the society judge the person based on past behaviour of alcohol consumption, and they do not want to trust that the person has changed and stopped consuming alcohol even when he or she is trying hard to quit. Society sometimes does not want to forget the individual's past behaviour. Hence, they want to put back the person in the past. Below is how some research participants put it:

"Families of group members do not understand the alcohol recovery process or the alcohol drinking disease. The family do not know how to deal with the problem in a constructive way. Boyfriends and girlfriends may not know how to deal with the problem of alcohol abuse."

(Participant 5)

"Friends who want to put back a person into the problem of alcohol consumption. People are not yet trusting yet whether I really stopped alcohol drinking." (Participant 3)

"Lack of understanding of the family members - some group members do not have the necessary support from the family as a result they relapse." (Participant 4)

The findings also tell us that, some family members and friends of AA self-help group members may lack the necessary skills and understanding to assist the person with a drinking problem. These findings confirm the NIAAA (2014) which suggested that friends and family members are unsure about how best to provide the support needed by the persons with a drinking problem.

4.4.5.2 Subtheme 5.2: Not getting a chance to share their stories

The findings of the present study established the second barrier of AA group members as not getting a chance to share their stories. The responses included a few group members dominating the group sessions as such other group members do not get adequate opportunities to share. Other responses had to do with misunderstandings among group members as a result of communication breakdown, as some participants informed the researcher:

“Among group members, there are some who have got big ego and they regard themselves as special, intelligent and intend to monopolise the conversations about themselves. Sometimes I feel that I do not want to go there because that particular person will be in the meeting. Although in the vast majority of cases, I have not experienced that problem.” (Participant 8)

“Not much challenges, sometimes, some members may think to know better and they want to lead the show all the time. Sometimes, there could be some misunderstanding among group members as a result of misinterpretation of messages.” (Participant 6)

Communication challenges – individuals and personality clashes – we are all individuals with the same problem of alcohol abuse but our personalities differ(s). Because individuals see and view things differently whether in political parties, sports or workplace; there are likely to be conflicts but when it happens in AA self-help groups, there are guidelines on how to put individuals together, identify the problem and the way forward. It is a human error.” (Participant 7)

Based on the above-mentioned findings, it is clear that some AA members are dominating the session which increases group members' likelihood not to attend meeting regularly. This problem may negatively affect group dynamics, cohesion resulting in reduced pace of alcohol recovery among group members.

4.4.5.3 Subtheme 5.3: No meetings in the most affected areas and other regions

The current study established a third barrier: no meetings in the most affected areas and other regions of the country. The responses included AA meetings take place only in Windhoek yet the most affected areas like Katutura and beyond are left out. The other responses are that some group members sometimes travel out of Windhoek for some reasons. Consequently they miss the meetings. Yet, in Windhoek, meetings are only conducted once a day, for instance, on Monday, Wednesday and Thursdays. There is no other time for the meetings for the people who cannot make it that time because they may still be at work or they come from afar. Some research participants couched it in these words:

“Group members can sometimes miss out meetings when they travel out of Windhoek as it is believed that they are only two branches; one in Windhoek and another one in Swakopmund. The venue is far that I have to walk long distances. The venue for the AA meetings is far that I have to walk long distances because I stay in Katutura.” (Participant 1)

“There are no enough meetings – there should be meetings everyday including weekend where mostly people can easily tempted to consume alcohol. There should be meetings taking place in almost each location.” (Participant 3)

The findings reveal that, AA meetings are not enough to meet the needs of the Namibian population especially in the most affected areas such as Katutura and beyond.

Besides, meetings are only conducted in English. This means that people who do not understand the language are left out. There was also a challenge of the meetings being conducted outside the venue because the persons who was supposed to open the venue that time comes late and sometimes the venue is being used for other activities. They expressed it as follow:

“AA meetings are only conducted in English language, other individuals who cannot speak the language are left out.” (Participant 2)

“At times someone who is supposed to open the meeting place comes late as a result we start the meeting a bit late or we have to conduct our meeting(s) outside.” (Participant 7)

The above findings provide evidence that, the absence of AA meetings in other regions and in the most affected areas such as Katutura and beyond, lack of transportation facilities as well as language barriers can be some of the hindrances that hamper AA in their attempt to reduce alcohol consumption among adults. This confirms Brett et al. (2016) of the National Drug Strategy in Australia who indicated that language difficulties, inaccessible communities and lack of transportation may prevent people from seeking and accessing treatment programmes.

4.4.5.4 Subtheme 5.4: Stigmatisation

The findings of present study also established the fourth barrier of stigmatisation experienced by group members. A variety of responses were given regarding group members being stigmatized from different angles; family members, friends, colleagues and the entire society. Group members are called names such drunkard even when one is trying so hard to change and come out of drinking behaviour. The society has also a tendency of stigmatising and labelling individuals in the treatment programme, which can lead to relapse of the group members. The responses below demonstrate such stigmatisation:

“I sometimes, want to give up as a result of being stigmatized. The society has a tendency of labelling and stigmatizing individuals in alcohol and drug abuse recovery program. That stigma may come from all angles including; family members, friends, and former workmen. For example, when I tell them that I am no more drinking, they would say that I am just pretending for that very one day that they would see me drunk the following day. Being

stigmatized and labelled make me feeling like falling back into the problem of alcohol consumption.” (Participant 2)

“There is stigma attached to alcohol abuse problem. So, people with the problem do not want to admit that they have a problem which warrant the person not to seek help because they think that people with the drinking problem are only those who sleeping in the streets.”

(Participant 4)

“Group members are usually stigmatized and labelled by the outside community but the group members who have been in the group for longer period of time assist in dealing with that challenge especially for the new members.” (Participant 6)

Evidently, AA group members are faced with stigmatisation as one of the barriers which interferes with alcohol recovery. The researcher also observed that, some group members were wearing shades when attending meetings. This confirms Proudfoot and Teesson (as cited in Hanpatchaiyakul, 2016) who stated that individuals with alcohol consumption may not disclose their real problem instead, they seek treatment for other conditions related to drinking for fear of being stigmatised as a result a proper referral is not done for such people. Hanpatchaiyakul, Eriksson, Kijssompon, and Ostlund (2014); Sleeper and Bochain (as cited in Hanpatchaiyakul et al. 2016) add that persons with alcohol consumption problem lack awareness of the phenomena which makes it difficult for them to disclose their problem. This also confirms Karrol (2002) who tells us that fear of stigmatisation may lead women to deny that they have a drinking problem, and they resort to drinking at home to hide the drinking from family members and friends. As a result, they do not find relief for their problem.

4.4.5.6 Subtheme 5.5: Relapse and not seeking treatment

The findings of the present study discussed the fifth barrier of AA as relapse and not seeking treatment. The participants gave varying responses about group members joining AA for different motives. The other response mentioned was the pain some group members endure when they see other group members relapse and even members of the society with alcohol consumption problem who do not want to seek help. Besides, other friends do not trust that an affected person can change and abstain from alcohol consumption. Such attitude is discouraging for group members, and they may feel like falling back into a drinking problem.

Below is what some research participants said:

“The general challenges in the group are that: In the group we have difference personalities. Sometimes some join the groups with different motives. Many times, it is hard to see other members in the group relapsing. Being part of AA, I sometimes meet people who are lying in the streets as a result of abusing alcohol. It makes me feel bad to see that I cannot help them because one can help individuals who cannot help themselves.” (Participant 2)

“In the past after work, I would go out drinking – my friends are still drinking whom I cannot separate myself from completely. Sometimes, when I go out to the restaurant and see others drinking wine, me watching them drinking can be a challenge.” (Participant 5)

“Friends who want to put back a person into the problem of alcohol consumption. People are not yet trusting whether I really stopped alcohol drinking.” (Participant 3)

The findings further show that, group members are faced with varying barriers hampering their alcohol recovery process. There is a problem of watching others relapsing, interacting

with old friends who are still drinking and also the lack of trust among the general public that the person can stop drinking completely.

Moreover, the study found that some group members are slow which can delay the recovery process because they cannot be hurried. Others may join the group for different reasons and cannot be forced to abstain from alcohol consumption. Yet others may be faced with other challenges such as death in family, which makes them feel sad and increases the risk of being faced with relapse, as expressed below:

“There could be some group members who are very slow in the recovery process and one cannot force the person to change. I am in the group only to tell my story and help others sufferers who may need my help- my parents also tried to force me to change. It did not work until I realize myself that I need the change of alcohol consumption problem.” (Participant 6)

“If I happen to experience the death of the loved one, I feel like giving up – going back to a drinking problem.” (Participant 8)

“The approach which the government is using to deal with the problem does not help much as they encourage moderate drinking.” (Participant 4)

The above findings provide evidence that group members’ rate of alcohol recovery differs: some members are slow and others can be faced with other different obstacles and relapse happens to be part of the process. This confirms (NIAAA, 2014) who suggested that individuals with alcohol consumption problem are more likely to relapse during periods of stress, for instance, when they experience the death of their loved ones.

Besides, van Boekel, Brouwers, Van Weeghel and Garretsen (2013) remind us that relapse or not seeking help could be a result of various factors, among others such as; individuals with a drinking problem do not seek help because they fear to be stigmatized or may lack transport

facility to reach the meeting venues. Moreover, Yeh, Che and Wu (2009) tell us that individuals attempt to give up the drinking habit but keep on failing and are pushed back into IAA cycle due to factors such as lack of family support, not attending meetings regularly, lack of self-belief and acceptance of self-rescue.

The findings also reveal that relapse is part of the alcohol recovery process. This confirms NIAAA (2014) who suggested that individuals with alcohol consumption problems are more likely to relapse during periods of stress, for instance, when they experience the death of their loved ones.

4.4.6 Theme 6: Strategies to reduce on barriers of AA group members

There are five sub-themes in the theme of strategies to reduce challenges of AA group members, namely; increasing community awareness about alcohol consumption, increasing encouragement of family members/friends to attend Al-Anon, raising encouragement for a need to attend meetings regularly, a need for growing utilisation and doing sponsorship services and finally a growing need to bring services closer to the people.

4.4.6.1 Subtheme 6.1: Increasing community awareness on alcohol consumption

The findings of the present also found that the first strategy of increasing community awareness on alcohol consumption in order to maximise recovery process of alcohol consumption. The responses included the need for increased community awareness in terms of dangers of alcohol consumption and stigma attached to the problem as well as treatment programmes. The other response considered the need for the MoHSS to assist individuals to identify drinking problem through screening as well as encouraging treatment seeking for those who may need such services. The other response, but not the least mentioned, is the need for the MoHSS to take the lead and increase awareness on the dangers of alcohol

consumption as well as addressing the problem of stigmatisation. There was also a suggestion of considering putting a TV chip if funds could allow AA. The responses are seen below:

“There is a need for increasing awareness about the dangers of alcohol abuse in communities which are mostly affected by the problem. The Ministry of Health and Social Services can identify the professionals such as social workers to deal with the problem of abuse in communities which are mostly affected. Parents need to be educated on the dangers of alcohol use among children and where to take their children who are affected by the problem of alcohol consumption. Children can access alcohol at young age under the care of their parents and guardians. I started consuming alcohol at the age of 14 years. The society needs to be educated on how to deal with stigma. Many people are afraid of going to self-help groups and rehabilitation centres because of the stigma attached to those centres.”

(Participant 1)

“The Ministry of Health and Social Services being the custodian of health, should do more awareness in the communities to educate the public about the dangers of alcohol abuse and the stigma attached to it. The social workers can increase awareness about the problem in different language in all regions of the country. The community needs to be educated on the problem of alcohol consumption and stigma so that community members with similar problem do not shy away from attending for example AA. The ministry should also find a way of screening the community members and refer those with alcohol consumption problem to support groups such as AA in order to combat the problem of alcohol and drug abuse. The people (AA) who are affected by the problem understand it better.” (Participant 2)

“We could put a TV clip but the money is not available.” (Participant 6)

It is evident from the foregoing findings that increasing awareness of alcohol consumption assists individuals who suffer from alcohol consumption to deal with the stigma attached to

the drinking problem. This awareness could also enable group members to disclose their drinking behaviour to family members and health care workers. Besides, increased awareness of alcohol consumption can also enable the person to realise that they have a problem which will eventually lead to more people seeking help and finding relief for their alcohol consumption problem. Meanwhile, early identification of the drinking behaviour may as well allow an appropriate referral to be made. This confirms Karrol (2002) who stated that reduced fear of stigma may lead men to admit that they suffer from drinking problems and ultimately seek treatment. Besides, interventions such as alcohol misuse screening and brief interventions will increase early identification of individuals with a drinking problem for possible appropriate referral. These findings are also consistent with McKnight-Eily et al. (2017) and Bobor et al. (1999) who asserted that midstream population-based programmes such as ASBI may have superior public health impact than tertiary treatment because of early identification of persons with alcohol consumption problems and suitable referrals.

Moreover, the study also gave varying responses about strengthening policies for regulating and controlling alcohol consumption in the country. People should not sell alcohol outside the required time and for only those who are authorised to do so. The government needs to see to legislate mandatory reporting for those who sell alcohol to children under the age of eighteen. Some research participants put it this way:

“The government needs to implement policies on opening and closing hours for drinking places. They are required to control under-age drinking so that children do not have to access and use alcohol.” (Participant 1)

“The government should perhaps use the same approach they use for tobacco to deal with the problem of alcohol abuse. They encourage people to stop smoking. People should also be encouraged to stop drinking but I may understand that Namibia Breweries is employing

many people that could be the reason why the government is promoting responsible drinking.” (Participant 4)

The above findings demonstrate that, alcohol consumption is actually a problem in Namibia which may require collective responsibility and perhaps a change of Government’s approaches and policies. Brandt (2013), states that in Namibia, the totality of alcohol consumption was 12.2 litres, with men consuming 19.0 litres and women 6.2 litres in total. Brandt (2013) also indicated that the WHO in its worldwide report of 2011 ranked Namibia the 5th country with consumption of 9.62 litres per person per year amongst African nations followed by Nigeria, Uganda, Kenya and Rwanda. Also, (He, Bishwajit and Yaya, 2018; Maree, 1998) indicate that Namibia is known to have a high prevalence of tobacco smoking and alcohol consumption; with men having higher prevalence of high risk drinking. The prevalence of alcohol and tobacco use was correspondingly, 53.1% (51 – 54.6) and 8.8% (8.1 – 9.5) and that of both drinking and smoking was 6.9% (6.3 – 7.6). Given that the prevalence of both alcohol and tobacco use showed significant socio-demographic patterns, call for deliberation in designing prevention and intervention programmes.

4.4.6.2 Subtheme 6.2: Increasing encouragement of family members/friends to attend Al-Anon

The second strategy which the findings of the present study established was increasing encouragement of family members/friend to attend Al-Anon. The responses included the need for family members and friends to attend Al-Anon meetings to have a better understanding of the alcohol consumption problem. Such understandings can assist families and friends to assist the person with a drinking problem more productively. Below is what they had to say:

“The family members and friends of the person with alcohol consumption problem should join the Al-Anon, which is the sister group which helps the people whose family members or friends have a drinking problem. Al-Anon needs to increase awareness. AA always informs the new comer about Al-Anon. AA always encourages the family of AA group members to join Al-Anon.” (Participant 4)

“There is a sister program called Al-Anon where the family and friends of alcohol suffer go to learn to assist the family members with a drinking problem. One also needs to do meditation.” (Participant 5)

“Families of group members do not understand the alcohol recovery process or alcohol drinking disease. They do not know how to deal with the problem in a constructive way. So, when family members attend Al-Anon meetings will be educated on the best way to assist a family member or friends with alcohol use problem.” (Participant 5)

Because of the above findings, it is clear that friends and family members of AA group members may lack the necessary skills to assist the person with drinking problem. Therefore, encouraging friends and family members to attend Al-Anon will enable them to learn the best way to support the person in alcohol recovery. These findings are consonant with several writers (Jiwa et al., 2018; Moos, 2008; NIAAA, 2014) who suggested that family members and friends are usually uncertain about how best to support the person with a drinking problem; they are encouraged to join family support groups such as Al-Anon where they can be taught the necessary techniques to assist the person with alcohol consumption problem. This also confirms (Moos, 2008) who comment that support from friends and family members is imperative in overcoming alcohol consumption.

4.4.6.3 Subtheme 6.3: Need to attend meetings regularly

The findings of the present study also suggest the third strategy: the need for AA self-help group members to attend meetings regularly. The various responses given were associated with increasing encouragement for the need to attend meetings regularly to avoid relapse. Other responses touched attending meetings which would lead to abstaining from alcohol consumption. Abstention may mean avoiding socializing with others with a drinking problem especially when one is already sad for instance when there is death in the family. The findings also reveal the importance of having meetings almost every-day, including weekends, because most people drink over the weekends.

Furthermore, Nalpas et al., (2018) and; Wall et al., (2014), remark that self-help groups are mutual help groups of people who provide mutual support to each other. Group members share universal problems which are related to alcohol consumption. This makes them comprehend that they are not alone: there are other individuals facing similar challenges. As a result, they recover from drinking problems. This is also in line with peer participatory model which works by sharing the group problems and there is peer healing for each other, where the old members help the newcomers (Booth et al., 2009). The responses below provide evidence:

"I attend meeting regularly. I abstain from alcohol consumption and anything which I used to do to lead me to alcohol consumption." (Participant 7)

"AA needs to have meetings everyday including weekend because most people drink over the weekends." (Participant 3)

"There should be meetings taking place in those areas, for example, Katutura and beyond mostly affected by alcohol misuse and around the country so when even group members

travel to other regions, they can still attend meetings. I will continue sharing experiences in the group with the people who will not judge me.” (Participant 1)

Based on the above, it is unmistakable that attending AA meetings regularly promotes the recovery process of alcohol consumption. This confirms the study by Bickel and Vuchinich (2016) who theorised that attending meetings and sharing experiences may perhaps lift the mood and increase peace of mind. This may make individuals with a drinking problem function positively and substitutive.

4.4.6.4 Subtheme 6.4: A growing need to bring services closer to the people

The fourth strategy, which the findings of the present study established, was a growing need to bring services closer to the people. The varying responses included a need for AA to render their services in the most affected areas like Katutura and beyond as well as in other regions of the country. The responses also mentioned that AA services are only received from Windhoek Central. It was believed that Windhoek alone cannot serve all the affected areas like Katutura and beyond due to the lack of transport money for some group members. An indication was made that having more meetings at different times and at least one in a native language will give people a variety of options; which will result in an increased number of people seeking help and increased attendance. Below is what the participants had to say:

“It is necessary to bring services closer to the population in need for instance the locations in Katutura and beyond are very much affected by the problem of alcohol abuse. There should be meetings taking place in those areas and around the country so that when even group members travel to other regions, they can still attend meetings. The Ministry of Health and Social Services should take the lead and avail venues so that organization such as AA who deal with the problem of alcohol abuse can have places for meetings because the clinics close

at 5pm. For example, on request, AA can use the some of the clinics for Ministry of Health for group meetings to assist group members.” (Participant 1)

“AA should have more branches in almost every location of the country.” (Participant 3)

The above findings reveal that when services are closer to the people and barriers such as time and transportation are addressed; there will be more people benefiting from the services of AA. When group members travel to other regions, they can still attend meeting in the respective regions. Those who finish work late can benefit from meetings in their local areas. This confirms (Jenkins and Tonigan, 2011, as cited in Donovan et al., 2013) who indicated that it is better to address real barriers that make meeting attendance difficult such as travel/transportation, time and child care needs.

4.4.6.5 Subtheme 6.5: A need for collaboration among stakeholders

The findings of the present study further established the last, but not least strategy, as a need for collaboration among stakeholders. Participants gave varying responses in associated with the need for the MoHSS to increase collaborative efforts among stakeholders such as AA, churches and NGOs. The responses also included screening for patients for alcohol consumption especially those who attended at Mental Health Unit so that those with drinking problem can be referred to the appropriate department. A need for the MoHSS to form or to increase their self-help groups was as well touched upon for the individuals with alcohol consumption problem to be assisted in the ministry’s treatment groups. Below is what they had to say:

“The Ministry of Health and social services should involve other stake-holders especially those who are affected by the problem such as AA to combat the problem of alcohol and drug use. Because the individuals who are directly affected by the problem can understand it

better. The Ministry needs to involve other organisations who are dealing with the reduction of alcohol abuse such as AA, churches and NGOs. The services should be extended to the locations in different languages to meet the needs of the people. The Ministry can form their self-help groups which are conducted in different languages to reach out all the regions in the country because conducting meetings and putting posters may not be effective. The Ministry can find a way for screening the community members and either refer those with alcohol consumption problem to support groups such as AA or treat them in the ministry's programme." (Participant 2)

"The Ministry of Health and Social Services should work in collaboration with AA. The social workers from the ministry should be part of the Thursday meeting as it used to be." (Participant 3)

Based on the foregoing findings, the MoHSS should consider increasing collaborative efforts among other organisations who are dealing with the reduction of alcohol consumption of members of the public. This may increase the reduction of alcohol consumption among the Namibian population.

4.4.7 Summary of findings and discussions

The findings and discussions of data collected were presented in this study. The study identified six themes and thirty-three sub-themes. The theme of the effects of AA self-help group on the wellbeing of group members was found as the main theme as it presented the effectiveness of AA self-help group in reducing personal alcohol consumption among adult group members in Windhoek. This theme of the effects of AA self-help group on the wellbeing of its group members; identified six sub-themes namely: abstinence from alcohol consumption of group members, improved health and wellbeing of group members, improved relationship trust and respect recovery with individuals and family members, improved

relationship with the neighbourhood, improved workplace relationship and maintaining behaviour change.

Moreover, the study found that AA self-help group is effective in reducing personal alcohol consumption among adults in Windhoek. The study also found that AA self-help group is not only assisting its group members to reduce alcohol consumption but also to abstain from alcohol use through sharing experiences related to alcohol consumption. AA self-help group assist group members to sustain their sobriety through attending group meetings regularly. AA self-help group assist group members to deal with symptoms of alcohol consumption through reading literature such as 12-steps or 12-principles – reading the serenity. AA self-help group educate group members in the techniques to deal with craving alcohol by keeping away first from the drink. AA self-help group help group members to manage their lives to reduce the triggers of alcohol consumption by adhering to the 12-steps programmes and principles. Although almost every participant reported that the group is effective, some participants indicated that the willingness of the individuals to change is very critical.

Besides, the study found that participants' health was restored including their mental health, emotional, physical, spiritual and financial wellbeing. It was established that as a result of participants' abstaining from alcohol consumption conditions such as depression, anxiety, and insomnia were almost gone as a result of abstaining from alcohol consumption. The study further found that one participant was experiencing the negative effects of mood swing as a result of the brain adjusting from the new situation of abstaining from alcohol consumption. The study as well found that the participants' emotional, physical, spiritual and financial wellbeing were improved. They were no more emotionally abusing themselves and other people, and they are physically fit as they exercise regularly as well as improving their spiritual wellbeing and that they were able to be sober and save money. Also, improved family relationship, trust and respect recovery were achieved and that some participants were

reunited with their family members and the participants were spending more time with their families. Furthermore, workplace relationships improved where participants were able to interact with colleagues and peers more constructively. Some improved their career path and in sports activities as well as being able to identify and utilize undeveloped opportunities.

In addition, the study also found that participants' relationship with their neighbours improved resulting from abstaining from alcohol consumption which leads to a discontinued habit of playing loud music. The other sub-theme was maintaining behaviour change including continued regular attendance of meetings, preparedness, abstaining from alcohol consumption, continued support of one another, active participation and continued doing self-help and care of others.

Furthermore, the study identified the theme of benefits of AA to its group members which recognised four sub-themes namely: psychosocial support from significant others. The group members joined self-help groups because alcohol consumption was a problem in their lives and they needed the support of other group members to achieve sobriety. The same theme also identified the sub-theme of mutual support where group members were getting support from one another. A sense of belonging was as well acknowledged as a sub-theme where AA self-help group members feel that they belong to a group where individuals share a common problem, and they are not judged. Improved skills development was also among the subtheme, and it included, among other; decision-making, problem-solving, conflict resolution, improved communication skills and ability to identify other symptoms of addiction behaviour. The last subtheme of the benefits of AA self-help group to its group members too was identified: increased awareness of self-help group and care for others which included self-contained and care of others within and outside the group such as helping one's self, newcomers and other members. It also included self-respect and learning to respect others because many times individuals in alcohol consumption tell many lies. As such, they

think others are also doing the same. So, abstaining from alcohol consumption helps individuals also to refrain from telling lies. Therefore, they trust others not to lie.

Besides, the theme of AA self-help group influences changing in alcohol consumption behaviour was identified. This included four sub-themes, namely: sharing experiences on changed alcohol consumption behaviour where group members share successful and unsuccessful stories. Also, mentoring other group members where the older members help the new members in the recovery process. Increased spiritual awareness was also among the subthemes where group members involve the external power, the God of their understanding and lastly the subtheme of the importance of regular attendance of meetings where group members are encouraged to attend AA self-help group meetings regularly to stay sober.

Moreover, the study identified the fifth theme of barriers faced by AA self-help group in the reduction of alcohol consumption which included the sub-themes; family members and friends lack skills to assist the person with a drinking problem in a constructive way. Not getting change to share their stories as such some members feel that it would be a waste of time to come to the meetings. There was also a subtheme of no meetings in the most affected areas and other regions. As a result, some individuals affected by the problem are left out. Stigmatisation was also one of the subthemes, a problem which could increase the problem of non-abstinence of alcohol consumption among group members. The last subtheme was identified as relapse and not seeking treatment where some group members are slow in the recovery process and others feel like giving up particularly when they are faced with other challenges such as a death in the family.

Finally, the theme of strategies to reduce on barriers of AA self-help group members was also identified. It included five sub-themes as stated below: increasing community awareness about the dangers of alcohol consumption and stigma attached to treatment-seeking in

drinking problem. Another sub-theme was increasing encouragement of family/friends to join Al-Anon to assist the families and friends of those who are affected by the problem on how to assist and support the person in alcohol consumption recovery. Raising encouragement for a need to attend AA self-help group meetings regularly to stay sober. As well as a growing need to bring services closer to the people affected by the problem and in other regions in the country. Lastly, for the Ministry of Health and Social Services to increase collaborative efforts among stakeholders such as AA, churches and Non-Government Organisations in the reduction of alcohol consumptions.

Despite the present study's purpose which was to evaluate the effectiveness of AA self-help group in the reduction of personal alcohol consumption among adults in Windhoek. The researcher went beyond the study to investigate how the problem of alcohol consumption affected participants in their daily lives. One could not have established whether AA self-help group is effective or not; without a better understanding of how alcohol consumption affected individual group members. Therefore, the study identified the theme of problem situation faced as a result of excessive alcohol consumption. This theme identified eight sub-themes namely: the lifespan of alcohol consumption behaviour, health-related problems, neighbourhood behavioural problems, workplace problems, reckless driving and accidents, financial problems, family-related problems and lastly interaction of genetic and environmental effects of alcohol consumption.

Besides, it was concluded that the participants realised the drinking problem between two months and eighteen years. Some participants did not realise early enough that they had an alcohol consumption problem due to perhaps denial at pre-contemplation and contemplation stage(s) though the problem started way long back. They started consuming alcohol between the age of eleven and seventeen years, which was referred to as adolescence alcohol consumption. In the same theme, participants experienced health-related problems which

included medical, mental health, emotional, physical and financial problems. It was found that some participants experienced liver damage problem, suffered from depression, anxiety, insomnia and constantly abused themselves and other persons as well as sustaining bruises which resulted from physical fights. The study also established participants' loss of cohesion with the neighbours as some were stealing from their neighbourhood and others were playing loud music which was reportedly disturbing the sleeping patterns of neighbours. The study also found that participants had problems with workplaces resulting in loss of trust and respect and lead to job losses and income. It was found that some participants had problems and loss of trust and respect from family and friends which included wives being unhappy; some went to the extent of leaving the homestead. Indeed, it was also found out that some participants were aimlessly driving long distances at high speed even one was involved in multiple car accidents. Finally, it was established that participants suffered financially as a result of alcohol consumption where some went into debts, loss of property with some becoming financial burdens to their families.

The following chapter (Chapter Five), which is the last chapter of the present study focuses on the conclusions, limitations and recommendations for practical implementation and future research.

CHAPTER FIVE

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS OF THE STUDY

5.1 Introduction

This chapter presents the conclusions, recommendations and limitation of the present study. Recommendations for practical implications are also provided in this chapter to suggest and determine the future alcohol consumption intervention programs and future research. The findings of this study are the representation of AA self-help group in Windhoek. As participants are unique individuals, they as well presented diverse views on the effectiveness of AA self-help group in reducing personal alcohol consumption in Windhoek.

5.2 Conclusions

Findings of the present study as construed and discussed in Chapter Four were linked to the theory and the preceding chapters. Hence, the formation of early findings and the study's theoretical framework received a high reputation that was confirmed in the present study's findings.

The following theories were incorporated in the present study's findings: the behavioural change theory, peer participatory model and the indulgence, ambivalence, attempt cycle.

In the theme the effects of AA self-help group on the wellbeing of its group members is where the behaviour change was mostly applied. During group meetings, group members are taught techniques on how to overcome the drinking habit. In the action stage, they do what it takes to abstain from alcohol consumption though during that time they may not have reached the stable state (Zimmerman et al., 2000). In the maintenance stage, some group members have achieved their initial goals such as abstinence and they work hard to maintain the changed behaviour (Prochaska & Di Clemente, 1992). Meanwhile, the majority of the

participants were at action while participants 4, 6, and 8 were at maintenance stage. Moreover, alcohol consumption recovery is a continuous process which requires individuals to continue attending meeting regularly and participate during group meetings to avoid relapse (Vakili, 2015). Group members are also encouraged to avoid picking up the first drink. If they relapse, they can always come back to the meeting without being judged. Yeh, Che and Wu (2009) state that group members go through three phrases Indulgence, Ambivalence and attempt to achieve abstinence. Because, alcohol had tremendous effects on the participants' lives and their lives had become unmanageable, they were motivated to deal with the problem by seeking help from AA self-help groups. At the attempt phase, some participants reported falling back into indulgence and ambivalence phrase(s) but they did not surrender until they received abstinence. With the strength group members get from others' support, they maintain abstinence and stay sober. The support of family members, carers and friends is also crucial for alcohol recovery. Thus, soon after group members join AA, they are also encouraged to involve the family members to attend Al-Anon for them to be taught techniques on how to assist better the person with a drinking problem. Meanwhile, the peer participatory model was consistent with the themes of benefits of the AA self-help group and AA self-help group influence change in alcohol consumption behaviour. During group meetings, the drinking behaviour and associated problems such as anxiety, depression, suicidal thoughts, sleeping and eating disorders are shared among group members; the older group member - the veteran, who is usually experienced mentor the new ones during the recovery process. When they help the newcomers, the ones mentoring also benefit through mutual support and there is peer healing, (Nalpas, et al., 2018; Wall, et al., 2014).

The study aimed to evaluate the effectiveness of AA self-help group in reducing personal alcohol consumption among adults in Windhoek.

Objective 1: To assess the effectiveness of AA self-help groups in reducing alcohol consumption among group members

The majority of the participants were able to abstain from alcohol consumption and stayed sober. They achieved sobriety by understanding the drinking problem as follows: were able to deal with cravings, avoided picking up the first drink, interacted mostly with non-drinking individuals especially AA self-help group members as they strive for the common goal: abstinence. Although relapse is possible, group members made an effort not to be overconfident that they overcame alcohol use completely. So, they were encouraged to continue attending group meetings regularly.

Participants in the present study also achieved improved health and wellbeing as a result of abstaining from drinking which included mental health wellbeing; emotional, physical, spiritual and financial wellbeing. Before, joining the AA self-help group, the participants used to suffer from conditions such as depression, anxiety, and sleeping disorders. They too, used to abuse themselves, their loved ones and others emotionally, physically and financially. AA self-help group freed them from those problems. At the time of the research, the participants stated that they were able to gain trust and respect from their family members as they abstained from alcohol consumption. Also, some participants stated that they had improved their current workplace relationship as well as a new workstation relationship, as many of them had lost the previous employment due to alcohol consumption. The participants stated that they gained respect and trust from their colleagues and supervisors; they communicated with others well and were able to concentrate at work as well as doing school assignments. Some participants even indicated that they got promotional employment(s), went for further studies, and restored their self-esteem which they had lost.

They were able to save money: bought assets and they are looking after them well. Also, the married participants reported spending quality time with their wives and children instead of drinking. This change in behaviour is as a result of abstaining from alcohol consumption. Davis et al. (2014) confirm these findings by stating that any change in drinking behaviour like limiting the rate of alcohol consumption has a substantial positive effect on an individual's health outcomes.

Objective 2: To identify the benefits of AA self-help groups to members

Participants indicated that they benefited from AA by overcoming their drinking problems. They stated that they could not do it on their own without the support of other group members. AA self-help group made participants' lives manageable, productive, stable and happy. Participants reported that they get strengths and support from other group members since they are there to support one another as they understand one another. They all belong to AA self-help group which gives them a spirit and sense of belonging and there is no fee required to be a member. Even when one relapses, she or he can come back to the group any time without being judged. There is an increased awareness of self-help, care of others and self-reflection. They learn to care for themselves as well as for the others, to be considerate and have peace for others and within themselves. They also learnt to trust themselves and others because they consider themselves trustworthy as a result of without drinking problems. The participants too, reported that when they were still consuming alcohol, they used to tell a lot of lies to the extent that they would not trust other individuals because they would think that they were also not telling the truth. AA self-help group also helps them to improve their skills such as decision-making, problem-solving, anger management, communication, planning, conflict resolutions as well as ability to identify symptoms of other addictive behaviours like shopping unnecessarily. Some participants also reported utilising

undeveloped skills like reading, playing sports, watching television and playing games. The findings in this study are confirmed by NIAAA (2014) who stated that self-help groups are free to anyone, they welcome anybody and there is no fee paid to be a member, even if a member had reverted, and one can leave the group and come again to the group and is welcomed. Morgenstern et al. (2012) state that self-help groups appear to be mediated by a set of common change factors, importantly maintenance of self-esteem, motivation and increased active coping efforts.

Objective 3: To determine how AA self-help groups, influencing the changes in drinking behaviour of group members

AA influences changes in drinking behaviour of group members through encouraging regular attendance of group meetings: participants in the group share experiences related to alcohol consumption as well as preparedness which may include reading literature such as 12-steps or 12- principles and they are encouraged to put them into practice. One participant stated that one can get about five answers from one step of the 12-steps as a way for preparedness for the group meetings. The participants also indicated that the old members are encouraged to mentor the newcomers during the alcohol consumption recovery process. The old members can as well do the service work which requires helping the community members who are affected by the habit of drinking. Both the mentor and the newcomer benefit from the process: they get strength which helps them to deal with the drinking problem. As it is stated in step twelve of the 12-steps: group members try to bring the message to those who are affected by alcohol consumption as a result of spiritual awareness and to practice the principles in all their affairs. Group members are also taught techniques to deal with cravings like keeping themselves busy and do body exercises as well as being educated on how to manage their lives and reduce triggers of alcohol consumption through adhering to the 12-

steps and principles. They are given a chip (like a “trophy”) as well for being sober, for instance; one, two, three, six months and one year respectively to encourage sobriety. Change can as well take place through increased awareness of self-help and care of others. They also learn to respect and value themselves and have peace with self and others. The findings are consistent with AA (2019) who stated that old members of AA self-help group assist the new members to deal with cravings of alcohol consumption to reduce alcohol use. This is also consistent with (Cook, 2014; Cooper-Sadlo & Chou 2016; Medina 2014) the twelfth principle which states; Having had a spiritual awakening as a result of the 12-steps, AA self- help group members endeavour to carry the message to those who are faced with the problem of alcohol consumption and to practice these principles in all their affairs. Spiritual awakening is not only just achieving emotional health, sanity, stability and serenity but also changing the way one treats himself or herself and others. Thus, individuals who are effectively recovered by using the 12-steps are enthused by others. When one helps others to recover from the use of alcohol, she or he is as well encouraged to maintain sobriety.

Objective 4: Barriers faced by AA self-help groups in attempting to reduce alcohol consumption

The participants in the present study indicated that family members, friends as well as the community members do not know how to assist individuals with an alcohol consumption problem in a productive way. They do not want to respect the decision made by the individual members to overcome alcohol consumption. Consequently, the participants feel like giving up because of the negative energy which usually comes from friends and sometimes family members. The participants further mentioned that some group members dominate the group meetings, as such other group members would not want to come to the meetings as they know that, those very individuals would be there and they would still not get

a chance to share their stories. Group members too are faced with the challenge of the inaccessibility of the meeting venue as the person who keeps the key arrives late, while at other times the venue is used for other activities. The most affected areas like Katutura and beyond are also left out because of the distance, transport money as well as language barrier problems. Since the Windhoek meetings are only conducted in English: on Mondays, Wednesdays and Thursdays from 19H00 to 20H00. When the meeting starts, some people are still at work, and no meetings are held over the weekend; yet many people drink mostly during that time. Moreover, some AA self-help group members at times travel to other regions for various reasons and they are not able to attend AA meetings because there are no such activities taking place in those areas and no access to internet. Some participants experienced feeling stressed to see other group members relapsing and even some community members laying in the streets due to alcohol consumption.

Moreover, group members are also faced with the challenge of staying far away from the group meetings as a result they attend fewer meetings instead of attending all the meetings. This is consistent with Brett et al. (2016) who indicated that language difficulties, inaccessible communities and lack of transportation may avert persons from seeking treatment programmes.

Some AA self-help group members are sometimes faced with a problem of some family members not having the required skills to assist the person with a drinking problem. This is consistent with NIAAA (2014) who stated that friends and family members are unsure about how best to provide the support needed by the person with a drinking problem.

Some group members are as well faced with the problem of stigmatisation and being labelled due to their problem of alcohol consumption and being AA self-help group members as a result, they sometimes feel like falling back into the drinking problem. The challenge of

stigmatization can cause others with a drinking problem to shy away from seeking help. This supports the ideas of Hanpatchaiyakul et al. (2014); Sleeper, Bochain (2013), and Proudfoot and Teesson (2002) as cited in Hanpatchaiyakul et al. (2016) state that individuals with alcohol consumption problem lack awareness to the problem and it makes them difficult to disclose their drinking problem for fear of being stigmatised and it also affects appropriate referral to be done.

5.3 Contribution to the body of professional knowledge

The findings of the study would contribute to the knowledge among social work services and associated professionals on alcohol consumption and AA self-help group. The findings will also add value to the scientific knowledge on the understanding of the effectiveness of alcoholics anonymous in the reduction of personal alcohol consumption among adults in Windhoek. The literature review too has brought a wide perceptive about the general idea of alcohol consumption and the work of AA self-help group in the reduction of alcohol consumption. Consequently, the study enriched the existing literature on the effectiveness of AA in reduction of personal alcohol consumption among adults in the Namibian context as there was no previous study found done on this topic in Namibia.

5.4 Limitations of the study

The present study was only conducted on the AA self-help group in Windhoek which is assisting group members in the reduction of alcohol abuse, while other self-help groups in the city as well as in other regions were left out. Thus, the findings of the study might not be generalised to other areas. The collection of data was supposed to take three weeks but it took seven weeks because of the unavailability of participants, and some participants moved to other regions. Some group members especially ladies though they constitute a small number of the group were not interested to take part in the study. The group members indicated that

their reasons for lack of interest in the study were the issue of anonymity as they believe that their stories can only be shared among AA self-help group members. The researcher did not find prior research published on this particular topic in the country, which poses a limitation of literature review in the Namibian context.

5.5 Recommendations

Although AA self-help group is effective in reducing personal alcohol consumption among its members, views with regards to the sustainability of changed behaviour is the key aspect that needs to be considered. This would assist participants to continue abstaining from alcohol consumption and thus avoid relapse. This would be achieved by continuing attending meetings regularly, active participation which involves sharing of experiences and continue mentoring other group members for those who qualify for that role.

Based on the identified themes and sub-themes on the evaluation of the effectiveness of AA self-help group in reducing personal alcohol consumption among adults, the present study recommends the following:

1. The participants of the study and other group members of AA self-help group need to maintain behaviour changed of abstinence by continuing attending meetings regularly and active participation during group meetings.
2. AA self-help group should find a way of increasing the number of meetings at different times of the day and in one of the native languages including weekends and to reach out in most affected areas such as Katutura and beyond as well as other parts of the country.
3. AA self-help group should increase encouragement for family members and friends of their group members to join Al-Anon. which is a mutual support organisation for the

families and friends of individuals with a drinking problem, particularly those of members of AA.

4. There is a need for the MoHSS to increase their involvement with other stakeholders such as AA, churches and other community organisations who are actively involved in the reduction of alcohol and drug use and avail venues such as clinics spaces for the organisations to use them after 17H00 and weekends. This will assist in bringing services closer to the people in the most affected areas such as Katutura and beyond as well as other parts of the country.
5. The social workers in the MoHSS who are dealing with prevention and reduction programmes for substance use and abuse which includes alcohol use programmes need to develop self-help group programmes for individuals with a drinking and drug use. They also need to educate the community on the existence of such services so that those who are in need of such assistance can seek help and may find relieve of their problems. This will also assist parents with children who experience substance use to seek help for their children early enough.
6. The MoHSS may consider screening clients who display symptoms of alcohol use especially those who are attended at Mental Health Department for early intervention and referral.
7. The Ministry of Trade and Industry should work in collaboration with the Ministry of Regional and Local Government and Housing to ensure liquor licences are not permitted to those who want to operate in residential areas.
8. The Ministry of Trade and Industry should tighten the laws of acquiring liquor licences.

9. The Ministry of Safety and Security should ensure that only those with liquor licences are selling alcohol products including home brew and consumed within stipulated time.
10. The Ministry of Finance should increase levy on importing of alcohol products into Namibia.
11. The Ministry of Safety and Security should work in collaboration with the Ministry of Trade and Industry to ensure that there is no liquor products enter Namibia illegally.
12. Various State Owned and Private Institutions should initiate prevention and reduction programmes for alcohol misuse in their organisations.

5.6 Recommendation for future research

Future researchers should consider doing research of mixed methods (both qualitative and quantitative research or with focused groups) for the existing AA branch and future ones in Windhoek. This may include AA self-help group members and the support persons from Al-Anon in order to have a broader picture of the effectiveness of AA in the reduction of alcohol consumption.

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APPENDICES

Appendix 1: UNAM Ethical Clearance Certificate

 **UNAM**
UNIVERSITY OF NAMIBIA

ETHICAL CLEARANCE CERTIFICATE

Ethical Clearance Reference Number: FHSS /493/2019 Date: 30 September, 2019

This Ethical Clearance Certificate is issued by the University of Namibia Research Ethics Committee (UREC) in accordance with the University of Namibia's Research Ethics Policy and Guidelines. Ethical approval is given in respect of undertakings contained in the Research Project outlined below. This Certificate is issued on the recommendations of the ethical evaluation done by the Faculty/Centre/Campus Research & Publications Committee sitting with the Postgraduate Studies Committee.

Title of Project: Evaluation Of The Effectiveness Of Self-Help Groups In Reducing Alcohol Abuse Among Adults In Windhoek, Namibia

Student: SPECIOZA NNAMPIIJA MONDO


Student Number: 200603329

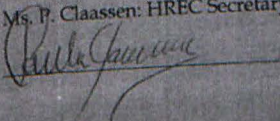
Supervisor(s): *Dr J. Ananias (Main) ; Ms. N. Chilwalo (Co)*

Take note of the following:

- (a) Any significant changes in the conditions or undertakings outlined in the approved Proposal must be communicated to the UREC. An application to make amendments may be necessary.
- (b) Any breaches of ethical undertakings or practices that have an impact on ethical conduct of the research must be reported to the UREC.
- (c) The Principal Researcher must report issues of ethical compliance to the UREC (through the Chairperson of the Faculty/Centre/Campus Research & Publications Committee) at the end of the Project or as may be requested by UREC.
- (d) The UREC retains the right to:
 - (i) Withdraw or amend this Ethical Clearance if any unethical practices (as outlined in the Research Ethics Policy) have been detected or suspected,
 - (ii) Request for an ethical compliance report at any point during the course of the research.

HREC wishes you the best in your research.

Dr. E. de Villiers: HREC Chairperson


Ms. P. Claassen: HREC Secretary


Appendix 2: Letter of introduction

**Alcoholics Anonymous Self-help group members
Windhoek
Namibia**

Dear Participant

AN EVALUATION OF THE EFFECTIVENESS OF ALCOHOLICS ANONYMOUS SELF-HELP GROUP IN REDUCTION OF PERSONAL ALCOHOL CONSUMPTION AMONG ADULTS IN WINDHOEK

I am a postgraduate student at the University of Namibia. In order to fulfil the Master's Degree requirement, I am undertaking a research project in the above subject with the self-help group in Windhoek. I have selected you to be part of this study. The purpose of this study is to evaluate the effectiveness of Alcoholics Anonymous in reduction of personal alcohol consumption among adults in Windhoek Namibia.

This is to kindly request you to assist me collect data by talking to you face-to-face interviews on the issues relating to the subject.

I wish to confirm to you that the information you will provide will be exclusively used for academic purposes. It will be treated with strict confidence, and your name will not appear in the study's report.

Your co-operation will be highly appreciated and thank you in advance.

Yours faithfully

Specioza N. Mondo

Appendix 3: Informed consent form

AN EVALUATION OF THE EFFECTIVENESS OF ALCOHOLICS ANONYMOUS SELF-HELP GROUP IN REDUCING PERSONAL ALCOHOL CONSUMPTION AMONG ADULTS IN WINDHOEK

1. Principal Investigator

Name: Specioza N. Mondo

Department: Social Work

Address: Windhoek

Phone: +264 812837579

E-mail: mondospec@gmail.com

You are here by invited to take part in the research study as captioned above.

Procedures: If you agree to be in this study, you are therefore requested to take note of the following:

Confidentiality: There will be minimal risk of possible invasion of privacy in participating in the study with digitally recording participants' voices. Nevertheless, procedures will be taken to minimise this risk. Records of the study will be kept private, and any sort of report that will be published will not include any information that will make it probable to identify the participant.

Voluntary nature of the study: Your decision to take part in the study is voluntarily. If you decide to take part in the study, you are therefore not required to answer any question where you are not comfortable.

Please feel free to ask any questions you do not understand.

Appendix 4: Interview schedule

**AN EVALUATION OF THE EFFECTIVENESS OF ALCOHOLICS ANONYMOUS
SELF-HELP GROUP IN REDUCING PERSONAL ALCOHOL CONSUMPTION AMONG
ADULTS IN WINDHOEK**

SECTION ONE: Demographic information

1. Age
2. Gender:.....
3. Marital Status:.....
4. Level of Education:

SECTION TWO – Probing questions

1. Can you tell me the reasons for joining AA self-help group?
2. How long had alcohol been a problem in your life before joining the AA?
3. Can tell me how the problem of alcohol consumption affected your life before joining AA?
4. Is there any other family member with alcohol drinking problem?
5. Was there any one motivated you to join the self-help group?
6. How long have you been attending AA self-help group?
7. Now that I have joined the AA self-help group; is alcohol still a problem in your life?
8. How often do you attend the self-help group meetings?
9. Can you tell me how your life is now after joining AA?
10. What challenges experienced in the AA are likely to interfere with of alcohol consumption recovery process?

11. What strategies can be developed in order to reduce the challenges experienced by group members?
12. Did you experience any relapse to the old habits after joining AA?
13. How has the AA changed your life?
14. How does AA influence changes in drinking behaviour of group members?
15. How are you going to maintain change of drinking behaviour?
16. Are there any other external factors, which might have contributed to your change in behaviour of alcohol consumption?
17. What are other benefits of joining AA apart from change in alcohol consumption behaviour?
18. What would you like to be done differently in the self-help group?

End

Thanks

Appendix 5: Research permission letter

CENTRE FOR POSTGRADUATE STUDIES

University of Namibia, Private Bag 13301, Windhoek, Namibia
340 Mandume Ndemufayo Avenue, Pioneers Park
☎ +264 61 206 3275/4662; Fax +264 61 206 3290; URL: <http://www.unam.edu.na>



RESEARCH PERMISSION LETTER

Student Name: Specioza Nnampijja Mondo

Student Number: 200603329

Program: MASTERS OF ARTS (SOCIAL WORK)

Approved Research Title: EVALUATION OF THE EFFECTIVENESS OF SELF HELP GROUPS IN REDUCING ALCOHOL ABUSE AMONG ADULTS IN WINDHOEK, NAMIBIA.

TO WHOM IT MAY CONCERN:

I hereby confirm that the above mentioned student is registered at the University of Namibia for the programme indicated. The proposed study met all the requirements as stipulated in the University guidelines and has been approved by the relevant committees.

The proposal adheres to ethical principles as per attached Ethical Clearance Certificate. Permission is hereby granted to carry out the research as described in the approved proposal.

Best Regards

A handwritten signature in black ink, appearing to read 'Marius Hedimbi', is written over a horizontal line.

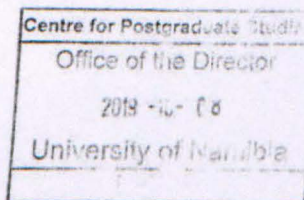
8 October 2019

Prof. Marius Hedimbi

Director: Centre for Post-Graduate

Tel: +26461 206 3275

Email: directorpgs@unam.na



Appendix 6: Letter from language editor

ACET Consultancy
Aneyasha Communication, Editing and Training
Box 50453 Bachbrecht, Windhoek, Namibia
Cell: +264814218613
Email: mlambons@yahoo.co.uk / nelsonmlambo@icloud.com

October 2020

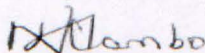
To whom it may concern

LANGUAGE EDITING – SPECIOZA NNAMPIIJA MONDO

This letter serves to confirm that a **MASTER OF ARTS IN SOCIAL WORK** entitled **EVALUATION OF THE EFFECTIVENESS OF ALCOHOLICS ANONYMOUS IN REDUCING PERSONAL ALCOHOL CONSUMPTION AMONG ADULTS IN WINDHOEK, NAMIBIA** by SPECIOZA NNAMPIIJA MONDO was submitted to me for language editing.

The thesis was professionally edited and track changes and suggestions were made in the document. The research content or the author's intentions were not altered during the editing process and the author has the authority to accept or reject my suggestions.

Yours faithfully



DR NELSON MLAMBO

PhD in English

M.A. in Intercultural Communication

M.A. in English

B. A. Special Honours in English – First class

B. A. English & Linguistics