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Expert Opinion Article

When Addiction Hits Home: A Cross-Sectional Study of Family Burden in Alcohol Abuse Based on FBIS

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Abstract

Background: Caring for a person with alcohol dependence places a significant emotional, physical, and social burden on caregivers. These individuals often face stigma, disrupted family dynamics, and ongoing stress as they support their loved ones through cycles of addiction and relapse. Unlike other chronic conditions, alcohol use disorders present unique caregiving challenges due to their unpredictability and long-term impact. Despite this, limited research exists on caregiver burden in such contexts. This study aims to assess the level of burden experienced by caregivers and explore the sociodemographic and clinical factors influencing it.

Methods: A cross-sectional study was conducted involving 142 family members of individuals with alcohol use disorders. Participants were recruited from three de-addiction centres in Kanyakumari district—Puthuvasantham Centre, Jesuit Ministry, and New Life Centre —as well as from selected community settings. Data were collected using the Family Burden Interview Schedule (FBIS).

Results: Mean burden scores indicated high disruption in various areas of family life: routine activities (194±13.16), leisure (185.25±13.93), interactions (196±19.68), physical health (91.5±9.5), mental health (130.5±72.5), and subjective burden (1.54±0.53).

Conclusion: This study reveals the substantial and multidimensional burden carried by caregivers of individuals with alcohol dependence. The findings call for urgent implementation of structured support systems and evidence-based interventions tailored to caregivers' needs. Recognizing caregiver distress as a public health priority is essential—not only to safeguard their mental and physical well-being, but also to strengthen the overall success of addiction treatment and recovery efforts. Sustainable policy frameworks must be developed to bring long-overdue visibility and resources to this often overlooked, yet critical, group.

Keywords: Alcohol addiction, family burden, mental health, public health, caregiver.

Introduction

Alcohol has a significant negative impact on public health. Alcohol is the most often used substance, according to a recent substance use disorder survey conducted in India. Approximately 1.6% of women and 27.3% of males in India use alcohol. Significant social and economic suffering is linked to alcohol use disorders. Research has demonstrated that alcohol consumption disorder affects not just the patient's life but also the lives of their friends, family, and relatives. Alcohol consumption has a negative effect on other family members, and family structures in a significant amount. [1][2].

According to the WHO framework on long-term care and mental health, caregiver burden encompasses the negative impacts on the caregiver's health, well-being, and socioeconomic status resulting from caregiving responsibilities.[3]

In 2019, alcohol use was responsible for approximately 2.6 million deaths worldwide. About 400 million individuals, representing 7% of the global population aged 15 and above, were affected by alcohol use disorders. Among them, 209 million people (or 3.7% of the adult population) experienced alcohol dependence. This figure notably exceeds the combined mortality from hypertension and diabetes, underscoring the severity of alcohol-related harm.

Although any amount of alcohol can pose health risks, the majority of alcohol-related harm results from either binge drinking or sustained heavy alcohol consumption. [4]

These statistics highlight the urgent need for effective public health interventions and policy frameworks aimed at reducing alcohol consumption and its associated consequences. [5][6][7]

Substance abuse is a pressing societal issue with extensive consequences that permeate all levels of society. Beyond the direct effects on the individuals who engage in substance use, the repercussions

ripple out to their families, communities, and economies. [8][9]

For children growing up in such an environment, the effects can be especially profound. Research has shown that children in households where substance abuse is present are more likely to develop emotional and behavioural problems, including anxiety, depression, and aggression. The emotional turbulence of living with a drug user can lead to feelings of confusion and insecurity, leaving children without a stable foundation of emotional support and guidance. As these children grow older, they may struggle with forming healthy relationships or may even develop substance use disorders themselves, perpetuating the cycle of addiction.[10] [11] [12] [13]

There has been a growing trend of alcohol and substance use in the community, especially among young and middle-aged adults. This pattern is concerning as it suggests that substance use is becoming more socially acceptable, which may lead to increased risks of dependency and addiction over time. In today's society, the family continues to serve as the main foundation for emotional bonds, care, and social development. As such, the effects of substance use disorders (SUDs) on families and their individual members deserve significant consideration. A survey can help uncover the hidden family burden and give voice to affected members. [14]

Aims and objectives are as follows:

- To evaluate the burden experienced by caregivers of individuals with alcohol dependence based on Family Burden Interview Schedule (FBIS).

Methods

The data for the cross sectional, non-interventional study were collected from family members of individuals with alcohol addiction who were undergoing treatment at Puthuvasantham De Addiction Center Tholayavattai, Kanyakumari, Jesuit ministry to alcohol and drug dependents, Nagercoil Kanyakumari, New life centre – Nagle health centre, Colachel, Kanyakumari and selected persons from some random areas of Kanyakumari district. (n=142) The data collection period spanned from February 16th to April 5th, ensuring adequate time to reach and gather responses from a diverse group of participants.

Data collection

Information for the study was collected from family members of individuals diagnosed with alcohol use disorders. The survey was conducted in Puthuvasantham De Addiction Centre Tholayavattam Kanyakumari, Jesuit ministry to alcohol and drug dependents, Nagercoil Kanyakumari, New life centre – Nagle health centre, Colachel, Kanyakumari and selected persons from some random areas of Kanyakumari district, involving a total of 142 participants. Before data collection, each participant was thoroughly informed about the objectives and methodology of the study. They were assured that participation was entirely voluntary, and written informed consent was obtained after explaining the purpose, procedures, and confidentiality measures in place. The data were gathered using the Family Burden Interview Schedule developed by Pai and Kapur, which is a validated tool designed to assess the objective and subjective burden experienced by family members. Ethical standards were rigorously followed, including the right to withdraw at any stage and the assurance of privacy and anonymity of responses.

Family Burden Interview Schedule (FBIS) is a semi-structured interview instrument proposed by Pai and Kapoor (1981). It is composed of 25 items that are grouped into the following 6 scales. Financial burden (items 1-5), Disruption of family routine activities (items 6-12) Disruption of family leisure activities (items 13-15), Disruption of family interactions (items 16-20), Effect on the physical health of others (items 21-22), Effect on the mental health of others (items 23-25), Each item was rated on a three-point scale, where 0 was no burden, 1 was a moderate burden, and 2 was a severe burden. The total scores range from 0 to 48 with 48 indicating the highest burden of care. Internal consistency was demonstrated by a significant Cronbach of between 0.62 and 0.82. [15][16]

Table 1: Family burden Interview Schedule (FBIS)

Scales	Items
Financial burden	1. Loss of patient's income 2. Loss of income of other family members 3. Expenses of patient's illness 4. Expenses due to other necessary changes in arrangements 5. Loans taken

Disruption of family routine activity	6. Any other planned activity needing finance, postponed 7. Patient not attending work, school, etc. 8. patient unable to help in household duties 9. Disruption of activities due to patient's illness and care 10. Disruption of activities due to the patient's irrational demands 11. Other family members missing jobs, schools, meals, etc. 12. Stoppage of normal recreational activities
Disruption of family leisure	13. Absorption of another member's holiday and leisure time 14. Lack of participation by patient in leisure activity 15. Planned leisure activity is abandoned
Disruption of family interaction	16. Effect on general family atmosphere 17. Other members arguing over the patient 18. Reduction or cessation of interaction with friends and neighbors 19. Family becoming secluded or withdrawn 20. Any other effect on family or neighborhood relationships
Effect on physical health of others	21. Physical illness in any members 22. Any other adverse effect on others
Effect on mental health of others	23. Any member seeking professional help for psychological illness 24. Any member becoming depressed, weepy, irritable
Subjective burden	25. 25. Have you suffered owing to patient's illness

Inclusion Criteria:

- Primary caregivers or close family members living with the alcohol-dependent person.
- Age above 18 years.

Exclusion Criteria:

- Family members diagnosed with psychiatric illness.
- Those unwilling to give informed consent.

Statistical Analysis

Microsoft Excel was utilized for data entry and analysis. Continuous variables were summarized using descriptive statistics like mean and standard deviation. The entire load faced by caregivers was evaluated by analysing the results of the Family Burden Interview Schedule (FBIS) because the study was descriptive in nature, no inferential statistics were used.

Result

Socio demographic data of family members

The study included 142 family members, with the majority of 139 females and 3 males. Out of the total data collected 81% wife, 5.6% mother, 8.5% children, 3.5% siblings, 1.4% father.

In relation to the age group, ranging from 18 to 24 years n=9 (6.34%), 26 to 35 n=31 (21.83%), 36 to 45 years n=58 (40.85%), 46 to 55 years n=26 (18.31%), 56 to 65 years n=17 (11.97%), 65 to 75 years n=1 (0.70%).

Table 2: Socio demographic data of the study

Socio demographic data	Mean ±standard deviation
Age	23.2±20.24
Male **Female**	2.1% 97.89%
Relationship with the alcohol addicts **Parents** **Spouse** **Sibling** **Children**	7.04% 80.99% 3.52% 8.45%

According to the domain ratings, the loss of the patient's income had resulted in significant financial hardship for over half of the caregivers (26%), with mean 198.66 ± 21.27. As the alcoholics were not assisting them with home chores and were not paying attention to other family members, caregivers had moderate to severe burden in the area of disruption of usual family activities, (21%) with the 194 ±13.16 mean, 16% of the family members felt burden with disruption of family

leisure. Since almost the alcoholics were disrupting the overall environment of the home, practically all caregivers felt a great deal of hardship in the area of family interaction disturbance (22%), Nearly all (96%) of the family members stated that there was no hardship in the area of the impact on others physical health, but 6% of severe effect on the mental health of others. Approximately, three-quarters of the caregivers said they had argued about alcohol usage almost daily and 5% of them suffered with subjective burden.

Table 3: Burden on the caregivers based on the FBIS

FBIS domain score	Mean ± SD	percentage
Financial burden	198.66 ±21.27	26%
Disruption of routine family activities	194±13.16	21%
Disruption of family leisure	185.25±13.93	16%
Disruption of family interactions	196±19.68	22%
Effect on physical health of others	91.5±9.5	4%
Effect on mental health of others	130.5±72.5	6%
Subjective burden	1.54±0.53	5%

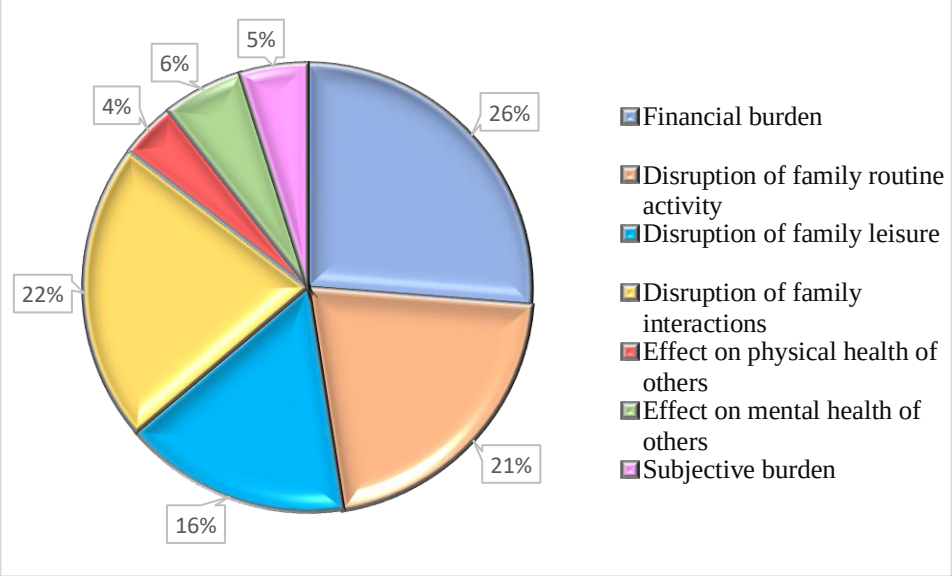

Fig :1. **Burden on the caregivers based on the FBIS**

Based on percentile scores obtained using the FBIS, participants were categorized into levels of severity. Those scoring below the 25th percentile was considered to have minimal impact. Scores with 25% percentile represented mild levels, while those in the 50% percentile were categorized as moderate. Participants in the 75% percentile experienced high severity, and those above the 90th percentile were identified with severe or very high impact. This method of categorization provides a detailed perspective on the range and intensity of the burden within the study population.

Table 4: Percentile Categorization of Perceived Family Burden Measured by FBIS

Percentile	Score	Number of persons comes under this score
Min	10	0
25%	24	37
50%	31	36
75%	36	36
90%	48	33

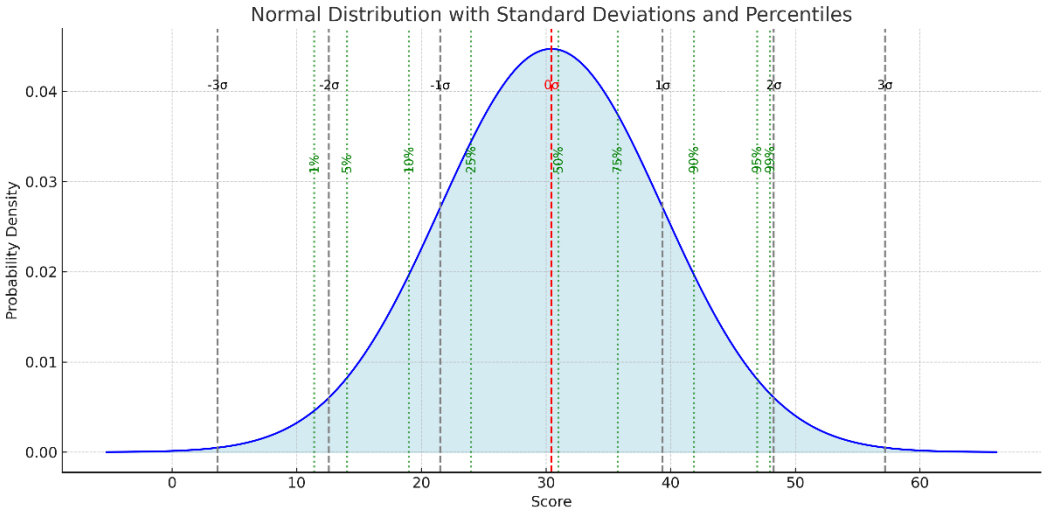

Fig :2 . Visualization of the Distribution Pattern of Family Burden Scores Using a Bell Curve

- The **blue curve** represents the normal distribution fitted to your dataset.
- **Red dashed line** marks the **mean (μ)**.
- **Gray dashed lines** indicate **standard deviations** (±1σ, ±2σ, ±3σ).
- **Green dotted lines** show key **percentiles** (1%, 5%, 10%, 25%, 50%, 75%, 90%, 95%, 99%).

Discussion

Alcoholism is a complex mental health disorder that not only impacts the individual but also places significant physical, emotional, financial, and social strain on family members. Understanding and anticipating the trajectory of alcoholism is becoming increasingly important. In our study, we assessed the caregiving burden experienced by family members of individuals undergoing treatment for alcohol dependence. Among the 142 participants, the majority of caregivers were women, primarily the spouses of the affected individuals. This reflects the prevailing cultural norm in our country, where the expectation for men to act as financial providers often results in women assuming the caregiving responsibilities during illness. [17]

Living with an alcoholic family member can lead to ongoing anxiety and emotional distress in women, largely caused by the uncertainty and instability in daily family life. Depression and emotional exhaustion are common, as they deal with ongoing emotional neglect and disappointment. The fear of violence or verbal abuse creates a traumatic environment that severely affects their mental health. Many women suffer from self-blame and guilt, especially in cultures where they are expected to maintain family harmony at all costs.

The daily lives of family members were frequently disrupted and the aggressive conduct exhibited by the patient during episodes of intoxication posed a risk of physical harm to those around them. Furthermore, such behaviour often created a negative influence on children within the household, potentially serving as a harmful example.

In our study, caregivers reported experiencing considerable burden across multiple life domains as a result of the patient's alcohol dependence. This heightened burden may be attributed to the fact that many of the spouses predominantly women were reliant on the affected individuals for financial support, child-rearing responsibilities, and other essential aspects of daily living. Additionally, cultural and societal expectations in our setting often discourage women from separating from their spouses, even when faced with chronic alcoholism. The social stigma and fear of judgment associated with separation or divorce can lead to greater emotional distress, prompting many women to remain in the relationship despite enduring significant hardship.

A substantial proportion of the caregivers over three-quarters are wife of the addicts, spanning various age groups. Among the 142 participants, 33 caregivers recorded the highest burden scores. The burden was notably present in several critical domains, including financial strain, disruption of routine household and family activities, deterioration of interpersonal relationships within the family, and adverse effects on both the physical and psychological well-being of other family members. These domains were found to have statistically significant positive correlations with the overall burden experienced.

Moreover, the home environment was often marked by frequent verbal conflicts, emotional distress, and even physical violence during intoxicated states. Such disturbances had a cascading effect, disrupting communication among family members, eliminating opportunities for leisure and relaxation, and severely compromising the physical and mental

health of the caregiver. These findings underscore the multifaceted and deeply entrenched impact of alcoholism on families, particularly on women who shoulder the primary caregiving role in such situations.

Limitations

While the study identified a substantial caregiver burden, the results should be interpreted with caution due to limitations, particularly the restricted sample size.

Conclusion

The present study clearly highlights that caregivers of individuals with alcohol dependence syndrome experience a substantial and multifaceted burden. The severity of this burden encompasses emotional, financial, social, and physical domains, often leading to significant distress and a compromised quality of life. The chronic and relapsing nature of alcohol dependence not only affects the patient but deeply impacts the well-being of the entire family, especially the primary caregiver. These findings underscore the urgent need for structured support systems, caregiver-focused interventions, and policies that acknowledge and address the hidden suffering of caregivers. Recognizing and alleviating caregiver burden is essential for improving both caregiver health and the overall outcomes of addiction treatment.

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