Determinants of Outcome in Male Alcohol Use Disorder Patients: A Camp Based 3 Month Follow Up Study

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Abstract

Alcohol use disorder (AUD) is a chronic relapsing psychiatric condition associated with significant physical, psychological, and social impairment. Despite available treatments, relapse rates remain high, particularly in resource-limited community-based de-addiction settings. This prospective longitudinal study examined the role of religiosity, self-efficacy, motivation to change, locus of control, and severity of alcohol use in predicting treatment outcomes among 130 male patients with AUD over a 3-month follow-up period. Participants aged 18–60 years meeting ICD-10 criteria for AUD were recruited from a camp-based de-addiction program. Baseline assessments included the Alcohol Use Disorders Identification Test (AUDIT), Alcohol Abstinence Self-Efficacy Scale (AASE), Drinking-Related Locus of Control Scale, Readiness to Change Questionnaire (RCQ), and Indic Religiosity Scale (IRS). Follow-up evaluations at 1 and 3 months assessed relapse status using AUDIT scores. Most participants had severe alcohol dependence at baseline (98.5%). At 3 months, 81% remained abstinent, while 19% relapsed. Higher religiosity and motivation demonstrated trends toward lower relapse rates, although these associations were not statistically significant. Self-efficacy, locus of control, and severity of alcohol use were not significantly associated with relapse outcomes. Mediation analysis showed that religiosity significantly increased motivation, but motivation did not independently predict relapse. The findings suggest that recovery in AUD is multifactorial and influenced by complex psychological and socio-cultural interactions. The study supports personalized and culturally adaptive addiction care models, including the novel integration of socio-spiritual dimensions into relapse prevention. It further highlights the potential utility of scalable community-based interventions incorporating motivational enhancement, family involvement, and structured digital follow-up to strengthen long-term recovery outcomes in camp-based de-addiction programs.

Keywords:

Alcohol Use Disorder, Relapse Prevention; Religiosity, Motivation to Change, Self-Efficacy, Community-Based De-addiction, Addiction Psychiatry, Socio-Spiritual Interventions, Personalized Addiction Care, Camp-Based Treatment.