

Challenges of Sustaining Alcohol Abstinence During COVID-19 among Recovering Alcoholics

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ABSTRACT

Background: COVID 19 lockdown thrown many challenges to medical services one of the most challenging parts is to assist people in alcohol addiction recovery. People in alcohol addiction recovery require support from abstaining from substance; the support consists of medical & therapeutic interventions and self-help groups. Abstinence-based problems, craving management, mental health comorbidities, handling uncertainty, coping with new challenges are the common areas where assistance from mental health professionals are expected. **Aim:** To study the challenges of recovering alcoholics during the COVID-19. **Materials & methods:** Semi-structured interview of recovering alcoholics taken by the researcher. A qualitative method was used. A total of 35 patients were interviewed according to consolidated criteria for reporting qualitative research (COREQ). **Result:** Covid 19 has affected mental health and has serious impacts on people. These interviewees shared their status of abstinence, difficulties in lockdown i.e., stress, anxiety, difficulties dealing with uncertainty, craving, isolation, work from home fatigue, fear for COVID 19 infection, etc. The interviews are explained that dealing with mental health comorbidities and no recovery meetings and fighting against other recovery challenges was difficult without assistance. **Conclusion:** During the pandemic, the people trying to maintain alcohol abstinence require holistic help. This paper attempts to underline the special needs of recovering alcoholics and the necessity to provide holistic professional help during the challenging COVID 19 pandemic period.

Keywords: COVID-19 & alcohol recovery, alcohol dependence, sustaining abstinence.

Adverse psychological responses to physical illness are common among the general population. During the COVID-19 the health care institutes faced the unforeseen challenge of managing the severe alcohol withdrawals, Suicide attempts due to withdrawals, relapse, binge drinking, relapse on mental health conditions, etc. The emergencies due to binge drinking and other associated physical and psychological problems faced by patients were another burden on the hospital while dealing with the pandemic. The state government of Kerala after seeing the suicides because of withdrawals instructed to prescribe alcohol (Varma 2020) [2]. This could show the special challenges and

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the need for medical and psychological interventions. The risk of relapse is increased with chronic potential life-threatening conditions and life situations as a result of lockdown [2]. The lockdown was declared with intention of controlling the infection rate. The COVID-19 pandemic led to many sudden changes. Uncertainty, fear of infection to self and family, extreme change in work life, social distancing, lack of socialization, and dealing with financial and other changes were stressful for many functional individuals. The additional vulnerabilities of physical and mental health created by the pandemic for those who needed additional care for their mental health or addiction recovery (Volkow, 2020) [4]

Addiction does not only affect the user but also affects the family. Addiction is referred to as a family disease also because eventually the malfunctioning behaviors, emotions can be seen in the addict's family members too. Family is also at risk of many physical & mental disorders. For example, passive smoking effects because of heavy nicotine use of an addict, uncertain aggressive behaviors, medical emergencies, financial manipulations, physical violence by the addict's cause stress-induced physical illness, second-hand smoking-related health issues & psychological illnesses like depression, anxiety/panic attacks, mood disorders among the family members. The damage caused by the addiction is very visible in most cases. It has directly influenced the family environment & interactions within family members; in short, the family also experience a lack of healthy bonding with each other. (Lander et al 2013) [6]. Neglecting partner's needs poor sexual performances, apathetic view, preoccupation for alcohol or drugs divinely has worsened the sexual life of the couple.

Substance abuse eventually leads to behavioral & emotional problems. Substance abuse can also lead to various mental disorders. This type is known as substance-induced mental illness. According to the British journal of psychiatry (2005) indicates great importance of clinical & prognostic in drug-induced psychotic disorders. Elizabeth Hartney (2013) had mentioned that substance-induced depression disorder is commonly seen in addicts. COVID-19 brought many unpredictable changes and thus the need for psychological assistance is highlighted. (Dejong et al, 2020) [9].

MATERIAL & METHOD

Study setting and design:

We conducted a qualitative method. Purposive sampling is been done. We used consolidated criteria for reporting qualitative research (COREQ) is used to confirm various important elements such as findings, quality of the process, and interpretation. [8] A total of 35 interviews are taken and the first author checked new themes in the responses of interviewees. It is a naturalist exploration of data and we refining data thus we use the constant comparative method (Boeije, Hennie 2002)

Data Collection & Study Procedure:

These 35 clients are taking OPD treatment for alcohol use disorder with Suasth One Step clinic & Suasth Hospital, Mumbai. The abstinence period of each client is different and the time spent in intervention programs is also varied. Total three sets of questions interviewers noting with the participants. The consent is taken by interviewees after explaining the purpose of the research. The participants are informed that even if they refuse there will be no negative consequences and they have a right to discontinue the interview at any point if they want to without any explanation there will be no negative consequences for it. Those who will complete the interviews will also not get any incentives. The interviews take approx. 30 to 45 min and it's a telephonic interview. The interviewer refers to the set of questions and asks the questions. Each answer is been noted down.

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A semi-structured interview is conducted. Total three sets are prepared. One Set was consisting of socio-demographic data such as name, gender, age, occupation, etc. The second consisting the clinical data which includes the onset and years of use, period of abstinence, treatment settings, Present medicines recommended as interventions, present physical &/or mental health concerns, etc. and the third set consisted of key questions COVID-19 impact and challenges faced by each of them. These questions were based on predictors of mental and physical relapse, challenges of maintaining adherence to abstinence from alcohol, and Thoughts, feeling, and behaviors of recovering alcoholics.

Table no 01: The main questions (Set 3) of semi-structured interviews are as below:

No.	Main area	Details of questions
1.	Perceived Pandemic effect	What do think about the pandemic?
		How does this pandemic affect your feelings?
		How do your family, friends, and peers react to a pandemic?
		Is any of your family member or you got infected with COVID 19? If yes Who and how is his health now?
2.	Changes brought due to pandemics	What are new changes that happened in your life because of pandemic
		What are the few difficult changes according to you and explain why
		What changes pandemic brought in your loved one's life
3.	Concerns for abstaining from alcohol	How will this pandemic affect your decision of abstaining?
		What could be the new high-risk situations for our long-term sobriety
		Can pandemics make the journey of recovery difficult for recovering alcoholics? Explain
		What difficulties your friends and peers facing in order maintain the abstinence
		What are your specific concerns about your sobriety during this pandemic?
4.	Known effects on other's sobriety	How does the pandemic affected your peers and friends who are recovering alcoholics?
		What do you think of others slip or relapse during the pandemic
		What recovery activities peers are doing to adhere to abstinence of alcohol
		What will be the challenges of people who will relapse during the pandemic
		What can be done for assisting people in recovery during this pandemic?
5.	Changes anticipated in intervention & Openness to adopt the changes	What changes pandemic will bring in treatment of addiction
		How is your behavior changes affect your recovery?
		How will the relapse be treated by health care workers during a pandemic
		Are you open to reconsidering the different ways of intervention for continuous care? What it could be.

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Process of Analysis

The detailed answers given by the participants were documented and written in word files. Repetitive patterns and themes were seen. The common information and challenges were rearranged as per the five main areas. i) Perceived Pandemic effect ii) Changes brought due to pandemics iii) concerns for abstaining from alcohol iv) known effects on peer's sobriety v) changes anticipated in intervention and openness to adopting the changes. The data collected was analyzed changes brought due to pandemics and results were discussed virtually with co-author and the discussed the final themes.

RESULTS

Sample details

A total of 35 participants were interviewed with consent. All accepted and agreed to give interviews after explaining the purpose of the research. The main details of sets one and two socio-demographic and clinical data are presented in table no: 2. The age of participants was ranged from 22yrs to 55 yrs. old, the mean age is 37.1yr. Along with alcohol dependence history, most of the participants have a history of using tobacco. Some of them are abstaining from alcohol as well as tobacco but many of them are abstaining from alcohol but continued tobacco use.

The period of abstinence is ranging from 7 days to 13yrs and the mean is 1.8 yrs. All the participants are presently taking the Outpatient treatment but few also have taken Inpatient treatment in the past to overcome alcohol dependence and associated physical or mental health issues. The participant reported that the treatment is provided by a qualified psychiatrist and psychologist.

The participant's data further reveals that Co-occurring conditions mean when a person is diagnosed with alcohol use disorder and also has a mental health condition. It is also known as dual diagnosis. These participants are simultaneously dealing with alcohol abstinence and also dealing with mental health conditions. The most common co-occurring disorder among this data is depression. According to Boden JM's (2011) research indicates that the more a person drinks the more they are likely to develop major depression [6]. Participants in the present study reported diagnosis of Depression (9 clients) the other co-occurring conditions such as Anxiety (6) Bipolar disorder (1), Schizophrenia (4), Mixed anxiety and depression (5), Adult ADHD (1), OCD (2) were also reported. Total 7 participants reported that there was no mental health condition diagnosed for them; they never really felt any need or nor suggested to seek mental health professionals help by any other medical professionals.

This research was conducted after 2 months of lockdown in 2019 and the data collection took 6 weeks. Seven participants got positive with COVID 19 and 28 participants were reported no symptoms or diagnosis of covid 19. Five participants experienced the death of a loved one due to COVID-19. 12 participants reported that their family members got infected with COVID-19. The details of Socioeconomic and clinical data are given in the table

Table No 2: Main details of Socioeconomic and clinical data is as below:

No.	Variables	Description
1.	Age	22-55 (mean 37.14)
2.	Use of substance	Alcohol and tobacco
3.	Period of abstinence	7 days to 13 yrs. (mean 1.8yrs)
4.	Treatment Mode	Outpatient and Inpatient

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No.	Variables	Description
5.	Treatment provided by	Qualified Psychologist
6.	Co-occurring conditions diagnosed	Depression (9), Anxiety (6) bipolar disorder (1), Schizophrenia (4), Mixed anxiety and depression (5), Adult ADHD (1), OCD (2) No disorder/ not diagnosed (7)
7.	COVID 19 (Yes/NO)	Self (7) Family member (12) Deaths of close relatives (5) No Covid (28)

Overview of challenges for sustaining alcohol abstinence during COVID-19

All participants reported the effects of Covid 19 on them. This data was divided into five main areas. The interviews revealed unique challenges face by recovering alcoholics. There were no neutral or positive experiences were noted.

i) Perceived Pandemic effect:

The period of COVID 19 is perceived as dangerous. The primary information about the precautions and treatment is very little so it is perceived as a life-threatening disease with no medication and is spreading all over the world. The uncertainty, fear of death, and sudden changes in lifestyle and work-life were reported by participants. The feeling of fear, worrisome thoughts about the future, and security and sadness because of the sudden deaths of family and friends were scary. Lockdown also contributed to boredom, loneliness which are known triggers for relapse in many cases were also perceived as unhealthy. All over the world many people reported suffering because of withdrawals and attempted suicide which was upsetting, saddening, and fearful as well.

The outcome can be summarised as, the feelings were ranged from being panic, unsafe, anxious, worrisome, grief, annoying, restless, bored, depressive, etc. Few participants even reported relaxing and calm experiences as after many years they got time to spend with themselves and their family. On the other hand, staying at home, social distancing, isolation, working from home was not easy. 'My house is small and there are two toddlers at home it's difficult to manage them and also keep hygiene and work from home without any house help. This induces the worrisome & helpless feeling' In Mumbai, most of the people live in a small house, and sometimes social distancing may not be possible. Participants reported that they are more alert and feel stressed when neighbors or known people or family or peers reported that they are infected with COVID 19.

ii) Changes brought due to pandemics:

While explaining the changes in life participants reported mixed answers. Positive Changes were reported such as spending time with family, relaxing and less traveling can spare some time for self-care exercise, etc, some reported learning new skills and going back to their hobbies. Negative changes were difficulties in running a business and got stuck away from the family, adopting new ways to be functional, difficulties in self-regulation. Feeling negative and unsafe.

Working from home and adjusting to the new technology was not easy, the financial problems due to lockdown such as salary cuttings, layoffs, etc. were worrisome for many participants. The sample we choose are mainly working people and a few are sole breadwinners for the family of three to five people. Such participants are struggling to keep calm and take charge of situations.

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Participants who are living with aged people are worried as older people are more at risk and those who are staying away from elderly parents are also worried about how well their older parents manage day-to-day life without any help. One participant reported 'My mother stays alone and now the housing society doesn't allow the house help, my mother is not physically fit either for cleaning & cooking or for going out for her own medicine and groceries. I am unable to go or bring her as the district boundaries are seal, I am restless and anxious all the time.'

Dealing with family dynamics was also reported challenging such as handling toddlers, dealing with teen tantrums. One participant reported that 'my marriage is going through very rough patch my partner is cheating on me and two weeks in lockdown I realize this. It's devastating, staying in a conflicted environment 24x7 is discomforting'.

There was certainly the negative effect of a pandemic on people who were caregivers of seriously ill family members 'My father was supposed to undergo the surgery and now it is postponed I am worried how will he survive with this.' Another participant told that his sister is going through dialysis and as a caregiver, there is no clarity about how that will continue and if the hospital is also taking COVID-19 patients how safe it is for his sister who already has weak immunity. Being a caregiver of bedridden patients, dealing with patients with chronic mental illness was certainly not easy because the health care facilities were not available.

iii) Concerns for abstaining from alcohol

The period of abstinence was different for very participants so was their stage of recovery. The challenges of abstaining were also varied. The period of abstinence varied from 7days to 13 years. The mean was 1.8yrs. the participants who were abstained for less than 2 years mentioned that handling cravings were challenging. The boredom, adjusting to new challenges, handling negative emotions, sleep disturbance, and other physical issues such as pain, liver diseases, etc create worrisome situations.

iv) Known effects on peer's sobriety

The support group for alcoholics and their families is widely known as Alcoholic Anonymous (AA) Group and Al-anon group Respectively. This group allows the members to share their stories and support each other in recovery. The meetings are generally in the evenings as that's the time for drinking for many alcoholics. These meetings (Physical gathering) were closed and Online meetings couldn't start immediately. The meeting helps the catharsis process and helps clarify day-to-day difficulties. Members are supportive and role models to each other. Pandemic affected the functionality of the group. Not every member could adopt the online structure so the active participation of seniors was not as regular as it uses to be.

Information about the sudden death of AA group members, physical deterioration because of liver condition, etc, slip or relapse of peer, mental health issues of group members can create the feeling of helplessness and fear as the assistance was not assured.

v) Changes anticipated in intervention and openness to adapting the changes:

The physical appointments with many medical and mental health professionals are restricted due to pandemics. Telemedicine and online therapeutic sessions were the only options available. Some participants reported delaying the follow-up with the hope that the lockdown will end in few weeks and then they can see the doctor then. Meanwhile,

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discontinuation of medicine, unavailability of one-to-one sessions lead to difficulties. Adaptations of technology, finding comfort with video consultations, and taking the responsibility of recovery were stressful for many. Feeling angry, fear for worsening, unanswered questions, uncertainty contributing to emotional dysregulation.

DISCUSSION

In the present study, the voice of patients indicates that there is a serious effect on the thoughts, behavior, and feelings of interviewees. Emotion regulation was challenging as negative emotions such as anxiety, fear, anger, hopelessness, stress, isolation was experienced often. Some psychological responses to an imminent crisis by recovering alcoholics are similar to the general population. The study by Fardin, M.A. (2020) reported a similar finding of anxiety.

The goal of this study the challenges they faced during the pandemic; this is also giving participants a chance to express the difficulties they have because of a pandemic. Looking at the experiences shared by the clients it becomes clear the pandemic is seriously affected people in recovery. The physical and psychological issues associated with automatic negative thoughts (ANT's). Those who are in the early recovery stage reported that they are concerned about getting withdrawals, fear of getting the urge to drink, stress, and boredom might lead to craving or relapse. Ali Ahmed (2017) reported similar findings in his research [1].

Few challenges were indeed the same as general population such as fear of getting infected with Covid-19, dealing with loss, death of loved one, concerns about loved one's health, stress for surviving in job/business, and stable earning, social isolation, anxiety, adjustments to new normal activities like work from home, etc.

On the other hand, some unique challenges are mentioned by the participants such as fear of relapse, survival guilt, abstinence-based problems, handling craving, making amendments to family members to improve family dynamics, worry, and uncertainty about a continuous care program challenges to stay connected with AA members and self-help group activities. Besides the COVID-19 direct effect the emotional, social, and recovery-related challenges are also noted.

During the pandemic, the changes in nature and goals of therapy and counseling also are reported. Assessment of early warning signs of relapses, assessment of the severity of craving, Improve the alliance, adherence to treatment, group therapies on video calls, frequency of individual sessions, regulating emotions, thoughts and behaviors become significant for people in early as well as stable stage of recovery. Whereas recovering alcoholics who were ready to get back to their jobs, initiating volunteering activities for other recovering alcoholics was on hold as social isolation was an important part.

This elaboration of the data by interviewees providing the new needs of clients and areas to consider in therapeutic work. Tailormade treatments for addiction normally use cognitive behavior therapy, dialectical behavior therapy, and acceptance commitment therapy, etc. With the pandemic situation the anxiety management and relaxation training, breathing techniques and guidance to thought stopping and other anxiety management techniques, training for sleep Hygiene, adjustment to a new lifestyle, dealing with effects of social media, dealing with PTSD, handling health anxiety became important. Activity scheduling, mood diaries, self-disclosure, stress inoculation training also is equally needed. Challenging

irrational and unhelpful, help in developing new balanced perspective, thinking about the big picture and not concluding worst are new areas taken into consideration by the mental health professionals during the demanding time. Hope, decision making, strong therapeutic alliance, adopting new ways to reaching out and considering the psychological needs, and dealing with them with a holistic perspective is useful to shape the effective intervention strategies during the COVID-19 epidemic.

CONCLUSION

According to this study, the spectrum of challenges to sustain abstinence among recovering alcoholics during the COVID-19 encompasses:

- 1. Isolation & Uncertainty:** The famous HALT (Hunger, Anger, Loneliness & Tiredness) program suggests that recovering people should avoid these four triggers to maintain long-term sobriety. Lockdown forced people to stay wherever they were and restricted mobility. Social distancing, lockdown and even being quarantine led to loneliness, and anger/irritability towards the condition was commonly expressed by the participants. It is a high risk for maintaining abstinence.
- 2. Availability of medical services for physical and mental health:** Even when recovering alcoholics are abstaining from alcohol. The physical and mental health comorbid conditions require attention. Health issues like fits, liver diseases, dental issues require ongoing care for many recovering alcoholics. Some need attention from mental health professionals for dealing with post-acute withdrawals, sleep issues, mood disorders, anxiety and depression, and other mental health issues in the form of medicines and counseling. Rehabilitation is the process and continuous care programs are long term. The lockdown affected the availability of such facilities.
- 3. Physical discomforts and pain:** Sleep disturbances and pain management are two important areas where people use alcohol as a supplement to medical treatment. These misbeliefs increased the risk of using a large amount of alcohol which can create other comorbidities. The common myths about alcohol use are it is perceived as the remedial element for improving sleep, pain management, cure to chronic cough and mood elevator, etc. which can be triggers for relapse.
- 4. Forced Abstinence Vs Binge drinking:** During the lockdown unavailability of alcohol led to forced abstinence for few active users. Some used the cold turkey method to stop the use and successfully managed abstinence and some landed up in emergency admissions at the hospital because of major withdrawals. On other hand, few cases of binge drinking were also reported.
- 5. Relapse on Mental illness:** People with a dual diagnosis had difficulties maintaining recovery and the relapse on mental illness led to relapse on alcohol. Such as to cope with anxiety and to overcome depression the use of alcohol started again.
- 6. Survival Guilt & Grief:** Those who lost their loved ones due to COVID 19 were finding it difficult to cope up with grief. Recovering alcoholics experienced survival guilt as alcoholics are aware that they are at risk of complex diseases due to the current or past history of extreme alcohol intake. When recovering alcoholics survive COVID 19 and his/her family member couldn't survive; the recovering alcoholic reported feeling wrong by surviving the life treating disease COVID -19. The participants felt that he has done wrong by surviving the pandemic. The participants who lost their loved ones once due to COVID-19 expressed that guilt of surviving occurred as they feel that they have abused their body during the addiction and their caregivers of them have suffered a lot because of addiction. Recovering alcoholics also feels that the other family members are very less vulnerable and thus their death as unfair.

7. **Family dynamics:** Even when people stop using alcohol the family dynamics might take time to be healthy. Many times, making amendments and developing a healthy relationship with family takes a long time. The past traumas, over vigilances by family, doubting the abstinence, and confrontations for past or present behaviors are the behaviors of co-dependents. The stressful family dynamics are not healthy for long-term sobriety. Possible help by the family therapist was taken away by the lockdown.
8. **Dealing with Losses:** Financial loss, loss of work, loss of support network, and loss of active routine created a need for self-regulation. The recovering alcoholics need constant support to deal with day-to-day challenges along with Abstinence based problems. The sudden losses can be a high-risk situation for relapse. The need to change cognition and finding possible solutions without going back to drinking is important for the recovering alcoholic.

In short, it is clear that during the COVID-19 crisis the recovering alcoholics have special needs to sustain in the recovery. There is a need to provide holistic help and assistance to above mention unique challenges by the mental health professionals. Long-term sobriety is possible with assistance during the millstones of recovery.

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Conflict of Interest

The author(s) declared no conflict of interest.

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