

Prevalence of Alcohol use among the Indian Population and its Impact on Public Health

Ajit Kumar Lenka*

Department of Social Medicine and Community Health, Jawaharlal Nehru University, Delhi, India

Abstract

In the discussion on substance abuse alcohol is reported as one of the most commonly used substances. The public health perspective states alcohol is a major player not only leading to disability but also death and disease. The article aims to provide an insight into the overall understanding of the effect of alcohol consumption on the peoples' lives in India. It also describes the burden of alcohol consumption and its consequences. This article is based on secondary data, the secondary data are collected from different source such NFHS, published research papers and reports.

Key words: Alcohol consumption; Alcohol-Related consequences; Morbidity; Mortality; Risk factors; Social-Economic and cultural factors

Introduction

Alcohol, especially its hazardous use has been notorious for being one of the leading risk factors resulting not only in diseases which are non-communicable (NCDs) but also the problems related to mental health, injuries and violence [1]. But it is also to be kept in mind that alcohol and tobacco are preventable health risk behaviour [2]. Hence, while alcohol use causes considerable health loss and is an important public health concern with effective interventions and regulations its negative health impact maybe controlled or even reduced.

There are various cultures around the world in which there are some specific cultural group or societies in which drinking has become an activity which has become quite famous socially on specific events and social norms where drinking is compulsory. It has eventually been made ritual of the society. Celebrating an event, festival and joyful activities has been associated with drinking alcohol. Even after work, the relaxation and peacefulness are associated with drinking alcohol [3]. A particular society reflects the norms, beliefs and faith in alcohol associated with health and cultural stigma too. In western societies, belief about alcohol varies and the thinking towards it is not same. There are some situations and areas where people are impacted by it in a positive and sometimes in a negative way. In these situations, a thought persists that alcohol may cause may health related issues such as antisocial and violent behaviour [4]. Having said that, there are many problems which are initiated only because of alcohol and also because of excessive consumption of it. According to the information shared by WHO, the overall per capita intake of alcohol is 6.2 L of alcohol per year by individuals above 15 years of age which equals almost 13.5 g of pure alcohol per day. One of the main risk factors for premature mortality and disability is consumption of alcohol, which is also leading to almost 3 million deaths per year globally. Harmful alcohol use is responsible for 7.1% (males) and 2.2% (females), which contributes to around 5.1% of disease which is causing burden globally [5].

Alcohol has been said to have an adverse impact on nearly 13 out of the 17 Sustainable Development Goals (SDGs) and directly impacting many health related targets within the SDGs

from infectious diseases (HIV, hepatitis, TB), NCDs, maternal and child health, etc [6]. Due to alcohol related incidents, a fair amount of the overall death and diseases have been recorded. A total of 3.7% of deaths that means 2.1 million deaths per year and 4.4% of the disease are because of alcohol consumption. There is a huge gender differences amongst women and men. A total of 1.6% of the disease burden is contributed by alcohol when it is analysed with 4.9% of the disease amongst men [7]. Through the data collected and analysed, the global alcohol consumption has increased in the past 10 years, where it has been observed that the increase is occurring mostly in developing countries [1,8]. It has also been observed that the well-established category contributes more in the consumption of alcohol and the related injury which led to disease burden [5]. Estimates by WHO (2018) indicate that the total adult alcohol per capita consumption (APC). In India has rapidly increased from 2.3 litres in 2000 to 5.5 litres in 2018. It has been forecasted that it will increase till 2025. While these increases have been seen among both the sexes. In India, alcohol abuse has mainly been observed in males, a habit acquired by mostly the males of the society [9].

In the aftermath of COVID-19, it is all the more important to highlight the interplay between substance, society and health. Due to COVID-19, many individuals found themselves confined with their abusers and with limited support from the outside. Literature indicates that the lockdowns and/or quarantines as a response to COVID-19 will lead to or has already led to an increase in the use of alcohol [7]. It has also been reported that while epidemics may not influence all forms of crimes, domestic violence as a form of violent crime is said to increase substantially during such events [10]. There is a plethora of literature that documents the relationship between alcoholism, domes-

*Corresponding author: Lenka AK, Department of Social Medicine and Community Health, Jawaharlal Nehru University, Delhi, India; E-mail: ajit@iihmrdelhi.edu.in, ajitjnu1989@gmail.com

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tic violence and their interplay impacting upon an individual mental health and wellbeing as well. It has been acknowledged that women disproportionately bear the health and psychological burdens of violence and domestic violence which most often occurs in a safe space i.e. their homes and the perpetrator is usually a person they trust [11]. Violence against women is also said to be a universal phenomenon experienced irrespective of country or context and is often considered a norm that is well-accepted [12]. Therefore, alcoholism is not only a health problem but also a social problem.

Alcohol Consumption

Indian scenario

India used to be one of those countries which had lowest consumers of alcohol but now there are about 14 million people who are alcohol dependent and require help. About 160 million people consume alcohol in the country (India: 160 Million Alcohol Users, <https://movendi.ngo/news/2019/07/05/india-160-million-alcohol-users/>). Gururaj, et al., in their study mentioned that alcohol consumption among individuals in aged 15+ years was almost 5.7 L per capita and it got increased in the time period [3]. In India, 5.4 billion litres of alcohol were consumed in 2016 while it was speculated that it would reach up to 6.5 billion litres by 2020. As per NFHS-4, 29.2% men and 1.2% women, whereas in NFHS -5, 18.8% men and 1.3% women consume alcohol. After comparing the trends from NFHS-4 and 5, it is evident that there is a gradual decrease in this practice [5]. However, Balhara, et al. have suggested that while NFHS findings indicate a decreasing trend. According to the reports shared by WHO's report on Status on Alcohol Use and Health at Global level, it has indicated 38% increase in APC among those aged ≥ 15 years in India from 2010-2017 [5,8]. This brings attention to the fact that though the proportion of the drinkers has decreased comparatively over the passage of time but the current alcohol drinkers has increased in that particular period of time.

A recent trend of consuming alcohol has been observed with drinking patterns varying amongst different socio-cultural practices in developing countries like India. One of the major changes in trend which have been observed is people have started consuming alcohol at younger ages. According to studies conducted by Alcohol and Drugs Information Centre India, a non-governmental organization (NGO) in Kerala, there has been an increase from 2% to more than 14% in the drinking population aged less than 21 years. Also found that the average age of initiation has reduced from 19 years to 13 years in the past 2 decades. The introduction of flavoured alcoholic drinks has increased its consumption by attracting new consumers who were previously non-drinkers [13].

Alcohol consumption states wise in India-NFHS

According to a report on magnitude of substance use in India (2019) the states with the highest prevalence of alcohol use are Chhattisgarh, Tripura, Punjab, Arunachal Pradesh and Goa [14]. As per the National Family Health Survey-5 (NFHS-5) report for 2019-20 has revealed that still 15.5% men above 15 years of age consume alcohol in dry Bihar. Between NFHS-3 and NFHS-4, there was a considerable decrease in current alcohol use among men and women. The nationwide numbers

for current alcohol usage for NFHS-5, however, were not yet available. However, for NFHS-5, national proportions for current alcohol use were not yet known. In NFHS-5, there was a decrease in the proportion of men reporting alcohol usage in all but one state (Himachal Pradesh, with a no significant increase of roughly 8%). In 12 states, the proportion of women reporting alcohol usage has decreased, while in three states it has increased [5,11]

Prevalence of alcohol consumption among men

Information on Alcohol use, Figure 1 and 2 shows that north east states male consumed greater quantity of alcohol than the other regions in the country. Among the states Arunachal Pradesh men consumed higher alcohol (53%) as followed by Telangana (43%), Sikkim (40%) Manipur (37%), Goa (36%), and Jharkhand and Chhattisgarh each state shows (35%) alcohol consumption. Our findings are in line with other studies indicating that consumption of alcohol has regional variations and that alcohol use is most prevalent in the North-East, Chhattisgarh, Telangana, Himachal Pradesh, Punjab and Jharkhand [9].

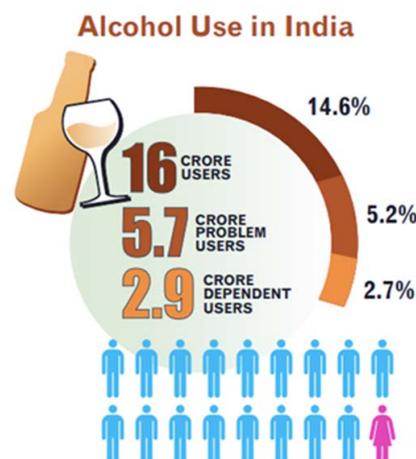


Figure 1: Prevalence of Alcohol Use in India

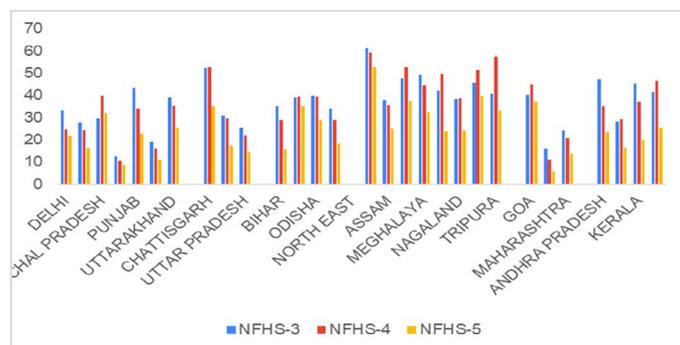


Figure 2: Men aged 15 and above who use alcohol by states in India (%)

If we look at gender difference, compared to NFHS-3, NFHS-4 alcohol consumption by men has decreased and same has been the case in NFHS-5 which could be due to under reporting as well as the alcohol sale restrictions due to COVID-19 and subsequent lockdown

Prevalence of alcohol consumption among women

Information on Alcohol use, the Figure 3 shows that north east states women were consuming more alcohol than women from the other regions of the country. Among the states women from Arunachal Pradesh consumed highest alcohol (24%) followed by Sikkim (7%), Telangana (7%) Chhattisgarh (6%) and Tripura (6%) each state showing (35%) alcohol consumption. Compared to NFHS-3, NFHS-4 alcohol consumption by women has decreased in NFHS-5 due to covid-19 restriction and under reported the data. In India Goa one of the state is shown (5%) the alcohol consumption increasing in NFHS-5.

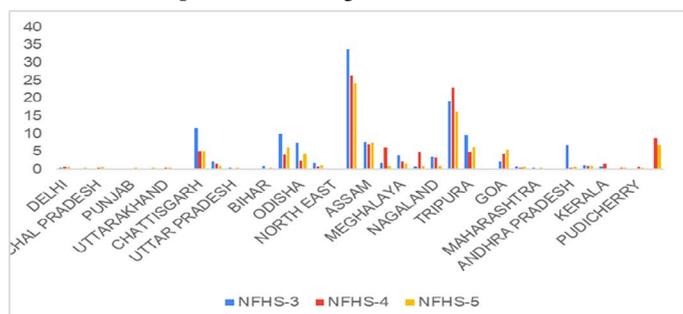


Figure 3: Women aged 15 and above who use alcohol by states in India (%)

Socio-Economic Consequences

Domestic violence

Literature suggests alcohol use and violence may be considered as risk factors for poor mental health among women. Studies reveal that partner alcohol problems pose diverse health threats for women that go beyond the well-documented association with domestic violence [15]. It was reported that women whose partners had alcohol problems were more likely to experience victimization, injury, mood disorders, anxiety disorders, and being in fair or poor health than women whose partners did not have alcohol problems. They are also said to experience more life stressors and have lower mental/psychological quality of life scores [16].

It is generally believed that heavy alcohol drinkers have socially disruptive behaviour and it can have negative consequences for society as a whole. Heavy drinkers may indulge in domestic violence with any of his family members which can lead to social harm. A study was conducted by Gururaj, et al. in Bangalore; it was found that heavy drinkers were emotionally abusing their spouse. It was noted to be 2.5 times more common among persons who consumed alcohol, 23.3% of the users physically abused their spouse and 7.8% of them physically abused their spouse resulting in injuries. Another study was done by Markowitz, et al. (2019), in which alcohol consumption was found as the most significant cause for domestic violence. 20% of women reported domestic violence with their husband's practice of alcohol consumption [11].

NFHS-3 (2005-6) has indicated that the experience of spousal physical or sexual violence varies with level of the husband's alcohol consumption. 69% of women whose husbands got drunk often had experienced spousal violence, as compared with 30% of women whose husbands did not drink alcohol. But over a

period of a decade, this spousal violence has increased due to the easy proximity of drinks. NFHS-4 (2015-16) has indicated that the experience of spousal physical or sexual violence varies with levels of the husband's alcohol consumption. 71% of women whose husbands got drunk often had experienced spousal physical or sexual violence, compared with 22% of women whose husbands did not drink alcohol. Alcohol is said to be the culprit in up to 50% of the cases of sexual assault. Alcohol consumption was the trigger, where most of the men and women agreed that they tend to be violent. Various studies reported that after consuming alcohol they felt very light and energetic which provided them the strength for any kind of violence. It is an easily understandable and well known fact that when a person is under the influence of alcohol he or she is more prone to commit any kind of crime. Alcohol is a sedative and it provides immense energy, which therefore activates them and also provides courage.

Family conflict arises

If consumed in excess, alcohol can affect all areas of a person's life, as well as the lives of their family and friends. Personal relationships can be subjected to arguments over drinking which can lead to ongoing conflict and break ups. There are also negative consequences in the workplace arising from poor performance, accidents and absenteeism as a result of alcohol. For some, drinking in excess can lead to legal problems as a result of anti-social and violent behaviour or the loss of their driving licence. It has been indicated that alcohol misuse may result in broken families, crimes, economic instability in family, etc [17].

Studies have found that higher levels of alcohol use among parents and peers are associated with increased alcohol use among adolescents and young adults. Conversely, family support, bonding, and parental monitoring is associated with lower alcohol use and social networks and social support also have protective effects.

Economic loss

The economic impact of alcohol consumption plays a major role in families belonging to lower socio-economic strata. In fact, alcohol use not only causes personal economic losses but it also costs the country's economy as well as has an impact on the developmental trajectory. WHO's Global Status Report on Alcohol and Health (2018) mentions that an increase in alcohol consumption in poorer societies or in lower income segments of populations can even be detrimental in the achievement of the sustainable development goals (SDGs). Alcohol consumption would increase the societal burden of alcohol, inclusive of health system cost, out of pocket expenditure and productivity losses amounting to INR 121,364 billion (US\$ 1867 billion). Even after adjusting for tax receipts from sale of alcohol, alcohol poses a net economic loss of INR 97,895 billion (US\$ 1506 billion). This causes an average loss of 1.45% of the gross domestic product (GDP) per year to the Indian economy [4]. It was found that there was an empirical association found between the use of alcohol and tobacco and impoverishment through borrowing and selling off assets in distress because of hospitalisation. In a study done by Benegal, et al. it was found that alcohol dependent persons spent more money than they earned, they were forced to take loans to spend for their expenses related to alcohol consumption, on an average, 12.2 working days

were lost to the habit and around 60% of the families were financially supported by the income from other family members. In a study done by Ramanan, et al. (2019) half of the persons who consume alcoholic beverages had strained relations with their family members especially their spouse and children.

Alcohol consumption has directly and indirectly affected the economy mainly in developed countries. A study aimed to estimate health impact and economic burden in association to alcohol intake in India and it was found that an average loss of 1.45% of the gross domestic product (GDP) per year was done to the Indian economy. The International Journal of Drug Policy published a study that aimed to estimate health impact and economic burden in association to alcohol intake in India and found the economic loss from harmful effects of alcohol consumption came out to be 1.45% of the gross domestic product (GDP).

Absenteeism and lost productivity at work

Work performance degrades profusely and the quality of work also gets affected after consumption of alcohol as it slows down the mechanism and processes of the central nervous system as well as brain. If we talk about the loss of working days at global level, around 17 million days are lost due to alcohol every year. India also witnesses loss in the working days which decreases the productivity of the organization, affects the health of the alcohol consumer and descends the performance of both. More than half of the days which could be indulged for the improvement, progress and productivity as a whole are spent binge drinking on weekdays. This frequency increases more on the weekends. Medically it has been advised that if an individual consumes more alcohol than the amount that his or her body can metabolise, it remains in their system for the next day and their performance at work gets affected because of that [11].

Alcohol related accidents and injuries

One of the major reasons for road traffic accidents is alcohol intake as any amount of alcohol in the bloodstream can impact driving ability. Drinking alcohol is said to slow down one's response. A study was conducted by the National Institute of Mental Health and Neurosciences (NIMHANS) in 12 major hospitals of Bangalore city, and it revealed that nearly 28% of injuries were noted due to road traffic accidents under the influence of alcohol. Another study done by Gururaj revealed that alcohol abuse was reported in over 20% of traumatic brain injuries.

According to the data released by the National Crime Records Bureau (NCRB) 2020, Chennai in particular, recorded the highest number of drunken driving deaths in the country. Also in one of the studies conducted by alcohol dependent individuals with road traffic accidents showed high risk behaviour most frequently. The Supreme Court of India in 2016, Imposed ban on liquor shops within 500 metres of any national highway or state because of the spike in drunken driving cases. However, an exception was put for the highways which were there within the city limits. This decision was strongly criticised by the hotel and liquor businesses as this order led to their losses. Eventually, hotels also shared concern on their star rating because of the ban imposed.

Public Health Issue

Non-communicable diseases

According to WHO (2018), alcohol consumption is found to be in association with more than 200 disease and injury conditions. Globally, 3 million deaths every year are noted from harmful use of alcohol [6], which represents 5.3% of all deaths. Alcohol intake causes death and disability relatively early in life. In the age group 20–39 years approximately 13.5% of the total deaths are alcohol attributable. A causal relationship was found between harmful use of alcohol and a range of mental and behavioural disorders as noted also with other non-communicable conditions and injuries. Latest association is found with communicable diseases such as tuberculosis and the course of HIV/AIDS [18]

In a study done by Bangardi, et al. it was noted that heavy alcohol intake strongly increased the risk of cancers of the pharynx, oral cavity, oesophagus and larynx. Also, for both the genders, four drinks per day have increased risk for oral and oesophageal cancers by approximately three-fold and rectal cancers by 1.5 fold [19].

Alcohol with eight other factors accounts for 61% of loss of healthy life years from cardiovascular diseases (CVDs) and 61% of cardiovascular deaths. It is related to many cardiovascular outcomes, including hypertensive disease, haemorrhagic stroke, and atrial fibrillation. Continuous heavy alcohol use has been associated with adverse cardiovascular outcomes. It has also been observed that average drinking in a limited quantity serves as a protective effect on ischaemic diseases, whereas when this drinking style changes to heavy drinking causes severe cardiovascular diseases.

Alcohol is associated with various kinds of liver disease, with fatty liver, alcoholic hepatitis and cirrhosis being the most common. The relationship is so strong that in an International Classification of Diseases (ICD) several subcategories of liver disease were given the prefix of alcoholic, e.g. alcoholic liver cirrhosis. The likelihood of developing liver disease is a function of both the duration and the amount of heavy drinking Eashwar, et al. have outlined several medical complications that are said to occur as a result of alcohol use:

Gastro-Intestinal (GI) complications

Alcoholic drinks contain succinic and maleic acid which accelerates the acidic secretion. Regularly consuming alcohol can directly disrupt the lining of the stomach leading to acute gastritis. And repeated higher doses can cause hyperacidity and ultimately lead to peptic ulcers [20]. Muscular changes One-third to two-third alcoholics can develop skeletal muscle weakness which is caused by acute alcoholic myopathy. According to a study by Venkat, et al., it is seen that those who are chronic drinkers suffer from avascular necrosis of the femoral head and reduced bone density [20].

Neurological complications

Blurred vision, blackouts, slower reaction time and impaired memory are some of the immediate effects of consuming alcohol which gets reversed on stopping the usage. As per the study

by Peng, et al. prolonged use of alcohol can develop myopathy, alcoholic tremors, cerebellar degeneration and Wernicke's encephalopathy.

Alcohol related death

Deaths related to alcohol abuse have become quite significant and frequent in India. While looking at a closer angle, we can see that death related to alcohol remains less than 1% in men and in women who consume more than two drinks in one sitting. Consuming alcohol above this may certainly cause fatality and increases the risk. Association of gender difference is observed in alcohol consumption. Because of chronic alcohol related diseases, there are more chances of deaths than death from any other injury or diseases. For example, a man who consumes eight standard drinks per day has a 15 in 100 chance of dying from any alcohol related cause in his lifetime [19]. This includes a 5% chance of death associated with chronic alcohol related health conditions and a 10% chance of alcohol related injury. Women on the other hand are more likely to experience ill health leading to death from chronic alcohol related conditions than sudden injury. A woman drinking eight standard drinks daily has a 14% chance of alcohol related death; she has an 8.5% risk of dying from a chronic health condition and a 5.5% chance of death from an alcohol related injury. Dying whilst intoxicated is a particularly significant problem amongst young people. Amongst 14-17 year old Australians, 13% of deaths are alcohol related. Each week a 14-17 year old Australian dies from an alcohol related cause and a further 60 are hospitalized. A study done by Gururaj, et al. concluded that the hospital admission rates increased from 20% to 30% because of direct or indirect problems caused by alcohol.

Psychological stress

Chronic use of alcohol was found to increase risk for psychological stress, risk taking behaviours and disorders in personality. According to research, 17.6% of psychiatric emergencies in an Indian general hospital were noted due to alcohol consumption. People experience stressful situations in their life and turn to alcohol to cope with several types of stress. The problem with that is alcohol itself can cause stress on the body's physiological balance. Researchers had found that alcohol takes a psychological and physiological toll on the body and alcohol was itself the reason to cause stress on the body's physiological balance [3].

A study was conducted in Bangalore done by Gururaj (1993), it was noted that alcohol use was one of the major risk factors for suicide with a nearly 25 fold increase among alcohol users and was more prevalent in men in comparison to women.

Another study was done by in Chennai, noted that suicide rates were much higher among alcohol users as compared to those who do not take alcohol, and nearly (32%) aged 15-54 years men reported consuming alcohol with 9.4% of them were classified as 'alcohol dependent'. A major concern of suicidal attempts was observed which was found to be more common in those with depression amongst both men (6.6%) and women (7.9%). Level of depression was noted to be more prevalent in females compared to males.

Reduced quality of life

Quality of life of family, relatives, caregivers, bystanders as well

as community reduces and gets affected by alcohol consumption which is obviously associated with violence, offensive behaviour, petty crime, abuse along with vehicle accidents. The quality of life of an individual along with the ones related to him or her in any other way gets affected. These factors are associated with social concerns as well. Contributions of these factors are significant in welfare and policy services [19].

Influence discrimination

There are various social and cultural practices that generally predict the increase in alcohol use. To which, an assumption of not getting accepted if the ritual or stigma will not be followed. The fear of getting discrimination as well as stress in health related risk behaviours including alcohol consumption plays a very important role [16]. For the explanation of the discrimination and stigma on health, the stress and Framework of coping factors is applied. This theory has proven that alcohol is consumed to cope with their daily life stress, discrimination, stigma, along with the stress related to their occupation, work pressure, peer pressure, familial issues as well.

Alcohol policies

In India, alcohol is a state subject and hence, states have full control over their alcohol related excise duties, legislation, legal drinking age, production and sale. The Indian Power Alcohol Act, 1948 which is also known as ACT NO. 22 OF 1948 (3rd April, 1948). This act was formed to develop the Power Alcohol Industry. Whereas for the sake of public interest, The Power Alcohol Industry should only be developed under the control of the Central Government. As per the Indian Constitution state list of item number 51, "alcohol for human consumption", it deals with the rules by which the business of liquor in the state is governed. Along with this, Article 47 that drafts the message of raising the level of nutrition, standard of living and improving health. It also takes responsibility to make sure the drinks and drugs which are injurious or detrimental to health are prohibited.

Minimum Legal Drinking Age (MLDA)

An age at which a person is allowed to buy alcohol legally. In India this varies from state to state and ranges from 18 to 25 years. While in some states consumption of alcohol is banned. These states are informally called 'DRY STATES'. The dry states include Bihar, Gujarat, Lakshadweep, Mizoram (2019), and Nagaland. It is also banned partially in some districts of Manipur.

In Rajasthan, Goa, Haryana, Andhra Pradesh, Sikkim, Puducherry, Andaman and Nicobar, and Himachal Pradesh MLDA is 18 years while in Kerala, it is 23 years. In Punjab, Chandigarh, Dadra and Nagar Haveli and Daman and Diu share the same drinking age of 25. While in the remaining states of India, the legal age of drinking is 21 years including the most recently included state of Delhi that has reduced its MLDA from 25 to 21 years [11,19,20].

Motor Vehicle Act (against Drink and Drive)

Under Section 185 of the Motor Vehicles Act of 1988, drunk driving is a crime. A person can be charged either if the alcohol level in his/her blood is found to be more than 30 mg per 100 ml which is detected by the breath analyzer or the person is under the influence of intoxicants to such an extent that he is

unable to control and balance while driving. If an individual is caught for the first time, the act punishes for imprisonment which may extend to six months or a heavy fine of up to Rs 10,000 or both can be charged. Committing the same offence for the second time, the imprisonment may extend to 2 years or a fine of Rs 15,000 or both can be charged [19].

Discussion

While public health has been improving with the advent of improved medical and technological development, we continue to be in the midst of an epidemiological transition. There has been reduction in mortality due to communicable diseases but this has also been followed by emerging NCDs. Today, once again we are fighting against NCDs while also dealing with re-emergence of communicable diseases. With COVID-19 not only India but the world has been dealing with an undying virulent disease despite having developed multiple vaccines. (OECD, 2021) In lower and middle income countries, it is found that global alcohol consumption is increasing and it is likely that the impact of alcohol on inequalities will worsen in the future.

Keeping the above discussion in mind our paper has tried to explore the burden of alcohol use on not only health but also attempted to suggest interlinkages and subsequent socio-economic impacts such as domestic violence, economic losses etc. Recently few communicable diseases such as tuberculosis and HIV/AIDS were noted to be associated with alcohol consumption. The WHO's report on Alcohol and Health revealed 3 million deaths per year globally. Increased alcohol consumption in males was noted compared to females. The data revealed harmful alcohol consumption in males to be 7.1% and in females to be 2.2%. As per NFHS-4, and NFHS-5 a comparison was made and a gradual decrease in this practice is evident. Among all the states, it was observed that the males of Arunachal Pradesh consumed higher alcohol that came out to be 53%. Prolonged intake of alcohol in moderate quantities leads to various non-communicable diseases such as alcoholic liver cirrhosis, cardiovascular disease, gastrointestinal (GI) complications, muscular changes, neurological complications and others.

Heavy alcohol use has been understood to lead to acute intoxication, domestic violence, abuses, rapes, family conflict, economic loss, reduced quality of life. According to NFHS-4 data, the percentage of spousal violence was 71% whose husbands drink and 22% of women with non-drinker husbands. As per WHO estimates around 55% of domestic abuse perpetrators drank alcohol prior to assault. Excess intake of alcohol results not only in anti-social behaviour but also poor performance, accidents and absenteeism at the workplace. Negative consequences like personality disorders, psychological stress was also evident. Also, a considerable amount of economic loss has been studied. Alcohol dependent persons were found to take loans to spend for their expenses in relation to alcohol consumption. Another major concern was financial burden on the country in association with alcohol users which according to the reports an average loss of 1.45% of the gross domestic product (GDP) per year was noted

As we talked about various policies which are concerned with the consumption and production of alcohol. In 1948 The Indian Power Alcohol Act worked in the path of flourishing the alcohol industry yet keeping in mind that every decision should

be monitored and decisions will always be taken for the sake of public interest only. Keep in mind that health and nutrition must not get hampered because of the quality, consumption and production of it. The constitution of India inculcates Article 47 which also talks about raising the level of nutrition, standard of living and improvements in the field of health. In India, there are several pre-existing regulatory codes and laws that attempt to curb alcohol use and its sale. The Government of India has taken numerous initiatives to tackle the growing threat faced due to alcohol by formulating the various alcohol control policies such as The Motor Vehicle Act (1988) to prevent drunk driving; Minimum Legal Drinking Age (MLDA) According to the National Crime Record Bureau (NCRB), it has been recorded that around 2% of the total road traffic accidents are because of drunk driving. Law has been made against drinking and driving. States can independently take decisions in view of stopping the loss of health and property which leads to various catastrophic conditions. Cases of drunken driving are increasing extensively.

Conclusion

It is clearly evident from the preceding discussion that there are many aspects to alcohol and its misuse. Talking about the ground level situation of the country in respect to consumption of alcohol, we observe that there are rules, there are policies formed to control and disseminate as well as the hazardous consequences which happen due to excessive alcohol consumption. But the question is the whether the policies and rules which have been put into effect for the benefit of society have been able to make a difference?

This has been increasing liberalization in alcohol availability and its production, except for a few states, which have promulgated prohibition. However, prohibition has more or less failed to curb or reduced alcohol-related problems and even leading to the increase in illicit liquor trade.

We can also take the example of Bihar. Alcohol in Bihar was being used at an extensive level because of which numbers of death, robbery, physical abuse, Eve teasing, monetary loss, broken families, economic declination as well as different diseases like liver damage, CVS, oesophageal cancers were seen. The government of Bihar took a major step of banning the manufacturing, trade, storage, transportation, sale and consumption of liquor in the State. But is this ban in the state being followed the way it should be? The answer is No. Alcohol is still being consumed and alcohol related deaths continue to be observed. As per the WHO reports Almost 2.6 Lakhs Indians die every year in India which means 6000 deaths per day. The thing is policies and rules are being made by the government but its implementation can only be done by the public under the guidance of Government officials. Alcohol causes notable negative health impact, crime, family disturbance, increase road accidents, psychological stress and financial burden on Indian society and policy interventions are needed to control alcohol attributable harm.

Hence, it can be said from the above discussion that there exists an urgent need to monitor, develop regulations and awareness campaigns related to harmful use of alcohol and its subsequent possible impacts on various other indicators. We not only require sustained enforcement of programmes and policies but

also an enhancement of alcohol related programs and policies for the near future in order to protect our country's future population health and development.

Acknowledgement

None

Conflict of Interest

None

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