

NATIONAL EXCISE POLICY

IAPA's POSITION PAPER

I. THE EXCISE POLICY OF INDIA SHOULD BE BASED ON THE FOLLOWING:

1) The Constitution of India

“The State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties and, in particular, the State shall endeavour to bring about prohibition of the consumption except for medicinal purposes of intoxicating drinks and of drugs which are injurious to health”.

- Article 47, Directive Principles

2) Cultural Context of the Country

- a) Strong Religious sanctions
- b) Temperance culture & tradition
- c) Majority of the population are abstainers
- d) Women population almost totally abstainers
- e) 35% of the population below poverty line

3) Learning from Experiences, Lessons & Scientific Evidences

a) WHO Global Status Report on Alcohol

“Alcohol abuse is one of the leading causes of death and disability worldwide. Alcohol abuse is responsible for 4% of global deaths and disability, nearly as much as tobacco and five times the burden of illicit drugs. In developing countries with low mortality, alcohol is the leading risk factor for males, causing 9.8% of years lost to death and disability”.

b) Euromonitor 2001

“The Asia-Pacific market holds spectacular potential, specifically because of two very large, extremely underdeveloped markets within the region. China and India hold around 78% of the regional consumer base between them, and both are seeing the development of more open markets. Per capita alcohol consumption is low in both countries, and if this can be developed in markets that contain almost 50% of the world's population, the potential is massive”.

c) Addiction 98 - October 2003

“Worldwide, alcohol leads to a loss of 58 million years of healthy life annually. This translates to every drinker losing an average 11 days of healthy life per year due to alcohol. That is a heavy loss”.

- Dr. Peter Anderson

d) Alcohol No Ordinary Commodity

"No other product so widely available for consumer use, not even tobacco, accounts for as much premature death and disability as alcohol".

- Thomas Babor

e) World Health Report 2002

"These are dangerous times for the well-being of the world. In many regions, some of the most formidable enemies of health are joining forces with the allies of poverty to impose a double burden of disease, disability and premature death on many millions of people. It is time for us to close ranks against this growing threat".

- Dr. Gro Harlem Brundtland
Director General, WHO

f) World Bank Pronounce on Alcohol

The World Bank has decided to increase its efforts to prevent alcohol related problems in client countries and to take the public health situation regarding alcohol into account while considering investments.

- *Public Health at a Glance*
World Bank, March 2000.

4) Prevalence of Alcohol Use and Drinking Patterns

- a) Alcohol is a State subject under the 7th Schedule and different States have different Policies, Acts and Rules.
- b) Prevalence of use 16-25% of the population.
- c) Regular users 6-10%.
- d) Hazardous users around 5%.
- e) More than 97% of Women are abstainers.
- f) Illicit market and consumption much more than recorded sales.
- g) Alarming increase in Alcohol consumption & per-capita consumption.
- h) Increase in number of new drinkers, particularly Youth & Adolescents.
- i) Changes in Gender – Increase in Women drinkers.
- j) High quantity of Alcohol intake per drinking occasion.
- k) More frequency of drinking occasions.
- l) Alarming increase in Alcohol related problems, which include health problems, violence, traffic accidents, injuries, crimes, homicides, suicides,

marital problems, divorces, problems at work place, absenteeism, loss of production and numerous other social problems.

5) Urgency for Policy Intervention in India

The World Health Organization Regional Office (WHO–SEARO) has urged for urgent Alcohol Policy Intervention in India, due to the following:

- a) Increasing focus of Alcohol Industry in India
- b) Increasing Alcohol use in the Region
- c) Increasing Health impact of Alcohol
- d) Increasing Social & Economic issues related to Alcohol in the Region

II. IAPA RECOMMENDS THE FOLLOWING POLICY OPTIONS

1. Policies Targeting Availability

- Pricing and Taxation on Alcohol
 - Alcohol behaves basically like other commodities – if prices go up consumption goes down and if prices go down consumption goes up
 - Price Elasticity – the responsiveness of alcohol to price changes are not the same for all times and places nor for all beverages
 - Heavy and even alcohol-dependent drinkers are influenced at least as much if not more than lighter drinkers by price changes, contradicting the claim often made that high alcohol prices only penalize moderate consumers while having little or no effect on heavy and problematic drinkers

2. Policies Targeting Physical Access

- Density of Outlets
 - High density of alcohol outlets in a given locality significantly increases sales of alcohol. The number of outlets shall be restricted population-wise. No outlets should be allowed 400 m. in close vicinity of Educational Institutions, Places of Worship, Industries and Project areas
- Opening Hours and Days of Sale
 - Increased drinking with increased hours and reduced drinking with reduced hours. A uniform holiday pattern (one in every week) should be adopted and the working hours shall be restricted to the maximum of 12 hours per day between 9 AM and 9 PM.
- Minimum Legal Drinking Age should be fixed at 21 years

- Server Training and Service Intervention should be mandatory
- Server Liability should be enforced
- Monopoly of Alcohol sales should be with the Government
- Retail Availability of Beverages shall be only through licensed outlets
- Regulation of Beverages according to Alcohol Strength

3. Addressing Specific Social Contexts

- Drinking and Driving shall be taken seriously
- Drunken Driving Laws should be strictly enforced
- Facilities for screening BAC levels shall be mandatory in all Government Hospitals.
- Treatment for Repeated Offenders shall be made mandatory
- Designated Driver Schemes shall be implemented

4. Changing Social Climates & Attitudes

- Alcohol Advertising, including surrogate advertisement shall be curtailed
- Censorships of scenes portraying drinking in Cinema & Visual Medias shall be strictly enforced
- Mass Media Educational Campaigns shall be made mandatory
- School-Based Education made compulsory
- Promotion of Media Advocacy
- Beverage Alcohol Labels should contain information about drink sizes, alcohol content and also legible health warnings

5. Provision for Treatment & Rehabilitation

- Provision for Early Intervention shall be provided through Primary Health Care Settings
- Specialized De-addiction facilities shall be started attached to all Government Hospitals
- High Risk Intervention programmes shall be organized in Prisons, Slums, Coastal areas, Tribal Colonies, etc.
- Work Place Programmes shall be made mandatory in all Industries
- Community De-addiction Camps shall be regularly organized with the support of Specialized NGO's and Hospitals

- Integrated & Holistic Approaches should be encouraged (Ayurveda, Homeopathy, Siddha, Acupuncture, Yoga, etc.)
- Aftercare & Rehabilitation should be given more emphasis

III. IAPA UPHOLDS THE FOLLOWING FIVE ETHICAL PRINCIPLES

1. All people have the right to a family, community and working life protected from accidents, violence and other negative consequences of alcohol consumption.
2. All people have the right to valid impartial information and education, starting early in life, on the consequences of alcohol consumption on health, the family and society.
3. All children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption and, to the extent possible, from the promotion of alcoholic beverages.
4. All people with hazardous or harmful alcohol consumption and members of their families have the right to accessible treatment and care.
5. All people who do not wish to consume alcohol, or who cannot do so for health or other reasons, have the right to be safe-guarded from pressures to drink and be supported in their non-drinking behavior.

IV. IAPA RECOMMENDS THE FOLLOWING STRATEGIC POLICY OBJECTIVES

- Create social conditions that do not pressure individuals, especially children to initiate or increase Alcohol consumption.
- Educate, encourage and support current users to reduce and give up Alcohol use.
- Minimize the harm to non-users from others' consumption of Alcohol at home, work places and public places.