

EXECUTIVE SUMMARY

Alcohol has been in use around the world and in the Indian region for centuries. Its easy availability, in the recent years, as a common commodity has led to myriad problems affecting the social and physical health of individuals and society. Efforts to tackle the problem have been piecemeal and fragmented resulting in a lack of direction and focus.

To formulate a rational alcohol control policy and plan effective interventions in India, a comprehensive examination of all issues related to alcohol and its usage is crucial. This Atlas, based on secondary sources of information and data of recent years, focuses on multidimensional aspects of alcohol ranging from production to response. Specifically, it focuses on issues related to production, distribution, availability and sale; consumption patterns; health consequences; socioeconomic impact and response of the country towards control and prevention of harm.

This Atlas will be a useful reference guide for policy-makers, professionals, international organizations, press and the Indian society.

This Atlas is divided into four sections.

Section 1 traces the history of alcohol from times ancient to the present age. Although in use for centuries, patterns of drinking have varied across geographies and cultures. The production and distillation processes developed in Europe in the nineteenth century, which made large-scale production possible, provided impetus for a formal global alcohol industry. The developed economies, notably of western Europe and America were the most lucrative for business and were the first to be targeted. The past decade has witnessed a substantial increase in incomes and consumer spending among a growing middle class in countries such as India and China, and there is frenetic activity to penetrate this 'new' market by the alcohol industry.

Despite resistance by various sections of Indian society, including relentless opposition by Mahatma Gandhi, earnings through alcohol taxation has become an easy source of revenue for Indian states.

Section 2 discusses the current patterns and trends of alcohol use. In the developed countries, consumption patterns are falling having reached a saturated stage, and because of greater awareness about the harms of alcohol use. It is countries with traditionally low consumption patterns, such as India, where alcohol use is on the increase. The result is a falling initiation age, greater alcohol intake by women, greater acceptance of alcohol as a social norm, and a strong international and domestic lobby pushing for reduction and elimination of taxes on production and marketing of alcoholic beverages.

This trend is especially disturbing for India with a large population living near and below the poverty line. Alcohol consumption takes a devastating toll on their health and income.

Section 3 details the impact of alcohol consumption on health and society. At the individual level, alcohol negatively affects almost all parts of the body and its functioning. People who consume alcohol are more prone to problems at home, school and the workplace. They also tend to get into problems with the law more often. Domestic and street violence, drinking and driving hazards, child abuse are all higher in families where one or more persons drink alcohol. Preliminary studies undertaken in India also indicate greater physical, mental, family, social and legal problems among consumers of alcohol. Domestic and street violence, drinking and driving hazards, child abuse are all higher in families where one or more persons drink alcohol. Preliminary studies undertaken in India also indicate greater physical, mental, family, social and legal problems among consumers of alcohol.

Section 4 provides a quick overview of policy trends and interventions to reduce alcohol harm through the world. The World Health Organization, that has pioneered studies and work in the area of alcohol-related harm, has advocated policy guidelines for countries to adopt, especially ones like India with still low consumption rates.

Some effective practices have been developed through the involvement of primary healthcare centres in South America. Active lobbying by community-based organizations such as MADD (Mothers Against Drunken Driving) in the USA and CADD (Citizens Against Drink Driving) in the UK are also listed for the remarkable contribution they have made in raising public awareness against the harms of alcohol, especially among young people.

India has been weak in the area of coherent laws and effective implementation to raise awareness and reduce the impact of alcohol harms. A growing glamorization of alcohol consumption through indiscriminate, often illegal, advertising and the 'page 3' culture is further exposing the young to the temptation of alcohol without sufficient information about, and protection from, its harms.

At the same time, there is also a young lobby of public health specialists and social activists who are beginning to voice their concern and creating platforms for greater policy interventions and public awareness.