



CONCLUSION

The history of mankind is full of stories related to alcohol consumption. This is equally true in countries of the SEAR, where its use has been glorified in poems and literature and more recently in the print and visual media.

Countries in the SEAR which had low levels of consumption of alcohol until recently, are moving towards a higher level of alcohol consumption in the twenty-first century. The impact of western civilization and global cultural patterns seem to have accelerated this phenomenon. It is well established that an increase in alcohol consumption by a community or a nation leads to a higher proportion of persons with what can be considered harmful use, hazardous use and addiction (dependence).

Alcohol consumption is no more just an individual choice of drinking or not drinking. It can be described as the sum total effect on the individual, the family and society. Harmful use of alcohol has a significantly adverse impact on the lives of affected persons and their families, most notably in health aspects. At the same time, the socio-economic impact and the burden on the communities and nations with increasing alcohol use is also substantial enough to warrant the attention of policy-makers. As such, there is a need to focus on prevention of harm from alcohol consumption in the countries of the Region, both from the perspectives of health promotion as well as social and economic development.

Recognition of the consequences of alcohol consumption on physical and mental well-being as well as socio-occupational life is a necessary step for initiating appropriate action to reduce the harm from alcohol consumption. The facts and figures available from the countries of the Region, although not complete, provide adequate basis for such an effort.

The international experience on:

- (a) early identification, not only in health settings, but also in the social sector
- (b) sensitizing and mobilizing the community for prevention of harm from alcohol use
- (c) development and implementation of service delivery systems, including low cost interventions requires to be appropriately utilized for the benefit of the communities in the Region.

Although some research has been initiated, more active and vigorous research on the epidemiological trends, consequences of alcohol use,

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A scientific public health approach, considering all aspects of alcohol consumption, including harm and prevention, may be effective.

Alcohol control policies focus more on economic rather than health aspects.

the socio-cultural mechanisms related to alcohol use and effective treatment and prevention strategies need to be carried out so as to generate information which can be useful for the countries of the Region. At the same time, there is a need to understand and modify some myths related to alcohol consumption.

The increasing homogenization of the world's population and the reality of a global village in the beginning of the twenty-first century, makes it necessary for all individuals and agencies involved in health and human welfare, to recognize alcohol as one of the important factors impacting on health and development. The global history of measures for alcohol control and the scientific evidence are compelling enough to accept the need for pragmatic solutions as compared to extreme positions like total prohibition. A public health approach using a scientific basis that takes into account the trends of alcohol consumption, factors contributing to use and strategies on preventing or reducing the harm from alcohol consumption, the range of issues for those affected with harmful use and the strategies for less harmful use for various groups in the population, is likely to be an effective solution.

Opening more alcohol detoxification centres addresses the end of the spectrum and shows a notoriously poor long-term success rate. Criminalizing the user through insufficient legal interventions is largely ineffective. The emphasis should be on prevention of harm from alcohol consumption wherein there is sufficient collective deterrence to alcohol consumption. The paramount social responsibility is enabling a health promotion programme which is aimed especially at the emerging risk groups (the youth and women). Sustained campaigns need to be adopted, which can transgress traditional boundaries and be able to respond to newer and emerging challenges in transitional towns and rural communities.

In the final assessment, it is not just the individual who suffers, but the family and society too. It is not merely a question of who gains or who loses. The moot point is how we leverage the gains and devise mechanisms to reduce the losses. The debate on alcohol control policies, for a long time, has revolved around economic issues rather than health issues. Consequently, revenue generation and income is seen to be more important than the health and socio-economic impact. There is a need for consensus building for a shared vision on promoting the health of individuals and families and protecting them from the ill-effects of alcohol consumption. Multiple agencies need to come together to list strict 'dos' and 'don'ts'. Each sector has got to identify its specific role and list out its responsibilities. The health sector needs to take on the mantle of being the leader in this public health endeavour.

In summary, the contextual evidence from the Region for what is successful in reducing the harm from alcohol consumption is a mixed bag. Notwithstanding this, there is plenty of international evidence which suggests components of successful programmes. However, there are many challenges. The transition from traditional to modern societies provides a unique opportunity to leverage the positive factors within the Region (family values, religion and culture, greater proportions of abstinence, low proportion of female drinking). What is needed is an understanding of the public health principles and a sustainable policy with an action plan which is implementable and sustainable in the long run.

Taking the Bangalore study (Gururaj, 2006) as an example, it is estimated that while gains in terms of revenue from alcohol sales in India are INR 216 billion every year, losses from the adverse effects of alcohol are estimated to be INR 244 billion, apart from immeasurable losses due to multiple and rollover effects of alcohol consumption. Needless to say, the available estimates are merely the tip of the iceberg. The seeming gain from the existing alcohol control policies i.e. the revenue from excise taxes, ends up being spent to counter the effects of alcohol use in the medium- and long-term. Similarly short-term gains of economic development such as establishing new breweries end up with social mal-development; which coupled with inefficient enforcement of rules and regulations, leads to a situation best described by the proverbial statement "leaky faucet flooding the floor". Hence the urgent need is to stop mopping the floor; adopt a comprehensive approach instead of a piece-meal strategy, and evolve long-term commitments by implementing a public health agenda to close the tap. The conclusion is "Are we gaining less or losing more?" It is for everyone to decide.

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