

# 1

## INTRODUCTION

Like other societies in South-East Asian countries, communities in India are also in transition amidst changing states of growth and development. While societies are undergoing continuous dynamic changes due to macro and micro level influences, people are embracing new lifestyles, cultures and practices. The impact of globalization, industrialization, migration, media invasion into the lives of people is noticeable and palpable. Traditional societies are being gradually replaced by modern lifestyles giving place to new problems. Today's youth and middle aged people are changing emotionally, culturally and socially and this influences every sphere of their life. The change from agrarian to modern societies has been accompanied by changes in the way people think and live. These changes are resulting in different lifestyles and behaviours as compared to yesteryears. Governments, representing their citizens, in the pursuit of socio-economic growth and development, are also reacting to these changing global and national influences.

The epidemiological, social and demographic transition has significantly altered the health of Indian communities in the last two decades. There has been a gradual but significant decline of communicable, nutritional and infectious diseases. However, this has resulted in the emergence of the triple burden of communicable, non-communicable diseases and injuries, all competing for meagre available resources. The country at this point of time, is facing difficulties in addressing these emerging health problems, despite significant advances in management of patients at the hospital level.

Several risk factors have been identified which contribute to, precipitate or act as triggering factors to the occurrence of non-communicable diseases. Behaviour and lifestyle linked factors could be psychosocial factors (e.g. psychological stress), increased tobacco use, alcohol abuse, lack of physical activity, high-risk sexual behaviour and many others. These contribute substantially to the morbidity, disability and diminished quality of life.

Alcohol consumption has been identified as a risk factor for many health, social and economic problems of communities. The recent

**Traditional societies are gradually adopting modern lifestyles giving rise to new problems.**

**Alcohol consumption has been identified as a risk factor for many health, social and economic problems of communities.**

World Health Organization (WHO) report identified alcohol as being responsible for nearly 60 types of disorders and injuries (WHO, 2000a). Alcohol consumption has been recognized as the fifth leading risk factor, next only to underweight, unsafe sex, blood pressure and tobacco usage (WHO, 2002). Traditionally the adverse effects of alcohol use have been linked only to the acute immediate effects (states of drunkenness) and long-term effects of alcohol dependence (resulting from habitual, compulsive and long-term heavy drinking). Numerous other common and frequent public health effects as well as the social and economic aspects have not been recognized by health professionals and policy-makers. Further, alcohol has been a known risk factor for increasing crime, work absenteeism, loss of productivity, damage to property and the physical and emotional abuse of women and children. These, in turn, have a cascading effect on healthy socio-economic growth of families and communities. The socio-economic impact of alcohol consumption are significant enough to draw the attention of governments and communities to reduce the effects of alcohol use and promote preventive interventions at both societal and family levels.

This study has been undertaken to assess the socio-economic and related impact (both direct and indirect) of alcohol use in a sample population living in and around Bangalore city. In addition, available Indian and global literature has been reviewed to identify what lessons can be learnt.

### **1.1 Alcohol Use: What Influences Usage**

**The increasing usage of alcohol is not just due to an individual's likes or dislikes but rather due to several extraneous factors operating in a particular society.**

The effects of alcohol depend on a number of internal and external influences. At the societal level, availability, accessibility, affordability and acceptability have a major influence on alcohol usage. The visual and print media play a big role in terms of informing, highlighting and directing people's values and thinking processes. The systems of law, judiciary and welfare determine what is acceptable and what is not acceptable in every society. Socio-cultural attributes of peer group influences, the glamour attached to alcohol use and liberalized attitudes of society all have had a major impact on the entry of alcohol and its increasing levels of use, in society. The family plays a major role in terms of social, economic and cultural values. These influences can have both a positive or negative effect on developing norms and values within the family. At the individual level age, sex, social status, physiological attributes, nutritional levels, the activity being performed by them, their psychological status and awareness, determine how much a person drinks and what effect it has on them and others. Thus, the increasing usage of alcohol is not just due to an individual's likes or dislikes but

rather due to several extraneous factors operating in respective societies. This understanding and identifying of critical factors is crucial to reduce the growing impact of alcohol use.

## 1.2 The Alcohol Industry

The alcohol industry is a formidable one in the Region. It is estimated that there are over 600 factories, 1582 distributors and thousands of retail outlets that are involved in alcohol production and retailing in the Region. Over four million people are involved with the industry (WHO, 2003). The fast pace of globalization of the economies in the South-East Asia Region (SEAR) has resulted in the local alcohol industry acquiring a new status with strategic tie ups with more established transnational companies and brands. With many parts of the world having reached stable and saturated consumption, and with the declining trend of alcohol consumption in the European Region and other traditional markets, these market lobbies are increasingly targeting new potential markets, especially in Asia. The merger and acquisitions in the liberalized market economy has brought in not just the 'scale of economies in industrial management' but also initiated a new vigour to a nascent industry on a global scale. Operating through different media channels and using a wide variety of promotional strategies amidst social and cultural forces of globalization, these changes are expected to result in a rise in the production, distribution and consumption of alcohol in the South-East Asia Region.

The market for spirits is observed to be increasing in the last few decades. Wine sales are increasing in the last decade of the millennium. Noting variations across the countries in the Region, WHO observes that in Thailand there has been an 11 fold increase in beer production between 1970 and 1993, while in Sri Lanka the increase in beer and *arrack* production is to the extent of 50%. In India, the total annual estimated alcohol production has increased to more than double in a matter of two years: from 362 million litres in 1993–94 to 789 million litres in 1995–96 (WHO, 2004a).

## 1.3 Promotion and Sale of Alcohol

The promotion and sale of alcohol use depends on a number of prevalent practices and policy initiatives in each country. Some of these factors include the taxation policy on alcoholic beverages, the wholesale and retail policies, the final market price, the constraints imposed (or not imposed) on sale in terms of duration of sales hours, age restrictions, permissible legal sanctions for alcohol consumption and, most

With many parts of the world having reached stable and saturated levels of alcohol consumption, market lobbies of the alcohol industry are increasingly targeting new potential markets, especially in Asia.

Alcohol use in the South-East Asia Region Member States poses diverse challenges to policy-makers, professionals and civil societies.

importantly, restrictions on promotional practices like the use of print and electronic media for purposes of advertising.

Midnaik and Room (1992) have identified the existence of different perspectives regarding alcohol use in a community:

- (i) to governments – alcoholic beverages are a source of revenue
- (ii) to a market economist – alcoholic beverage is one more category of consumer product
- (iii) to a cultural anthropologist – it is a widely used medium of sociability with a diversity of symbolic meanings
- (iv) to a public health specialist – it is an agent of morbidity and mortality and
- (v) to a common man – it is a bottle or one more bottle.

These different perspectives drive the agenda and decide the context of promotion and sale of alcohol depending on power play in the society.

Alcohol use in the Region suggests diverse challenges to policy-makers, professionals and civil societies. Growing evidence of harmful effects or impacts coupled with inadequate information on effective interventions creates a dilemma in public health. The divergent perspectives of stakeholders have added more to the existing confusion resulting in now-on-now-off public health policies.

The existence of a wide range of alcohol control policy options is clear. It is evident from research that measures are available that can significantly reduce alcohol-related problems and the resulting harm. However, there is clearly no single policy measure that is able to combat and reduce all alcohol-related problems. Rather, it is more effective to incorporate a range of measures in a comprehensive alcohol control strategy. It is the policy 'mix' or finding the right balance that is the key to reducing the overall public health burden of alcohol consumption.

It is evident from research that there are measures available for significantly reducing alcohol-related problems and the resulting harm.

The goal of a comprehensive, effective and sustainable alcohol control policy can only be attained by ensuring the active and committed involvement of all relevant stakeholders. Strategies for reducing alcohol use need a high degree of public awareness and support in order to be implemented successfully. Without sufficient popular support, the enforcement and maintenance of any restriction is jeopardized, and resistance and circumvention are likely to develop. Multiple agencies, for example, ministries of law, industry, revenue, agriculture, customs department, law enforcement departments, medical associations, NGOs, should lobby for a clear formulation and effective implementation of a rational, integrated and comprehensive alcohol control policy.

In India issues related to alcohol are a state subject. There are no total state monopolies either for production or retailing of alcoholic beverages. Licenses are needed for production and off-premises (retail) sale of alcoholic beverages. The relatively cheap cost of an alcoholic beverage in comparison to cola has a greater detrimental effect on the young alcohol-user, which coupled with rampant surrogate advertising nudges them towards early experimentation and towards becoming regular users of alcohol. The booming economic development contributes further to lower this cola-beer ratio bringing along with it an undesirable lifestyle supposedly mimicking a global perspective. There are varying degrees of restrictions for advertising of alcohol products in print, electronic media, including those on billboards. Surrogate advertising is a common practice with the commonest product being soda, bottled drinking water and lifestyle accessories. Despite a total ban on sponsorship of youth and sport events by alcohol manufacturers, the law is easily flouted by resorting to surrogate advertising (WHO, 2004b).

The goal of a comprehensive, effective and sustainable alcohol control policy can only be attained by ensuring the active and committed involvement of all relevant stakeholders.

#### 1.4 Changing Faces and Emerging Trends

Since historical times, the use and abuse of alcohol has been a universal phenomenon with no particular boundaries. The massive economic changes and urbanization process in the last decade of the previous century has thrown up new challenges. Alcohol consumption patterns are changing fast making it more difficult to comprehend the problem and implement a solution. WHO has been ranking the countries of the Region based on average drinking patterns, currently India stands at 3\* (WHO, 2004a). There is now evidence that drinking is being initiated at progressively younger ages.

##### The changing patterns of alcohol consumption

- Emergence of wine and beer drinking
- Increase in drinking among women
- Early experimentation and decreasing age of initiation
- Shift from urban to rural areas and transitional towns
- More “binge drinking”
- Greater acceptability of drinking as an accepted social norm
- Alcohol use combined with other high-risk behaviours

\* To highlight the role of alcohol in health and social problems in a country or community a summary measure is the average drinking pattern. The estimated average drinking pattern is in the range of 1 to 4 (4 being the most detrimental pattern, based on how many heavy drinking occasions, drinking outside meals, high levels of fiesta drinking and drinking in public places and 1 being the least detrimental pattern, least heavy drinking occasions, drinking with meals, low levels of fiesta drinking, least drinking in public places).



A realistic understanding of the socio-economic impact of alcohol is vital to arrive at practicable and sustainable policies and programmes.

### 1.5 Governments and Societies: Confused Scenario

Governments are usually interested in the revenue from the sale of alcohol at a time when funds available to governments are limited despite the accelerated economic growth. The media carries mixed messages of alcohol use every day. For NGOs and the public, the harmful effects of alcohol are to be seen everywhere. In this conflicting scenario and in the absence of clearly defined policies and programmes, each day is simply another day for events and tragedies to be repeated. A realistic understanding of the socio-economic impact of alcohol is vital in order to proceed with dialogues and debates and to move forward with realistic and sustainable policies and programmes. The present study is the first step in this direction.