



ALCOHOL-RELATED PROBLEMS

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As a public health risk factor, alcohol use results in numerous problems to the individual, the family and society. In the unique context of the SEAR, with recent increase in alcohol consumption, the problems from alcohol use multiply. The rapidly changing socio-economic status accompanied by liberalized values of society has affected not just the numbers but also the pattern of drinking, making it common and more acceptable. In addition, those who do not consume alcohol are also at risk. There is limited empirical data on problems associated with alcohol consumption and the need for more reliable data across the Region cannot be overemphasized.

The problems related to alcohol consumption can be broadly looked at from three dimensions:

- ◆ problem and impact on the individual who consumes alcohol
- ◆ impact on family members (comprising of spouse, children and women in the community), and
- ◆ the societal consequences of this consumption.

This distinction (though it is important to identify the effects at different levels) is difficult to demarcate as one overlaps with the other and the combined effects are felt by society at large. For example, even though an individual is hospitalized due to a road crash, his family suffers equally on many aspects including social (taking care, absence from routine

The impact of harmful use of alcohol

Findings from a study of alcohol-dependent persons in Bangalore, India

- ◆ Individuals spent more on alcohol than they earned
- ◆ Most people took loans to support their habit
- ◆ An average of 12.2 working days per year were lost
- ◆ 18.1% lost their jobs in one year
- ◆ 59.4% families were supported by income from other family members
- ◆ 9.7% sent children under 15 to work to supplement family income.

Source: Benegal, Velayudan, Jain (2000)

social interactions, change in social status, etc.), economic (loss of pay, increased expenses – direct and indirect, costs of cancelled/postponed events, etc.) and psychological aspects (low self confidence, increased distress levels, etc.).

6.1 Impact on the Individual

6.1.1 Health status of alcohol-users

Alcohol-users experience a higher incidence of negative life events, more injuries and increased psychosocial problems. The adverse events linked to alcohol consumption can vary from being a mild hangover or acid dyspepsia to chronic debilitating cirrhosis of the liver and several types of cancers. The latter category requires long-term care for diagnosis, management, palliative care, and rehabilitation. Similarly, an individual who goes into a persistent vegetative state resulting from brain damage due to a road traffic injury consequent to a “binge” of alcohol-drinking also requires life-long rehabilitative services.

The health status of alcohol-users is reported to be “less than satisfactory” as compared to non-users. They seek health care services more often, both emergency services and routine services (Gururaj, 2004d). Alcohol-related problems made up 17.6% of the case load of psychiatric emergencies in a general hospital in India (Adityanjee, 1989). Alcohol-related problems account for over a fifth of hospital admissions (Sri 1997; Benegal, 2001) but are under-recognized by primary care physicians. Alcohol abuse has been implicated in over 20% of traumatic brain injuries (Gururaj, 2002a) and 60% of all injuries reporting to emergency rooms (Benegal, 2002). It has a disproportionately high association with deliberate self-harm (Gururaj and Isaac, 2001), high-risk sexual behaviour, HIV infection (Chandra, 2003), tuberculosis (Rajeshwari, 2002), oesophageal cancer (Chitr, 2004), liver disease and duodenal ulcer (Sarin, 1988; Jain, 1999).

In their community-based Bangalore study, Gururaj et al., report that the frequency of reporting bad or unsatisfactory perception of their own health status by alcohol-users was 2.5 times more as compared to non-users (17.5% of alcohol-users reported to have a just “satisfactory” or “bad” health status when compared to 7.2% of non-users). In addition, the odds ratio of alcohol-users reporting health problems was 2.8 indicating that they were experiencing negative health nearly 3 times more as compared to non-users. Significant proportions (8.7%) of alcohol-users reported that they were “not at all happy”.

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Alcohol consumption has been identified as a major risk factor for the occurrence of traumatic brain injuries. Alcohol not only influences occurrence, but also poses problems in diagnosis and management of injured persons.

A clear association between alcohol use and injury, specially road traffic injury (RTIs), within six hours of alcohol consumption has been proven beyond doubt.

Among a group of 50 women (age range 26 to 75 years) with alcohol-related problems who were seen over a 16-month period, from January 1998 to June 1999 in a general hospital setting in Dharan, Nepal, 35 cases (70%) were admitted to a medical ward of the hospital with alcohol-related physical problems (alcoholic liver disease in 33 cases and alcoholic cardiomyopathy in two cases). Fifteen cases (30%) presented with alcohol-related psychological problems — depression in 12 cases, withdrawal symptoms in two cases and alcoholic hallucinosis in one case (WHO, 2004). According to the Ministry of Health, Sri Lanka, the number of cases of those hospitalized due to alcoholic psychosis, alcohol dependence and alcohol withdrawal had increased by 4436 cases in one year (1998 to 1999) (WHO, 2004).

In a study looking at consecutive emergency room admissions aged 14 years and older, admitted from 18:00 to 02:00 hours in three regional hospitals in Thailand, it was found that among the 404 males and 127 females admitted for trauma, 43% and 13% respectively had positive Alcohol Use Disorder Identification Test (AUDIT) scores, compared with 35% of male non-trauma and 6% of female non-trauma patients, indicating the role of habitual use of alcohol in trauma patients. The study also revealed that 39% of all males presenting to the emergency room for treatment between 18:00 and 02:00 hours had consumed alcohol. The rate was significantly lower (8%) among females (WHO, 2004).

6.1.2 Alcohol and traumatic brain Injury

Alcohol consumption has been identified as a major risk factor for the occurrence of traumatic brain injuries. Alcohol not only influences occurrence, but also poses problems in diagnosis and management of injured persons. It has also been demonstrated that alcoholics have a higher severity of injury and poor outcomes following injury with a higher proportion of deaths and disabilities (Gururaj, 2004a). In the Bangalore study, nearly 24% of subjects admitted to regular alcohol intake in their lives. Nearly 884 (18.4%) were found to be under the influence of alcohol at the time of injury as revealed by self-reports and medical certification by the attending physicians. Among them, nearly two thirds sustained a road traffic injury, one fourth sustained falls and about 12% were injured in a violent act (Gururaj, 2006).

6.1.3 Road Traffic Injury (RTI)

Sindelar (2004) in a recent review of available literature from high-income countries observed that nearly 5–50% of patients registering to the emergency department for trauma had consumed alcohol. A clear association between alcohol use and injury, specially Road Traffic Injury

(RTIs), within six hours of alcohol consumption has been proven beyond doubt (Cheriptel, 1993 and 2003).

Precise information on the involvement of alcohol in RTIs and deaths is not available from all the SEAR Member States. Odero, in a recent review of epidemiological studies of RTIs in developing countries, noted that nearly one third to one fifth of RTIs occur during night-time and majority of these were attributed to alcohol consumption, in combination with poor visibility, greater traffic density and limited health care facilities (Odero, 1997). Studies in the SEAR indicate that nearly 30–40% of RTIs occur during night-time and a significant number of these are attributed to alcohol consumption (Gururaj, 2004 a and b).

Evidence from India

Studies from India in recent years have shown the increasing link of alcohol with RTIs, specially night-time crashes.

- ◆ In a study on “Drinking and Driving” undertaken to establish baseline information on the magnitude of alcohol consumption by drivers of all kinds of motorized vehicles in Bangalore, India, Gururaj and Benegal (2002), reported from a 12-centre hospital-based study of 296 persons injured in road crashes that 28% of patients were under the influence of alcohol. Among them, 29% had consumed whisky, 22% rum, 14% beer, 8% brandy and in 20% of persons the type of alcohol consumed was not known. Further, among those consuming hard liquor, 40% had consumed three large drinks while 20% had more than six drinks. In those consuming *arrack*, more than 62% had consumed three packets. The commonest place for drinking was in bars (64%).

In the same study, roadside surveys showed that the commonest drink was beer (52%), while whisky and rum was reported among 29% and 11% respectively. Among beer-drinkers more than 75% had had more than a bottle while 68% had had more than three pegs of hard liquor. The place of drinking was commonly bars (67%), while party-goers were represented to the extent of 16%. Drinking at home was becoming common as reported by 12% of the respondents (Gururaj, 2002).

As a part of the same study, police checks on drivers were also conducted. It was observed that nearly 80% suspicious drivers checked by the police and 35% of randomly checked drivers were under the influence of alcohol. A majority of those detected by the police reported the consumption of spirits with high alcohol



content, 3 to 4 hours prior to being checked, at parties or with friends. The amount of alcohol consumed based on breath analyzer tests revealed that 40%, 27% and 10% were in moderate, severe and very severe levels of intoxication as specified by WHO Y90 codes. In Bangalore city alone, the number of cases charged by the police in the period 2001 to 2005 increased from 9900 to 33 000 (State Crime Records Bureau, Bangalore, India).

In addition to the above findings, 98% of individuals in roadside surveys reported themselves to be confident to drive after drinking, indicating a lack of awareness of the dangerous consequences; 97% of surveyed population revealed that the existing laws prohibited drinking and driving; 99% were aware of the fact that drinking and driving is dangerous, but 99% of them were not aware of health or legal consequences. All of them reported that they would not sustain a crash even after drinking.

- ◆ Other studies undertaken in India have revealed the growing association of alcohol and RTIs. A series of studies undertaken at the WHO Collaborating Centre for Injury Prevention and Safety Promotion, NIMHANS, Bangalore, during the last 10 years, have revealed that night-time crashes contribute to nearly 30–40% of total RTIs. Among them, alcohol consumption (based on reports by a certified physician) has been documented in 15–30% of injuries (Gururaj, 2004b). The risk of mortality increased by 2.2 times among those under the influence of alcohol (Gururaj, 2004a).
- ◆ Mohan and Bawa, in an analysis of police records, found that 32% of pedestrian fatalities, 40% of motorized two-wheeler occupant deaths and 30% of bicyclist deaths occurred between 6 PM to 6 AM and alcohol intoxication was a major factor in a majority of these crashes (Mohan, 1985). A study in the casualty department of a New Delhi hospital revealed that 7% of RTI patients were under the influence of alcohol (Adityanjee, 1989). Mishra (1984) noticed that 29% of two-wheeler victims were under the influence of alcohol. Similarly, Sahdev et al. (1994), in an autopsy study of RTIs noticed that alcohol intoxication was a major factor but was not documented clearly in medical records. Batra and Bedi (2003) have reported that 40% of truck and matador drivers, 60% of car drivers and 65% of two wheeler drivers were under the influence of alcohol during night-time.
- ◆ In all studies from India, two-wheeler drivers (20–40%), pedestrians (5–10%), bicyclists (5–10%) and motor vehicle drivers

(15–20%) were involved in greater numbers and were under the influence of alcohol.

Evidence from Sri Lanka

In Sri Lanka, the number of people involved with RTIs determined to be under the influence of alcohol had increased from 1494 in 1984 to 5667 in 1999. Information from police records indicate that more than 10% of drivers were under the influence of alcohol. Based on the growing problem, the Ministry of Transport and Highways has identified drunken driving as a priority issue (Somatunga, personal communication).

Evidence from Nepal

Jha et al. (1997), in a hospital-based study of 870 RTI admissions in Nepal found that the highest number of RTIs occurred on weekends and nearly 17% drivers were drunk while driving. These included 28% of motorized two-wheeler drivers, 5% of truck drivers and a majority of bicyclists.

Driving Under the Influence of Alcohol and Danger on the Road (India)

A study conducted by NIMHANS, Bangalore, India, revealed that it is the young male (25–39 years), educated, habitual of heavy drinking in bars or at parties, either alone or with friends, knowledgeable about the hazards of drinking but ignorant of dangers or legal consequences, who is posing the greatest danger on the road.

Source: Ref: Gururaj and Benegal (2002)

6.1.4 Suicides and alcohol

Alcohol has been incriminated as a major risk factor in the occurrence of suicides. Alcohol acts in a number of ways leading to suicide — more indirectly than directly. In a study looking at the epidemiology and risk factors for suicide in Bangalore city, alcohol-related problems featured as one of the top three causes amongst both men and women, contributing to a reported 8% of all causes of those completing suicides; while it ranked amongst the top five amongst those attempting suicides (Gururaj, 2001a and b). In a recent case–control study of completed suicides in Bangalore, alcohol consumption was a major risk factor with chances of suicides increasing by nearly 25 times, among users. Spousal alcohol abuse accounted for an increase in suicides



by nearly six times among women (Gururaj, 2004c). In another study in Bangalore, the analysis of police records among 2652 completed suicides revealed that 15% of men and 1.5% of women were regular and chronic alcohol-users with 56% being under the influence of alcohol at the time of the act (Gururaj, 2001a). A prospective study of attempted suicides revealed that 27% men and 1.5% women were regular alcohol-users with 8 out of 10 being under the influence of alcohol at the time of attempting suicide. An in-depth psychological autopsy showed these figures to increase to 45%, thus indicating the close association with alcohol (Gururaj, 2004b).

The association of alcohol can be seen at different levels and in different mechanisms. Some prominent patterns include:

- (i) an alcoholic person is affected by numerous illnesses related to different organs of the body
- (ii) alcohol use deprives the person and his family of financial resources in a significant way and over a period of time, the spouse and children get into economic hardships, thus leading to difficulties in day-to-day living. The problem becomes compounded in situations of already existing poverty and economic losses
- (iii) alcoholics are known to suffer from the co-existing morbidity of depression. The combined effect of alcohol and depression is a major risk factor for suicides
- (iv) availability of alcohol at the time of the last phase of a frustrated journey in life, often makes the person less inhibited about committing suicide by hanging, poison, burns or by self-inflicted injuries
- (v) mixing alcohol with organo-phosphorous compounds, or drugs also makes it easier for the person to commit suicide
- (vi) alcoholic parents and spouses exhibit intolerable aggressive and violent behaviour on spouses and children, which in turn drives them to commit suicide.

In Chennai, India, it was found that the prevalence of alcohol use disorders among people who committed suicide was 34%. According to a recent survey, 84% of suicides in Gokarella, Sri Lanka, have been committed after consuming alcohol (WHO, 2004). The Bangalore study (Gururaj, 2006) observes that the odds ratio of an alcohol-user, suffering from injury or attempting suicide, was nearly five times that of a non-user.

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6.1.5 Alcohol, high-risk sexual behaviours and HIV/AIDS

There is substantial evidence that alcohol use and HIV are closely linked. The uninhibited behaviour as an immediate effect of alcohol use resulting in risky sexual behaviour is contributing to the spread of the HIV virus. Going beyond the bio-medical analyses to understand this phenomenon, Fordham finds in his study on Thai men that alcohol-drinking and sex with prostitutes are closely linked, and both are crucial to the construction of the male identity.

Alcohol and High- Risk Sexual Behaviours

“...Sexual encounters with a commercial sex worker generally followed a period of preparatory drinking. It is common practice for labourers to celebrate their monthly receipt of wages by going out in large groups to feast and visit brothels. Solitary drinking is highly unusual given the connection of alcohol use and the manipulation of social relations. The marital and extramarital spheres are conceptualized, within this culture, as distinct arenas of sexual experience. Drinking and drunkenness serve as framing devices for men to make the transition from the structured, non-erotized domestic sphere to the transgressive world of commercial sex and the affirmation of stereotypical masculinity it confers. Because of the link between alcohol consumption and commercial sex, as well as the high likelihood that drunk persons either will refuse to use condoms or will use them incorrectly, the social drinking context must be considered as a major risk factor for Acquired Immune Deficiency Syndrome”.

Source: Fordham G (1995)

6.1.6 Alcohol use and presumed health benefits

Evidence suggests that regular light drinkers over 45 years of age without any heavy drinking episodes could have a lower risk for coronary heart disease (CHD) at the individual level. However, daily light drinkers are rare in developing countries. The available evidence and research papers documenting these findings clearly state that daily alcohol use is not, and cannot be recommended as a public health strategy for CHD protection. For most countries, the net effect of alcohol on CHD is negative (Room, 2005) particularly in areas of lower mortality from CHD, such as developing countries (Murray, 1996).

In the SEAR, some communities believe that the daily consumption of small quantities of alcohol is beneficial for some common ailments. Such beliefs mistakenly tend to perpetuate or encourage alcohol use as a health-promoting strategy.

Evidence from Europe clearly states that daily alcohol use is not, and cannot be recommended as a public health strategy for protection against heart attacks.



Mistaken Belief of Benefit from Alcohol (India)

Jayamma fell into the habit of drinking alcohol in childhood. She always had a cold and cough. Her father drank alcohol regularly. When he found that Jayamma was sick all the time he started giving her alcohol in small quantities. He believed that a little alcohol is good for health. This became a habit for her. She would drink it every day. As she grew older and came to a marriageable age her mother asked her to give up the habit and said it will be difficult to find a partner. So she stopped drinking alcohol. Later she got married and was happy. But her husband would drink alcohol every day. During her first pregnancy she once again fell sick and developed a cold and cough. Her husband gave her a little alcohol to drink. Since then she has again got into the habit of drinking alcohol daily.

Source: The Bangalore Study (2006)

Mistaken Belief of Benefit From Alcohol (Sri Lanka)

One very common comment was that people regarded alcohol as a kind of medicine. The school teacher in the village in Vavuniya district commented that people drink *kasippu* for any ailment or illness. They say that in case of a headache, if one drinks some *kasippu* and sleeps, he will be OK. Several informants mentioned that people drink to get rid of their body aches after the day's work. Relief from mental problems was commonly mentioned as a reason for alcohol use.

Source: Forut Report (2004)

Excess alcohol consumption can permanently cripple a worker.

6.1.7 Impact on work

Harmful use of alcohol affects employees at the workplace. Many people with alcohol and drug-related problems are in full time employment. The workplace itself, at times, can contribute to or exacerbate drug and alcohol-related problems. Excess alcohol consumption results in a high degree of absenteeism, poor punctuality, poor work efficiency, loss of dexterity in skilled jobs or accidents while working with heavy machines, which can permanently cripple a worker. It also increases medical and compensation claims, disturbed employer-employee relations and compromises the well-being of the workforce. People with a habit of harmful use of alcohol are known to engage in quarrels or fights and often have strained relationships with peers and superiors, further affecting their performance at work.

The International Labour Organization estimates that, globally, 3–5% of the average work force is alcohol-dependent, and up to 25% drink heavily enough to be at risk of dependence (ILO, 1995). A study looking at the prevalence of hazardous drinking in the male industrial worker population in India found that hazardous drinking was significantly associated with severe health problems, such as head injuries and hospitalizations. Not infrequently, these problems culminate in the loss of a job which further complicates the family's financial situation. In the Bangalore study, nearly one third of the alcohol-users reported that they had missed going to work routinely and nearly three fourths of them said this was due to alcohol-related reasons. In addition, nearly one fourth of the users were usually not on time for work due to alcohol use. One in ten alcohol-users in the Bangalore study, found that his/her ability to work has decreased mainly due to alcohol consumption.

Alcoholism among the work force directly affects the output and income generated by the industrial sector adversely. The annual loss due to alcohol-related problems in workplaces in India is estimated to be between INR 70 to 80 million (WHO, 2004). Despite the enormous costs, both to the individual and the family, workplace initiatives have not gained much popularity either as an incentive (health promotion efforts, life-skills, empowering individuals to say no to alcohol, etc.) or as a disincentive (disciplinary action). The Bangalore study observes that disciplinary action taken on the grounds related to alcohol use was a mere 1% of the total alcohol-user population.

6.1.8 Women – alcohol use and impact

Traditionally, women, like men, have also consumed alcohol. Studies from India (Benegal, 2003; Saxena, 1999; Isaac, 1998; Benegal, 2005), Thailand (Assanangkornchai, 2003) and China (Wei, 1999) have reported a significantly lower prevalence of alcohol use of around 5% among women which is the same across different societies. Contrary to popular belief, alcohol use is not confined to tribal women, women of low and high socio-economic status, and commercial sex workers (Ray, 1994; Benegal, 2005).

The little information that exists about patterns of alcohol use in India, indicates that women users can have an equally explosive pattern of alcohol consumption as men. A study in the southern Indian state of Karnataka (Benegal, 2003) reported that there was no major difference between the amounts of alcohol drunk by men and women on typical drinking occasions. In the national survey in Thailand, though there was a substantial difference in the numbers who consumed alcohol (54%

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men and 10% women), the proportion of those who consumed alcohol on a daily basis was exactly the same (9.3% men and 9.3% women) (WHO 2000b). Kumar (1997) reported that “of the 500 youth going to pubs in Bangalore city during the weekends, about 100 were girls (13 to 19 years).”

Alcohol Use and Young Urban Woman (India)

Check this scene out. You are at a party and having a blast. You, of course, are a woman. You've gone to the party with a friend. It's an evening you have looked forward to, when you know you will be able to let your hair down and relax. No stress, no spillover of your responsibilities. Just some good fun — interesting food, some dancing and great company ... and then the first drink ... then comes the next drink. You are a little hesitant, but what the heck, you had the first and nothing happened. You are a big girl; you can handle it. And so goes the next one. And the third. When a Screwdriver or a gin or a Peach Schnapps replaces the Bloody Mary, you don't notice the difference and frankly don't care. You are simply having a blast. Next morning, you have a hangover the size of hell. You suck lime, you peer blearily at the world, tsk-tsk sympathies away, but inside there's a happy smile. You've proved a point to yourself and your friends. Whoever thought you were a *behenji* with no sophistication had finally seen the real you. And wow, were they impressed!

“Young urban women have taken to alcohol as a way of knocking down social barriers and gaining acceptance amongst peers. Coming equipped with a strong academic, professional or family background is no longer enough. Alcohol has become the unisex leveller, an equalizer that promises instant entry amongst favoured circles. This is true of girls and women who have come from smaller towns to make a name and fortune in bigger cities.”

Source: Ray (2002)

Notions of bad moral values and negative image of a person who consumes alcohol seems to be a key reason for under-reporting and also low-consumption but not exactly abstinence from alcohol. In recent years, there is an increasing trend of alcohol consumption among young women, especially in urban areas. Among the high income group, the number of young girls and women who have taken to drinking alcohol is high. Economic independence, changing roles in society (entry of women into traditional male dominated areas), economic and social emancipation, greater acceptability of social drinking, easy availability

of alcohol, peer pressure, glamour and disappearing stereotypes about femininity are some of the factors which seem to have contributed to the increasing trend of alcohol use among women — a trend closely watched by the alcohol industry but of growing concern to health researchers and health policy-makers.

Urban Women and Alcohol Use (India)

Swati is the daughter of a senior officer and has lived in a number of cities during her growing up years. Four years back when Swati finally landed a dream job at a top advertising agency in Mumbai, she was jubilant. A fat pay packet, rented digs, an instantly enriched lifestyle, weekend parties, pubs, discos, and hep colleagues. The booze was only incidental. "One day it was fun, a hard but very satisfying job, great partying friends, a super boyfriend and a good life. Initially, when my colleagues spoke of their high-flying contacts or related their personal success stories, I felt totally inadequate. Though my boyfriend was very supportive, I could sense his impatience at times. The only times I could really relax were at these parties. I no longer felt out of place and could really mix around with the crowd."

Sounds like a "rags to riches " story in a liberal woman's magazine? Well, today Swati is on a slow and painful road to recovery after a long and tiring battle with alcoholism. Back in her parent's home in Gurgaon, near Delhi, Swati still shudders at the memories.

Source: Ray (2002)

Two divergent patterns of drinking are noticed among women — the traditional pattern and an emerging pattern. The traditional pattern is seen among less educated women from rural settings and poorer sections of urban society where drinking is marked by "bingeing" and drinking to intoxication, use of cheaper, high alcohol containing beverages (spirits, illicit liquor and country liquor) generally at home, usually alone. Though they drink less frequently, their pattern is nearer the male pattern of drinking. Drinking to enhance positive experiences appears to be less of a motivation. The emerging pattern is seen amongst urban women — younger, educated, earning more, spending more, drinking less on typical drinking occasions, less frequently, shorter durations of drinking, more likely to be unmarried, without children and drinking in more socialized circumstances - at restaurants, parties, with spouses, family members, workmates and friends. In this group, there is more frequent use of lower alcoholic content beverages such as wine and beer. These new entrants have lesser physical, emotional and inter-



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personal problems as a result of their drinking. Women in this group are motivated equally by expectation of tension relief and the enhancement of positive experiences (Benegal, 2005).

Women experience different alcohol-related problems than those of men. Physical problems are experienced earlier in female drinkers than males (Hommer, 2001; Holman, 1996; Benegal, 2005). In the Gender, Alcohol and Culture: an International Study (GENACIS) from India, it was seen that women users suffered equivalent physical health consequences as males at lower quantities and frequencies, and these occurred after a shorter duration of drinking than in men (Benegal, 2005). Studies across the globe have shown that women are more susceptible to liver damage from alcohol use due to biological differences (WHO, 2000a). Consumption of large amounts of alcohol amongst pregnant women is associated with adverse consequences commonly termed as Fetal Alcohol Syndrome in the baby (WHO, 2000a). Alcohol consumption, as in males, constitutes for females yet another node in a matrix of risk. Women alcohol-users are also likely to have other high-risk lifestyles. Tobacco use (smoking and smokeless) is significantly more common among women alcohol-users than abstainers, with more than a third of all drinking women using tobacco. Prescription drug abuse was also three times higher among women alcohol-users than women abstainers (Benegal, 2005).

Impact of Alcohol on Family and Households (India)

M is a 40-year-old man living in a slum with his wife and four children. His wife works at an *agarbathi* (incense) factory. Two of his children are sent to school as they get to eat the mid-day meal there. M started drinking alcohol at the age of 20. He was an auto-driver then. He felt tired after riding the auto all day. But after having a drink his tiredness would vanish and he would sleep better. He felt good after a drink. Now he drinks about four packets of *arrack* every day. Sometimes this goes up to six packets. He generally drinks at a shop before coming home. He changed his work from auto-driver to a *coolie* as he was drinking a lot of alcohol and found it difficult to drive an auto. His employers were unhappy with his driving, so he kept changing his place of work. He would go to work only when he needed money for buying liquor. Once he had enough money he would go and have a drink. He earned INR 3000 as an auto driver but now he earns only INR 1500 as a coolie.

Source: The Bangalore Study (2006)

6.2 Impact on the Family

Despite waves of modernization, nearly 60–70% of the SEAR societies are agrarian in nature and a majority of the population is either middle class or poor as per economic assessments. Given the poor socio-economic status of many communities, especially in rural areas, disproportionate amounts of family income is spent on alcohol leaving very little money for food, education, housing, health and other needs. The household of the alcohol-dependant person often finds itself in total impoverishment with the individual sometimes spending most of the money earned to purchase alcohol.

The relationship between people with the habit of harmful use of alcohol and their families is complex. Family members report experiencing guilt, shame, anger, fear, grief and isolation in the family. They are often subjected to moderate to severe forms of harassment, conflict and tense atmosphere when they confront the drinking behaviour of their alcohol-abusing family member. Spouses in families where there is

Impact of Alcohol on School Going Children (India)

The class teacher noticed that, PS, a 12-year old student of 7th class in a government school, kept to herself, was irritable with classmates, inattentive in class and unable to pick up lessons adequately. On examining her previous school record, she was found to be an above average, happy girl admired by the teachers but whose performance had been deteriorating for the last two years. On being asked about the reason for her falling marks, PS said that she is not able to concentrate on her studies. During the next parent-teacher meeting, it occurred to the teacher that it was only the mother, who always came for the meetings. On enquiry, the mother with tearful eyes, told the teacher about her husband's alcohol-drinking which had become very problematic for the family in the last 2 to 3 years as he was not contributing financially to the family expenses and quarrelled with all of them frequently. The teacher called both the parents and referred them to the parent counselling centre of the school where the father was motivated to seek treatment at a centre having facilities for treatment of alcohol dependence. He was treated and has shown considerable improvement in his drinking habit and behaviour towards his family members. PS's marks have improved substantially and the teacher has noticed her smiling much more and playing with her friends. Her improvement was so dramatic that the teacher decided to make her the monitor of the class.

Source: The Bangalore Study (2006)





"Pay-day" drinking involves a pattern of heavy drinking on the day that persons receive their wages. Significant amounts of the salary is spent on purchasing alcohol, leading to scarcity of money for clothes, food, education, health and other essential family needs.

chronic, excessive use of alcohol are frequently separated. Children of such persons report a higher incidence of emotional and school-related problems. Another complication seen in the families of alcohol abusers is that of co-dependence (a condition wherein the life of a partner or spouse is affected but the spouse develops an unhealthy pattern of coping with life and often unconsciously maintains the abuser's condition despite being troubled about the condition at a conscious level). Other complications in the family include long absences from home, damage and destruction of household objects in rage, lack of communication between the alcohol-user and the remaining family members, hostility and criticism that marginalize the alcohol-using person, and also lead to domestic accidents.

In a large study covering about 2400 households in 16 of Nepal's 75 districts, the adult respondents perceived the impact of family members' use of alcohol and drugs on children as violence and physical abuse (33.4%), neglect and mental abuse (28.5%), deprivation from education (20.2%) and push factor for children to use intoxicants (11.1%). 35.9% of children interviewed felt that parental drinking had an impact on the family. The impact included domestic violence (40%) and loss of wealth leading to indebtedness (27.8%). Loss of social prestige and bad relationship with neighbours was also common (WHO, 2004). Excessive use of alcohol is also linked to the economic exploitation in some communities in Nepal. Most of the traditional alcohol-user groups have lost their land due to the excessive use of alcohol and the land has been mortgaged to the upper caste people, who traditionally do not consume alcohol.

One of the consequences affecting persons and families of alcohol-users is "Pay-day" drinking. This involves a pattern of heavy drinking on the day that persons receive their wages. Significant amounts of the ready cash

Impact of Alcohol on Family and Households (Sri Lanka)

In a village in Vavuniya, dry rations from the government are an important part of survival for many families. When our field assistant observed the handing out of the rations, he saw that in a short period of around one hour at least five individuals who collected their dry ration sold their goods at low prices to the grocery shop owners. When queried as to what they will do with the money, bystanders replied: "Wait a little, will you! You will see those people coming back after consuming *kasippu*".

Source: Forut Report (2004)

available on the day is spent on purchasing alcohol, leading to scarcity of money for clothes, food, education of children, health and other essential items for the family. Borrowing money at high interest rates and these “binge drinking” episodes lead to domestic violence, road traffic crashes, absenteeism and other problems that drive families into a vicious poverty spiral. Gururaj et al., have observed that 4.4% of households reported alcohol spending as a first head of account in family expense (Gururaj, 2004d). Bonu et al., used the National Sample Survey data from India and empirically found an association between the use of alcohol and tobacco and impoverishment through borrowing and distress-selling of assets due to hospitalization (Bonu, 2005).

In a study from India, household expenditure on alcohol varied from 3–45% of income (WHO, 2004). Benegal et al. (2005), report from the state of Karnataka that the average monthly expenditure on alcohol [INR 1938] of patients with alcohol dependence is more than the average monthly earning [INR 1660]. Rahman, analyzing the data from different National Sample Survey rounds in India observes that households that consume alcohol, spend on an average 5.1% of the total earnings on alcohol and related items, and 0.5% of the population spend more than 30% (Rahman, 2003). A survey conducted in six Sri Lankan districts found that 30–50% of the income of low-income families was spent on alcohol and tobacco. Another survey conducted in 1997 in Sri Lanka found that the total expenditure on tobacco and alcohol exceeded the amount of government assistance given to the community under the government’s poverty alleviation programme (WHO, 2004).

6.2.1 Domestic violence and alcohol

One of the frequently occurring, but not adequately recognized, effects of harmful use of alcohol is domestic violence. This is known to occur

Alcohol and Violence in the Family (India)

M always fights with his wife after a drink. There are times when he has asked her for money for a drink, but she has refused. On such occasions he has quarrelled with her. He has even beaten her. A couple of times she was injured. Once she had a head injury but was not taken to a doctor. Now, his wife has got tired of asking him to give up his habit of drinking; she does not talk to him regarding this problem. However, her husband’s habit bothers her very much.

Source: The Bangalore Study (2006)

One of the frequently occurring, but not adequately recognized effects of alcohol abuse is domestic violence.



Domestic Violence and Alcohol (Sri Lanka)

The most dramatic evidence of domestic violence in our data is from a village in Vavuniya district. One particular incident happened while our field assistant was visiting the village. Nallamma was 28 years old and the mother of five children. One night her husband came home drunk and attacked her severely in front of the children. When one of the children attempted to shout, this child was banged against the wall. When the other children looked scared, he told all the children to stand against the wall, then put his hands around Nallamma's neck and tried to strangle her. She fainted and the husband assumed she was dead. He then took the body and threw it into the jungle behind the house. After he left, the children started shouting. People came running and found that Nallamma was still alive and took her to the hospital. Our field assistant was rather surprised that no one, neither the neighbours nor Nallamma herself, complained to the police. The field assistant heard that she made others promise that they would not report this to the police. The reason she gave was that she was worried about what would happen to the children if something happened to her and her husband was sent to jail. At the end of his stay the field assistant heard that Nallamma had died in hospital.

Source: Forut Report (2004)

across all strata of society, but is more common in the lower socio-economic strata with a significant impact on women and children who are the victims. The contribution of alcohol use to the overall phenomenon of domestic violence is large. Domestic violence linked to alcohol consumption constitutes the single most important problem for women. With a large proportion of families being in the lower socio-economic status in the countries of the Region, the role of alcohol in domestic violence deserves specific focus in programmes for women's empowerment.

In a study of 180 women seeking prenatal care in rural South India, it was found that 20% of the women reported domestic violence and 94.5% of these women identified their husbands as the aggressors. The husband's alcohol consumption was a significant risk factor in incidents of domestic violence (WHO, 2004). The role of alcohol in domestic violence is also cited in another study from India which found that 33% of spouse-abusing husbands were consuming alcohol. Of these, 15% were occasional, 45% frequent and about 40% were daily users of

alcohol. More than half of the spousal abuse took place during the period of intoxication (WHO, 2004).

In the Bangalore study (Gururaj, 2006) spouse abuse linked to alcohol was rampant — the chance of emotional spousal abuse was 2.5 times, physical abuse was nearly four times and that of abuse resulting in injury very high (OR = 30.4) among alcohol-users. It needs no emphasis that most of the time mild to moderate injuries do not get reported, more so their association with alcohol in a situation which suggests domestic violence.

Of the 184 patients involved in cases of physical assault who were admitted to Colombo North General Hospital, during a two-month period between May and June 1994, it was found that 25.5% of the victims were under the influence of alcohol at the time of the assault (De Silva, 1996). Nearly 77.2% of incidents of assault were associated with alcohol consumption, either by the assailant or by the victim. The study noted that most instances of assault, including wife battering, were alcohol-related. In a descriptive cross-sectional study looking at domestic violence in the Medical Officer of Health (MOH) area of Kantale in the Trincomalee district of eastern Sri Lanka, it was found that there was a strong association between domestic violence and alcohol consumption by the batterer (WHO, 2004).

6.3 Impact on Society

6.3.1 Alcohol and underprivileged communities

Marginalized communities (geographically isolated, minorities, tribes, economically or socially deprived communities) are often victims of the harmful effects of alcohol. In these areas, alcohol is sometimes introduced by unscrupulous businessmen for quick profits, exploiting the ignorance of the community regarding harm from alcohol use. It is projected as an 'escape' from the deprivation to which they are exposed. Sometimes employers pay wages in alcohol rather than cash (WHO, 2004). Some marginalized communities, especially tribal communities brew alcohol at home. This leads to diversion of food grains to alcohol production further aggravating hunger and poverty. In addition, accidents in an intoxicated state can lead to severe injury or death. Unfortunately, due to low levels of literacy and awareness, marginalized communities are very severely affected by harm from alcohol consumption.

Bang and Bang (1991) reported their experience from the tribal district of Gadchiroli, Maharashtra, India, that in most of the meetings, women regarded alcohol as a 'scourge' which had ruined their lives. In the 104 tribal villages they observed a large number of men consumed alcohol and many were dependent alcohol-users.

Marginalized communities are often victims of the harmful effects of alcohol.



'Scourge' of Alcohol (India)

...We were wondering how the alcohol problem should be tackled. One day, a young man who was drunk quarrelled with his wife and threw his one-year-old daughter into a well, where she drowned. This incident precipitated widespread discussion.

Subsequently we organized a series of gatherings of rural women and young people to discuss common health problems. One topic that was always mentioned was the curse of alcohol. Women described how their lives were ruined by alcohol addiction among husbands, fathers, sons and sons-in-law. Men got drunk, did not go to work, failed to support their families, beat their wives mercilessly, quarrelled, injured and even killed each other, and vomited blood after heavy drinking bouts. Some wives wept as they remembered their husbands who died of alcohol poisoning, twenty years previously; others said they wished their alcoholic husbands would die. It became clear that practically all the women in the community had experienced and suffered from alcohol use among men. At least half the population — the women — evidently regarded alcohol as a scourge.

Source: Bang and Bang (1991)

6.3.2 Alcohol, crime and law

Another area where frequent complications are seen due to harmful use of alcohol are social and legal areas. Frequent brawls following intoxication, encounters with the police and other law enforcement agencies after thefts etc. to obtain money to maintain the habit of regular alcohol consumption are common. Crimes committed following inebriation, including rape, sexual and/or physical assault, exploitation of women in commercial sex work makes societies with a high prevalence of harmful use of alcohol, crime-laden and unsafe for living. It has been noted that the younger generation, especially students, are most vulnerable to this problem. The National Crime Records Bureau of India reports crimes related to alcohol use under four acts: Narcotic and Psychotropic Substances Act, Gambling Act, Prohibition Act and Excise Act. However, the public nuisance created as a result of alcohol use is under petty crimes, and thus goes largely unrecognized or is overlooked.

The Bangalore study found that 1% of the total alcohol-user population admitted that people lodged a police complaint as a consequence of their inebriated behaviour but less than 1% paid a penalty. Booking cases under the Motor Vehicles Act, for driving when intoxicated, is also subject

Social and legal aspects are areas where frequent complications are seen due to alcohol abuse.

to varied implementation. For example, the number of cases charged by the police in Bangalore city with a population of nearly 65 lakhs over a five year period (2001 to 2005) increased from 9900 to 30 000 (State Crime Records Bureau, Bangalore, India). The percentage of alcohol-related court cases in a police station in Kohima, Nagaland, increased from 78% in 1995 to 88.8% in 1997 (WHO, 2004). In the case of Sri Lanka, 90% of the crimes investigated by the Sri Lankan police are directly or indirectly linked to the consumption or sale of liquor. Alcohol could be considered the number one problem drug if one seriously considers the magnitude and extent of the problem it has created in Nepal. For example, in just one of the 75 districts, during one month in 1989, 46 men and 4 women were arrested for being rowdy under the influence of alcohol. Such arrests are mentioned almost every day in the national daily newspapers (WHO, 2004).

