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WHAT CAN BE DONE

Alcohol consumption in India leads to a multitude of diverse challenges for policy-makers, professionals, civil society and politicians. The growing evidence of the harmful effects of alcohol use combined with inadequate information on effective interventions creates a dilemma in public health. The divergent perspectives of stakeholders have only added to the existing confusion, resulting in now-on-now-off public health policies.

Much of the effect of the harmful use of alcohol is absorbed by the health sector either directly or indirectly. Even the broader societal and socio-economic consequences (and their further consequences) have to be borne by the health sector. It is not just the dependant or the heavy drinker who overwhelms the health services, but the '*occasional*' drinker too. Moreover, just the direct cost of health care itself, does not adequately include and encompass the overall costs of harm from alcohol use.

Changing individual behaviour requires both providing accurate information and reducing misinformation along with system and policy changes thus helping to build a conducive environment and appropriate intervention.

Multiple agencies, for example, ministries of law, industry, revenue, agriculture, customs department, law enforcement agencies, medical associations, NGOs, should lobby for a clear formulation and effective implementation of a rational, integrated and comprehensive alcohol control policy. For this, coordination between various government departments and other civil society stake-holders is essential. A rational, scientific and humanistic understanding of the issues involved will support such a initiative.

Monitoring indicators which are linked to alcohol use, need to be developed, so as to evaluate the success of policy and programme implementation. Some chronic medical conditions (e.g. cirrhosis of the liver) or RTIs, can be used as markers for regulatory control of alcohol thus permitting monitoring policy changes. To implement this, systems of surveillance for these and/or related conditions need to be put in place.

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8.1 Specific Recommendations

Harm from alcohol use is emerging as a major public health problem. Across different country settings, immediate, short and long-term ill effects of alcohol consumption are being documented through systematic research. For long, alcohol use has been considered an individual's personal choice. More recently, the direct and indirect impact of alcohol use is being considered as 'anti-social behaviour'. Everyone around the individual who drinks alcohol is affected by it. It has an impact on all ages, and on both sexes. Amidst the debate on 'permissive social drinking', public health hazards (road traffic injuries, socially deviant behaviour, violence and abuse) due to alcohol use need to be recognized as important issues in regulating alcohol use. The following recommendations are being made in this context of emerging patterns and the urgent need for prevention of harm from alcohol use in the communities.

1. A public health approach with greater inputs from scientific research based on well-defined methodology, multi-centric studies and more appropriate sample size should form the guiding principle for evolving strategies and programmes for prevention of harm from alcohol use.
2. Sensitization programmes for policy-makers, professionals, media and society are required for a broader understanding of not just the perceived short-term gains but also the long-term adverse impact of alcohol use. The need for political commitment needs no emphasis.
3. Programmes for increasing awareness about the hazards related to alcohol use among the members of the general community and at different levels of the decision-making process is urgently required.
4. There is greater need for involvement of doctors and allied health professionals including health policy-makers for organization and delivery of programmes in the areas of early identification of problems, prevention of harm from alcohol use, treatment and rehabilitation.
5. Women empowerment measures and life-skills education programmes for adolescents, especially for women and children of alcohol-users need to be developed.
6. Providing resources for programmes in different sectors for early detection and systematic interventions (health, police, legal, transport) along with better co-ordination at different government levels is required.

7. Instituting public health regulations with regard to drinking and driving, surrogate advertising of alcohol products needs attention by policy-makers.
8. Measures towards reducing easy availability – sale outlets should be located away from residential areas, regulating timings of sale, location of sale, access to minors should be considered, with a focus on reducing consumption of alcohol.
9. Regulations at the workplace / educational institutions / and at the society level should be encouraged, combined with awareness programmes of the wide range of harm from alcohol use.
10. As prohibition has failed time and again there needs to be a rational alcohol control policy with a broader vision and specific objective (taxation policy, production policy, promotion policy).

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