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Alcoholism

The problem of alcoholism, until a few decades ago, was considered a moral problem and a sign of social irresponsibility. After the introduction of the prohibition policy in some states, it was viewed as an illegal act. Now, it is considered by some scholars more as a complicated, chronic and immensely costly disease than a type of a deviant behaviour. The victim needs not the punitive treatment but treatment by specialists—psychiatrists, doctors, social workers and others—who will help him in his personality reconstruction.

Alcoholism has much in common with the problem of drug abuse. Both consist essentially of the habitual use of chemical agents to produce a temporarily pleasant mental state. In either case, the results can be extremely dangerous. Addicts in both require therapy rather than penal action. However, in spite of these similarities, the two problems are considerably different and require separate discussion. Most drinkers in India are rare, infrequent and moderate drinkers and the compulsive drinkers or alcoholics are only a minority. Drinking is not as dangerous as drug addiction.

Alcohol is not a stimulant; it is a depressant or inhibitor on the central nervous system. Alcohol relaxes the customary controls on behaviour and the drinker becomes less restrained and feels more free. But taking alcohol even once in a while leaves the possibility of a habit-forming phenomenon open and the drinker may start taking it frequently and in large quantity which could have tragic and disastrous effects. It may affect him physically, destroy his ability to work and earn, ruin his family life, and demoralize him utterly. An innocent recreation, thus, may come to spoil the whole life of the drinker. But before analysing the causes and effects of alcoholism, let us understand some basic concepts.

The Concept

Alcoholism is a condition in which an individual loses control over his alcohol intake in that he is constantly unable to refrain from drinking once he begins (Johnson, 1973: 519). According to Keller and Vera (1955: 619-644), alcoholism is characterized by the repeated drinking of alcoholic beverages to an extent that exceeds customary use or compliance with the social customs of the community and that adversely affects the drinker's health or interferes with his social or economic functioning.

An alcoholic is different from an 'occasional drinker'. Any person who takes alcohol is a 'drinker', while a 'compulsive drinker' who cannot live without taking alcohol is called an 'alcoholic'. According to Waskin (1964: 362), an alcoholic is an excessive drinker whose dependence upon alcohol has reached such a degree that it results in a noticeable mental disturbance or an interference with his bodily and mental health, his interpersonal relations, and his smooth social and economic functioning; or one who shows the early signs of such developments. Clinebell (1956: 17) has defined an 'alcoholic' as one whose drinking interferes frequently or continuously with any of his important life adjustments and interpersonal relationships.

Broadly speaking, alcoholism has been characterized by four factors: (1) excessive intake of alcoholic beverages, (2) individual's increasing worry over his drinking, (3) loss of the drinker's control over his drinking, and (4) the disturbance in functioning in his social world.

Richard Blum (1973: 508) has referred to drinking in two contexts: (i) in the context of prescribed social pattern where drinking is integrated in the culture of the society and it is perceived as part of everyday life, (for example, in Italy, the United States) and people do not find any psychological potential in it; and (ii) in the context of perceiving alcohol use as disruptive to culture and society and people find addictive potential in it (as in India) and view drinking as a means of seeking pleasure and escape. Drinkers have been classified as 'non-addicts', 'addicts' and 'chronic alcoholics'. Non-addicts are categorized as 'experimenters' and 'regulars'. Don Cahalan has given a five-fold classification of alcohol drinkers on the basis of the frequency of drinking (and not the quantity of alcohol taken):

1. *Rare users*, who drink once or twice a year.
 2. *Infrequent users*, who drink once or twice in two-three months, that is, less than once a month.
 3. *Light drinkers*, who drink once or twice a month.
 4. *Moderate drinkers*, who drink three or four times in a month.
 5. *Heavy drinkers*, who drink every day or several drinks during the day.
- The last category of drinkers is also described as 'hard core' drinkers.

Extent of Alcoholism

India is showing a phenomenal increase in alcohol consumption in recent years, though the consumption levels are still very low vis-à-vis the global standard. According to WHO, worldwide, while recorded adult per capita consumption has remained stable at around 4.3–4.7 litres of pure alcohol since 1990, the corresponding figure for India was only 0.6 litre (in 2005). However, as per some studies done around the country, the per capita consumption is 2 litres per adult per year (calculated from official 2003 sales and population figures). After adjusting for undocumented consumption, which accounts for 45 to 50 percent of total consumption, this is likely to be around 4 litres.

Research in the past few years has conclusively demonstrated that nearly one in three male adults consume alcohol. It has been estimated that India has nearly 70 million alcohol users which include 12 million users who are dependent on alcohol, but does not include millions of social drinkers. A recent National Household Survey of Drug Use recorded alcohol use in only 21 per cent of adult males. In the total spectrum of alcohol consumption in the country, only about 50 per cent is documented and the rest is undocumented.

Despite the overall low consumption, patterns of alcohol consumption vary throughout the country. For example, alcohol use is relatively high in north-eastern and southern states of India and Goa as compared to other parts of country. The prevalence of current use of alcohol ranged from a low of 7 per cent in the western state of Gujarat (officially under prohibition) to 75 per cent in the north-eastern state of Arunachal Pradesh.

There is also an extreme gender difference. Prevalence among women has consistently been estimated at less than 5 per cent but is much higher in the north-eastern states like Assam, Arunachal Pradesh and Sikkim. The report of National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru (2011) reveals that nearly 30–35 per cent of adult men and approximately 5 per cent of adult women consume alcohol (male to female ratio being 6:1).

Indian made foreign liquor (IMFL) and beer are the preferred drinks in younger age groups, while country made liquor and rum are common in rural India. Home-made or local brews continue to be popular in select communities, especially in north-eastern parts, Goa, etc. Significantly, higher use has been recorded in peri-urban/transitional areas. Interestingly, these are the areas with growing income levels and are, thus, entering the spiralling loop of alcohol use and its harm.

Alcohol use is also directly associated with education, social class and occupation. Alcohol use among the poor communities contributes to increasing expenditure on alcohol on one hand and increasing resources spent for managing alcohol related problems on the other.

The average age of starting alcohol use has reduced from 28 years during the 1980s to 17 years in 2007. Once begun, the average duration generally lasts more than 10 years. What starts as experimentation and pleasure-seeking, often becomes an addictive process. The amount of drinking also increases with age and duration. Social drinkers generally graduate to become hazardous and pathological drinkers over time. More than 50 per cent of regular alcohol users also fall into the category of hazardous drinking.

India is generally regarded as a traditional 'dry' or 'abstaining' culture. Yet, it has one of the largest alcohol beverage industries in the world. Even in the South-East Asia region it is the dominant producer of alcohol (65%) and contributes to about 7 per cent of the total alcohol beverage imports into the region. According to the Alcohol Atlas of India, published by the India Alcohol Policy Alliance (IAPA) (2010), there has been a steady increase in the production of alcohol in the country, with the production doubling from 87.2 million litres in 1992–93 to 1,654 million litres in 1999–2000 and to almost treble at 2,300 million litres by 2006–07.

The NIMHANS report (2011) further indicates that the bulk of alcohol produced in India is mainly from sugarcane molasses. Roughly 52 per cent of alcohol produced in India is for potable purposes. Among the potable forms of alcohol, IMFL and country liquor account for nearly 60 to 70 per cent of the total alcohol consumed.

Alcohol is also one of the important sources of revenue for the governments. During 2008–09 the excise revenue was nearly 400 billion rupees. Nearly 90 per cent of this was contributed by the alcohol beverage industry.

Process of Becoming an Alcoholic

A 'drinker' has to pass through various stages to become an 'alcoholic'. According to an American psychiatrist Jellinek (1946: 368), an alcoholic has to pass through the sequence of seven phases: (1) blackouts, in which the individual is not able to find a solution to his individual problems, (2) sneaking drinks, in which he takes alcohol without being observed, (3) increased tolerance, in which he tolerates the increased effects of drinking, (4) loss of control, in which he fails to control the desire of not taking alcohol, (5) development of an alibi system, in which he gradually starts neglecting his social roles, (6) going on periodic benders, in which he keeps on drinking regularly, and (7) regular matutinal drinking, in which he regularly starts taking alcohol in the morning.

Jellinek (*ibid.*) has also explained the process of becoming an 'alcoholic' in the following four stages:

1. *Pre-alcoholic symptomatic phase:* In this phase, taking advantage of social sanction, an individual starts drinking to reduce tensions and solve his

- personal problems. Linking drinking with relief, he keeps on searching for those opportunities in which he may drink. The frequency of drinking increases as he starts losing his capacity to overcome conflicts in life.
2. *Prodigal phase:* In this phase, along with the increase in the frequency of drinking, there is increase in the quantity of the drink too. However, he develops a guilt feeling and knows that gradually he is becoming an abnormal person.
 3. *Crucial phase:* In this phase, his drinking becomes conspicuous. He develops rationalizations to stand social pressures and to assure himself that he has not lost control over himself. However, he does not lose his self-respect. Gradually, he starts alienating himself from others as his physical and social deterioration becomes obvious to them.
 4. *Chronic phase:* In this phase, he starts drinking even in the morning. He faces prolonged intoxication, impaired thinking, indefinable fears, tremors, and loss of certain skills. He is all the time obsessed with drinking and feels restless without alcohol.

Though every alcoholic does not necessarily pass through all these four stages and in the same sequence, most of the alcoholics have to go through this process.

Jellinek (*ibid.*) also studied the phases in the drinking history of alcoholics and developed a typical addictive pattern. He listed the characteristic alcoholic behaviour and the time sequence of its appearance. The mean age of the first occurrence of some of the characteristic behaviours of an alcoholic was found by him as: starts drinking at 18.8 years of age, sneaks drinking at 25.9 years age, indulges in extravagant behaviour at 27.6 years, starts losing friends at 29.7 years, becomes indifferent to the quality of the liquor at 30 years, starts losing working time at 30.4 years, faces family disapproval at 30.5 years of age, loses job at 30.9 years, indulges in daytime drinking at 31 years of age, takes to anti-social behaviour at 31.3 years, faces tremors at 32.7 years, starts fearing at 32.9 years, takes sedatives at 35.5 years, feels religious needs at 35.7 years, seeks medical advice at 35.8 years, is hospitalized at 36.8 years, admits to self the inability to control at 38.1 years, admits to others the inability to control at 39.5 years, and reaches lowest point (that is, hits the bottom) at 40.7 years. Analysing the above characteristics, one sees the increasing loss of social responsibility on the part of the individual; sees him gradually losing control over his personal behaviour and then in the later stages desperately seeking help from every possible source, ranging from religion to medicine and hospitalization.

Alcoholics may be classified in three groups: steady (balanced and supported), periodic, and plateau (expanse of high level). The *steady* alcoholic

is one who is not constantly saturated with alcohol. The *periodic* alcoholic abstains from drinking for considerable periods of time and then goes on binges. The *plateau* alcoholic is one who drinks more deliberately than either of the above two types and tends to seek the maximum effects from alcohol. He seems to need to maintain a certain level of saturation at all times but does have the capacity to spread the effect of his alcohol over a long period of time (Landis, 1959: 21–22).

In terms of social status, the alcoholics are classified as the low bottom and the high bottom types. The former refers to the person who has hit the bottom of social status, while the latter is one who still maintains a fairly respectable status in spite of his drinking.

What is sociologically important in alcoholism is the socialization to accept alcohol. Indian culture does not view alcohol drinkers as normal. As such, people are not mentally prepared to accept alcohol as an important part of social life. While in the western society, phrases like "Have a drink" or "Would you care for a drink" are common in evening gathering, in India, on the other hand, we usually talk of "Have a cup of tea". Thus, alcoholism is a serious social issue in our culture. Though in comparison to drugs, drinking is considered less harmful and even trivial by many parents who themselves drink, still, liquor is not perceived as respectable. Occasional drinking may be tolerated but regular drinking is condemned. We must, therefore, clearly distinguish between a person who uses alcohol in moderation and one who is a 'problem drinker', or between a person who drinks responsibly and one who drinks in a manner that causes problems to himself, to his family, and to society.

Alcoholism in the police force has surprisingly increased during the last few decades or so. A study conducted by one senior police officer (Arun Oraon) in Punjab pointed out that 37.06 per cent of Punjab policemen take alcohol (*The Hindustan Times*, July 8, 1995). Of this percentage, drinking habits are more prominent amongst the lower ranks with 26.42 per cent of the constables admitting that they drink. A vast majority of the habitual drinkers is formed by the personnel posted at police stations. The reason perhaps is the easy availability of liquor which is normally 'gifted' to them by those seeking favours. Among reasons for alcoholism in the police, according to the study are: high workload, harassment by superiors, bad company, family problems and getting 'kicks'. Alcoholism in police breeds violent and corrupt practices.

Danger inherent in an alcoholic is measured in terms of the percentage of alcohol content in his blood stream. With one drink, a person contains 0.035 per cent alcohol level in the blood but with two drinks he contains 0.05 per cent level. Though legally he is not considered drunk but he feels mild effects and his driving ability is impaired. With an alcohol level of 0.1 per cent

in the blood, a person is legally considered 'drunk' when involved in a driving accident. His judgement, vision and muscle coordination is impaired. With alcohol level of 0.25 per cent, a person is viewed as 'quite intoxicated' while with 0.3 per cent to 0.4 per cent level, he is viewed as 'severely intoxicated'. It may cause coma in some individuals. Lastly, with alcohol level of 0.5 per cent to 0.8 per cent, a person's breathing and heart action slows down and even death may occur (McVeigh and Schostak, 1978: 110).

One of the big problems of alcoholism is that the individual does not recognize himself as an alcoholic. An American psychiatrist Robert V. Seliger has developed a check-list of some twenty questions. If the answer to even a few of these questions is 'Yes,' the individual may well take it as a warning of serious trouble ahead. Here are some of the questions from the check-list: (1) Do you lose time from work due to drinking? (2) Is drinking making your home-life unhappy? (3) Is drinking affecting your reputation? (4) Have you ever felt remorse after drinking? (5) Have you got into financial difficulties as a result of drinking? (6) Do you turn to lower companions as a result of drinking? (7) Does your drinking make you careless of your family's welfare? (8) Has your ambition decreased since drinking? (9) Do you crave for a drink at a particular time daily? (10) Does drinking cause you to have difficulty in sleeping? (11) Has your efficiency decreased since drinking? (12) Is drinking jeopardizing your job or business? (13) Do you drink to build up your self-confidence?

Causes of Alcohol Abuse

In interpreting the causes of alcoholism, the important thing to bear in mind is that, of those who use alcohol, about 90 per cent do not become alcoholics. The key to alcoholism is in the *motive* for repeating the drinking. Therefore, explaining alcoholism only in terms of factors like personality structure will be inadequate. No wonder, a psychogenic view is described as an oversimplified explanation of alcoholism. One psychological view is that practically all alcoholics show the mark of deprivation of emotional needs during childhood. Clinebell (1956: 45) reports four main types of parental attitudes which happen to be associated with alcoholism in adulthood and all of which tend to produce trauma and emotional deprivation in the child: (1) authoritarianism, (2) overt rejection, (3) moralism, and (4) success worship. That these factors are the key ones in the formation of an insecure personality resulting in falling prey to alcohol is indicated by the fact that psychological studies of alcoholics repeatedly mention the following personality traits: a high level of anxiety in interpersonal relationships, emotional immaturity, ambivalence towards authority, low frustration tolerance, low self-esteem, feelings of

isolation and guilt (*ibid.*: 49). These psychological traits are not the result of alcoholism but are the causes of alcoholism. They are often present in many alcoholics before they take to excessive drinking.

According to some scholars, there seems to be a definite connection between alcoholism and personality maladjustment. Initially, a person drinks to seek refuge for his problems of life or to find a temporary respite from his troubles. Gradually, he starts drinking more and more frequently until he becomes utterly dependent on it. However, psychologists maintain that only those people take to frequent drinking who are emotionally immature and lack self-confidence.

Around what personal problems of adjustment do anxiety, tension, guilt, frustration arise? According to Bacon (1959: 208), the main problems are: an individual's opinion of himself; gaining and holding the respect and the affection of others; conflict with others through self-assertion, through criticism, through out-and-out aggressions; overall security as to ownership, prestige, personal safety as they are tied up with money; responsibilities accepted in the achievement of specific goals; and sexual matters.

The sociological reasons for taking alcohol are essentially the same as for taking drugs. However, a distinction can be made in the causes of drinking alcohol and taking illicit drugs. Since alcohol is more socially acceptable than drugs, drinking reduces a person's fears, worries and anxieties. Besides, alcohol is more easily available than drugs. It is also cheaper than many drugs like heroin, cocaine and LSD. The main sociological causes of taking alcohol are: (1) environmental pressures, (2) peer pressure, and (3) a dominant sub-culture.

The question is: Why do certain persons choose drinking as an answer to environmental pressure while others do not? Here, certainly personality and cultural factors are the major conditioning elements in the individual's experience. Cultural taboos and lack of availability of liquor due to the prohibition policy keep many people away from being exposed to its use. One may conclude from this that alcoholism can be explained only on the basis of a holistic approach rather than a single-factor approach.

A question is raised whether pressures can be located in the culture itself both to cause and to contain alcoholism. It is said that some cultures are better able to develop effective controls over the individual than others. A research in the United States shows that there are very few teetotallers among the Jews (13%), compared to Catholics (21%) and Protestants (41%). In France, Germany and the United States, the use of wine has been very common. It is only recently that alcoholism has become a major crisis in the life of the people of these countries. Once people start using alcohol because of the cultural sanctions, they use it frequently, especially in situations of insecurity and anxiety.

The current approach is that alcoholism is to be understood in terms of character and motivation. An alcoholic is a sick man. He is not to be looked upon with ridicule, condemnation and blame. He has fallen a victim to a set of complexes, attitudes and habits which bind him until the process of self-destruction is inevitable.

Consequences of Alcoholism

Alcohol has now become a common word in Indian society. With the impact of globalization, urbanization, industrialization, media influence and changing lifestyles, alcohol has entered the lives of Indians in a big and unrestricted manner. The consequences of alcoholism—in terms of personal misery, family budget, family discord, loss of wages, failure of health, accidents and cost in damage claims, cost of hospital treatment, cost in custodial treatment in jail, monetary damage in courts, and inducement to crime—are almost disastrous. Social deviance and social problems emerge from the use and abuse of alcohol. Though the number of annual arrests for public drunkenness is not much in our country, it is a known fact that a large number of alcoholics are not arrested because of the fact that arrest is not considered a good solution to the problem. A good number of persons arrested for crimes like rape, burglary, murder and theft are those who committed them while under the influence of alcohol. Alcohol is a major factor in highway accidents. Besides, it contributes to thousands of deaths every year.

A high percentage of admissions to hospitals, particularly mental hospitals, is related to persons with 'alcoholic disorders' or a 'drinking problem'. Other socially deviant acts related to alcohol/drugs are thefts, bribes, wife battering, and suicides. Studies on suicide point out that the suicide rate is 50 times higher among alcoholics/drug users than non-alcoholics and non-drug users.

Since alcoholics/drug users directly affect four or five other persons (wife, parents, children, siblings, close friends, co-workers), the problem affects millions of people in the country. Families of alcoholics and drug users suffer the most. Even family violence, family unrest and divorce is caused by alcoholism. Drinking affects the business, the office efficiency and factory production also. Absenteeism, low output and poor judgment leading to work-related accidents, costs the government billions of rupees. Most factory-owners indicate a lack of interest and deny the existence of these problems among their employees in the factories/offices to save themselves the botheration of adopting effective measures for prevention.

The drinker thinks that alcohol will reduce his tension, guilt, anxiety and frustration. But, the fact is that it reduces his operational efficiency to

below the minimum level necessary for social existence or even for a bare existence. A drinker harbours the mistaken notion that alcohol can make association and interpersonal activity easier in society. But, in reality, alcohol breaks down an individual's participation in associations and thus socially weakens the individual. It impairs socially valuable ideas.

One consequence of alcoholism is that it has increased illicit bootlegging. Since independence, hundreds of tragedies have taken place throughout the country in which thousands of people have died on consuming liquor produced illicitly. The victims of spurious *sura* invariably are poor people. About 132 lives were lost and 200 persons suffered physically in Baroda in hooch tragedy in 1989; 200 persons living in four slums in north-west Delhi died on taking illicit liquor on November 6, 1991; about 100 persons died in south Mumbai in a similar hooch tragedy on January 1, 1992; about 60 persons died in Tamil Nadu in March 1992; about 200 persons died in Cuttack city in Orissa (now Odisha) on May 7, 1992; about 52 people died and more than 400 were taken ill after consuming spurious liquor in Hazaribagh and two other districts of south Bihar on November 19, 1994, and more than 33 people died in a hooch tragedy in Pudukkottai in Tamil Nadu in October 1996. In another hooch tragedy in Bengal, at least 143 people died in its South 24 Paraganas district in December 2012. The same year, about 28 people died due to consumption of illicit liquor in Cuttack and Bhubaneswar in Odisha. And, recently (16 October 2013), over 30 people died following consumption of spurious liquor in Mubarkpure area of Uttar Pradesh's Azamgarh district. Such disasters will continue to take place in future, too. But, no one has ever heard of people dying after consuming IMFL. The country liquor has various brands though all of them are generally of the same quality and price. The alcohol content in the country liquor is about 28 per cent, while in *sura* it is 32 per cent. Usually pyridine is used for denaturizing rectified spirits. This is neutralized by citric acid. As the rectified spirit is licensed, sometimes it is adulterated with methylated spirit. The poisonous drinks damage the eyesight, liver and kidney in the long run. The administration will remain unresponsive to tragedies of taking illicit liquor and the government will have lackadaisical attitude in tackling this problem. At the most it will give an ex-gratia payment of Rs 1 lakh or so to the families of those killed in such tragedies. The perfidious role of bootleggers, their muscle and money power are a matter of record in communal riots. Many cities in the country are torn asunder by the bootlegger-police-politician nexus. The margin of profit in bootlegging is estimated to be 9 to 12 times the actual investment. No wonder, a number of anti-social elements make it their business to manufacture, transport and distribute illicit liquor. Justice Miyabhoi Commission

instituted by the Gujarat government in 1981 to enquire into the prohibition policy of the state submitted his report in 1983 and pointed out the nexus between baron bootleggers and politicians and the fact that almost all the bootleggers in the state (Gujarat) were anti-social elements capable of terrorizing anyone trying to expose them.

Recently, it has been observed that curbs on liquor lead to more deaths. According to government statistics for the years 2009-11, states with restricted consumption top hooch tragedies tally compared to those with unrestrictive consumption. For example, states like Gujarat, Tamil Nadu, Karnataka and Andhra Pradesh—all with complete or partial ban on alcohol—that record maximum deaths in hooch tragedies. The data shows that Tamil Nadu has recorded 1,095 deaths, with Karnataka a distant second with 599 deaths, followed by Punjab and West Bengal—both recording over 400 deaths—and Gujarat ranked fifth with 396 deaths due to spurious liquor between 2009 and 2011. Conversely, states such as Goa, where consumption of legitimate alcohol is promoted with low taxes, there have been no instances of hooch tragedies during this period and the state has recorded zero deaths (*Times of India*, 22 October 2013).

Societal Costs of Alcoholism

Even if one attempts to calculate the societal costs of alcoholism, he will not be able to do that. Because, according to the NIMHANS (2011) study, the societal costs linked to alcohol use can be broadly categorized as direct and indirect, tangible and intangible. Direct costs are the medical costs linked to treatment, transport costs, rehabilitation costs and in the event of death, funeral costs. Indirect costs include property damage, litigation costs, loss of insurance, and others. Intangible costs are those due to absence from work, decreased productivity, absenteeism, sickness leave, loss of school for children and many others. Besides, governments also incur huge expenditure for managing harmful effects of alcohol use. The collective costs of all these are also difficult to estimate.

Treatment of Alcoholics

Alcoholism is more treatable than drug addiction. There have been many successful treatment programmes. Since there is a continuum between use and abuse, there are various kinds of programmes for different degrees of drinking. Psychotherapy, environment therapy, behaviour therapy, and medical therapy are suggested and used for different types of drinkers. In medical therapy, hospitals and clinics give alcoholic patients the drug 'Antabuse' (technically called Tetra Ethylthiou Ramdisul Fide) (Walsh and Fursey, 1958: 151). This drug is inexpensive and is taken orally. It produces no

effect whatever unless the patient drinks alcohol; in that case, it quickly produces extremely violent and unpleasant but not dangerous symptoms. Thus, it can guard the drinker against relapse.

In psychotherapy, resocialization is reinforced through counselling and through group therapy. In environment therapy, the drinker is made to change the environment where his behaviour may be easily controlled. In behaviour therapy, his fears and inhibitions are removed to enable him to develop self-confidence and self-reliance. Thus, the following treatment measures are mainly used to treat drinkers and alcoholics:

1. Detoxification in Hospitals: For alcohol addicts, the first step is 'detoxification'. Alcoholics need medical care and medical supervision. Tranquilizers are used for treating their withdrawal symptoms like convulsions and hallucinations. High potency vitamins and fluid electrolyte balance are also used in their physical rehabilitation.
2. Role of Family: Involving an alcoholic's family in his treatment and rehabilitation enhances the chances of success by 75 to 80 per cent. The family members do not preach; nor do they blame or condemn the alcoholic. They minimize his problems, offer him sincere and unselfish help and guidance, and never abandon him.
3. Alcoholics Anonymous: One of the most effective social therapies which uses group interaction is Alcoholics Anonymous. It is an organization of ex-alcoholics which started in the United States in the early 1940s and today has lakhs of persons as its members. In India, the branches exist in all the metropolitan cities, while in some cities, the branches have been established recently.

Alcoholics Anonymous (AA) is an organization, a group of people, fellowships of men and women, who share their experience, strength and hope with each other that they may solve their common problem (i.e., alcoholism) and help others recover from alcoholism. In AA, even such alcoholics are found who were dismissed by medical fraternity as 'hopeless cases', who had been admitted in the psychiatric units for the proverbial nth times, who had no desire to be treated but were dragged to the hospitals by relatives and friends to 'reform' them. Having failed to reform in these units, they are brought to AA. There are cases in AA who had been in and out of AA at least eight to ten times, who after 'leaving' AA hit the bottle again, yet they are brought back to AA and again learn to stay off the bottle, seeking the help of the group of fellow alcoholics. These are the people who believe that medicine can treat the physical complications of alcoholism but it cannot cure the disease. The cure has to come from within and that is what AA offers.

At one time, generally 30 to 40 members are found in an AA who are from all walks of life, cutting through religion and financial status (FAMILY, July 1995: 104-5). Most members are sober, some inebriated, but all very seriously involved in what is going on. The AA meetings mostly comprise of three parts: (i) a talk by the chairperson that is open, frank and hard-hitting, (ii) autobiographical stories, and (iii) open session. What really drives people to quit alcohol after joining AA? In the outside world, an alcoholic is considered a social outcaste and feels forever chastened, which adds to his problems. In AA, all members share his situation and suddenly the alcoholic realizes that there is a hope for reform. The organization helps the 'patient' in healing by humanely reaching out to him as he has a real desire to stop drinking. The fellowship offers strength and hope.

4. *Treatment Centres:* These centres have been developed in some cities as alternatives to hospital treatment. Each centre has about 10-20 residents. Here, not only counselling takes place in a supportive environment but residents are made to follow certain anti-drinking rules too.
5. *Changing Values through Education:* Some voluntary organizations undertake educational and information programmes to alert the alcoholics to the dangers of excessive drinking. Social workers help the drinkers in coping with life and changing the social values and attitudes about drinking.

Prohibition

Gandhiji regarded the consumption of liquor as a major social evil and favoured complete prohibition in India. With this in view, the Constitution of India included Article 47 in the Directive Principles of State Policy, which states, "The State shall endeavour to bring about prohibition of use, except for medicinal purposes, of intoxicating drinks and drugs which are injurious to health." After independence, some states took up the programme of prohibition earnestly and some half-heartedly. In the last five decades or so, most of them have given up prohibition even though most leaders pay lip-service to the programme. Things have gone so far that in some states even Chief ministers, Ministers and their close relatives are running distilleries for manufacturing liquor, and their supporters and relatives are blessed with liquor licences. Individual politicians have thus developed vested interests in the manufacture and sale of liquor. The excuse they offer in justification against not introducing prohibition is that their governments will lose huge revenue without which they cannot launch their development projects.

After independence, Madras Province and Bombay State implemented prohibition between 1948 and 1950, and total prohibition was in operation in Madras State, Maharashtra, Gujarat and 11 districts of Andhra Pradesh from 1958 to 1969, and other sizeable areas in Assam, Madhya Pradesh, Orissa (now Odisha), Karnataka and Kerala. One-fourth of India's population was under prohibition by 1954, and in the same year, the Prohibition Enquiry Committee set April 1958 as the target to achieve national prohibition. However, the potential loss in state revenue due to loss of excise revenue from the sale of alcohol discouraged most state governments from enforcing long-term prohibition. Alcohol accounted for almost 10 per cent of total state revenues, and over one-third in the case of Punjab. In 1964, the Centre offered to compensate the state governments 50 per cent of their loss in excise revenue caused by the implementation of prohibition. Most states did not take up the proposal and lifted prohibition, however, Gujarat retained it.

A renewed push for prohibition occurred under the Morarji Desai government in 1977, but it failed to achieve nationwide prohibition. The negative effects of prohibition including wide-scale sale of spurious and cheap liquor, the rise of organized crime and bootlegging due to the growth of a black market for alcohol, a large police force required to implement prohibition and loss of employment connected to the alcohol industry reduced demands for prohibition and led to calls for regulation of alcohol. Anbumani Ramadoss urged for a national alcohol policy and nationwide prohibition while serving as Union Minister of Health and Family Welfare from May 2004 to April 2009.

In recent times, as mentioned earlier, a new trend is observed: government data for the period 2009 to 2011 confirms that states like Gujarat, which have prohibitive regulations against alcohol, suffer a disproportionate share of hooch fatalities, compared to those with unrestrictive consumption. Actually, our governments have failed to realize that revenue earned from the sale of liquor is far less than the expenditure incurred on the social consequences of alcoholism. According to one study, in the state of Karnataka, it was observed that the social costs of alcoholism far exceeded the revenues generated from alcohol. Based on a small sample of alcohol dependents, it was estimated that the losses were to the tune of Rs 18.39 billion when compared to a revenue of Rs 8.46 billion. One study estimated that Indian society might have lost an estimated Rs 244 billion due to the different consequences of alcohol use, while the revenue generated by the government was approximately Rs 216 billion for the year 2004, raising the question "are we losing more than what we are gaining?"

The present state of affairs can be summed up as: "everybody wants prohibition but nobody wants it to be implemented". No wonder, some committees/commissions appointed by some state governments recommend implementation of total prohibition 'in stages'. Can politicians afford to reject

the offer of alcohol barons who say, "Give us the licence for liquor shops and we will give you donations for elections and party funds". In Kerala, the IMFL lobby promised Rs 200 crore to government (in early 1996) for imposing ban on *arrack* and closing more than 5,000 *arrack* shops.

Role of Women

Women activists, women's organizations and even ordinary housewives in both urban and rural areas can spearhead the struggle to convince men against liquor consumption and force governments to introduce prohibition. They can demand the political parties to include prohibition in their poll manifestoes. It was in 1993 when a small group of neo-literate women in Dabbagunta village in Nellore district in Andhra Pradesh, fed up with the drunkenness of their men, attacked a liquor shop, drove away its owners and destroyed the stocks of indigenous wine. The spark provided by the unorganized women of a small dusty village caught the imagination of the womenfolk all over Andhra Pradesh, from where the agitation spread to other states in the country.

Control on Alcoholism

With the failure of the prohibition model, state governmental control has come to be focused on the regulation of the liquor trade. The state governments, under the open licence system, leave the alcoholic beverage trade to private enterprise under licensing and regulation, the nominal public objectives being to eliminate people with criminal or questionable financial histories and to control the physical location of licensed liquor shops. Every state government earns crores of rupees every year when it auctions the contracts.

Radicals argue that as long as our social structure and economic system continues to produce inequality, unemployment, poverty, injustice, and role-strains and tensions, alcoholism will persist. Since the present social systems operating in our society produce more frustrations and deprivations, the rate of drinking would only accelerate in future. What is, therefore, needed is a policy and programme to produce more jobs, permit fair competition and reduce corruption and nepotism in appointments and promotions. If the lives of people are made meaningful, rewarding and satisfying, the need for alcohol would not exist or it will be minimized. Secondly, education about the harm and hurt that alcohol can bring to a person's life and to society will help control the use of alcohol. Parents can impart education on the dangers of becoming an alcoholic as well as punish the deviants and create the necessary fear. Parents' education should be concerned with shaping the attitudes and behaviour conducive to non-drinking. Lastly, schools and colleges can also educate young students about the psychological and socio-logical effects of alcohol and alcoholism.

It is indeed a tragedy that our governments and political parties have not been able to follow the ideals we cherished during our struggle for independence. Gandhiji could not think of an independent India without prohibition. For him, prohibition was an integral part of the freedom movement. He categorically declared that if he were to be appointed dictator of the country for one hour, his first action would be to close all liquor shops without paying compensation. He was so emphatic in his assertions that he was even prepared to let the people go without education, if that was the price to be paid for introducing prohibition. According to him, the evil of drinking was worse than theft and even prostitution, as it was the mother of both these evils.

It may, thus, be concluded that the problem of alcoholism calls for a concerted attack which may embrace treatment, social measures, education and research.

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