

Article

**Study on Alcohol Consumption and Impact of Social Problem**

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Dr. S. Paramesvaran<sup>1</sup>

**ABSTRACT**

India is the third largest spirits market by volume in the world, behind only China and Russia. Indian Made Foreign Liquor (IMFL) comprises both brown spirits (such as whisky, brandy and rum) as well as white spirits like gin, vodka, and white rum. the researcher found that Half of the respondents felt that alcohol played the leading role in family or domestic violence, 55 per cent of the respondents felt that alcohol played the leading role in incidences of public urination, 48.3 per cent of respondents opined that alcohol played a leading role in acts of vandalism, 68.3 per cent of them felt that alcohol played a leading role in the causation of traffic accidents, 61.7 per cent of the respondents thought that alcohol played the leading role in eve teasing.

Keywords: alcohol, market, vandalism, Coronary, road accident.

**INTRODUCTION**

The globalization and rapidly increasing industrialization, urbanization and media influence, the availability has lead the consumption of alcohol in widely spread manner in recent times. As it stands today, India is the third largest spirits market by volume in the world, behind only China and Russia. Studies show that in India in 2005, around 10.6 (17.4 percent) million were alcohol dependents. As a direct consequence of the increased intrusion of alcohol into everyday life, recent times have seen more concerted efforts by the central and state governments, non-governmental organizations, international organizations, academia and other stakeholders to study alcohol and alcohol-related problems in the Indian context.

**Types of Alcohol:**

Indian Made Foreign Liquor (IMFL) comprises both brown spirits (such as whisky, brandy and rum) as well as white spirits like gin, vodka, and white rum. The IMFL market grows at a rate of 9-10 percent per year and experienced a growth rate of 11.9 percent in the financial year 2011-2012. The popularity of beer has grown more recently, and has gained significance post-liberalization as a consequence of foreign acquisitions of Indian breweries. It remains a strong market with an estimated growth of about 17 percent per year, despite the fact that annual per capita consumption of beer in India is a mere 1.5 liters as opposed to the global average of 27 liters.

<sup>1</sup> Head, Department of Social Work, RKM Vivekananda College, Chennai - 04

Wine did not have much of a market presence in India until recently. Its growth and consumption is a direct result of increased urbanization and globalization. The consumption of wine is limited mainly to large Indian cities such as Mumbai, New Delhi, Pune and Bengaluru. Despite the relatively modest contribution to the alcohol market in India, the wine market holds tremendous potential, as evidenced by the fact that from 2000-2008, the number of wineries in India grew more than tenfold; from 6 to 65.

Country liquors are cheap, distilled alcoholic drinks made from relatively cheap raw materials that are easy to procure locally (e.g. rice and sugarcane). Country liquor contains about 33 percent of alcohol. Government licensing ensures some basic uniformity in alcohol content, safeguards against adulteration and other harmful intoxicants. Given that it is cheaper to produce, excise duties are also relatively lower.

Unregulated alcohol (or hooch) holds the dominant share of the alcohol consumed in India, particularly for villagers and tribal peoples. Very few reliable statistics regarding illicit liquor consumption are available given that it is extremely difficult to trace illicit sales. Since illicit alcohol is produced with no supervision, it is often adulterated with dangerous chemicals such as methanol and organo-phosphorus compounds to reduce production costs. Such adulteration makes illicit liquor dangerous for human consumption and has caused blindness and even death to consumers in numerous cases all over India.

### **Consequence of Alcohol Drinking**

Alcohol ingestion has been generating to number of undesirable outcomes, such as physical (chronic or acute health issue), Psychological, familial disturbances, anti-social behaviours and so on. The adverse outcomes are three: (1) the bio-chemical effects of alcohol, (2) drinking to intoxication, and (3) alcohol dependence. In addition to the total volume of alcohol consumed, patterns of consumption (i.e., frequency of drinking, number of drinks per occasion, frequency of heavy consumption, the type of beverage consumed and the context and time of drinking occasions) are important in determining the nature and extent of the alcohol-related burden in a population (Babor et al., 2010).

Gururaj, et al (2011) studied Alcohol related harm: Implications for public health and policy in India. The study discussed findings where heavy drinkers (i.e. persons imbibing more than 5 standard drinks per drinking occasion) were significantly more likely to suffer from emotional problems such as depression and anxiety, alcohol-related erosive gastritis, and somatic problems such as headaches and generalized aches and pains. This population also reported more frequent heart ailments, diabetes and increased blood pressure. Alcohol users (both male and female) were also more likely to use various forms of tobacco than non-users of alcohol, thus increasing the risk of overall health damage.

Coronary heart disease ranks first as the leading cause of premature death in industrialized countries and the primary cause of death among 15-44 year olds even in low and middle income countries (Mathers and Loncar, 2005). It is increasingly evident that with higher levels of alcohol consumption, as well as with binge drinking, that there are greater risks for coronary heart disease and other cardiovascular events such as sudden cardiac death and stroke.

In a cross-sectional study of behavioral risk factors for cardiovascular and other chronic diseases, 6,579 individuals from Kerala were evaluated for chronic diseases, behavioral risk factors and family history, smoking and alcohol consumption were found to be the two major risk factors associated with chronic disease conditions like cardio-vascular disorders (Sugathan et al, 2008).

Sex under the influence of alcohol is associated with lack of prophylactic use, multiple sex partners, anal sex and a greater likelihood of contracting a sexually transmitted infection or HIV. In a survey of 1196 male patrons of wine shops and bars conducted in Chennai, nearly half the respondents reported having unprotected sex with non-regular partners and 24 percent reported having had four or more recent sexual partners. (Sivaram et al, 2008). Alcohol consumption as a risk factor for HIV has been clearly demonstrated through a study at alcohol venues in South India (Go et al, 2007).

Consumption of alcohol leads to a variety of effects resulting in several physiological changes, clouding of judgment capabilities, poor vision, delayed reflexes, improper coordination, stymied risk perception, loss of self-control and increased risk taking behaviour (BISP 2008). Drunken persons are statistically more likely to get involved in crime and fights and cause injury to others and to property. Even though information about alcohol related injury in India is not comprehensive, there is enough global evidence that closely links alcohol to the occurrence of both unintentional and intentional injuries (WHO, 2009). An estimated 20–30 percent of all motor vehicle accidents, homicides and intentional injuries are alcohol-related (WHO, 2002).

India has the highest number of road accident deaths in the world – over 130,000. Quoting a study by Agarwal, the report demonstrates India's pub capital, Bangalore, reports the highest number of road accident deaths on weekends between 6.00 p.m. and 10.00 p.m., which police attribute to drunken driving. A series of studies undertaken by the WHO Collaborating Center for Injury Prevention and Safety Promotion at NIMHANS in Bangalore found that of the types of injuries amongst alcohol users, 46 percent were due to road accidents.

Alcohol consumption along with easy access to toxic substances is positively correlated, as reflected by the suicide rates in India and other countries (WHO, 2001). Alcohol acts in multiple ways leading to suicides. The NIMHANS study denotes common interlinked pathways, being: (1) chronic physical illnesses are more common among long-term alcohol users who attempt suicide; (2) alcohol consumption leads to major economic hardships for the person and his/her family, compounding already existing problems (3) the violence and aggression perpetrated by alcohol users often drives other family members including children to states of despair, helplessness and frustration, leading to suicidal attempts (Gururaj and Isac, 2001). (4) Greater co-morbidity of depression among alcohol users as the combined effect of alcohol use and depression is a major risk factor for suicides; (5) episodes of intoxication lead to impulsive suicidal attempts by hanging, poisoning, burns or by self-inflicted injuries, and (6) alcohol is commonly mixed with organo-phosphorus compounds and consumed by people, an observable pattern in suicide attempts.

Alcohol-related problems were found to contribute 17.6 percent of psychiatric emergencies in an Indian general hospital (Adityanjee and Wig, 1989). Among psychiatric in-patients, engaging in risky sexual behavior was associated with being male, using tobacco and screening positive for either drug use or alcohol problems (Chandra et al, 2003). Continued

alcohol use, particularly harmful patterns of use, is closely associated with psychological distress, depression, anxiety and other common mental disorders. The study avers that indirect inferences can be drawn from reasons ascribed for alcohol use (to overcome stress, sadness, to be happy, to forget worries, etc.,) or circumstances of use (like the death of a relative). In the multi-factorial web of causation of several conditions, alcohol is an intermediary factor as in the case of suicidal behavior, depression and increased alcohol use (Vijaya Kumar, 2006).

In a sample of 5326 users, Ghulam et al (1996) noticed that 20.5 percent were dependent users. In the national survey on alcohol and drug use, about 17–26 percent of the approximately 62.5 million alcohol users were estimated to be dependent (Ray 2004a), imposing a huge burden on treatment intervention. State governments have set up various intervention facilities to address this burgeoning issue, but alcohol dependence continues largely unabated in the Indian context.

### **Significance of Research**

The Researcher visited to the Pattinampakkam and Srinivasapuram tenements of his fieldwork supervision visit with our field work agency supervisor and the researcher noted that, area had a government licensed retail alcohol vending shop (TASMAC) located in a very prominent place. During subsequent visits, the researcher noted that the incidence of local persons who imbibed alcohol was high, and that this occurred as early as 10.00 a.m., which was the time the wine shop not opened. The researcher also observed incidental behaviours, such as alcohol-fueled arguments and persons passed out drunk in the vicinity. It was also noted that the average person in the community seemed to oppose the operation of the wine shop in such close proximity. In order to understand this better, the researcher decided to study such opinion against the backdrop of a slum community. As a result of this study will give direction to both civil society and the government to effect a systematic and well thought out policy regarding health promotion (de addiction centre), location of retail vending outlets and so on...

### **Aim of the research**

The main aim of this study is “to find out the opinion towards alcohol consumption and its impact of social problems.

### **Objectives of the study**

The objectives are : To know the socio democratic details of respondents; To assess the opinion of alcohol consumption of the respondents; and To find out the attitude towards alcohol induced social problems of the respondents.

### **Research Design:**

The present study, the researcher were adopted descriptive design. Descriptive studies are fact-finding investigations that describe the characteristics of the population or phenomenon being examined.

### Sampling Design and Techniques of data collection

Researcher purposively selected two slums, namely Pattinampakkam and Ekambareshwar Pillai Street. Pattinampakkam located on Marina Beach. The second slum Ekambareshwar Pillai street is located a few hundred meters behind the well known City Centre Mall in Chennai. The researcher not able to find out exact population from the slums, so researcher adopted purposive sampling technique and collected 30 respondents from each slums. The researcher used interview method for data collection

### Tools of data collection

The researcher used a semi-structured interview schedule to collect demographic details and alcohol consumption details.

### ANALYSIS AND INTERPRETATION

**Table 1: Age of the Respondents**

Age	Frequency	Percentage
18 – 35 years	37	61.7
36 – 55 years	21	35
56 – 75 years	2	3.3

Source: Primary data

The above table shows that the majority of the respondents (61.7 per cent) were belongs to age group of 18 to 35 years, 35 per cent of respondents were belongs to 36 to 55 years of age group, and the remaining 3.3 per cent of them were 56- 75 years of age group.

**Table 2: Gender of the Respondents**

Gender	Frequency	Percentage
Male	35	58.3
Female	25	41.7
Total	60	100

Source: Primary data

The above table reveals that, 58.3 per cent of the respondents belong to the male and the remaining 41.7 per cent of them were female by gender.

**Table 3: Income of the Respondents**

<b>Income</b>	<b>Frequency</b>	<b>Percentage</b>
Rs. 0 to 12000	52	86.7
Rs.12001 to Rs. 24000	7	11.6
Rs.24001 to Rs. 36000	1	1.7

Source: Primary data

The above table reveals that most of the respondents (86.7 per cent) earned up to Rs. 12,000 per month. 11.6 per cent of the respondents earned between Rs. 12,000 to Rs. 24,000, while a single respondent earned above Rs. 24,000.

**Table 4: Family Structure of the respondents**

<b>Family type</b>	<b>Frequency</b>	<b>Percentage</b>
Joint	14	23.3
Nuclear	46	76.6
Total	60	100

Source: Primary data

The above table clearly depicts that, more than three-fourths of the respondents (76.6 per cent) were part of a nuclear family, whereas 23.3 per cent of respondents were belongs to joint families. The greater occurrence of the nuclear family structure is natural.

**Table 5: Educational Status of the Respondents**

<b>Education Level</b>	<b>Frequency</b>	<b>Percentage</b>
Not studied	10	16.7
Primary school	8	13.3
Middle school	16	26.7
High school	17	28.3
Graduates	9	15
Total	60	100

Source: Primary data

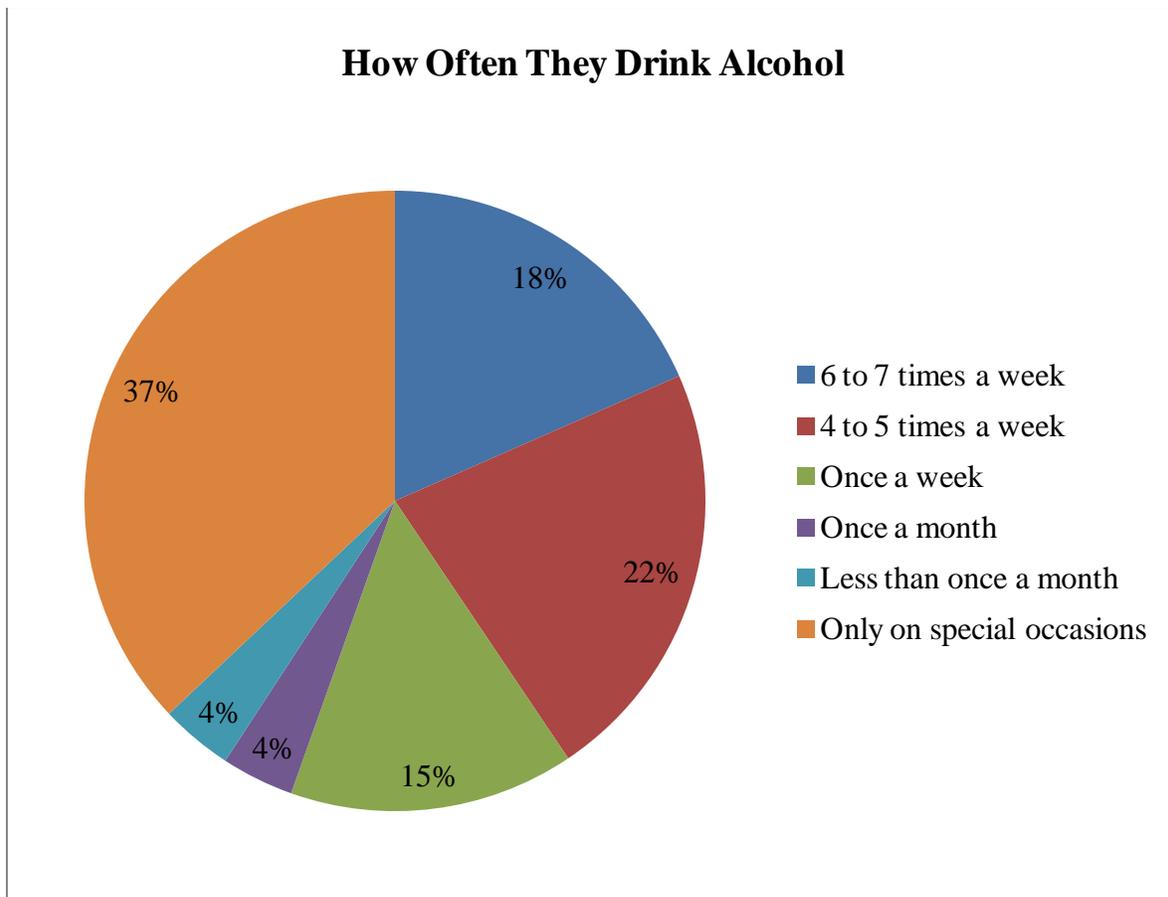
The above table indicates that, 28.3 per cent of respondents were studied high school level, while 26.7 per cent have studied at middle school levels and 16.7 percent were noted to have no educational background.

**Table 6: Alcohol Consumption status of respondents**

Alcohol Consumption	Frequency	Percentage
Consume alcohol	27	45
Do Not consume alcohol	33	55
Total	60	100

Source: Primary data

The above table shows that, more than half of the respondents (55 per cent) stated that they had not consumed alcohol in the past year. The remaining 45 per cent stated that they had consumed alcohol.



**Table 7: Domestic Violence & Vandalism**

Problem at hand	Not a problem		Minor problem		Major problem	
	f	percent	f	percent	f	percent
Violent crime	7	11.7	15	25	38	63.3
Family/Domestic Violence	11	18.3	19	31.7	30	50
Vandalism	5	8.3	17	28.3	38	63.3

Source: Primary data

From the above table indicates that, 63.3 per cent of the respondents were viewed violent crime and vandalism as major problems. Half of the respondents opined that family or domestic violence was a major problem.

**Table 8: Public Drunkenness, Traffic Accidents & Dangerous Driving**

Problem	Not a problem		Minor problem		Major problem	
	f	percent	f	percent	f	percent
Public drunkenness	2	3.3	7	11.7	51	85
Traffic accidents	1	1.7	9	15	50	83.3
Dangerous driving	2	3.3	11	18.3	47	78.3

Source: Primary data

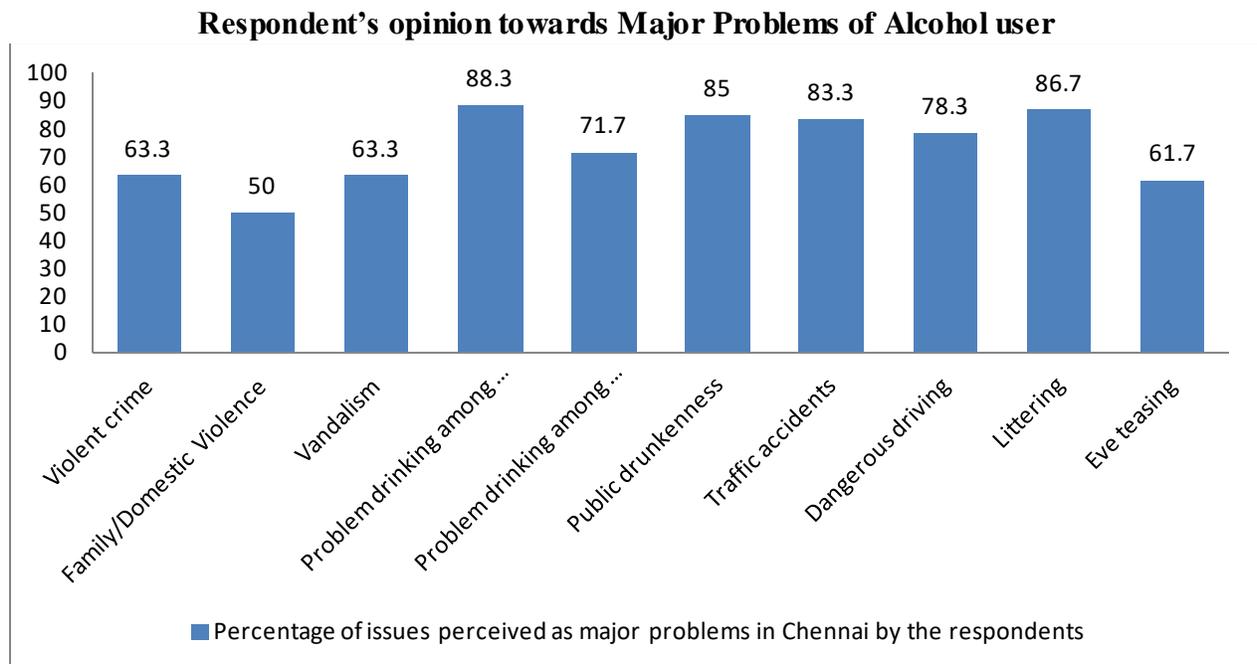
The above reveals that, most of the respondents polled consider major problems due to public drunkenness, traffic accidents as well as dangerous driving. 85 per cent of respondents opined that public drunkenness was a major problem. 83.3 per cent of respondents stated that traffic accidents were a major problem, while 78.3 per cent felt the same about dangerous driving.

**Table 9: Littering & Eve Teasing**

Problem at hand	Not a problem		Minor problem		Major problem	
	f	percent	f	percent	f	percent
Littering	1	1.7	7	11.7	52	86.7
Eve teasing	7	11.7	16	26.7	37	61.7

Source: Primary data

The above table depicts that, 86.7 per cent of the respondents consider littering to be a major problem 11.7 percent of them counted littering as a minor problem. 61.7 per cent of the respondents felt that it was a major problem, 26.7 per cent of respondents felt that it was a minor problem.



### Summary

In this research, the researcher found that, the majority of the respondents (61.7 per cent) were found to be in the 18 to 35 age group. 58.3 per cent of the respondents were belonged to the male sex and majority of them (55 per cent) were married people. Most of the respondents (76.6 per cent) belonged to nuclear families. Most of the respondents (78.3 per cent) were living in their own houses. The number of persons performing skilled and unskilled jobs was nearly the same. 37.6 per cent of the respondents (or 23 of 60 people) were doing skilled jobs, while 36.5 per cent of the respondents (or 22 of 60 people) had jobs requiring no skills. 28.3 per cent of the respondents had completed or stopped their education at the high school level (i.e. between 10<sup>th</sup>, 11<sup>th</sup> or 12<sup>th</sup> standard). A similar number of respondents (26.7 per cent) had completed or stopped their education at the middle school level (i.e. between 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> or 9<sup>th</sup> standards). The important finding in this research was, majority of respondents polled (71.7 per cent) opined that alcohol consumption by persons aged above 21 years was also a major problem and 63.3 per cent of them played the leading role in the occurrence of violent crime.

Half of the respondents felt that alcohol played the leading role in family / domestic violence, 55 per cent of the respondents felt that alcohol played the leading role in incidences of public urination, 48.3 per cent of respondents opined that alcohol played a leading role in acts of vandalism, 68.3 per cent of them felt that alcohol played a leading role in the causation of traffic accidents, 61.7 per cent of the respondents thought that alcohol played the leading role in eve teasing.

## Suggestions

The government must take an imitative to establish de- addiction centre's and the culture of treat were the alcohol supply in social function celebration to be discouraged by community members. The researcher strongly recommends to the government, NGO and civil society to increase the efforts to provide awareness drives for all ages about the problems arising from alcohol consumption. Such awareness drives can be incorporated at the primary school level, since the study reveals that most respondents not continued to middle school. Civil society or NGOs should receive increased awareness about the legal concept of nuisance as laid down and perpetuated by the Madras High Court in order to explore the possibility of removing existing TASMALC shops from communities.

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