

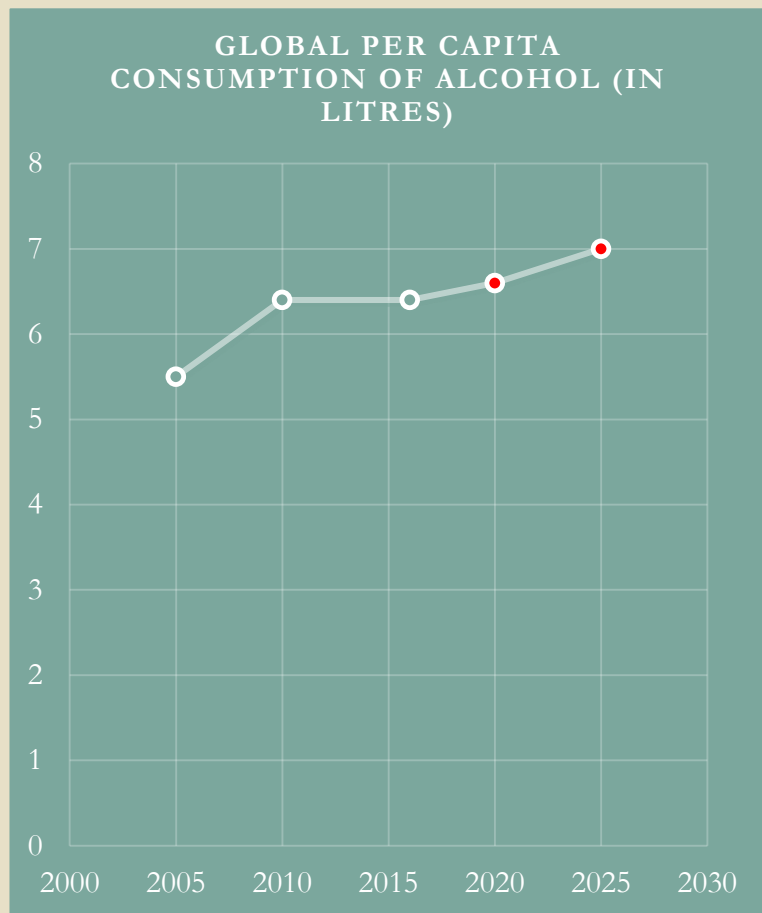


# IMPACT OF UNREGULATED LIQUOR & CONSUMPTION: PRAGMATIC AND UTILITARIAN APPROACH

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# Prevalence and Consumption of alcohol – Global context



Source: WHO Global Status Report on Alcohol and Health, 2018

- Globally, 2.3 billion people are current drinkers and over a quarter (26.5%) of all 15–19-year-olds are current drinkers
- The highest levels of per capita alcohol consumption are observed in countries of the WHO European Region
- 25.5% of all alcohol consumed worldwide is in the form of unrecorded alcohol – i.e. alcohol that is not accounted for in national official statistics on alcohol taxation or sales as it is produced, distributed and sold outside the formal channels of governmental control.
- 2016, the harmful use of alcohol resulted in some 3 million deaths worldwide and 132.6 million disability-adjusted life years (DALYs)
- Alcohol per capita consumption in 2005 (5.5 litres), 2010 (6.4 litres) and 2015 (6.4 litres) have been depicted in the graph along with projections for 2020 and 2025 which indicate a rise upto 6.6 litres in 2020 and 7.0 litres in 2025

# Prevalence and Patterns of alcohol use in India



**Total Population – 14.6%**



**Males – 27.3%**



**Females – 1.6%**



**Children – 1.3%**



**Adults – 17.3%**

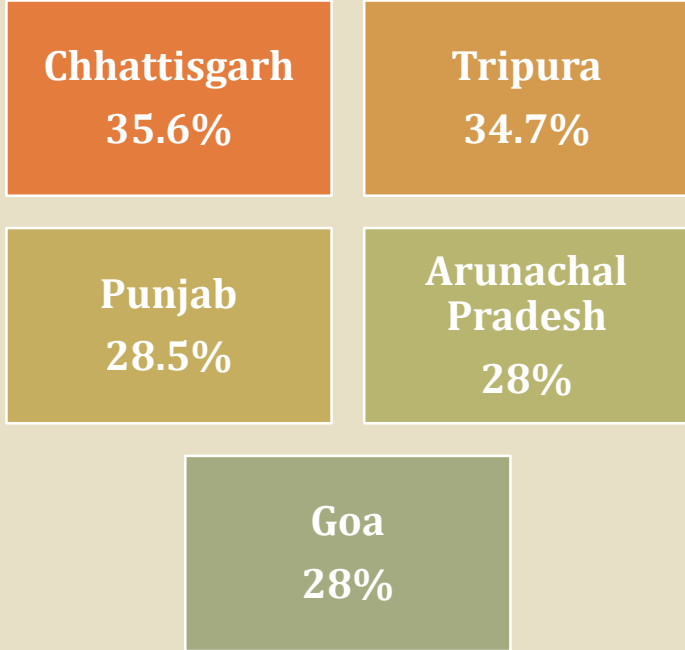
**Alcohol use**

**Harmful use (2.5%)**

**Dependent use  
(2.7%)**

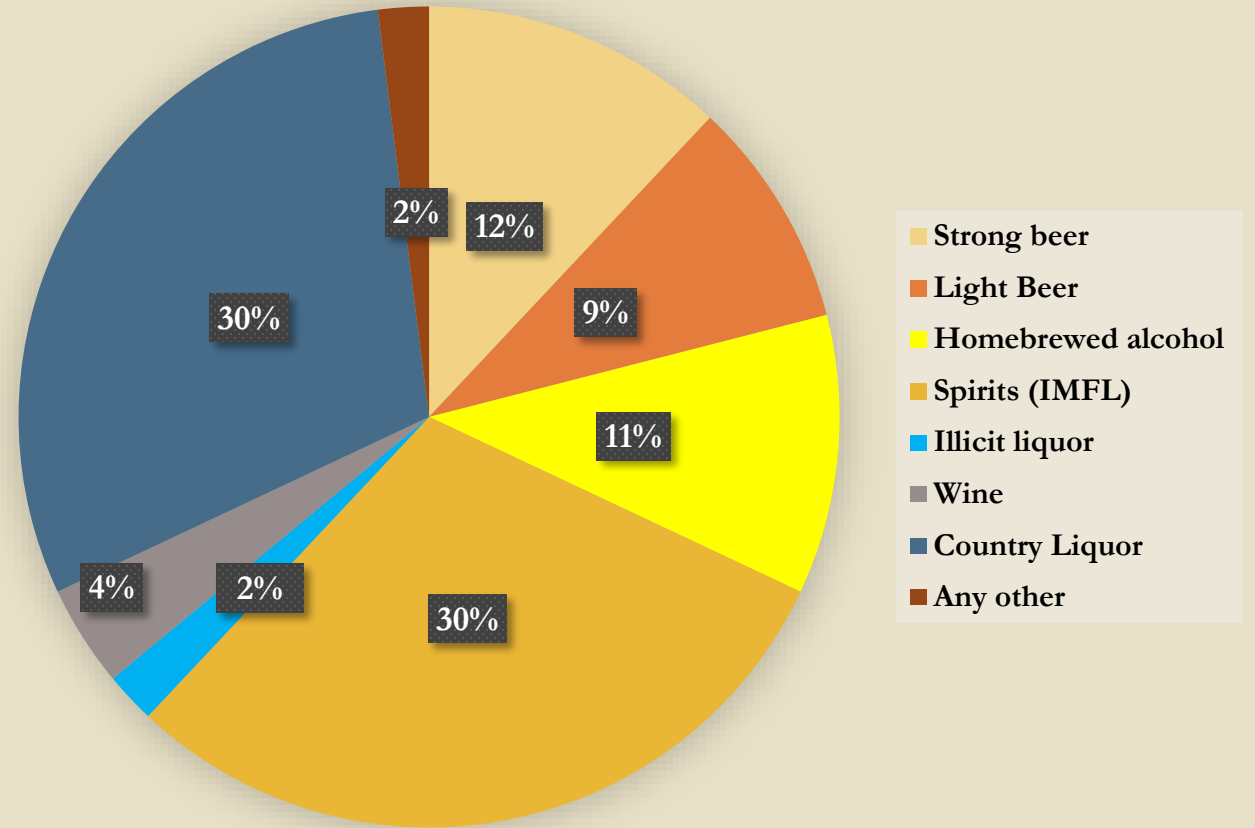
*Around half (43%) of alcohol users consume 'more than four drinks on a single occasion' indicating 'Heavy Episodic Drinking'*

### States with high prevalence of alcohol use



### Alcoholic Beverages

Alcoholic Beverage Preference in India (%)



Unrecorded alcohol consumption makes up about 50% of total alcohol consumption in the South East Asia Region. In India, homemade spirits constitute the highest proportion of total alcohol consumed at 2.2 % of total alcohol volume. [Source: Alcohol Policy in WHO SEAR Report, 2017]

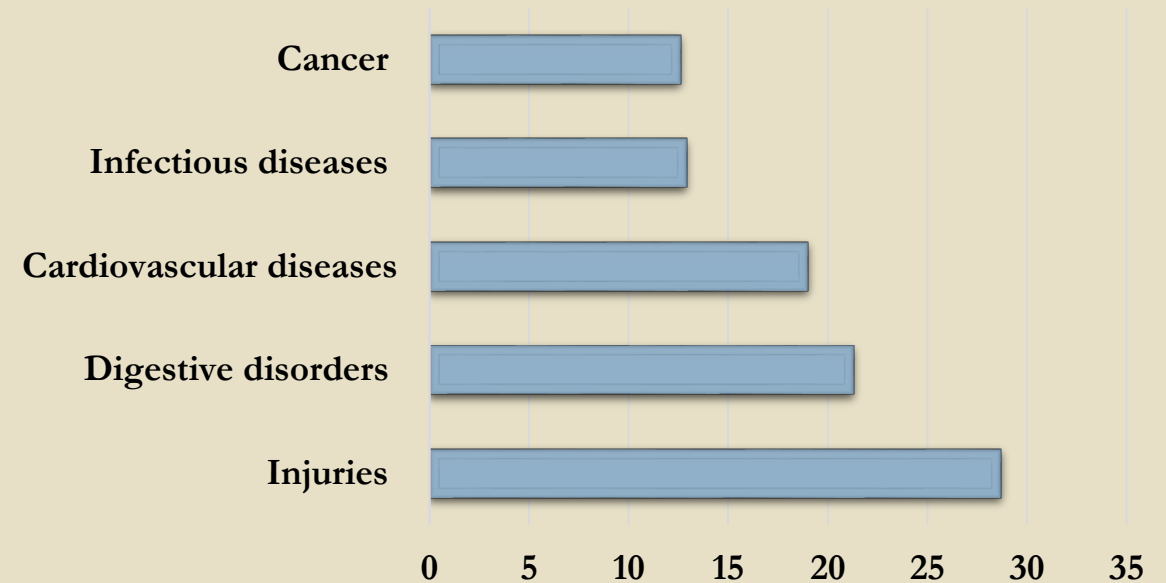
Data Source: MoSJE Report, Magnitude of Substance Use in India, 2019.

# Public Health Harms Associated with Alcohol

Alcohol association has been seen with approximately 230 diseases (*International Classification of Diseases, 10th edition*), including 40 diseases that would not have existed without alcohol and is also one of the leading risk factors for noncommunicable diseases (NCDs).

There are many instances of poisoning and mass deaths due to the consumption of **illicit or spurious liquor**. Poor brewing standards make the liquor inexpensive, affordable and also susceptible to contamination. A study on hazardous illicit brewing in rural Bangalore, India (*Benegal V et al. (2003)*) found the inclusion additives such as shell batteries and unconfirmed reports of rubber slippers, lizards, and other decomposed matter.

Causes for death attributed to alcohol globally (%)



Source: WHO Global Status Report on Alcohol and Health, 2018

# No Amount of Alcohol is SAFE

ALCOHOL USE INCREASES THE RISK OF OBESITY WHICH IN TURN HEIGHTENS THE DANGERS OF HIGH BLOOD PRESSURE

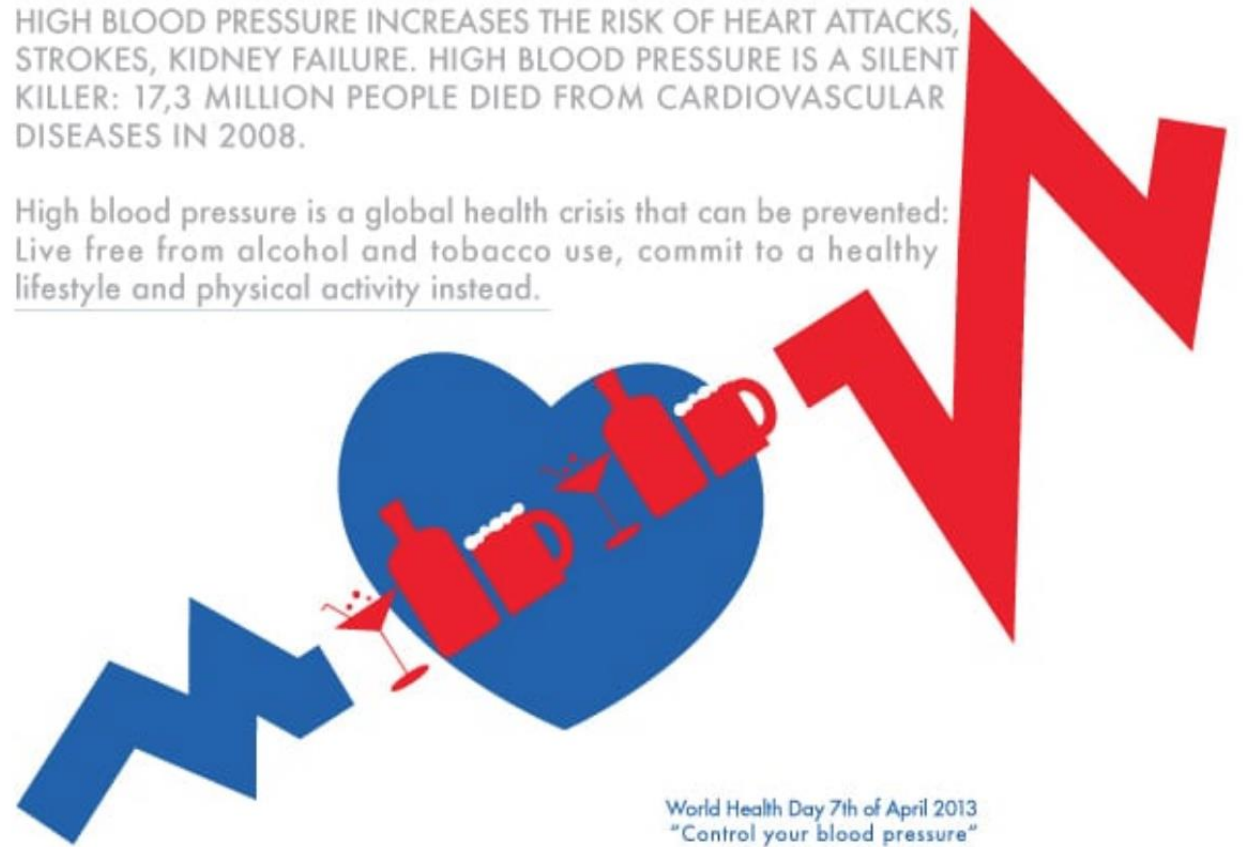
There is no safe amount of alcohol use

World Health Day 7th of April 2013  
"Control your blood pressure"



HIGH BLOOD PRESSURE INCREASES THE RISK OF HEART ATTACKS, STROKES, KIDNEY FAILURE. HIGH BLOOD PRESSURE IS A SILENT KILLER: 17,3 MILLION PEOPLE DIED FROM CARDIOVASCULAR DISEASES IN 2008.

High blood pressure is a global health crisis that can be prevented: Live free from alcohol and tobacco use, commit to a healthy lifestyle and physical activity instead.



World Health Day 7th of April 2013  
"Control your blood pressure"

# Study: Alcohol Industry Funding Distorts Findings About Alcohol and Heart Disease

Posted on **October 4, 2021** in [Alcohol Industry](#), [Corporate Consumption Complex](#), [Lifestyle](#), [Obstacle To Development](#), [Policy](#), [Research](#), [Sustainable Development](#)

*<https://movendi.ngo/news/2021/10/04/study-alcohol-industry-funding-distorts-findings-about-alcohol-and-heart-disease/>*

Given the new and growing scientific evidence proving alcohol's negative effects on cardiovascular health, it is important to find out what kind of influence the alcohol industry has on research indicating cardio-protective effects of alcohol.

A brand new research analysis of systematic reviews on cardiovascular disease and alcohol exposed that alcohol industry funding or history of funding skewed the results in favor of alcohol industry interests.



# Economic Harms Associated with Alcohol

- In the Indian context, even after adjusting the tax receipts on sale of alcohol, alcohol related health conditions will impose a **net economic burden of INR 97,895 billion INR** (US\$ 1506 billion) on the Indian society by the year 2050.
- Alcohol related health conditions lead to an **average loss of 1.45% of the GDP** per year to the Indian economy
- Alcohol consumption **disproportionately impacts** those from lower socio-economic status and of younger ages.
- People of the lower socio-economic status consume **excessive amounts of illicit alcohol**. Despite the known hazards, lower costs lead people to consume these drinks.



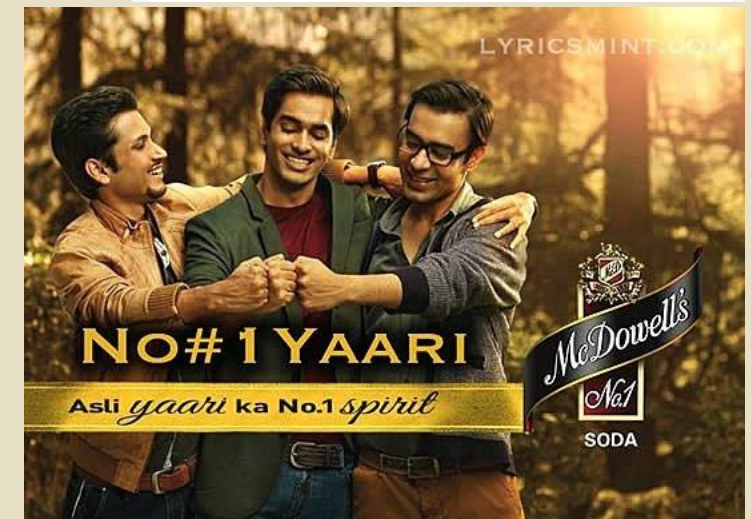
# Harm to others from alcohol

- Alcohol harm is an **obstacle to global health and development**, to peace, democracy and justice and to a richer and freer life for all people.
- A large proportion of alcohol-related harm accrue to those other than the user –broad scope and may include persons with a regular relationship to the user such as family, friends and colleagues or may include persons unknown to the user such as in **drink-driving crashes** [*Source: Harm to Others from drinking: Patterns in nine societies, WHO 2019*]
- The National Family Health Survey (NFHS-4) indicates that **seventy one percent of women experienced physical or sexual violence** at the hands of their spouses who often got ‘drunk’, compared with 22% of women whose husbands do not drink alcohol
- Alcohol, though not a cause, also acts as a **facilitator for criminal acts and crimes against persons** in particular
- A fair proportion of alcohol users in India experience indicators of problematic consumption resulting in harmful consequences like ‘**getting involved in physical fights**’ after drinking (26.8%), ‘day time consumption of alcohol’ (21.2%) and ‘**road traffic accidents**’ under the influence of alcohol (4.1%) [*MOSJE Magnitude of Substance Use Report, 2019*]
- Driving under the influence of alcohol increases **the risk of road crashes by 2.2 times** as compared to non-users, deaths by 2-fold and injuries by more than 1.5 times [*Source: Advancing Road Safety in India- Implementation is key: NIMHANS, 2017*]

# Rampant Advertising and Promotions

- **Aggressive advertising** of Alcohol in India: Events, TV ads, Movies, Social media, digital marketing is changing societal norms around drinking and normalizing drinking behavior
- Targeting women and youth
- Indirect and **Surrogate advertising**: Selling by brand name of soda, water and music
- Section 7 of the **Cable and Television Network Act, 1994**, clearly prohibits any direct or indirect advertisement of tobacco and alcohol- **Proviso to this rule is contradiction** to itself
- **Glamorization in Indian films** and Streaming platforms and OTT programmes
- An increasing trend toward alcohol depiction by positive characters for fun and relaxation
  - 150 movies analyzed, 135 (90%) movies contained at least one scene depicting alcohol -These comprised 7% of the total movie time.
  - Majority scenes (92.2%,  $n = 976$ ) showed alcohol itself.

*Rao R, Panda U, Gupta SK, Ambekar A, Gupta S, Agrawal A. Portrayal of alcohol in Bollywood movies: A mixed methods study. Indian J Psychiatry. 2020;62(2):159-166. doi:10.4103/psychiatry.IndianJPsychiatry\_294\_19*



# Prohibition in Indian Constitution & Impact

- **Article 47 of The Constitution of India**- one of the Directive Principles which directs the State to raise the level of nutrition and the standard of living and to improve public health as among its primary duties and, in particular, the State shall endeavour to bring about prohibition of intoxicating drinks and drugs which are injurious to health
- The alcohol ban in Bihar was implemented through the **Bihar Prohibition and Excise Act** that came into effect on April 1, 2016. The Act states:

“No person shall manufacture, bottle, distribute, transport, collect, store, possess, purchase, sell or consume any intoxicant or liquor.”
- Three years after prohibition *women were able to spend their meagre income* on their children’s education and health.
- Reports from other states after the implementation of prohibition also showed decreased incidences of violence against women.
- Not all alcohol-related problems disappeared.
- The overall *prevalence of current alcohol use declined* in states with alcohol prohibition,

Source: <https://movendi.ngo/blog/2019/05/16/alcohol-prohibition-in-bihar-a-policy-analysis/>

# Prohibition: Historical Evidence and Context

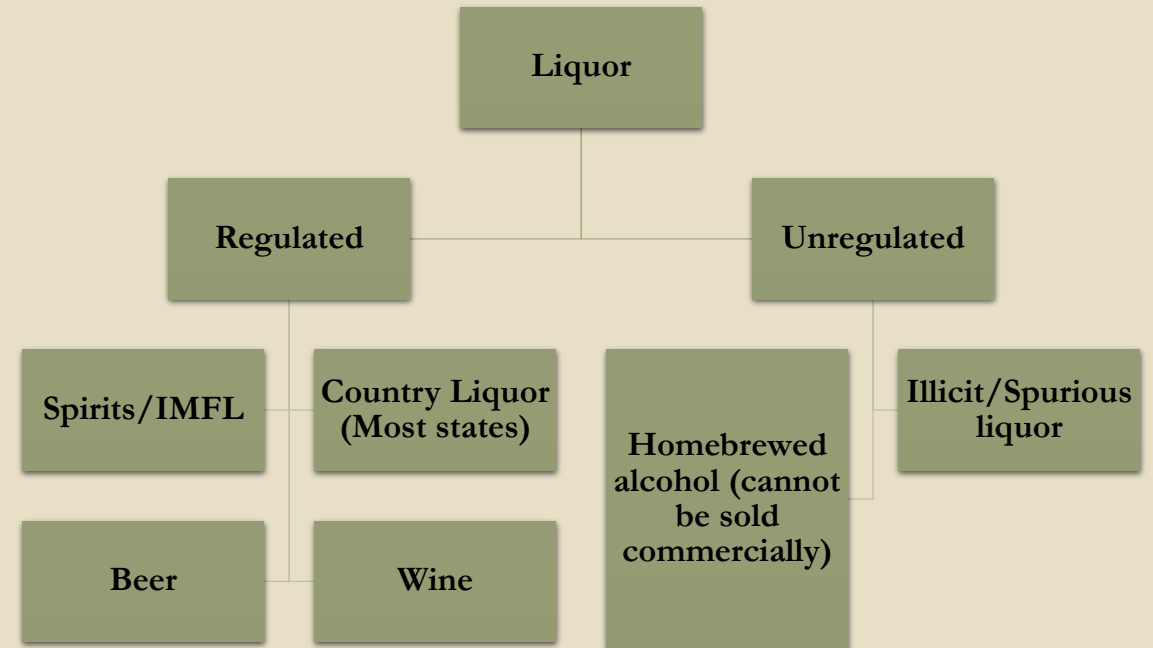
- “ *The conventional view that National Prohibition failed rests upon an historically flimsy base.*
- *National Prohibition succeeded both in lowering consumption and in retaining political support until the onset of the Great Depression altered voters’ priorities.*
- *Repeal resulted more from this contextual shift than from characteristics of the innovation itself.*
- Organized crime flourished but Prohibition was not responsible for its appearance, as organized crime continued post-Repeal.
- Drinking habits underwent a drastic change during the Prohibition Era, and Prohibition’s flattening effect on per capita consumption continued long after Repeal.
- There also continued a substantial hard core of popular support for Prohibition’s return.

*- Blocker JS Jr. Did prohibition really work? Alcohol prohibition as a public health innovation. Am J Public Health. 2006;96(2):233-243. doi:10.2105/AJPH.2005.065409*

- **Indian context-** Comprehensive assessment not undertaken in Prohibition States to understand impact on Health, Society, Development, Economy, Health care cost and Environment.

# Prohibition in India

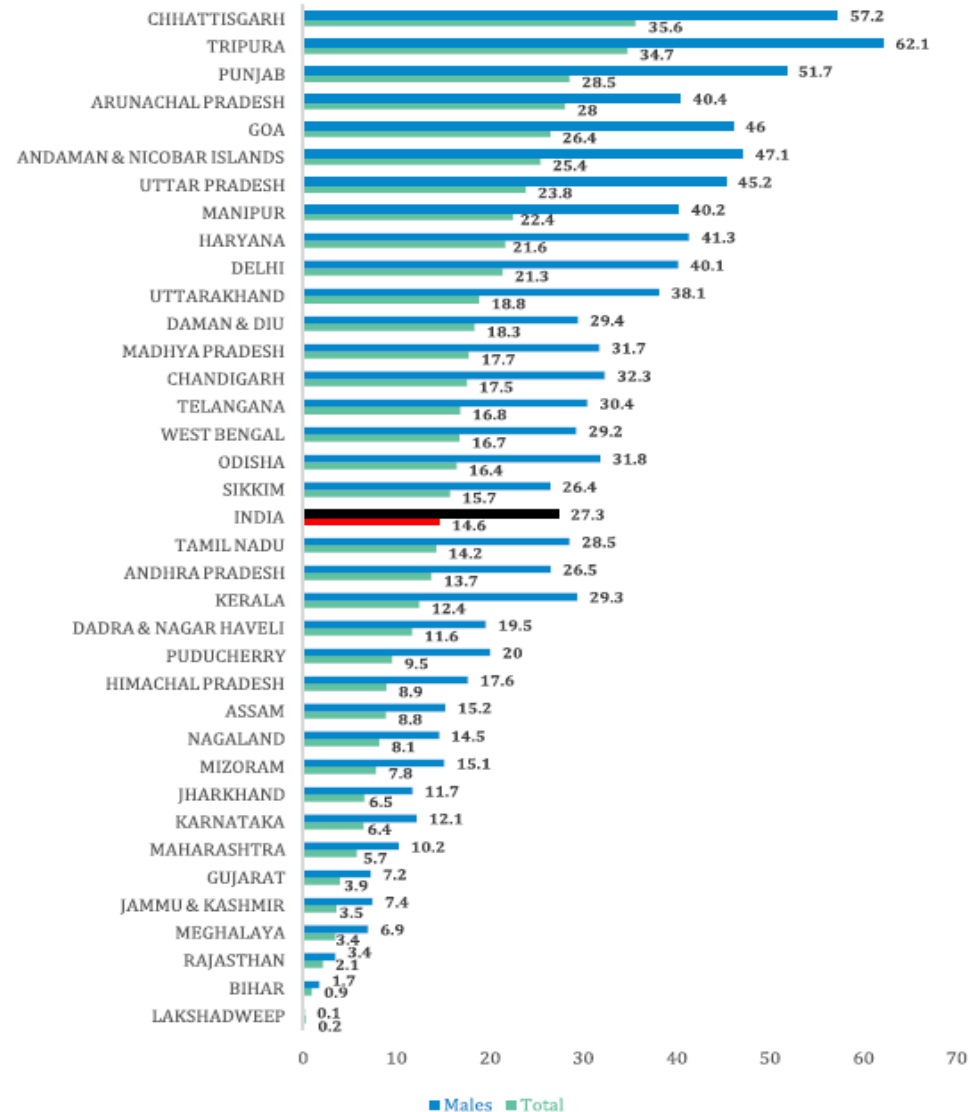
- Prohibition states in India – Gujarat, Bihar, Mizoram and Nagaland
- Alcohol use is observed even in prohibition states owing to the informal market for alcohol
- While prevalence is lower as compared to other states, there is also severe underreporting (leading to under-estimation) of alcohol use
- Both harmful and dependent patterns of alcohol use have been observed in these states - (Gujarat – 30%; Bihar – 16%, Manipur – 17%, Nagaland – 20%)



# India and States: Prevalence of current Alcohol use (16-75 years).IN%

*Data Source: MoSJE Report, Magnitude of Substance Use in India, 2019*

**INDIA AND STATES: PREVALENCE OF CURRENT ALCOHOL USE (10-75 YEARS), IN %**

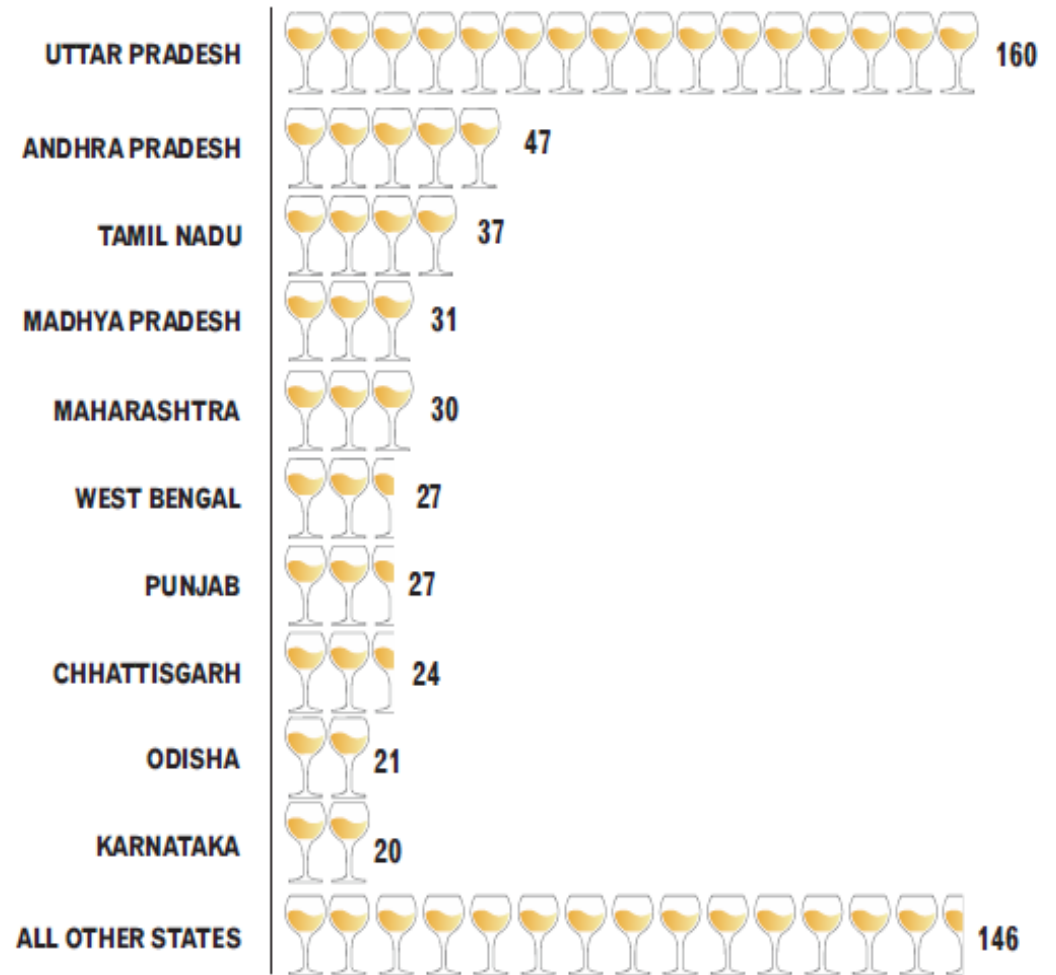




# TOP TEN STATES: NUMBER OF PEOPLE WHO NEED HELP FOR ALCOHOL PROBLEMS IN 2018 (IN LAKHS)

*Data Source: MoSJE Report, Magnitude of Substance Use  
in India, 2019*

## TOP TEN STATES: NUMBER OF PEOPLE WHO NEED HELP FOR ALCOHOL PROBLEMS IN 2018 (IN LAKHS)





# Hooch Tragedies

Findings from *The State of Counterfeiting in India, 2021 Report*:

- Over 250 people died in India because of hooch tragedies in the year 2019
- Counterfeit incidents for alcohol were the highest in 2020
- As per the report, counterfeiting cases were the highest for alcohol (25%), followed by currency (19%), pharmaceutical (16%), FMCG (16%), and tobacco (8%) whereas smuggling was highest for tobacco (92%)



West Champaran and Gopalganj, Bihar (Nov 2021)

*Source: Hindustan Times*

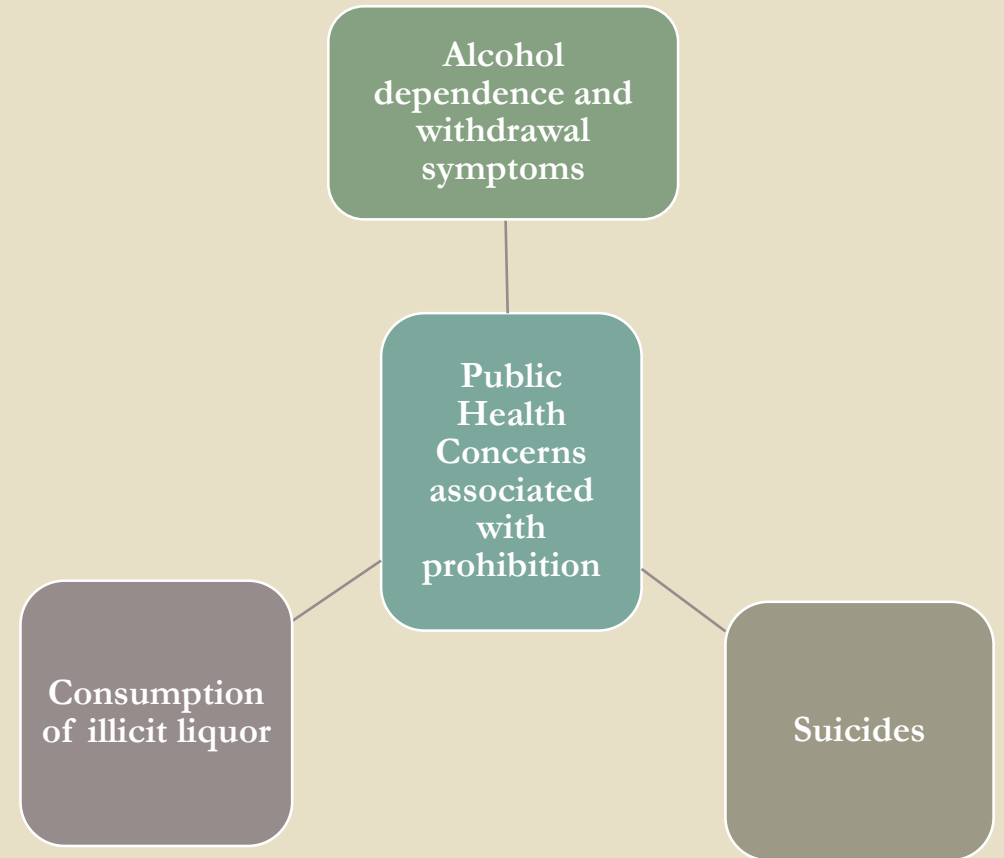


Punjab (August 2020)

*Source: India Today*

# COVID-19 induced Prohibition

- The COVID-19 pandemic compelled enforcement of lockdowns across the country resulting in restrictions to access alcohol thereby causing a decrease in supply and an increase in demand for illicit substitutes
- **Black marketing and cheap substitutes** for alcohol were on the rise as there existed no legal means of procurement to meet the demand
- Since alcohol is a state subject, many states adopted **different means of making alcohol available** to its people – either through home delivery or by permitting the online sale of alcohol
- The state of Punjab included alcohol in its essential commodities list



Source: Prohibition, Illicit Alcohol And Lessons Learned From Lockdown by TRACIT [https://csiworld.org/wp-content/uploads/2021/06/asset-tracit\\_prohibition\\_illicit\\_alcohol\\_and\\_lessons\\_learned\\_from\\_lockdown\\_jan2021\\_br.pdf](https://csiworld.org/wp-content/uploads/2021/06/asset-tracit_prohibition_illicit_alcohol_and_lessons_learned_from_lockdown_jan2021_br.pdf)

# India's Targets

India's National Action Plan and Monitoring Framework for Prevention and Control of Noncommunicable Diseases, 2012-2013 as well as India's National Multisectoral Action Plan for the Prevention and Control of NCDs 2018-2023 (NMAP) have set targets for a relative reduction in **'alcohol use'** as opposed to the global targets of relative reduction in the **'harmful use of alcohol'**



India's NMAP Targets for 2020 and 2025

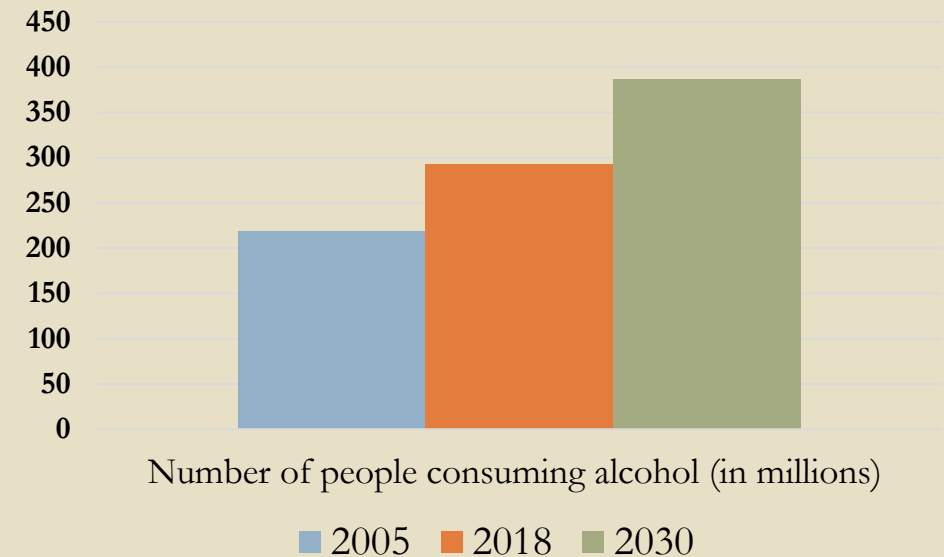
Alcohol is specifically mentioned in SDG 3 on health and well-being.



Target 3.5 reads: "Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol"

India is one of the fastest growing markets for alcoholic beverages globally, with an estimated market size of USD 52.5 billion in 2020

Industry estimates for alcohol consumption in India



Source: ICRIER & PLR Chambers Report on Developing Principles for Regulation of Alcoholic Beverages Sector in India, 2021

# WHO funded Project on Alcohol Control, 2021

- PHFI conducted a study on the development of a National Alcohol Control Policy and a Model Alcohol Control Bill in February, 2021. The following steps were involved:
- Desk Review of all existing international, national and state laws and policies on alcohol control
- Conducting in-depth interviews (IDIs) with experts (*Figure below*)
- Drafting the national alcohol policy
- Dissemination of the policy for written comments and feedback
- Formulation of the Model Alcohol Control Bill



The draft desk review tracked the following components of regulating the physical availability of alcohol:

- i) Licensing restrictions on places of sale
- ii) Restrictions on sale and drinking in public places
- iii) Restricting business hours and days of sale (includes dry days too)
- iv) Outlet density
- v) Quota for retail sale/personnel limit
- vi) Minimum Legal Age of Purchase/Drinking
- vii) Point of sale warning board requirement
- viii) Limit on possession of alcohol
- ix) Penalty for illicit trade

## Key Findings:

- A lack of uniformity in laws and policies across alcohol-related interventions in the country was observed (e.g., Minimum Legal Drinking Age)
- It was concluded that none of the States adequately regulate all aspects of alcohol control and none of the States adequately regulate every aspect of a single measure
- Most states have penalties for illicit trade; however, these are worded differently and may be subject to wide interpretation (e.g., death penalty for mixing noxious substances that cause death in the Bihar Excise Act, 2016)
- Alcohol excise receipts form a major revenue source for States in India and either prohibition or stringent alcohol control may reduce income for states

The Policy proposed interventions based on the 10 areas of intervention recommended by WHO [Figure]

- Leadership, awareness and commitment
- Health services' response
- Community action
- Drink-driving policies and countermeasures
- Availability of alcohol
- Marketing of alcoholic beverages
- Pricing policies
- Reducing the negative consequences of drinking and alcohol intoxication
- Reducing the public health impact of illicit alcohol and informally produced alcohol
- Monitoring and surveillance

Source: WHO Global Strategy To Reduce The Harmful Use Of Alcohol, 2018



# SAFER Policy Guidelines

## Measures

- **S**trengthen restrictions on alcohol availability
- **A**dvance and enforce drink driving countermeasures
- **F**acilitate access to screening brief interventions and treatment
- **E**nforce bans or comprehensive restrictions on alcohol advertising, sponsorship & promotion
- **R**aise prices on alcohol through excise taxes and other pricing policies

# Other Best Practices

- Establishing a uniform minimum legal drinking age
- Health warnings on alcohol products



# Pragmatic and Utilitarian Approach

- There is a need for a **National Alcohol Control Policy** that addresses all ten aspects of alcohol regulation as recommended by the World Health Organisation and this policy needs to be developed with a public health lens
- **Prohibition is enshrined in the Directive Principles of State Policy** and may be an effective tool in reducing alcohol prevalence, it may also give rise to a black market for illicit alcohol products thus full assessment of its comprehensive impact needs to be evaluated.
- State governments rely heavily on alcohol as a source of revenue. Sale of unregulated alcohol will deprive them of income. A part of this can be earmarked or directed towards public health promotion activities.
- Government must adopt a Multi-sectoral approach to implement SAFER Policy guidelines and:
  - Strict Prohibition of Alcohol Advertising, Sponsorship and Promotions
  - Restrict easy access and availability of Alcohol Products
  - Ensure availability and access **only** to legitimate alcohol products
  - Obtain better estimates of the size of the unrecorded market, including smuggled products
  - Identify the scope and scale of the potential health risk from unrecorded alcohol
  - Strengthen legal measures and develop community intervention programmes to reduce the sale and availability of illicit alcohol

Thank you

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