



"ALCOHOL CONTROL" SERIES, No. 1

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Burden and Socio-Economic Impact of

ALCOHOL The Bangalore Study



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Note: This document will frequently be referred to as "the Bangalore study". It is a landmark study, being the first effort of its kind in India to assess the cost of managing the adverse effects of alcohol use. The findings will be very useful for policy-makers in all SEAR Member States.

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CONTENTS

SU	IMMAR'	Υ	iii
1.	INTRO	DDUCTION	1
	1.1	Alcohol Use: What Influences Usage	
	1.2	The Alcohol Industry	
	1.3	Promotion and Sale of Alcohol	3
	1.4	Changing Faces and Emerging Trends	
	1.5	Governments and Societies: Confused Scenario	
2.	OBJE(7	
	2.1	General Objectives	7
	2.2	Specific Objectives	
3.	METH	8	
	3.1	Household Survey	8
	3.2	Literature Review	
	3.3	Qualitative Methods of Study	
4.	RESULTS		
	4.1	Profile of Enumerated Population	13
	4.2	Prevalence of Alcohol Use	
	4.3	Socio-Demographic Characteristics	
	4.4	Pattern of Alcohol Use	
5.	ALCOH	28	
	5.1	Alcohol Use and Attributable Events	31
	5.2	Alcohol and Family	44
	5.3	Alcohol and Society	
6.	ECONOMIC ASPECTS OF ALCOHOL USE		
	6.1	Costs Associated with Alcohol Use	51
	6.2	Experiences from Western Countries	53
	6.3	Experience from India	54
	6.4	Costing Effort from the Bangalore Study	54
7.	HIGHL	LIGHTS OF THE FOCUS GROUP INTERACTION	60
8.	WHAT	CAN BE DONE	61
		Specific Recommendations	
9.	CONC	LUSION AND THE WAY FORWARD	64
IU	. KEFEF	RENCES	

SUMMARY

The increasing production, distribution, promotion and easy availability of alcohol coupled with the changing values of society has resulted in alcohol-related problems emerging as a major public health concern in India. In the absence of rational alcohol policies, and with the belief that alcohol revenues can be used for the development of society, the problem has aggravated further. While revenues earned yield only short-term gains, the impact and losses arising out of increased alcohol use remain to plague society as a long-term phenomenon.

Several epidemiological studies have revealed that nearly 20–40% of men in the age group of 15 to 60 years consume alcohol regularly or intermittently. In recent years there has been a change in alcohol consumption trends, such as early age-of-onset of drinking, increasing usage among women, change in drinking patterns and increasing alcohol dependence problems. These problems are beginning to be noticed across the entire country.

Despite the enormity of the problem in India, systematic research has not been undertaken to clearly document the combined social, economic, health and psychological impact of alcohol use. However, even the limited available data indicate the association of alcohol-related problems with several spheres of life.

The present study sponsored by World Health Organization, Regional Office for South-East Asia (WHO SEARO) and conducted by the National Institute of Mental Health and Neurosciences, Bangalore, India, was undertaken to assess the burden and socio-economic impact of alcohol use in a select sample, with the intention to extrapolate the findings to the whole of India.

The study was conducted on a sample of 3258 individuals in the age group of 16 to 60 years drawn from four different populations of rural, town, slum and urban areas. It has attempted to document the impact of alcohol use by quantitative and qualitative research methods. Apart from characterizing the patterns of use, the study has compared the impact of alcohol among an equal number of non-users from the same four populations. The study has revealed for the first time the continued negative impact of alcohol on both the users and their families.

The study found that nearly 33% of the adult population regularly consumed alcohol for different self-described reasons. Surprisingly, the study also uncovered the hidden fact that 2% of women also regularly consume alcohol. While the problems of women alcohol-users get greater visibility in urban-based media reports, it is a far more serious issue

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in rural, slum and town areas, especially in select community groups wherein the proportions are said to be in the range of 5–6%. In addition, it needs to be noted that the problem of women alcohol-users could be much higher as the current study was done in a lower socio-economic area of a conservative community.

A majority of alcohol-users were in the middle age group, predominantly with low levels of education, were employed as skilled or unskilled workers, were married and had income levels of less than Rs 6000/- per month. The drinking patterns revealed that nearly three fourths had been using alcohol for more than 5 years, were frequent users and were using spirits with high alcohol content. Hazardous drinking measured in terms of "binge drinking" and pathological drinking was reported by 40% and 25% respectively. These findings suggest not only an increasing use of alcohol but also varying patterns of use in predominantly lower and middle-income segments of society.

Findings from the study revealed that the overall health status was poor among users compared with non-users (1.6% v/s 0.7%). This indirectly translates to poor quality of life, enhanced socio-economic hardships to family members and increased expenditure on health problems in deprived economic situations. In the context of either limited or inadequate health care services in rural and transitional areas, alcohol-related health problems, over a period of time, will pose a major burden on existing health care systems.

A direct unequivocal association between unintentional and intentional injuries and increased alcohol consumption has been proven beyond doubt in the current scientific literature. So also, in the present study, alcohol-users experienced injuries four times more as compared with non-users; the incidence of road traffic injuries, suicides and violence were all comparatively higher in the user group by nearly 2 to 8 times.

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