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Prevalence of Alcohol use among the Indian Population and its Impact on Public Health

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: Alcohol consumption; Alcohol-Related consequences; Morbidity; Mortality; Risk factors; Social-Economic and cultural factors

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Alcohol, especially its hazardous use has been notorious for being one of the leading risk factors resulting not only in diseases which are non-communicable (NCDs) but also the problems related to mental health, injuries and violence [1]. But it is also to be kept in mind that alcohol and tobacco are preventable health risk behaviour [2]. Hence, while alcohol use causes considerable health loss and is an important public health concern with effective interventions and regulations its negative health impact maybe controlled or even reduced.

ere are various cultures around the world in which there are some speci c cultural group or societies in which drinking has become an activity which has become quite famous socially on speci c events and social norms where drinking is compulsory. It has eventually been made ritual of the society. Celebrating an event, festival and joyful activities has been associated with drinking alcohol. Even a er work, the relaxation and peacefulness are associated with drinking alcohol [3]. A particular society re ects the norms, beliefs and faith in alcohol associated with health and cultural stigma too. In western societies, belief about alcohol varies and the thinking towards it is not same.

ere are some situations and areas where people are impacted by it in a positive and sometimes in a negative way. In these situations, a thought persists that alcohol may cause may health related s issues such as antisocial and violent behaviour [4]. Having said that, there are many problems which are initiated only because of alcohol and also because of excessive consumption of it. According to the information shared by WHO, the overall per capita intake of alcohol is 6.2 L of alcohol per year by individuals above 15 years of age which equals almost 13.5 g of pure alcohol per day. One of the main risk factors for premature mortality and disability is consumption of alcohol, which is also leading to almost 3 million deaths per year globally. Harmful alcohol use is responsible for 7.1% (males) and 2.2% (females), which contributes to around 5.1% of disease which is causing burden globally [5].

Alcohol has been said to have an adverse impact on nearly 13 out of the 17 Sustainable Development Goals (SDGs) and directly impacting many health related targets within the SDGs

from infectious diseases (HIV, hepatitis, TB), NCDs, maternal and child health, etc [6]. Due to alcohol related incidents, a fair amount of the overall death and diseases have been recorded. A total of 3.7% of deaths that means 2.1 million deaths per year

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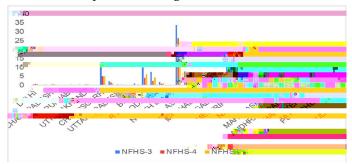
tic violence and their interplay impacting upon an individual' mental health and wellbeing as well. It has been acknowledged that women disproportionately bear the health and psychological burdens of violence and domestic violence which most often occurs in a safe space i.e. their homes and the perpetrator is usually a person they trust [11]. Violence against women is also said to be a universal phenomenon experienced irrespective of country or context and is o en considered a norm that is well-accepted [12]. erefore, alcoholism is not only a health problem but also a social problem.

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India used to be one of those countries which had lowest consumers of alcohol but now there are about 14 million people who are alcohol dependent and require help. About 160 million people consume alcohol in the country (India: 160 Million Alcohol Users, https://movendi.ngo/news/2019/07/05/india-160-million-alcohol-users/). Gururaj, et al., in their study mentioned that alcohol consumption among individuals in aged 15+ years was almost 5.7 L per capita and it got increased in the time period [3]. In India, 5.4 billion litres of alcohol were consumed in 2016 while it was speculated that it would reach up to 6.5 billion litres by 2020. As per NFHS-4, 29.2% men and 1.2% women, whereas in NFHS -5, 18.8% men and 1.3% women consume alcohol. A er comparing the trends from NFHS-4 and 5, it is evident that there is a gradual decrease in this practice [5]. However, Balhara, et al. have suggested that while NFHS ndings indicate a decreasing trend. According to the reports shared by WHO's report on Status on Alcohol Use and Health at Global level, it has indicated 38% increase in APC among those aged 15 years in India from 2010-2017 [5,8]. attention to the fact that though the proportion of the drinkers has decreased comparatively over the passage of time but the current alcohol drinkers has increased in that particular period of time.

A recent trend of consuming alcohol has been observed with drinking patterns varying amongst di erent socio-cultural practices in developing countries like India. One of the major changes in trend which have been observed is people have started consuming alcohol at younger ages. According to studies conducted by Alcohol and Drugs Information Centre India, a non-governme(l)

Information on Alcohol use, the Figure 3 shows that north east states women were consuming more alcohol than women from the other regions of the country. Among the states women from Arunachal Pradesh consumed highest alcohol (24%) followed by Sikkim (7%), Telelngana (7%) Chhattisgarh (6%) and Tripura (6%) each state showing (35%) alcohol consumption. Compared to NFHS-3, NFHS-4 alcohol consumption by women has decreased in NFHS-5 due to covid-19 restriction and under reported the data. In India Goa one of the state is shown (5%) the alcohol consumption increasing in NFHS-5.



 $^{\prime}$ 3: Women aged 15 and above who use alcohol by states in India (%)

Literature suggests alcohol use and violence may be considered as risk factors for poor mental health among women. Studies reveal that partner alcohol problems pose diverse health threats

for women that go beyond the well-documented associbT9blemo Nyond td 2666-3 (in) 8.5 (d%rc15]d)-33 (en w95 Tw 012 (t)-460

were lost to the habit and around 60% of the families were nancially supported by the income from other family members. In a study done by Ramanan, et al. (2019) half of the persons who consume alcoholic beverages had strained relations with their family members especially their spouse and children.

Alcohol consumption has directly and indirectly a ected the economy mainly in developed countries. A study aimed to estimate health impact and economic burden in association to alcohol intake in India and it was found that an average loss of 1.45% of the gross domestic product (GDP) per year was done to the Indian economy. e International Journal of Drug Policy published a study that aimed to estimate health impact and economic burden in association to alcohol intake in India and found the economic loss from harmful e ects of alcohol consumption came out to be 1.45% of the gross domestic product (GDP).

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by Peng, et al. prolonged use of alcohol can develop myopathy, alcoholic tremors, cerebellar degeneration and Wernicke's encephalopathy.

Deaths related to alcohol abuse have become quite signi cant and frequent in India. While looking at a closer angle, we can see that death related to alcohol remains less than 1% in men and in women who consume more than two drinks in one sitting. Consuming alcohol above this may certainly cause fatality and increases the risk. Association of gender di erence is observed in alcohol consumption. Because of chronic alcohol related diseases, there are more chances of deaths than death from any other injury or diseases. For example, a man who consumes eight standard drinks per day has a 15 in 100 chance of dying from any alcohol related cause in his lifetime [19]. is includes a 5% chance of death associated with chronic alcohol related health conditions and a 10% chance of alcohol related injury. Women on the other hand are more likely to experience ill health leading to death from chronic alcohol related conditions than sudden injury. A woman drinking eight standard drinks daily has a 14% chance of alcohol related death; she has an 8.5% risk of dying from a chronic health condition and a 5.5% chance of death from an alcohol related injury. Dying

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unable to control and balance while driving. If an individual is caught for the $\,$ rst time, the act punishes for imprisonment which may extend to six months or a heavy $\,$ ne of up to Rs 10,000 or both can be charged. Committing the same o $\,$ ence for the second time, the imprisonment may extend to 2 years or a $\,$ ne of Rs 15,000 or both can be charged [19].

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While public health has been improving with the advent of improved medical and technological development, we continue to be in the midst of an epidemiological transition. ere has been reduction in mortality due to communicable diseases but this has also been followed by emerging NCDs. Today, once again we are ghting against NCDs while also dealing with re-emergence of communicable diseases. With COVID-19 not only India but the world has been dealing with an undying virulent disease despite having developed multiple vaccines. (OECD, 2021) In lower and middle income countries, it is found that global alcohol consumption is increasing and it is likely that the impact of alcohol on inequalities will worsen in the future.

Keeping the above discussion in mind our paper has tried to explore the burden of alcohol use on not only health but also attempted to suggest interlinkages and subsequent socio-economic impacts such as domestic violence, economic losses etc. Recently few communicable diseases such as tuberculosis and

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