

Culture and alcohol use in India

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Abstract. *Both the use of alcohol and its proscription are known in ancient as well as in contemporary India. From early times, consumption was strongly influenced by social caste and class, and many religions proscribed its use. The availability of alcohol increased disproportionately following the advent of the East India Company and the early excise policies of the government. The early twentieth century witnessed a great demand for prohibition, but the excise revenues from alcohol sales soon largely reversed this trend. Liberalization and modernization have also been associated with an increase in alcohol consumption, which in turn has blurred social and religious distinctions to an extent. Alcohol use in India is still viewed from different lenses – as a public health problem, as a social scourge as well as a social necessity. In contemporary India, a cultural understanding of alcohol use and misuse and its health and societal implications necessitates its understanding both from a traditional, multi-religious, multi-cultural viewpoint, as well as in the context of a nation in rapid socio-cultural and economic transition.*

Keywords: alcohol, India, culture, traditional use, contemporary use, public health.

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INTRODUCTION Cultural influences on the consumption of alcohol have always been of interest and relevance in both individualistic and collectivist cultures. In contemporary times, cultural studies of the use of alcohol have important implications for the medical problems of alcoholism (Mandlebaum, 1965). Cultural beliefs and attitudes may also have a bearing on treatment processes that address harmful alcohol use. Heath (1988) emphasizes the importance of a cultural historical approach explaining local meanings, values and norms associated with substance abuse to guide policy and clinical practice. In this paper, an attempt is made to trace the relevance of alcohol in India from the ancient to the contemporary times and to understand the present contexts of alcohol use and misuse and their medical and socio-cultural implications.

HISTORICAL OVERVIEW**The use of intoxicating liquors in ancient India**

The discovery, manufacture and use of intoxicating liquors have been described as a ‘corollary of settled habits’ (Hassan, 1922). It is still a matter of conjecture whether the Aryans had knowledge of intoxicating liquors prior to their coming into India. Max Mueller observed that there was no common root in the Aryan languages for wine or liquor (Max Mueller, Biographies of words, cited in Hassan, 1922). He therefore opined that in their original homes, the Aryans, ‘if not altogether ignorant of the use of alcohol, certainly used it sparingly’. However, according to Mueller, drinking (liquors) became

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the greatest vice of the Aryan race, just second to gambling. Ancient Sanskrit literature has various hymns devoted to the lavish praise of liquor. Wine is said to have been 'kept in leather bottles' and 'freely sold' (Wilson [1858], 1977).

The intoxicating liquor most written about in Aryan civilization is Soma, and the Rig-Veda is replete with verses in praise of Soma Rasa, which even the Gods are purported 'to have envied' (Hassan, 1922). This is thought to have been produced from the family of milk weeds, mixed with other ingredients and fermented to yield the sacrificial beverage. According to Professor Ragozin (1895), 'It was unquestionably the greatest and holiest offering of the ancient Indian worship' and was perhaps partaken by a 'chosen few', with elaborate rules for the preparation and consumption by Brahmanic liturgy.

Distilled alcoholic beverages like arrack and toddy were known in India since at least 800 BC and even earlier in Ceylon (Simmonds, 1919). In those days, the use of spirituous liquors, except on ceremonial occasions, was confined to people of the lowest social scale.

The later Vedas prohibited the use of spirits for the gratification of the senses, saying 'wine is unfit to be drunk, unfit to be given, unfit to be expected'. It appears at this time, that a compromise was affected by sanctioning the use of liquors at ceremonial and sacrificial functions only, while condemning its common usage (Hassan, 1922).

In the age of sage Manu around 1500 BC, who is said to have laid down the code of human behavior, strict rules were laid down for the prevention of drinking. Manu held that 'drinking was the most pernicious of the king's vices (Buhler, 1886). Manu counseled banishment of sellers of spirituous liquors, branding of the drinker, exclusion of the non-penitent drinker from all fellowship at meals, from all sacrifices, religious duties, instructions and matrimonial alliances. He further recommended that such an individual be cast off by his relations and receive neither compassion nor salvation. Manu also denounced women who consumed drink, stating that 'it was an offence in itself to share her couch', and that 'no libations were to be performed at her death'. Unlike his predecessors who were tolerant of the use of Soma in ceremonial situations, Manu also proscribed the use of Soma even for religious rituals, a departure from the earlier position.

Stronger prohibitions regarding the use of alcohol were laid down in the Apasthamba, Gautama and the Institutes of Vishnu (Hassan, 1922). The latter declared that even the smelling of spirituous liquors is a crime. Notwithstanding this, the Shastras (treatises on the applied sciences), literary works, wall-paintings and inscriptions and so on bear witness to the fact that drinking was a very ordinary affair in lower-caste communities (Courson, 2008).

The ancient epics Mahabharata and Ramayana have frequent references to drinking, indicating that the habit was not uncommon. While the religious texts denounced the use of alcohol, attempts at refining the process of manufacture and distillation of spirits occurred continuously. Hassan (1922) comments, 'The ancient Hindus were not satisfied with crude intoxicating drinks; they took care to remove its odor and render it palatable with various spices, roots and herbs. They had also learnt that old wine was better than new, that different methods of keeping it heightened its color and improved its tastes'. Some of the ancient medical books had some well-trying recipes for the manufacture of wine. The Institutes of Vishnu mention ten different kinds of liquor that were distilled from sugar, Mahua blossoms, flour, molasses, fruits of the Tanka, jujube, karagura and breadfruit trees, from vine grapes and from the sap of the coconut tree. Pulasthya, an ancient sage, is said to have mentioned more than twelve types of liquor, including the jack liquor, honey liquor, palm liquor, cane liquor, long-pepper liquor, soap-berry liquor and sura or arrack (also known as varuni or paishti) distilled from fermented grains (Mitra [1873], 1999). Sura was the liquor most often used by the poor classes (Hassan, 1922). The preparation of jack wine is mentioned in the Matsyasuka Tantra and involves placing unripe jackfruit, mango and plum in a jar, pouring unboiled milk over it, adding some flesh meat, hemp leaves and sweet lime on alternate days, and distilling when it is fermented (Mitra, 1999). While literature mostly suggests that potable alcohol in India was solely from simple fermentation, a more recent reconstructionist view of scientific development in India suggests that people in ancient India utilized the principles of heat distillation, challenging the theory that distillation originated in the Arabic Mediterranean world in the thirteenth century (Courson, 2008).

The sixth century BC saw the emergence of Buddhism, and one of the five Buddhist commandments set out by Gautama Buddha was compulsory abstinence in the order of the monks that he founded. Other sutras mention ten disadvantages and thirty-six faults of drinking. Not only personal abstinence but also refraining from the sale of strong drink is an 'essential qualification' for Bodhi-sattva (Buddha elects) of Mahayana (the Greater Vehicle). Except on rare occasions for medication, Buddha emphatically advocated the strictest principle of total abstinence (Mandelbaum, 1979).

Buddhist literature, including the Jataka tales, have many stories on the values of abstinence. Under the reign of kings deeply influenced by Buddhism, like Chandragupta Maurya and Asoka, drinking had markedly reduced. Maurya is reported to have embodied Buddha's approach of tolerance rather than Manu's terrorizing approach (Beal [1911], 1973). During his reign, drinking was not considered a crime. However, it was not approved of. Separate saloons were provided for those who drank, and a strict vigil was kept on drinking taverns. Strict laws were placed on drinking and gambling. Drinking, which had, over the years, increased among the Brahmins, was strictly penalized. Maurya's grandson Asoka introduced the Moral Law, the guiding principle of his statecraft and life. The traditions of vegetarianism and non-alcohol drinking among upper classes of Hindu society is said to have been laid down during the nearly four-decade reign of Asoka. The memoirs of Fa Hien in 399 AD and Hiuen-Tsang in 630 AD, bear testimony to this fact (Beal [1911], 1973).

Kautilya's Arthashastra listed a variety of liquors such as Medaka, Prasanna, Asava, Arista, Maireya and Madhu and Caraka Samhita also mentioned sources for making various Asavas: cereals, fruits, roots, woods, flowers, stems, leaves, barks of plants and sugar cane. About 60 Tamil names are found in Sangam literature, which suggest that liquors were brewed in south India since the ancient times. The Arthashastra contains several guidelines on the regulations governing the manufacture and sale of liquor, including to whom liquor must be sold, where it should be consumed and what care must be provided to customers who were drunk (Atreya, 1938).

Ayurveda views alcohol as a solvent for extracting the active, alcohol-soluble ingredients of certain herbs, much like the tinctures of Western herbalism. Certain herbal wines called asavas and arishtas are regarded as particularly effective for poor digestion and as relaxants to counter physiological and mental-emotional stress (Weerasoriya *et al*, 2006). Excessive use of alcohol is recognised to damage the liver irreparably through the pathological heightening of pitta, promote the formation and retention of toxins in the blood owing to liver damage, and overheat the brain's tissues, impairing mental judgment (sadhak pitta) as well as sensory perception (alochak pitta), among a host of other deleterious consequences of addictive misuse, known in ayurveda as Madatyaya.

Muslim influence

The Koran is said to have only two references to drinking (Hassan, 1922). One is said to indicate that there is both profit and sin in drinking, only the sin is greater than the profit. The second exhorts believers to shun wine, gambling and statues stating that they are an abomination of satan's works. Although prophet Muhammad's teachings created a muslim antipathy towards drinking, in the later Caliphate rule, the use of intoxicants increased. At the time of the Muslim invasion of India, there had been much internal strife in the country. Alauddin Khilji, who in earlier life, was known for his drinking excesses and cruelty, gave up his drinking and also prohibited the sales of alcohol and intoxicating drugs. Many drinkers were cruelly punished during his rule. However, many subsequent Muslim rulers themselves had a weakness for drinking. The habit of drinking bhang (a cannabis decoction) is also said to have been a Persian influence brought into the country by the Mughals, as noted by Bernier and Tavernier (Hassan, 1922; Atreya, 1938). Although emperor Jehangir forbid wine for his subjects, he is said to have allowed himself a license, as he 'had become accustomed to take wine from his eighth year' and had considerably reduced his intake when 'it took great effect on me I set about reducing its quantity' (Jehangir's memoirs quoted in Atreya, 1938). Tipu Sultan was one Muslim ruler who was inspired by the Quoranic ideal of prohibition and was recognized by Col Marks Wilks as 'valuing the health and the morals of the people' (Atreya, 1938).

The East India Company

The East India Company introduced in 1790, for the first time, excise duty on alcohol as a regular source of revenue. According to Hassan, it was the advent of the East India Company that provided a fresh stimulus for intemperance in India. The Company's 'insatiable passion for money, led it to look to excise as a legitimate source of revenue'. It began to 'encourage the drinking habits of the people and devised ways and means to enhance this revenue regardless of the baneful effects of such a policy'.

Indian government policy in the 19th century

In the later part of the 19th century, the policy of the Government of India was 'not to interfere with those who used alcohol in moderation, but to minimize temptation among those who did not drink, and discourage excesses among those that did'. It held that all considerations of revenue must be absolutely subordinated. However, the slant of the policy invariably became revenue earning rather than minimizing drinking. According to Hassan (1922), the Government of India is 'particularly happy and rich in its choice of words, phraseology, and Pecksniffian platitudes: on paper, its resolutions breathe the highest resolve and purest motives; in practice, they are not worth the price of a dried blade of common grass. Nowhere is this better seen than in its excise policy'. With the government eye constantly on the revenue, consumption of alcohol also staggeringly increased. A government commission held that between 1883-84, drinking had increased 135% in Bengal (Atreya, 1938). The revenue from alcohol had shown decadal increases by 65% between 1910-1918 and by 1905, excise had become the largest item of revenue except the revenue from land (Hassan, 1922). This fact, according to Hassan, was 'unblushingly admitted in most government publications'. Gandhi (1952) had this to say of the government, 'From all one can see the State is looking upon the increasing revenue with philosophic calmness, if not with pleasure. Yet, in the same breath, the Government asserted that drunkenness in the English sense hardly existed in India' (Atreya, 1938).

The Prohibition movement in the country (The Prohibition League of India) was strengthened under the leadership of Mahatma Gandhi and the prohibition propaganda of the Working Committee was entrusted to C Rajagopalachari. A monthly publication titled *Prohibition* was brought out. Rajagopalachari is said to have written to the press about a Government order charging the new Health Officers to educate the people about cholera, malaria, etc. Some of the members of the staff appear to have enquired as to whether they should carry out a drive against drinking to which the Government response was 'The Government consider that the public health staff should not carry on anti-drink propaganda' (an article in *Young India* 1926 cited by Atreya, 1938).

Reverend WL Ferguson from Madras, in a pamphlet in support of prohibition referred to the drain to the country from the use of intoxicants. He argued that while the quoted excise revenue was Rs 20 Crores, the drink and drug bill of India was more likely to be Rs 80 Crores, and that the vast sum came from the earnings of the laboring classes, their families and communities (Gandhi, 1952). His conclusion is that if the vast revenue saved from intoxicants could be used for 'home-building and nation-building enterprises [...], it would not be long before thrift would replace squalor in our great cities and prosperity begins to attend the humble dwellings of our villages' (Gandhi, 1952).

Post independence

The prohibition movement initially emphasized by the nationalists during Independence survived till the mid 1960s, when several states lifted prohibition. Gujarat, the state of Gandhi was the only state to retain prohibition right through. In the 1990s, in order to curtail consumption, several states enacted prohibition, as a means of curtailing consumption and as a response to women's anti-alcohol movements. The prohibition orders were soon reversed as states lost nearly 20-25% of alcohol related revenue (Rahman, 2003). To date, alcohol sales is a major source of revenue, forming 7.6% to 19.4% of the total excise revenue across states (Gururaj *et al*, 2011).

SOCIO-CULTURAL ELEMENTS IN ALCOHOL USE/MISUSE

Caste, religion and alcohol use

India is a diverse nation with cultural variations among ethnic, religious and linguistic groups, and there are major differences between the urban and rural areas. One cannot accurately generalize the drinking patterns of all Indian ethnic and cultural groups based on the findings from just one of these groups (Bennett *et al.*, 1998). Indian attitudes to drinking include both permissive and abstinent features, across different population groups (Mohan *et al.*, 1995). Caste (a special social group whose membership is generally decided at birth) has traditionally had not just political and socio-economic ramifications, but been the basis of much discussion with respect to alcohol. Caste differences in attitudes to alcohol and consumption are best exemplified by Carstairs' (1979) research of use in Rajasthan. While the Brahmins (upper caste) railed against the use of *daru* (alcohol), the Rajputs (warrior class) as well as the Sudras (working class) and untouchables could eat meat and drink alcohol. Subsequent researchers' have been critical of the stereotyping of excessive alcohol use, caste and poverty. Doron (2010) argues that it is the stereotypes of the poor and their drinking patterns that still appear to inform public opinion and policy in contemporary India. According to her, alcoholism has been viewed as a pathology characteristic of lower castes, an 'essential group character' of 'backwardness', 'inability to progress', 'criminal proclivities' and 'addictive inclinations'. Colonial influences are seen as shaping the view of alcohol and lower class being inseparable, as a 'fault' among uneducated people 'bent on immediate gratification', resulting in 'rowdy, indecent or criminal behaviour'. In contrast, upper castes, which placed a high value on education, cultivated the ability to seek higher gratification and plan for the future were seen to largely be free of problematic alcohol use. Doron argues that such practices served 'to conceal broader cultural institutions, economic structures and administrative policies that perpetuated inequalities'. Nevertheless, caste and religion continue to be important markers for predicting alcohol consumption. In an analysis of the Indian National family health survey data of 92,447 households covering 301,984 adult individuals (INFHS, 1998-99), Subramanian and colleagues (2005) observed that scheduled castes and scheduled tribes had higher levels of alcohol consumption. Muslims had relatively lower prevalence of alcohol consumption (4.1% among males and 0.2% among females) and Christians relatively higher prevalence of alcohol consumption (28.8% among males and 4.7% among females) compared to Hindus (20.3% among males and 2.5% among females).

Alcohol, education and standard of living

The National Family Health Survey (INFHS) 1998-99 observed a strong gradient between education and alcohol consumption with illiterate men having twice the likelihood of alcohol consumption compared to men with post-graduate education. Among women, those with no education and very high levels of education were more likely to use alcohol compared to the other groups (Subramanian *et al.*, 2005). The same analysis reported a gradient between standard of living and alcohol consumption with persons in the bottom quantile of standard of living having greater alcohol consumption.

Acculturation and alcohol use

Acculturation is known to lead to inter-generational conflicts, and the use of alcohol, tobacco and other drugs may be one of the many results of such conflicts. A review of studies from the United States suggests that as second-generation Asian Americans integrate into society, they may begin using increasingly more alcohol and drugs (Bhattacharya, 1998). However, existing literature has reported relatively lower rates of alcohol and drug use among Asian Americans. The author argues that the relatively lower reported rates of alcohol and tobacco among Asian Americans by government statistics in the US may either be a function of underreporting, or an indication of protective factors (individual, familial and systemic) that may bolster resistance to alcohol and other drug use.

A study from the UK found a lower prevalence of alcohol use among south Asians compared to the local population. Strong religious beliefs are reported to be associated with lower levels of alcohol consumption in ethnic populations (Heim *et al.*, 2004). The authors, however, caution that the

prevalence may be increasing over time and recommend nuancing of mainstream treatments with attention to language and culture.

SOCIO-ECONOMIC AND CLINICAL CONSEQUENCES OF ALCOHOL CONSUMPTION

Alcohol, the great leveler in current times

Although the recorded alcohol consumption per capita has fallen since 1980 in most developed countries, it has risen steadily in developing countries, alarmingly so in India. The per capita consumption of alcohol by adults over 15 years, in India, increased by 106.7% between 1970–72 and 1994–96 (Murray *et al*, 1997). Although the Constitution of India upholds prohibition in its directive principles, the liberalization in the production, distribution and consumption of alcohol is well known in most states. Since the trade liberalization in 1992–93, the attitudes of the Central and State governments to alcohol have changed dramatically with the previous restrictions on consumption and production being relaxed (WHO, 1999). Alcohol multinationals eagerly took advantage of India's economic liberalization and relaxation of regulations in order to invest in local beverage production for the country's market (Isaac, 1998).

Men are the primary consumers, with studies recording wide variations in prevalence of alcohol use from 7% in Gujarat, a state officially under prohibition to 75% in the North-Eastern state of Arunachal Pradesh (Murthy *et al*, 2010). The country, which has seen a rapid proliferation of city bars and nightclubs in recent years, is 'fast shedding its inhibitions about alcohol as a lifestyle choice' (Prasad, 2009).

Although a variety of alcohols including arrack, palm wine, daru and other home brews have traditionally been available in India and still exist, many of these have largely been replaced by the ubiquitous Indian Made Foreign Liquor (IMFL). IMFL consists of whisky, rum, gin and brandy (42.8% maximum alcohol content). Over the decades, improved processes of fermentation and distillation as well as better packaging and more attractive sales outlets have resulted in the popularization of high concentration alcohol replacing traditional drinks. The regional and traditional patterns of drinking have largely been eclipsed by more homogenous hazardous and harmful patterns of alcohol drinking. In some ways, it would possibly be realistic to portray alcohol use in current Indian society as having become more mainstreamed and a general leveler of class, caste and economic differences in the country. However, there is still a marked diversity of alcohol beverage types, the sizes of vessel and pour servings and related content of ethanol across the various alcoholic drinks available in India (Nayak *et al*, 2008). From a research perspective, it has been suggested that the attitudes of societies to alcohol and drug use affects the use of diagnostic criteria and the making of diagnosis (Room *et al*, 1996). In this cultural applicability research on diagnosis and assessment of substance use disorders, the experience from Bangalore, India suggested that criteria like 'narrowing of the drinking repertoire' was irrelevant (drinkers had a narrow repertoire to start with), craving and loss of control were poorly differentiated, all drinking was considered as harmful and leading to addiction (Bennett *et al*, 1993; Room *et al*, 1996). It has been suggested that the descriptors of drinking norms in a 'wet' culture may not be entirely applicable in a 'dry' culture (Gureje *et al*, 1997).

While alcohol use among the poor is extensively written about, recent literature focuses on impoverishment as the result of excessive spending on alcohol. Thus, when understanding the impact of alcohol use and misuse in contemporary India, it is important to examine it from both these lenses – the meaning of alcohol to the poor and marginalized, and the changing attitudes to alcohol use in general across all of India.

Alcohol use and impoverishment

The Food and Agriculture Organization (FAO, 1998) of the United Nations observed that with increasing marginalization and alienation, excessive alcohol consumption has become widespread among tribal men in Madhya Pradesh and Bihar. Not only did the men's incomes decline, but also

they forcibly used up even the women's earnings. 'Resistance invites domestic violence and abuse. Household food security becomes a major casualty'.

That apart, health and social costs of harmful alcohol use as well as health spending in alcohol use households is very high (Bonu *et al*, 2005). Nevertheless, the economic burden from alcohol use is clear, with families having regular drinkers spending 14 times more on alcohol per month, having significant debt, reporting greater illness, but perceiving less severe consequences (Saxena *et al*, 2003).

Affluence and alcohol consumption

Changes in drinking customs may offer clues to fundamental social changes. This is the case in the history of Indian civilization (Mandlebaum, 1965). Alcohol is an attractive consumer choice for people and becomes an important commodity as peoples' wealth and disposable incomes improve. Marketing of alcohol is also more active in transitional economies where people are constantly encouraged to seek 'a better life'.

Cultural and religious values and norms are said to change when people become more affluent and 'westernised'. Thus, a culture which is traditionally against alcohol use, for religious reasons, for example, may find the religious values undermined by commercial interests (Samarasinghe, 2009).

ALCOHOL AND CULTURAL CONTEXTS

A study of hazardous alcohol use among persons living in the Sunderbans (Chowdhury *et al*, 2006) provides interesting insights into the cultural contexts and impact of alcohol use. In a qualitative study of alcohol use in six villages of West Bengal, drinking was found to be an integral feature, with locally brewed liquors as well as Indian Made Foreign liquor consumed in these communities. Increasing problems use of alcohol was attributed to social changes related from development. This study suggests that the western clinical models of dependence may have a limitation in settings where socio-cultural conditions define locally acceptable and problem use of alcohol. Alcohol drinking was found to be an integral part of adivasi life, particularly at weddings and cultural events.

The use of alcohol and meat to propitiate the gods continues in many cultures. For example, the boatmen of Benares appease Bhesahsur Baba, the community's guardian deity, with seasonal sacrifices of male goats and alcohol to secure their protection against accidents under water (Doron, 2010). Death is another important occasion where the use of alcohol is culturally accepted in many regions, and alcohol is also consumed as part of rituals around death. Interestingly, at our hospital, following the death of a regional film icon Vishnuvardhan, there were at least half a dozen persons from a middle-class background maintaining stable abstinence for two years or more that relapsed during the public outpouring of grief. In clinical practice, we have encountered many widows, who initiated alcohol use after its ritualistic offering following the death of their husbands.

Drinking of the local brew has not been considered a social problem. In the Sunderban study (Chowdhury *et al*, 2006), IMFL was found to be favored by persons of higher status, like businessmen, salaried persons, military and government officials. Even among the poor, IMFL is associated with a greater 'status' and in keeping with personality (Doron, 2010). In our clinical practice of largely dependent alcohol users, patients often report initiating their drinking with IMFL, and when hard up for money, turn to cheaper liquor or home-made brews. Periodically, hooch (bootlegged alcohol) tragedies occur in India (Manor, 1993), and this is one of the underscored reasons stated by the excise departments for supplying adequate potable alcohol to the masses.

The boatmen of Benares, while averse to any public displays of drunkenness on the sacred ghats (Doron, 2010), recognized alcohol as a legitimate source of relaxation, a sign of manliness and an almost exclusively male domain. While they shared some of the deeply ingrained Brahmanical views of alcohol being 'tamasic' and perceived chastisement for drinking, the boatmen pointed that many of the mahants or high priests themselves went to the 'daru teka' (place of alcohol sale), and when Brahmins got drunk, they were 'no different' from the others who got drunk. Interestingly, within the Brahmins, an occupational hierarchy in alcohol use was noticed, with the lower class Brahmins visiting the local

shop, while the upper class Brahmins consumed drink at home. The views of the boatmen are not dissimilar to the urban young of India from all classes, for whom alcohol use is associated with enjoyment and relaxation (Bennett *et al*, 1998).

Explanations for drinking among the poor include relief of body aches and pains (Chowdhury *et al*, 2006), particularly after a hard and arduous day of work (Manor, 1993; Doron, 2010). Five broad social attributions for alcohol use include symbolism of economic status, use in situations of turmoil, a gender privilege for males, karma or fate or as mentioned before, related to caste (Nimmagadda, 1999). While reasons for drinking in contemporary India are more or less similar to other cultures, peer pressure, stress, family disputes, lack of employment are often cited reasons for alcohol consumption (Malhotra *et al*, 1999; Chowdhury *et al*, 2006; Girish *et al*, 2010). In a more recent study examining causal beliefs among a small group of men from Goa and Maharashtra with alcohol use disorders, reasons for initiating use included psychological stressors (financial problems, family disturbances), peer influence, availability of disposable income and drinking for personal enjoyment (Nadkarni *et al*, 2013).

One common reason we encounter in clinical practice is drinking having been initiated by young adolescent males in the context of 'love failure'. Interestingly, studies suggest that even spurned male fruit flies when rejected by females, choose alcohol-spiked food more often than their successful counterparts, explaining how experience and environment interact with biology to shape addiction (Shohat Ophir *et al*, 2012).

Alcohol and occupation

It is not uncommon for alcohol to be used as remuneration or gift. The Sunderbans study (Chowdhury *et al*, 2006) reported that alcohol can be used as remuneration to an agricultural worker, as payment to a skilled traditional healer, as an accompaniment to monetary wages, particularly weekly wages. Increased disposable income has also led to an increase in drinking (Gulati & Gulati, 1999; Nagpal, 1999). In the Indian army, alcohol is available at a highly subsidized through army canteen store departments whose 'onerous responsibility is to provide goods and liquors at a cheaper rate than the prevailing market rates to the troops' (Wikipedia, 2012).

Use of alcohol with certain risky occupations or unpleasant nature of work is also well recognised. The divers of Benares who went under water to salvage coins thrown into the river by pilgrims said they drank to keep their bodies warm under water and to improve their power and courage (Doron, 2010). In clinical practice, it is not uncommon to encounter an electrician who reports that alcohol gives him the courage to climb an electricity pole unprotected to carry out repairs. Or a corporation worker who reports that he is unable to clear the sewage without the use of alcohol.

Though limited studies suggest alcohol, tobacco and other drug use among trainee physicians in India is comparable to the West (Seshadri, 2008), this area has not been adequately examined and neither the Medical Council of India nor the Indian Medical Association mention this as a problem nor mandate assessment and assistance for affected colleagues.

Thus, in the present day context, drinking is fast becoming a normal social event and rapidly getting identified as part of work culture, lifestyle, family life and recreation (The Hindu, 2006). There is a need for more studies into the newer cultural drivers of drinking in transitional cultures like India.

Drinking contexts

Drinking to intoxication is yet another established pattern of drinking among many Indian males (Mohan *et al*, 1995). In many communities, drinking quantities are rarely measured in standard drinks or pegs, rather, they are calculated in quarters (about 180 ml), and many young men matter-of-factly report drinking one or two quarters. Undersocialised drinking is an important feature of drinking among the young in India (Benegal *et al*, 2005). However, with respect to drinking venues, nearly two-thirds consumed alcohol in liquor-shops, restaurants, bars and pubs (Girish *et al*, 2010). Drinking venues like wine shops in contemporary India are venues where serious drinking occurs- labourers and generally blue-collared workers of various backgrounds drop in on the way home from work, do their couple of quarters of drinking and head home.

A study from Rajasthan indicates that by the 1980s, alcohol consumption had become an acceptable leisure activity for married men living in small families in rural areas (Dorschner, 1983). Drinking venues in some states like Punjab are brightly illuminated and very inviting to a wide variety of clientele.

Ayurvedic tonics and energisers available in homeopathic medicine shops are often either prescribed by local health care providers as medicinal tonics or taken by people on their own. In the Sunderbans study (Chowdhury *et al*, 2006), a substantial number of persons were found to be addicted to such tonics.

Alcohol advertising

Local liquor brands in India commonly practice surrogate advertising to make their names visible. Numerous brand extensions like CDs, mineral water, achievement awards, even an airline and a cricket team, flaunt the names of liquor brands and companies (Anand, 2009). Bollywood glorification of the 'good guy' drinking, in addition to a powerful international and domestic alcohol lobby have been identified as influencing younger people to drink (Prasad, 2009).

Women and alcohol use

While alcohol rates among women in India has traditionally been low at less than 5% (Mohan emerging markets), more recent research studies suggest prevalence rates ranging from 5.8% to 10% in different parts of India (Mohan *et al*, 2001; Benegal *et al*, 2005). While social drinking among the more affluent women is also on the rise, the reasons for the use of alcohol and pharmaceutical drugs among women are often closely tied to psychological distress and poor social support (Murthy, 2008). Women in general do not frequent the drinking venues normally frequented by men, and generally send others, including young children, to the alcohol shops to procure alcohol. In urban contexts, women frequent bars generally in the company of men. Treatment services for women with alcohol and other drug use disorders are practically non-existent in India, although a slow but definitely increasing number of women are seen entering treatment (Murthy *et al*, 1995). The impact of substance use is compounded in such women with substance use among their partners, and needs to be viewed on the background of gender and social disadvantage (Murthy, 2008). Emerging reports of the foetal alcohol syndrome also reflects the social reality of increasing alcohol use among women, including pregnant women (Nayak *et al*, 2012). An interesting observation in this study was that some of the women were initiated to drink after the birth of the first-born, to ward off 'janni' (spirit possession), leading to fetal alcohol syndrome in the subsequent pregnancy.

Responses to women's drinking are also viewed by some right wing groups as moral degradation and instances of 'moral policing' by such activists in pubs has made national headlines (Indian Express, 2009). The physical, psychological and social consequences of alcohol and other drug misuse for women are often far worse because stigma keeps the problem underground and by the time they receive treatment, the problems have compounded (Murthy, 2013).

ALCOHOL AND PUBLIC HEALTH HARM The recent couple of decades have focused on alcohol as a public health problem, and there is research evidence of harmful drinking practices in the community and its association with mental health (Patel, 2007), sexual violence, seizures and neurological dysfunction, association with communicable diseases like HIV and tuberculosis, as well as non-communicable diseases like hypertension and diabetes. The medical and social harm from alcohol has also been documented (Benegal, 2005; Gururaj *et al*, 2011; Das *et al*, 2006). The health and social costs of alcoholism far outweigh the benefits accrued from the sale and taxation of alcohol (Benegal *et al*, 2000).

There is great need for a better understanding of the determinants and context of partner violence. In a recent review, an ecological model of factors associated with partner abuse has been proposed (Heise *et al*, 1999). This framework includes factors at the individual level (of the perpetrator), the level of

family and relationship, the community and societal level, and emphasizes that no single factor alone causes violence. Nonetheless, alcohol emerges as an important mediator of domestic and sexual violence.

Although there is a growing demand for a coherent national policy on alcohol similar to the Framework Convention for Tobacco Control (FCTC) for tobacco (The Parliament of India, 2003), present approaches to alcohol policy remains fragmented, inconsistent and completely misguided by excise revenue earnings, rather than the public good. Excise departments have targets and their single mantra is to provide potable alcohol for the masses to prevent illicit alcohol tragedies, prevent tax evasion on seconds and it is estimated that excise earnings in some states are increasing annually by 10%. In under-privileged areas like urban slums, the first business to open shop, often by 6 am in the morning, are the liquor shops. Alcohol, in urban slums, is often described as being more easily available than potable water.

Approaches to addressing alcohol-related harm in India

Treatments for alcohol use disorders have generally focused on the treatment of dependence, in both institutional and community settings. The general government policy has been to fund detoxification centres under the aegis of the Ministry of Health and rehabilitation and counseling centres under the Ministry of Social Justice and Empowerment, with little emphasis on early intervention and treatment. There are long delays between the first detection of alcohol related problems and presentation to tertiary treatment centres.

Often, despair and the social consequences of alcoholism drive families to seek long-term treatment facilities for an affected member. A high demand for such facilities and the likelihood of it being a lucrative business proposition has resulted in the mushrooming of several de-addiction centres, many of which have fallen to disrepute for human rights violations (Swami, 2011). Desperation for cures or relief from the burden of an alcoholic family member also drives people to seek instant cures. Disulfiram, a standard aversion treatment for alcohol dependence, is sold at double the cost under the guise of an indigenous cure in Bangalore (Sharma *et al*, 2011).

Faith-based approaches are still popular and are commonly utilized for achieving sobriety and maintaining abstinence. Pilgrimages to Hindu shrines like Sabarimala or Christian shrines like Velankanni necessitate a prior period of purification, which includes abstinence from alcohol. Ironically, in spite many religions proscribing the use of alcohol, the role of religion in helping people overcome alcohol related problems has neither been adequately studied nor exploited.

Communities have also been responsive to the drinking problem. Panchayat initiatives to ensure alcohol-free villages, imposition of fines for drinking, protests against liquor shops are reported from time to time (Chowdhury *et al*, 1996). In some communities, civic groups and social clubs or samithis have sanctioned beatings for problem drinkers and gamblers (Chowdhury *et al*, 1996). Some attempts to address this emerge from social initiatives from the police, like the Vanita Sahayavani in Bangalore, where a large number of the distress visits are due to violence from an inebriated spouse. Mass community movements against alcohol have been described from time to time (Bang & Bang, 1991). Political and moral undertones to drinking, particularly among women occurs from time to time (Indian Express, 2009). A different kind of social activist approach currently is led by leaders like Anna Hazare, a renowned fighter against corruption, who justifies that ‘alcoholics should be punished so that their families are not destroyed’. He justifies the flogging of alcoholics in villages by stating that ‘rural India is a harsh society’ (Sivanand, 1986). An alternate rapidly emerging viewpoint is to normalize alcohol use in an increasingly globalized world.

At the level of policy, India has never had a clear or sustained policy on alcohol and attempts to deal with the issue has been fragmentary (Saxena, 2000; Gururaj *et al*, 2011).

CONCLUSIONS Cultural contexts of alcohol use cannot be dissociated from socio-political contexts. In India, religion was a strong determinant of abstinence and social order was a strong

determinant of use and excess. Over time, this became replaced by political compulsions with alcohol becoming an important economic commodity, and alcohol use receiving social approval in an increasingly flat and globalized world. In contemporary times, the tensions of tradition and modernity are possibly best exemplified by polarized attitudes to drinking.

As both ancient traditions as well as social change influence drinking contexts, understanding previous, existing and newer patterns of alcohol use in transitional cultures becomes even more relevant and important for public health interventions.

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