<table>
<thead>
<tr>
<th>Glossary Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absorption</td>
<td>The process in which alcohol enters the bloodstream from the small intestine and stomach.</td>
</tr>
<tr>
<td>Abstinence</td>
<td>Not drinking any alcoholic beverage.</td>
</tr>
<tr>
<td>Addiction</td>
<td>The urge to do something repeatedly that an individual cannot control by himself. The urge may result from physical causes, but emotional causes are usually more important.</td>
</tr>
<tr>
<td>Alcohol</td>
<td>(Ethyl) The intoxicating chemical (C₂H₅OH) found in liquors and produced by the action of yeast on sugars and starches. Other forms of alcohol, which have industrial uses, but unsuitable for consumption, are methanol, propanol, and pentanol.</td>
</tr>
<tr>
<td>Al-Anon</td>
<td>An organization of spouses of problem drinkers who meet to try to solve common problems.</td>
</tr>
<tr>
<td>Al-Ateen</td>
<td>An organization of children of problem drinkers who meet together and try to solve common problems.</td>
</tr>
</tbody>
</table>
ALCOHOLICS
ANONYMOUS (A.A.): An organization of problem drinkers who meet to discuss their problems in an effort to control their addiction.

ALCOHOLIC: The term “alcoholic” has been variously defined at different times and by different people. However, three aspects of the alcoholic have generally been agreed upon:

1. The alcoholic’s drinking pattern is incompatible with what is expected by the other members of his society.
2. The alcoholic has an urge to drink or to continue drinking once he starts that he cannot control himself.
3. The alcoholic’s drinking creates either social, economic or health problems.

ANTABUSE: Drug administered to alcoholics that cause intense nausea if they then drink.

BENDER: (slang) A period of intense abuse of alcohol.

BLOOD ALCOHOL CONTENT (BAC) (or Blood Alcohol Level): The percentage of alcohol in the blood stream at a given time.
BREWIN( ; The fermentation of cereals that result in beer or ale.

CIRRHOSIS : The hardening and degeneration of the liver due either to malnutrition and/or excessive and prolonged alcohol use.

DELIRIUM TREMENS (D.T.) : A condition alcoholics get when they suddenly stop drinking, much like withdrawal symptoms of the heroin addict. Symptoms can include hallucinations (delirium), uncontrollable shaking (tremens), terror and agitation.

DEPRESSANT : Any chemical which diminishes the activity of the central nervous system, usually resulting in dulled reflexes, impaired thought processes, and distorted perceptions, if taken in sufficient amounts.

DISTILLATION : Evaporation of liquids by heat and condensation of the resulting vapour or gas into liquid. The process by which whisky is manufactured.

HANGOVER : The unpleasant physical sensations experienced after the immediate effects of excessive drinking wear off. Symptoms can include nausea, headache and thirst.
IMPLIED CONSENT LAW: A law in most states which stipulates that by obtaining a driver’s license an individual has implicitly consented to submit to a chemical alcohol blood level test upon a policeman’s request or lose his license for a given period of time.

INTOXICATION : The immediate physical and emotional effects of excessive drinking. Legally, one is presumed intoxicated if one has 0.10% alcohol in one’s blood.

LOCAL OPTION : The right of a town or country, granted by the state, to vote on whether to prohibit or allow the sale of alcoholic beverages.

OXIDATION : The process by which the liver converts alcohol into heat energy and releases carbon dioxide (which is exhaled) and water (which is eliminated as urine).

PROBLEM DRINKER : A person whose use of alcohol creates problems for himself and/or others. Unlike the alcoholic, who is a specific type of problem drinker, he may or may not be addicted.

PROHIBITION : The period in American history from 1919 to 1933 when it was illegal nationwide to manufacture, transport or sell alcoholic beverages.
PROOF: A number which is equivalent to double the alcohol content of whiskey (86 proof whiskey contains 43% alcohol). In Colonial America, the high alcohol content of a beverage was considered “proven” if, when combined with gunpowder, it was capable of burning with a steady flame.

SOCIAL DRinker: A person who normally drinks with other people and whose drinking does not create personal problems.

STIMULANT: Any chemical which increases the activity of the central nervous system, usually resulting in sharpened reflexes, heightened thought process, and either sharper or distorted perceptions depending on the dose and the chemical.

TEMPERANCE: Literally, use of alcohol in moderation. Historically, as in the Temperance Movement, either use of alcohol in moderation or total abstinence.

TOLERANCE: The body’s tendency to adjust to the physical effects of alcohol after prolonged and excessive use.
Appendix - II

INTERVIEW SCHEDULE

1. Personal Information
   A. Name
   B. Address
   C. Age
      Below 30 ☐  30-50 ☐  50 above ☐
   D. Sex
   E. Marital status
      Married ☐  Unmarried ☐
   F. Religion
      Christian ☐  Hindu ☐  Muslim ☐
   G. Educational Qualifications
      S.S.C & Below ☐  Below Graduation ☐
      Graduation & Above ☐
   H. Type of family
      Small family ☐  Joint Family ☐
   I. Occupation
      Employed ☐  Unemployed ☐  Business ☐
      Daily labourer ☐  Agriculture ☐
J Monthly Income

3000 & below □  3000-5000 □
5000-10000 □  10000 above □

II History of drinking

a. Reason for the first use:
   For an Experience □  For company’s sake □
   For fun □  To forget problems □
   Peer pressure □  Other reasons □

b. Source of alcohol
   Our house □  Hotels □  Friend’s house □

c. When did you start taking alcohol?
   School days □  College days □  After marriage □
   Professional life □  Others □

d. Frequency of use
   Daily (once, twice or more) □  Twice a week □
   Most of the days in a week □  Often □

e. Amount of money spent on drinking
   Rs. 50-100 □  Rs. 100-200 □  Rs. 200-300 □
   Rs. 300-00 □  Rs. 400-above □
Appendices

f. Source of money

Household income □ From salary □ Other items □

g. Do you pray?

Yes □ No □

If yes - frequency........................................

III Drinking and Family Background

a) How is your relationship with family?

Good □ Satisfactory □ Not satisfactory □

c) Have you ever had any extra marital relationship?

Yes □ No □

c) How did drinking affect your health?

d) How did it affect your family relationships?

e) How it affects your financial situation?

f) How do you feel the attitude of your co-workers?

Cordial □ Not helpful □

IV On Treatment Centres & Treatment Methods

a) When did you give up taking alcohol?

b) Who persuaded you to go to the treatment centre?

c) What was your attitude towards the treatment centre?

d) What was your experience at the treatment centre?

e) Can you say ‘No’ to drink?
f) Which part or aspect of treatment influenced you most?
   
   Prayer ☐  Classes ☐  Counselling ☐  
   A.A. meetings ☐  Therapies ☐  Others ☐

g) Did you take any new positive decisions during your stay in the centre? If yes please explain

h. How do you evaluate the treatment programmes?

i) Can you give a few suggestions to change or improve the treatment programme?

l. Who helped you most to stop drinking?
   
   Doctor ☐  Counsellor ☐  Religious leaders ☐  
   Social workers ☐  Any other (if any) ☐

k) Do you feel improvement in your relationship with your family?

V Effects of treatment

a) Is there improvement in your interpersonal relationship?

b) The attitude of the others to you after the treatment

c) What is your self-evaluation?

d) What all changes do you see in your life after the treatment?

VI Relapse

a) Why relapse?

b) How was your follow up?
c) Do you wish to get rid of addiction?
d) Do you wish to take the services of the same treatment centre?
e) What was your feeling when you failed?
f) Your activities during the period of abstention.
g) How long could you abstain?
h) Main Precautions during the time of (sobriety?) abstention from drink
i) How often did you visit the treatment centre and participate in the A.A programme?
j) Were you feeling relaxed and happy during the time of abstention?
k) What were your major achievements during abstention?

VII Rehabilitation Programme

a) Did the society at range encourage you?
b) Could you find enough time to be with your family members?
c) What are the programmes of the treatment centres for rehabilitation?
d) At present do you have enough money to set apart for your family needs?
**Appendix -III**

**DRUG USE QUESTIONNAIRE (DAST)**

These questions refer to the past 12 months

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Have you used intoxicants?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Have you abused intoxicating medicines?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Do you abuse more than one drug / intoxicant at a time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Can you get through the week without using drugs / intoxicants?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Are you always able to stop using drugs / intoxicants when you want to?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Have you had 'temporary loss of memory' or memories of past drug / intoxicant experience as a result of current drug / intoxicant use?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Do you ever feel bad or guilty about your drug / intoxicant use?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Does your spouse (or parents) even complain about your involvement with intoxicants?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>9</td>
<td>Has drug / intoxicant use created problems between you and your spouse or your parents?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>10</td>
<td>Have you lost friends because of your use of drugs / intoxicants?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Have you neglected your family because of your use of drugs / intoxicants?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>12</td>
<td>Have you been in trouble at work because of intoxicants use?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Have you lost a job because of drug / intoxicants use?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Have you gotten into fights when under the influence of intoxicants?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Question</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>15</td>
<td>Have you engaged in illegal activities in order to obtain intoxicants?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Have you been arrested for possession of illegal drugs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs / intoxicants?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Have you had medical problems as a result of your intoxicant use (eg. memory loss, hepatitis, convulsions, etc.)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Have you gone to any one for help for a drug problem?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Have you been involved in a treatment programme specifically related to intoxicants use?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Assessment- Drug Abuse Screening Test
Appendix –IV

DO YOU HAVE ATTENTION DEFICIT?

If eight or more of the following statements accurately describe your child or yourself as a child, particularly before age 7, there may be reason to suspect ADHD. A definitive diagnosis requires further examination.

1. Often fidgets or Squirms in seat.
2. Has difficulty remaining seated.
3. Is easily distracted.
4. Has difficulty waiting turn in groups.
5. Often blurts out answers to questions.
6. Has difficulty following instructions.
7. Has difficulty sustaining attention to tasks.
8. Often shifts from one uncompleted activity to another.
9. Has difficulty playing quietly.
10. Often talks excessively
11. Often interrupts or intrudes on others
12. Often does not seem to listen
14. Often engages in physically dangerous activities without considering consequences.

Source: The ADHD rating scale. Normative data, reliability, and validity

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Appendix –V

FAMILY RECOVERY QUESTIONNAIRE

1. Do you suffer from frequent depression with no specific case?
2. Do you experience intense panic with no reason?
3. Do you tend to curse yourself for past minor mistakes?
4. When asked, “How do you feel?” do you tend to go blank or make up something?
5. Do you tend to react to an unjust treatment by getting angry much later (often years)?
6. Do you often feel paralysed by a feeling of dread?
7. Do you tend to feel caught between a strong drive to achieve and a tremendous fear of failure?
8. Does your use of food or money cause you to feel self-hatred?
9. Do you tend to feel invisible, or as if you have no real impact on others?
10. Do you find it hard to stand up for your rights with other people?
11. Do you tend to excuse the hurtful behaviour of a loved one?
12. Do you tend to feel rage and/or self-hatred when an external event occurs which you can’t control?
13. Do you tend to comfort others frequently?

If you answered “yes” to most of these questions, one or both of your parents may have (and probably) had a problem with alcohol or other drugs.
14. Are you attracted to passionate, apparently self-confident persons who turn out to be dependent and crazy making?

15. Do you tend to have one disastrous relationship after another, all of which turn out to be very much alike although they looked so different at the start?

16. Does unstructured time tend to make you feel insecure, so that you look for many ways to fill it?

17. Does criticism cause you to feel anger, self-hatred or confusion?

18. Are you intimidated by others self-confidence?

19. Do you tend to feel like an “imitation adult” and hope no one finds you out?

20. Do you secretly feel convinced that you are crazy, and hope no one ever finds out?

21. Do you usually or often feel different from others, or alone?

   Do you wonder what it be like to be “normal”
Appendix - VI

THE TWELVE TRADITIONS OF ALCOHOLIC ANONYMOUS

1. Our Common Welfare should come first; personal recovery depends upon Alcoholic Anonymous unity.

2. For our group purpose there is but one ultimate authority -- a living God as He may express Himself in our group conscience. Our leaders are but trusted servants: they do not govern.

3. The only requirement for Alcoholics Anonymous membership is a desire to stop drinking.

4. Each group should be autonomous except in matters affecting other groups or Alcoholics Anonymous as a whole.

5. Each group has but one primary purpose to carry its message to the alcoholics who still suffers.

6. An Alcoholics Anonymous group ought never endorse, finance or lend the Alcoholics Anonymous name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose.

7. Every Alcoholics Anonymous group ought to be fully self-supporting declining outside contributions.

8. Every Alcoholic Anonymous group should remain forever non-professional, but out service centres may employ special workers.
9. Alcoholic Anonymous as such ought never be organized; but we may create service boards of committees directly responsible to those they serve.

10. Alcoholics Anonymous has no opinion on outside issues; hence Alcoholics Anonymous name ought never be drawn into public controversy.

11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press. Radio and films.

12. Anonymity is the spiritual foundation of all out traditions, ever reminding as to place principles before personalities.

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Appendix -VII

THE TWELVE STEPS

The twelve steps are a group of principles, which are spiritual in nature. If we practiced as a way of life, they can expel the obsession to use and enable the person to become happily and usefully whole.

1. We admitted we were powerless over alcohol that our lives had become unmanageable.
2. Came to believe that a power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God, as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.

11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him. Praying only for knowledge of His will for us and the power to carry that out.

12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to addicts and to practice these principals in all our affairs.

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Appendix – VIII

LIST OF LEGISLATION REVIEWED

AFGHANISTAN

Order of the Cabinet of 28 December 1971 prohibiting all advertising of cigarettes.

ALGERIA

Law No. 85-05 of 16 February 1985 on health protection and promotion (Sections 63-66) (IDHL, 1985, 36(4): 909, 916)

ARGENTINA

Law No. 18604 of 1970 (prohibiting certain forms of advertising of cigarettes).

Order No. 33.266 prohibiting drivers of school buses from smoking and prohibiting smoking on vehicles transporting dangerous substances.

Order No. 22.900 prohibiting smoking on public transport vehicles

Order No. 09-12-910 prohibiting smoking in theatres including interior vestibules and corridors.


---

Parliamentary Decree No. 226 of 27 April 1988 requiring health warnings that smoking is prejudicial to health in all advertising and promotion of tobacco.

Argentine Food Code, Article 18 (prohibiting use of tobacco in food establishments and places where food products are handled).

ARGENTINA (BUENOS AIRES)

Order No. 6762-DOC 5-84 of 5 December 1984 concerning smoking in public transport, stations of the underground, school buses, vehicles transporting dangerous substances, theatres, and food establishments.

Law No. 10.600 of 12 November 1987 prohibiting smoking in public transport vehicles.

ARGENTINA (CORDOBA)

Order No. 8425 of 11 October 1988 prohibiting smoking in the offices of the municipal government that serve the public.

Law No. 7827 of 20 September 1989 prohibiting smoking in enclosed places of the executive, legislative, and judicial branches of the government.

ARGENTINA (JUJUY)

Law No. 4292 of 17 June 1987 prohibiting smoking in public buildings, schoolrooms of all levels, hospitals and means of urban and suburban transport.
ARGENTINA (MENDOZA)

Law of 3 December 1988 prohibiting smoking in indoor public places, elevators, and public offices in hospitals and health centres, in official banks and educational establishments of all levels.

ARGENTINA (SAN FERNANDO DEL VALLE DE CATAMARCA)

Order No. 565-C-89 prohibiting smoking in enclosed places of the municipal government and ordering a campaign against smoking with the objective of extending the prohibition to all public and private places.

ARGENTINA (VALLE VIEJO)


AUSTRALIA


AUSTRALIA (CAPITAL TERRITORY)

The Tobacco Products (Health Warnings) Ordinance 1986 requiring the printing of health warnings on containers in which tobacco products are packaged (IDHL, 1987, 38(3): 541-542).
AUSTRALIA (NEW SOUTH WALES)


AUSTRALIA (SOUTH AUSTRALIA)


AUSTRALIA (TASMANIA)


AUSTRALIA (VICTORIA)

The Tobacco Act 1987 creating a state-wide programme to reduce the prevalence of smoking in Victoria, restricting various forms of advertising, prohibiting the supply of tobacco to persons under 16 years of age and establishing the Victorian Health Promotion Foundation (IDHL, 1988, 39(3): 652-653).

AUSTRALIA (WESTERN AUSTRALIA)


AUSTRALIA

BAHAMAS

The Health Services (Amendment) Act of 1976, cited as the Health Services Rules, requiring a health warning on tobacco advertising and cigarette packages.

BELGIUM


Crown Order of 10 April 1990 modifying the Crown Order of 20 December 1982 on advertising of tobacco and tobacco products.


BERMUDA


BOLIVIA

Ministerial Resolution (Ministry of Social Welfare and Public Health) of 7 April 1980 (establishing a health warning on cigarette packets).


Ministerial Resolution No. 883 of 12 October 1984 prohibiting smoking in any educational establishment, private or public, throughout Bolivia.

BRAZIL


Regulation No. 731 of the Ministry of Health dated 31 May 1990 restricting advertising of tobacco products, requiring a health warning on packages and advertising, regulating smoking in health institutions and on airline flights, encouraging federal districts and municipalities to restrict smoking public places, and forbidding sale of tobacco products to persons under 18 years of age (Resolution No. 490 of 25 August 1988 repealed).

BULGARIA


**BURKINA FASO**


**CANADA**


**CANADA (BRITISH COLUMBIA)**

The Tobacco Products Regulations. British Columbia Regulation 258/72.

CANADA (MANITOBA)

An Act to Protect the Health of Non-Smokers, 15 March 1990

CANADA (NOVA SCOTIA)


CANADA (ONTARIO)


CANADA (QUEBEC)


CAYMAN ISLANDS


CHILE

Circular No. 1-27 of the Ministry of Health of July 1989 concerning promotion of the anti-tobacco campaign in the community and in the schools of the municipal education system.

Circular No. 27 of 4 July 1989 of the Ministry of the Interior recommending restrictions on smoking in government services and on
the sale of tobacco products in kiosks and other places of the
government services.

CHINA

Law of 29 June 1991 on the exclusive sale of tobacco of the People’s

COLOMBIA

Decree No. 3430 of 26 November 1982 concerning restrictions on
advertising of tobacco.

Resolution No. 4063 of 1982 regulating Decree No. 3430 of 26
November concerning restrictions on advertising.

Resolution No. 07559 of 12 June 1984 creating the National Board on
Tobacco and Health. Decree No. 3788 of 1986 concerning
educational campaigns against tobacco.

COLOMBIA (BOGOTA)

Accord No. 3 of 1983 concerning smoking in public places, public
vehicles, schools, health establishments, and government offices.

COSTA RICA

Decree No. 17377-S of 13 January 1987 concerning health warnings
on packages (IDHL., 1987, 38(4): 787)

Decree No. 17967-S of 4 February 1988 concerning restrictions on

Decree No. 17969-S of 4 February 1988 concerning information


COTE D'IVOIRE

Decree No. 79-477 6 June 1979 prohibiting smoking in certain public places (IDHL, 1981, 32(2): 258)

CUBA


CYPRUS


CZECHOSLOVAKIA

Regulations of the Slovak Ministry of Health of 1 September 1976 (prohibiting smoking in all health establishments).

DENMARK


ECUADOR


EGYPT

Order No. 386 of 1977 of the Ministry of Communications and Culture prohibiting the advertising of cigarettes on radio and television.

Law No. 52 of 20 June 1981 on protection against the harmful effects of smoking.

EGYPT (ALEXANDRIA)

Alexandria Municipal Ordinance of 20 July 1904 prohibiting smoking in theatres, amended on 29 December 1938 and by Law No. 372 of 29
October 1956 and gain in 1964 to ban smoking in public places and advertising.

**ELSALVADOR**


**EUROPEAN COMMUNITIES**

Resolution of 18 July 1989 of the Council and the Ministers of Health of the Member States, meeting within the Council, inviting the Member States to ban smoking in enclosed premises open to the public which form part of public or private establishments and to extend the ban on smoking to all forms of public transport (IDHL, 1989, 40(4): 890-891).

**FINLAND**


Law No. 1037 of 11 December 1987 concerning allocation of revenue from tobacco taxes to anti-smoking activities.

**FRANCE**

Decree of 26 April 1991 laying down the maximum tar content of cigarettes.

Decree of 26 April 1991 on the methods of analysis of the content of nicotine and tar and the methods of checking the accuracy of the information given on packages, as well as the modalities for showing health messages and the obligatory statements on packs of tobacco and tobacco products.

Decree No. 92-478 of 29 May 1992 establishing the conditions for application of the prohibition of smoking in premises assigned for community use and modifying the Public Health Code.

FRENCH POLYNESIA


GAMBIA


GERMANY

Workplace Ordinance of 20 March 1975(section 5)

GREECE


GUATEMALA


HONDURAS


HONG KONG


ICELAND


**INDIA**


**INDIA (STATE OF NEW DELHI)**

The Delhi (Place of Public Entertainment) Prohibition of Smoking Act 1953.

**IRELAND**

The Tobacco Products (Control of Advertising, Sponsorship and Sales Promotion) Act, 1978 (IDHL, 1979, 30(4): 806-807)


**ISRAEL**

ITALY


JAPAN

Law No. 33 of 7 March 1900 prohibiting smoking by minors, as amended by Law No. 251 of 18 December, 1948.

JORDAN


KENYA


KUWAIT


**KUWAIT (MUNICIPALITY OF KUWAIT)**


**LEBANON**


**LUXEMBOURG**


**MACAO**


**MALTA**

Smokeless Tobacco (Ban) Regulations 1988, to prohibit the importation, manufacture, preparation, storage, sale or supply of smokeless tobacco.

MAURITIUS

Public Health (Prohibition of Smoking) Regulations 1990, requiring health warnings, prohibiting sales of cigarettes to minors, and restricting smoking in public places.

MEXICO


NETHERLANDS

NEW ZEALAND
The Police Offences Act 1927 (reprint as of 1 January 1974).
(IDHL., 1975, 26(2): 398-399)
The Smoke-free Environments regulations 1990.

NICARAGUA
Decree of 30 June 1976 (establishing a health warning on cigarette packets).

NIGERIA

PAKISTAN

PANAMA
Decree No. 129 of 19 June 1978 prescribing measures on the advertising of alcoholic beverages, non-alcoholic beverages, cigarettes, and tobacco.

PAPUA NEW GUINEA


PARAGUAY

Decree-Law No. 4012 regulating Articles 202-205 of the Sanitary code on Advertising of Tobacco And Alcohol.

PARAGUAY

Capital Municipality Transit Rule 298 of August 1981 prohibiting smoking in urban passenger vehicles

Capital Municipality Ordinance 15,381 dated 2 February 1984 prohibiting smoking in cinemas, theatres, and other similar public places


PERU

Supreme Decree No. DS-0079-70- SA of April 1970 requiring health warnings on cigarette packages and advertising and restricting advertising (IDHL, 1977, 28(3): 689)
POLAND

PORTUGAL
Order No. 212 of 18 April 1978 prohibiting smoking in urban public transport as well as in inter-urban public transport on journeys lasting up to one hour (IDHL, 1979, 30(3): 638-639).
Decree-Law No. 226/83 of 27 May 1983 for the implementation of Law No. 22/82 of 17 August 1982 on the control of smoking, and establishing the Smoking Control Council (CPT)(IDHL, 1985, 36(1): 64-65).

ROMANIA
Law of 6 July 1978 on the safeguarding of the health of the population (Section 84)(IDHL, 1979, 30(2): 263)

SAUDI ARABIA
Royal Decree M/10 dated 1392(H)0-03-03 (1982) requiring health warnings in Arabic and English on cigarette packages as well as tar and nicotine contents, and specifying maximum tar and nicotine contents.
SENEGAL


SINGAPORE


SPAIN


SPAIN (CATALONIA)

Law No. 20 of 25 July 1985 on prevention and care in regard to potentially dependence-producing substances.
SPAIN (VALENCIA)


SRILANKA


SUDAN


SWEDEN


SWITZERLAND


SWITZERLAND (CANTON OF VAUD)

THAILAND


TRINIDAD AND TOBAGO

An Act relating to the protection of children and young persons, industrial schools, and orphanages, and juvenile offenders (the Children Act), Chap. 46: 01, Laws of Trinidad and Tobago, 17 March 1925.

(FORMER) UNION OF SOVIET SOCIALIST REPUBLICS


UNITED KINGDOM

An Act (Chapter 34) to amend the Children and Young Persons Act 1933, and the Children and Young Persons (Scotland) Act, 1937, to make it an offence to sell any tobacco product to persons under the age of sixteen, and for connected purposes (IDHL, 1986, 37(4): 799-800)

UNITED STATES OF AMERICA


The Comprehensive Smoking Education Act concerning information programmes, warnings on packages, evaluation of smoking control programmes, advertising restrictions (IDHL, 1985, 36(3): 649-652).

The Comprehensive Smokeless Tobacco Health Education Act of 1986 concerning information programmes, smokeless tobacco, restrictions on sales to minors, health warnings on packages, advertising restrictions, levels of toxic constituents, evaluation of smoking control programmes (IDHL, 1987, 38(1): 67-70)


URUGUAY

Decree No. 407/981 of 17 December 1980 prohibiting the smoking of tobacco products in any form in buses used for interdepartmental transport of passengers.


Decree No. 263983 of 22 July 1983 regulating the marketing and advertising of tobacco products.

Law No. 15656 of 10 October 1984 extending the interval for publishing the maximum contents of nicotine and tar by cigarette manufactures and importers (IDHL, 1988, 39(2): 396).

Resolution of the Chamber of Deputies dated 9 May 1989 prohibiting smoking in the plenary sessions and working committee meetings of the Chamber of Deputies Ministry of Public Health, Special Order No. 3904 (undated) prohibiting smoking in the hospitals of the Ministry of Public Health by patients and their visitors, and by physicians, students, and technical and administrative personnel while on duty and in contact with patients, and calling for intensified education on tobacco especially in the material and child health clinics, and requiring inclusion of information on smoking in clinical histories in the hospital.
VENEZUELA

Decree No. 849 of 21 November 1980 prohibiting the transmission by television stations of any commercial advertising which directly or indirectly encourages the consumption of cigarettes and other products derived from tobacco manufacture (IDHL, 1982, 33(3): 499).

Decree No. 996 of 19 March 1981 prohibiting the transmission by radio stations of any commercial advertising which directly or indirectly encourages the consumption of cigarettes and other products derived from tobacco (IDHL, 1982, 33(3): 499).

Resolution of 1985 of the Venezuelan Institute of Social Security prohibiting smoking in administrative and medical care facilities.

VIETNAM


YUGOSLAVIA

Appendix -IX

**AL-AEEN IS FOR YOU**

Al-Ateen is for young people whose lives have been affected by someone else's drinking. The following questions are to help you decide whether or not Al-Ateen is for you.

1. Do you have a parent, close friend or relative whose drinking upsets you?
2. Do you cover up your real feelings by pretending you don't care?
3. Does it seem as though every holiday spoilt because of drinking?
4. Do you tell lies to cover up for someone else's drinking or what's happening in your home?
5. Do you stay out of the house as much as possible because you hate it there?
6. Are you afraid to upset someone for fear it will set off a drinking bout?
7. Do you feel nobody really loves you or cares what happens to you?
8. Are you afraid or embarrassed to bring your friend home?
9. Do you think the drinkers' behaviour is caused by you, other members of your family, friends or rotten breaks in life?
10. Do you make threats such as "If you don't stop drinking, fighting etc. I'll run away"?

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3 Al-Anon Family Group Headquarters, Inc P.O. Box 862, Midtown Station New York 10018-0862 U.S.A.
11. Do you make promises about behaviour such as “I’ll get better school marks, go to church or keep my room clean” in exchange for a promise that the drinking and fighting stop?

12. Do you feel that if your father or mother loved you she or he would stop drinking?

13. Do you ever threaten or actually hurt yourself to scare your parents into saying “I am sorry” or “I love you.”?

14. Do you believe no one could possibly understand how you feel?

15. Do you have money problems because of someone else’s drinking?

16. Are mealtimes frequently delayed because of the drinker?

17. Have you considered calling the police because of drinking behaviour?

18. Have you refused dates out of fear or anxiety?

19. Do you think that if the drinker stopped drinking, your other problems would be solved?

20. Do you ever treat people (teachers, Schoolmates, teammates, etc) unjustly because you are angry at someone else for drinking too much?

If you have answered yes to some of these questions, Al-Ateen may help you. You can contact Al-Anon or Al-Ateen by writing to:

Al-Anon Family Group Headquarters, Inc
P.O. Box 862, Midtown Station
New York 100180862 U.S.A.
Appendix -X

AL-ANON IS FOR YOU

Millions of people are affected by the excessive drinking of someone close. The following twenty questions are designed to help you decide whether or not you need Al-Anon:

1. Do you have worry about how much someone else drinks?
2. Do you have money problems because of someone else’s drinking?
3. Do you tell lies to cover up for someone else’s drinking?
4. Do you feel that if the drinker loved you, he or she would stop drinking to please you?
5. Do you think that drinker’s behaviour is caused by his or her companions?
6. Are routines frequently upset or meals delayed because of the drinker?
7. Do you make threats, such as: “If you don’t stop drinking, I’ll leave you”?
8. When you kiss the drinker hello, do you secretly try to smell his or her breath?

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4 Al-Anon Family Group Headquarters, Inc. P.O. Box 862, Midtown Station New York 10018-0862 U.S.A.
9. Are you afraid to upset someone for fear it will set off a drinking bout?

10. Have you been hurt or embarrassed by a drinker's behaviour?

11. Does it seem as if every holiday is spoiled because of drinking?

12. Have you considered calling the police for help in fear of abuse?

13. Do you find yourself searching for hidden liquor?

14. Do you often ride in car with a driver who has been drinking?

15. Have you refused social invitations out of fear or anxiety?

16. Do you sometimes feel like a failure when you think of the lengths you have gone to control drinker?

17. Do you think hat if the drinker stopped drinking, your other problems would be solved?

18. Do you feel angry, confused, and depressed most of the time?

19. Do you feel there is no one who understands your problems?

If you have answered yes to three or more of these questions, Al-Anon or Al-Ateen may help. You can contact Al-Anon or Al-Ateen by writing to:

Al-Anon Family Group Headquarters, Inc
P.O. Box 862, Midtown Station
New York 100180862 U.S.A.
Appendix –XI

DID YOU GROW UP WITH A PROBLEM DRINKER?5

Al-Anon is for families, relatives and friends whose lives have been affected by someone else drinking. Many adults question whether these have been affected by alcoholism. If someone close to you has, or has had a drinking problem the following questions may help you to determine whether alcoholism affected your childhood or present life, and if Al-Anon is for you.

1. Do you constantly seek approval and affirmation?
2. Do you fail to recognize your accomplishments?
3. Do you fear criticism?
4. Do you overextend yourself?
5. Have you had problems with your own compulsive behaviour?
6. Do you have a need for perfection?
7. Are you uneasy when your life is going smoothly, continually anticipating problems?
8. Do you feel more alive in the midst of crisis?

Alcoholism is a family disease. Those who have lived with this disease as children, sometimes have problems, which the Al-Anon program can help to resolve. If you answered yes to some or all of the above questions Al Anon may help. You can contact Al-Anon by writing to: Al-Anon Family Group Headquarters, Inc. P.O. Box862, Midtown Station New York100180862 U.S.A.
9. Do you still feel responsible for others you did for the problem drinker in your life?

10. Do you care for others easily yet find difficult to care for yourself?

11. Do you isolate yourself from other people?

12. Do you respond with anxiety to authority figures and angry people?

13. Do you feel that individuals and society in general are taking advantage of you?

14. Do you have trouble with intimate relationships?

15. Do you confuse pity with love, as you did with the problem drinker?

16. Do you attract and seek people who tend to be compulsive?

17. Do you cling to relationships because you are afraid of being alone?

18. Do you often mistrust our own feelings and the feelings expressed by others?

19. Do you find it difficult to express your emotions?

20. Do you think parental drinking may have affected you?
Appendix – XII

NEGATIVE RULES AND NEGATIVE MESSAGES COMMONLY HEARD IN ALCOHOLIC OR OTHER TROUBLED FAMILIES.

Don’t express your feelings.
Don’t get angry.
Don’t get upset.
Don’t cry.
Do as I want and say. Not as I do.
Be good, nice and perfect.
Avoid conflict (or avoid dealing with conflict).
Don’t think or talk; just follow direction.
Do well in school.
Don’t ask questions.
Don’t betray the family.
Don’t discuss the family matters with outsiders; keep family secrets.
Be seen and not heard.
No back talk.
Don’t contradict me.
Always look good.
I am always right, you are always wrong.
Always be in control.
Focus on the alcoholic’s drinking or troubled person’s behaviour.
Drinking or other troubled behaviour is not the cause of our problems.
Always maintain the status quo.
Every one in the family must be an enabler.

NEGATIVE MESSAGES

Shame on you
You are not good enough
I wish I’d never had you
Your needs are not all right with me.
Hurry up and grow up.
Be independent.
Be a man.
Big boys don’t cry.
Act like a nice girl or a lady.
You don’t feel that way.
Don’t be like that.
You are so stupid or bad.
You caused it.
You owe it to us.

Of course we love you!

I'm sacrificing myself for you.

How can you do these to me?

We won't love you if you....

You are driving me crazy.

You will never accomplish anything.

It didn't really hurt.

You are so selfish.

You'll be the death of me yet.

That is not true.

I promise (though breaks it)

However, these negative rules are often inconsistently enforced.

Difficulty in trusting rule makers and authority figures and feeling of fear, guilt and shame are the results.
Appendix -XIII

TWELVE THINGS TO DO IF YOUR LOVED ONE IS AN ALCOHOLIC

1. Don’t consider this as a shame to family. Recovery from alcoholism is like that from any other illness.

2. Don’t exhort or lecture to the alcoholic. He has already told himself everything you tell. He will not pay attention to your words. You may be increasing his need to lie or force him to make promises that he cannot possibly keep.

3. Beware of the “holier than you” attitude. It is possible to create this impression without saying a word. An alcoholic’s sensuality is such that he judges other people’s attitude toward him more by small things than outspoken words.

4. Don’t use the “if you loved me” appeal. Since the drinking habit is compulsive and beyond his will power, it increases his stress.

5. Avoid any kind of threat. There may times when a specific action is necessary to protect children and so on. But idle threats only make the alcoholic feel you don’t mean what you say.

6. Do not conceal or dispose alcohol for it may lead alcoholic to depression and finally he will search for other means to get it.

7. Do not allow alcoholic to force you to join with him.
8. Don’t be jealous of the means that alcoholic chooses to get rid of. Don’t consider love of home and family as the primary incentive for seeking recovery. At first help him to regain his self-esteem and self respect rather than resumption of family responsibilities.

9. Don’t expect an immediate hundred percent recovery. As it is the case with any other disease there is period of convalescence. There may be relapses and times of tension and resentment.

10. Don’t try to protect the recovering alcoholic from drinking situations. It is one of the easiest ways to push him into relapse. He must learn on his own way to say no to such situations. You do not warn people against serving drinks because it may evoke the old feelings of resentment and inadequacy.

11. Allow the alcoholic to do the duties that he can perform alone. Let the alcoholic to take the medicine for himself. Don’t remove the problems before the alcoholic can face it and help him if he is not capable of solving it alone.

12. Do offer love, support and understanding in his sobriety.
Appendix –XIV

BANGKOK DECLARATION
of Non – Governmental Organizations - 1994
World Forum on Drug Demand Reduction

We, the representatives of NGOs coming from 112 countries,

Assembled at the 1994 NGO World Forum on Drug Demand Reduction, initiated by the New York and Vienna NGO Committees, hosted by the National Council on Social Welfare of Thailand and supported by the United Nations International Drug Control Programme (UNDCP), held in Bangkok, Thailand, 12 – 16 December 1994 in the context of the United Nations Decade against Drug Abuse.

Deeply concerned by the magnitude of the rising trends in demand for narcotic drugs and psychoactive substances, including alcohol, tobacco and volatile substances, which pose a grave and persistent threat to the health and well-being of humankind, to the economic, social and cultural structures of all societies, and to the lives and dignity of millions of human beings,

Being aware of the need for comprehensive and culturally specific approaches in combating drug abuse through enhanced joint efforts between non-governmental, governmental and international organizations,

Recognizing the links between the increasing demand, consumption, production, manufacture, supply, trafficking in and distribution of drugs
and the health, economic, social and cultural consequences in the communities and countries affected by them.

Noting that the supply of and demand for drugs tend to generate violence, criminal activities and corruption in communities and countries affected, thus necessitating the diversion of resources,

Deeply concerned about the worsening adverse health and other related consequences of drug use, such as HIV, hepatitis, cancers, liver cirrhosis, and other diseases,

Considering that the stigmatization of drug users violates the principles of human rights,

Convinced that drug demand reduction should be accorded a high priority by the local, national and international communities and that non-governmental organizations must play a key role in matters of policy formulation and implementation of programmes for prevention, communication/information, education, treatment, rehabilitation and social reintegration,

Acknowledging that this NGO World Forum has created an opportunity for non-governmental organizations, which have provided valuable services to humankind, to share their experiences and develop further partnerships among themselves,

Acknowledging further the need to develop cooperation, whenever possible, with NGOs involved in other areas of socio-economic development so as to enhance the worldwide efforts to contain and eliminate the demand for drugs as a global response to the Comprehensive
Multidisciplinary outline of Future Activities in Drug Abuse Control (CMO) and to the Global Programme of Action adopted by the 17th Special General Assembly of the United Nations, as well as the consensus reached at this Forum.

Considering that the work of non-governmental organizations would be enhanced by the Bangkok Declaration of Non-Governmental Organizations,

**Fully agree on the following:**

1. We declare that NGOs have a role to play in advocacy and in policy development and should be involved by governments and international organizations at all stages of strategy development, planning, implementation and evaluation of demand reduction efforts;

2. We strongly emphasize that international and national efforts against drug misuse should include alcohol, tobacco, volatile substances and other legally available drugs;

3. We stress the importance of dealing with people who are experiencing drug problems with dignity and respect and within the framework of human rights;

4. We suggest the use of multi-disciplinary approaches in addressing multifaceted drug problems, keeping in view the role of the family, the community, religion and / or spirituality and culture in all applicable circumstances;
5. We hold that the rapid spread of HIV infection requires specific responses from non-governmental organizations as well as from UNDCP, UN specialized agencies, other international, intergovernmental, regional organizations and governments, and the programmes of non-governmental organizations should be expanded in partnership with the above mentioned agencies;

6. We invite all NGOs involved in the area of social and economic development, in recognition of the detrimental impact of the demand for alcohol, tobacco and other drugs, to consider integrating demand reduction activities into their programmes and furthermore, to develop working relationships with drug specialist NGOs;

7. We call on the mass media to co-operate further with NGOs, to provide accurate information and consistent messages to the general public regarding drug use and problems, to support limits, legislative or otherwise, on demand stimulation for legal drugs through advertising or any other form of promotion, and to refrain from stigmatizing drug users and from using scare tactics or glamourizing drug use, including alcohol and tobacco use;

8. We encourage the establishment or further strengthening of formal or informal, local, national, sub-regional and regional networks in drug demand reduction in collaboration and with the support of relevant organization;

9. We emphasize the importance of setting up, as soon as possible, various follow-up mechanisms in order to further the momentum achieved at this Forum and so as to be able to present concrete
outcomes at various appropriate meetings, including future NGO World For a, before the end of the United Nations Decade against Drug Abuse:

10. We encourage UNDCP, WHO, and other international and regional organizations as well as governments to combine forces to address the major socio-economic and health threat posed by all drugs in both their licit and illicit forms of production, trade and promotion and invite them to assist, NGOs in implementing to the fullest extent possible the resolutions outlined in this Declaration.
Appendix - XV

AN AUTOBIOGRAPHY IN FIVE SHORT CHAPTERS

I

I walk down the street.

There is a deep hole in the sidewalk.

I fall in.

I am lost... I am helpless.

It isn’t my fault.

It takes forever to find a way out.

II

I walk down the same street.

There is a deep hole in the sidewalk.

I pretend I don’t see it.

I fall in, again.

I can’t believe I am in the same place.

But it isn’t my fault.

It still takes a long time to get out.

---

*From a handout supplied in a class on Alcoholism and Drug Abuse held in Trinton College, USA.*
I walk down the same street.

There is a deep hole in the sidewalk
I see it is there,
I still fall in. ...It’s habit ...but,
My eyes are open.
I know where I am.

It is my fault,
I get out immediately.

I walk down the same street.

There is a deep hole in the sidewalk.
I walk around it.

I walk down another street.

***************
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