CHAPTER I

INTRODUCTION

Alcohol is a sedative drug and alcoholism is an addiction. Addiction to alcohol and drug is an ever growing and frightening disease for which so far no effective remedy has been found out. Scientists have prevented each and every disease, in the course of time. Addiction, being an age-old disease, has not been checked or prevented. It being a disease there should be a preventive strategy. Our work is a search for a strategy to prevent addiction to alcohol and drugs.

The word alcohol is derived from the Arabic word Al-kuhul (also known as Kohl or Kohol). It referred to the powder of antimony used to colour the eyelids. It has got a connotation, as "there is mud in your eye". In the beginning it was used to denote 'a very fine powder'. Later this word began to denote finely ground substance and then the essence of a thing. As a result it came to mean "finely divided spirit" or the essential spirit of wine. Slowly it began to be known as simple alcohol. The Arabic word al-kohl means ghost or evil spirit.
Etiology of Alcohol

Socio cultural influences

Influence of family and peers

Psychological factors

Effects of alcohol

Addict

Genetic factors

Bio chemical factors

Flow chart No. 1

Alcoholism is a progressive and incurable disease, which affects physical, mental and spiritual spheres of human beings, characterized by loss of control over the use of alcohol and other sedatives. The definition given by American Medical Association is worth quoting. “Alcoholism as an illness characterized by significant impairment that is directly associated with persistent and excessive use of Alcohol. Impairment may be physiological, psychological or social dysfunction”.\(^1\) When we plunge deep into the subject, we can understand that heavy drinking is not

\(^1\) Cfr. Thomas Ambooken, Psychosocial Contributions to Alcoholism, Institute of Family Counseling: Trichur 1992, p.59
alcoholism or problem drinking. It is the step to the disease. More over heavy drinkers are potential alcoholics. World Health Organization defines alcoholism as the repeated (intermittent or continual) ingestion of alcohol leading to dependency, physical disease or other harm.²

World Health Organization further defines alcoholics as those excessive drinkers whose dependence on alcohol has reached such a degree that it shows a noticeable mental disturbance or an interference with their bodily and mental health, their interpersonal relations, and their smooth social and economic functioning; or those who show the prodromal signs of such development.³

According to Keller and Elron, “Alcoholism is characterized by the repeated drinking of alcoholic beverages to an extent that exceeds customary use or compliance with the social customs of the community that interferes with the drinkers’ health or his social or economic functioning”⁴. James R. Milam and Catherine Ketcham define alcoholism as a chronic primary hereditary disease that progresses from an early, physiological susceptibility to an addiction characterized by tolerance changes, physiological dependence, and loss of control over drinking. Psychological symptoms are secondary to the physiological disease and

⁴ Quoted in “Alcoholism and the Family - A study of de-addiction programme”, Mohammed Peer & Hilda K. Rayappan, Prajna Counselling Centre, Mangalore 1996, p.2
not relevant to its onset. Alcoholism has been considered as a symptom of psychological or social stress or as a learned, maladaptive coping behaviour. Now a days, it is to be viewed as a complex disease. All on a sudden one never becomes an alcoholic. It takes sufficient time to become an addict. The availability of the beverages, the body structure, pattern of drinking, family history etc. influence the person. Alcohol comes to be used more as a mood-changing drug than as a foodstuff.

1.1 IMPACT OF ALCOHOLISM

More males are affected by alcoholism than females. Recent surveys show that drinking is increasing among the youth and women. Consumption of alcohol is apparently on the rise over the world. The total alcohol consumption and prevalence of alcohol-related problems are high in all the societies, especially in societies of developing nations.

Initially, the alcoholics may demonstrate a high tolerance to alcohol, consuming more and showing fewer adverse effects than others. Subsequently, however, the person begins to drink against his or her own best interests, as alcohol comes to assume more importance than personal relationships, work, reputation, or even physical health. The person commonly loses control over drinking and is increasingly unable to predict how much alcohol will be consumed on a given occasion or, if the person is currently abstaining or when the drinking will resume again. Physical dependency leads one to have withdrawal symptoms when sufficient drink is not available.

1.2 A GLOBAL MENACE

"Mankind is on its way to world alcoholisation"\textsuperscript{6}, says Prof. David Mohan of All India Institute of Medical Sciences. Alcoholism has become an important problem in every walk of life to be reckoned with. It cannot be ignored or suppressed with physical force. The threat and challenge emerging from addiction to alcohol, drug and tobacco, have become a major global problem and have sent shock waves to the brains of all thinking people. Addiction to liquor, Gandhiji said, is the greatest curse that can befall the human race\textsuperscript{7}. No sane man will doubt or deny the truth of his words.

Drug addiction and Tobacco have also become a global menace. "Currently there are 400 million drug abusers globally, including 8 million heroin addicts. Worldwide 11\% of AIDS cases are estimated to be due to drug users injecting Heroin with dirty needles. During 1996 and 1998 there was 37\% increase in HIV infection in those countries which reported a rise in injecting drug use and sharing of dirty needles\textsuperscript{8}.

Liquor is the ruthless robber that takes away money from your purse, peace from your home, savoury food from your kitchen, joy from your family, love from your heart, health from your body, thinking power from your brain and every grace from your soul. It estranges wife from the husband, children from their parents and raises walls of hatred between neighbours. The stink of liquor contaminates every zone of

\textsuperscript{6} Cfr. The Globe- An International Magazine on Alcohol and Drug Problem, England, No.2 1996 p.4
\textsuperscript{7} Young India, 16-4 1925, Drink, Drug and Gambling p.20
\textsuperscript{8} Global Illicit Drugs Trend 1999 UNDCP Report
human activity. Marriages, religious festivals, club meetings, social gatherings etc. that should exude joy and benevolence and should foster concord, are marred by the ominous presence of liquor. Addiction can sour human relations and turn close friends to foes in a moment. Values that we hold dear and esteem, are lost under the influence of drink. It generates in the young lassitude and aimlessness in life and corrodes their health, happiness and youthful dynamism.

Liquor deteriorates the drinker’s health. In the same way liquor lobbies destroy the very moral basis of the State by rendering it dependent on them for the money needed to run the government. Because of this dependence to the liquor lobbies the government allows them to exploit the people by unlawful profiteering.

Once, India was only a transit country for the passage of drugs to other countries. But by and by it turned to a user country. During 1995-96 more than 3 lakhs of people registered their names with the Non-government agencies for drug treatment. In 1990-91 about 4.6 crores of rupees were spent by the government to combat the menace of alcohol and drug abuse. The amount rose up to 15 crores of rupees in 1996-97. Kerala is fast coming to the forefront of the states, notable for the number of liquor and drug addicts. We have to counter in all seriousness the menace posed by this widespread addiction.

According to government statistics the people of Kerala consume liquor worth of 5,000 crore of rupees every year. But if we take in to account the widespread use of illicit liquor also the sum may mount up to 10,000 crores.
In 1993 permission was given for the import of spirit into the state and this paved the way for its illegal transit on a very large scale. Spirit has been streaming into the country through a hundred channels. “Kerala Desecya Vedi”, a voluntary organization, estimates that there are 37,000 unauthorised and unlicensed shops in Kerala. The excise income, which is the second largest source of income to the government, is considerably mined down by the proliferation of illegal liquor shops.

Common people are afraid to combat openly the illegal vendors of liquor, who, they know, are supported by politicians and clandestinely patronized by government officials. Corruption reigns supreme in the liquor industry and distribution zones. And the common people foolishly ignorant are exploited to the extreme.

It is lamentable that Kerala has reached almost the forefront of the Indian states in the per capita consumption of liquor. Even teenagers are turning to liquor for company, for recreation, and for celebrations of all kinds. Homes, especially of the well-to-do, stock a variety of intoxicants for any time and purpose. It is not realized that the pillars of morality that should support the family are slowly but surely crumbling down and the character of growing children is being undermined.

What is being done in Kerala to solve the problem? Two movements are now afoot to combat the menace of growing alcoholism in Kerala. One is the Kerala Prohibition Council, demanding the prohibition of the production, consumption, and sale of liquor by the government. The second is the Temperance Movement known as “Madyavarjana Samithy”. It calls for a voluntary abstention from liquor. It may be noted
that it was the Prohibition Movement that paved the way to the ban of arrack. None of the movements has succeeded in stirring up the masses to a great extent.

1.3 KERALA SCENARIO IN FOCUS

According to United Nations Drug Control Programme (UNDCP) the world population is classified into 3 categories in relation to the use of alcohol and addictive substances.

<table>
<thead>
<tr>
<th>Non-users</th>
<th>Users</th>
<th>Addicts</th>
</tr>
</thead>
<tbody>
<tr>
<td>30%</td>
<td>60%</td>
<td>10%</td>
</tr>
</tbody>
</table>

At present in Kerala more than 10% families suffer from problems related to addiction. Lack of network and co-operation among the Non-governmental Organizations spoil the spirit of prevention to a great extent.

As a matter of fact, we have ignored the possibility that the present users may become easily addicts and the non-users may soon join the category of users. Social drinking is becoming acceptable in Kerala due to several reasons. Cultural and religious traditions, advertisement, money earned through improper ways, lack of control over business hours, the enormous income bagged by alcohol traders, the influence of abkari lobby in administration, the covetable position of the abkari contractors in society, the influence and impact of western life-style, the imitation
tendency of the youngsters etc. have paved the way for a drug-drink-smoke culture in Kerala.

Another reason for the spread of alcoholism is that the use of liquor is considered as a mark of manliness and prestige in society. It has assumed the level of what is known as “the status symbol”. And a munificent offering of liquor is counted as the best incentive to gain over any person for anything whatever. Law enforcement is very weak due to several reasons. As a result, we experience the damage in fields of culture, intellect and other human resources.

Damage to the health of the general public, the loss of working days due to intoxication, the accidents due to drunken driving, the loss of time and energy, the inconveniences caused by the drunkards, the sufferings of wives and children of the alcoholic and other drinkers etc. are to be taken into account. Alcoholism has created many poor, and abandoned people. Actually it is the number one enemy of the working class.

In Kerala the number of population is 315 lakhs. Among this 31.5 lakhs are addicted to alcohol means 31.5 lakhs of families are affected by the evil effects of alcohol. It seems to be the biggest problem of the state. Kerala has the highest number of suicide cases i.e. 31 out of one lakh. It has the highest rate of per capita consumption pushing back Punjab to the second place.

Police-abkari- political nexus is very powerful in Kerala. They can even control the government. Abkari contractors have enormous money.
They can become not only the leaders of society but also Members of the Parliament, Legislative Assemblies, even ministers of the government.

The various ministries in Kerala conveniently ignore the prohibition movement. Both the Left Democratic Front and the United Democratic Front are having a hostile mentality towards the anti-alcoholic movements. The income that the government amasses from the liquor sale is very substantial and they say that it is to be protected at any cost. So the critics of prohibition argue that it is the duty of the government to supply quality liquor all through Kerala in order to resist the supply of spurious and illicit liquor. The number of drinkers and the liquor lobby is increasing day by day. Liquor lobby has the upper hand and acceptance in the society because they have become the sponsors of cultural as well as social activities.

Easy availability of liquor, whatever be the age of the consumer is another problem. In 2004 the number of toddy shops in Kerala are 5989. The number of IMFL retail shops and the Bar attached hotels are 351 and 515 respectively. The beverages corporation has increased the number of retail shops in the state. Each district head quarters has got only one wholesale distribution centre except Thiruvananthapuram and Idukki. At Thiruvananthapuram they have two and at Thodupuzha they have one instead of Idukki. The Beverages Corporation has the plan to establish at least one retail shop or a beer parlour in every panchayat. At present there are 64 beer parlours in Kerala.
In addition to that there is a parallel distributing system run by illicit spirit mafia. They have enough illicit spirit and a wide network system. The amount of spirit distributed by this mafia is unaccountable.

The income of the liquor mafia is very high. Recent studies show that people of Kerala spend more money for liquor than for daily food. The following statistics is prepared by the researcher after a personal enquiry.

<table>
<thead>
<tr>
<th>Item</th>
<th>Number</th>
<th>Income per day</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toddy shops</td>
<td>5,989</td>
<td>3,000</td>
<td>17,967,000</td>
</tr>
<tr>
<td>IMFL</td>
<td>351</td>
<td>50,000</td>
<td>17,550,000</td>
</tr>
<tr>
<td>Bar Hotels</td>
<td>515</td>
<td>100,000</td>
<td>51,500,000</td>
</tr>
<tr>
<td>Retail shops</td>
<td>305</td>
<td>50,000</td>
<td>15,250,000</td>
</tr>
<tr>
<td>Beer parlours</td>
<td>62</td>
<td>10,000</td>
<td>620,000</td>
</tr>
</tbody>
</table>

In addition to that ex-service men can have IMFL according to their rank. It is estimated that around 1000 crores rupees worth liquor is distributed through 14 district head quarters of Kerala.

The parallel distribution of illicit liquor by the liquor mafia amounts more than the government distribution. Altogether people of Kerala spends almost 10,000 crores for liquor.
1.4 RATIONALE OF THE STUDY

As the problem has reached a critical point, treatment centres started coming up.

De-addiction centres are concentrating mainly on treatment. Though some of them are doing meritorious service to society, they generally don’t confront the problem in an integrated way. There is a criticism that some of the centres are run just as business establishments, forgetting the service dimension.

In the field of treatment different institutions follow different methods. In hospital-attached treatment centres importance is given to the administering of medicines. In some places counselling is the sole method made use of. In some of the centres run by religious groups the spiritual side of treatment is given emphasis. Case studies of relapsed alcoholics show that one-sided treatment methods do not give the best results. The method adopted should aim at a total transformation of the patient in the spiritual, physical, mental and social aspects of his life. A holistic treatment method is to be formulated suited to the culture of Kerala. In this the ideals and principles of Gandhiji is of considerable help. What is attempted in this study is to develop such a model that is relevant to Kerala.

Proper training and ardent desire is lacking in many cases. It is a field, which requires dedicated service. Different aspects are given stress in various centres. Since man has body, mind and soul a holistic approach is necessary. A Gandhian perspective will be very helpful in forming a treatment model suited for Kerala.
More than 25 A.A. groups function in various parts of Kerala. The members, once victims of alcoholism but now liberated, find strength and encouragement in the company of the likes of them. The Al-anon and Al-a-teen groups also represent organized efforts to build up the integrity and well being of families once broken by alcoholism. The approaches adopted by these groups are of immense relevance in developing a treatment model for Kerala. So they are given due consideration in the present study.

Another phase of our study is to make a comparative study of the work and methods followed by three outstanding treatment centres of Kerala. As the researcher has close association with ADARRT (Alcohol & Drug Addicts Research, Rehabilitation and Treatment centre) for the last seven years as its Director he has been able to experiment and experience the pros and cons of the method followed here. In Kerala there are 24 De-addiction centres sponsored by the ministry of social justice and human empowerment, Government of India. Different models of treatment are followed here. In the fifth chapter we have tried to evolve a treatment model in the light of the comparative study of the methods used in three different centres and by a close study of individual cases.

In Kerala the prevention programmes have not gone beyond the information level with only off and on attempts at conscientization. But it is necessary to develop it into an ongoing programme of formation resulting in a definite transformation in the trainee. In order to build a model of prevention for Kerala, the circumstances peculiar to Kerala have to be identified and kept in view while developing such a model.
UNDCP suggests a three-fold scheme to overcome the menace of addiction.

- Risk reduction
- Demand reduction
- Supply reduction

Risk reduction requires an all-round treatment of the victims of addiction. This dangerous condition can be overcome only through proper guidance and treatment.

Demand reduction can be achieved only by intensive conscientization creating awareness in people about the dangers wrought by drug and alcohol. When the demand is so high supply also becomes high. In order to reduce the demand the number of persons who desire to have it should become less. People should remain strong in their decision not to take alcoholic beverages.

To reduce supply is chiefly the work of the government. Availability easily leads to increase in demand. The Government should come forward with effective schemes and legal enforcement to achieve Supply Reduction. In the context of Kerala the three-fold UNDCP programme is examined and critiqued.

1.5 OBJECTIVES AND HYPOTHESES

In the light of the above the main objectives of the study are as follows:

1. To propose an addiction prevention programme through personality development suited to the conditions prevailing in
Kerala incorporating Gandhi's ideas about combating the liquor menace.

2. To propose a treatment model suited to the Kerala situation giving importance to the physical, mental, spiritual, social and familial aspects of the disease.

3. To explain the relevance of Gandhian approach to the liquor evil.

These objectives are pursued in the light of the following hypotheses.

1. Addiction prevention is a pressing need of the time. Attempt for this should begin at the school level itself. For this a new programme should be introduced in all the schools and educational institutions through clubs or associations.

2. A syllabus with systematic programmes aiming at character formation is useful and essential.

3. An all-round solution incorporating Gandhian insights will help in combating the menace of alcohol.

1.6 METHODOLOGY

This study has incorporated theoretical and empirical components. So an adequate methodology incorporating the salient features of some of the well-established methodologies has been evolved. For this interview schedules, questionnaire, survey etc. are relied upon.

The universe taken for this study is Kerala. Both primary and secondary sources of data are used in this study. The functions of three major treatment centres are studied critically. The researcher visited
almost all the treatment centres in Kerala. Since the researcher himself was the state general convener of the Madya Virudha Janakeeya Munnani, it was possible to have contact with almost all the leaders of the anti-alcoholic movements as well as the authorities of the treatment centres in Kerala. It can be seen that this study is one of the pioneering studies linking treatment and prevention. The researcher has been implementing the prevention programme in certain selected schools for the last five years. It is being received with enthusiasm. Teachers are also given timely training to implement the prevention programme.

In connection with the thesis the researcher has visited the Hazelden centre in Minnesota U.S.A. The researcher had discussions with the staff and the director. The Hazelden library and the research programmes were very useful in designing the prevention programme for the students. T.T.Ranganathan Clinical Research Foundation  Chennai was another source of information. What is special about this study is that it is based on Gandhian principles. Modern psychological and sociological findings about alcoholism and drug abuse are also taken into consideration.

SUMMING UP

Proper treatment can reduce considerably the number of addicts in the state. Establishing a re-habilitation centre where handwork is given importance is a pressing need of the time. Gandhian principles can be implemented in these centres for better results. The scope of the study lies in evolving a proper treatment model, which will improve the results of treatment all through Kerala. Prevention programmes are designed in the light of Gandhian principles.