CHAPTER I

INTRODUCTION
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STATEMENT OF THE PROBLEM

Alcoholism has many destructive dimensions. Health problems, socio-economic problems, family problems are only the few important areas of its impact. To minimise its impact many a time prohibition was practised, aiming at overall abolition of alcoholism from society. More over, after India became Independent, the overall policy of the Government of India was directed towards achievement of total prohibition in the country. Article 47 of the Constitution states, "The State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties and, in particular, the State shall endeavour to bring about prohibition of the consumption except for medical purposes of intoxicating drinks and of drugs which are injurious to health". Under Schedule VII of the Constitution, the production, manufacture, transport, purchase and sale of intoxicating liquors and duties of excise on them have been brought under the State list. Therefore, prohibition is a State subject. The Central Government help is expected the State Governments in taking appropriate steps in fulfilling the constitutional obligations.
Many social and political leaders also recommended for the imposition of prohibition from time to time. Women groups, Non Governmental Organisations, Gandhian thinkers were the main force behind the imposition of prohibition in India. But their number is only marginal when compared to the society of various ramifications. Further, these people are not the alcohol consumers.

The prohibition should have the acceptance of wider society. Further, this act of prohibition, to succeed, the compromise of economics is only one angle for the Government of the day. The most important groups that are to contribute for the success of prohibition is habitual alcoholics and casual alcoholics. The habitual alcoholics and casual alcoholics must compromise in their alcoholism to make the prohibition a success. Unless these groups compromise on alcoholism any effort in implementation of prohibition is bound to fail. However, the imposition of sudden prohibition and non-availability of alcoholic drinks is likely to lead social and psychological tensions among these individuals and groups. Moreover each one of these alcoholics has to adopt the suitable coping strategy to become a forced non-alcoholic from an alcoholic.

Normally, different coping strategies are adopted by social workers and medical personnel for treating the
chronic alcoholics and they are treated by adopting suitable coping strategies for de-addiction. The strategies normally used includes action strategy, escapism strategy, optimism strategy, pessimistic strategy, interpersonal strategy, control strategy, welfare strategy, strategies of perseverance, restrain, intellectual denial, drawing strength from adversity, etc.*

The cases of chronic alcoholics are different from prohibition affected habitual alcoholics. The habitual alcoholic must also use some or the other coping strategies to adopt himself for the situation of prohibition imposed on him, may be against his or her wishes. To adopt oneself to the situation of non-alcoholism, each one of the alcoholics must adopt their own coping strategies to avoid sudden strain and stress due to prohibition imposed on him.

In Andhra Pradesh the alcoholism was on a larger scale until January 1995. The total consumption of arrack was estimated to be 111 thousand litres per annum in 1990-91. The excise levies bracketed by the Government of Andhra Pradesh through this alcohol market was around 1000 crores. This gives the heights upto which the alcoholism has reached with Government blessings.

* Different coping strategies with their meaning are discussed in Chapter II.
By January 1995, alcoholism has reached the most of the social nerves of the society. From this stage, alcoholism has to be controlled to naught to make the prohibition a success. To reach the stage of 'naught', the cooperation of people is of utmost importance. This cooperation can be expected only when the people adopt their coping strategies for habituating to non-alcoholism. Otherwise, the people will search for the 'loop holes' either in the law of prohibition or in the very implementation of prohibition.

It is in this context, the present study is an effort to analyse and assess different coping strategies adopted by alcoholics to the situation of prohibition in Andhra Pradesh. The study mainly aims at the delineation of important coping strategies adopted. It also aims at understanding the gaps in the adoption of coping strategies at community, household and individual levels. The understanding of these gaps and loopholes are expected to help the prohibition in its success.

SCOPE OF THE STUDY

The study of coping strategies of habitual alcoholics was the main aim of the present effort. Hence,
the problems of chronic alcoholics and the coping strategies for their welfare are not considered here. Even the casual alcoholics are also not considered for the study.

The complete success of prohibition is yet to be achieved in Andhra Pradesh. Certain loopholes in the law of prohibition and few others in implementation of the same makes it possible for people to consume alcohol, but may be, to a lesser extent at a higher price. Which means, the coping strategies need not have been adopted to the optimum. This leaves a gap between the actual adoption of coping strategies and the adoptable levels of coping strategies. This is the main limitation of the study.

The sample respondents chosen are only from three villages, representing different castes. This group may not represent the entire social fabric of Andhra Pradesh, leaving a gap in generalising the findings.

OBJECTIVES

The main aim of the present study is to understand the coping strategies of habitual alcoholics to the imposition of prohibition. The following specific objectives are framed for a scientific analysis of the problems of prohibition and the coping strategies.
1. To trace the history of alcoholism,
2. To understand the concept of prohibition and its implementation in India,
3. To trace the background behind the introduction of prohibition in Andhra Pradesh,
4. To understand the different coping strategies adopted by society to the situation of prohibition, and
5. To suggest measures for inculcating the different coping strategies among habitual alcoholics to make the prohibition a success.

METHODOLOGY

To understand the adoption of coping strategies an empirical study is conducted. For this purpose sampling technique has been adopted. The northern most division of Anantapur district consisting of 20 mandals was chosen randomly from among the three administrative divisions of Anantapur district. All the mandals in the division are listed and three of them have been chosen by adopting simple random sampling technique. By following the same method one village each from each mandal were also chosen.*

* For want of secrecy the names of the sample villages and mandals have not been revealed. The village leaders, respondents and few other wellwishers insisted on not revealing the village names. The reason is that, nobody is willing to risk by accepting alcohol use during the days of prohibition.
After some initial contact with the village leaders and elders, the names of habitual alcoholics of the three villages have been listed out. From this list of 207, a sample of 100 were chosen randomly. These 100 have formed the sample for our present study.

A word of explanation is necessary to identify a habitual alcoholic. Alcoholics can be classified into three groups i.e., chronic alcoholics, habitual alcoholics and casual alcoholics. Chronic alcoholics are those who are completely addicted and such alcoholics reach the point, that their life becomes miserable without alcohol. These are all the cases needing medical attention and cure. Habitual alcoholics are those who consume liquor regularly, but do not become addicts to it. This group takes liquor on the joyful and sorrowful occasions, after a hard day's toil and some times even as a matter of social prestige. There are few others who take alcohol very rarely and we call them casual alcoholics. We are covering only habitual alcoholics and not the chronic or casual alcoholics. Chronic alcoholics are the material for clinical therapy. The casual alcoholics may not have either willingness or capacity to work against prohibition.

To elicit the opinions on prohibition, and to understand the coping strategies of this habitual alcoholics,
a schedule has been specifically designed, pre-tested and canvassed. The major areas that have been covered in the schedule are the socio-economic background of the household and the drinking patterns of the habitual alcoholics, the issue of alcoholism, prohibition and the coping strategies adopted.

The information so obtained has been analysed and tabulated. Wherever necessary only simple arithmetics like averages and percentages have been used. However, the scaling technique has been adopted to a large extent to derive the results of more meaningful nature.

CHAPTER SCHEME

The present study has been divided into five chapters. The present chapter addresses the statement of the problem, scope and limitations, objectives, methodology and chapter scheme of the study. The history of alcoholism and prohibition are dealt in detail in Chapter II. It even covers the de-merits of alcoholism and the explanation of coping strategies normally adopted by the alcoholics. Chapter III delineates the socio-economic background of the sample. The impact of prohibition, adoption of coping strategies and the gaps in the coping strategies are dealt in detail in Chapter IV. The last chapter summerises the main findings.
and provides few suggestions for inculcating the coping strategies to be adopted by habitual alcoholics, households of these alcoholics, government and Non-Governmental Organizations.

REFERENCE