CHAPTER II

ALCOHOLISM, PROHIBITION AND COPING STRATEGIES - ON OVERVIEW
ALCOHOLISM, PROHIBITION AND COPING STRATEGIES - AN OVERVIEW

INTRODUCTION

The present Chapter deals with four important aspects relevant to the present study. Alcoholism, effects of alcoholism and the spread of alcoholism are the first components dealt in detail. Secondly, different theories of alcoholism are presented in brief. Thirdly, the concept of prohibition, history of prohibition and its implementation are analysed and, lastly, different coping strategies have been explained in detail. This information, it is expected, to provide sufficient background for the analysis of empirical data and information.

ALCOHOLISM DEFINED

Alcoholism has been defined in different ways by experts taking into consideration the contents of alcohol, habits of alcohol consumption and impact of alcohol usage.

Oxford English Dictionary differentiates between alcohol and alcoholism. According to it alcohol is "the pure or rectified spirit of wine, the spirituous or intoxicating element in fermented liquors" and alcoholism as "the action
of alcohol upon the human system, diseased condition produced by alcohol".1

According to the National Council on Alcoholism, alcoholism is an addiction to alcohol that entails several harmful consequences including damage to brain, liver or other organs as well as destructive effects on the alcoholic's own life and that of the alcoholic's family.2

The Sub-Committee on Alcoholism of the W.H.O. has described alcoholics as "those excessive drinkers whose dependence upon alcohol has attained such a degree that it shows a noticeable mental disturbance or an interference with their bodily or mental health, their interpersonal relations, and their smooth social and economic functions or who show the prodromal signs of such developments".3

According to Keller Mark "alcoholism is a psychogenic dependence on or a physiological addiction to ethanol, manifested by the inability of the alcoholic consistently to control either the start of drinking or its fermentation once started...."4

In the context of our study it is enough to say that, the consumption of alcoholic beverages including toddy, country made liquor, government supplied cheap liquors and
Indian made foreign liquors (IMFL) and beers may be considered as alcoholism. Those people who consume these liquors either after a hard day's labour and on occasions of joy and sorrow without chronically becoming addicts are considered as habitual alcoholics. Since the chronic addicts requiring medical attention are not included in our sample and as such we limited the explanation only to habitual alcoholism.

BIRTH OF ALCOHOLISM

Drinking of alcoholic beverages has a very long history dating back to the earliest human civilisations. Sumarian physicians and Egyptian doctors prescribed beer and wine as cure for illness around the year 2000 B.C. Alcohol has always played a prominent part in the celebrations of significant events of various kinds such as births, deaths, marriages, anniversaries and religious ceremonies. In fact, the part played by wine was very important in the religions of the Greeks and Romans and still played a significant symbolic role in the Christian Eucharist.5

There are many legends of the accidental discovery of fermented liquors and their use in almost all ancient civilizations and societies. Only one such is described as an example here, which comes from Persia.6
In legendary times, there lived in Persia, a prince named Jemsheed who had an insatiable love of grapes to the extent that he would mourn the passing of each vine season. One autumn, when the vines were heavy with luscious fruit, he gathered the grapes in jars and stored them properly for future use. He was greatly disappointed when several weeks later, he discovered that the grapes had turned into a murky seething liquor. The wise men at the court explained that some evil spirit had poisoned his treasure. Consequently, he labelled the jars 'poison' and departed to drown his sorrows in his harem. An old lady of the harem who obviously had lost the glow from her cheeks in a depressed mood, wandered through the palace and happened to see the jars labelled poison, she thought of killing herself by taking it and with this resolve, she filled a cup and courageously took it in a single gulp. She was amazed when instead of the pains of death, she experienced the joy of life. She drank another cup. Life was even better after a third cup, she could not resist informing Prince Jamsheed of her discovery. To this day, wine is known in Persia as 'the delightful poison'.

The rise of Muslim Arab empire ushered in a new era as far as alcoholic drinks are concerned. The Arab alchemists believed that wine contained in it a spirit, an
essence, which was stronger than wine and which could not be isolated. They experimented with different methods and ultimately developed a technique whereby wine was heated and then the spirit that evolved out of it, was cooled and condensed in a separate vessel. Thus was discovered the art of distillation of wine and of making distilled liquors. Jabir ibn Hayyam, the greatest Muslim alchemist, is credited with this discovery. He is also said to have coined the word 'alcohol'. In Arabic, the word Kuhl, Kohl or Kohol refers usually a finely powdered substance used as cosmetic to darken the eye lids. Since the spirit of wine came off in the process of distillation in such a finely divided form as to be almost invisible, it was also called al-Kohl-al being the preposition. For a long time after the ninth century, the word alcohol referred only to a fine powder of any particular substance. But gradually the word came to mean 'essence' of a thing. European alchemist Paracelsus defined alcohol as 'the most subtle part of anything'. He wrote distillate of wine as 'alcohol vini'. Gradually the word Vini was dropped and the word alcohol alone denoted the spirit of wine.

In India, the earliest references to drinking of Soma, Sura and other fermented alcoholic drinks is available in the religious books, such as Rigveda. There are hymns in Rigveda in praise of Soma, the beloved drink of Lord
Indra, the immortal. Soma was offered to Indra so that he may be pleased and fulfil the wishes of worshippers.9

THEORIES OF ALCOHOLISM

There are three major categories of etiological theories in alcoholism and they are biological, psychological and socio-cultural.10

The first set of theories postulate that alcoholism results from an inherited metabolic defect that causes the need for certain dietary substances in excess amount. These studies also explain the other possibilities like endocrinal dysfunction, hereditary factors etc. The genetic theories state that alcoholism is far higher among relatives of alcoholics than general population.

The three approaches which explain the psychological causes of alcoholism are: psycho-analytic theory, learning theory and personality trait theory. Psycho-analytical explanation rests on three major theoretical positions.

1. Freudlian view relates alcoholism to such factors as repressed urges, oral dependency, need for security, self-punishment and parental hatred.
2. Adlerian view is that alcoholism represents a striving for power which compensates for pervasive feelings of inferiority. Alcoholic turns to alcohol to enhance his feelings of self esteem and power.

3. Alcoholics resort to alcohol because it provides a sense of release, a sense of power and feeling of achievement.

The behaviour model, which is based on the learning theories, explain alcoholism as a conditional behavioural response. The most commonly accepted behavioural model of alcohol drinking is based on the assumption that alcohol reduces tension. There are evidences that alcoholics exhibit some personality traits in common. However, the study population has always been the people in trouble. Hence, the question whether the personality traits observed in these people on the onset of illness is unanswered.

Socio-cultural theories of alcoholism claim that appropriate use of intoxicants, attitudes towards alcohol, regulation of drinking practices, environmental support for drinking etc., are largely determined by cultural setting. Albon claims that massive social controls in major areas of family life are closely related to problematic drinking behaviour.
EVIL EFFECTS OF ALCOHOLISM

The medical opinion is that far from having any health giving and disease curing properties alcohol causes many diseases and contributes to many more in an indirect manner by adversely affecting the normal resistance of the human body to diseases. According to Expert Group on Alcohol, Human Health and Nutrition, consumption of alcohol adversely affects optional intake of essential nutrients such as protein and vitamins by the family as a whole, producing damaging effects particularly among pregnant and lactating women and pre-school children. Also, there is evidence to suggest that pre-existing nutritional deficiency, by interfering with the production or activity of ethanol oxidizing enzymes may not only intensify the toxic effects of alcohol, but may also impair the regenerative and separative activities of the damaged cells of liver. The Expert Group has further listed the following deleterious effects that liquor cause on human health apart from diversion of meagre financial resources by poorer sections.

- it damages the liver, it makes the liver fatty in the beginning, thereafter, it causes alcoholic hepatitis which develops into cirrhosis, finally resulting in liver cancer.

- it causes gastro-intestinal dysfunction, and impairs the intestinal transport of nutrient substances.
- it directly affects the nervous system impairing task performance (like typing, driving, mountain climbing etc) which is dependent on well functioning conditioned reflexes. Functional disorders of other organs like the liver will also affect adversely the functioning of the nervous system.

- it affects the heart, causing beri-beri, heart and alcoholic cardiomyopathy.

- it causes diseases of the muscle.

- it inhibits secretion of anti-diuretic hormones and oxytocin.

- it suppresses the formation of red blood corpuscles.

- it leads to malnutrition, by impairing normal processes of food digestion and absorption. It also reduces intake through loss of appetite.

The adverse consequences of alcohol abuse affects not only the individual but the family and society. Abuse of alcohol according to Stewart Collins is a

- medical problem - It affects all systems in the body.
- social problem - Destroys of home and family.
- traffic problem - Road accidents in which alcohol is involved are not accidents but crashes.
- Penal problem - Resulting in increased crime and violence.
- Mental health problem - Minor to major mental disorders occur either during the period of alcohol intake or on withdrawal.
- Industrial problem - Manifested in occasions of absenteeism, loss of productivity and accidents.
- Teenage problem - Youth are at risk either by their own drinking or of parents and others.

- Children's problem - One in every 500 babies born in U.K. are children with foetal syndrome.

According to Keith and Roland17 the deterioration in alcohol dependents starts slowly for individuals who drink immediately, the alcohol that is taken in must be assimilated by the body. About 5 to 10 per cent is eliminated through breath, urine and perspiration. The work of assimilation is done by the liver, but when large amounts of alcohol are ingested, the liver may seriously overworked and eventually suffer irreversible damage. In fact, overtime, the excessive drinker has one in ten chances of developing cirrhosis of the liver; a pathological condition in which liver cells are irreparably damaged and replaced by fibrous scar tissue. Alcohol has no nutritional value, the excessive drinker often suffer from malnutrition. The excessive intake of alcohol also impairs the activity of the white blood cells in fighting disease and is associated with a greatly increased risk of cancer. Alcoholic usually suffers from chronic fatigue, oversensitivity and depression. Delirium tremors commonly occur among those who drink excessively for a long time. Alcohol is a major cause of mortality and morbidity. One in every five men admitted to hospital have an alcoholic related problems.
Initially alcohol may provide a seemingly useful crutch for dealing with the stresses of life, especially during periods of acute stress by helping to screen out intolerable reality and enhancing the drinker's feelings of adequacy and worth. Eventually, however, the excessive use of alcohol becomes counter-productive, resulting in lowered feelings of adequacy and worth; impaired reasoning and judgement and gradual personality deterioration. The individuals behaviour typically becomes coarse and inappropriate. He assumes increasingly less responsibility, loses pride in his personal appearance neglects his family and becomes generally touching and irritable about his drinking. As his judgement becomes impaired, the excessive drinker may find himself unable to maintain employment and generally unqualified to cope with any new demands that are made upon him. But this time, he is likely to have seriously weakened his general health as well as to be suffering from brain damage; his general life situation is likely to reflect, for example, in loss of employment or a marital break up, his personal disorganisation and deterioration. The public hall or hotels where drinking along with other allied activities such as dance, prostitution, gambling goes on brings community disorganisation.

The poorer sections suffer most, economically too, due to alcoholism. A major share of their meagre income goes
to alcohol. Their health suffers and their families suffer in toto. Wife beatings are very common among these sections. The main culprit here is alcohol. Indebtedness, mortgaging, whatever little assets they have, all are common practices among them.

GROWTH OF ALCOHOLISM

In the last 300 years there have been marked changes in the actual consumption of alcohol in Western countries, with dramatic differences in the consumption of beverages such as beer, spirits and wine. It is, of course, well known that in the seventeenth and eighteenth centuries beer consumption per capita was much higher than it was in the nineteenth century and early twentieth century and indeed, than it is at the present times.

At the time of Industrial Revolution, drinking alcohol became associated with 'disreputable' working class lifestyles, accompanied by lack of self-control and lack of thrift. This was taken farther during the last 1700 and early 1800s in the pioneering writings of Benjamin Rush in the United States and Thomas Trotter in Scotland. They began to provide scientific explanation for understanding excessive drinking, promulgating, for the first time the idea of
alcohol as a disease: an addictive substance over which the individual had no control and could not exercise choice or free will.

Over the years, consumption of liquors in India has been showing an upward trend. From 1,842 lakh litres in 1976 the consumption of liquor rose to 3,197 lakh litres in 1982, an increase of 75 per cent in a matter of six years. In terms of the volume of sales, the total annual sale of Indian Made Foreign Liquor (IMFL), country liquor and beer put together was of the order of Rs. 2,200 crores in 1982. The excise revenue earned by the State Governments rose from Rs. 449.31 crores in 1976 to Rs 1,330.47 crores in 1982.19

Liquor production has registered an increase in spite of a ban on licensing additional capacity in the liquor industry, which was introduced in 1975. According to a study on small industries conducted by the Indian Institute of Public Administration, most liquor companies have extended their capacity.20 For instance, the installed capacity for beer was 123,250 kilo litres in 1980. Against this, the production in the same year was 146,000 kilo litres. This went up to 155,000 kilo litres in 1981 and to 165,000 kilo litres in 1982. Today, barring few, all the States have stepped back from prohibition. The main reason for this appears to be the loss of revenue through excise duty because of the introduction of prohibition. According to a report
of mid eighties, by liberalising the prohibition policy Tamil Nadu was able to wipe out its budgetary deficits. In 1981-82, liquor duties brought in Rs. 92 crores. Against the net additional yield from all budget proposals of Rs. 105 crores in Maharashtra, the revenue by way of excise and licence fee for the liquor industry was about Rs. 130 crores. Though figures are not readily available, it may be presumed that during the last decade the growth of alcohol must be at a far higher rate than this.

In Andhra Pradesh too, the consumption of alcohol has been on the increase in recent decades. This has been well documented in a thought provoking article by D.Narasimha Reddy and Arun Patnaik. The table from this study is reproduced here to understand the quantum of consumption of different liquors in Andhra Pradesh.

It may be observed from table 2.1 that, the number of arrack shops has increased by more than two times between 1969-70 and 1991-92 i.e., in just 22 years. The arrack consumption has doubled by more than two times in much less period i.e., 16 years (1975-76 and 1990-91). The beer consumption has also increased by two times between 1977-78 and 1990-91. The Indian Made Foreign Liquor shops have increased by four times between 1977-78 and 1990-91 i.e., in a matter of 12 years. Indian Made Foreign Liquor consumption has increased by six times during the same 12 years.
**TABLE 2.1**

ARRACK CONSUMPTION IN ANDHRA PRADESH

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of shops</th>
<th>Arrack consumption (Million shops litres)</th>
<th>1 ml Beer consumption (Million proof Bulk litres)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1969-70</td>
<td>7159</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1970-71</td>
<td>8669</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1971-72</td>
<td>9294</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1972-73</td>
<td>9546</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1973-74</td>
<td>10745</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1974-75</td>
<td>12001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1975-76</td>
<td>13847</td>
<td>54.4</td>
<td></td>
</tr>
<tr>
<td>1976-77</td>
<td>13809</td>
<td>61.5</td>
<td></td>
</tr>
<tr>
<td>1977-78</td>
<td>14154</td>
<td>63.4</td>
<td>1661</td>
</tr>
<tr>
<td>1978-79</td>
<td>14150</td>
<td>66.4</td>
<td>2998</td>
</tr>
<tr>
<td>1979-80</td>
<td>14135</td>
<td>67.1</td>
<td>4566</td>
</tr>
<tr>
<td>1980-81</td>
<td>13996</td>
<td>70.3</td>
<td>4321</td>
</tr>
<tr>
<td>1981-82</td>
<td>13847</td>
<td>69.7</td>
<td>3087</td>
</tr>
<tr>
<td>1982-83</td>
<td>16059</td>
<td>74.0</td>
<td>3698</td>
</tr>
<tr>
<td>1983-84</td>
<td>17643</td>
<td>83.3</td>
<td>4294</td>
</tr>
<tr>
<td>1984-85</td>
<td>18648</td>
<td>86.5</td>
<td>5941</td>
</tr>
<tr>
<td>1985-86</td>
<td>18949</td>
<td>88.7</td>
<td>5847</td>
</tr>
<tr>
<td>1986-87</td>
<td>22657</td>
<td>94.8</td>
<td>5381</td>
</tr>
<tr>
<td>1987-88</td>
<td>22803</td>
<td>103.7</td>
<td>5344</td>
</tr>
<tr>
<td>1988-89</td>
<td>16772</td>
<td>117.2</td>
<td>6072</td>
</tr>
<tr>
<td>1989-90</td>
<td>16426</td>
<td>116.1</td>
<td>6503</td>
</tr>
<tr>
<td>1990-91</td>
<td>16436</td>
<td>111.2</td>
<td>6744</td>
</tr>
<tr>
<td>1991-92</td>
<td>16507</td>
<td>N.A</td>
<td>N.A</td>
</tr>
</tbody>
</table>

The above information is sufficient to prove that liquor consumption has been increasing at an alarming rate to the detriment of the society. The different governments during the last few years have also given a positive support for the growth of this liquor trade. The Government viewed this as a 'goose that laid the golden eggs'. An amount of Rs. 141 crores was collected during 1979-80 accounting to 28.6 per cent of Governments total revenue. This has increased to 660 crores by 1989-90, accounting to 27.65 per cent of the total revenue. Apart from Government encouragement, the alcohol industry too encourages alcohol consumption through its own methods as 'alcohol is easy to make and simple to sell'. Further in the words of a Study Team on Prohibition, the industry thrives by trying to make "every non-drinker, into a drinker; every casual drinker into a regular drinker and every regular drinker into a heavy drinker".

NEED OF PROHIBITION

The habit of drinking is spreading fast all over the world and in India as well. People are being initiated to drink at a very younger age. The total quantity of alcoholic drinks consumed is increasing fast. With the increasing number of younger people catching the drinking habit, more and more people suffering from consequential
diseases of the body and mind, disorganisation in the family, destruction in the society in the form of enhanced number of accidents and crimes and down-grading of moral values, no society can allow the situation of laissez faire - to let it go as it does. The more industrialized the society, the greater the cost of drinking it has to bear because industrialization everywhere demands precision which alcohol denies.

Taking into view the aforesaid aspects of drinking, and related health problems, there are people who would not be satisfied with any control over drinking less than that of total prohibition. There are others whose immediate aim is to halt the increasing consumption of alcohol in the first instance, and then to proceed further from there. Whichever way one likes it to be, there is no doubt that to begin with, it is necessary to put some control over drinking (1) by the individual and (2) by the society.

Prevention of drinking habit in society is not easy. Many countries from time to time have tried it without any substantial success. Sweden, Finland, United States and others have tried prohibition but had to revoke it. In earlier times, prohibition was tried and as severe a punishment as death was imposed for drinking in some societies. Yet it did not succeed.
Lemert cogently presents the dilemma facing the state in regard to the control of drinking. "Those groups which place a high premium on sobriety and a low value on intoxication have little need for governmental regulation of their drinking behaviour, conversely, those groups or societies which at times value intoxication more than sobriety effectively sabotage or reject governmental control".25

Initiation of any prohibition programme in the Country, State or community must begin with proper assessment of the values which the group regards highly. If those values are not conducive to introduction of control over drinking, then the first aim should be to spread knowledge through different media of mass communication about (1) the undesirability of those values, (2) the desirability of the new values and (3) educating the masses so as to let them know what is at stake if they drink.

Noticing the disorganisation that is caused by the alcohol to the individual, family and community as a whole, several people stressed the importance of prohibition. Gandhiji who strongly demanded prohibition wrote "If I was appointed dictator for one hour for all India, the first thing I would do would be to close without compensation all
liquor shops, destroy all toddy palms such as I know in Gujarat, compel factory owners to produce human conditions for their workmen and open refreshment and recreation rooms where there workmen could get innocent drinks and equally innocent amusements... For the loss of revenue from drinks, I would straightaway cut down the military expenditure...."26

Even our former Prime Minister, Jawaharlal Nehru, great supporter of prohibition, had expressed his concern over offering of alcoholic drinks in the parties given by our foreign missions abroad. He said : "I must say that I do not agree with the statement that is sometimes made even by our ambassadors that drinks attract people to parties and if there are no drinks served, people will not come. I have quite frankly told them that if people are only attracted by drinks, you had better keep away such people from our missions. I do not believe in this kind of diplomacy which depends on drinking. And if we have to indulge in that kind of diplomacy, others have had more training in it and are likely to win".27

PROHIBITION IN INDIA

The use of intoxicating drinks has been common in ancient times. Throughout the course of governance of Hindu and Muslim rulers, the masses generally remained free from
the evil of drinking and drugs. This is corroborated by foreign travellers including Fa-Hien, Vasco Da Gama, Bernier and Tavernier who visited India at different times.28 Various methods of controlling the drink traffic for common people were tried at different times with varying degrees of success. Among the Hindus, at one time in the early history, manufacture, transportation and sale or use of alcoholic beverages was made a capital offence. Emperors like Ashoka and Akbar, law givers like Kautilya and Manu had not only condemned drink and drugs but also made laws against the use of the fermented beverages. There were strong religious and traditional sanctions against the use of the liquor.29

The early British has inter-linked liquor consumption with excise revenue and its policy was one of the temperance and of restricting the consumption of intoxicating drinks. During 1790, excise laws and rules were framed with the policy of maximum revenue with the minimum consumption. But this policy had little effect. The trade in liquor went into new and expanding phase during this period. A system of controlled monopolies came into existence for the manufacture and sale of liquor. Drinking was given social acceptance during this period. Certain other external factors such as social interaction with British residents, industrialization and urbanisation indirectly contributed to the spread of alcoholism among the rich and poor alike. The demand created
by the drink habit on one hand, supported by trade interests on the other, resulted in increased consumption.

The prohibition movement in India can be traced along the Independence movement against the British. By 1888, one of the major items of the movement was the demand to ban, by law, the manufacturing and drinking of alcohol. The British authorities pleaded that alcohol earned excise revenue which was being used for the purpose of education of the people. It was, however, felt by the leaders that introduction of the excise systems served only to increase the drinking habit among the people. Things came to a head when Lokamanya Tilak launched people's agitation in 1906 by picketing liquor shops in Pune. In 1920, prohibition was adopted as an essential part of the constructive programme under the leadership of Mahatma Gandhi. Gandhiji who was so decisive in his views against drinking wrote in 1921: "You will not be deceived by the spacious argument that Indians must not be made sober by compulsion and that those who wish to drink must have facilities provided for them. The State does not cater to the vices of the people we do not regulate or licence houses of ill-fame. The State does not provide facilities for thieves to indulge in thieving. I hold drinking to be more damnable than thieving and perhaps even prostitution. Is it not often the parent of both? I ask you to join the State in abolishing the liquorshops."
Comprehensive prohibition laws were enacted in 1937 by the Governments of Madras, Central Provinces and Beror, Bihar, Orissa and North West Frontier provinces and in selected areas of Bombay and the United provinces where popular governments were established. However this was only short lived. In a matter of two years the popular Ministries have resigned and the prohibition laws were annulled. The financial crunch on British due to the outbreak of World War II also seem to have had its impact.

In Bombay a decision was taken to bring about complete prohibition in the State by gradual stages within three years from April 1, 1947. A separate law called the Bombay Prohibition Act 1949 was enacted and complete prohibition was brought about in the State with effect from April 6, 1950. Similarly in Madras State soon after the resumption of power by the popular ministry, the policy of prohibition was revised, and by 1948-49, it was extended to all the districts. The task of extending prohibition as a national policy was considered as an important welfare measure and the responsibility for working out the modalities of the implementation of the policy was assigned to the Planning Commission.
The Planning Commission appointed the Prohibition Enquiry Committee and it submitted its report in 1955. Few far reaching recommendations have been made about the adoption of prohibition as a national policy. Important of them are (1) that prohibition should be regarded as an integral part of the Second Five-Year Plan, (ii) that the target date for completing nationwide programme should be April 1, 1958, (iii) that in States which were yet to make a beginning and in the wet areas in partial prohibition States from April 1, 1956 there should be stoppage of drinking in hotels, bars, restaurants, messes, clubs, cinemas and in parties and functions, (iv) that there should be prohibition committee in each district and at the village and mohalla level, (v) that the Union Government would give adequate assistance to those States which depend on excise for a considerable part of their revenue to introduce prohibition in their areas, and (vi) that a clear cut statement may be issued by the Union Government to the effect that prohibition has become a National Policy.

During Second Five-Year Plan number of steps were taken for the introduction of prohibition as an essential item of social policy. A Central Prohibition Committee was set up by the Home Ministry. The committee met towards the end of 1960 to review the implementation of prohibition policy.
The Third Five-Year Plan emphasised prohibition essentially as a social welfare movement and recognised that if prohibition were to rest primarily on enforcement by the police and by excise staff not much progress would be made.

During the Third Five-Year Plan, the Planning Commission appointed a Study Team in 1963 on prohibition. The Study Team submitted its report in 1964. This two volume report covers almost every aspect of liquor manufacturing, trade, consumption consequences, the history of the movement against liquor in India as well as abroad, the problem and the failures of prohibition law. The important recommendations of the team including changes in the provisions of the liquor offenses, mass education and publicity, role for voluntary agencies and Nasha Bandi, Lok Karya Kshetras throughout the country and four-phased programme culminating in total prohibition preferably by January 30, 1970. But it is during this period the prohibition was made a mockery and every State except Gujarat lifted prohibition.

In continuation of the policy of unwritten lenience, the Fourth Five-Year Plan and the Annual Plans did not evince any interest in prohibition policy. During this period Uttar Pradesh government abolished prohibition in 11 districts where there was prohibition in 1964 but introduced
only certain dry days. Madhya Pradesh quickly followed suit. Mysore was the first State in the south to relax even its partial prohibition in 1964. Haryana scrapped it from April 1967 and Kerala did so in the same year. Orissa was the next to scrap prohibition in 1968. Andhra Pradesh followed suit in 1969. Assam liberalised prohibition in 1970. Maharashtra revised its policy towards a permit system with the abolition of prohibition in August 1971 in Tamil Nadu. Hardly a year had passed since Gandhi Birth Centenary, there was no major State except Gujarat where prohibition was in force.

PROHIBITION IN ANDHRA PRADESH

Andhra Pradesh did act on prohibition with the constitution of Prohibition Enquiry Committee under the leadership of S.V. Ramamurthy. The Committee's report observed that "the objective of minimum consumption was not helped but vitiated by the objective of maximum revenue in which revenue was sought to be obtained from the poorest classes for being spent on society in general". True to the reality, by 1990-91, Andhra Pradesh occupied first rank in the country in arrack consumption with 111 million litres per annum. New innovations were made to maximise the liquor vending. Government production of cheap liquor, auctioning the liquor shops, supply of liquor in small sachets, giving a
The people decided to fight back and want strict implementation of prohibition. The social evil of alcoholism reached the shape of 'social devil'. Only a spark is awaited for the society to react and to develop the Peoples Policy of prohibition. This was made possible by the most unexpected source of inspiration. An adult education programme called 'Akshara Jyothi' was the first fillip. A small story, describing the evils of alcoholism was all it needed which explained in one of the adult education books. A rebellion was started against alcoholism in an unknown village called Dubagunta in Nellore district. Chittoor and Hyderabad districts followed suit. The neo-literate women in the villages pledged to fight against the arrack-demon in the concluding sessions of the 'Akshara Jyothi' programme. Since then, a new momentum has been unleashed by the women. To their credit it can be said that they converted a women's movement into a people's movement.

Beginning in the early August 1992 in a remote village the agitation by women protesting against arrack auctions and demanding ban on the sale of arrack spread to almost all districts of the State. The movement against the sale of arrack started in North Telangana districts also. The
movement started spontaneously. The prevailing social, economic and political factors have all contributed for the success of agitation. In response to this the then Government prohibited the arrack from October 1st, 1993. The complete prohibition except toddy was announced by the Government in December 1994, followed by the Ordinance implementing complete prohibition from December 29th, 1994 and it came into implementation from January 17th, 1995.

COPING STRATEGIES AND ALCOHOLISM

The term coping has been defined in many ways. It is said as "the process of managing demands (external and internal) that are appraised as taking or exceeding the resources of a person".37 It can also be defined as the reaction of the mind and body to an event that brings about a change. The change can either be pleasant or unpleasant. It also refers to external pressure that can make one feel tense inside. Thus stress is the body's response to anything that makes one feel threatened or perceived or that which puts a strain on the body. It is caused by any kind of demand to which one must adapt, adjust or respond. Adjusting to such demands are called coping.
Throughout life an individual is forced with a succession of problems and challenges, ranging from major crisis, such as, serious injury or bereavement and even to the hassles of everyday living.\textsuperscript{38} Experiences of this nature result in emotional distress and other signs of disturbances which may have long term cumulative effects on both physical and psychological health.\textsuperscript{39} However, each individual develops and adopts his own coping strategy with his physical and social world. Rarely, people yield to helplessness to events and circumstances, with an appropriate attitude and adequate resources, they maintain a degree of equilibrium in the face of adversity.

Life would not have been so difficult if biological and psychological needs were automatically gratified to all. But there are many obstacles both environmental and personal that may interfere. Such obstacles place adjustive demands or stress on individuals.

In the present context, the coping strategies refer to the methods adopted by 'habitual alcoholics' in becoming 'non-alcoholics'. A person allowed access to alcohol, and who has become habitual alcoholic has been forced to become a non-alcoholic through prohibition. An individual's pleasures were seem to have been curtailed, who thinks that his extreme feelings of depression or euphoria
could have been expressed with alcohol has to become a non-alcoholic by force. The people who are seemingly trying to drown their boredom, loneliness and lack of recreation, feelings of anger, hatred, resentment and the fear of facing reality in alcohol are forced to become non-alcoholics.

In general, there are innumerable coping strategies that are adopted. Social workers, psychotherapists and physicians adopt different coping strategies in dealing with their subjects. Individuals too adopt coping strategies, which they feel suitable to the conditions of the stress.

Chronic alcoholics are dealt with suitable coping strategies at clinical level. But in the case of habitual alcoholics no clinical supervision is involved. A habitual alcoholic has to adopt his own coping strategies to live in the realm of prohibition i.e., forced non-alcoholism. Hence, it is difficult to adopt academically well defined coping strategies for the analysis in the present study. Instead different methods adopted by the habitual alcoholics have been synchronised into different coping strategies and the same have been analysed.

For purpose of the present study the identification of coping strategies has been done in the following manner. Different methods adopted by the
respondents have been enlisted initially. Methods of similarity are identified and they have been grouped into strategies. Such identified strategies are eleven in our study. These eleven strategies have been explained here by adopting a simple method of explanation in 'first person' as followed by Viney and Westbrook. It is viewed, explanation in 'first person' would help in easier understanding of the coping strategies.

1. When things get difficult in my life, I control my feelings, I compromise. (Control Strategy)

2. When things get difficult in my life, I don't worry, things usually work out fine. (Optimism Strategy)

3. When things get difficult in my life, I try to reduce tension (e.g., I cry, smoke or drink), I become involved in other activities. (Escape Strategy)

4. When things get difficult in my life, I try to reason out the positive aspects of it. I become involved in accepting the problem in good sense. (Welfare Strategy)

5. When things get difficult in my life, I find out the cause of the problem, I take positive action based on the understandings of the problem. (Action Strategy)

6. When things get difficult in my life, I ask someone to help, I talk with friends. (Interpersonal Coping Strategy)

7. When things get difficult in my life, I am prepared to expect the worst. I accept that much of life is difficult. (Fatalism Strategy)

8. When things get difficult in my life, I make steady effort to overcome it and to achieve something. (Perseverance Strategy)
9. When things get difficult in my life, I give logical and intellectual reasoning to 'screen out' the problem from my mind. (Strategy of Intellectual Denial)

10. When things get difficult in my life, I check the problem and confine to other area of life. (Restrain Strategy)

11. When things get difficult in my life, I draw the strength from adversity and overcome it. (Drawing Strength from Adversity Strategy)

The above strategies, explained in different contexts, are equally applicable, to alcoholism and habitual alcoholics. The present study takes into cognizence all these eleven strategies as applicable to habitual alcoholics.
REFERENCES


8. Ibid., p.16.

9. Ibid., p.16.


15. Ibid.


20. Quoted from *Booze in Big Business*, *Business India*, New Delhi, January 30 - February 12, 1984.

21. Ibid.

23. Ibid., p.1062.


26. Young India, 1931.

27. Quoted from O.P.Jaggi, To Drink or Not to Drink, Orient, 1977, p.19.


32. This Committee was appointed in 1954, which was also known as Srimannarayan Committee.


34. The Study Team was constituted under the Chairmanship of Justice Tek Chand.


