

A Study of Policy and Programmes on Alcohol

(Case Study of National Capital Territory of Delhi)

A Dissertation submitted in Partial Fulfilment of the requirement for the award of Master of Philosophy in Social Sciences from Punjab University, Chandigarh under the Advanced Professional Programme in Public Administration (APPPA)

By

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Under the Guidance

Of

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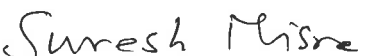
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CERTIFICATE

I have the pleasure to certify that Shri Khagesh Garg of Indian Telecom Services (ITS) has pursued his research work and prepared the present dissertation titled “**A Study of Policy and Programmes on Alcohol (Case Study of National Capital Territory of Delhi)**”, under my guidance and supervision. This dissertation is the result of his own research work and to the best of my knowledge, no part of it has earlier comprised any other monograph, dissertation or book. This is being submitted to the Punjab University, Chandigarh, for the purpose of Master of Philosophy in Social Sciences in Partial Fulfilment of the Requirement for the Advanced Professional Programme in Public Administration of Indian Institute of Public Administration (IIPA), New Delhi.

I recommended that the dissertation of Shri Khagesh Garg is worthy of consideration for the award of M.Phil. degree of Punjab University, Chandigarh.


(Prof. Dr. Suresh Misra)

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Executive Summary

Although alcohol has been used since ancient times, but it has always been known as a social curse. In the last few years, its use has seen a great increase and its acceptance in the society are also expanded. Consumption of alcohol is legally permissible in the country except some states but Directive Principles of Constitution promotes prohibition of the consumption of intoxicating drinks and of drugs which are injurious to health except for medicinal purposes. As per the finding of the National survey report “Magnitude of Substance Use in India, 2019” conducted by Ministry of Social Justice and Empowerment between the age group of 10-75 years, about 16 Crore persons consume alcohol in the country and more than 5.7 Crore individuals are affected by harmful or dependent alcohol use and need help for their alcohol use problems. As per the Survey report 21.3 per cent population of Delhi between the age group of 10-75 years is alcohol user which is higher than the national prevalence of 14.6 per cent.

As per the constitution, production, manufacture, possession, transport, purchase and sale of intoxicating liquors is a state subject. So it is a one of the source for revenue generation for the state governments. State excise duty on alcohol accounts for around 10-15% of Own Tax Revenue of a majority of states. So it seems that state governments are promoting alcohol consumption for generating revenue rather than discouraging its usage in the society.

Since the percentage population of alcohol users in Delhi are more than the national average hence there is a need to know the gaps in existing policy and programmes of the Government of National Capital Territory of Delhi (NCT of Delhi) on alcohol and also to know the impact of alcohol use on an individual.

The research design used in this study is descriptive and separate questionnaires were prepared for the primary data collection from treatment seekers in de-addiction centers and treatment service providers. Recent surveys done by the Government, information available on internet and newspapers articles also referred as a secondary data source for the study.

Study revealed that despite provision of legal age of 25 years for getting liquor, majority of the respondents (more than 76%) started drinking alcohol much before the permissible age and situation is alarming when 17.6% respondents are initiated drinking in their childhood age (below 15 years). Majority of the respondents (81.2%) observed the harmful effect of alcohol consumption and more than 80% respondents faced difficult financial position at home due to alcohol. Study also reveals that Majority of the respondents (85.7%) feels that alcohol consumption has made negative impact on their social status. Study also indicates some gaps in the policy of the government such as minimum legal age of drinking is not in consonance with the neighbouring states.

This study gave a good insight on the issue of alcohol and can be concluded that gaps are required to be addressed in the Policy of the Government of NCT of Delhi for dealing with the alcohol. As such there is no policy per se on alcohol but there is only one Act i.e. The Delhi Excise Act, 2009 which is aiming for revenue generation for the government. Study suggested that there is an urgent need for the policy formulation on reduction of alcohol consumption having integrated approach of demand reduction; harm reduction as well as fulfilling the revenue requirement of the government.

List of Abbreviations

NCT	National Capital Territory of Delhi
MSJE	Ministry of Social Justice and Empowerment
AIIMS	All India Institute of Medical Sciences, New Delhi
NDDTC	National Drug Dependence Treatment Centre
WHO	World Health Organisation
RBI	Reserve Bank of India
GST	Goods and Services Tax
HHS	Household Sample Survey
RDS	Respondent Driven Sampling
ATS	Amphetamine Type Stimulants
MLDA	Minimum Legal Drinking Age
NFHS	National Family Health Survey
NCRB	National Crime Records Bureau
FICCI	Federation of Indian Chambers of Commerce & Industry
FSSAI	Food Safety and Standards Authority of India
IRCA	Integrated Rehabilitation Centres for Addicts
NAPDDR	National Action Plan for Drug Demand Reduction
UTs	Union Territories
GoI	Government of India
NGO	Non-Governmental Organization
UP	State of Uttar Pradesh

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Chapter – 1

Introduction

1.1 Background

Alcohol is not just a psychoactive drink, but it is a motivator of human culture and supplying the phenomenon of art, language and belief. The history of alcohol consumption is found from our ancestors. Studies suggest that intentionally fermented beverages existed at least as early as the Neolithic period.

As per some scholars, distillation process for alcohol likely started in India. It was appeared in the Indus Valley Civilization. During this period various beverages were in use between 3000 BC and 2000 BC. The beverage Sura, which was very popular at that time, brewed from rice meal, wheat, sugar cane, grapes, and other fruits.

After that, alcohol consumption in India is found in every period of history including pre- Vedic, Vedic/Epic, Mughal, British or modern times. With the changing of religious, cultural, social and political environment, the behaviour and use pattern towards alcohol have been modified. While the Rig Veda speaks of complete prohibition of alcohol use but a balanced view of self-restraint, was encouraged during ancient period. In the medieval and post-medieval periods, alcohol consumption became prevailing and through British colonial administration, it was felt that alcoholic beverages to be a valuable trade goods.

Traditional alcoholic beverages replaced with factory-made products after the implementation of excise policies of the British government which have restricted

manufacturing of alcoholic beverages to licensed distilleries only. These policies are still in practice with some variations. The increase of distilleries and the practice of auctioning rights for distilling and selling of unlimited amounts of beverage alcohol led to increased consumption.

Under the Directive Principles of State Policy of the constitution, article 47 says that 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 medicinal purposes of intoxicating drinks and of drugs which are injurious to health.

As per the constitution, production, manufacture, possession, transport, purchase and sale of intoxicating liquors is a state subject under State List. So it is a major source of revenue for them. Similarly public health is also a state subject under State List.

As per the finding of the National survey report “Magnitude of Substance Use in India, 2019” conducted by Ministry of Social Justice and Empowerment through the National Drug Dependence Treatment Centre (NDDTC) of the All India Institute of Medical Sciences (AIIMS), New Delhi, between the age group of 10-75 years, about 16 Crore persons consume alcohol and more than 5.7 Crore individuals are affected by harmful or dependent alcohol use and need help for their alcohol use problems. There has been a significant lowering of age at initiation of drinking.

As per the finding of the same National survey report 21.3 per cent population of Delhi between the age group of 10-75 years is alcohol user which is higher than the national prevalence of 14.6 per cent.

As per Global status report on alcohol and health 2018 of World Health Organisation (WHO), alcohol consumption contributes to 3 million deaths each year globally as well as to the disabilities and poor health of millions of people. Overall, harmful use of alcohol is responsible for 5.1% of the global burden of disease. Same report says that alcohol per capita consumption increased in India, which account for the increases 2.4 litres, 4.3 litres and 5.7 litres in 2005, 2010 and 2016 respectively. As per this report alcohol kills 2.6 lakh Indians (alcohol-attributable deaths) every year either by causing liver cirrhosis, cancer or leading to road accidents caused by drunk driving.

As per The Times of India News story, alcoholism plays a major role in 70-85% of offences against women. Alcohol is recognised as a contributory factor in a wide range of social problems including anti-social behaviour, crime, violence, domestic violence, strained relationships, family breakdown, child abuse and child neglect.

As per the Constitution, State Governments are empowered to levy taxes on alcohol and collect it. RBI's Study of Budget Report on States Finances 2019-20 says that state excise duty on alcohol accounts for around 10-15% of Own Tax Revenue of a majority of states. It is the second or third largest source of revenue for majority the State Governments after GST and sales tax on Petroleum product.

The study conducted by a research team from the Department of Community Medicine and School of Public Health, Postgraduate Institute of Medical Education and Research in Chandigarh; and the National Drug Dependence Treatment Centre (NDDTC), AIIMS in Delhi shows that Deaths in India due to alcohol use will lead to a loss of at least 258 million life years between 2011 and 2050, and cost 1.45% of

GDP each year, while the country might gain 552 million 'quality-adjusted' life years if alcohol's health and economic burden are contained.

1.2 Statement of the Problem

After the globalization and economic liberalisation, the acceptance of alcohol use has increased in Indian society. Modernization not only brings modern features and ways of thinking but it also invites a life full of stress, insecurity and its associated problems. People try to find a way to get out of these problems. One such way is to keep oneself away from the realities and to get to this; the beginning of the readily available alcohol intake begins. As we have seen above alcohol not only increases health burden but it also a major cause for crime in the society.

For the betterment of its citizens every government formulate various policies based on the Acts/Laws of the country. Public policy reflects the political vision into programmes and actions to deliver. Being a state subject, each state is having their own policy/programme to deal with the subject of alcohol use. While on the one hand it is a major source of earning for the state government on the other hand it is also a major societal and health problem also. In between some states have implemented total prohibition policy on alcohol. So in view of it suitable policy mechanism is need of the hour.

1.3 Rationale / Justification

As per the World Health Organization, alcohol use is the third leading risk factor for poor health globally. Despite evidence of its serious public health effects and societal problems, decision-makers are often given a low priority for preventing and reducing harmful use of alcohol. While Directive Principles of the Constitution are having mention about prohibition of the consumption except for medicinal purposes of intoxicating drinks and of drugs which are injurious to health but state

also required revenue to carry out the various welfare programmes for its citizens. Since the percentage population of alcohol users in Delhi are more than the national average hence there is a need to study the existing policy and programmes of the Government of National Capital Territory of Delhi (NCT of Delhi) on alcohol and also collect the opinion of relevant stakeholders on it to understand the problem in totality. The available studies on alcohol have mainly observed the consequential effect on alcohol use but have not looked in the policy framework. So in view of above the study on the subject is justifiable as it will help the policy makers of Government of NCT of Delhi to have a relook at the current status.

Chapter - 2

Literature Review

Literature review is very important step for initiating any research on the subject. The literature available on the subject covers the issues of demographic profile of the alcohol use, after effect of alcohol abuse or epidemiological review on alcohol consumption. Some of these studies are reviewed as mentioned below-

(A) Magnitude of Substance Use in India (2019) - Ministry of Social Justice and Empowerment (MSJE), Government of India, conducted a National Survey on Extent and Pattern for Substance Use in India through the National Drug Dependence Treatment Centre (NDDTC), All India Institute of Medical Sciences (AIIMS), New Delhi in 2018 and its report Magnitude of Substance Use in India released in 2019. This report presents the major findings of the survey in terms of proportion of Indian population using various substances including alcohol and those affected by substance use disorders. To achieve the objective, researcher applied a combination of two data collection approaches i.e. Household Sample Survey (HHS) and a Respondent Driven Sampling (RDS) survey among a representative sample of the 10-75 years old population of all the states and UTs of the country. More than 5 Lac samples were collected, analysed and collated to generate estimates for eight categories of psychoactive substances: Alcohol, Cannabis, Opioids Cocaine, Amphetamine Type Stimulants (ATS), Sedatives, Inhalants and Hallucinogens. The report shows that a substantial number of people use psychoactive substances in India, and substance use exists in all the population groups, but adult men bear the brunt of substance use disorders. Report indicates that Alcohol is the most common psychoactive substance used by Indians. Nationally, about 14.6% of the population between 10 and 75 year of

age uses alcohol. Report also made attention towards about 5.2% of the population (more than 5.7 crore individuals) are affected by harmful or dependent alcohol use and need help for their alcohol use problems. As per the finding of this survey report 21.3 per cent population of Delhi between the age group of 10-75 years is alcohol user which is higher than the national prevalence of 14.6 per cent. This survey was the first of its kind in the country which gave the state/UT wise data of substance use population, it also suggested some interventions required at the government level. The findings of this report will be used as a secondary source of data for this current study.

(B) The effectiveness and effects of alcohol regulation: evidence from India

(2019) - The Article written by Dara Lee Luca, Emily Owens and Gunjan Sharma was published in Journal of Development and Migration. Researchers study on the effects of alcohol regulation particularly minimum legal drinking age (MLDA) on alcohol consumption and associated public health outcomes in India. Researchers used the secondary source of data such as NFHS survey, NCRB data on crime etc for their analysis. Study stated that reducing access to alcohol through MLDA laws decreases the likelihood of drinking, smoking, and domestic violence. Study provides suggestive evidence that stricter alcohol control is associated with lower rates of motor vehicle accidents and crimes against women, but not other forms of crime.

(C) Mapping and Size estimation of Street children who use drugs in Delhi

(2016) - A Survey was conducted by department of Women and Child Development, Government of Delhi in collaboration with NDDTC-AIIMS with the financial support of Ministry of Social Justice and Empowerment, Government of India to estimate the prevalence of drug use among children dwelling in slums and streets in the city. The survey was conducted on a sample of 766 street children in Delhi (street living with family, street living without family and street-working), between the age of 7 and 18

years, who consented to participate in the study. Sampling was done by Respondent Driven Sampling (RDS) method. The survey result shows that 86% families of street children are commonly using any kind of substance. Common substance used by the family members are tobacco (80%), alcohol (62.5%), and cannabis (17.5%). In this study, it is estimated that 15,470 street children of NCT of Delhi have used any substance excluding tobacco in last one year. The point estimate of number of children who have used various substances used in last one year are – tobacco – 21770, alcohol- 9450, inhalants- 7910, cannabis- 5600, heroin- 840, opium- 420, pharmaceutical opioids -210 sedatives – 210 street children and injecting drug use– 210. The report observed that the status of street children is making worse due to an exploitative socio-economic structure, less access to education and healthcare, rural to urban migration, population growth and extreme poverty. The mean age of the substance using children is 13.3 years while the age range varies from as young as 7 years to 18 years of age and alcohol use started at about 11 years of age.

(D) Prevalence of alcohol and drug dependence in rural and slum population of Chandigarh: A community survey (2007) - The Article written by B. S. Chavan, Priti Arun, Rachna Bhargava, and Gurvinder Pal Singh was published in Indian journal of psychiatry. This epidemiological survey was conducted by the department of psychiatry, Govt. Medical College and Hospital, Chandigarh to study the socio-demographic characteristics of the individuals using alcohol and drugs in rural and slum areas of Chandigarh. The adverse effect of alcohol and drug use on personal, health, family, occupation and social areas was also a one of the objective. Sample size of the survey was 3000 individuals above 15 years of age both from rural areas and slum area colonies. Study says that maximum substance users having problems relating to physical health, family, marital and occupational. Survey finding

stated that alcohol was the primary substance of dependence for majority of both urban slum substance users and rural substance users. This study suggested for the need for comprehensive treatment package including intervention in associated social issues related to substance use.

(E) Alcohol should be included in GST (2015) - The article was written by MS Mani and it was published in Business Line News Paper. This article stated that due to variations in regulations of different States create problems for the manufacturer and seller of the Alcohol and the multiplicity of taxes along with cascading effects of Taxes results in high incidence of tax on the final price. This leads to the tax cost being the major component of the final cost to the consumer. Author highlighted the findings of a study of FICCI which was carried out in 2012 that nearly 10.2 per cent of the alcohol market in India is counterfeit. So, the direct economic consequence of the illicit liquor business is leading to loss of revenue to the exchequer. On the basis of WHO, this article says that approximately 50 per cent of the alcohol consumed in India is produced illegally. In the article author is professing the idea of inclusion of alcohol in the GST framework due to the advantages of transparency and nil effect of cascading of Taxes. Tax evasion would also be reduced due to simplified regulation and regular auditing, resulted more revenue to the States.

Chapter- 3

Research Design and Methodology

Research design plays a very important role for successful achieving its objectives with reliable results and provides right direction with optimum resource utilization. This chapter elaborates the objectives of the study, research questions, research design and methods of data collection used in the study.

3.1 Objectives of the Study:

The research objectives of the study are:-

- (a) To understand the policy and programmes of Government of NCT of Delhi on Alcohol
- (b) To examine the socio-economic impact of consuming Alcohol
- (c) To identify the gaps in policy and programmes of Government of NCT of Delhi on Alcohol and suggest measures for improvement.

3.2 Research Design:

The research design used in this study is descriptive and analytical in nature. Descriptive research is used to obtain information concerning the existing policy and programme of the Government of NCT of Delhi on Alcohol. The study further tried to know the socio-economic impact of consuming alcohol on individual alcohol user. The data collected through structured questionnaire is analysed to reach conclusions.

3.3 Research Questions

The Research Questions for the study are as follows:

- (a) What are the policy and programmes of Government of NCT of Delhi on Alcohol?
- (b) What are the socio-economic impacts of consuming alcohol on individual?
- (c) What are the gaps within the policy and programmes of Government of NCT of Delhi on Alcohol?

3.4 Tools and Methods of Data Collection

The study is based on primary and secondary data collection. Two separate questionnaires were prepared for the primary data collection from the following group of people-

- (a) Persons seeking treatment of alcohol abuse at de-addiction centers in NCT of Delhi (total sample size 70 from 5 de-addiction Centers)
- (b) Treatment service providers (9 in nos)

Due to Covid-19 pandemic, face to face interaction with the respondent could not materialize. However, functionaries of the de-addiction centres cooperated and collected the data themselves from the respondent (treatment seekers) and handed over to the researcher. The structured questionnaires for the treatment seekers and treatment service providers placed are at **Annexure- 1 and 2** respectively. Apart from the primary data, recent surveys done by Government / prestigious Institutes, Research papers published by various think tanks, information available on internet and newspapers articles also referred as a secondary data source for the study.

3.5 Analysis and Interpretation of Data

With the help of the collected data pie chart, bar chart etc. are prepared through 'Google Forms' and MS Excel and analyse the finding and drawn a conclusion for the study.

Chapter 4

Policy and Programmes of

Government of NCT of Delhi on Alcohol

Constitution of the nation promotes for the prohibition of the consumption of intoxicating drinks and it says under the Directive Principles in article 47 that 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 medicinal purposes of intoxicating drinks and of drugs which are injurious to health. However, subject of alcohol is a state subject and production, manufacture, possession, transport, purchase and sale of intoxicating liquors are having entry in the State List of the Seventh Schedule of the Constitution. States are also having full control of alcohol legislation and state excise rates.

4.1 The National Capital Territory of Delhi

The National Capital Territory (NCT) of Delhi is a city and a union territory of India containing New Delhi, the capital of India. It is bordered by the states of Haryana and Uttar Pradesh. With a population of 1.68 Crore (as per 2011 census) the NCT of Delhi is the 2nd most populous city of the country. The majority of the Delhi's working population is engaged in trade, finance, public administration, professional services, and various community, personal, and social services. For many centuries Old Delhi has been a dominant trading and commercial centre in northern India. After liberalization and globalization in 1990s, New Delhi has emerged as an important node in the international corporate and financial network. According to the Economic Survey of Delhi 2019-20, the per capita income of Delhi

is estimated to be Rs389143 in 2019-20, which is about three times the national average, which is estimated to be Rs134432 in 2019-20. A Lieutenant Governor, appointed by the President of India, is the Chief Administrator of the national capital territory; he is assisted by a Chief Minister, who is also appointed by the President of India on the advice of the Lieutenant Governor.

4.2 Alcohol Policy of Government of NCT of Delhi

The Assembly of Delhi has the power to make laws with respect to all the matters in the State List or in the Concurrent List of the Constitution of India except Entries 1 (Public Order), 2 (Police), and 18 (Land), and entries 64, 65 and 66 relating to the said entries of the State List. Likewise, in other states Government of NCT of Delhi has its own Act on alcohol which is known as **The Delhi Excise Act, 2009** as passed by the Legislative Assembly of the National Capital Territory of Delhi on the 14th December, 2009. This Act governs all excise Laws relating to manufacture, import, export, transport, possession, purchase, sale, etc., of liquor and other intoxicants, in the National Capital Territory of Delhi. Some of the main features of this Act are:

- Power of Government to declare what shall be deemed to be liquor- The Government may, by notification, declare as to what shall be deemed to be liquor for the purpose of this Act or the rules framed thereunder.
- Power of Government to regulate drinking and to enforce prohibition- The Government may issue such order and take such measures as may be deemed appropriate to regulate drinking or to enforce prohibition in whole or in any part of Delhi.
- Power to regulate advertisement- No advertisement, direct or surrogate, shall be made for promoting consumption of liquor. The Excise Commissioner may,

however, at his discretion allow such advertisement which is educative and promotes responsible drinking.

- Power of Government to make rules- The Government may by notification makes rules not inconsistent with the provisions of this Act to carry out the purposes of this Act.
- ‘Alcohol’ defined as Ethyl Alcohol of any strength and purity having the chemical composition C_2H_5OH .
- ‘Beer’ defined as alcoholic beverage prepared from malt or grain with or without addition of sugar and hops and includes black beer, ale, stout, porter and such other substance as may be notified by the Government.
- ‘Liquor’ means any alcoholic beverage and includes whisky, brandy, beer, wine, toddy, tari, pachwai, vodka, gin, tequila, country liquor, arrack and intoxicating liquid consisting of or containing alcohol as may be specified under BIS standard besides any similar substance which the Government may by notification declare to be liquor for the purpose of this Act
- ‘Spirit’ means any liquid containing alcohol obtained by distillation, whether denatured or not;
- ‘Intoxicant’ means and includes, (a) any liquor; (b) any spirit; (c) any intoxicating drug; (d) any other article, which the Government may from time to time declare to be intoxicant, except the substances covered under the Narcotic Drugs and Psychotropic Substances Act, 1985, for the purpose of this Act
- Empowering government to granting of letter of intent, licence or permit for manufacture, possession, sale, etc., of intoxicant

- Prohibition of sale to certain persons- No person or licensed vendor or his employee or agent shall sell or deliver any liquor to any person apparently under the age of twenty five years, whether for consumption by self or others.
- Prohibition of employment of certain persons- No licensee shall employ or permit to be employed in his premises any person under the age of twenty one years, or suffering from contagious disease.
- Closing of shops for preservation of public peace- The Deputy Commissioner or any other officer authorized by him may, by notice in writing to the licensee, require that any shop in which any liquor is sold shall be closed at such time or for such period as he may think necessary for preservation of public peace
- Empowering Government to levied Excise revenue, vary excise duty and collect excise revenue under the heads of (a) duty; (b) licence fee; (c) label registration fee; (d) import or export fee; on all intoxicants which are produced, manufactured, transported or imported into Delhi at such rates as may be prescribed.
- Penalty for selling liquor to minors- If any licence holder or any person acting on his behalf, sells or delivers any liquor to any person apparently under the age of twenty five years, he shall be punishable with fine which may extend to ten thousand rupees.
- Penalty for employing minors- If a licence holder employs any person under the age of twenty one years, he shall be punishable with imprisonment for a term which may extend to three months, or with fine which may extend to fifty thousand rupees, or with both.
- Provision for Penalty for consumption of liquor in public place

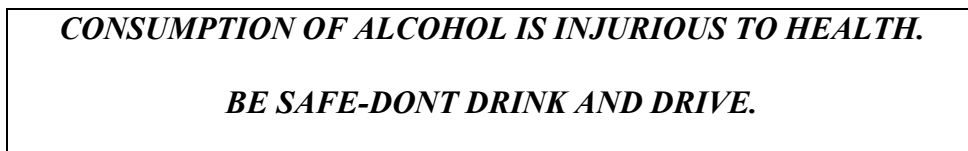
- Provision for Penalty for unlawful advertisement

4.3 Food Safety and Standards (Alcoholic Beverages) Regulations, 2018

The Food Safety and Standards Authority of India (FSSAI) under the Ministry of Health and Family, Government of India welfare is the apex body as far as food laws in the country are concerned, which has initiated several strict measures in order to implement proper food safety regulations and policies in the food industry. As per the Food Safety and Standards Act, 2006 Alcoholic Beverages is also come under the definition of food and FSSAI has mandate for providing safe and wholesome food to public, therefore FSSAI framed the standards for Alcoholic Beverages and notified the same to ensure the safety of Alcoholic Beverages under the Food Safety and Standards (Alcoholic Beverages) Regulations, 2018. These regulations provide specific Labelling Requirements for Alcoholic Beverages. Apart from the other provision for labelling it is also mandatory for the manufacturers of alcohol to carry a statutory warning that "**Consumption of alcohol is injurious to health**". In addition to this the alcohol bottle must also carry "Don't drink and drive" on its label as shown below in Fig No 4.1

Fig No- 4.1

Statutory Warning on Alcohol Bottle



4.4 Provision of Dry Day

Based on the Delhi Excise Act, 2009, government of NCT of Delhi has notified **The Delhi Excise Rules, 2010**. As per the provision of Rule 52 of Delhi Excise Rules, 2010, Excise Commissioner may declare Dry Days with the prior

approval of Government. One such notification is placed at **Annexure- 3**. The Dry Days are days where the Government prohibits the sale of alcohol in shops, clubs, bars, etc. on a specific day or date mark a festival or an election day. Commonly declared Dry Days are shown in following **Table No- 4.1**

Table No- 4.1

<i>List of Dry Days</i>	
Sl No	Day
1	Makar Sankranti
2	Republic Day (26 th January)
3	Martyr's day (30 January)
4	Chhatrapati Shivaji Mahavir Jayanti
5	Guru Ravidas Jayanti
6	Swami Dayanand Saraswati Jayanti
7	Maha Shivratri
8	Festival of Holi
9	Good Friday
10	Ambedkar Jayanti (14 th April)
11	Ram Navami
12	Mahavir Jayanti
13	Eid ul-Fitr (begins)
14	Eid ul-Fitr (ends)
15	Guru Purnima

16	Muharram
17	Independence Day (15 th August)
18	Janmashtami
19	Ganesh Chaturthi
20	Gandhi Jayanti (2 nd October)
21	Dussehra
22	Eid-e-Milad
23	Maharishi Valmiki Jayanti
24	Festival of Diwali
25	Kartiki Ekadashi
26	Guru Nanak Jayanti
27	Guru Tegh Bahadur's Martyrdom Day
28	Christmas

4.5 Provision under Indian Motor Vehicles Act

Section 185 of the Motor Vehicles Act, 1988, makes driving by a drunken person or by a person under the influence of drugs a criminal offense in India. Under the Motor Vehicle (Amendment) Act, 2019, such person shall get imprisonment up to 6 months and/or fine up to Rs. 10000 for first offence and imprisonment up to 2 years and/or fine of Rs.15000 for second offence.

4.6 Scheme of Prevention of Alcoholism and Substance (Drug) Abuse

Ministry of Social Justice & Empowerment (MSJE), Government of India is the nodal Ministry for demand reduction of substance (Drugs) use including alcohol and looked after the matter related with rehabilitation of victims of alcoholism and substance abuse, and their families. MSJE has been implementing the Scheme of Prevention of Alcoholism and Substance (Drug) Abuse since 1985-86. Under this scheme Ministry is providing financial assistance to around 400 Integrated Rehabilitation Centres for Addicts (IRCA) commonly known as De-addiction Centres throughout the country. Since 2020, this scheme has been made a one of the component of National Action Plan for Drug Demand Reduction (NAPDDR).

Other components of the NAPDDR are Preventive Education and Awareness Generation, Treatment and Rehabilitation, Capacity Building, Setting quality standards, Focused Intervention in vulnerable areas, Skill development, vocational training and livelihood support of ex-drug addicts, Survey, Studies, Evaluation, Research and Innovation on the subjects covered under the Scheme, Programmes for Drug Demand Reduction by States/UTs. The prime objective of NAPDDR is to focus on preventive education, awareness generation, identification, counselling, treatment and rehabilitation of drug dependent persons, training and capacity building of the service providers through collaborative efforts of the Central and State Governments and Non-Governmental Organizations (NGOs).

Under the NAPDDR programme, Government of India (GoI) is providing financial support to total eight IRCAs in the NCT of Delhi as shown in the **Table No-4.2**. Apart from this, Government of India is also providing grants to Government of NCT of Delhi to conduct various programmes under NAPDDR.

Table No- 4.2

<i>List of GoI supported IRCAs in NCT of Delhi</i>		
S. No.	Name of NGO running IRCA	Project location (District)
1	Bharatiya Parivardhan Sanstha	North East (Nand Nagri)
2	Manav Paropkari Sanstha	Mahipalpur
3	Samaj Sewa Sangh,	North East Delhi (Seema Puri)
4	SPYM	South West (Vasant Kunj
5	SPYM	Kotla Mubarakpur
6	SPYM	Vasant Kunj
7	Turning point foundation	North West (Alipur)
8	Muskan Foundation	South West Delhi Dwarka

4.7 De-Addiction Facilities provided by Delhi Government

The Delhi Government has also identified the hospitals to provide de-addiction treatment facility shown in the **Table No- 4.3**

Table No- 4.3

<i>List of Government Hospitals providing De-addiction Facility in NCT of Delhi</i>	
Sl. No.	Name of the Hospital
1.	Institute of Human Behaviour and Allied Sciences(IHBAS), Dilshad Garden, Delhi
2.	G B Pant hospital, De-addiction Clinic, Delhi Gate, Delhi
3.	Deen Dayal Upadhyaya Hospital,De-addiction Clinic, Hari Nagar, Delhi
4.	Dr. Baba Saheb Ambedkar Hospital (BSA), De-Addiction Clinic , Rohini, Delhi
5.	Pt. Madan Mohan Malviya Hospital, De-addiction Clinic, Malviya Nagar, New Delhi
6.	Lal Bahadur Shastri Hospital, Khichripur, Delhi
7.	Deep Chand Bandhu Hospital, 30-bedded Model De-addiction facility, Phase IV, Ashok Vihar, Delhi
8.	Sahyog Detox Centre run by Department of Women and Child Development, Delhi Government , Sewa Kutir, Delhi (admission through CWC)

Chapter 5

Stakeholders Opinion: Data Analysis and Interpretation

Consuming alcohol is legally permitted in most of the states of the country; however, widely social acceptance emerged after liberalization, industrialization and globalization. While moderate drinking of alcohol may not affect any individual but alcoholism can have serious social and economic consequences for him. Alcoholism is one of the social evil around the globe and it is counted as one of the top risk factors for disease, disability and death throughout the world. As per the finding of national survey report 'Magnitude of Substance Use in India' released in 2019, 21.3 per cent population of Delhi between the age group of 10-75 years is alcohol user which is higher than the national prevalence of 14.6 per cent and about 40.1 per cent male population is alcohol user which is also much higher than the national figure of 27.3 per cent. Same report shows that 2.4 per cent population is having alcohol dependence and 6.2 per cent population is having alcohol use disorders which needed help. There are many stakeholders involve on the issue of alcohol such as Central Government, State Government, Manufactures of alcohol, Alcohol users, Family of alcohol users, Health System, Law and Order System etc.

Due to limited resources and time this study is concentrating on those alcohol users only who are seeking treatment in De-addiction Centres and to know how alcohol use impacted them socially and economically with the help of a pre designed questionnaire. Through this study, efforts have also been made to know the views of treatment service providers on the issue of alcohol and their suggestions by a structured questionnaire. The analysis is done based on the responses.

5.1 Analysis of data collected from treatment seekers

5.1.1 Profile of the participants

Data was collected from 5 IRCAs (de addiction centers) of NCT of Delhi which are run by Non- Government Organizations (NGO) and getting financial support from Government of India. Details of these IRCAs and no of sample collected from each center is shown in **Table No 5.1**

Table No- 5.1

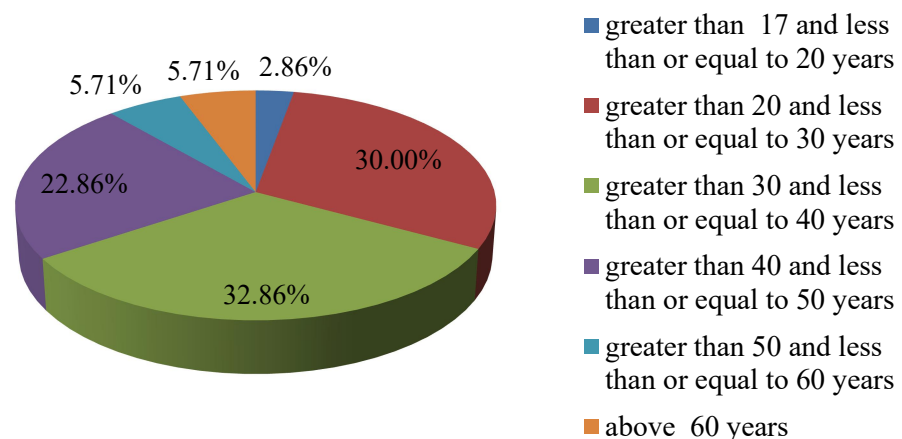
<i>Details of IRCAs for Primary Data collection</i>			
Sl No.	Name of the Organisation	Address of the de center	No of participant
1	SPYM	SPYM Centre 111/9, Opposite Sector B-4, Vasant Kunj, New Delhi-110070	29
2	SPYM	MCD Baraat Ghar, Opp. Bapu Park, Kotla Mubarakpur, New Delhi-110003	15
3	SPYM	Dakshin Puri, Near Virat Cinema (Rain Basera), Delhi	15
4	Turning Point	Khasra No. 558, Bank Street, Nehru Enclave, Near Corporation Bank Alipur Delhi-110036	5
5	Muskan Foundation	Plot No-53, Amberhai Village, Sector-19, Dwarka, Near Delhi Govt. Health Centre, New Delhi-110075	6

(A) Age and sex of the Respondents-

There are total 70 persons as responded. Information collected from them regarding their age and sex shows that these centers are treating persons above 18 years of age and all the participants were Male. 2 respondents (2.86 %) belong to the age group of 18-20 years and 21 respondents (30%) belongs to the age group of greater than 20 and less than or equal to 30 followed by those who are aged above 30 years and less than or equal to 40 years (23 respondents- 32.86 %), then in 41-50 years (16 respondents-22.86%). In the age group of 51-60 and above 60 years number of respondents are 4 (5.71%) each. The Age breakup of the respondents is shown in the Fig. No- 5.1

Fig 5.1

Age profile of the participant



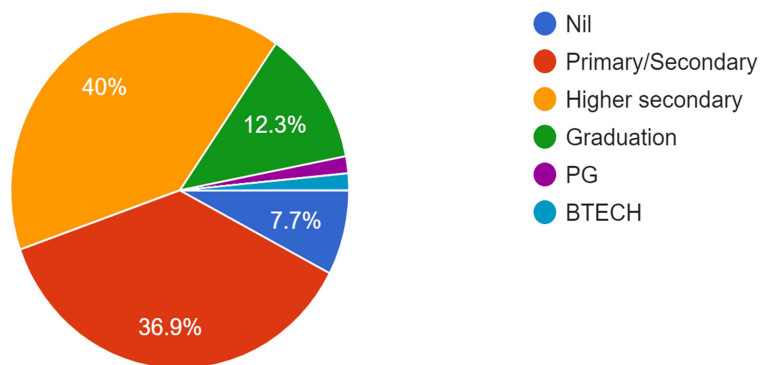
More than 60 percent respondent are between the age group of 20-40 years (total 62.86 %) who are coming for the treatment of alcohol addiction and it must be a great concern for everybody, since this is the main period of anybody's life in which he or she can achieve their goals.

(B) Education profile

Education level of any person plays a very vital role in his carrier growth and it is also helps him to understand world better. It has been believed that good education helps in identifying the good and bad. Out of 70 respondent only 65 respondents answered on the question of their education. Out of 65, 26 (40%) respondent have taken primary/secondary (up to 10th standard) education and figure for Higher secondary education (up to 12th standard) is 24 (36.9%). 8 respondent (12.3%) have done graduation while 1 respondent each have done Post Graduation and BTech and 5 respondent (7.7%) said that they did not get any education. The education profile of the respondents is shown in the **Fig. No- 5.2**

Fig No- 5.2

Education of the participant
65 responses



Education profile revealed that more than 75 percent respondent got education below graduation level and seems that alcohol-user population has an overall lower educational level.

(C) Status of occupation and Monthly income

Finding reveals that most of the respondents (34 respondents, 48.6%) are either in private jobs or doing private jobs before coming to treatment. Figure for unemployed respondent is also high (17 respondents, 24.3%). 8 respondents (11.4%) are self-employed and same numbers of respondents (8 respondents, 11.4%) are in driving profession. Analysis of Income level shows that out of 70 respondents, monthly income of majority of them (59 respondents, 84%) is below Rs20000 only and there is no monthly income for 10 respondents and only one respondent is having income more than Rs50000. So profile of Income level is somewhat matching with the education level of the respondents. The status of Occupation and Monthly Income of the respondents are shown in **Fig No- 5.3 & 5.4** respectively

Fig No- 5.3

Status of occupation

70 responses

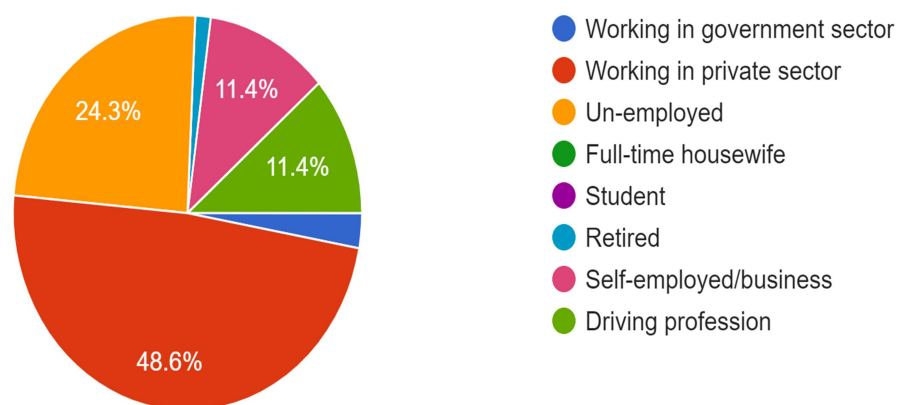
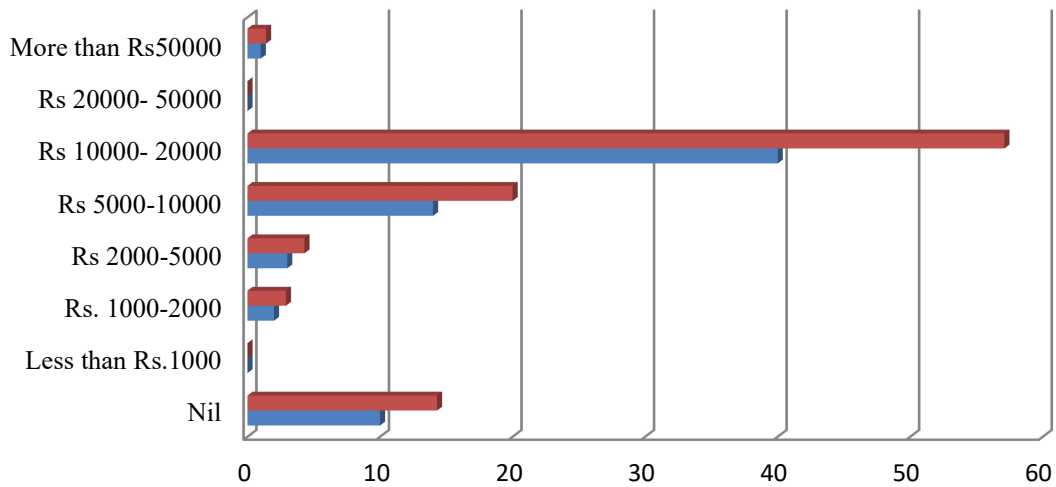


Fig No- 5.4

Monthly Income (70 responses)



	Nil	Less than Rs.1000	Rs. 1000-2000	Rs 2000-5000	Rs 5000-10000	Rs 10000-20000	Rs 20000-50000	More than Rs50000
■ %	14.3	0	2.9	4.3	20	57.1	0	1.4
■ No of respondents	10	0	2	3	14	40	0	1

(D) Marital Status and family profile

Family pattern of the respondents are very important in such type of studies as it helps to understanding the living conditions of a person. 35 numbers of respondents are married out of which 5 are separated or divorced and 32 respondents are unmarried. The Marital status of the respondents is shown in the **Fig No- 5.5**. Spouses of 12 married respondents are working in private sector and contributing in the family income as shown in the **Fig No -5.6**.

Fig No- 5.5

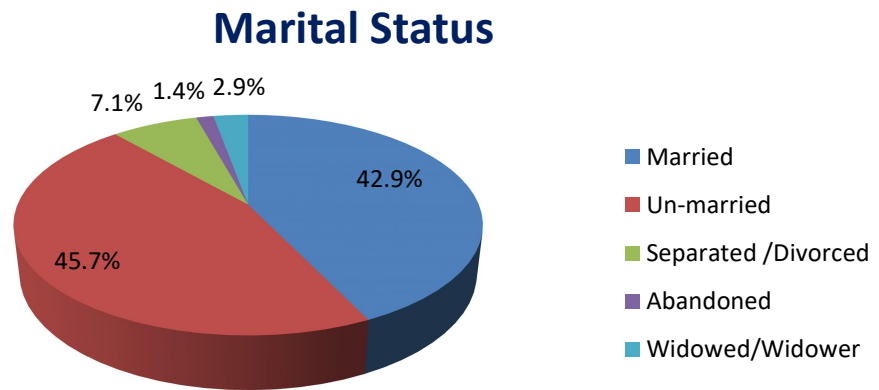
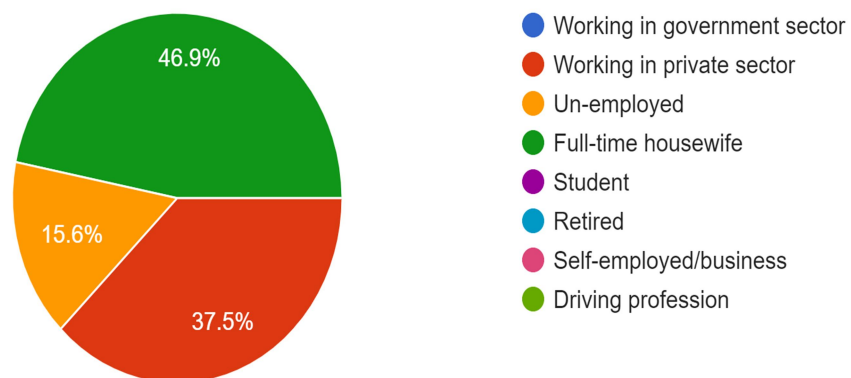


Fig No- 5.6

if married, occupation of Spouse

32 responses

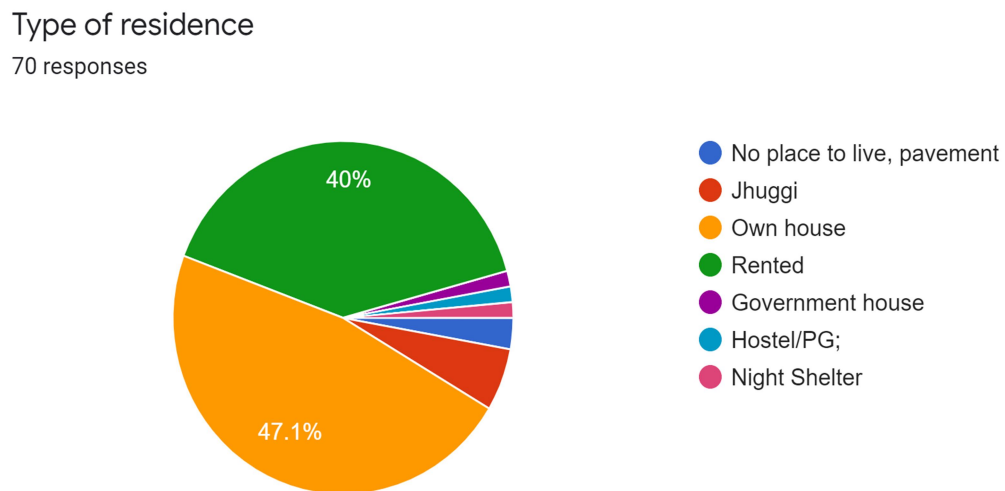


(E) Type of residence

Majority of the respondents (33 respondents, 47.1%) are having their own house and 40% (28 respondents) are living in rented house. Four numbers of respondents are living in Jhuggi. Only few number of respondents (1 in night shelter

and 2 on pavement) are not having proper place for living. The responses of the type of residence are shown in the **Fig. No- 5.7**

Fig. No- 5.7



5.1.2 Alcohol consumption pattern of the participants

Individuals were defined as alcohol user if they consumed any alcoholic drink in the past one year. The alcohol consumption pattern shows the factors which influenced a person for consuming it, in which place person are comfortable to drink and with whom he wish to drink, which is his preferable alcohol and what is the frequency of drinking.

(A) Drinking frequency

The findings indicate that the majority of the treatment seekers (45 respondents, 64.3%) are daily drinkers and followed by 2 to 3 times in week. Alcohol

frequency pattern of past one year is shown in the following **Table No- 5.2 and Fig No- 5.8**

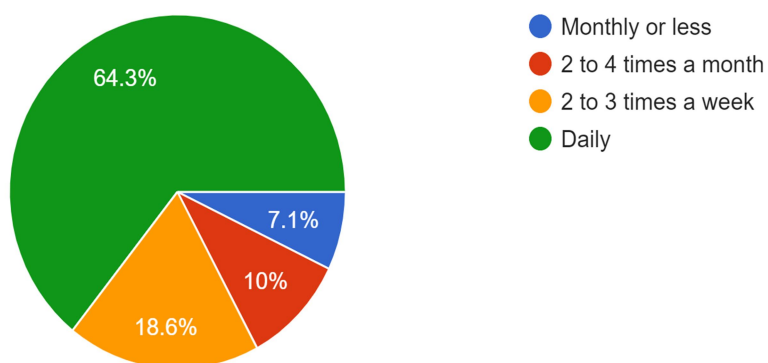
Table No- 5.2

<i>Drinking frequency</i>		
Frequency	Number of respondents	Per cent (%)
Daily	45	64.3
2 to 3 times in a week	13	18.6
2 to 4 times in a month	7	10
Monthly or less	5	7.1

Fig No- 5.8

How often have you taken alcohol in the past one year?

70 responses



Therefore majority of the respondents are frequent drinkers, it might be affecting their normal life. Analysis shows that daily drinkers are available in every age group as shown in the **Table No- 5.3**

Table No- 5.3

<i>Age group wise breakup of daily drinkers</i>	
Age Group	No of daily drinkers
Less than or equal to 30 years	11
Greater than 30 and less than or equal to 40 years	13
Greater than 40 and less than or equal to 50 years	14
Greater than 50 and less than or equal to 60 years	3
Above 60 years	4

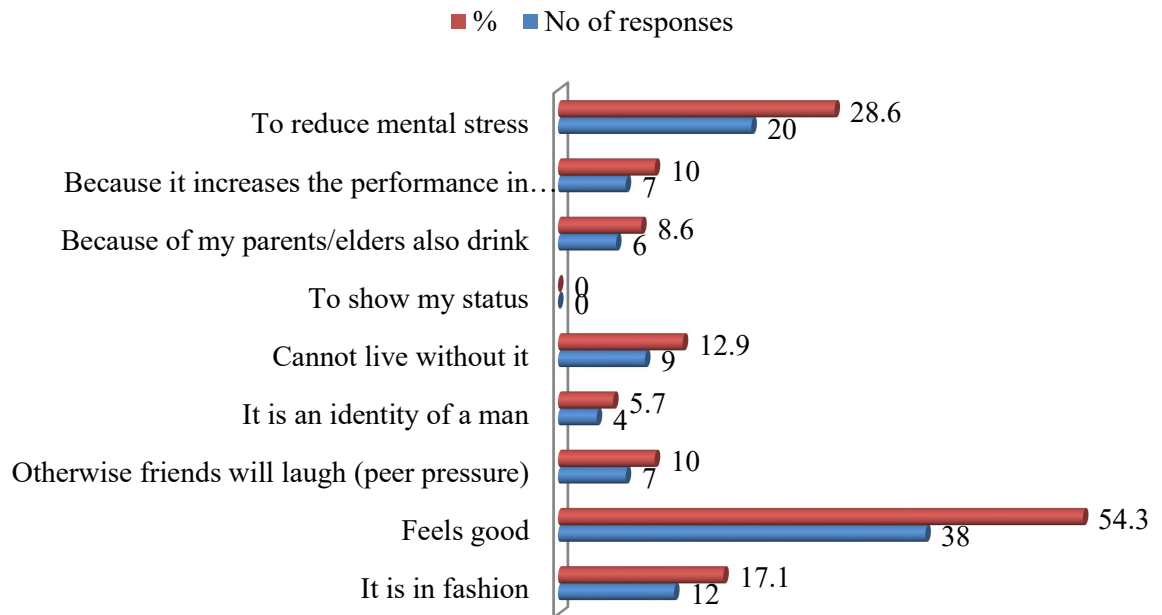
(B) Reasons for drinking Alcohol

The findings indicate the factors that influenced the respondents to consumed alcohol. There are 23 respondents given more than one reason for drinking alcohol. It is shown in the **Fig No- 5.9** and the findings indicate the following:

- (a) Majority of the respondents (54.3%) like it because it gives feels good factor
- (b) 28.6% has given reason because it reduces mental stress
- (c) 17.1% respondents drink because it is in fashion
- (d) Factor of peer pressure given by 10% of the respondent
- (e) 12.9% respondent cannot live without it
- (f) 8.6% drinks because of their parents/elders also drink
- (g) 10% respondents give reason of drinking that because it increases the performance in workplace/studies
- (h) 5.7% respondent also given reason that it is an identity of a man

Fig No- 5.9

Reasons for drinking alcohol



(C) Initiation of drinking alcohol

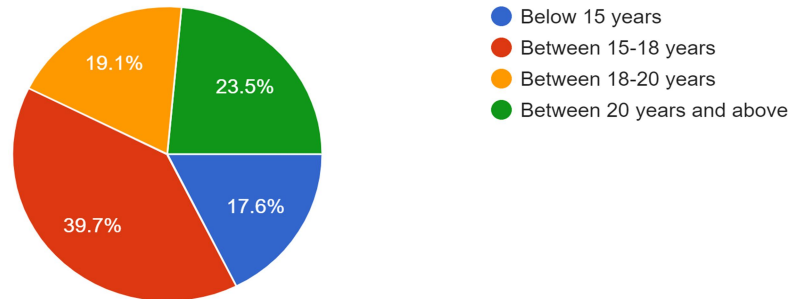
Table No- 5.4 and Fig No- 5.10 below depict the number of respondents in different age group indicating the initiation of drug consumption.

Table No- 5.4

<i>Age Group Wise Initiation of Drinking Alcohol</i>		
Age bracket	No of respondents	% of respondent
Below 15 years	12	17.6
Between 15-18 years	27	39.7
Between 18-20 years	13	19.1
Between 20 years and above	16	23.5
Not responded	02	-

Fig No- 5.10

How old were you when you first got drunk?
68 responses

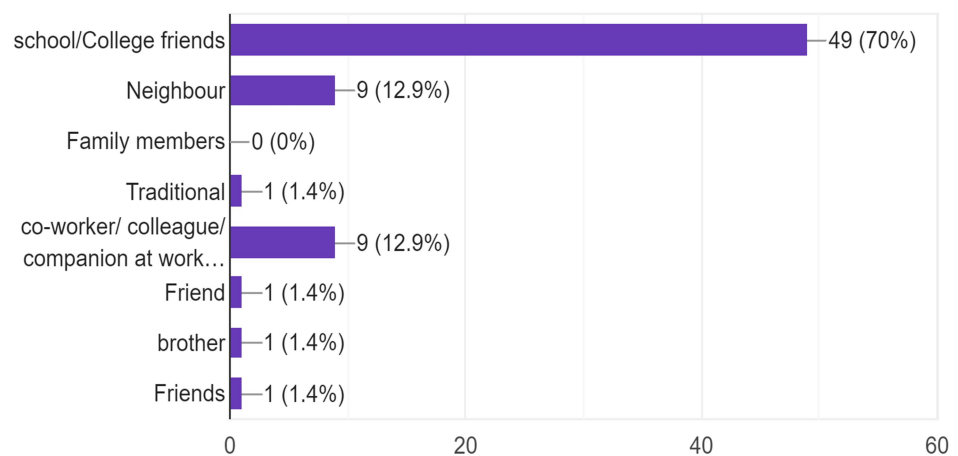


So finding shows that majority of the respondents (more than 76%) started drinking alcohol much before the permissible age of getting alcohol and situation is alarming when 17.6% respondents are initiated drinking in their childhood age (below 15 years).

Following **Fig No- 5.11** shows about a person who introduced the alcohol first time to the respondents.

Fig No- 5.11

Who accompanied you at first time?
70 responses

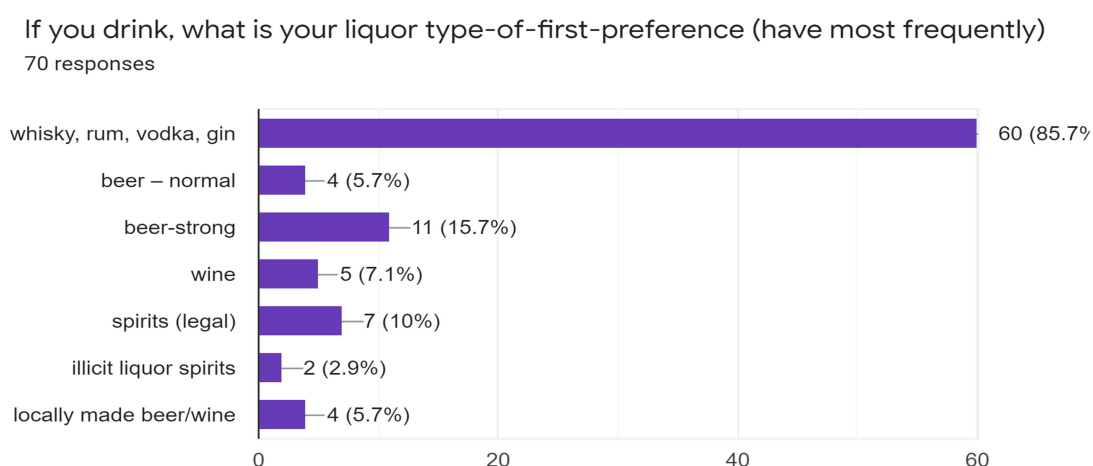


The Findings shows that 70% respondents initiated drinking alcohol with their school/college friends. As we have seen that 75% respondent got education below graduation level so it can be very well founded that majority of the respondent started drinking alcohol in school age.

(D) Types of alcohol preferred

13 respondents have given more than one preference when asked about their preference of the type of alcohol for drinking. The responses about their preferences are shown in the **Fig No- 5.12**

Fig No- 5.12

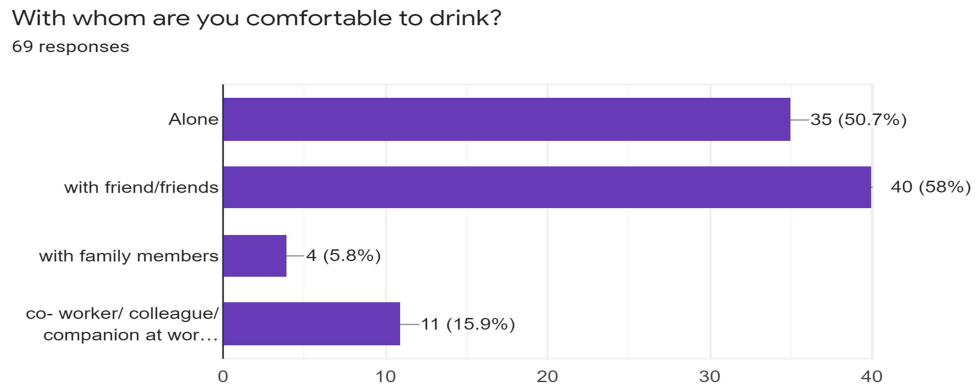


Finding shows that any of the hard drink (whisky, rum, vodka, gin) (85.7%, 60 respondents) is the first preference for majority of the respondent followed by strong beer (15.7%, 11 respondents).

(E) Respondents frequently drink with

Fig No- 5.13 shows about the preference of the company in which respondent drink. 14 respondents have shown more than one preference.

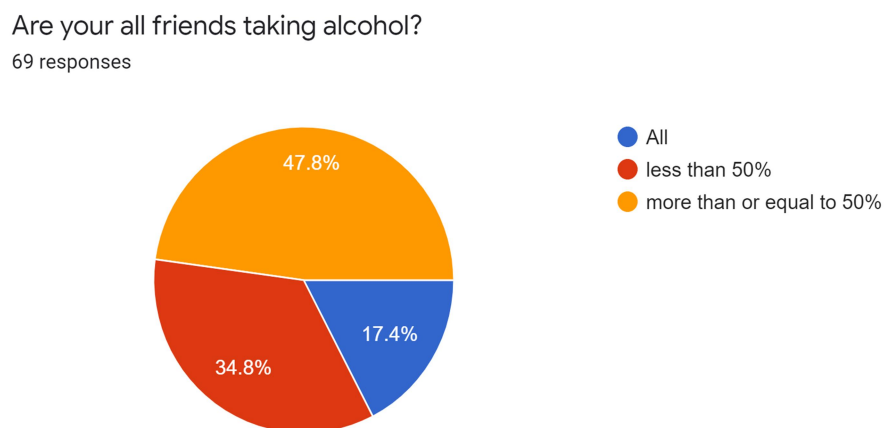
Fig No- 5.13



Finding shows that majority of the respondents (40 respondents, 58%) prefer to drinks with friend/friends followed by alone drinkers (35 respondents, 50.7%). Thus the result shows that most of the respondents drink with friends which show that they get tempted when they are with friends.

Findings in the **Fig No 5.14** also show that more than 50% friends of respondents (about 75%) are also drink alcohol. It depict that the social affinity level of the respondents as alcohol user gives reference for friendship to the person who also have the habit of drinking.

Fig No 5.14



5.1.3 Socio-economic impacts of consuming alcohol on individual

One of the main objectives of this study to examine the socio-economic impact on an individual who is consuming alcohol. The alcohol consumption affects all spheres of an individual's life. It touches all levels, who consume alcohol; individual level, family level and at the society level. Respondents were asked to provide inputs on their social life and on financial condition which might have affected due to alcohol consumption.

(A) Harmful effect due to alcohol

Majority of the respondents (57 respondents, 81.2%) observed the harmful effects of alcohol consumption (**Fig No 5.15**) and out of 69 responses, 50 respondents giving more than one harmful effects in their life. The **Table No 5.5 and Fig No- 5.16** are showing their responses.

Fig No- 5.15

Do you feel any harmful effect?
69 responses

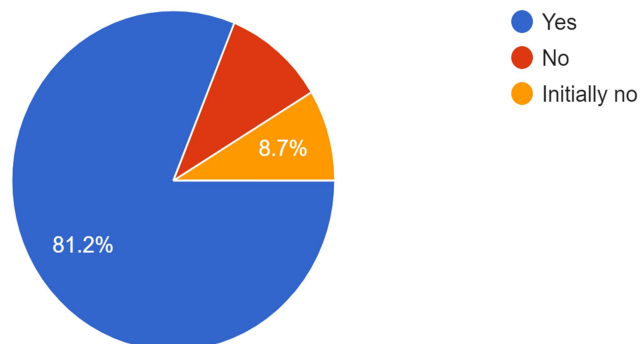
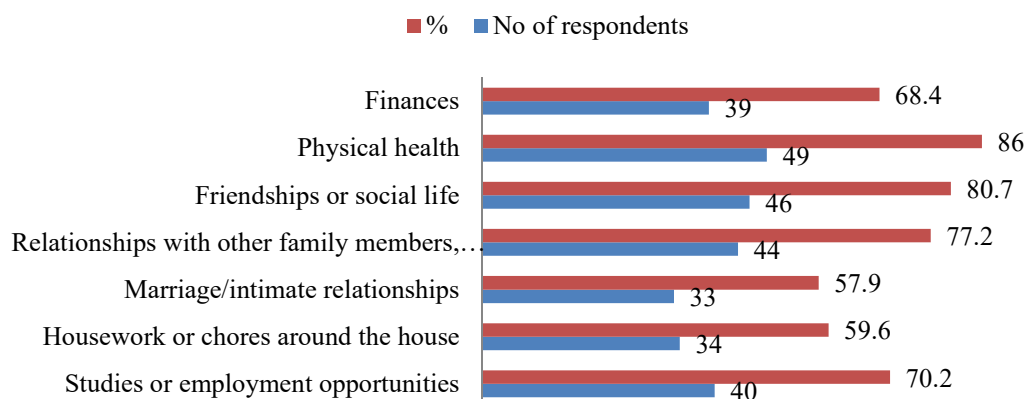


Table No- 5.5

<i>Harmful effect due to alcohol</i>		
Harmful effect on	No of respondents	%
Studies or employment opportunities	40	70.2
Housework or chores around the house	34	59.6
Marriage/intimate relationships	33	57.9
Relationships with other family members, including your children	44	77.2
Friendships or social life	46	80.7
Physical health	49	86
Finances	39	68.4

As shown in the table, majority of the respondents feels harmful effect on their physical health (49 respondents), friendships or social life (46 respondents) and studies or employment opportunities (40 respondents). Alcohol has also adversely affected their finances (39 respondents) and relationships with other family members, including your children (44 respondents), Marriage/intimate relationships (33 respondents).

Fig No- 5.16
Harmful effect due to alcohol on (57 responses)-



(B) Experiences due to drinking

Respondent were asked about their experiences due to drinking alcohol and findings are shown in the **Table No- 5.6 & Fig No- 5.17**. 51 respondents observed more than one experience in their life due to drinking alcohol

Table No- 5.6

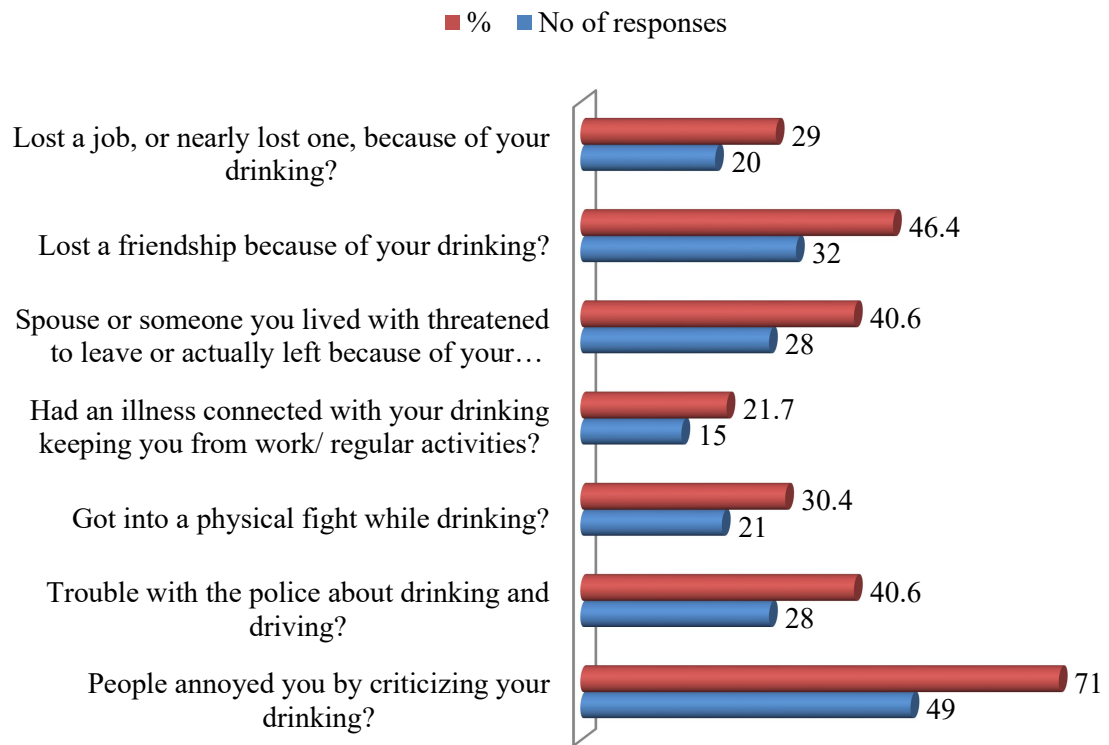
<i>Experiences due to drinking</i>		
Experiences	No of responses	%
People annoyed you by criticizing your drinking?	49	71
Trouble with the police about drinking and driving?	28	40.6
Got into a physical fight while drinking?	21	30.4
Had an illness connected with your drinking keeping you from work/ regular activities?	15	21.7
Spouse or someone you lived with threatened to leave or actually left because of your drinking?	28	40.6
Lost a friendship because of your drinking?	32	46.4
Lost a job, or nearly lost one, because of your drinking?	20	29

Majority of the respondents (49 respondents, 71%) criticized by the people for their drinking. About 46% respondent (32 respondents) lost their friendship and 40% respondents (28 respondents) also experience of conflicting with their spouse or someone with they lived. A good number of respondents (28 respondents, 40.6%) also faced trouble with the police about drinking and driving and some respondents (21 respondents, 30.4%) got into a physical fight while drinking. Some respondents also faced difficulty to do their regular work due to illness because of drinking. So this

finding shows that alcohol consumption affects not only the personal life but also family life. And it also gives bad picture in the society.

Fig No- 5.17

Experiences due to drinking (69 responses)



(C) Occupational impact

Consumption of alcohol affects person at the workplace. Excess alcohol consumption results in a absenteeism, poor punctuality, poor work efficiency, loss of job, disciplinary action, increased medical and compensation claims, disturbed employer and employee relations and compromised well-being of the workforce. Some of the occupational related impacts and findings with the respondents due to their alcohol consumption are given in the **Table No- 5.7**. 44 respondents faced more than one occupational impact due to their drinking and two respondents did not responded.

Table No- 5.7

<i>Occupational impact</i>		
Occupational related impacts	No of respondents	%
Not being able to be on time at work place	19	27.9
Missed going to school or work	37	54.4
reduced ability to work	12	17.6
Any disciplinary action taken	8	11.8
Losing pay	18	26.5
Borrow money	36	52.9
Currently unemployed and earlier employed	36	52.9
Not able to support family	26	38.2

Finding reveals that majority of the respondents (37 respondents, 54.4%) missed going to school or work due to alcohol drinking and 19 respondents (27.9%) also responded that they were not being able to be on time at work place. Study also revealed that almost 50% respondents are unemployed and similar numbers of respondents borrow money. 18 respondents (26.5%) also lose their pay due to alcohol use and 26 respondents (38.2%) are not able to support their family. **(Fig No- 5.18)**

Almost all respondents (66 respondents, 94.3%) said that they did not indulge in any crime after drinking/while drinking Alcohol. Only 4 respondents gave affirmative answer. **(Fig No- 5.19)**

Fig No- 5.18

Occupational Impact due to drinking (68 responses)

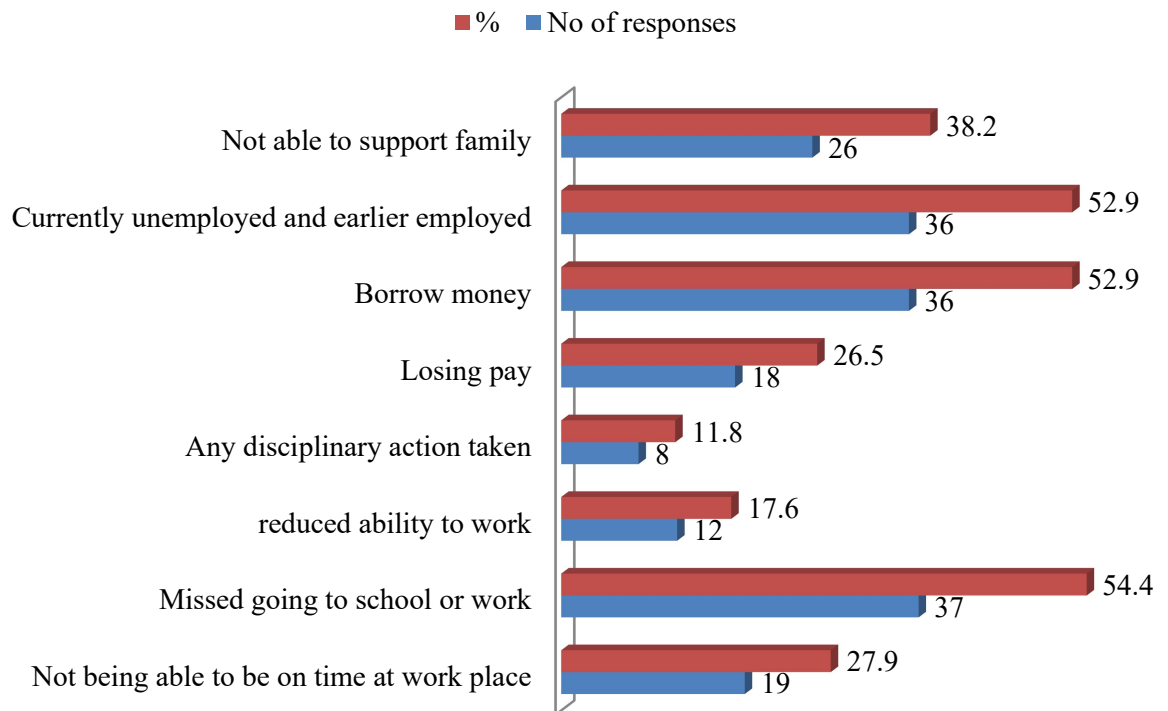
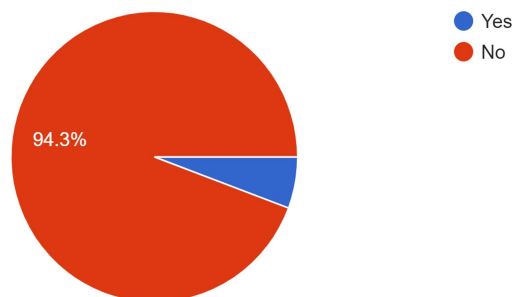


Fig No- 5.19

Have you ever Indulge in any crime after drinking/while drinking Alcohol?
70 responses



(D) Monthly expenditure on alcohol and arrangement of money

The findings from the data shows how much money spent in a month by the respondents for getting alcohol? It is shown in the following **Table No- 5.8 & Fig No- 5.20.**

Table No- 5.8

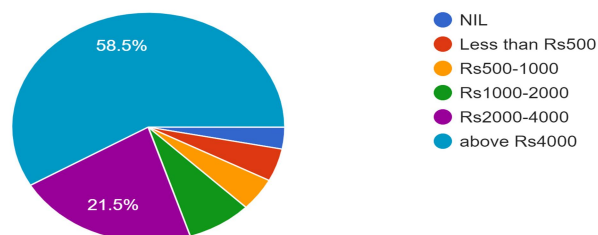
<i>Monthly expenditure on alcohol</i>		
Monthly expenditure	Number of respondents	%
Above Rs4000	38	58.5
Rs2000-4000	14	21.5
Rs1000-2000	5	7.7
Rs500-1000	3	4.6
Less than Rs500	3	4.6
Nil	2	3.1

Out of Total 70 respondent only 65 respondents provide the input on their monthly expenditure on alcohol. The table shows the following thing:

- a. Majority of the respondents (58.5 %, 38 respondents) spent Rs4000 or more
- b. 21.5 % (14 respondents) spent between Rs2000-4000.
- c. 7.7 % (5 respondents) spent between Rs1000-2000.
- d. 4.6 % spent between Rs500-1000
- e. 4.4 % spent less than 500
- f. 3.1% respondents spent no money on purchasing alcohol

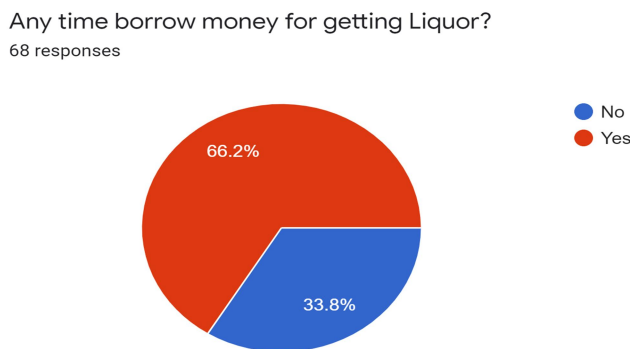
Fig No- 5.20

How much money spends for getting Liquor in a month?
65 responses

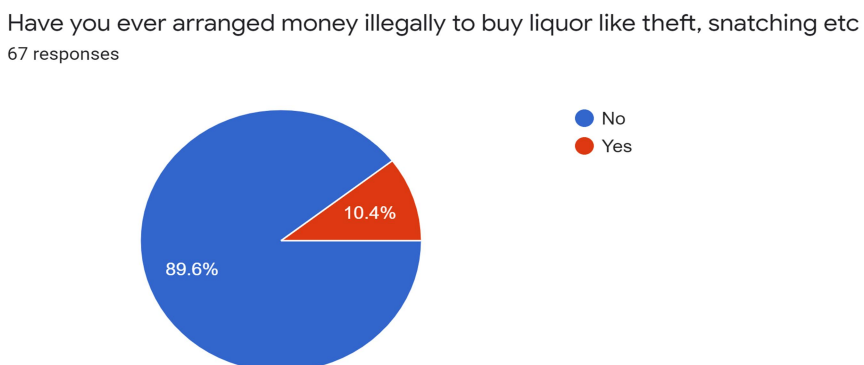


So, we can see that many of the respondents spend lot money on alcohol, even majority of them spend more than Rs4000 per month. When specific question about borrowing money for getting alcohol was asked from the respondents, 66.2 % (45 respondents) gave affirmative response (**Fig No- 5.21**). 89.6% respondents (60 respondents) also denied about using illegal practice for getting alcohol. (**Fig No- 5.22**)

Fig No- 5.21



(Fig No- 5.22)

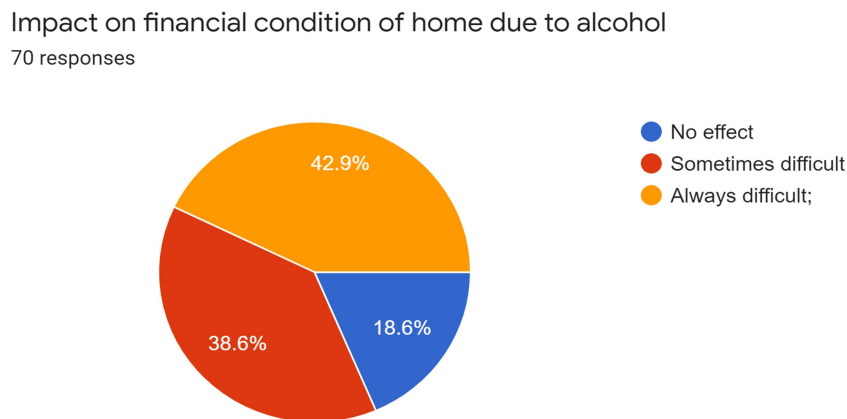


(E) Financial impact and family support

As we have seen above 85% respondents spending money more than Rs1000 for getting alcohol, however almost all except one respondents earning monthly less

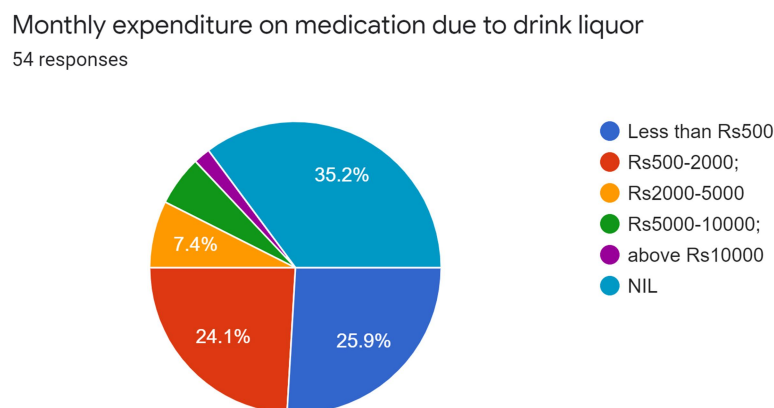
than or equal to Rs20000 or no income at all. So it is natural to have an impact on financial condition of home. Finding shows that more than 80% respondents (42.9% faced always difficult, 38.6% faced sometime difficult) faced difficult financed position at home due to alcohol (**Fig No- 5.23**).

Fig No- 5.23



It will again worse when medication involves to a person in the family due to alcohol. Finding shows that 35 respondents spend money on their medication due to alcohol use which is shown in the **Fig No-5.24**. Monthly expenditure on medication varies from less than Rs500 to more than Rs10000. Majority of the respondents spend money in the range of Rs1000-2000 per month on medication due to alcohol.

Fig No- 5.24



Respondents were also asked about their willingness or efforts to discontinue the habit of drinking alcohol. And almost all (68 respondents) respondents either tried or tried but could not do it as shown in **Fig No- 5.25**. It shows that every alcoholics wish to get rid of the habit of consumption of alcohol. Findings also show that majority of the family (60 respondents, 88.2%) also supported for their treatment (**Fig No- 5.26**) and recovery since family is the most sufferer due to the habit of alcohol consumption in a family.

Fig No- 5.25

Have you ever tried to discontinue alcohol consumption
70 responses

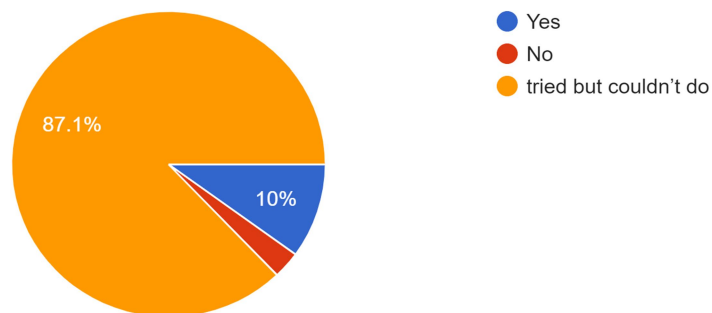
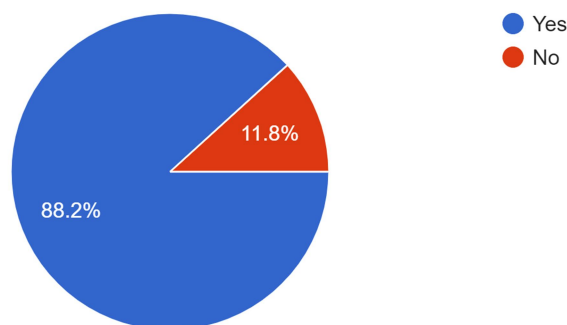


Fig No- 5.26

Is your family supported you for treatment and recovery?
68 responses



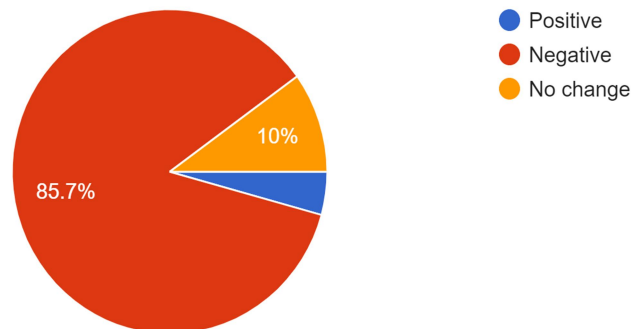
(F) Social status due to alcohol

To a question of how drinking of alcohol affects their social status; majority of the respondents (85.7%, 60 respondents) answered that alcohol consumption has made negative impact on their social status as shown in **Fig No- 5.27**. Only 3 respondents (4.3%) answered about positive impact on their social status and 7 (10%) respondents answered that there is no change in social status due to drinking of alcohol.

Fig No- 5.27

According to you, How your habit of alcohol drinking did affect the social status of your family?

70 responses



(G) Point of view of alcohol user

Since majority of the respondents wanted to discontinue the habit of drinking alcohol and they are getting treatment from de-addiction centre, so it was appropriate to ask their suggestion on how to reduce the alcohol use. 24 respondents have given more than one suggestions. **Table No 5.9** is showing their suggestion-

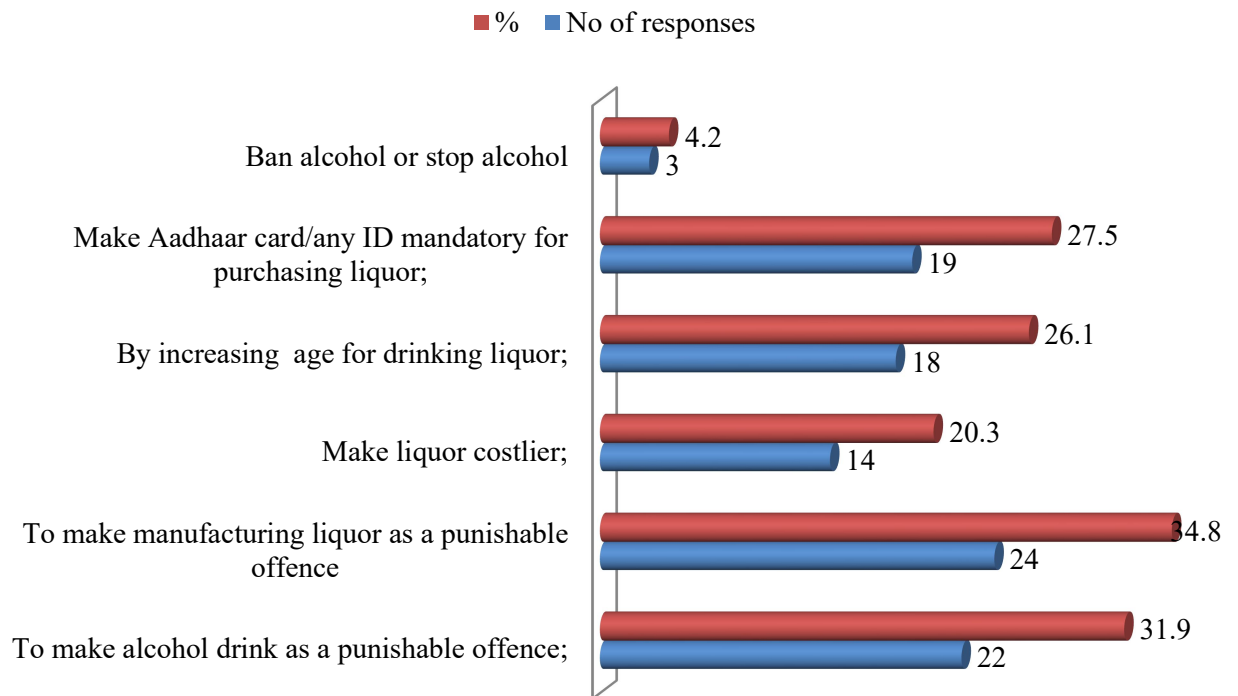
Table No 5.9

<i>Point of view of alcohol user</i>		
Suggestions	No of respondents	%
To make alcohol drink as a punishable offence;	22	31.9
To make manufacturing liquor as a punishable offence	24	34.8
Make liquor costlier;	14	20.3
By increasing age for drinking liquor;	18	26.1
Make Aadhaar card/any ID mandatory for purchasing liquor;	19	27.5
Ban alcohol or stop alcohol	3	4.2

So we can see that respondents who are seeking treatment of alcohol addiction are wished to make either alcohol consumption as a punishable offence (31.9%, 22 respondents) or manufacturing of it as a punishable offence (34.8%, 24 respondent). 18 (26.1%) respondents suggested for increasing age for drinking alcohol as shown in the **Fig No- 5.28**, however we have seen that majority of the respondents (more than 76%) started drinking alcohol before the age of 20 years and at present legal age for drinking alcohol in NCT of Delhi is 25 years. 14 respondents (20.3%) suggested for making alcohol costlier, but as we have seen that despite low monthly income (less than Rs20000 per month) majority of the respondents (58.5%) are spending more than Rs4000 for getting alcohol and by increasing the cost of the alcohol will further make financial situation difficult in the family.

Fig No- 5.28

What Government should do to reduce alcohol use (69 responses)



5.2 Analysis of data collected from treatment service providers

A pre designed questionnaire was prepared to gather some feedback from the treatment service provider to the alcohol user since they are working in this field and their point of view and suggestions will be very much helpful for the recommendation of this study. Total nine responses were collected, out of which seven respondents are working in the same IRCAs (de-addiction centres) where data was collected from treatment seekers. Two respondents are working in prestigious government hospital. Summary of their responses as follows:

5.2.1 Trend is increasing for treatment

Out of nine respondents, 5 respondents observed that trend is increasing for seeking treatment of alcohol addiction and mentioned following are the main reasons for the same-

- Increased awareness of the availability of treatment
- Increase in rate of alcoholism and also increase in awareness about the disease
- (1) family issue, (2) Occupational issue, (3) Personality disorder

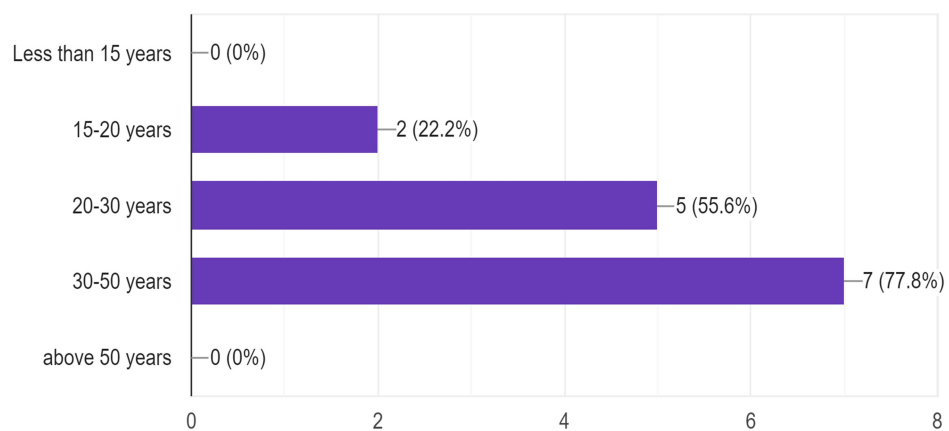
5.2.2 Age bracket of treatment seeker

Almost all respondents answered that maximum treatment seekers comes in the age group of 30-50 years as shown in the **Fig No- 5.29**. and it is matching with finding in treatment seeker data that out of 70 respondents, 39 respondents (55.7%) belong to this age group.

Fig No- 5.29

Which age group of people come for treatment?

9 responses



5.2.3 Most common reasons for drinking alcohol

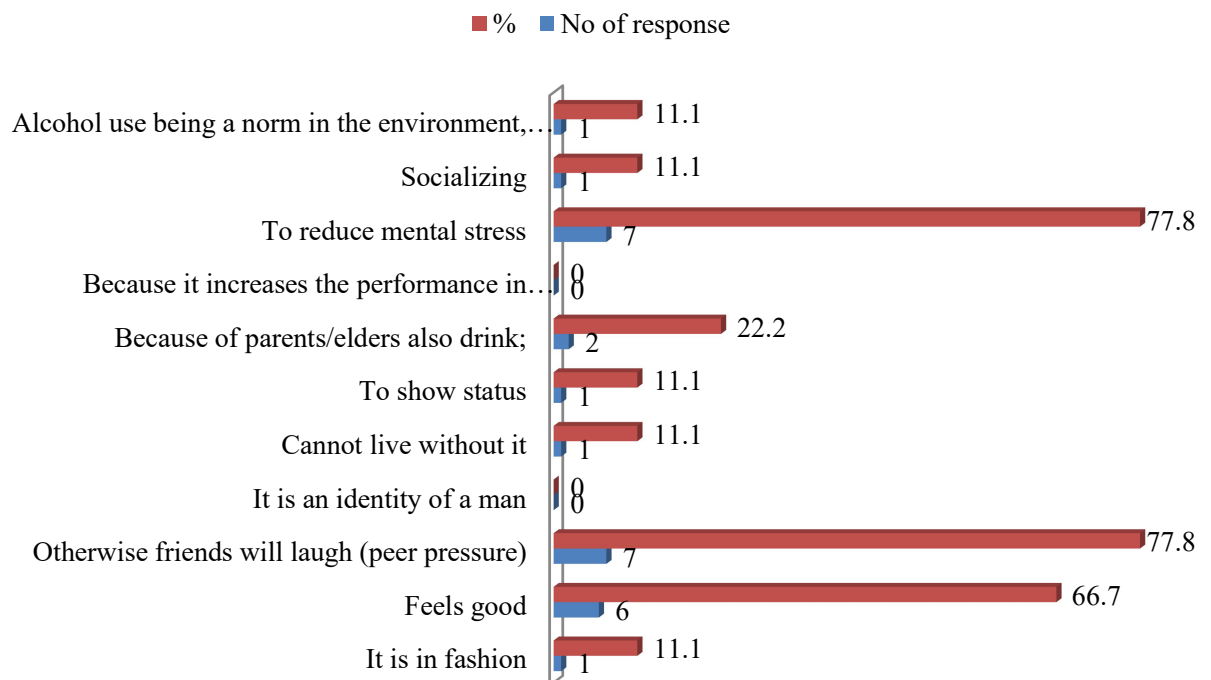
Respondents gave following are the most common reason for drinking alcohol-

- It gives feels good factor
- It reduces mental stress
- Otherwise friends will laugh (peer pressure)

Some respondents also gave reasons of parents/elders also drink, for socializing, it is in fashion. Responses are shown in the **Fig No 5.30**

Fig No- 5.30

Reasons for drinking alcohol

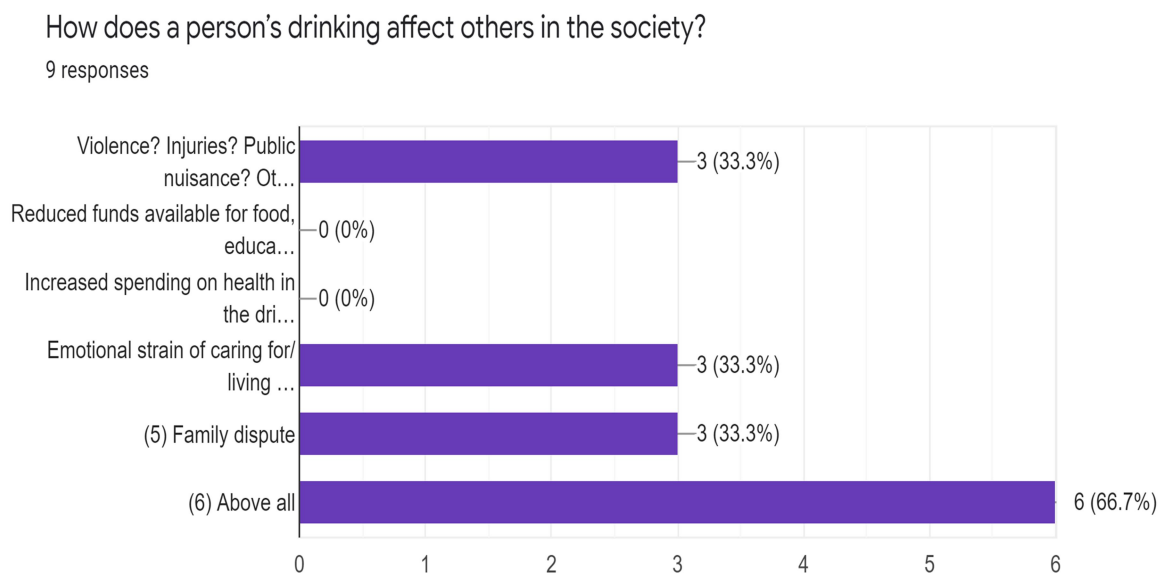


5.2.4 How alcohol habit affects others

Drinking alcohol does not only affect the drinker, but it also affects other people of the society. Respondents mentioned following main factors through which alcohol user affects others in the society (**Fig No 5.31**)-

- Violence, Injuries, Public nuisance
- Reduced funds available for food, education and health in the family
- Increased spending on health in the drinking person
- Emotional strain of caring for/ living with a person with alcohol misuse
- Family dispute

Fig No- 5.31



5.2.5 Suggestions for mitigating the problem associated with alcohol

Being an expert in the field it was wise enough to ask this question to treatment service provider and following responses have emerged from them-

- There's a need to design a comprehensive strategy for addressing the issue to excessive alcohol consumption and dependence.
- There needs to be more emphasis on: Equipping the health facilities to identify and treat people with alcohol problems and enhancing the capacities of health care providers

- Rational rules regarding minimum legal age for drinking (25 years is unrealistic) and their strict implementation
- Alcohol policy to be made with action plan and some portion of the earning from excise should be earmarked for this alcohol policy
- Make high content alcohol costlier and low content alcohol cheaper
- Increase the cost of imported liquor
- increase the awareness with the support of NGO and local Bodies

One respondent has also suggested for alcohol ban and making Aadhaar card mandatory for purchasing alcohol.

Chapter 6

Conclusion and Recommendations

The purpose of this study was to know the policy and programme of the Government of NCT of Delhi on alcohol and see whether it is in line with the directive principal of the constitution of the country and to know the socio-economic impact of alcohol use on individual alcohol user who seeking treatment in De-addiction centres. Whereas information related to policy and programs were collected with the help of the Internet and two sets of structured questionnaires were prepared and were used to seek the responses from the treatment seeker and treatment service provider. Based on the information collected following conclusion may be drawn-

6.1 Related to Policy and programmes

- In the Delhi Excise Act, 2009 is observed that the Act is prohibiting for selling of alcohol to a person, who is under the age of 25 years but it is not restricting anybody of any age for drinking alcohol. This was also cleared by the Delhi High Court on its Judgment on 26 September, 2019 that The Delhi Excise Act does not prescribe 25 years as the minimum age for drinking; it merely prohibits liquor sales to people below that age.
- One more conflict situation arises when there is some different rule works on same subjects in neighbouring states. Such as minimum legal age for getting alcohol in NCT of Delhi is 25 years while it is 21 years in the state of Uttar Pradesh (UP). Anybody who is under 25 years of age may go to neighbouring town of UP such as Noida, Ghaziabad and can consume alcohol. So on the one

hand it is defying the provision of the Act and on the other hand there is a loss of Excise Revenue to the NCT of Delhi.

- Similarly this act is also allowing licence holder to employ a person of age of above 21 years. So, in that case person who is doing job in a liquor shop is in close proximity to substance material and chances of him for consumption of it also. So there is a need for relook on this aspect of the Act.
- Although the Delhi Excise Act, 2009 is having certain provision for prohibition of Alcohol on some specific situation, but these provisions are seems to be administrative in nature. As such they are not promoting for do away with alcohol. It seems that this act wholly bypassing the objective of the directive principal of the constitution about prohibition of the consumption of intoxicating drinks. As such this Act is only working for generating revenue for the Government as we can see in the data published on the website of Department of Excise Entertainment & Luxury Tax as shown in the following **Table No 6.1** in which it is observed that there is a sudden increase of Excise Revenue in subsequent years of enactment of present Act.

Table No 6.1

<i>Year Wise Excise Revenue of Government of NCT of Delhi</i>	
Financial Year	Revenue Collected (Rs. in Crores)
2008-2009	1420.91
2009-2010	1643.56
2010-2011	2027.09
2011-2012	2533.72
2012-2013	2869.74
2013-2014	3151.63

2014-2015	3422.39
2015-2016	4259.93
2016-2017	4243.79
2017-2018	4816.88
2018-2019	4015.64 ((up to Jan-19)

Excise revenue is having a good share of 13-14% of total earning of the Government of NCT of Delhi. According to the report prepared by a panel of experts formed by the Delhi government, the Delhi government currently earns excise revenue of Rs 46 crore from brand registration, Rs 4,507 crore from Indian liquor, Rs 240 crore from foreign liquor and Rs 210 crore from country liquor. The state government also earns Rs 170 crore from licence fees from restaurants and bars serving liquor, Rs 300 crore from export and permit fees and Rs 40 crores from retail licences. It totals up to Rs 5,068.70 crore, which the state government wants to increase to nearly Rs 8,000 crore. Hence, Government required more revenue for their welfare programmes for the people of the state. However, a balanced approach is needed while earning revenue and avoiding harmful effect of alcohol in the society.

- As per the provision of Rule 52 of Delhi Excise Rules, 2010, government is declaring about 28-30 Dry Days every year. And it was supposed to have a total prohibition in the area. But in contrast to it, every time day before the Dry Day information comes out in the public domain with help of various media that tomorrow is a Dry Day and people used to store their stock prior to the Dry Day and defeat the very purpose of provision of Dry Day.

- Food Safety and Standards (Alcoholic Beverages) Regulations, 2018 has mandated to the Alcohol Manufacturer for some labelling requirement on alcohol bottle such as alcohol content, statutory warning etc. but it is not mandating for giving information about how to drink that alcohol to avoid harmful drinking.
- With respect to treatment facility of alcohol addicts, Eight Government Hospital are identified for treatment along with similar no of Government of India supported De-addiction centres are working. But according to the National Survey Report, 2019, 6.2 per cent population is having alcohol use disorders which needed help. So looking at that, these treatment facilities are not adequate.

6.2 Related to the Socio-Impact on Individual Alcohol User

- All respondents were male and maximum alcohol users (about 55%) who are taking treatment of addiction are in the age group of 30-50 years.
- More than 75 percent respondent got education below graduation level and it is reflected on their capacity to earn as monthly income of majority of them (59 respondents, 84%) is below Rs20000 only and there is no monthly income for 10 respondents.
- The majority of the treatment seekers (45 respondents, 64.3%) are daily drinkers. Finding shows that feel good factor is the main reason (54.3%) for which respondents is drinking and next reason for drinking is to reduce the mental stress (28.6) which is also contributing towards feel good to a person. It shows that today's life is very much stressful and to avoid the stress and wanting for some relax person is moving towards alcohol without knowing its consequences afterwards.

- Majority of the respondents (more than 76%) started drinking alcohol much before the permissible age of getting alcohol and situation is alarming when 17.6% respondents are initiated drinking in their childhood age (below 15 years) and 70% respondents initiated drinking alcohol with their school/college friends. So it shows that initiation of alcohol in early age has also impacted their education as these figures are somewhat matching in their findings of education profile.
- Any of the hard drink (whisky, rum, vodka, gin) (85.7%) is the first preference for majority of the respondent and this habit of hard drinking affected their health in early age of adulthood and they require treatment for alcohol addiction.
- Majority of the respondents (81.2%) observed the harmful effect of alcohol consumption. It affects primarily their physical health, friendships or social life, relationships with other family members, including their children, studies or employment opportunities and finances.
- Majority of the respondents (71%) experienced criticism by the people for their drinking. About 46% respondent lost their friendship and 40% respondents also experienced conflicting with their spouse or someone with they lived. So it may be concluded that social life of the alcohol addicts are not in good terms. It is always disturbed.
- Finding reveals that majority of the respondents (54.4%) missed going to school or work due to alcohol drinking and 27.9% respondents also said that they were not being able to be on time at work place. Study also revealed that almost 50% respondents are unemployed and similar numbers of respondents borrow money. It shows that their financial position is not in good shape.

26.5% respondents also lose their pay due to alcohol use and 38.2% respondents are not able to support their family. It shows that person becomes indiscipline and irresponsible after drinking alcohol and it also shows that their financial position is not in good shape.

- Many of the respondents spend lot of money on alcohol, even majority of them spend more than Rs4000 per month and 66.2 % respondents also borrowed money for getting liquor. However 89.6% respondents denied about using illegal practice for getting alcohol.
- Finding shows that more than 80% respondents faced difficult financed position at home due to alcohol. It will again worse when medication involves to a person in the family due to alcohol.
- Almost all respondents wish to discontinue the habit of drinking alcohol and family of majority of them supported to this cause.
- Majority of the respondents (85.7%) feels that alcohol consumption has made negative impact on their social status.
- About 70% respondents suggested prohibition of liquor either through make alcohol drinking as a punishable offence or make manufacturing liquor as a punishable offence or banning it completely. Some respondents also in favour of increasing age for drinking liquor, Making liquor costlier and making Aadhaar card/any ID mandatory for purchasing liquor.

6.3 Recommendations

The following recommendations are proposed

1. There is an urgent need for Policy on Prevention of Alcoholism, which provide the direction to various stakeholders. Policy must contain a multi-

pronged strategy to tackle the growing burden of alcohol use. As the alcohol problem is diverse in nature and concerns multiple sectors, different departments and institutions need to adopt an integrated approach and should be based on the National Survey recently conducted by the Ministry of Social Justice and Empowerment.

2. District wise size estimation survey of alcohol consumption is required at regular interval for modification/revision of policy.
3. In order to stop alcohol consumption in the age of school/college, there is need for the introduction of various curricular activities like sports, music, drama etc. at educational institute level in such a way that every student involve in them.
4. Counselling intervention such as self-monitoring, peer pressure management and self-regulation, could help the students to withstand parental, neighbourhood and peer pressure.
5. Capacity building programme for teachers in schools and colleges for early identification of alcohol use disorders, so that timely intervention can be initiated.
6. Rationalization of the tax structure (so that low alcohol drinks like beer and comparatively economical as opposed to high alcohol drinks like whiskey)
7. A portion of Excise Revenue must be earmarked for the implementation of the action plan of the above proposed alcohol policy
8. Minimum Drinking Age should be clearly defined and it must be in consonance with neighbouring states

9. Encouraging and facilitating responsible and less-riskier ways to consume alcohol. A Possibility may be explore to introduced ‘how to drink’ on the labelling on liquor bottle so that harmful drinking can be avoided
10. A ban on direct and indirect alcohol advertising in such a way that liquor manufacturer could not use way of surrogate advertising for the promotion their alcohol products
11. Treatment facility should be increase and recognition of alcohol-related problems in primary health care and general hospital settings;

By this study it can be concluded that some gaps are required to be addressed in the Policy of the Government of NCT of Delhi for dealing with the alcohol. As such there is no policy per say on alcohol but there is only one Act i.e. The Delhi Excise Act, 2009 which is aiming for revenue generation for the government and needs policy formulation having integrated approach of demand reduction, harm reduction as well as fulfilling the revenue requirement of the government. Being a Capital city of the country, it is not feasible to totally ban of alcohol use but to aware the public about responsible drinking and consequences of over drinking may reduce the harms. Total ban may also result for illegal/spurious liquor or may increase the tendency towards drugs which would be more harmful than alcohol. It is also concluded that majority of the treatment seekers in de-addiction centres have started their drinking habit in early age which is alarming because it is very difficult for a person to discontinue any habit which started in childhood. It is also established that alcohol habit impacted adversely to individual on social as well as occupational and financial front. It affects their relationship with their family members, friends and with society also. So there is a need to approach this issue in holistic manner.

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Annexure-1

(Refer Para No 3.4)

Questionnaire for Individual Treatment Seeker at De-addiction Center

(Confidential- for academic purpose only)

1	Name of the Interviewee (Participant)-	
2	Age	
3	Gender	Male (M)/Female(F)/Transgender(TG)
4	Education	(1)Nil; (2) Primary/Secondary; (3) Higher secondary; (4)Graduation; (5)PG; (6)Others -----
5	Status of occupation	(1) Working in government sector; (2) Working in private sector; (3) Un-employed; (4) Full-time housewife; (5) Student; (6) Retired; (7) Self-employed/business; (8) Driving profession (9) Other, specify _____
6	Monthly income	(1) Nil; (2) Less than Rs.1000; (3) Rs. 1000-2000; (4) Rs 2000-5000; (5) Rs 5000-10000; (6) Rs 10000- 20000; (8) Rs 20000-50000 (7) More than Rs50000
7	Marital Status	(1) Married; (2) Separated /Divorced; (3) Abandoned; (4) Widowed; (5) Unmarried
8	If married, no of children	No of Son- No of Daughter-
9	if married, occupation of Spouse	(1) Working in government sector; (2) Working in private sector; (3) Un-employed; (4) Full-time housewife; (5) Student; (6) Retired; (7) Self-employed/business; (8) Driving profession (9) Other, specify _____
10	Type of residence	(1) No place to live, pavement; (2) Jhuggi; (3) Own house; (4) Rented; (5) Government house; (6) Hostel/PG; (7) Others specify
11	How often have you taken alcohol in the past one year?	(1)Monthly or less; (2) 2 to 4 times a month; (3) 2 to 3 times a week; (4) Daily
12	Reason for drinking alcohol	(1)it is in fashion (2) feels good (3) Otherwise friends will laugh (peer pressure) (4) it is an identity of a man (5)

		cannot live without it (6) to show my status (7) because of my parents/elders also drink; (8) because it increases the performance in workplace/studies (9) To reduce mental stress (10) others
13	How old were you when you first got drunk?	(A)Below 15 years; (B) Between 15-18 years; (C) Between 18-20 years; (D) Between 20 years and above
14	Who accompanied you at first time?	(A) school/College friends; (B) Neighbour; (C) Family members; (D) Traditional; (E) co-worker/ colleague/ companion at workplace; (E) Any other (Please specify).....
15	If you drink, what is your liquor type-of-first-preference (have most frequently)	(A)IMFL- (1) whisky, rum, vodka, gin; (2) beer – normal ; (3) beer-strong (4); wine (B) Country Liquor- (1) spirits (legal); (2) illicit liquor spirits; (3) locally made beer/wine
16	With whom are you comfortable to drink?	(1)Alone; (2) with friend/friends; (3) with family members (4) co- worker/ colleague/ companion at workplace
17	Which place do you prefer for drinking?	(A)Bar; (B) Friend's house; (C) Home; (D) Deserted/ abandoned place/Park; (E) Tourist Spot; (F) Any other (please specify).....
18	Are your all friends taking alcohol?	(1)All (2) less than 50% (3) more than or equal to 50%
19	Do you feel any harmful effect?	(1)Yes; (2) No; (3) Initially no
20	If yes, then your drinking had a harmful effect on your-	(1) studies or employment opportunities? (2) housework or chores around the house? (3) marriage/intimate relationships? (4) relationships with other family members, including your children? (5) friendships or social life? (6) physical health? (7) Finances
21	Due to your drinking, you had any of the following experiences?	(1) people annoyed you by criticizing your drinking? (2) trouble with the police about drinking and driving? (3) got into a physical fight while drinking? (4) had an illness connected with your drinking keeping you from work/ regular activities? (5) spouse or someone you lived with threatened to leave or actually left because of your drinking? (6) lost a friendship because of your drinking? (7) lost a job, or nearly lost one, because of your

		drinking?
22	Due to your drinking, occupational impact	(1) Not being able to be on time at work place (2) Missed going to school or work (3) reduced ability to work (4) Any disciplinary action taken (5) Losing pay (6) Borrow money (7) Currently unemployed and earlier employed (8) Not able to support family
23	Have you ever Indulge in any crime after drinking/while drinking Alcohol?	(A) No; (B) Yes
24	How much money spends for getting Liquor in a month?	(1) Less than Rs500; (2) Rs500-1000; (3) Rs1000-2000; (4) Rs2000-4000; (5) above Rs4000
25	Any time borrow money for getting Liquor?	(1) No; (2) Yes
26	Have you ever arranged money illegally to buy liquor like theft, snatching etc	(1) No; (2) Yes
27	Impact on financial condition of home due to alcohol	(1) No effect; (3) Sometimes difficult (2) Always difficult;
28	Monthly expenditure on medication due to drink liquor	(1) Less than Rs500; (2) Rs500-2000; (3) Rs2000-5000; (4) Rs5000-10000; (5) above Rs10000
29	Have you ever tried to discontinue alcohol consumption	(1) Yes (2) No (3) tried but couldn't do
30	Is your family supported you for treatment and recovery?	(1) Yes (2) No
31	According to you, How your habit of alcohol drinking did affect the social status of your family?	(A) Positive; (B) Negative; (C) No change
32	To reduce the uses of liquor, what government should do?	(1) to make alcohol drink as a punishable offence; (2) to make manufacturing liquor as a punishable offence; (3) make liquor costlier; (4) by increasing age for drinking liquor; (5) make Aadhar card/any ID mandatory for purchasing liquor; (6) any other

Annexure-2**(Refer Para No 3.4)****Questionnaire for alcohol de-addiction treatment service providers****(Confidential- for academic purpose only)**

1	Name of the interviewee (participant)	
2	Designation	
3	Name of the organisation	
4	Nature of the Organisation	Government/NGO/Private
5	How long have you been working in this field	
6	How many alcoholic patient comes in your centre monthly	
7	What is the trend of treatment seeker if compared to 5 years back	(A) Increasing; (B) Decreasing; (C) No change (D) No Idea
8	If the trend is on increasing side, then the reason for the same	
9	What are the most common reasons why people drink?	(1) it is in fashion (2) feels good (3) Otherwise friends will laugh (peer pressure) (4) it is an identity of a man (5) cannot live without it (6) to show my status (7) because of my parents/elders also drink; (8) because it increases the performance in workplace/studies (9) To reduce mental stress (10) others (please specify)
10	Which age group of people come for treatment?	(A) Less than 15 years; (B) 15-20 years; (C) 20-30 years; (D) 30-50 years; (E) above 50 years
11	How does a person's drinking	(1) Violence? Injuries? Public nuisance? Other

	affect others in the society?	<p>ways</p> <p>(2) Reduced funds available for food, education and health in the family</p> <p>(3) Increased spending on health in the drinking person</p> <p>(4) Emotional strain of caring for/ living with a person with alcohol misuse</p> <p>(5) Family dispute</p> <p>(6) Above all</p>
12	Are there any effective ways to reduce the supply and/ or demand for alcohol?	<p>(1) Prohibition/ total ban on alcohol availability</p> <p>(2) Any other alternative idea please specify</p>
13	Is government having any policy on alcohol (sale, purchase, prohibition, consumption etc)?	If Yes, (pl specify)
14	Are you aware of any intervention programme of the government on mitigation of alcoholism?	If Yes, (pl specify)

15	Are they adequate?	(A)Yes; (B) No
16	If No, further suggestion	

(Refer Para No 4.4)

**GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
OFFICE OF THE COMMISSIONER OF EXCISE
L-BLOCK, VIKAS BHAWAN, I.P.ESTATE, NEW DELHI**

NO:F.10 (56)/96-97/IMFL//EX/PF/ 26-43

Dated: 07/01/21

ORDER

In pursuance of the provisions of Rule 52 of Delhi Excise Rules, 2010, it is hereby ordered that following dates shall be observed as "Dry Day" in the National Capital Territory of Delhi by all L-1, L-1F, L-2, L-3, L-4, L-5, L-6, L-6FG, L-6FE, L-7, L-7FG, L7FE, L-8, L-9, L-10, L-11, L-12, L-12F, L-14, L-18, L-23, L-23F, L-25, L-26, L-31, L-32, L-33, L-34 and L-35 licensees and opium vends located in Delhi.

Sl. No	Occasion	Date	DAY
1	Republic Day	26.01.2021	Tuesday
2	Guru Ravidas's Birthday	27.02.2021	Saturday
3	Swami Dayananda Saraswati Jayanthi	08.03.2021	Monday
4	Maha Shivratri	11.03.2021	Thursday
5	Holi	29.03.2021	Monday

In addition to above, all L-16, L-17, L-19, L-20, L-21, L-22, L-28, L-29, P-10 and P-13 licensees shall observe dry day on 26.01.2021 (Republic Day).

The licensees shall not be entitled to any compensation on account of any changes effected in the above list.

The restriction of sale on liquor on dry days mentioned above shall not apply to the service of liquor to residents in case of hotels having L-15 license.

All the licensees shall exhibit this order at some conspicuous place of their licensed premises.

The business premises of a licensee shall be kept closed on dry day.


(RAHUL SINGH)
COMMISSIONER (EXCISE)

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