



ALCOHOL ADDICTION AND ITS IMPACT ON HEALTH: A STUDY OF RURAL YOUTH

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Abstract: *Alcohol consumption and problems related to alcohol vary widely around the world, but the burden of disease and death remains significant in most countries. Alcohol consumption is the world's third largest risk factor for disease and disability; in middle-income countries, it is the greatest risk. Alcohol is a causal factor in 60 types of diseases and injuries. Almost 4% of all deaths worldwide are attributed to alcohol, greater than deaths caused by HIV/AIDS, violence or tuberculosis. Alcohol is also associated with many serious social issues, including violence, child neglect and abuse, and absenteeism in the workplace. So keeping in view the above the present work was undertaken to study the impact of alcohol use on the health of rural youth in district Kaithal of Haryana State. The study indicates that the health of the alcohol users was not satisfactory. Continuous use of alcohol makes health problem more serious. Some common health problems found among them were liver disease, loss of weight, pancreatitis (stomach pain), loss of appetite and cirrhosis etc. To help alcoholics suffering from serious alcohol problems specialized and flexible treatment modalities should be provided to suit individual needs. It is important to incorporate relapse prevention and long term after care services into existing programmes.*

Keywords: *Alcohol, Youth and Health*

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INTRODUCTION

Alcohol use has been showing a raising trend all over the world including India, perhaps as a result of latest and greater stresses related to rapid changes in life style. Alcohol use is a growing problem and consequences of alcohol use cost heavily to the community and form a major health problem. The effect of alcohol use on human beings is not easy to explain. Society is not the same for all but it is composed of many hundred of sub-culture with difference in ethical, religious and social characteristics.

These sub-cultures influence the behavior of any individual to the degree he accepts their values and attitudes as being correct for him. These values and attitudes tend to become his standard for making decisions about correct behavior. A popular belief is that a person can be “driven to drink” by some disaster or anxiety laden situation though it is not properly explored in the available literature but some evidence is to be found indirectly in some studies. The feeling of super-pleasure which makes the addict to forget problems and anxiety at a very heavy cost which he never realizes, if at all realize, it is usually very late. In his belief, the health, occupation, family and social life are less pleasurable.

Alcohol affects all aspects of human life and causes hazards to health and welfare. Heavy alcohol reduces life expectancy by 10 to 18 years besides affecting productivity in developed and developing nations. The recent WHO report on a global burden of disease (GBD) projects in start terms the heavy toll of death and disability due to drinking.

The harmful use of alcohol result approximately 2.5 million deaths every year is a net loss of 2.25 million, taking into account the estimated beneficial impact of low levels of alcohol use on some diseases in some population groups. The use and abuse of alcohol is related to a wide range of physical, mental and social harm to the person who use it and also to the others around him (WHO 2008)

Morbidity from alcohol, measured in years of life lost of disability, has a greater impact on health, even malnutrition and poor sanitation (World Health Organization 2006). According to the report alcohol causes 4 percent of total Disability Adjusted Life Years (DALYs) and alcohol use disorder account for 1.4 percent of the total burden of diseases.

The scientific studies regarding alcohol related health and social problems are very limited in India but there are sufficient indications available in the literature and records in many health institutions across the country that the harm is substantial.



So keeping in view all these aspects an attempt has been made in this study to study the impact of alcohol use on the health of alcoholic rural youth, with an emphasis on (i) nature of diseases the alcohol dependent rural youth are suffering from (ii) relationship between nature of disease and frequency of alcohol intake (iv) duration of alcohol use and nature of disease (v) withdrawal problems of alcohol users (vi) duration of use and problems from withdrawal etc.

REVIEW OF RELATED LITERATURE

In the past few years, literature regarding alcohol and drug use/abuse has considerably grown simply because in the recent year's drug use and abuse (including alcohol) have received the attention of social scientists to its disastrous impact on the different segments of populations of this modern and technologically advanced society. Keeping in view the objectives of the study the following important and relevant studies were reviewed:

Balarajan et al. (1984) calculated mortality ratios for causes likely to be alcohol related (cirrhosis, liver cancer, motor vehicle accidents and accidental drowning) for man and woman of Indian decent, identified by the names of death certificates. Thirty seven men and seven women died from chronic liver disease and cirrhosis in a sample of 3,657. Rates of death were much higher than expected for Punjabis (282) and Gujuraties (213) but were also raised for Moslems (161). Viral hepatitis, which can lead to chronic liver disease, is endemic in the India subcontinent but the concentration of cirrhosis mortality amongst males indicates that excessive alcohol consumption is the probable cause of raised mortality rates.

Banergee and Virdee (1986) noted higher than expected histological diagnoses of alcohol liver disease among Asian men, based on the liver biopsies carried out by one London teaching hospital over a six year period.

The NIAAA (The National institute of Alcohol Abuse and Alcoholism Rockville, U.K.) has pointed out that heavy drinking and alcoholism are to a number of illnesses, including nutritional and gastrointestinal disorders, heart, liver and muscle disease and mental disorders. Furthermore prolonged alcohol abuse contributes to an exceptionally high rate of morbidity and mortality, with the life span being reduced as much as ten to twelve years.

A study on alcohol and its effects on human beings by Sang and Robin (1972) carried out an experiment which indicates that alcohol itself can cause skeletal muscle damage by



interfering with carbohydrate metabolism in muscle fissures. They reached their conclusion after treating three non-Alcohol male subjects for 28 days to a diet in which ethanol accounted for 42 percent of the total calorie intake. Sang and Robin found that the ethanol produced structural changes in the skeletal muscles of the subjects like those found in confirmed alcoholics and they suggested that something similar may happen to the muscles of the heart from the direct action of the ethanol and therefore contribute to alcoholic cardiomyopathy.

RESEARCH METHODOLOGY

In the present descriptive study, multistage sampling has been adopted for the selection of alcoholic youth. At the first stage Kaithal district of Haryana State was purposively selected for the study because Kaithal is one of the highest alcohol consuming districts in Ambala division of Haryana State (H.S.A. 2009-2010).

At the second stage 25 villages (on the basis of 10% of total 263 villages) were selected randomly by using stratified random sampling from the five blocks namely Kaithal, Pundri, Guhla, Rajound, Kalayat on the basis of the list supplied by District Development and Panchayat Officer (D.D.P.O.).

The third stage of sampling constitutes of the process of selection of alcohol users (subjects) for the collection of data for the study. At this stage a list of youth aged between 15 to 35 was prepared from the ration cards and voter lists and after that youth using alcohol were chosen with the help of village doctors, villagers and neighbours by using snowball sampling method. After that 20 percent of the listed alcoholic youth were drawn randomly, in which a list of all 558 alcoholic rural youth was prepared. Out of the 558 alcohol users 58 were either not available or totally refused to be interviewed. Therefore, their names were deleted from the sample list. Thus the study is finally based on a sample of 500 alcoholic rural youths.

TOOLS FOR DATA COLLECTION

Interview schedule had been used as the main tool for data collection. Along with interview schedule, observation and discussion methods were also used for data collection.

RESULTS AND DISCUSSION

This section presents major finding regarding nature of diseases the alcohol dependent rural youth are suffering from, relationship between nature of disease with frequency of



alcohol intake, duration of alcohol use and nature of disease, withdrawal problems of alcohol users, duration of alcohol use and problems from withdrawal etc.

NATURE OF DISEASES

Studies and experiences show that alcohol use lead to various health related problems. The number and severity of the diseases increase with the duration of alcohol use. It is observed that almost all the users suffer from health problems due to alcohol use. Generally the users say that they have no problem because of alcohol use. They realize this only when some serious health problems are faced by them and the symptoms become evident.

The NIAAA (The National Institute of Alcohol Abuse and Alcoholism Rockville, U.K.) has pointed out that heavy drinking and alcoholism are responsible for a number of illnesses, including nutritional and gastrointestinal disorders, heart, liver and muscle disease and mental disorders.

The same thing is found in the present study also. Table 1 reveals about the type of diseases the respondents were suffering from.

Table - 1.0
Nature of diseases

N = 500

Sr. No.	Category	No. of respondents	Percentage
1.	Anxiety, tension etc.	209	41.80
2.	Chest pain	69	13.80
3.	Sleeping difficulty	28	05.60
4.	Cirrhosis	11	02.20
5.	Loss of appetite	23	04.60
6.	Loss of weight	15	03.00
7.	Digesting problem/stomach pain	30	06.00
8.	Not applicable	115	23.00
TOTAL		500	100.00

The table shows that 41.80 percent respondents are suffering from anxiety, tension and nervousness etc. 13.80 percent from chest pain, 06.00 percent reported digesting problem/stomach pain. About 05.60 percent alcohol users reported the problem of sleeping



difficulty. 04.60 percent complained loss of appetite. The problem of cirrhosis was accepted by only 02.20 percent respondents.

Apart from the above stated problems, the alcohol users made complaints of various other diseases. Majority of them were not aware of the nature of the disease and the treatment required. They believe that they get relief in their physical problems from the use of alcohol. The researcher observed that the majority of the alcoholics face health related problems due to alcohol use/abuse but they don't accept it due to social stigma or may be because of lack of awareness regarding the effects of alcohol use.

NATURE OF DISEASES AND DURATION OF ALCOHOL USE

Does the duration of alcohol use have any relation with the nature of diseases the alcohol using youth are suffering from? No proper study seems to have been conducted on this point, only a brief mention is made by Verma and Others (1980) of the physical problems of the alcoholic in their study on adult population. In the present study an attempt is made to find out if there is any specific relationship between the diseases and duration of alcohol use.

Table-1.1

Duration of alcohol use and nature of diseases

Sr.No.	Duration	Anxiety tension etc.	Chest Pain	Sleeping difficulty	Cirrhosis	Loss of appetite	Loss of weight	Digesting problem/ Stomach pain	N/A	Total
1.	For the last one year or less	05 (41.67)	02 (16.67)	01 (08.33)	-	-	-	-	04 (33.33)	12 (02.40)
2.	For the last two years	46 (41.82)	15 (13.64)	06 (05.45)	03 (05.45)	05 (04.54)	03 (02.73)	07 (06.36)	25 (22.73)	110 (22.00)
3.	For the last three years	48 (41.74)	16 (13.19)	07 (06.90)	03 (02.61)	05 (04.35)	04 (03.48)	08 (06.95)	24 (20.87)	115 (23.00)
4.	For the last four years	34 (42.50)	11 (13.75)	05 (06.25)	02 (02.50)	04 (05.00)	03 (03.75)	06 (07.50)	15 (18.75)	80 (16.00)
5.	For more than four years	76 (41.53)	25 (13.66)	09 (04.92)	03 (01.64)	09 (04.92)	05 (02.73)	09 (04.92)	47 (25.68)	183 (36.60)
TOTAL		209 (41.80)	69 (13.80)	28 (05.60)	11 (02.20)	23 (04.60)	15 (03.00)	30 (06.02)	115 (23.00)	500 (100)

(Figures in parenthesis are percentage)

Table -1.1 reveals that out of 183 alcohol users who have been using alcohol for more than four years, 41.53 percent are suffering from anxiety, tension etc., 13.66 suffering from



chest pain, 04.92 percent reported sleeping difficulty and the same percentage are suffering from loss of appetite and stomach pain. Only 01.64 percent reported about cirrhosis. Among those who have using alcohol for last four years (80 in numbers) 42.50 percent are suffering from anxiety, tension etc., 13.75 percent reported chest pain, 07.50 percent are suffering from digesting problem/stomach problem, 06.25 percent suffering from sleeping difficulty, 05.00 percent are from loss of appetite, 02.73 percent reported change in their weight and 01.64 percent are suffering from cirrhosis. The respondents 41.74 percent (115 in numbers) who have been using alcohol for last three years are suffering from anxiety and tension, 13.91 percent are suffering from chest pain, 06.95 from stomach pain, 06.09 percent are suffering from sleeping difficulty, 04.35 percent from loss of appetite, 03.48 percent reported change in physical appearance, and 02.61 percent are suffering from cirrhosis. Among the respondents who are using alcohol for the last two years (110 in numbers) 41.82 percent are suffering from anxiety and tension, 13.64 percent are suffering from chest pain, 06.36 percent are suffering from digesting problem/stomach pain, 05.45 percent are suffering from sleeping difficulty, 04.54 percent are suffering from loss of appetite and 02.73 percent are suffering from cirrhosis and loss of weight. The respondents (12 in number) who have been using alcohol for last one year or less found suffering from anxiety and tension (41.67 percent), 16.67 percent suffering from chest pain and 08.33 percent suffering from sleeping difficulty.

According to Fort and Porterfield (1961) the onset of alcoholism is largely a consequence of emotional stress. Similar trend is seen in this study also i.e. the majority of alcohol users are suffering from anxiety, nervousness and tension; more the duration of alcohol use, more the number of respondents suffering from diseases. From this one can infer that increase in dependency on alcohol leads to ill health of the youth. It seems that when they feel themselves unable to cope up with these problems, they start taking more and more alcohol because of the initial experience of temporary relief from the problem. By the time, they start realizing its effects on their health, they have become physically as well as psychologically dependent on alcohol and reached the point where from they can not retract back, in fact it results in the increase in frequency of alcohol consumption.

In the present study an attempt has been made to study the nature of diseases and the frequency of alcohol intake



TABLE- 1.2

Nature of diseases and frequency of alcohol use

S. No.	Frequency	Anxiety tension etc.	Chest Pain	Sleeping difficulty	Cirrhosis	Loss of appetite	Loss weight of	Digesting problem/ Stomach pain	N/A	Total
1.	Once a week	15 (42.86)	05 (14.29)	02 (05.71)	0 (--)	01 (02.86)	01 (02.86)	02 (05.71)	0.9 (25.71)	35 (07.00)
2.	Several time a week	111 (41.89)	37 (13..96)	15 (05.66)	06 (02..26)	12 (04..53)	08 (03.02)	16 (06.04)	60 (22.64)	265 (53.30)
3.	Daily	57 (41.60)	19 (13.87)	08 (05.84)	03 (02.19)	07 (05.11)	04 (02..92)	08 (05.84)	31 (22.63)	137 (27.40)
4.	Several times a day	02 (33.33)	01 (16.67)	--	--	01 (16.67)	01 (16.67)	--	01 (16.67)	06 (01.20)
5.	In a month	09 (42.86)	03 (14.29)	01 (04.76)	--	--	--	01 (04.76)	07 (33.33)	21 (14.20)
6.	Only social/religious function	15 (41.67)	04 (11.11)	02 (05.56)	02 (05.56)	02 (05.56)	01 (02.78)	03 (08.33)	07 (19.44)	36 (07.20)
TOTAL		209 (41.80)	69 (13.80)	28 (05.60)	11 (02.20)	23 (04.60)	15 (03.00)	30 (06.20)	115 (23.00)	500 (100)

(Figures in parenthesis are percentage)

The table 3 reveals that 27.40 percent alcohol users use alcohol daily. As much as 53.00 percent increased the frequency of use up to several times a week which is very serious and worth attention, 04.20 percent were found using alcohol once a month, 07.20 percent were found using alcohol only in social/religious functions, 07.00 percent were found using alcohol daily and only 01.20 percent were found using alcohol several times a day. A further analysis indicates that out of 265 respondents using alcohol several times a week, 41.89 percent suffering from anxiety, tension and nervousness, 13.96 percent reported chest pain, 06.04 have digesting problem/stomach pain, 05.66 percent are suffering from sleeping difficulty, 04.53 percent are suffering from loss of appetite, 03.02 percent have lost of weight and only 02.26 percent suffering from cirrhosis. These alcohol users who use alcohol daily (137 in number) complained about various disorders such as anxiety and tension (41.60 percent), 13.96 percent from chest pain or respiratory problems, 05.84 percent suffering from sleeping difficulty, 05.11 percent suffering from loss of appetite, 02.94 percent reported loss of weight and 02.19 percent suffering from cirrheses. The respondents who use alcohol only in social and religious functions (36 in number), 41.60 percent reported that they were suffering from anxiety and tension and chest pain 11.11 percent, 08.33 percent were found suffering from stomach pain; sleeping difficulty; cirrhosis and loss of appetite 05.56 percent each (2 in number from each). The data analysis in the table also reveals that the frequency of alcohol intake increases because of increased



dependency on alcohol. The main cause for the increase in the frequency of intake of alcohol is the sensation of relief from all sorts of problems physical as well as psychological. This was confirmed by the respondents during the interview as the following statements of some of the respondents indicate:-

A "Whenever I don't drink alcohol in the evening I feel uncomfortable while sleeping so I use alcohol for a comfortable sleep at night."

B "After taking alcohol I feel that it helps in digesting the food."

C "After taking alcohol I can work continuously for a long time."

According to a respondent when "I face any health problem such as chest pain, fever and headache etc. I use alcohol to get rid of it. I hardly visit the doctor for treatment.

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PROBLEMS OF WITHDRAWAL

Withdrawal from alcohol is a very serious matter. After a prolonged period of heavy consumption, withdrawal is more dangerous. So far as the problem of alcohol abuse is concerned, neither the addict nor the general population takes it as a serious problem. The occasional use of alcohol is the part of their festivities and of the social, cultural or religious celebrations. They realize the gravity of its effect only when it becomes dangerous for the family as well as the addict himself. Sometimes this situation is realized earlier and in some cases after a very long time. When realized, the addict himself or the family members try to get rid of the problem.

The study also tried to explore the problems faced by the respondents in withdrawing from the alcohol



Table-1.3
Problems faced by the respondents in withdrawing from alcohol

N=500

Sr. No.	Problems	No. of respondents	Percentage
1.	Tremors	03	00.60
2.	Insomnia	15	03.00
3.	Anxiety	74	14.80
4.	Loss of Memory	07	01.40
5.	Depression and restlessness	44	08.80
6.	Blurred vision	05	01.00
7.	Disturbed sleep	15	03.00
8.	Any other (loss of appetite)	04	00.80
9.	Not Applicable	333	66.60
TOTAL		500	100.00

The table 1.3 reveals that 14.80 percent respondents suffered from anxiety when they stop taking alcohol. 08.80 percent experienced the problems of depression and restlessness. 03.00 percent complain of Insomnia and disturbed sleep and say that it becomes intolerable for them. 01.40 percent says that they suffer from loss of memory, 01.00 percent report that they suffered from blurred vision, 00.60 percent from tremors and 00.80 percent respondents respectively said that they suffered from any other problem such as loss of appetite etc.

The data also reveals that many of the respondents consulted doctors (a majority consulted quacks) but could not get rid of it. This clearly indicates that the respondents and their family members do not have the right information about the effects, the nature and problems of withdrawal, including withdrawal symptoms and services for it. So it is very important to educate the alcohol users and their family members about the ill effects of alcohol use. It is also found that the alcohol users, who tried to leave it, suffered from withdrawal symptoms and felt uneasy and started drinking again which aggravated the problem and the person himself and family suffer a lot.

दारू छोड़ कै कई दिन भूख ही नहीं लगी, कोई काम करने का मन ही नहीं करै, ना रात नै नींद आवै

As explained by a respondent" After stopping the use of alcohol I felt myself under depression every time and I faced the problem of restlessness and loss of appetite." As told



by the wife of an alcohol user “ After toping the use of alcohol he did not do any work in time and faced health problems for which they had to visit the doctor frequently.”

It may be seen from the table 5 that more the duration of alcohol use, the more the number of problems faced by the respondents in giving up.

TABLE- 1.4

Relationship between problems in withdrawing from alcohol and duration of alcohol use

Sr. No.	Duration	Tremors	Insomnia	Anxiety	Loss of memory	Depression & restlessness	Blurred vision	Disturbed sleep	A/o loss of appetite	N/A	Total
1.	For the last one year or less	--	1 (08.33)	2 (16.67)	--	2 (16.67)	--	--	--	7 (58.33)	12 (02.40)
2.	For the last two years	--	3 (02.73)	16 (14.54)	2 (01.82)	10 (09.90)	1 (00.91)	4 (03.64)	1 (00.91)	73 (66.36)	110 (22.00)
3.	For the last three years	1 (00.87)	4 (03.48)	17 (14.78)	2 (01.74)	10 (08.70)	1 (00.87)	3 (02.61)	1 (00.87)	76 (66.09)	115 (23.00)
4.	For the last four year	--	2 (02.50)	12 (15.00)	1 (01.25)	7 (08.75)	1 (01.25)	3 (03.75)	--	54 (67.50)	80 (16.00)
5.	For more than four years	2 (01.09)	5 (02.73)	27 (14.75)	2 (01.09)	15 (08.20)	2 (01.09)	5 (02.73)	2 (01.09)	123 (67.21)	183 (36.60)
TOTAL		3 (00.60)	15 (03.00)	74 (14.80)	7 (01.40)	44 (08.80)	5 (01.00)	15 (03.00)	4 (00.80)	333 (66.60)	500 (100)

When analyzed, it was found that out of 183 respondents using alcohol for more than four years, 14.75 percent reported the problem of anxiety, 08.20 percent suffered from depression and restlessness, 02.73 percent sleeping disturbances and insomnia, 01.09 percent loss of memory, tremors etc. Out of 115 respondents who have been using alcohol for the last three years, 14.78 percent reported the problem of anxiety, 08.70 percent suffered from depression and restlessness, 03.48 from insomnia, and 02.61 percent sleeping disturbances and only 0.87 percent from any other problem such as loss of appetite etc.

Among the respondents who have been using alcohol for the last two years, 14.54 percent suffered from anxiety, 09.09 percent from depression and restlessness, 03.64 percent reported disturbed sleep, 0.91 percent suffered from any other problem (such as loss of appetite etc.). Out of 80 respondents who have been using alcohol for the last four years, 15.00 percent reported suffering from anxiety, 08.75 percent from depression and restlessness, 03.75 percent sleeping disturbances and only 02.50 percent suffered from insomnia but did not face the problem of tremors.



Out of 12 respondents who have using alcohol for the last one year or less, 16.67 percent reported the problem of anxiety, 16.67 percent depression and 08.33 percent insomnia but did not have the problems of tremors, loss of memory, blurred vision, disturbed sleep etc. Thus, it can be inferred from the data that alcohol using rural youth in the initial stages of alcohol use face many problems like anxiety, insomnia, depression and restlessness etc. With longer duration of alcohol use, the serious physical problems like tremors, loss of appetite, depression have been reported. Once dependency develops, attempt to leave the liquor result in withdrawal symptoms such as tremors, loss of appetite, sleeping difficulty etc. This in turn compels them to take alcohol usually more in quantity and in frequency to get relief from the discomforts. And this cycle gets rooted so strongly that the alcohol use is virtually lost to the society.

MAJOR FINDINGS

- ❖ It is found that the health of the alcoholic youth were not satisfactory. Continuous use of alcohol makes health problem more serious. Some common health problems found among them were liver disease, loss of weight, pancreatitis (stomach pain), loss of appetite and cirrhosis etc.
- ❖ It is found that when the alcoholic feel themselves unable to cope up with these problems, they start taking more and more alcohol because of the initial experience of temporary relief from the problem.
- ❖ It is found that because of ignorance, lack of awareness, prevalence of myths, and misconception most of the users don't try to stop the use of alcohol and it leads to serious psycho-social and health problems for the users.
- ❖ The data analysis also reveals that the frequency of alcohol intake increases because of increased dependency on alcohol. The main cause for the increase in the frequency of intake of alcohol is the sensation of relief from all sorts of problems physical as well as psychological.
- ❖ It was also found that majority of the alcoholic were not aware of the nature of the disease and the treatment required.
- ❖ It is also found that the alcohol users, who tried to leave it, suffered from withdrawal symptoms and felt uneasy and started drinking again which aggravated the problem and the person himself and family suffer a lot.



- ❖ In the absence of proper knowledge and services for treatment the users can not stop the use of alcohol. The services of counseling and drug-de-addiction centers are not found appropriate. These centers do not have proper resources, trained and experienced staff, infrastructure and required support from administration.

RECOMMENDATIONS

- The existing health services do not have any programme to help the alcoholics and families suffering from alcohol problems. It is important to make necessary changes in the health programmes to introduce special wards, indoor and out patient services for alcoholic/problem drinkers. Trained and qualified doctors, social workers, Para medical staff should be appointed to expand services to the effected population.
- Initial information about the problem of alcohol use and treatment through PHCs (Primary health centers) should be provided at the village level with the co-operation of youth. The government should provide required manpower and infrastructure.
- To help alcoholics suffering from serious alcohol problems specialized and flexible treatment modalities should be provided to suit individual needs. This can be introduced by networking with other NGOs/civil society organizations. Longer treatment for patients with psychiatric problems, poor social support and lack of employment is very much required.
- Relapse is very common in the treatment of alcohol related problems. It is important to incorporate relapse prevention and long term after care services into existing programmes.
- Policy awareness on the health risks including the intoxicating and addictive characteristics of alcohol consumption and on the benefits of reducing harmful alcohol use should be introduced. This should be done with the help, co-operation and co-ordination of health department, public relation department and local administration.
- Government of India has funded detoxification and counseling centers under the auspices of National Drug De-addiction Programme to provide treatment to the people suffering with addiction and alcoholism. In Haryana these Drug De-addiction



centers and counseling centers are also working in all the districts but the working of these centers is far from satisfactory. The required political will and administrative help is totally missing. Therefore, the government should take urgent steps to run these centers with proper care and attention so that the problem of addiction to alcohol and its effect on family can be properly handled.

- The Evidence-based policies and interventions can protect health and save lives if adopted, implemented and enforced.

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