

An Analysis Of The Efficacy Of Alcohol Regulations And The Incompetence Of The Laws To Prevent Alcohol Misuse

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ABSTRACT

Alcohol use disorder has been rather rampant across the world. So much so that both the DSM-5 and ICD-11 categorize it as a disorder that needs to be kept in check. In this research, the authors embark on a two-way streak. At one place, we examine what is being done internationally to prevent this misuse of alcohol, and at the other, we examine the rather incompetence that the Government of India has shown in dealing with alcohol misuse. Recognition can be given to the fact that through various financial and taxation narratives, alcohol is made to be deterred, but when alcohol-centric ailments' prevention and deterrence are asked about, the very lack of reduction-aimed laws makes this effort rather futile. This study provides a critical analysis of this conjunction.

Keywords: *Alcohol Use Disorder, Alcohol, Misuse, World Health Organisation, Prevention.*

Statement of Problem

This study abides by the following statement of problems:

Every state has the right to form laws regarding the distribution of wines and spirits. The laws vary from state to state; however, these do not act as a deterrent to reduce alcohol consumption.

Literature Survey

Presently, while undertaking this doctrinal study, no appropriate literature is available that studies this very lacuna of law. A thorough survey of present statutes, books, and journals was undertaken. However, relying on secondary sources, we do see the availability of literature, but the same does not deal with the problem at hand.

Research Objective

The research objectives of this study are as follows:

- *What are the WHO guidelines regarding alcohol use?*
- *What measures are recommended by international bodies to curb alcohol abuse?*
- What measures are presently available in the Indian legal framework to curb alcohol abuse?

Hypothesis

The hypothesis of this study is as follows:

Internationally, ridders are present to curb alcohol misemployment; however, the same cannot be said for India and its jurisprudence.

Research Methodology

This study would primarily be doctrinal in nature, and the researcher has used the secondary data available in the existing library system. The book, statutes, and regulations have been referred to complete this study. A methodology of interpretation of existing statutes and reports would be used, along with case analysis and the study of various instances of alcohol misappropriation with respect to international law. Interpretation would also be drawn from existing alcohol-centric measures of the Indian government and their failure thereto.

Scope and Limitations

In this study, alcoholism with respect to existing legal frameworks has been covered. However, this study concentrates only on the legal aspect and rather negates the other existing facets of this concept. With respect to the alcohol-targeting policies, as international work exists, the author is inclined to international work but, in the end, suggests ways to deal with the issue effectively.

I. INTRODUCTION

In this research, the author attempts to understand existing liquor-related norms that support human life and seek to prevent alcohol abuse. In today's 21st century, one of the major problems that global economies find themselves facing but do almost nothing about is the problem of alcoholism. Alcoholism is the inability to regulate drinking brought on by a physical and mental reliance on alcohol. Repeated alcohol intake, despite linked health and legal difficulties, is one of the symptoms. Alcoholism can cause people to start their days with a drink, feel bad about how much they drink, and want to drink less. WHO, in its data, even estimates: 'Worldwide, 3 million deaths every year result from the harmful use of alcohol which represents 5.3% of all deaths.'¹ This shows the severity of the problem at hand. However, this paper, recognizing such a trend, looks at the legal side of things, where the efforts of various organizations and agencies are seen, and the results thereupon are evaluated.

The main character of this story, which is alcoholism, can be determined in a two-fold way. One is the medical take, and another is the legal take. 'Alcoholism is the drinking of alcohol to the point that causes problems and continuing to drink even after problems arise'² The term *alcoholism* was first coined in 1852.³ However, presently this term is rather stigmatised colloquially and therefore alcohol use disorder or alcohol dependence is used instead. As *National Institute of Alcohol Abuse and Alcoholism* (NIAAA) aptly puts it; 'Alcohol use disorder (henceforth AUD) is a medical condition characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences.'⁴ AUD is regarded as a neurological condition and can range in severity from mild to severe.

i) Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)

Alcohol abuse causes long-lasting alterations in the brain that keep *AUD* alive and leave sufferers susceptible to relapse. The good news is that people with AUD can achieve and maintain recovery with evidence-based treatment using behavioural treatments, mutual-support groups, and/or medications, regardless of how bad the condition may seem. Depending on the practice of diagnosis, this disorder is determined. Health care professionals use criteria from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)⁵, to assess whether a person has AUD and to determine the severity, if the disorder is present. Severity is based on the number of criteria a person meets based on their symptoms—mild (2–3 criteria), moderate (4–5 criteria), or severe (6 or more criteria).

In the other sense the literal meaning of Alcoholism is upheld. That is- excessive and repetitive drinking of alcoholic beverages to the extent that the drinker repeatedly is harmed or harms others. The harm may be physical or mental; it may also be social, legal, or economic. Symptoms associated with alcoholism are also considered to tackle such an instance. These symptoms help in determining the extend of abuse and proper sentencing which the Court may deem fit to apply. The symptoms include:

¹ World Health Organization. (2022) Alcohol factsheet. Geneva: World Health Organization. FS N°349. <http://www.who.int/news-room/fact-sheets/detail/alcohol>. (Last visited on 16th September,2023).

² Littrell J (2014). *Understanding and Treating Alcoholism Volume I: An Empirically Based Clinician's Handbook for the Treatment of Alcoholism*; Hoboken: Taylor and Francis. p. 55.

³ Alcoholismus chronicus, Eller Chronisk alkoholssjukdom. Stockholm und Leipzig. 1852.

⁴Health Topics: Alcohol Use Disorder, National Institute on Alcohol Abuse and Alcoholism <https://www.niaaa.nih.gov/alcohols-effects-health/alcohol-topics/health-topics-alcohol-use-disorder#:~:text=It%20is%20a%20spectrum%20disorder,make%20patients%20vulnerable%20to%20relapse>. (Last visited on 14th September 2023).

⁵ American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.).



- Solitary drinking
- Making excuses to drink
- Need for daily or frequent use of alcohol for adequate function.
- Lack of control over drinking, with inability to discontinue or reduce alcohol intake.
- Episodes of violence associated with drinking.
- Secretive behavior to hide alcohol related behavior.
- Hostility when confronted about drinking.
- Neglect of food intake
- Neglect of physical appearance
- Nausea and vomiting
- Shaking in the morning
- Abdominal pain
- Numbness and tingling
- Confusion

If one or more of these symptoms may exist, then this makes it a serious concern not only for the person but also the people around.

ii) The International Classification of Diseases 11th Edition (ICD-11)

The International Classification of Diseases (ICD-11)⁶ which saw its implementation back in January 2022 categorises *AUD* as a Disorder due to Substance Use and Addictive Behaviour. Alcohol related diagnosis that ICD-11 contain include- Alcohol Dependence, Harmful Pattern of Use of Alcohol, Alcohol Intoxication, Alcohol Withdrawal, Hazardous Alcohol Use. These study both the pattern in which alcohol is used and the consequence of alcohol use. If we refer the notes of *ICD-11* we can see that- “Alcohol is implicated in a wide range of harms affecting most organs and systems of the body (e.g., cirrhosis of the liver, gastrointestinal cancers, pancreatitis). Harm to others resulting from behaviour during Alcohol Intoxication is well recognized and is included in the definitions of harmful use of alcohol (i.e., Episode

⁶ International Classification of Diseases 11th Revision <https://icd.who.int/en> (ICD-11) (Last visited on 9th September 2023).

of Harmful Use of Alcohol and Harmful Pattern of Use of Alcohol). Several alcohol-induced mental disorders (e.g., Alcohol-Induced Psychotic Disorder) and alcohol-related forms of neurocognitive impairment (e.g., Dementia Due to Use of Alcohol) are recognized.⁷ This means that alcohol misuse affects not only one's physical motor skills, cognitive skills but it can also adversely affect one's mental health condition.

II. THE PRINCIPLES AND STRATEGIES PROVIDED BY WORLD HEALTH ORGANISATION

Internationally, the *World Health Organisation* (hereafter WHO) is a premier organisation in the world which deals with health. Founded in 1948, it derives itself from – The Constitution of World Health Organisation⁸ which was further adopted by 61 states in the International Health Conference held in New York. The Constitution of WHO in the very beginning gives 9 basic principles. Each member state who becomes a signatory has to accept these basic principles. It is principles 1, 7, 9; which are of interest with respect to this research. Another point of note herein before discussing these principles is that it is aft of these principles that all the contracting parties agree to WHO being a specialised agency of the United Nations (referred as UN) leading to application of Article 57⁹ of the UN Charter.¹⁰

i) Principles of the Constitution of the World Health Organization

The basic Principle 1 is –

'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.'

This being the very first Principle shows that the **WHO** since its inception has taken an encompassing approach and with regards to principles has left no stone unturned. At a time when one's mental (psychological) and social health was ignored and the former and its averment were seen as a taboo the WHO by recognizing these was way advanced in approach than its time. The present focus- Alcohol Use is not alarming if the alcohol is consumed responsibly. If intake of alcohol is limited by an individual then that is of no issue. However, once this consumption becomes addiction and later on shapes itself to an AUD that this becomes a concern for the WHO. The thing is that though people often talk about the psychological aspects, it is the social engineers-Lawyers, Jurists and Scholars who actually deal with the social aspect. Alcoholism becomes a social evil when it alters one's social behaviour and appearance making one a threat for the members of society. Therefore, the 1st principle is very well under consideration.

The Basic Principle 7 states that-

'The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health.'

The 7th Principle can be said to provide an extension to the first one. Wherein the first talks of Health and dutifully defines it, the seventh emphasised on dissemination of knowledge of various ailments to aid people in achieving health. To ensure this the WHO undertakes the following functions:

- Perform the duties of the leading and coordinating authority for activities in international health.
- Create and preserve productive partnerships with the UN, specialized agencies, governmental health administrations, professional associations, and other organizations as may be judged necessary;
- Offer assistance to governments in enhancing health services upon request;
- On the request or acceptance of governments, to provide suitable technical help and, in times of need, necessary aid;
- Give assistance or aid in providing health services and facilities to certain groups, such as the residents of trust territories, as requested by the United Nations
- Construct and uphold any administrative and technical services that may be necessary, such as epidemiological and statistical services.
- promote and further the fight against endemic, epidemic, and other diseases.
- Encourage the prevention of accidents by working with other specialized organizations as appropriate.
- Support the improvement of nutrition, housing, sanitation, leisure, economic or working conditions, and other environmental hygiene issues, as needed in collaboration with other specialized organizations.
- Encourage collaboration between scientific and professional groups that benefit health.
- Propose conventions, agreements, and laws, as well as to perform and offer suggestions about international health issues.

Lastly, the Basic Principle-9 is-

⁷ 6C40 Disorders due to use of alcohol, ICD-11 for Mortality and Morbidity Statistics (Version: 01/2023)

<http://id.who.int/icd/entity/1676588433> (Last visited on 10th September 2023).

⁸ Constitution of World Health Organisation, 1946

⁹ Establishment of specialised agencies in accordance with Article 63, Chapter 9

¹⁰ United Nations, Charter of the United Nations, 1945.

'Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.'

This is where that the case of author with respect to this research resides. This Principle calls upon the member states to ensure that every citizen is provided with a basic and functioning healthcare and social organisations and/or agency(s). These include a basic hospital facility, welfare homes, infrastructure for access of medicines and pharmaceutical drugs. Psychological Counselling centres and clinics are also included in this array of resources.

For social aspect of things organs such as community centres play a key role. Some of them are quite common. For Example- Young Men's Christian Association/ Young Women's Christian Association¹¹ from UK is an NGO which provides not only a place to stay through its hostel programmes but also provides all basic living facilities including sports etc on its various community driven centres. On the Government spectrum of things, the concept of 'Barat-ghars' in India can be considered a shining example. These government constructed facilities as the name suggests not only is used to host weddings but also used for various other functions, community gatherings. During, the pandemic too; these buildings acted as make-shift storage facility and vaccine centres to administer immunization to the public.

These principles make the job of WHO way more important with respect to alcohol abuse. Fortunately, the Organisation has not let us down in this aspect. WHO in its research overtime has found that At both the individual and social levels, numerous variables that influence alcohol consumption levels, patterns, and the scope of alcohol-related issues in populations have been found. Level of economic development, culture, social norms, accessibility to alcohol, and the introduction and enforcement of alcohol legislation are all societal factors. For a given level and pattern of drinking, adverse health effects and social consequences are greater for poorer societies. Age, gender, the structure of one's family, and socioeconomic level are all personal aspects. The likelihood that a person may experience alcohol-related difficulties because of alcohol usage increases with their number of vulnerabilities, even though there is no particular risk factor that is predominate. Alcohol intake has a larger negative impact on health and society for those who are less wealthy.

The effects of alcohol consumption on chronic and acute health outcomes are highly dependent on the total amount of alcohol consumed and the pattern of drinking, particularly those associated with heavy drinking episodes. When alcohol-related harm occurs, especially because of alcohol poisoning, the context of drinking plays an important role. Alcohol consumption can affect not only the incidence of diseases, injuries and other health conditions, but also their consequences and their development over time. Gender disparities exist in alcohol-related mortality and morbidity as well as in alcohol consumption levels and patterns. 'The percentage of alcohol-attributable deaths among men amounts to 7.7 % of all global deaths compared to 2.6 % of all deaths among women. Total alcohol per capita consumption in 2016 among male and female drinkers worldwide was on average 19.4 litres of pure alcohol for males and 7.0 litres for females.'¹²

ii) The Strategies advanced by the World Health Organisation

As for regulation of alcohol and reduction of its use in harmful ways is concerned the WHO through its various policies suggests policymakers to act upon it. The strategies have proven to have an impact and been economical is its own right. These strategies are:

- **Regulate the distribution of alcoholic beverages (especially to young people)**- This can be done by outrightly banning children to purchase and consume alcohol. Many of the countries therefore have drinking age specified. If a seller is caught selling alcohol to a minor, then the seller faces severe punishment. This in turn acts as a deterrent against such practice.
- **Control and limit the availability of alcohol**-Some countries have acted upon this. It is done through alcohol prohibition policy. This means that these countries have either outrightly banned alcohol consumption or have enforced selective bans. These include countries like Saudi Arabia, Mauritania, Kuwait which have strict prohibition. Many countries also practice the selective ban. These include- India (mainly- Gujarat, Bihar, Nagaland, Mizoram; these being the dry states), Canada (in some communities of Yukon, Quebec, Northern Territories, Nunavut), United States (sale in dry counties) etc.
- **Implementing an appropriate drunk driving policy**- The WHO; re-iterating the 9th Principle demands countries wherever the possibility of alcohol abuse exist to outrightly eliminate the cause-effect relation or bring strict laws. One of them is relation to drunk driving. One may remember seeing this quote- 'Drinking and Driving do not mix together' or 'Drink and Drive is a cocktail best not served'. These are government efforts to prevent drunk driving. The sobriety of this can be assessed through this- "The numbers of drink-drive accidents and casualties fell by 64% and 66% respectively between 2010 and 2020 (the latest year for which estimates are available): from a rounded estimate of 530 to roughly 190 (accidents) and from around 740 to some 250 (casualties). While fluctuating from year to year, the number of people killed as a result of drink-drive accidents is estimated to be double the number in 2020 (20) as it was

¹¹ YMCA Christian lay movement <https://www.britannica.com/topic/YMCA> (Last visited on 15th September 2023)

¹²Alcohol: Fact Sheet <https://www.who.int/news-room/fact-sheets/detail/alcohol> (Last visited on 12th October 2023)

in 2010.”¹³as exclaimed by the transport department of Government of Scotland. Therefore, an efficacious policy is needed in many countries to prevent such accidents.

- **Reducing demand through taxation and price-** This is another prompt effort that the Governments are encouraged to undertake. If alcohol becomes expensive then governed by the factors of demand-supply; many people may reconsider consumption. Now, to make it expensive, high taxation charges are encouraged. This again makes production of alcohol expensive and acts as another impediment.
- **Awareness of the health and social problems of people and society as a whole, which are caused by the harmful use of alcohol-** Relying on aforementioned principle 7; when awareness of alcohol’s negatives would be made public for people to see then this again would act as a barrier. As more and more people take cognizance of it the better it becomes for common individuals, aiding them in reduction of consumption.
- **Ensuring support for an effective alcohol policy-** Though many countries fail to achieve this, but still member states are encouraged to make an effective alcohol policy. The modus-operandi being, promotion of responsible consumption and elimination of abuse.
- **Providing accessible and affordable treatment for people with alcohol use disorders-** In this point one may laud the efforts of US, through introduction of ‘Alcoholics Anonymous’¹⁴ Through their spiritually oriented twelve-step program, Alcoholics Anonymous is a worldwide peer-led mutual aid organization that was founded in the United States and is committed to abstinence-based recovery from alcoholism. Many other countries too, have their own ways in tackling this as well.
- **Implementation of health services screening and brief intervention programs for hazardous and harmful drinking-** This practice, however, has become worldwide. Use of alcohol breath analysers also known as ‘Breathalyser’ has emerged as a hero in this saga. Many countries provide their law enforcements with this device. Invented by Robert Frank Birkenstein in the 1950s; this machine is used to measure the Blood Alcohol Content (BAC). While small handheld breathalysers are not trustworthy enough to be used as evidence in court, they are trustworthy enough to support an arrest. Subsequently, larger breathalysers found in police stations can be utilized to generate evidence in court.

WHO places a strong emphasis on the creation, gathering, and sharing of scientific data on alcohol use and dependency, as well as the associated health and social ramifications. It also encourages the implementation, assessment, and use of affordable therapies for hazardous alcohol use. The dangers and negative effects of alcohol consumption have been thoroughly studied and documented over time. The International Agency for Research on Cancer categorized alcohol as a Group 1 carcinogen decades ago; this is the highest risk group, which also includes asbestos, radiation, and tobacco. Alcohol is a poisonous, psychotropic, and dependence-producing chemical.¹⁵ Valid scientific data would have to show that there is no danger of disease or injury from alcohol consumption at or below a particular level in order to establish a "safe" level of consumption.

Furthermore, no research has been done to show that, for any given consumer, the potential benefits of light to moderate alcohol intake on cardiovascular illnesses and type 2 diabetes exceed the danger of cancer that comes with the same amounts of alcohol consumption. “We cannot talk about a so-called safe level of alcohol use. It doesn’t matter how much you drink – the risk to the drinker’s health starts from the first drop of any alcoholic beverage. The only thing that we can say for sure is that the more you drink, the more harmful it is – or, in other words, the less you drink, the safer it is,” explains Dr Carina Ferreira-Borges, acting Unit Lead for Noncommunicable Disease Management and Regional Advisor for Alcohol and Illicit Drugs in the WHO Regional Office for Europe.¹⁶ Due to the fact that effects from a given amount and pattern of drinking are greater for poorer drinkers and their families than for affluent drinkers in any given community, disadvantaged and vulnerable populations have higher rates of alcohol-related death and hospitalization. As early as 1979, the WHO initiated a program focusing on alcohol-related problems¹⁷. This program examined the effects of alcohol use in both developing and developed societies and organized many projects and initiatives that

¹³Drink-drive accidents and casualties, Reported Road Casualties Scotland 2021. [https://www.transport.gov.scot/publication/reported-road-casualties-scotland-2021/drink-drive-accidents-and-casualties/#:~:text=The%20numbers%20of%20drink%20drive,to%20some%20250%20\(casualties\)](https://www.transport.gov.scot/publication/reported-road-casualties-scotland-2021/drink-drive-accidents-and-casualties/#:~:text=The%20numbers%20of%20drink%20drive,to%20some%20250%20(casualties).). (Last visited on 11th September 2023).

¹⁴ Alcoholics Anonymous <https://www.aa.org/> (Last visited on 10th September 2023).

¹⁵Alcohol consumption and oesophageal squamous cell cancer risk in East Africa <https://www.iarc.who.int/pressrelease/alcohol-consumption-and-oesophageal-cancer-risk-east-africa/> (Last visited on 15th September 2023).

¹⁶No level of alcohol consumption is safe for our health, News release dated 4th January,2023, WHO [https://www.who.int/europe/news/item/04-01-2023-no-level-of-alcohol-consumption-is-safe-for-our-health#:~:text=The%20World%20Health%20Organization%20has,that%20does%20not%20affect%20health](https://www.who.int/europe/news/item/04-01-2023-no-level-of-alcohol-consumption-is-safe-for-our-health#:~:text=The%20World%20Health%20Organization%20has,that%20does%20not%20affect%20health.).

¹⁷ World Health Assembly, 32. (1979). Development of the WHO programme on alcohol-related problems. World Health Organization. <https://iris.who.int/handle/10665/154503>. (Last visited on 13th September 2023)

contributed to the development of the evidence, knowledge, and support required for the creation of a global alcohol strategy. On plain reading of the 32nd Resolution¹⁸, we see the WHO acknowledging the work already done to curb alcohol addiction. This resolution became the first resolution ever which urged the member states to ‘take all appropriate measures to reduce the consumption of alcohol among all sectors of the population, but especially among young people, adolescents and pregnant women’ The WHO also requested for inter-country cooperation in dealing with this issue; dealing especially on smuggling and black marketing of the beverages.

In 1997, the WHO created the Global Information System on Alcohol and Health (GISAH)¹⁹ which currently is hosted and maintained by the Centre for Addiction and Mental Health in Toronto, Canada. GISAH, is a vital resource for analysing and tracking national trends in alcohol consumption, harm from alcohol use, and policy responses, as well as the current state of global health It contains information on recorded alcohol production, alcohol consumption and its effects on health based on national surveys and estimates of unrecorded consumption, as well as information on national alcohol policies and interventions. Most nations in the world are represented in the database, but there are still many gaps in the accuracy and dependability of the data.

In 1999, WHO published the first global alcohol status report that is Global Status Report on Alcohol²⁰, which used a combination of national and regional estimates, industry data, and data from the Food and Agriculture Organization of the United Nations (UN) and the United Nations Statistical Office. estimates of the number of adults. per capita consumption in most countries²¹. The report described different types of alcohol and compiled the trends of consumption and national alcohol policy of different member states. Three more reports have since been published, including The Global Situation Report: Alcohol and Young People²², The Global Situation Report: Alcohol Policy²³ and The Global Situation Report On Alcohol 2004²⁴ and a new global report was published in late 2010²⁵.

To conclude; the WHO has been quite active in promoting interests of world citizens. These proactive actions show, the seriousness of the issue. We have to understand that Alcohol abuse has proven to be deadly for a lot of people. The WHO stands with the people and the actions undertaken by it has had a universal implication. Furthering the interest of the individuals affected and providing steps to prevent another deadly catastrophe.

III.THE STANCE OF THE INTERNATIONAL BODIES AGAINST ALCOHOL MISUSE

Primarily, the WHO has been a primordial international body dealing with healthcare and wellness of the people. Still many states centric bodies have conducted their own studies assessing not only their laws but that of other countries and that of what is applied internationally. One rapporteur which the author feels to refer is that of United States’s National Centre of Biotechnology Information. In “A study on alcohol use and its related health and social problems in rural Puducherry, India”²⁶ This study was conducted to know the prevalence of alcohol consumption, pattern of drinking, and its effect on people's health and social consequences.

The result that this study had showed that- ‘Among people over 18, the general prevalence of alcohol was 9.7% and 17.1% exclusively among men. The highest prevalence (17.1%) was among 46–55-year-olds and residents of joint families (37.0%). A third of users started drinking before the age of 20, and half drank to relieve pain / tension / fatigue. About half of the users had strained relationships with their family members and neighbours. Most had problems with alcohol dependence and about a fifth had chronic health problems, diabetes and hypertension.’ However, what many missed in this report was that time to time the authors also made inferences to the USA’s take on alcohol consumption and the plague of not only narcotics but of alcohol plaguing the Country. The authors even went as far as drawing comparison and studying this aspect. If such a situation would have developed in Puducherry, then what would have been the repercussions.

¹⁸ WHA32.40 of 1979: Fourteenth plenary meeting, 25 May 1979 A32/VR/14.

¹⁹ Global Health Observatory, WHO <https://www.who.int/data/gho/data/themes/global-information-system-on-alcohol-and-health>. (Last visited on 15th September 2023).

²⁰ World Health Organization (WHO) Global Status Report. Geneva, Switzerland: WHO, Substance Abuse Department; 1999.

²¹ Global Status Report on Alcohol, 1999 <https://www.who.int/publications/i/item/global-status-report-on-alcohol-1999>. (Last visited on 12th September 2023).

²² (WHO 2001).

²³ (WHO 2004a)

²⁴ (WHO 2004b).

²⁵ Global Strategy to Reduce the Harmful Use Of Alcohol, World Health Organization, (2010).

²⁶ V. Vijay Ramanan, Suresh Kumar Singh; A study on alcohol use and its related health and social problems in rural Puducherry, India, Family Med Prim Care, Volume 5 (4), (2016).

Such an efforts have been exerted by Scotland's National health Services, Australia's National Health and Medical Research Council²⁷ and Luxembourg Institute of Health ²⁸ to name a few. These organisations, however, do seek much of their study's validation and support from research and development that the WHO undertook since 1979. In Conclusion, the author feels to put forth this. Alcohol abuse seems akin to silent killer. Why the author opines this; it is because one may consume alcohol regularly. Alcohol: however, leaves an impact on one's body whose results are seen at a later stage. The afore mentioned studies also show that there exist a relation of alcoholism and cancer. Given this as well as today's approach of inter-agency corporation which WHO sought back in 1979, the various member state agencies are seen to work together to figure constructive solutions, working for national wellness.

IV. THE INDIAN JURISPRUDENCE ON ALCOHOL MISEMPLOYEMNT

India presents a very interesting case with respect to alcohol abuse is concerned. It provides a rather two opposite situations in one place. It seems that there is no middle ground which one can see. As mentioned above while discussing the role of WHO, glimpses of system in India were seen. At one end of the spectrum we see, a total ban/prohibition on consumption of Alcohol. Example of this is the State of Bihar. The Bihar Prohibition and Excise Act, 2016²⁹This Act was enacted in the state of Bihar wherein a complete blanket ban on consumption of alcohol was done. The Act forbids the production, bottling, distribution, transportation, collection, storage, possession, buying, selling, or consumption of any alcoholic beverage. If one may refer to the Preamble of this Act – The Act was being bought in monitor, enforce and promote total prohibition of alcohol and intoxicants in the State of Bihar and in matters connected with or connected with it which include excise revenue and penalty.

The Act sought to provide uniform prohibition and regulation of alcohol and intoxicating substances. However, once this act was applied it faced its own set of evils. More than 45,000 FIRs were registered annually under the Act between 2018 and 2020³⁰. In addition, the number of cases pending before the court almost quadrupled during this period. Between 2018 and 2020, more than 40,000 people were arrested under the law each year.³¹ To control the spillover, the Act was amended in 2018 but still lacunas persisted. In *Sudhir Kumar vs. State of Bihar*,³² the Supreme Court observed that trial courts in Bihar and the Patna High Court are being crowded by bail applications in matters under the Bihar Prohibition and Excise Act, 2016. At one stage, the Patna High Court; comprising of 16 judges was hearing bail matters with respect to criminal charges levied under this very Act. This means that the law was so ineffective in dealing cases that the Court was bearing a substantial brunt of the cases listed which in turn increased the workload.

Does this mean, that the Prohibition law is not as practical as the legislature desired? Unfortunately, the Answer is yes. The law has been rendered helpless under its own provisions. To address this The Bihar Prohibition and Excise (Amendment) Bill, 2022 was tabled in the state legislature. The bill seeks to amend the Bihar Prohibition and Excise Act, 2016. The Act will implement total prohibition of alcohol and intoxicants in Bihar. The bill aims to speed up legal proceedings and shift the focus of alcoholics to illegal alcohol suppliers and dealers. Some of the key highlights of the bill include:

- Punishment on consumption of liquor; wherein the power vests with the state to propose, impose and prescribe certain penalties which can be levied on individuals on consumption of liquor.
- Constitution of special court whose main purpose would be to try cases that exclusively lay on this Act.
- Earlier, any offence committed was non-compoundable in nature, making enforceability of the penalty quite strict, leading to the bail petitions. The people often had to approach to the Court to even secure the Bail. The Proposed bill made these offences compoundable, making compromise available to the defaulters.

The present status of the bill remains ambiguous as there was no news of it becoming a law.

If other side of this situation is referred, then the water becomes murkier. In short, one can say that laws for regulation exist but the lacuna of whether protection towards victims of alcohol abuse is concerned not much is available.

Going the societal way, in society even today in rural parts of the country alcohol consumption is stigmatised and frowned upon. In metropolises on the other hand, alcohol is leisurely consumed. India is a country where each state has its own specified age of alcohol consumption. Goa, Himachal Pradesh, Karnataka, Sikkim, and Puducherry allow drinking at the age of 18. The nation's capital has legal age of drinking set at 21. So, one may find it puzzling but the laws regarding alcohol reduction do not exist. The country is even plagued with cases of alcohol related poisoning, fatalities, and adulteration; still the country finds itself void of any regulation addressing the issue. On December 14,

²⁷ National Health and Medical Research Council, Australia <https://www.nhmrc.gov.au/>. (Last visited on 11th September 2023).

²⁸ <https://www.lih.lu/en/>. (Last visited on 12th September 2023).

²⁹ Act 20 of 2016.

³⁰ Crime in Bihar (2018-2020), State Crime Records Bureau, Bihar; PRS.

³¹ Supra 28.

³² Supreme Court of India, SLP (Crl.) No. 2482 of 2022.

2022, alcohol poisoning occurred in Bihar, India. 73 people died from poisoning³³ The alcohol poisoned-Hooch which is an Indian Manufactured Indian Liquor and the State- the State of Bihar. This shows that the issue of alcoholism is a ticking time bomb whose redressal is sought with an immediate effect.

V. CONCLUSION & SUGGESTIONS

Alcoholism is an evil that has become a part of a lot of people's lifestyles. People know about its repercussions, but they still prefer to draw a blind eye to them. Internationally, WHO has had a relatively smoother sail wherein they have time and again suggested the member states address this issue. Alcohol abuse exists, but only by going the 'Scotland way', that is, by enacting strong and stringent laws, can this evil be brought under control. For India, WHO is a guiding book in this aspect. The state is very aware of the upheavals that they must go through to make regulations to reduce alcohol use. Clearly, the prohibition policy of India is failing, as one can see from the case study of Bihar, so tackling this problem is necessitated. This requires jurisprudence to take a new approach and start afresh. The author, therefore, expresses concern that a law governing the reduction of alcohol use ought to be put in place in India. Extermination is impossible, but intervention is very well possible.

These are the following suggestions based on the work:

1. The country should consider going what we can say 'The Scottish Way'. In Scotland, the Government took help of National Health Services, Scotland and Police, Scotland wherein not only drink and drive was discouraged through punitive measures but also rehabilitation was detached. This transformed society to drink more responsibly. Intervention not only through curb mechanisms like restrictions, prohibitions and regulation mechanism that is through Standard set of procedure and distribution mechanism, but also psychological mechanism is needed. This can be achieved through spreading awareness in rural and down-trodden areas about AUD, alcohol addiction and prevention.
2. Spreading awareness in rural and down-trodden areas about AUD, alcohol addiction and prevention thus becomes a must. In a lot of alcohol-induced crimes and criminal acts we see what one can say is a lack of prompt diagnosis of the causal factors. In many households, alcohol addiction for instance is detected once the addiction reaches the point where the ailing becomes totally dependent on alcohol. Initiating a recovery from such a stage brings a gargantuan task for the family and caregivers. Such a situation can be curbed and resolved, and awareness is the key to it.
3. Alcohol rehabilitation and reintegration schemes shall be instituted by the Governments. Such a scheme shall not only help in rehabilitating people who suffer from AUD and other alcohol-related ailments but also provide them with a platform to reintegrate into society. Reintegration in the form of employment should also be explored upon where government provides them with a platform to catch up and integrate themselves in the society.

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