



**A STUDY ON ALCOHOLISM AND ITS MANIFOLD EFFECTS AMONG THE YOUTH  
IN SLUMS OF SAIDAPET**

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**ABSTRACT**

Alcoholic beverages, known since Vedic period, are used for worship purposes, medicinal preparations, and widely consumed as a relaxant. An informal social network in which group norms promote excessive drug use and alcohol consumption, at present, is ubiquitous and has been consistently increasing throughout the world.

Globally, harmful use of alcohol causes approximately 3.3 million deaths every year (5.9% of all deaths), and 5.1% of the global burden of disease is attributable. Elder's murder has increased by their sons, orphans increasing day by day, widows members also increasing alcohol consumption. It causes more than 60 different disorders and is the third most important risk factor for the global burden of disease.

The opposite of addiction is not sobriety but human connection. George Monbiot has called the modern times as the 'age of loneliness'. So far people have spoken of only individual recovery, now it is time that we spoke of 'social recovery'. A person with this condition does not know when or how to stop drinking. They spend a lot of time thinking about alcohol, and they cannot control how much they consume, even if it is causing serious problems at home, work, and financially.

Present research in slum youth at Saidapet has substance use interventions for homeless youth would get drinking habit from the integration of community, family and friends into tradition intervention, such as parts and community festival. Harm reduction interventions, such as job skills training and supportive housing, may also be effective at decreasing youth alcohol consumption.

While traditional approaches used for community-based interventions may need to be adapted in terms of available resources, scope, and the mode of delivery, there are clear and pragmatic evidence-based strategies that can be implemented and evaluated to address the tremendous burden of alcohol and harm in this and similarly vulnerable population in low resource such as slums.

Developing brain science has set the stage for inclusion of the process addictions, including food, sex, shopping, internet and gambling problems, in a broader definition of addiction as set forth by the American Society of Addiction Medicine in 2011.

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**INTRODUCTION**

Alcoholism is a disease. An Alcoholic person himself is aware of the fact that his alcoholism affects his image, friendship, his personal life, health, social status, job, family, finance, education and his mind which in turn affects the main stream society.

But we to take conscious effort to make the alcoholic understand that his Drunkenness affect not only his personal life and family but also the main stream society at large. Hence there is an urgent his rehabilitation. Alcohol abuse is emerging as a major public-health problem in the country.

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Alcoholism is a complex illness involving psychotically, medical, social, cultural and religious areas Dr. Thomas Trotter, stated in his thesis for his doctoral degree. In medical language, I consider drunkenness, strictly speaking, to be a disease, produced by a remote cause and giving birth to actions and movements in the living body that disorder the functions of health.

The diseases due to alcoholism are gastric ulcer, incidence of cancer, hepatitis, fatty liver, cirrhosis, brain cell damage, heart veins damage, neuritis, pancreatic, skin problem and sexual problems, sleeplessness, dehydration, slow reaction times, loss of balance, slumped speech, changes to vision, including blurry vision, lowered inhibitions, disruption of sleeping patterns, increased urine production, lowered body temperature. Alcoholism is characterized by the repeated drinking of alcoholic beverages to an extent that exceeds

customary use or compliance with the social customs of the community and that interferes with the drunkard's health or his social or economic functioning.

Estimated number of alcohol users in India, in 2005, was 62.5 million, 17% of them being dependent users accounting for 20%- 30% of hospital admission due to alcohol-related problems. The National Household Survey 2004 had reported alcohol use in 21% of youth males and 5 % among females. State wise prevalence rate is highly variable being the lowest (7%) in the western part of Gujarat and the highest (75.0 %) in the Arunachal Pradesh. In South India the prevalence of current alcohol use has varied between 33% and 50%.

#### ***Reasons for slum youths for getting addicted by alcoholism***

The culture of addiction is a way of life, a means of organizing one's daily existence, and a way of viewing people and events in the outside world." (White, William L. 1990, p.5)

An informal social network is associated among slum youth in which group norms promote excessive drug use. The analyses for this paper are restricted to youth who reported current alcohol consumption problem drinking patterns were assessed among youth involved in alcohol-related violence. The analysis was conducted to examine the impact of homelessness on alcohol-related violence through different measures of problem drinking. Nearly 46% of youth who consumed alcohol were involved in alcohol-related violence. Problem drinkers were more likely to report getting in an accident, having serious problems with parents, and friends is being a victim of robbery and going to a hospital. For the mediation analysis statistically significant models were observed for frequent drinking, heavy drinking and drunkenness. Intervention should focus on delaying and reducing alcohol use in this high-risk population.

Recent research has broadened the scope of inquiry of alcohol-related violence to examine not only the individual-level factors that have been strongly linked to youth violence such as a heavy drinking history, delinquency and poor school performance, family education level and social or peer pressure but also the larger social context that neighborhood.

Research on youth living in slums is increasing. However, the continued migration to slums, which are expanding rapidly, underscore that public health research is needed to understand and mitigate the risk that these youth face, not only for violence, but also for other adverse health outcomes that can be modified. Alcohol misuse represents a tremendous burden among these vulnerable youths, and the research to date remains relatively scarce. As such, evidence-based strategies that seek to prevent and delay alcohol use and reduce its harm are very much needed in vulnerable populations, particularly those in the slums

#### ***Types of drinkers***

It is important to not fall into the trap of regarding all users of alcoholic beverages as alcoholics. It is true that there are wide variations in drinking patterns, and a general classification of these patterns is useful. A classification of drinkers is as follows.

#### ***Total abstainers***

Those who are not use alcohol under any conditions.

#### ***Moderate or Social drinkers***

Persons who are drink on social occasions or with meals, but rarely to excess. They conduct themselves well while drinking and do not suffer any serious consequences because of their drinking. This includes also people who drink as part of the observance of religious occasions.

#### ***Sporadic excessive drinkers***

People who develop a habit of drinking excessively on certain occasions, such as New Year's, Christmas and other holidays, on pay-check weekends or on other occasions for celebrating. Also into this category falls the younger's who develops a pattern of getting drunk with the gang. These people may well suffer consequences of their drinking, such as auto accidents, fights, hangovers, etc., while intoxicated, but otherwise show no signs of progressive social or physical deterioration related to dr

#### ***Heavy social drinkers***

Persons who are habitually drink heavily mostly on social occasions with frequent or regular episodes of intoxication to the point of obvious muscle in coordination and intoxicated behavior. This drinking does not seriously handicap the individual in his life adjustment. Many of these people ultimately become alcoholics, but by no means all of them.

#### ***Alcoholic drinkers***

People who have developed a disease called alcoholism.  
Alcohol Use in Tamil Nadu

Tami Nadu State Marketing Corporation (TASMAC) is a company owned by the Government of Tamil Nadu, which has a monopoly over wholesale and retail vending of alcohol in Tamil Nadu, a state in India. It controls the Indian Made Foreign Liquor (IMFL) trade in the state. TASMAC was established in 1983 by the government of M. G. Ramachandran (MGR) for wholesale vending of alcohol in Tamil Nadu. The state has a long history of prohibition, first implemented in 1937 by the Indian National Congress government of C. Rajagopalachari. Between 1937 and 2001, it was lifted briefly during 1971-74, 1981-87 and 1990-91. After 1983, TASMAC was in-charge of wholesale liquor sales in the state whenever prohibition was lifted. In 2001, prohibition was lifted again and TASMAC became the wholesale monopoly for alcohol. For retail vending, the state auctioned off licenses for running liquor shops and bars. But this led to the formation of cartels and loss of revenue to the state. The government tried to counter this by introducing a lot system from the financial year 2001-02, where potential bidders bid for shops grouped by revenue. But the lot system could not prevent cartelization, as bidders later withdrew in favour of others. In October 2003, the government passed an amendment to the Tamil Nadu Prohibition Act, 1937, making TASMAC the sole retail vendor of alcohol in the state. By 2004 all private outlets selling alcohol were either shut down or taken over by the company. This monopoly established by the ADMK government of J. Jayalalitha came into effect on 29 November 2003. The DMK government of M. Karunanidhi which took power in 2006, did not revise its predecessor's policy and TASMAC continues to control the alcohol industry in the state

## TASMAC Liquor Sale in Tamil Nadu

S.No	Year	Revenue Rs. In Crores
1	2012-13	21,680.67
2	2013-14	21,674.89
3	2014-15	24,164.95
4	2015-16	25,845.58
5	2016-17	26,995.25
6	2017-18	26,794.11

Source: TASMAS report 2018.

TASMAC liquor outlets were launched in 2003. Had 6,215 shops, now reduced to 3,866 shops.

## METHODOLOGY

### Objectives

1. To find out the causes of alcoholism.
2. To analyze the alcoholism and its manifold effects among slum youth.
3. To analyze rejuvenation to recovery.

### Study area and design

This study was conducted in slum youth of at Saidapet catering 60 respondents from 2,500 families.

### Sample size

The alcohol user households in slum youth of Saidapet were catering 60 respondents from 2,500 families. Considering the rough estimate of the prevalence of alcohol user household 50% and 20 % of confidence interval from school going students and 10% from school dropout and 20% from unemployed youths, the minimum sample size required was calculated to be 60 using open individual face to face conversation questionnaire method and cluster sampling method was used.

### Sampling technique

A simple random sampling was chosen in the present study. Researcher collected data from 60 respondents by using self prepared questionnaire based on the study of dimension.

### Study period

The study was conducted from May 2012 to March 2018.

### Data collection tools

Three types of pre validated, structured questionnaire forms were used for collecting the information:

- Household Form- for general household information
- Information collected from school head master.
- Information collected from Police Boys Club members.

### Data collection

Data were collected from the respondents. After reaching the selected slum, a center point like school or temple was identified, and door-to-door survey was conducted in a particular direction from the center point by random walk method until the required 60 houses were interviewed.

### Purpose of the Research study

The purpose of the study was first explained to the responsible adult of the household, their consent was taken in writing, and general information such as family details, education, occupation, income, environmental condition, and

psychosocial environment was enquired from them. All the individuals in the family above 18 years were met individually, purpose of the study was explained to them, and their written consent of voluntary participation was taken. They were asked whether they had consumed alcohol in the past 5 years. The persons who answered yes were interrogated in detail.

### Need for the study

Slums are the portal for alcoholism consume and root causes for drug abusers due to homelessness, poor household, lack of amenities like Street lights, bath rooms and toilet facilities, uneducated family members, lots of school dropout, street children, child labour, unhygienic environment and small houses with minimum space and almost of are huts in the slums are causes for alcoholism consume among young youth and school going students. Therefore, the present study was needed to teach them and to make them aware and also to improve their health status. So, the researcher has been taken under the study of alcoholism and its multifaceted effects among slums youth under study.

### Data Processing and Presentation

The present research found that most of the slums youth are homeless and their community, family and friends leading consume alcohol. Lack of tradition intervention, such as psychological therapy and community reinforcement approaches and harm reduction interventions, such as unemployment and supportive housing, may also be effective at increasing youth alcohol consumption. Inadequate community-based interventions, available resources, scope to address the tremendous burden of alcohol and harm in this and similarly vulnerable population in low resource such as slums. Generally in the slums youth begins to experience compulsive behaviours around alcohol associated with addiction when they are around 20 years old. When they have fewer occasions during an average week in which they drink, they tend to binge drink on those occasions. On average this group is about personality disorder, this mental health condition leads them to 26 years old-so still young, but not as young as the young adult group. They are defined by having antisocial personality disorder this mental health conditions leads them to begin drinking in youth around age 15 on average, and they display symptoms of AUD by age 18. They are also more likely to struggle with polydrug abuse, especially abuse of tobacco and marijuana. They drink on average every other day and tend to binge drink on those days.

### The Causes of Alcoholism among youth of slum

There are many causes of alcoholism or a dependency on alcohol among slums youth is an informal social network in which group norms promote excessive alcohol and drug use. This terrible condition can result from multiple internal and external factors, including genetic dispositions, environment, and social pressure. A common example is young adults in the slums or in school or entering college. It has become culturally expected to take part in increased drinking, even to the point of binge drinking, while in slum or in school or college. Media, especially movies and television targeted at this demographic, often show the appeal of this behavior, while vilifying those who try to promote responsible decision making and sobriety. This media portrayal of alcohol use creates peer pressure that can push young people looking for friends and acceptance into making decisions they

wouldn't otherwise like binge drinking, skipping classes, and shirking responsibilities.

**Genetic Causes of Alcoholism among youth of slum**

The most difficult cause of alcoholism to recognize in many cases is a genetic predisposition to alcoholism. Studies by the National Institute of Alcohol Abuse and Alcoholism show that about half the risk of developing an alcohol use disorder (AUD) is genetic. There are genes that make one more susceptible to overconsumption and use of alcohol. On the other hand, there are also genes that help fight these cravings. If alcoholism runs in a family, it's possible that it can develop or already has developed in any member. Look for traces of the condition in immediate family members and see if there are shared traits. This might seem like fighting a losing battle, but it is important to remember that anything can be overcome with the right help and treatment.

**Environmental Causes of Alcoholism among youth of slum**

While genetics can dominate in developing an AUD, family life itself can also play a major role. Children have been shown to mimic the drinking behaviors and habits of their parents. If you are, or are becoming, a parent, consider the example you are setting. Children who are introduced to alcohol at a younger age and have longer exposure to the substance are more likely to develop a dependency or addiction to the substance. As a preventative measure, some parents introduce their children to alcohol while they are well under the legal age.

**Social Causes of Alcoholism among youth of slum**

There is an ongoing debate as to the role of nurture versus nature in relation to the development of an AUD. Despite the strong impact of genetics and family, other societal pressures are possible or, at least, partial causes as well.

**Alcohol Use in Different Socio-demographic groups in Slums**

S. No	Socio-demographic groups	Number of Alcohol Users	Percentage
<b>I</b>	<b>Age Groups</b>		
	10-15	3	5.00
	16-20	10	16.66
	21-25	12	20.00
	26-30	16	26.66
	30-35	19	31.66
<b>II</b>	<b>Marital Status</b>		
	Unmarried	18	30.00
	Married	27	45.00
	Widower	15	25.00
<b>III</b>	<b>Type of family</b>		
	Nuclear	34	56.66
	Joint	18	30.00
	Extended	8	13.33
<b>IV</b>	<b>Education</b>		
	Illiterate	28	46.66
	Primary	5	8.33
	Middle	7	11.66
	School and College	20	33.33
<b>V</b>	<b>Reasons for Intake</b>		
	Fun/ desire to taste	11	18.33
	Pain/ tireless	36	60.00
	Tragedy in family	13	21.66

Source: Data collected from the respondents

The total study participants from 100 households were 60, of which 3 were (10-15) age groups(5%) are using alcohol under this age group, 10 were (16.66 %) age groups of (16-20), 12 were (20.00%) consume alcohol during the age group of (21-

25), 16 were (26.66%) using alcohol the age group of (26-30) and the majority of the alcohol users 19 were (31.66%) taking alcohol the age group of(30-35) under the study period. The overall investigation the married alcohol user were 27(45%) followed by 18 were the unmarried (30%) and 15 were the widower (25%) during the study. Alcohol use was 46.66% in the nuclear family youth followed by (30%) in the joint family youth and (13.33) in the extended family youth under the research period. School and college going students using alcohol (33.33%) followed by middle school students (11.66%) and primary (8.33% and (46.66) using alcohol among illiterate youth during the research period.

Reason for intake is fun to taste (18.33%) followed by (60%) using alcohol for pain and tireless and (21.66% using alcohol for tragedy in family during the research.

**Frequency uses of Alcoholism among slum youth**

S. No	Frequency to use alcoholism	Number	Percentage
1	One time	3	5.00
2	Three times	6	10.00
3	Rarely	2	3.33
4	Occasionally	23	38.33
5	Frequency and craving	26	43.33
		Total	100.00

Source: Data collected from the respondents

The majority of the alcohol users (43.33%) were in between 26 and above years of age and almost same proportion had started consuming alcohol one time between 10-15 years (mean age of first drinking years). Most of them were drinking to get relief from pain or tiredness and were drinking out of their homes three times (10%). Occasionally using alcohol (38.33%) and frequency and craving drinking with hang (43.33%) during the research study.

**Frequency uses of Alcoholism and Drugs among Slum youths**

S. No	Alcoholics and Drugs	Number of User	Percentage
1	Alcohol with Gutcha	6	10.00
2	Alcohol With Tobacco	7	11.66
3	Alcohol with Smoking	14	23.33
4	Alcoholic	25	41.66
5	Multiple substance	7	11.66
6	Synthetic narcotics	1	1.66
		Total	100.00

Source: Data collected from the respondents

The majority of the slum youths are consumed alcohol (41.66%) followed by alcohol with smoking were (23.33%) and alcohol with Tobacco uses were (11.66%) and multiple substance uses under the study. Most of them were drinking and use drugs to get relief from pain or tiredness and were drinking out of their home.

**Major Findings of the study**

- The total study participants from 100 households were 60, of which 3 were (10-15) age groups(5%) are using alcohol under this age group, 10 were (16.66 %) age groups of (16-20), 12 were (20.00%) consume alcohol during the age group of (21-25), 16 were (26.66%) using alcohol the age group of (26-30) and the majority of the alcohol users 19 were (31.66%) taking alcohol the age group of(30-35) under the study period.

- The overall investigation the married alcohol user were 27(45%) followed by 18 were the unmarried (30%) and 15 were the widower (25%) during the study.
- Alcohol use was 46.66% in the nuclear family youth followed by (30%) in the joint family youth and (13.33) in the extended family youth under the research period.
- School and college going students using alcohol (33.33%) followed by middle school students (11.66%) and primary (8.33% and (46.66) using alcohol among illiterate youth during the research period.
- Reason for intake is fun to taste (18.33%) followed by (60%) using alcohol for pain and tireless and (21.66% using alcohol for tragedy in family during the research.
- The majority of the alcohol users (43.33%) was in between 26 and above years of age and almost same proportion had started consuming alcohol one time between 10-15 years (mean age of first drinking years).
- Most of them were drinking to get relief from pain or tiredness and were drinking out of their homes three times (10%).
- Occasionally using alcohol (38.33%) and Frequency and craving drinking with hang (43.33%) during the research study. In every slum it's easily available. If we have interest we can buy
- Most of the slums today have an atmosphere which helps in facilitating the alcohol use, abuse and addiction
- Many of the youths are consuming alcohol.
- Youth from *widow's* families drink at home. Some youths try to imitate them. Imitative animal.
- Problems at school or work -frequently missing school or work, a sudden disinterest in school activities or work, or a drop in grades or work performance
- Physical health issues -lack of energy and motivation, weight loss or gain, or red eyes,, loss of appetite, body odour
- Neglected appearance -lack of interest in clothing, grooming or looks
- Changes in behavior -exaggerated efforts to bar family members from entering his or her room or being secretive about where he or she goes with friends; or drastic changes in behavior and in relationships with family and friends
- Money issues-- sudden requests for money without a reasonable explanation; or your discovery that money is missing or has been stolen or that items have disappeared from your home, indicating maybe they're being sold to support drug use

### **Suggestions**

- Government should take appropriate measures in controlling the menace regarding this issue by decreasing the number of wine shops and keeping the wine shops away from residential areas.
- Education is most important to control the habits of Alcoholism among youth. For that the government should provide some fund for the education of the slum children and also can launch free tuition centers for them in the evening.
- People must be sensitized that taking alcohol will reduce their life span through effective advertisement in the media through short films, advertisements in the

news papers, distributing pamphlets and community based programme.

- NGOs must play a vital role not only in rehabilitating the addicted and also giving awareness about the ill effects of the habit of Alcoholism.
- Alcoholics must come forward to get rid from this habit.
- The government should Frame Policies and laws to stop alcoholism.
- We should be given awareness about alcohol / drug in schools and colleges.
- Parents should be aware and play a support role for their children to come out of it.
- We will support if you train us how to identify and provide counseling.

### **CONCLUSION**

Alcoholism is a complex illness involving psychological, medical, social, cultural and religious areas. It occurs in all social classes from men on skid row through blue collar workers to chief executives of large corporations. This is largely affecting the slum dwellers. Addiction is a primary, chronic disease involving brain reward, motivation, memory and related circuitry; It can lead to relapse, progressive development, and the potential for fatality if not treated. It is an extremely prevalent illness. This must be taken into consideration and must take remedial step to reduce the people of alcoholics in slums. Many de-addictions centres are fighting the problem in Chennai. TTK Hospital is one of the premiere in the country. Founded in 1980, it has now helped over 20,000people. Other growing centres such as Wisdom Hospital are meeting de-addiction needs with counselling and family programs and de-toxification.

If stakeholders like parents and other family members take effective measures to encourage and help the youth to come out of alcoholism by showing the right caring attitude towards them keeping their bright future in mind and acknowledging their potential the youth can be brought into the main stream of the society. This is largely affecting the slum dwellers. It is an extremely prevalent illness. This must be taken consideration and must take remedial step to reduce the people of alcoholics in our nation.

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