



IMPACT OF ALCOHOL INTOXICATION– A STUDY ON INTERPERSONAL RELATIONS AND CRIME PROBLEMS ON YOUNG PEOPLE IN INDIA

S. Prabhu

Assistant Professor, Department of Commerce, Sree Saraswathi Thiyagaraja College, Pollachi, Tamilnadu

Cite This Article: S. Prabhu, “Impact of Alcohol Intoxication– A Study on Interpersonal Relations and Crime Problems on Young People in India”, International Journal of Applied and Advanced Scientific Research, Volume 1, Issue 1, Page Number 121-126, 2016

Abstract:

As the debate over alcohol bans grows across India, 15 people die every day – or one every 96 minutes – from the effects of drinking alcohol, reveals an India Spend analysis of 2013 National Crime Records Bureau (NCRB) data, the latest available. The study, explains that the alcohol consumption increases the interpersonal relational and crime problems; most of the young drinkers were injured due to accident as well as they face health problems related to alcohol. Therefore, there are likely chances to reduce the mental ability, reducing self-confident due alcoholism and increasing trend among youth. The study also confirmed that the use of alcohol and drugs can negatively affect all aspects of a person’s life, impact their family, friends and community, and place an enormous burden on Indian society. One of the most significant areas of risk with the use of alcohol and drugs is the connection between alcohol, drugs and crime.

Key Words: Intoxication, Interpersonal Relations & Crime Problems

1. Introduction:

Alcoholic drinks can be divided into six different categories: beers, cider, table wines, fortified wines, distilled spirits and liqueurs. What they have in common is that they mainly consist of ethanol and water. Ethanol is produced as a result of the fermentation by yeasts of sugars from fruits, vegetables or grain³⁴ and it is the difference in production methods and ingredients which brings about the different tastes and strengths. For example, beer is produced by the fermentation of brewer’s wort, with hops added for flavour. This results in an alcoholic drink which is approximately five parts ethanol to 100 parts water; as opposed to whiskey which is produced by the distillation of fermented barley, rye or corn mash, which can contain as much as 50% ethanol. The following table³⁵ presents the six different categories of drink, the types within each category, their alcohol content and examples of “standard drink” equivalents for each type. A standard drink equals 10gms of pure alcohol and is the measure similar to “units” which is now used in the Royal College of Psychiatrists’ guidelines to sensible drinking. The upper recommended limit per week is 21 standard drinks for adult males and 14 standard drinks for adult females.

Desired Effects Alcohol is a central nervous system (CNS) depressant which affects the:

- ✓ Respiratory rate
- ✓ Heart rate
- ✓ Control mechanisms in the brain

The effects on CNS depression may include:

- ✓ Reduction of inhibitions which may lead to embarrassing/dangerous behaviour
- ✓ Reduction in anxiety
- ✓ decreased attention span
- ✓ impaired short-term memory
- ✓ impaired motor coordination
- ✓ prolonged reaction time
- ✓ less rapid thought processing
- ✓ impaired ability to perform complex tasks (such as driving)

³⁶ Alcohol is often thought of as a stimulant rather than a depressant, as it’s disinhibiting effects tend to make users more animated and excitable; however, as more alcohol is consumed, the depressant effects become more pronounced. There is much harm in alcohol use which is a cause of concern in many parts of the world and mostly in India. In India where nearly half of alcohol consumed is undocumented, sales of alcohol which is recorded has increased by nearly three times between 2000 and 2009.

Interdisciplinary Relevance:

As this study focuses on the societal problems caused by alcohol abuse, it is clearly related to Sociology. It studies the interpersonal relations affected due to this drug abuse, it is related to psychology too. As it studies the relationship between crime and alcohol abuse, it is related to criminology. It studies how alcoholism makes a person to act in some way and in this sense it relates to medical science. It studies the consequences of alcoholism in terms economic problems of the people and hence it relates to the field of economics. It studies the causes of alcohol abuse due to work pressure, working conditions, peer relations, nature of job and studies decrease in employee productivity and spoiling organizational culture, it relates to the

field of personnel management and Organizational Behaviour.

Alcohol Abuse and Crimes:

Given the body of evidence linking alcohol with crime, should there be total prohibition? The police don't think it is a good idea. While conceding that alcohol results in drunken brawls, murder and accidents, they feel prohibition could lead to other problems. In a move to curb crime against women and keep the beaches in the state clean, Goa Tourism department asked Indian Reserve Battalion (IRB) to restrict people with alcohol or glass bottles on beaches in Goa. According to sources, alcohol on Goa beaches will be banned soon.

Police records show as many as 436 cases of rape were reported in the seven-month period in 2013, a steep spike from 291 cases in January to July 2012. Police recorded the most cases of rape in Chennai, with 42 cases in seven months this year. Villupuram reported the second highest number, 32 in the same period. The southern city also recorded 47 cases of molestation (more than Chennai's 24), 73 cases of abduction and 33 cases of cruelty to women by husbands and relatives in this period. Coimbatore city registered 11 cases of rape, five cases of molestation and 22 cases of cruelty to women by her husband and relatives. Though cases of molestation and abduction dropped across the state, cruelty to women by husbands and relatives have increased by 32%. Police recorded a total of 860 such cases in the first seven months of 2012 and 1,130 cases over the same period in 2013. Women's rights activists say they have observed a welcome trend in recent times: Women's Struggle Committee advisor Geetha says an increase in alcoholism and drug use could be responsible for the increase in cases of rape in the state. "Alcohol and drug abuse could in fact have led to a spurt in all forms of crime against women," she said.

Indian States and Territories Ranking by Crime Rate:

This is a list of States and Union Territories of India ranked by the recognizable Crime Rate as on 2012 and 2015, and represents the number of cognizable crimes occurred for every 100,000 persons. The list is compiled from the 2012 and 2015 Crime in India Report published by National Crime Records Bureau(NCRB), Government of India Kerala has the highest cognizable crime rate of 723.2 (per 100,000 persons) as on 2015, while Nagaland recorded lowest rates of 55.1 (per 100,000 persons).

Rank	State	Cognizable Crime Rate (per 100,000) 2015	Cognizable Crime Rate (per 100,000) 2012
U/T	Puducherry		291.0
U/T	Delhi		283.3
U/T	Chandigarh		235.4
U/T	Andaman and Nicobar Islands		133.4
U/T	Dadra and Nagar Haveli		84.6
U/T	Daman and Diu		83.9
U/T	Lakshadweep		77.9
29	Nagaland	55.1	47.7
28	Uttarakhand	97.2	87.7
27	Uttar Pradesh	112.1	96.4
26	Sikkim	119.3	84.9
25	Tripura	123.5	170.6
24	Punjab	131.2	127.4
23	Jharkhand	135.1	147.4
22	Meghalaya	148.2	96.1
21	Manipur	149.5	150.3
20	Goa	156.4	196.7
19	Bihar	171.6	127.8
18	Jammu and Kashmir	191.2	206.5
17	West Bengal	193.0	178.2
16	Odisha	197.3	164.8
15	Himachal Pradesh	198.5	182.6

Rank	State	Cognizable Crime Rate (per 100,000) 2015	Cognizable Crime Rate (per 100,000) 2012
14	Gujarat	203.6	585.6
13	Mizoram	211.2	173.1
12	Andhra Pradesh	215.6	224.5
11	Chhattisgarh	220.9	221.1
10	Karnataka	224.0	222.5
9	Arunachal Pradesh	227.8	192.1
8	Maharashtra	231.2	176.7
7	Tamil Nadu	271.2	294.8
6	Rajasthan	273.9	246.9
5	Telangana	290.7	-
4	Haryana	310.4	240.4
3	Assam	321.8	250.0
2	Madhya Pradesh	348.3	298.8
1	Kerala	723.2	455.8

Source: Crime in India 2015, National Crime Record Bureau. Retrieved 6 September 2016

2. Objectives of the Study:

- ✓ To study problems of interpersonal relations due to alcohol abuse.
- ✓ To study the crimes related to alcohol abuse.

3. Results and Discussion:

The dimensionality of cultural problems was examined using factor analysis based on 5 individual statements and the reliability of the subsequent factor structures was then tested for internal consistency of the grouping of the items.

Table 1: KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.505
Bartlett's Test of Sphericity	Approx. Chi-Square	9.353
	d.f	10
	Sig.	.499

High value of KMO (0.505 > .05) indicates that a factor analysis is useful for the present data. The significant value for Bartlett's test of Sphericity is 0.499 and is greater than .05 which indicates that there exist no significant relationships among the variables (Table-4.40). The resultant value of KMO test and Bartlett's test indicate that the present data is useful for factor analysis.

Table 2: Total variance explained for Inter Person Relation Problems

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	1.120	22.401	22.401	1.120	22.401	22.401	1.111	22.214	22.214
2	1.077	21.532	43.933	1.077	21.532	43.933	1.086	21.720	43.933
3	.986	19.723	63.657						
4	.926	18.519	82.176						
5	.891	17.824	100.000						

Extraction Method: Principal Component Analysis.

Eigen Value represents the total variance explained by each factor. Percentage of the total variance attributed to each factor. One of the popular methods used in Exploratory Factor Analysis is Principal Component Analysis, Where the total variance in the data is considered to determine the minimum number of factors that will account for maximum variance of data. All the statements are loaded on the two factors.

Table 3: Rotated Component Matrix for Inter Person Relation Problems

	Component	
	1	2
Drinking alcohol makes a bad impression on others	-.660	-.156
A child gets affected much more	-.180	.720
Late Marriage	.220	.693
Marriage life break up	.686	-.029
Not interested to wearing good dresses	.353	-.251
Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.		
a. Rotation converged in 3 iterations.		

The dimension of ‘cultural problems’ comprises attitude 5 statements. Out of the 5 statements, 2 statements contribute more towards cultural problems. The statements are (1) A child gets affected much more if a mother is an alcoholic than if the father is an alcoholic, (2) Marriage life break up. Based on the eigen values, the 2 statements accounted for 43.933 percent of the variance in the original 5 statements. The remaining 3 statements contribute minimum towards Behaviour problems (i.e) 56.067 percent of the variance.

Factor Analysis for Respondents Consent Towards Crime Problems:

KMO and Bartlett's Test:

The dimensionality of Crime problems was examined using factor analysis based on 3 individual statements and the reliability of the subsequent factor structures was then tested for internal consistency of the grouping of the items.

Table 4: KMO and Bartlett's Test for Crime problems

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.531
Bartlett's Test of Sphericity	Approx. Chi-Square	15.277
	d.f	3
	Sig.	.002

High value of KMO (0.531 > .05) indicates that a factor analysis is useful for the present data. The significant value for Bartlett’s test of Sphericity is 0.002 and is less than .05 which indicates that there exist significant relationships among the variables (Table-4.43). The resultant value of KMO test and Bartlett’s test indicate that the present data is useful for factor analysis.

Table 5: Total variance explained for Crime Problems

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	1.198	39.930	39.930	1.198	39.930	39.930
2	.950	31.653	71.583			
3	.853	28.417	100.000			
Extraction Method: Principal Component Analysis.						

Eigen Value represents the total variance explained by each factor. Percentage of the total variance attributed to each factor. One of the popular methods used in Exploratory Factor Analysis is Principal Component Analysis, Where the total variance in the data is considered to determine the minimum number of factors that will account for maximum variance of data. All the statements are loaded on the one factor. The dimension ‘Crime problems’ comprises of 3 statements. All the four statements are contributing more towards Inter person relation problems. The statements are (1) Being held in jail, (2) Minor violation of the law like drink & drive, and (3) Attack the partner.

4. Discussion:

Incidence of high risk drinking practices in Site five can be clearly attributed to easy access to low cost alcohol. Availability theory proposed by Stockwell and Gruenewald (2004) examines the impact of alcohol price on consumption levels; wherein price includes cost of alcohol as well as the cost of access. Alcohol consumption, as it has been demonstrated, behaves like any other commodity, the higher the price, lesser the demand and lesser the price, the higher the demand with higher levels of consumption leading to greater levels of harm.

Reviewing effectiveness of alcohol policies implemented by various countries, increasing the alcohol sale price was presented as the most effective approach with research evidence of effectiveness. Moreover, the

cost of implementation of such population based policies is low and ease of implementation is high making this option highly viable.¹⁰ Limiting the number of sales outlets, restrictions on the time of availability and ensuring price increase of alcohol in line with the inflation would also help.

In addition to ensuring controls over the sale of alcohol, other public health 140 International Journal of Prevention and Treatment of Substance Use Disorders interventions are also required. Presence of a large alcohol abstinent population needs to be recognised as an inherent strength in the community. However, prevalence of hazardous drinking necessitates efforts to increase awareness about alcohol-related harm especially among the socially disadvantaged groups. Moreover, brief intervention services at primary health care settings need to be made available to identify and assist hazardous alcohol users. Considering that the poor sections of the society are affected the most, making the services available at the Government-owned health care units emerges as an urgent need.

Restricting alcohol related harm by ensuring higher alcohol cost has demonstrated effectiveness but some difficulties have been cited. Edwards et al discussed four concerns of which two are related to the situation in Tamil Nadu and discussed here. First of all, price increase on commercial beverages may increase illicit alcohol production. This was addressed by the Government of Tamil Nadu by coming down consistently and strongly on illicit alcohol production. With retail sales solely in the Government's control, the Government also had a vested interest, as illicit alcohol activities would divert customers and reduce the State revenue.

Secondly, such restrictions on availability will not work effectively if cross border purchase or imports continue from other communities which do not follow similar guidelines. The study findings corroborate this. Though Site five was governed by Tamil Nadu laws, it did not influence alcohol use patterns as low cost illicit alcohol was easily available in the neighbouring state. The absence of a National Alcohol Policy in India and the inability to launch an orchestrated response is brought into sharp focus here.

Easy availability of low cost alcoholic spirits is associated with increased alcohol consumption and higher prevalence of problem alcohol use. The study findings urge policy makers to restrict easy access to alcohol at low cost as it would lead to more hazardous alcohol use affecting the poor more than the other social classes. Launching efforts to increase awareness about alcohol and making available brief intervention services in primary health care settings is also highlighted. The need for developing a National Alcohol Policy to structure and implement efforts from the public health perspective is of course crucial and long overdue.

5. Conclusion:

The study finds education and alcohol use have been found to be most important factors affecting the social status. While education improves behavior among the respondents, alcohol consumption deteriorated their moral behavior. Thus, the immoral status reported by the respondents is because of alcohol.

Therefore, while raising education levels of the rural population, policy should also aim at improving moral education among the people. This will help induce healthy behaviors among the male population through a reduction in, for example, alcohol consumption. Also, restrictions on the sale of alcohol can be imposed to reduce consumption, if it is impossible to stop. This has to be implemented to its fullest. For instance, decreasing the number of wine shops and/or raising prices of alcohol via taxation will be a right step. Another policy which will improve the health of the people is a ban on alcohol. Thus, wine shops in the rural areas must be permanently closed. However, the implementation of this policy requires much political will on the part of government. Given that persons below the age of 21 are found drinking alcohol, proof of age should be a requirement for the purchase of alcohol. Thus, sales agents must demand age proof from prospective buyers. Such proofs can be done by simply inspecting the identity card of the buyer and such rules must be strictly enforced. Similarly, rehabilitation and counseling centers should be established in rural areas to help people who are negatively affected by alcohol and those who wish to quit. The rehabilitation and counseling centers will help bring a social behavioral change among the people and result in improved interpersonal skill.

6. References:

1. Gururaj G, Pratima Murthy, Girish N & Benegal V. Alcohol related harm: Implications for public health and policy in India. Bangalore: NIMHANS, Publication No. 73, 2011, 11 to 16, 30.
2. Controls on the Physical Availability of Alcohol, Stockwell T and Gruenewald P, In The Essential Handbook of Treatment and Prevention of Alcohol Problems Heather N and Stockwell T (ed.), Susex, John Wiley and Sons, 2004, 215, 209.
3. Reynolds, D.L., O'Leary, M.R., Walker, R.D. (1982) Family Environment as a Predictor of Alcoholism Treatment Outcome. Substance Use and Misuse, 17, 505-512.
4. RumaDuttaet al (June 2004) A Population based Study on Alcoholism among Adult Males in a Rural Area, Tamil Nadu, India, Journal of Clinical and Diagnostic Research
5. Rychtarik, R.G., Tarnowski, K.J., St. Lawrence, J.S. (1989) Impact of social desirability response sets of the self-report of marital adjustment of alcoholics. Journal of Studies on Alcohol, 50 , 24-29.
6. S.Saxena, (2000) Alcohol problems and responses: challenges for India Department of Psychiatry, All India Institute of Medical Sciences, Ansari Nagar, New-Delhi, 110029, India
7. Sharon M.Botes and Karen Miotto (April 2003) Substance Abuse and Violence.

8. ShekharSaxena, Raj Sharma and Pallab K Maulik, (2003) Impact of alcohol use on poor families: a study from North India All India Institute of Medical Sciences, New Delhi, India
9. Sher, K.J. (1991) Psychological Characteristics of Children of Alcoholics: Overview of research methods and findings. *Recent Development Alcohol*,9, 301-326.
10. Singh, N.K. & Kumar, D. (2007) Family Environment and Alcohol dependence: A Comparative Study. *Indian Journal of Social Psychiatry*. 23, 44-48.
11. Singh, N.K., Bhattacharjee, D., Das, B., Kumar, M. (2009) Interaction Pattern in Indian Families with Alcohol Dependent Persons. *Hongkong Journal of psychiatry*. 19(3); 117-120.
12. Steinglass, P. (1979) The alcoholic family in the interaction laboratory. *The Journal of Nervous and Mental Disease*, 167, 428-436.
13. Steinglass, P. (1980) A Life History Model of the Alcoholic Family. *Family Process*, 19, 211-226.
14. Stewart, Sherry H. (July 1996) Alcohol abuse in individuals exposed to trauma: A critical review.
15. Subirkumar Das, V. Balakrishnan, D. M. Vasudevan , Alcohol: Its health and social impact in India
16. Tamura, T. & Lau, A. (1984) Connectedness versus Separateness: applicability of family therapy to Japanese families. *Family Process*, 31, 319-340.
17. Van Wormer, K. (1995) Alcoholism treatment: A social work perspective. NY: Wadsworth.
18. Velleman, R. (1993) Alcohol and the family, London, Institute of Alcohol Studies.
19. VivekBenegal), alcohol and public health, August 2005
20. Wiseman, J. (1981) Sober comportment. Patterns and perspectives on alcohol addiction. *Journal of Studies on Alcohol*, 42, 106-126.
21. Wolin, S.J. &Bennet, L.A. (1984) Family rituals. *Family Process*, 23(3), 401-420.
22. Zweben, A. & Pearlman, S. (1983). Evaluating the effectiveness of conjoint treatment of alcohol-complicated marriages: Clinical and methodological issues. *Journal of Marital and Family Therapy*, 9, 61-72.