

**ANTI-ALCOHOLIC MOVEMENT IN KERALA:
A GANDHIAN ANALYSIS**

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in fulfilment of the requirements for the degree of
DOCTOR OF PHILOSOPHY
under the Faculty of Social Sciences

by

RENI ANNA JOSEPH

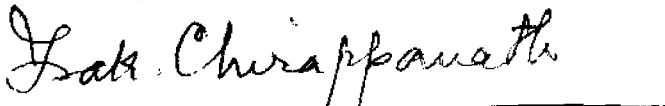
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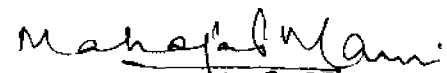
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ABBREVIATIONS

AA	-	Alcoholics Anonymous
AIADMK	-	All India Anna Dravida Munnetta Kazhakam
AITUC	-	All India Trade Union Congress
AIVO	-	All India Voluntary Organisations
EAP	-	Employees Assistance Programmes
FLR	-	Foreign Liquor Retail
FLW	-	Foreign Liquor Wholesale
IMFL	-	Indian Made Foreign Liquor
KPC	-	Kerala Prohibition Council
KSBC	-	Kerala State Beverages (Manufacturing & Marketing) Corporation
LDF	-	Left Democratic Front
NGO	-	Non Government Organisation
PTI	-	Press Trust of India
RI	-	Rigorous Imprisonment
TRADA	-	Total Response to Alcohol and Drug Addiction
UDF	-	United Democratic Front
UN	-	United Nations
UNIDCP	-	United Nations International Drug Control Programmes
YMCA	-	Young Men's Christian Association

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CHAPTER 1

INTRODUCTION

Article 1 Alcoholism: A World Wide Dilemma

From time immemorial alcoholic beverages were used by almost all the societies as a stimulant, social lubricant, and ceremonial substance. They often became central in most valued personal and social ceremonies and at important events like births, initiations, marriages, compacts, feasts, conclaves, coronations, magic, medicine, worship, hospitality, war-making, peace-making, and even funerals.

1.1.1 The chemistry of alcohol

The term alcohol in popular usage means pure ethyl alcohol (C_2H_5OH) and includes all dilutions and mixtures of this substance (included liquors for potal use containing alcohol). The word alcohol is derived from the Arabic Al-Kuhul (also kohl or kohol). Originally this word was used to mean a 'very fine powder'. But gradually it came to connote 'essence'. Later the term was applied to wine, spirits which was referred to as alcool vini and eventually simply alcohol.¹

Alcohol is the product of a simple natural process called fermentation. Even people in the pre-agricultural stage knew its production and use. From an accidental discovery they might have proceeded to purposeful production of it. Its capacity lead to a desired state of ecstasy or frenzy generally attributed to supernatural spirits and gods. In time, alcoholic beverages should have replaced other fluids in social and religious ceremonies.²

1.1.2 Religious responses to the problem

Although alcoholic beverages were used on such ceremonial occasions a blanket approval was not placed on the indiscriminate use of liquor. Society disapproves of any behaviour, resulting from indulgence, which violated accepted social standards and norms. It was the religious use of alcohol that paved the way for the craving for intoxication and excessive drinking. So the responsibility to control the dangerous excesses to which the use of alcohol went by and large fell upon religions. It is, therefore, necessary here to look generally at how major world religions view the question alcohol--its use and abuse--and what they say about it.

Islam in the AD seventh century chose total prohibition. It is one of the most potent contributions

of Islam in this field. The Koran condemned the use of wine and has imposed severe restrictions upon the followers of Islam in the use of alcohol. The disciples of Mohammed ensured that this taboo was respected in all lands they conquered.

Christianity never banned alcohol to their followers although some sections have. The Catholic approach in this regard can be understood from a document issued by the Bishop's Conference of England and Wales in 1987. In this document they stated:

We have proceeded on the basis that the responsible use of alcohol is a legitimate and approximate option for Catholics generally. We do, however, think that Catholics needed to be reminded more frequently of the merits of the option of total abstinence, and it could certainly be condemned to those who are considering ways of doing penance, for example on Fridays or during lent.³

In the Catholic milieu, prohibitions of the type found in Islam are conspicuous by their absence. On the other hand, it emphasises abstinence understood religiously in terms of repentance, atonement, and reparation. Several examples can be pointed out in this regard. The 'Pioneer Movement' founded by Father James

Gullen in 1889 in Ireland deserves special mention here. In Ireland around 2,00,000 people are members of this movement.⁴

The Buddhists were the first to adopt total abstinence from intoxicating drinks in India. One of the five commands which all Buddhists are to observe is, "Let not one drink, intoxicating drinks."⁵

A model of total abstinence cannot be found in Hinduism. In 'the Rigveda' there are frequent references to two intoxicating drinks named soma and sura. The earliest Indo-Aryans used these drinks mainly in their social and religious ceremonies. Though sura was tolerated as an ordinary drink it was often condemned as it seduced men from the path of virtue, led to quarrels, and caused them to resort to despicable habits like dicing and meat-eating. The vedas have even prescribed rituals of the nature of an expiation or penance like 'sautramani' sacrifice for an indulgence in sura.⁶ Soma was a sacrificial drink and was supposed to confer immortality. A whole book in vedic hymns pertains to the praise of soma.⁷

1.1.3 Socio-cultural perspectives

Coming to the social and cultural factors and patterns of drinking, there is an amazingly wide variety

of views expressed by social scientists and psychologists. Pittman, for example, points out that there are four cultural patterns in drinking.⁸

- (a) The abstinents or semi-abstinents--the Islamic communities, the protestant sects, and the Hindus.
- (b) The ambivalent--the co-existence of opposing attitudes within the individual or society and therefore difficult in establishing appropriate norms (USA).
- (c) The permissive--attitudes to alcohol are positive and drunkenness not acceptable (Jews).
- (d) The over-permissive--drinking is permitted and heavy drinking is encouraged. Pittman gives France as an illustration.

Though, from early times, the manufacture and sale of intoxicating beverages were not uncommon and done commercially in a limited scale, their use was more or less controlled and regulated. Early methods to control the excessive use of alcohol included regulation governing production and distribution, taxation, punishment, group norms, individual ideals and controls dictating safe and acceptable behaviour. The old known code of Hammurabi of Babylonia rejected drinking houses. The reaction of the Chinese against drunkenness was very strong. From the

period 1100 BC to AD 1400 not less than forty-one times the laws regarding the manufacture, sale and consumption of alcoholic beverages were made and changed. Greek and Roman philosophers (Socrates, Plato, Aristotle, Cicero et al.) referred to wine as deterrent to the dignity of man. The Roman philosopher Seneca viewed drunkenness as a condition of insanity. In the continent of America, the Aztecs of ancient Mexico imposed death penalty for drunkenness among youth.⁹

1.1.4 The Indian context

The case in India is also not much different. Even 'Arthasasthra' written in the third century BC made references to, how, during the Maurya period, a department connected with liquor-manufacturing and selling was controlled by the government.¹⁰ As has been pointed out earlier drinking patterns, attitudes to drinking and restrictions on drinking varies from society to society. Here it is necessary to note that the attitude of Indian society towards the consumption of alcohol has all along been a mixture of approval and disapproval. On ceremonial occasions and rituals intoxicating beverages had even acquired social approval. One should hasten to add at the same time that side by side with this social approval, there were strong religious injunctions against the use of excessive drinking. Emperors like Asoka and Akbar, law

givers like Kautilya and Manu had condemned the use of fermented beverages in unequivocal terms.

1.1.5 Factors influencing liquor consumption

While considering the consumption of alcohol, it has to be mentioned that there are many factors influencing the consumption patterns. The major determinants of the quantity of alcohol consumed by a population are conveniently divided into those which influence the demand for alcoholic beverages and those which influence their availability. The factors which influence the demand include (a) cultural and religious traditions (b) consumer's purchasing power (c) advertising (d) health education. The factors influencing availability include (a) size of harvests and agricultural controls (b) volumes of beverages produced and/or imported and controls on these (c) number and opening hours of retail outlets and controls on these (licenced premises and licencing hours) (d) controls on purchase (the age limit) (e) price of alcoholic beverages and special taxes on these.¹¹

Thus it can be said that generally almost in all societies, over-drinking or drunkenness become a culturally negative, an alien and deviant behaviour.

But the degree of approval or disapproval and subsequent action taken to accelerate the problem varies with the deviant behaviour and the kind of group in which it occurs.

Article 2 From Menu to Menace: A Universal Dilemma

In this part an attempt is made to show that alcoholism has been assuming the dimensions of menace throughout the world.

1.2.1 The United Kingdom

There has been no doubt that alcoholism and drug abuse are issues of major concerns all over the world. For instance, in the United Kingdom alcohol consumption has roughly doubled over the last 20 years, sharp rise in consumption being marked against the use of beer, wines, and spirits.¹² Social scientists as well as medical experts are of the view that people's drinking habits are a product of intoxicating personal and environmental influences. These include age, sex, occupation, income, marital status as well as the cost and availability of alcoholic drinks. Mortality from cirrhosis of the liver is one of the most useful indicators of trends in alcohol-related diseases and has risen and fallen in parallel with

alcohol consumption. Incidence and mortality from a range of other diseases also varies with the per capita consumption levels of the population. The relationship between levels of individual consumption and the development of diseases is more difficult to assess.¹³

1.2.2 The United States of America

In America, alcohol abuse and alcoholism creates serious problems throughout the country. In 1985, an estimated 18 million adults of 18 years and above were alcohol abusers or alcoholics, and an estimated 4.6 million adolescents experienced negative consequences of alcohol use (such as poor school performance, trouble with parents, or involvement with law enforcement personnel). Of the 18 million adults with alcohol problems 10.6 million were alcoholics or persons who experienced symptoms of alcohol dependence. An additional 7.3 million persons were alcohol abusers or persons who experienced negative consequences of alcohol use (e.g., arrest, involvement in an accident, impairment of health or job performance) but had not shown signs of alcohol dependence (e.g., tolerance, withdrawal). Tables 1-9 give a more vivid picture of the consumption of alcohol and its related problems.

Table 1. United Kingdom: Consumption of alcohol per head of population aged 15 and over in litres of pure alcohol

	Consumption in litres of pure alcohol					
	Beer	Spirits	Wine	Cider	All alcohol	All alcohol index
1960	4.4	1.0	0.4	0.17	6.0	100
1961	4.6	1.0	0.4	0.18	6.2	103
1962	4.6	1.0	0.4	0.16	6.2	103
1963	4.6	1.1	0.4	0.16	6.3	105
1964	4.8	1.2	0.5	0.17	6.7	112
1965	4.8	1.1	0.5	0.17	6.6	110
1966	4.8	1.1	0.5	0.19	6.6	110
1967	4.9	1.1	0.5	0.22	6.7	112
1968	5.0	1.2	0.6	0.22	7.0	117
1969	5.2	1.1	0.6	0.25	7.1	118
1970	5.4	1.2	0.6	0.27	7.5	125
1971	5.6	1.3	0.7	0.27	7.9	132
1972	5.7	1.5	0.8	0.27	8.3	138
1973	5.9	1.8	1.0	0.29	9.0	150
1974	6.0	2.0	1.1	0.30	9.4	157
1975	6.1	1.9	1.0	0.34	9.3	155
1976	6.1	2.1	1.0	0.40	9.6	160
1977	6.0	1.8	1.0	0.37	9.2	153
1978	6.2	2.2	1.1	0.38	9.9	165
1979	6.2	2.4	1.2	0.39	10.2	170
1980	5.9	2.2	1.2	0.38	9.7	162
1981	5.6	2.1	1.3	0.41	9.4	157
1982	5.5	2.0	1.3	0.48	9.3	155
1983	5.5	2.0	1.4	0.54	9.4	157
1984	5.5	2.0	1.6	0.53	9.6	160
1985	5.4	2.1	1.6	0.51	9.6	160
1986	5.3	2.1	1.7	0.52	9.6	160

Source: Annual Abstract of Statistics, The Brewers' Society United Kingdom Statistical Handbook, University of York.

Note: 1) These estimates assume average alcohol content as follows:

Beer = 4 per cent alcohol
Wine = 12 per cent alcohol
Spirits = 40 per cent alcohol
Cider = 8 per cent alcohol

2) These data exclude consumption of alcohol produced at i.e., home brewing and wine making.

Table 2. United Kingdom: Price of Alcoholic Drink Relative to Average Earnings (1963-1986)

1963	152.5
1964	150.6
1965	152.5
1966	147.3
1967	148.7
1968	139.7
1969	138.0
1970	130.8
1971	125.8
1972	Not available
1973	106.1
1974	100.0
1975	97.2
1976	98.9
1977	103.5
1978	96.6
1979	92.5
1980	92.5
1981	95.8
1982	97.7
1983	96.7
1984	96.4
1985	94.5
1986	91.5

Source: University of York.

There was thus a 60 per cent decrease in the price of alcohol relative to average earnings 1963-1986.

During the same period per capita alcohol consumption increased by 52 per cent.

Table 3. England: First Admissions for Alcoholic
Psychosis and Alcohol Dependence 1970-1985

Year	Sex	No. of alcoholics	Index
1970	M	1648	100
	F	462	
	T	2110	
1971	M	1904	113
	F	486	
	T	2390	
1972	M	2039	124
	F	570	
	T	2609	
1973	M	2436	148
	F	697	
	T	3133	
1974	M	2608	162
	F	825	
	T	3433	
1975	M	2585	165
	F	900	
	T	3485	
1976	M	2683	173
	F	963	
	T	3646	
1977	M	2683	181
	F	1104	
	T	3828	
1978	M	2737	180
	F	1066	
	T	3803	

(Table 3 Contd. . .)

Year	Sex	No. of alcoholics	Index
1979	M	2695	178
	F	1060	
	T	3755	
1980	M	3057	202
	F	1200	
	T	4257	
1981	M	2913	237
	F	1246	
	T	4159	
1982	M	2589	266
	F	965	
	T	3554	
1983	M	2449	164
	F	1010	
	T	3459	
1984	M	2722	180
	F	1084	
	T	3806	
1985	M	2722	162
	F	993	
	T	3426	

Source: DHSS: Health & Personal Social Services Statistics, United Kingdom.

M - Male F - Female T - Total

Table 4 England: First admissions for the nondependent
abuse of alcohol

Year	Sex	No. of alcoholics
1980	M	108
	F	66
	T	174
1981	M	102
	F	75
	T	177
1982	M	292
	F	177
	T	469
1983	M	369
	F	200
	T	569
1984	M	471
	F	250
	T	721
1985	M	600
	F	293
	T	893

Source: DHSS: Health & Personal Social Services Statistics,
United Kingdom.

M - Male F - Female T - Total

Table 5 **Scotland: First admissions for alcoholic psychosis and alcohol dependence 1970 & 1975-1984**

Year	Sex	No. of alcoholics	Index
1970	M	989	100
	F	224	
	T	1213	
1975	M	1614	168
	F	419	
	T	2033	
1976	M	1552	165
	F	445	
	T	1997	
1977	M	1621	175
	F	497	
	T	2118	
1978	M	1534	167
	F	487	
	T	2021	
1979	M	1540	173
	F	558	
	T	2098	
1980	M	1488	168
	F	553	
	T	2041	
1981	M	1390	144
	F	362	
	T	1752	
1982	M	1123	122
	F	362	
	T	1485	
1983	M	1065	120
	F	388	
	T	1453	
1984	M	1081	119
	F	363	
	T	1444	

Source: Scottish Health Statistics, Scotland.

M - Male F - Female T - Total

Table 6 **England and Wales: The resource costs of alcohol misuse**
(1985 prices)

1.	The Social Cost to Industry	
	a) Sickness absence	723.55
	b) Housework services	48.60
	c) Unemployment	166.74
	d) Premature deaths	653.31
2.	Social Costs to the National Health Services	
	a) Psychiatric hospitals, in-patient costs	19.89
	b) Non-psychiatric hospitals, in-patient costs	8.04
	c) Other alcohol related in-patient costs	82.09
	d) General practice costs	2.10
3.	Society's Response to Alcohol-Related Problems	
	a) Expenditure by national alcohol bodies	0.33
	b) Research	0.60
4.	Social Costs of Material Damage	
	a) Road traffic accidents (damage)	104.01
5.	Social Costs of Criminal Activities	
	a) Police involvement in traffic offences (excluding road traffic offences)	4.90
	b) Police involvement in road traffic offences (excluding judiciary and insurance administration)	14.53
	c) Drink related court cases	18.14
		<hr/>
	TOTAL (excluding unemployment and premature death)	1026.78
	TOTAL (including unemployment and premature death)	1846.83

Source: Alan Maynard, University of York, 1986.

Table 7 Summary of physical health hazards associated with alcohol abuse

Nervous System

Acute intoxication, 'black-outs'
Persistent brain damage:
Wernicke's encephalopathy
Korsakoff's syndrome
Cerebellar degeneration
Dementia
Cerebrovascular disease:
Strokes, especially in young people
Subarachnoid haemorrhage
Subdural haematoma
Withdrawal symptoms:
Tremor, hallucinations, fits
Nerve and muscle damage:
Weakness, paralysis, burning sensations in hands and feet.

Liver

Infiltration of liver with fat alcoholic hepatitis
Cirrhosis and eventual liver failure
Liver cancer

Gastrointestinal System

Reflux of acid into the oesophagus
Tearing and occasionally rupture of the oesophagus
Cancer of the oesophagus
Gastritis
Aggravation and impaired healing of peptic ulcers
Diarrhoea and impaired absorption of food.
Chronic inflammation of the pancreas leading in some cases to diabetes and malabsorption of food.

Nutrition

Malnutrition from reduced intake of food, toxic effects of alcohol on intestine, and impaired metabolism, leading to weight loss.
Obesity, particularly in early stages of heavy drinking.

(Table 7 Contd. . .)

Heart and Circulatory System

Abnormal rhythms
 High blood pressure
 Chronic heart muscle damage leading to heart failure.

Respiratory System

Fractured ribs
 Pneumonia from inhalation of vomit

Endocrine System

Overproduction of cortisol leading to obesity, acne, increased facial hair, and high blood pressure.
 Condition mimicking over-activity of the thyroid with loss of weight, anxiety, palpitations, sweating, and tremor.
 Severe fall in blood sugar, sometimes leading to coma.
 Intense facial flushing in many diabetics taking the anti-diabetic drug chlorpropamide.

Reproductive System

In men loss of libido and potency, shrinking in size of testes and penis, reduced or absent sperm formation and infertility and loss of pubic hair.
 In women, sexual difficulties, menstrual irregularities, and shrinkage of breasts and external genitalia.

Occupation and Accidents

Impaired work performance and decision making.
 Increasing risk and severity of accidents.
 The foetus, the child, and the family:
 Damage to the foetus and foetal alcohol syndrom.
 Acute intoxication in young children:
 Hypothermia, low blood sugar levels depressed, respiration.
 Effect on physical development and behaviour of the child through heavy drinking by parents.

Interaction of alcohol with Medicinal Substances

Increased likelihood of unwanted effects of drugs
 Reduced effectiveness of medicines.

Source: Report of the Royal College of Physicians, A Great and Growing Evil--The Medical Consequences of Alcohol, Tavistock, London and New York, 1987, p. 3-4.

Table 8 United States: Estimated number of deaths attributed to alcohol (1987)

Cause of death	Number of deaths	Estimated number attributed to alcohol	Percentage attributed to alcohol
Alcohol as the main cause			
Alcoholic psychoses	454	454	100
Alcohol dependence syndrome	4,350	4,350	100
Nondependent use of alcohol	889	889	100
Alcoholic polyneuropathy	4	4	100
Alcoholic cardiomyopathy	650	650	100
Alcoholic gastritis	84	84	100
Alcoholic fatty liver	1,166	1,166	100
Acute alcoholic hepatitis	794	794	100
Alcoholic cirrhosis of the liver	9,166	9,166	100
Alcoholic liver damage unspecified	1,812	1,812	100
Accidental poisoning by alcohol	218	218	100
Subtotal		19,587	
Alcohol as a contributing cause			
Cancer of directly exposed tissue			
Malignant neoplasm of lip, oral cavity, pharynx	8,555	2,138	25
Malignant neoplasm of larynx	3,412	853	25
Malignant neoplasm of stomach	14,372	2,874	20
Malignant neoplasm of liver	5,618	1,404	25
Subtotal		7,269	
Other diseases			
Diabetes mellitus	55,649	1,782	5
Hypertensive diseases	32,633	1,632	5
Pneumonia and influenza	54,619	2,731	5
Diseases of esophagus, stomach, duodenum	8,734	873	10
Chronic liver disease and cirrhosis (not specified as alcoholic)	18,645	4,661	25
Subtotal		11,676	

(Table 8 Contd. . .)

Accidents			
Railway accidents	632	63	10
Motor vehicle traffic accidents	51,930	25,965	50
Other road vehicle accidents	232	46	20
Water transport accidents	1,429	286	20
Air and space accidents	1,494	149	10
Accidental falls	13,294	3,324	25
Accidents caused by fire and flames	5,822	1,455	25
Accidents due to natural and environmental factors	3,194	799	25
Accidents caused by submersion suffocation and foreign bodies	10,216	3,576	35
Other accidents	8,744	2,186	25
Subtotal		37,849	
Violence			
Suicide	26,869	8,061	30
Homicide	23,967	11,984	50
Undetermined whether accidental or purposely inflicted	3,663	1,099	30
Subtotal		21,144	
All causes		97,528	

Source: Sixth Special Report to the US Congress on Alcohol & Health
United States Department of Health and Human Services 1987.

Table 9 Alcohol consumption in certain overseas countries
1978-1985 (In 1985 Rank Order)

(Litres per head of 100% alcohol)

Country	1978	1985	Change (%)
France	16.3	13.9	-15
German Democratic Republic	11.5	13.4	+17
Portugal	9.9	13.1	+32
Hungary	12.2	12.3	+0.8
Spain	14.3	11.8	-17.5
Federal Republic of Germany	12.9	11.3	-12.5
Austria	10.4	11.1	+6.7
Belgium	10.2	10.8	+5.8
Switzerland	10.4	10.8	+3.8
Czechoslovakia	11.6	9.9	-14.7
Denmark	8.9	9.8	+10
Italy	12.0	9.4	-21.7
Australia	9.8	9.2	-6.2
Argentina	11.2	8.7	-22.4
Bulgaria	9.2	8.7	-5.7
Netherlands	8.9	8.4	-5.9
New Zealand	8.5	8.1	-4.8
Canada	8.4	7.8	-7.7
United States of America	8.2	7.7	-6.1
UNITED KINGDOM	7.2	7.1	-1.4
Republic of Ireland	7.7	6.9	-10.4
Greece	6.1	6.8	+11.4
Poland	8.3	6.7	-23.8
Finland	6.3	5.9	-6.4
USSR	6.2	5.7	-8.1
Yugoslavia	7.8	5.3	-32.1
Sweden	5.9	4.8	-18.7
Japan	5.6	4.4	-21.5
Norway	4.0	4.1	+2.5

Source: Brewers' Society Statistical Handbook 1986,
United Kingdom.

1.2.3 Methods of estimation

Estimates of the prevalence of alcoholism vary greatly depending on how it is defined as well as on the methods of estimation. A closer perusal of the statistics of alcoholism would show that there is a strong subjective element running through them as is borne out by the transcription of individual proclivities into statistical figures. Variations in the definitions of alcoholism make it also difficult to compare one nation's rates with those of others.

Certain technical methods have evolved to measure the prevalence of alcoholism. The Jellinek estimation formula has been widely used in estimating the prevalence of alcoholism among large populations.¹⁵

This formula is

$$A = (PD/K)R$$

where,

- A - the total number of alcoholics alive in a given year
- D - reported deaths from cirrhosis of the liver in a given year,
- P - an assumed constant percentage of such deaths attributable to alcoholism (different for men and women)

K - a constant representing the percentage of all alcoholics with complications who die of cirrhosis and

R - a presumed ratio of all alcoholics to alcoholics with complications in the given time and place.

1.2.4 Levels of menace

Per capita production and consumption of alcoholic beverages have been rising throughout the world especially in the developing countries. Many of the countries involved have been previously free from the social, health and economic problems, that are now accompanying the production and consumption growth.¹⁶ Because of the alcohol-related problems, many of the developing nations are now facing depletion of human, material and financial resources, lower life expectancy, lower productivity due to absenteeism, lower work performances and efficiency, carelessness, delay in completing work tasks and in some cases premature deaths, crimes, violence, murder, accidents, etc.

Alcoholism is such a menace that it calls for the most urgent and all out effort to check it. In many countries, the authorities seem to lack the necessary determination in tackling the problem in the initial

stages. For example, in India, occupational alcoholism has been identified as a serious problem over the past two decades. But a systematic and well-planned attempt for the prevention of alcohol and drug problems in work places at the national or state level is of recent origin despite the fact that this problem has been in existence in most enterprises. Now the wheel seems to have taken a full round and the authorities have started taking keen interest in this problem as it directly affects the healthy functioning of each industry. They have Employees Assistance Programmes (EAP) in accordance with the rules and regulations of each company. But it must be mournfully admitted that by now, we have lost several experienced and efficient workers due to alcoholism in their prime who had skills that are well-nigh impossible or at least too expensive to replace.¹⁷

Article 3 Extent and Prevalence of Alcoholism in India

1.3.1 A general view

In India the incidence and prevalence of alcohol abuse and alcohol related problems have significantly increased over the past two decades. It is one of the most serious health problems of the nation. The consequences of alcohol abuse are too obvious to require any elaboration. It ruins the nation socially and

economically; it causes incalculable suffering to humanity. A closer scrutiny of factors like the changing demographic profile of our population, conflicting values, variations in laws, cross-cultural communications, westernisation, change in social structure, loosening of social and religious norms, economic disparity, stressful working conditions, etc would point to the possibility of the intensification of alcohol-related problems in the future, and naturally an increase in the social and economic costs to our society.

1.3.2 Selected case studies: A brief survey

Studies on the prevalence and extent of alcoholism in India have been very limited. Elnaser, Maitrap, and Rao (1971) in a study of mental health in the rural population in West Bengal reported that alcohol addiction was 10.8 per thousand.¹⁸ Nandi et al. (1976) in a study of the incidence of mental disorders in one year in a rural community in West Bengal reported that there were 19 alcohol addicts per thousand.¹⁹ Varghese et al. (1972) in an epidemiological study on psychoneurosis in Vellore town reported that alcohol addiction was 21 per thousand.²⁰

Lal and Sing G. (1978) in a detailed study of a village in Sangrur, district of Punjab reported that approximately 50 per cent of the males above 15 years of

age were taking alcohol, there being only one female user. In this study, the overall rate of alcohol consumption was 20.4 per thousand. The two drugs commonly used were (a) alcohol - 50 per cent and (b) opium - 35 per cent. It was found that 89 per cent were occasional drinkers and 11 per cent were regular drinkers. The alcohol users view it as essential for recreation and pleasure. The attitude survey carried out at the same locale shows that out of total 497 persons interviewed, an attitude of strong approval was expressed by 13, qualified approval by 139 indifferent or non-response by 51, gratified disapproval by 223 and strong disapproval by 71. Thus approximately 31 per cent could be said to have a general positive attitude of approval to alcohol consumption and 55 per cent an attitude of indifference or qualified disapproval leaving a hard core group of 14 per cent who were clearly and unequivocally against the use of alcohol under any circumstance.²¹

Sethi and Trivedi (1979) in a study of rural area adjoining Lucknow found that 32.1 per cent of both males and females above 10 years took alcohol at least once a month.²² A study of prevalence of drug use among young rural males in Punjab (Mohan et al., 1986) reveals that it is very high (58.3%).²³ Varma et al. (1981) while studying the extent and prevalence of alcohol use and alcohol related problems in North India reported that out

of the 1031 subjects they interviewed only 23.7 per cent were current users and 45 per cent of the people could drink 'none at all' without having a bad effect on their health and 26.2 per cent felt that they could have a few drinks once or twice a month. 59.2 per cent of the sample, received alcoholism to be a very serious problem in this part of the country (North India) and another 33.1 per cent considered it to be serious enough.²⁴

In an article 'Alcohol and Soldier' published by D. Saldhana and D. S. Goel in the Indian Journal of Psychiatry (1992) state that they studied one hundred and fifteen cases of alcohol dependence syndrome admitted during a two year period in a zonal referral hospital. The majority of the subjects were between the age of 30 to 50 years and had more than 10 years history of alcohol use. 19.26 per cent of the subject had to be invalids out of service. 66.09 per cent remained under various categories of observation after the treatment. At the end of two years follow up only 12 per cent of them had recovered completely.²⁵

Selected studies in general population and students in India are also tabled here to get a more clear vision about the extent, prevalence and pattern of alcoholism among the Indian population (refer Tables 10-11).

Table 10. Selected studies in general population on alcohol and other drugs in India

Sl. No.	Investigators	Area of study/ Year	Type of study	Sample size	Sampling procedure	Funding status	Highlights
1.	Dube and Handa	Agra (1969)	Mental morbidity	1,6725	-	F	Prevalence of mental illness among the adult population increased. It provides general information about alcohol and drug use.
2.	Deb and Jindal	Punjab (1973)	General Population Survey	1,251 above 15 years	Stratified random sampling of two villages	N.F.	Attempt to correlate alcohol consumption with socio-economic parameters, especially impact of green revolution.
3.	Singh and Lal	Punjab (1976-77)	"	6,999 above 10 years	Random sampling of four villages	N.F.	Assesses prevalence and patterns of alcohol and drug use and correlate it to socio-demographic factors.
4.	Mohan et al.	Border districts of Punjab (1975-77)	"	3,600 above 15 years	Random sampling of twenty-four villages	F	Describes in detail prevalence and patterns of the use of alcohol, narcotics and other drugs.
5.	Sethi and Trivedi	Lucknow (1979)	"	2,415 above 10 years	Random sampling of eight villages	N.F.	Alcohol is the commonest drug followed by Cannabis in the rural areas.

(Table 10 Contd. . .)

6.	Varma et al.	Chandigarh Punjab (1979)	"	1,031	Random sampling in rural, semi- urban and urban areas	N.K.	Brings out of difference in prevalence rate of alcohol consumption in urban and rural population; increased alcohol use is related to extra farm income in rural areas.
7.	Mohan et al.	Ajmeer Dist. Rajasthan (1979-80)	"	4,670 above 15 years	Random sampling of 24 villages	F.	Assesses drug use in a traditional community.
8.	Mohan et al.	Bangalore Delhi, Ranchi & Dibrugarh (1981-85)	"	14,000 above 15 years	Purposive sampling in rural urban tribal and industrial population.	F.	Basically an intervention study on alcohol and tobacco. Assesses prevalence and pattern of alcohol tobacco and other drugs.

Source: Mohan and H. K. Sharma, International Review Series: Alcohol and Alcohol Problems, British Journal of Addiction 80 (1985), 351-355. 1985 society for the study of addiction to alcohol and other drugs, p. 352.

Note: N. K. - Not known, F - Funded, N. F. - Not funded.

Table 11. Selected studies on students on alcohol and other drugs in India

Sl. No.	Investigators	Area of study/ Year	Sample size	Sampling procedure	Funding status	Highlights
1.	Dube et al.	Agra (1977)	564	Random sampling. School students. Universe not defined	N.K.	One-third of the sample used alcohol Cannabis while one-fourth reported used of barbiturates, sedatives and minor tranquilizers.
2.	Sethi and Manchanda	Lucknow (1977)	748	Random sampling. Undergraduate and graduate medical students. Universe not defined.	N.K.	Half of the students reported use of minor tranquilizers while 43% use alcohol.
3.	Varma and Dang	Chandigarh and Raipur Rani (1978)	570	Sampling and universe not defined. School, university students.	N.F.	Alcohol was the first preferred drug. Drug use was more common among urban group.
4.	Singh and Singh	Patiala (1979)	237	Cluster sampling. Medical students.	N.F.	Comparatively high prevalence rate of every drug. Besides alcohol and tobacco, use of hard drugs like amphetamines, barbiturates was also reported.

(Table 11 Contd. . .)

5. Mohan et al.	Delhi (1979)	237	Cluster sampling. High School students.	N.F.	One-fourth of the students reported use of alcohol and tobacco while one-tenth used cannabis and other drugs.
6. Mohan et al.	Delhi (1981)	2,032	Stratified random sampling. High School students.	F.	One-tenth of the students were using alcohol and other drugs.
7. Mohan et al. multi-centred study	Bombay, Madras, Delhi, Jaipur, Hydrabad, Sagar, Varanasi (1976)	26,101	Cluster sampling. College/university students.	F.	A multi-centred study using standardised questionnaire Alcohol and tobacco commonly used drugs.

Source: Ibid., p.354.

The above discussion reveals that in recent years alcohol abuse has reached menacing proportions in India. To shed further light on it, therefore, it is necessary to analyse the causes and consequences of alcoholism.

Article 4 Causes and Consequences of Alcohol Abuse: An Overview

Alcohol abuse is a multi-faceted problem. So many factors influence the use of alcohol. As a matter of fact definitions of alcoholism vary according to the point of view of the definer.

1.4.1 A survey of experts' view

Several attempts were made by experts to explore the real cause of alcoholism. For example, alcoholism has been defined as a symptom of personality disorder (Knight, 1937), a form of self destruction (Menninger, 1938), a symptom of general personality and social disturbance (Ernst, 1933), emerging from the capacity of alcohol to defend the ego against mental impact of external circumstances (Simmel, 1948), as an addiction (Pfeffer, 1956), psycho-pathological disturbances (Mitscherlich, 1947), a result of increased tolerance due to a rise of intoxication threshold in the alcoholic's blood (Goldberg, 1943) a tolerance phenomenon and emotional and physical dependence (Isbell, 1953), the result of strong oral

influences of childhood, and the tendency to escape from the harsh realities of life and depressed homosexual traits (Freud), auto-erotic ecstasy of drinking instead of facing tortures which arise from the reality (Jellife, 1919), the result of the unconscious need to dominate (Tiebout, 1954), a desire of the individual to remove powerful feelings of inferiority while escaping responsibility (Alderian School of Thought, 1941) a perpetual state of insecurity from earliest childhood (Schilder, 1942), a defect of super ego development (Bjork, 1950), a craving for pleasure, elation and release (Meerlo, 1952).²⁶

1.4.2 Alcoholism: Classification

In 1946 E. M. Jellinek, on the basis of a questionnaire study of members of Alcoholics Anonymous (AA), first formulated his concept of phases in the drinking history of alcoholics.²⁷ Later in the book 'The Disease Concept of Alcoholism' he has devised a new classification of alcoholics--Alpha, Beta, Gamma, Delta and Epsilon. Alpha alcoholism is seen by Jellinek as a purely psychological and continual reliance on the effect of alcohol to relieve bodily or emotional pain. Although the drinking of the Alpha alcoholic exceeds the bounds of society, he still has the ability to control his drinking and to abstain at times. Signs of progression are

not evident. In Beta alcoholism such (alcoholic) complications as polyneuropathy, gastritis, and cirrhosis of the liver may occur without either physical or psychological dependence upon alcohol. Gama alcoholism is described as (a) acquired increased tolerance to alcohol (b) adaptive cell metabolism (c) withdrawal symptoms and craving, and (d) loss of control: whereas in Alpha and Beta stages there is no progress in terms of dependence, in the Gama stage there is a definite progression from psychological to physical dependence. This form of alcoholism is the most destructive, personally, and socially and is typical of patients seen in American alcoholism clinics and AA groups. Delta alcoholism includes the first three characteristics described in Gama alcoholism as well as a less marked form of the fourth characteristics--instead of loss of control there is inability to abstain. An alcoholic who can control the amount of intake but cannot abstain are common in wine drinking countries such as France. Epsilon alcoholism that is periodic alcoholism, is described by Jellinek as the best known form of alcoholism.²⁸

1.4.3 Some other theories

There are also theories like reinforcement theories, transitional theories and socio-cultural theories to define alcoholism and approaches to establish biological,

genetic and familial factor of alcohol.²⁹ The attempt to define alcoholism as a disease has also been found in several literature.

According to the report of the Royal College of Physicians (1987) terms like alcoholic and alcoholism though widely used, are impossible to define and they do not use them in the report because such terms give out the false impression that the condition is irreversible and untreatable.³⁰

This report classifies alcoholics into four categories.³¹

- (1) Social drinker: Someone who drinks alcohol usually not more than a day in 2-3 weeks and does not become intoxicated, is not likely to harm himself or herself or the family through drinking. The quantity that can be consumed without harm varies widely between individuals, but the consumption of greater quantity results in increasing harm.
- (2) Heavy drinker: Someone who regularly drinks more than 6 units of alcohol a day but without apparent immediate harm.
- (3) Problem drinker: Someone who experiences physical, psychological, social, familial, occupational, financial or legal problems attributable to drinking.

(4) **Dependent drinker:** Someone who has a compulsion to drink, takes roughly the same quantity each day, has increased tolerance to alcohol in the early stages and reduced tolerance later, suffers withdrawal symptoms if alcohol is stopped which are relieved by consuming more; in whom drinking takes precedence over other activities and who tends to resume drinking after a period of abstinence.

As is clear from the above it is almost impossible to arrive at a universally valid or acceptable definition of the term 'alcoholism.' But an attempt is being made in this session to scan briefly theories pertaining to the etiology of alcoholism. Several definitions by experts are excluded but it is assumed that the sample presented here would illustrate the diversity of opinions and views to the cause of alcoholism. This wide spectrum of diverse views shows that alcoholism is still an open field of enquiry.

1.4.4 Consequences of alcohol abuse

Just as there are different interpretations about the definition and causes of alcoholism, the consequences of its abuse are also wide and varied. Today, alcohol abuse and associated problems are viewed more as a societal problem than as an individual problem. Some of the recent

studies have come out with a lot of evidence to suggest that the overall drinking level of a nation plays a very crucial part in determining the overall level of harm. When consumption per head rises, so do all the well-known indicators of harm. For instance, in the United Kingdom the national consumption average declined between 1979 and 1982. There was also an overall fall in the adverse effects of alcohol, such as convictions for drunkenness, drink-driving and admissions to hospitals for alcohol dependence.³²

In India also the consequences of liquor trade and alcohol abuse are tremendous. But scientific and authoritative studies in this field are regrettably few in number. Most of such studies are regional studies and hence the scope is limited.

Article 5 Certain Responses to the Problem of Alcoholism

1.5.1 A historical overview

Alcoholism is a very complex issue and those who address the question do this in entirely different ways. Some consider it as a disease which affects a man in his totality. Historically there have been varied responses, showing a variety of perceptions (of the same issue). In short, it indicates clear stages in the evolution of perspectives in this problem.

1.5.2 Alcoholism as a disease

In the early days, alcohol-generated problems were viewed as deriving mainly from the moral weakness of the individuals. In the primitive medical model, alcoholism was a serious and ultimately fatal disease sustained by the immoral conduct of the patient. The doctor, after successful management of the toxic state, may advise the patient to be moderate in drinking, but often he refers the alcoholic to AA or even seeks the aid of a clergyman. In fact, this approach upholding the moral weakness of the patient as the root cause of alcoholism is the result of a partial outlook at the reality of the problem.³³

The concept of inveterate drunkenness as a disease is rooted in antiquity. The term alcoholism, however, first appears in the classical essay 'Alcoholisms Chronicus' (1849) by the Swedish physician Magnus Huss. The phrase chronic alcoholism rapidly became a medical term for the condition of habitual inebriety conceived as a disease, and the bearer of the disease was called an alcoholic or alcoholist.

The concept of alcoholism as a disease naturally leads to treatment orientation strategy to tackle the problem. This approach focused on making alcoholism the object of scientific investigation. The new emphasis on

treatment predicted alcoholism as a public health problem and helped in removing the moral stigma attached to it from time immemorial. Legislation in the Netherlands and Norway at treating alcoholism dates back to the turn of the century. In the United States, a large scale movement with a treatment orientation towards alcoholism first took shape with the appearance of AA in 1924, which led to the establishment of the American Research Council on Alcoholism four years later. In accordance with this outlook, the State of Oregon, in 1943, became the first state to institute a public health programme aimed at confronting the problem of alcoholism viewing alcoholism as a disease. By 1965, forty-two American states, the Districts of Columbia and seven Canadian provinces had official public health agencies dealing with the problem of alcoholism.³⁴

But it must be stated that this new approach did not get much appreciation in the initial stages. Many professional health and social welfare personnel were slow to accept the fact that alcoholism is a disease requiring specialised knowledge and skills. In 1957 American Medical Association recognized alcoholism as a disease and this was a turning point while considering the response to alcohol problems from the point of the disease model.

1.5.3 Public health perspective

The public health perspective also acquired momentum in many of the western countries. Unlike the temperance and prohibition movements, this perspective fully recognizes that there are positive advantages in the use of alcohol in modern societies and it seeks to promote and preserve these advantages. Moreover the basic premise of the public health perspective is that alcohol problems emerge from the interaction of alcohol-drinkers with their physical and social environment. Consequently some alcohol problems call for a response at the level of alcohol availability while certain other problems require response at the individual level which necessitates medical treatment as a desirable component. As far as groups are concerned, health education is effective from this perspective as also the manipulation of the physical and social environment.

A public health perspective pursues the following goals at the minimum: (a) to prevent national per capita consumption of alcohol from increasing, (b) to promote moderate drinking practices and preserve the so-called positive advantages of alcohol use, and (c) to minimise the preventable negative consequences of alcohol use.³⁵

This perspective should always be carefully considered because the readiness to promote moderate drinking practices and to preserve the positive advantages of alcohol use would lead to catastrophic results. The chances for a moderate drinker to become a habitual drinker are very high.

1.5.4 Alcohol education programmes

Many experts advocate Alcohol Education Programmes which aims at exploding myth connected with alcohol use (ranging from the belief that the ability to drink large amount of alcohol is manly, to the conviction that alcohol is an indispensable adjunct to every festive and social occasion) and promoting and encouraging sensible drinking. Sensible drinking is nothing but moderate drinking and as it involves the risk of slipping into habitual drinking as mentioned above, this approach cannot be accepted as it is. Moreover, in the Indian context, this typically western approach cannot be copied per se.

1.5.5 Psycho-analytic model and family intervention model

The models derived from professional views like psycho-analytic model and family intervention model also deserve special mention. In the first model, alcoholism is viewed as a symptom of an underlying neurosis and the

treatment consists of psychotherapy. In the second model alcoholism is considered as a family disease. According to this approach 'alcoholism is an illness that bottles up entire families. It seals off the alcoholic and isolates family members from each other and from the world around them. Because the feelings, thoughts and actions of everyone in the family are being affected by the alcoholic's drinking habit, alcoholism is more than just an individual disease; it is considered as a family disease. The treatment is family therapy.³⁶ It may be said that alcoholism casts its spell over the entire family and members of the family unconsciously adapt by adjusting their behaviour. Thus by allowing their behaviour to be controlled by one person's drinking habit, the members of the family unwittingly become a part of their own problem; they become a problem to themselves. Millions of people are significantly affected by somebody else's drinking and an immense resource network has to be developed to deal with the problem. This network includes self-help groups, professional care facilities, medical aid, information and referral services, etc.

The best known method of family care is participation in Al-Anon family groups, a world wide self-help organisation for family members and friends of alcoholics. In their group meetings the members share their experiences, strength and hope in order to solve their

common problems. Al-Anon believes that alcoholism is a family illness and changed attitude can aid recovery.³⁷

1.5.6 Combating the problem: Various levels

Most of the developed nations have elaborate and expensive master-plans to combat this growing evil. Besides regulations in the state policies governing the availability and sale of alcoholic beverages (including establishing taxation rates, hours of sale, places of sale and the minimum age for purchase and the consumption of alcoholic beverages), prevention and intervention activities are also developed by a wide range of organisational entities including schools, churches, mass media, social service personnel, voluntary organisations, parents groups, high way safety officials, police and courts, and so on. They also give utmost importance to ensuring effectiveness of a wide range of treatment services responsive to differing client needs. Today the importance of community services for problem drinkers has been recognised without at the sametime denying the crucial contributions of hospital treatment. Different groups can extend mutual support and can learn from and enrich one another. The role of social workers and counsellors in tackling the problem of drinking has never been emphasised as strongly as today. There have been

rapid developments in the field of counselling clients who have alcohol-related problems in individual, marital, family, and group contexts.

1.5.7 Self-help movement

The growing self-help movement also deserves special mention.³⁸ People with similar problems get together to share their experiences to lessen worries and to provide hope for each other and to explore ways and means to overcome them. All these self help groups have some common characteristics. Groups seem to be of spontaneous origin. They spring from among the people rather than from formal authority. They start from a condition of powerlessness and the members somehow get together and agree on some helpful action. Participation is always personal, always voluntary. There is face to face intervention in small groups, the focus being on mutual aid for common special problems and the goal is simply to improve one's and the group's psychological functioning and their effectiveness in living. But the major source of help is the group members' efforts and skills, their combined mutual experience and their knowledge and concern. The salient feature of such groups, however, is that they are inexpensive and that they are productive. They appear to be directly helpful. These are non-bureaucratic and there is no red tape; they are in a

sense, anti-authoritarian, and their activities are based on real life experiences and common sense and it looks as if these groups have found that banding together is the best way to cope with the challenges confronting them.³⁹

1.5.8 The Alcoholics Anonymous model

The most influential model has, of course, been put forward by Alcoholics Anonymous.⁴⁰ AA provides a fellowship which enables its members to share their common experiences and thus help each other and offers support in finding a new way of life. AA firmly believes that abstinent model is the only route to recovery for those who regard themselves as truly alcoholic. It is thought to be the only and the most successful method yet devised for coping with alcoholism. What is needed is a conviction that it is possible to recover from the clutches of alcoholism. The best way for this is by sharing the experiences of such people who could really come out of it. AA considers alcoholism both as a disease and a spiritual problem.

1.5.9 Self-control and self-management perspectives: Promotion of individual intervention programmes

In several western countries the question whether alcoholism is a psychic disease or a form of deviant

behaviour promoted by easy availability of alcohol is treated as a moot one.

The underlying assumption is that drinking is one example of a range of addictive behaviours, which are learned habits, developed and maintained by the principles of rewards and punishments. The growth of social learning theory, cognitive psychology and the experimental analysis of behaviour has promoted interest in self-control and self-management perspectives, in contrast to more traditional 'disease' or illness models of problem drinking. These developments have focussed on an active involvement of drinkers in the solution of their problem behaviours with the promotion of individual intervention programmes.⁴¹

1.5.10 The treatment programmes: Criticism

It has to be pointed out at this juncture that the logic and efficacy of the treatment method are being seriously criticised all over the world, especially in the West. For example, in Australia interest in treating alcoholism as a disease received attention in the 1950s, and in the following decade the various states introduced special facilities. Psychiatrists tended to dominate treatment and evaluation of treatment in this period and state psychiatric centres continued to treat a large

number of alcoholics. In the 1970s, the work of voluntary agencies was increasingly subsidised by the state, and the state services to a large extent assumed supervisory role. By the end of the same decade, criticism of the disease concept of alcoholism and questioning of the effectiveness of treatment began to emerge in Australia as it did overseas. By the mid 1980s many health professionals saw treatment as a strategy of last resort and were looking to the control of consumption of alcohol as the primary means--the first essential step--by which to reduce alcoholism.⁴²

1.5.11 Prevention or cure?

The United States scenario calls for special attention in this context. In reporting to the Congress and the White House in 1987 on the state of the art in alcohol and other drug use and abuse programming, the United States Department of Education concluded:

. . . there is little evidence to challenge the basic premise that prevention is the most humane and cost effective response to alcohol and other drug use and related problems."⁴³

The general trend in the United States today is that they emphasise prevention programmes. There are a wide variety of prevention approaches in that country. But very little

is known about the effectiveness of many of the prevention approaches. (The prevention approaches include strategies focussed on individual, family, peer groups, place of work, higher education, community, etc). Nevertheless, they think that the recent downward trends in the use of alcohol and other drugs and the consequent problems in several places should be attributed to the prevention programmes. Although this is a substantiated claim, it has to be mentioned that the methods and strategies adopted and successfully carried out by the various US states cannot be universally replicated. Each region needs its own programmes. Prevention strategies or programmes must be consistent with the values, priorities, world view and ways of communications that exist in each country. They therefore, propose a comprehensive, coordinated prevention programme which encompasses the entire system.

1.5.12 The Indian context

In India the government claim to adopt a two way strategy to eliminate the problem of alcoholism: (a) to arouse public consciousness to enforce prohibition in our country, and (b) identification, motivation, counselling and treatment of the alcoholics.

The various states in India, including Kerala, which is the universe of the present study, though free to adopt their own policies vis-a-vis prohibition follow the policy of the Government of India mutatis mutandis (The state of Gujarat is the only state in India that has consistently followed the policy of total prohibition as visualised by Mahatma Gandhi).

The present study is an attempt to go into the various aspects of the alcoholic problem in general and to examine the policies adopted and followed by the state of Kerala and the nature and role played by the anti-alcoholic movement in combating the liquor menace in the state.

Notes and References

1. Encyclopaedia Britannica Macropaedia (Vol. I), 15th Edition, founded on 1768, p. 45.
2. Ibid., p. 44.
3. Bishop's Conference of the Catholic Approach to Alcohol Misuse, England and Wales--Briefing 87 (Vol. 17, No. 4) quoted by Derek Rutherford, Religion, Culture and Society: Responses to Alcohol Use, The Globe, Conference issue (No.3), November 1992, p. 11.
4. Derek Rutherford, Religion, Culture and Society: Responses to Alcohol Use, The Globe, Conference issue (No. 3), November 1992, p. 11.

Pioneers repeat each day the following offering "For Thy glory, O most Sacred Heart of Jesus, for Thy sake to give good example, to practise self-denial and to make reparation for the sins of intemperance, I will abstain for life from all intoxicating liquor." According to Father Gullen it is a form of spiritually motivated self-denial, undertaken out of love for the Sacred Heart of Jesus.

5. P. Lakshmi Narasu, The Essence of Buddhism, Asian Education Services, 1985, p. 5.
6. R. C. Majumdar (ed.), The History and Culture of Indian People--The Vedic Age (First Edition 1957,

- Fifth Edition 1988), Bharatiya Vidhya Bhavan, Bombay, p. 462.
7. A. G. Rawilson, *A Concise History of the Indian People*, Oxford UP, 1938, p. 40.
 8. D. J. Pittman, *International Overview: Social and Cultural Factors in Drinking Patterns (Pathological and Non-Pathological)*. In selected papers presented at the 27th International Congress on Alcohol and Alcoholism (Vol. I), *Alcoholism as a Cultural Question*, 1-13; quoted by Derek Rutherford, *Religion Culture and Society: Responses to Alcohol Use*, *The Globe*, Conferente issue (No. 3), 1992, p. 7.
 9. *Report of the Prohibition Enquiry Committee (Vol. I)*, Planning Commission, Government of India, New Delhi, 1963, pp. 30-32.
 10. (a) *Kerala Excise Manual (Vol. II)*, Government of Kerala, Ernakulum, 1972, p. 1. (b) Vincent A. Smith, *The Oxford History of India--From the Earliest Times to the End of 1991*, The Clarendon P, Oxford, 1923, p. 91. (c) Prasad Deo Kunwar, *Taxation in Ancient India--From the Earliest Times Upto the Guptas*, Mittal Publ., 1987, p. 93.
 11. *New Report of a Special Committee of Psychiatrists, Alcohol Our Favourite Drug*, Tavistock Publ., London and New York, 1986, p. 113.

12. WHO Euro Report, 1989, quoted by D. Saldhana and D. S. Goel, Alcohol and the Soldier, Indian Journal of Psychiatry, 34(4), 1994, pp. 351-358.
13. The Royal College of Physicians, A Great and Growing Evil--The Medical Consequences of Alcohol Abuse, Tavistock Publ., London and New York, 1987, p. 20.
14. Towards a National Plan to Combat Alcohol Abuse and Alcoholism--A Report to the United States Congress, submitted by the Secretary of Health and Human Services Pursuant to Public Law 98-509, Sector 208, Alcohol Abuse and Drug Abuse Amendments of 198, p. 3-4.
15. (a) David L. Sills (ed.), International Encyclopaedia of the Social Sciences, Macmillan Co. and The Free P, United States of America, 1968, p. 273. (b) Harward Jones, Alcoholic Addiction--A Psycho-Social Approach to Abnormal Drinking, Tavistock Publ., 1963, p. 6.

This formula has been criticised and rejected by Seeley (1959) and Brenner (1959). But Mark Keller (1962) has maintained that the underlying theory of the formula is sound, though the current alcoholic rate estimate has only approximate validity. It must be mentioned that although the data available are insufficient to permit exact international comparisons alcoholism rates of a dozen countries

were estimated by means of Jellinek formula after the World War II.

16. Robbert L. Curry, A Frame Work for National Alcohol Progress in Developing Countries, *British Journal of Addiction*, (82), 1987, pp. 721-26.
17. The Employment Assistance Programmes aim at (1) ensuring drug/alcohol free work places (2) preventing alcoholism/drug addiction (3) identifying and intervening early in the case of problem drinkers to motivate and refer those who need treatment to relevant services. The benefit is meant not only for the industrial units but also for the workers and their families.
18. Elnaser et al., Mental Health in Indian Rural Community, *British Journal of Psychiatry*, (118), 1971, pp. 499-503.
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26. (a) E. Morris et al., *Alcoholism and Society*, Oxford UP, New York, 1962, pp. 35-36. (b) *Alcoholism and Drug Dependence--The Professional Masters Guide*, T. T. Ranganathan Clinical Research Foundation, Madras, Sponsored by Ministry of Welfare, Government of India, 1989, pp. 88-96. (c) According to WHO "an alcoholic can be defined as any person whose consumption goes beyond the traditional and customary 'dietary' use on the ordinary compliance with the social drinking customs of the whole community concerned--a person with a chronic illness with some identifiable characteristics including continuing impairment of physical, emotional and occupational functioning as a direct result of alcoholism".

(Definition by WHO as quoted in *Diagnosis and Treatment of Alcoholism for Primary Care Physicians*, Alcoholism and Drug Addiction Research Foundation, Toronto, Printed in Canada, Neal Kessel and Henry, Walton, *Alcoholism*, Penguin Books, UK, 1975, p.18).

27. These phases are (a) pre-alcoholic symptomatic phase, (b) the predormal phase, (c) the crucial phase, and (d) the chronic phase. For more details refer E. M. Jellinek "Phases of Alcohol Addiction," *Quarterly Journal of Studies on Alcohol* (Vol. 13, No. 4), December 1952, pp. 673-684.
28. E. M. Jellinek, *The Disease Concept of Alcoholism*, Hill House P, New Heaven, 1960, quoted by Morris et al. in *Alcoholism and Society*, Oxford UP, New York, 1962, pp. 35-36.
29. (a) Learning theorists who have written on alcoholism are of the "reinforcement school". According to them alcohol leads to pleasurable psychological changes and removal of discomforts. They prefer the principle of reinforcement (reward) to Freud's pleasure principle. In discussing alcoholism, they point out that alcohol tends to result in a temporary reduction of fear and conflict, although ultimately it produces a state of misery. Therefore, reinforcement theories hold that the attempt to adapt to fear and conflict may be the

cause of an alcoholic's drinking. The reinforcement principle in alcoholism is elaborated by Schohen who feels alcohol is used to handle anxiety because of its ready availability and the learned response of the first drinking experience. Conger sees reinforcement occurring when alcohol removes 'fear motivated restraints' while Kingham theorises that alcohol disintegrates complicated neurotic patterns, permitting simple "goal-oriented" responses to take over. Ullman contributes significantly by suggesting that the formation of addiction depends upon a psychological state created in part by the sociological variables involved in attitudes toward drinking. This is coupled with the psychological fact of the tension reducing effect of alcohol.

(b) Transactional theories hold that disordered level of communication is responsible for initial development of alcohol intake and alcoholism and that these levels of communication become more disordered and almost self perpetuating as alcohol intake increases. According to this theory, alcoholism is a style of interaction, where the individual and his family use drunkenness and helplessness as an excuse for behaviour shifts, family responsibilities and avoidance of answerability for one's action. A

vicious circle is developed where alcohol intake is increased and alcoholism, once established is reinforced.

(c) Socio-cultural theories are generated by observations of similarities and differences. The divergent rate of alcoholism in two populations could have been the result of cultural factors. This theory looks towards alcoholism as a result of downward social mobility which occurs before social drinking.

(d) Many theories of the cause of alcoholism rest on the limited perspectives of specialists in particular disciplines or professions. Thus alcoholism has been thought to be caused by defects of heredity, nutrition, disorders of endocrine function etc. According to genetic theory, alcoholism may have a genetic or constitutional factors underlying it, not a fearful heredity but a predisposition that renders some people more vulnerable to alcoholism than others. Some people think that genetic vulnerability is specific not to alcoholism but rather more generally to a neurosis or an affective disorder that may manifest itself as alcoholism may possibly represent a "choice of symptom" and be for some individuals a useful "sickness". Others think that

the genetic factor may impose not vulnerability but, on the contrary, immunity to alcoholism, meaning that some people are unable to adapt to drinking on a level sufficient to gain the peculiar rewards that depose a person to the development of alcoholic life pattern.

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31. *Ibid.*, p. 7. Here One unit contains 8 g of pure alcohol.
32. Stewart Collins (ed.), *Alcohol, Social Work and Helping*, Tavistock, Routledge, London and New York, 1990, p. 2.
33. *Encyclopaedia Britannica Macropaedia*, (Vol. I), 15th Edition, founded on 1768, p. 445.
34. David and Sills (ed.), *International Encyclopaedia of Social Sciences* (Vol. 3), The Macmillan Co. and The Free P, New York, 1972, p. 274.
35. Phil Devis and Demort Walsh, *Alcohol Problems and Alcohol Controls in Europe*, Gardner P, Inc., 19, Union Square West, New York, 1983, p. 11.
36. *Alcoholism in the Family--What You Can Do*. A booklet published by Krames Communications, 312, 90th Street, Daly City, CA 94015-1895 (415) 994-880, 1988, p. 2.

37. Al-Anon which includes Alateen for young members, is a fellowship of men, women and children whose lives have been affected by the compulsive drinking of a family member or friend. It is a free, non-professional and anonymous organisation. Al-Anon takes no side on political issues, does not engage in the promotion of any kind or affiliate with or endorse with any agency, group or project. As a community resource, Al-Anon cooperates with professionals, agencies and organisations locally, nationally and internationally. Al-Anon has one world service office in New York city and 29 general service offices overseas and 179 information services in the United States and Canada. There are 30,000 Al-Anon groups in 101 countries around the world. There is lone member service for Al-Anons and Alateen who cannot get out to meeting or who lives in communities where there are, as yet, no groups. Meetings are also held in Prisons, hospitals and other institutions. Al-Anon help the families and friends of alcoholics, by giving understanding and encouragement to the alcoholic, and by practicing the twelve steps of AA. For more details refer Citizens Alcohol and Other Drug Prevention Directory-- Resources for Getting Involved, United States Department of Health and Human Services; Public

Health Services, Alcohol, Drug Abuse, and Mental Health Administration (This publication is developed by the National Association for the Office for Substance Abuse, Prevention of State Alcohol and Drug Abuse Directors (NASADAD), 5600 Fishers Lane, Rockville, Maryland, 1990.

38. In USA along with AA, Al-Anon and Alateen there are groups like 'narcotic anonymous,' 'gamblers anonymous,' 'emotions anonymous.' These are also self-help groups for a wide variety of psycho-social problems like 'cheques anonymous' for people in chronic debt, crooks anonymous, delinquents anonymous, diverse anonymous, fatties anonymous, sexual-child abuses anonymous, parents of youth in trouble anonymous, abused women, parents anonymous, suiciders anonymous and it goes on and on (Source: Alcoholism--A World Wide Problem (Part I), P. Golding (Ed.), The Hague International Medical Publishers, MTP Press Limited, Lancaster, Boston, 1983), p. 222.
39. P. Golding (ed.), (Medical Director, Broadway Lodge, Weston Super Mare, England), Alcoholism--A World Wide Problem (Part I), MTP P, International Medical Publ., 1983, p. 222.
40. AA was founded in 1934 by two alcoholics. It has now grown to a world wide community of hundreds of

thousands. The members strive to follow twelve steps, a non-sectarian spiritual programme, the central points of which are reliance on God or a higher power as each individual understands that concept and the value of help to their alcoholics. The fellowship is organised in local groups of indeterminate size, has no dues, and accepts contributions for its expenses only from those attending meetings. In these group meetings members narrate the stories of their alcoholic carriers and their recovery in AA. Affiliation of the society or its groups with churches, politics, organisations or institutions is barred by the AA twelve traditions. AA apparently meets deep-seated needs among its members by enabling them to associate with kindred sufferers who understand them, to accept the disease concept of alcoholism, to admit their powerlessness over alcohol and their need for help, to depend without shame or stigma on others, and to involve themselves in activities within the group and in helping other alcoholics. (Source: Encyclopaedia Britannica Macropaedia (Vol. I) 15th Edition, founded on 1768, p. 448).

41. Stewart Collins (ed.), *Alcohol, Social Work and Helping*, Tavistock, Routledge, London and New York, 1990, p. 67.

42. Milton Lewis, Treatment of Alcoholism in Australia from the 1950s to 1980s, *The Journal of Drug Issues, Inc.*, 22(3), 1992, p. 607.
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CHAPTER 2

RESEARCH DESIGN

Alcohol abuse and related issues are a complex social problem throughout the world. In fact, the catastrophic effects of this growing social evil is a threat to humanity as a whole. In Kerala, the universe of the present study, the consequences of this problem are far-reaching. Several activist groups with differing perceptions of the issue are now working in Kerala to combat this evil at various levels. This study aims to investigate the nature of the work carried out by various anti-alcoholic groups in Kerala and evaluate its efficacy in stemming out the tide of this monstrous evil in Kerala. The exploration as well as the evaluation is done from a Gandhian view point in the sense that the point of reference would be the comprehensive frame of action formulated by Mahatma Gandhi to resist and overcome the evil of alcoholism.

2.0.1 Rationale of the study

The attitude of Indian society towards the consumption of alcohol is ambivalent in nature. But in more recent times, alcohol is held to be an anti-

developmental force which saps away human energy and initiative in a substantial way. Consequently, the framers of the Constitution of India felt it a duty they owed the country to state their disapproval and give it a constitutional validity. Thus the importance of prohibition was emphasised in Article 47 of the Indian Constitution. In a country like India, where the extent and intensity of poverty have been aggravated over the last three decades for a variety of causes, this particular clause is of great significance. Taking an overview of the reality of the situation, vis-a-vis the Article on prohibition, it is evident that no sincere attempt has so far been made either by the central government or the governments of individual states for the enforcement of prohibition.

Except in the state of Gujarat, the enforcement of prohibition present a dramatic series of implementations and withdrawals sprinkled with contradictory explanations by the respective governments. From the development angle, the Kerala scenario has certain distinctive features about it. If viewed from an all-India point of view it may be said that Kerala has gone through a unique pattern of development and has achieved considerable progress in the matter of providing basic infrastructural facilities for development and has achieved a fairly

commendable level of progress. But below the calm a storm is brewing. In spite of these basic infrastructural improvements, the quality of life of the common folk, especially, the wage earners and factory labourers is miserably low. Almost all the studies conducted on why it is so have pointed to the prevalence of liquor as the major cause of this pitiable condition.

A passing glance at the abkari statistics is enough to convince the enquiring mind that in Kerala, consumption of liquor is increasing day by day. When we take stock of the situation and focus on the increasing efforts in the prevention as well as curative activities related to alcohol abuse and its related problems by voluntary agencies as well as government departments, the urgency to confront this evil at the individual, societal, and state levels cannot be said to have gained ground. However, the prime responsibility of the government cannot be gainsaid in this connection as the crucial legal areas of liquor policy viz., pricing and availability can be handled only by the government and as we shall subsequently see, without adequate legal support, voluntary efforts might prove to be pathetically inadequate.

Going by the present trends, it is as clear as day that the governments' initiative in this direction is conspicuous by its absence. Coming to the universe of the

present study, Kerala, most of the activities against liquor and its associated problems are taken up by the voluntary organisations. It may be proper to recall in this context that the controversy on the role of NGOs in this matter has not yet died out. Yet the role expected of them is to harness the aspirations of ordinary men and women with a view to improving the quality of life of both the individual and the community. A glance at the scenario of anti-liquor campaign is enough to reveal that voluntary organisations have played and continue to play the crucial roles of educators of public opinion and of the advocates of control measures. But, it appears that in Kerala no systematic and scientific academic exercise has so far been made to document these voluntary efforts and evaluate the contributions of these organisations.

It is indeed not an easy task either to map the trends of liquor trade or comprehend the dynamics of the anti-alcoholic drive in Kerala. It requires a thorough analysis of data relating to the different terrains connected with liquor trade and the anti-liquor campaign and rehabilitation work. The scope of the present study is confined to an analysis of the origin, development, structure and the role, strategies and tactics of different anti-alcoholic groups engaged in anti-liquor campaign within the state. The major arguments raised

against the enforcement of prohibition are also analysed critically. With supportive statistical data and case studies an attempt has been made to explore some of the hitherto unexplored areas related to this issue and bring to light the real facts and place them in the proper perspective. The researcher hopes, of course moderately, that it would help to bring into focus the problems and prospects of the anti-liquor movement, which in turn might render some help in the fight against the terrible evil of alcoholism.

What is special about this study is that it is conducted in a Gandhian perspective. Mahatma Gandhi was very much aware of the problems of increasing alcohol consumption in India. He firmly believed that there was a direct relation between the easy availability of liquor and its rising consumption. The framework he developed to tackle the problem is a comprehensive one. After presenting the Gandhian framework, the researcher argues that it is still practical and hence relevant in the Indian situation. In short, this study is an attempt to analyse the anti-liquor campaign in Kerala, referring it to the Gandhian discourse and framework. As far as Kerala is concerned, this study is a pioneering attempt and thereby assumes greater significance.

2.0.2 Objectives

1. To analyse the nature and trends of the liquor trade in Kerala.
2. To examine the major arguments raised against the introduction of prohibition in the light of facts and figures.
3. To analyse the present trends in liquor consumption in Kerala.
4. To study the activities of the various anti-alcoholic groups in Kerala especially, their methods and strategies.
5. To construct and present systematically the Gandhian frame of action for confronting the problem of alcoholism.
6. To make a profile of the addicts seeking treatment in the selected de-addiction centres with a view to develop a comprehensive model of intervention to tackle the problem.
7. To propose suggestions with a view to strengthen the movement attempting to liberate the state from the grip of intoxicating drinks.

2.0.3 Operational definition of key terms

Movement: A collectivity acting with some continuity to promote or resist a change in the society.

Alcoholic: Anyone whose drinking causes continuous problems in any area of his/her life (family relationship, job, financial status, etc.) but who continues to drink despite such problems.

Addiction: A condition resulting from the continued use to the extent that prolonged use of it becomes essential in order to retain normal physical and psychological functions and discontinuance of it causes definite physical and mental symptoms.

2.0.4 Methods of investigation

The present study is partly descriptive and partly empirical and analytical. It is descriptive while tracing the history of liquor policies of the Government of India and the state of Kerala. It is analytical while considering the major arguments raised against the enforcement of prohibition and developing the Gandhian frame of action. The empirical method is adopted for exploring and evaluating the prevalence and extent of alcohol abuse and the activities of the anti-liquor movement in Kerala and also while making a profile of the addicts seeking treatment in selected de-addiction centres.

2.0.5 Methods of data collection

Both primary and secondary sources of data were used in this study. As the title suggests, the perception of the study is Gandhian. Primary sources, of course, is Gandhiji's own writings comprising of 100 volumes (100th volume has only been recently published). Gandhiji's ideas and insights which lie scattered throughout his writings have been explored with a view to construct a frame of action.

The data used while examining the nature and trends in the liquor trade in Kerala and the major arguments raised against the implementation of prohibition were collected mainly from the administrative reports of Toddy Worker's Welfare Fund Board, Abkari Worker's Welfare Fund Board, Excise and Revenue Departments, Taxes Department, Directorate of Social Welfare Board, Planning Board, etc. Informal and unscheduled interviews with the concerned officials were also done to study the practical questions relating to the implementation of prohibition. This helped the researcher to link logically the theoretical and statistical parts of the study. Along with this, an interview schedule was prepared to analyse the employment potential and problems of the workers in the liquor industry and to examine the perception and response of the public which include relevant segments of society like

doctors, lawyers, students, politicians, members of women's organisations, etc. who are related in some way or other to this movement. To understand the problem of illicit distillation and sale of spurious liquor extensive field visits were conducted. Three villages were selected for case studies. An unstructured and informal interview schedule was prepared for the purpose. Several registered and non-registered organisations and groups are working in Kerala with the avowed objective of fighting the menace of alcoholism. Their action programme is based either on the principle of prohibition or temperance. To examine the overall activities of the anti-alcoholic groups in Kerala, a list of such groups were prepared on the basis of field study and also on the basis of information received from various sources including articles in magazines and newspapers. In the light of the objectives an interview schedule was prepared. A closer study of three selected de-addiction centres--TRADA (Total Response to Alcohol and Drug Addiction), Kottayam; Abhaya, Thiruvananthapuram; Suraksha, Kozhikode was made. Further, a detailed case study of an organisation, Kerala Prohibition Council was also conducted. The selected de-addiction centres are working based on the ideology of temperance where as the organisation viz., Kerala Prohibition Council is working for the implementation of total prohibition. Three satyagrahas conducted by Kerala Prohibition Council--

Mattancherry, Ernakulam; Palayam, Thiruvananthapuram; and Ooramana, Ernakulam, was also taken as case studies to get a clear picture about the strategies adopted by them. For this purpose an informal interview schedule was also prepared.

2.0.6 Universe and sampling

As stated earlier, the universe taken for this study is Kerala. To understand the overall activities of the anti-alcoholic groups, 375 people working in this field were selected through stratified random sampling to be interviewed. Based on the experiences and observations gained by the researcher through pilot study some modifications were made in the interview schedule. Four major anti-alcoholic groups were taken up for case studies. Purposive sampling technique was used to select these groups which would serve as representative units. Five members each from these four groups (including director/president, secretary, doctors, social workers, and counsellors) were interviewed in each case. Several satyagrahas were being conducted by the Kerala Prohibition Council as a part of the movement. However, three satyagrahas were selected through purposive sampling for a detailed study. These case studies helped to understand the expectations and experiences of the satyagrahis.

The problems faced by them during the campaigns could also be closely studied. In each case 375 respondents were selected through simple random sampling, consisting of the participants in the villages and the workers of the Kerala Prohibition Council.

To understand the employment potential of the liquor industry and in order to grasp the problems of the workers in the liquor industry 375 workers were selected through simple random sampling for interview. To examine the problem of illicit distillation, three villages in three different regions of the state were selected for case studies based on purposive sampling--Muchukunnu in Kozhikode (North), Monady in Trissur (Central), and Pozhiyur in Thiruvananthapuram (South). The units studied are those villages where a vast majority of the people in the entire village were engaged in illicit distillation on a full-time basis. 225 families were selected through random sampling for interview.

To make a profile of the addicts, those who have undergone treatment in the two de-addiction centres in six consecutive months (1993) were taken. Thus a comparative study has been made.

To understand the perceptions and reaction of the public to the activities of the anti-alcoholic groups,

375 members belonging to different categories--doctors, lawyers, students, politicians, members of womens organisations were selected through purposive random sampling.

2.0.7 Data processing and analysis

Depending on the nature of the data and the information required for the research problem, the researcher subjected the data to both qualitative and quantitative analysis. In qualitative analysis, care was taken to reduce the intervention of subjectivity to the extent possible. Quantitative analysis was done with the help of tables, charts, graphs; brief notes were supplimented wherever necessary.

2.0.8 Chapterisation and scheme of the study

1. Introduction
2. Research Design
3. Liquor Menace: The Indian Scenario
4. Tackling the Problem of Alcoholism:
Towards a Gandhian Framework
5. Liquor Trade in Kerala: Nature and Trends
6. Anti-Alcoholic Drive in Kerala:
Role of Government
7. Anti-Alcoholic Drive in Kerala:
Temperance Based Initiatives

8. Anti-Alcoholic Drive in Kerala:
Prohibition Campaign
9. Conclusion

The thesis organised into nine chapters. Each chapter has been further divided into articles, if necessary.

The first chapter is introductory in nature and traces the various uses of alcohol, its extent and prevalence, causes and consequences. The important models developed to tackle the problem are outlined and surveyed with a view to examine whether they are relevant in the Indian context and to give a theoretical foundation to this research work.

The second chapter deals with the research design of the study. The third chapter presents a brief historical survey of the excise policies in India and traces the major liquor problems. The fourth chapter is divided into two articles. In the first article an attempt is made to construct the Gandhian frame of action vis-a-vis prohibition. In the second article the basic principles and methods of satyagraha are analysed briefly. The fifth chapter presents a brief outline of the liquor trade network in Kerala. The major arguments raised against the enforcement of prohibition are also critically analysed.

The following three chapters viz., 6, 7 and 8 attempt to present a picture of the anti-alcoholic movement in Kerala. They also analyse the major initiatives taken by the government and the voluntary efforts of temperance groups and the Kerala Prohibition Council in addressing the problem.

In the last chapter, a summary of the findings of the study is presented along with recommendations which would help in evolving a comprehensive method to fight the menace of liquor.

CHAPTER 3

LIQUOR MENACE: THE INDIAN SCENARIO

Article 1 Major Liquor Problems: At a Glance

It looks odd that in a country where prohibition is enshrined as one of the Directive Principles of State Policy, it has been given up by one state after another under one pretext or the other like loss of revenue, spreading of illicit distillation, corruption, unemployment, etc.

3.1.1 Liquor policy of state governments

Central Government often took the stand that the success of implementing prohibition dependant to a large extent on the commitment of the state governments and that what best the Union Government can do is to function as a catalyst. A nation-wide survey by PTI (1990) shows that almost all the states are unwilling to dispense with their lucrative excise revenue from liquor trade and hence are averse to introducing prohibition laws though it is a state subject. Gujarat is the only state which consistently remains dry ever since independence, in tune with the preaching of Mahatma Gandhi (but several

criticism are going on that in Gujarat liquor is available in every shop). In Tamil Nadu, closing and opening of arrack and toddy shops has become nothing more an exercise in political expediency, not prompted by any value consideration. Now once again prohibition is introduced in Tamil Nadu. The North-Eastern states of Arunachal Pradesh, Misoram and Nagaland have declared themselves dry (to declare prohibition in these states the pressure from various church denominations deserve special mention). Partial prohibition is in vogue in Assam and in the two districts along the Himalayan range in Uttar Pradesh--Kumaon and Garhwal areas.¹ In the state of Andhra Pradesh, partial prohibition has been introduced by the N. T. Rama Rao government as a result of a continued and spirited agitation led by the women folk of the state.

3.1.2 Nature and magnitude of the problem

In India both legal and illegal liquor business have assumed the proportions of a large scale industry. Along with authorised liquor trade, a thriving illicit liquor business is being carried on throughout the country. Those who organise it from behind the scene exploit the conditions of chronic poverty and unemployment of the weaker sections of the society. It traps the poorer sections, particularly the juveniles into its strangling hold. The ambivalence in the policy of the states of the

union of India has invited severe criticism and even outright condemnation by concerned citizens and public opinion builders. Quite typical is the comment by Justice V. R. Krishna Iyer.

Godse was the physical assassin of Gandhi but the state is the moral assassin of the Mahatma Gandhi if it indulges in the business of corrupting the working class and the youth by persuading the citizenry to consume alcohol for the sake of contaminated revenue.²

Liquor and its associated problems are once a problem of the upper and middle class people. Now it has become a problem of the people belonging to all class of the society. People from all walks of life including engineers, managers, government officials, etc. are victims of this great evil. The victims of alcohol are the spouses, children, other relatives, co-workers, pedestrians, drivers, and the list is endless.

The enormity of the crime, the spread of disease, the frequency of accidents, the delinquency of absenteeism, murder, rapes, matrimonial conflicts, vulgar degradations, etc. are the most direct consequences of the drinking habit, which begins insidiously, even fashionably, but soon seduces the victim into chronic and incurable vice until he becomes a dazed slave to this dreadful evil.³

Needless to say that in a poor country like India, drinking adversely affect the social and economic conditions of the lower income groups. It makes inroads into their savings and assets; and it deteriorates family and leads to the ill-treatment and exploitation of women and children. Official and accurate statistics of the crime, murder, rapes, accidents, etc. due to alcohol consumption are not available in India so far. So one has to rely on data found in articles and reports published by journals and newspapers.

Death due to the consumption of illicit liquor has become such a common occurrence that one tends to forget all about it a day or two after its incidence. Official response to liquor tragedies eked out under severe pressure of widely publicised and demonstrated public indignation has generally been a stereotype: instituting a judicial enquiry. Everyone accepts that spurious liquor can neither be brewed nor distilled without the help of the police and the politicians.

Corruption spreads quickly and extensively as a result of persistent influence of the illicit business on the police system. Increasing number of corrupt elements within the force renders it more and more inefficient in dealing with professional bootleggers and big organisers of the illicit trade.

3.1.3 What the ISEC study reveals?

A study conducted by the Institute for Social and Economic Change (ISEC), Bangalore reveals that the per capita income and per capita expenditure of drinking households are much lower than those of non-drinking households. This economic impact can be directly attributed to the drinking habit. It is further evident from the lower per capita expenditure of the drinking households. Furthermore, the economic position is further worsened by higher per capita borrowings of the drinking households. This study also reveals that the adverse socio-economic impact of drinking is more on rural drinking households than on urban drinking households.⁴

3.1.4 The bootlegger-police-politician nexus

The extent of the degeneration caused by the bootlegger-police-politician nexus has been revealed by a news analyst as follows. Even before the 'Bangalore Liquor Tragedy of 1981' which claimed over 297 lives, both the State Excise Department and the police had been aware that there was a thriving illicit liquor business being carried on in the city. Five years after the tragedy, Marimuthu was arrested under the provision of 'Anti-Goonda Act'. After some months in jail, Marimuthu co-prime accused in the death of 297 people, was back in

business. In Gujarat, the nexus between the bootleggers, police and the powers has turned the dry law prevailing in the land of Mahatma a joke. The Justice Dave Commission appointed to probe the 'Baroda Tragedy' (1989, toll 132) recommended that police parties should not take any funds from bootleggers. The Justice Miyabhoy Commission, set up by the Congress(I) government in Gujarat in 1980 had blamed the nexus between the police and the bootleggers for the flourishing illicit liquor trade. The police-bootlegger link became obvious when an AIADMK municipal councillor was named as prime accused in the 1990 'Panruti Tragedy'.⁵

Another telling example is the 'Vypeen Tragedy' (Kerala, 1982, toll 77). The main accused was the abkari contractor called E. K. Chandrasenan. But the case diary of the police did not even mention his name in the first information report. While giving its verdict on the case the Kerala High Court expressed its surprise in this regard and observed that this is a serious and deliberate mistake done by the police to protect the accused.⁶

3.1.5 Why the accused go unpunished?

It has been the uniform experience in this country that those who break the excise law with impunity are not brought to book.

(a) Lack of adequate deterrent punishment

An important reason why the accused go unpunished is the ineffective laws, delay in conducting the cases and lack of adequate deterrent punishment. The 'Punaloor Liquor Tragedy' (Kerala, 1981, toll 20) prove all the above-mentioned. Philp Jose, the main accused, got seven years' RI. The punishment meted out to the second accused was only a fine of Rs. 5,000. All the other accused, except one walked away by just paying a fine of Rs. 100 each. In Karnataka of the 48 persons arrested in connection with the illicit liquor trade (1981) not even one has been convicted. All the cases are pending in the courts of law. In the 'Delhi Tragedy' (Sura Liquor Tragedy, 1991, toll 194), most of the 31 arrested are being charged under the 'Negligence Act'. The maximum punishment under this Act is only two years.⁷

(b) Low conviction rate

The low conviction rate in similar cases is another pointer to the virtual legal immunity enjoyed by the culprits. The Adarsh Nagar police station (Delhi) for instance, seized tens of thousands of sura bottles in the past five years during raids. But till date, it has not secured a single conviction. Since 1986, the North-West district police of Delhi successfully prosecuted the

accused only in three cases--that too related to illicit liquor.⁸

(c) Terrorist tactics adopted by the bootleggers

It is said that one of the reasons why the accused cannot be punished is that people do not come forward to give evidence. But there is another side to this. The bootleggers' resort to terrorist tactics and threatened the people in order to prevent them from providing evidence in the court. They resort to retaliatory measures against the people. So people prefer to be silent, not ready to take the risk of lodging information with the police against them. During the Miyabhoy Commission hearing, the persons who came forward to give evidence backed out all of a sudden due to the threats from and terrorising by the bootleggers.⁹

(d) Delay in analysing the seized materials

Delay in analysing the seized material is another difficulty. For example, the Excise Department of Delhi administration, which does the chemical analysis in such cases often takes more than a year to give its finding--long enough for the accused to tamper with the evidence to save his neck. Of the 13,056 bottles of sura seized by the Adarsh Nagar police station in 1990, the department is yet to complete its analysis of many bottles. So far, it

has not given its report on any of the 341 bottles recovered by the police station during April and May 1991.¹⁰ The same is true in other parts of India.

3.1.6 Some remedial measures

Here, some remedial steps taken by the state governments also deserve mention. The Kerala Government in the light of 'Vypeen Tragedy' came up with a deterrent law providing death penalty for adulterating liquor with noxious substances in cases where it kills the imbiber. In Tamil Nadu, for a similar offence the law prescribes life punishment and where the spurious stuff causes any harm short of death, maximum punishment is a five year jail term, besides fine.¹¹

3.1.7 What the traders say?

These laws do not prevent the people from carrying on illicit liquor business. The abkari contractors have a different explanation to offer. They say that in order to raise revenue income from liquor the government initiates steps to auction the shops at very high rate. This high auction rate forced them to resort to illicit liquor business. Otherwise they will suffer heavy loss, they argue. Again, the price of the quota spirit is increasing year after year. The high excise duty charged for bottled arrack results in price rise. The High Court of Kerala

during the 'Vypeen Liquor Tragedy' suggested that there should be a drastic change in the liquor policy of the government to avoid such tragedies. Unfortunately, it is seen that the government is unwilling to follow the prohibition policy and to give up the revenue derived from it. So the only way to avoid such hootch tragedies is to give the people good quality liquor at low prices.¹²

3.1.8 Alcohol under ayurvedic labels: Some revealing facts

Again, selling of alcohol under the label of ayurvedic remedies is a technique used the manufacturers or distributors of alcohol all over India. Ayurveda, the ancient and time-tested system of Indian medicine is gaining wider recognition and popularity throughout the country. Taking advantage of this emerging trend, liquor traders abuse the ayurvedic device to promote their business. In India, ayurvedic medicines are not brought under the control of the government through central legislation and ayurvedic preparations need not have to undergo any clinical testing or component analysis. No regulation of manufacture and distribution exists. As a result, the search for higher profits leads some manufacturers or distributors of these remedies to use in these medicines spurious alcohol with dangerous consequences.

Some Indian newspapers came out with shocking revelations in this regard. Indian Express in an article 'Tragedy could have been Averted' alleged that all over India under the label of ayurvedic medicines, ayurvedic tonics have been sold. The alcoholic content in these tonics are always higher than the prescribed limits. The price of these tonics are not very high that makes them attractive and accessible to the masses.¹³ The alcohol contents in some ayurvedic preparations are as follows.

Name	Producer	Percentage of alcohol
Mrit. Sanjivini Sura	Dabur, Faridabad	24.0
Mrit. Sanjivini Sura	C. D. F., Ranikhet	24.0
Mrit. Sanjivini Sura	S. A. P., Amritsar	35.0
Raghukul Ark. Chandradas	R. A. P., Roorkee	24.0
Asok Liquid Extract I.P.	D. C. Lab, Ghaziabad	22.5
Asok Liquid Extract I.P.	Chemico Pharma, Karnal	48.5-52
Asok Liquid Extract I.P.	H. C. Works, Nagina	48.5-52
Compound Pikroriza T. P.	U. P. Drug House, Lucknow	44.0
Pudin Hara	Dabur	78.8
Aswagandha Liquid Extract I. P.	V. K. Pharma, Dhorla, Bombay	45.55
Mrit. Sanjivini Sura	Dabur, Himal Lab., Sikkim	24.0

Source: Indian Express, 9th November 1991.

As ayurvedic preparations are not controlled under the Drugs Act, fresh effort should be made to bring these within the purview of that Act. It is also equally important to stipulate standards for such preparations. In the Report of the Prohibition Enquiry Committee (1963) it was emphatically stated that as compilation of a full-fledged 'Ayurvedic Pharmacopeia' is bound to take time, in the meanwhile it would be desirable to lay down for atleast a few of the more common preparations such as 'Asavas' and 'Arishtas' with least possible delay.¹⁴ But no action have been taken place in that direction till now.

3.1.9 Spirit smuggling: A grave problem

Smuggling of spirit from neighbouring states and all its associated evils should also be mentioned here. In many cases, the local distilleries cannot meet the entire demand for arrack in the state and due to the shortage of molasses they are not able to function to their full capacity. Often demand in a shop is much more than the quota allowed there. So the contractors smuggle spirits to meet the demand. It is an open secret that the people who engaged in liquor trade command enormous money and muscle power and at times enough political clout to escape the arms of law. This together with the laxity in the enforcement of rules has led to a permissive atmosphere.

In short, spirit smuggling, its causes and impact deserve a special study and call for immediate remedial measures.

3.1.10 Illicit liquor trade: Process and profit

It is estimated that the illicit liquor business in the country has an annual turnover of nearly Rs. 1,500 crores, while authorised liquor industries turnover is around Rs. 3,000 crores. The profit margin in the illicit liquor industry is calculated to be about 50 per cent.¹⁵ It is no wonder that there is a clear police-bootlegger-politician nexus that guards and ensures the growth of the trade.

The main sources of illicit liquor are illicit distillation, illicit tapping, smuggling of foreign liquor, medicinal and toilet preparations having alcohol content and diversion of industrial alcohol. It is obvious that the widespread use of illicit liquor has a depressing effect on excise auctions as it affects the sale and consumption of licit liquor. More than that, it is also a health hazard, it is well known that the illicit liquor is injurious to the health of the consumers as various poisonous materials are often used in the manufacturing process. Again, it breeds corruption and other malpractices and

stimulates crime. A systematic and continuous efforts may be made by the government to root out these malpractices and that this should be done with topmost priority. Even if any additional expenditure is found necessary by way of strengthening detection staff or providing vehicles to them, government should not hesitate to incur such expenses. The high auction rate of detection and prosecution may be made more efficient so that the guilty do not escape the hands of the law through any procedural lapses on the part of departmental officers.¹⁶

3.1.11 Summing up

It must be said in conclusion that the threat to life and social stability from illicit liquor trade is really grave. The governments seem to be caught in a trap of their own making. They want money from liquor but not the inevitable hazards there of. It is sheer political opportunism that makes it possible for illicit liquor business to flourish. Constitutional obligations are forgotten and ignored with impunity. Only a strong political will can save the situation, but such a political will can be created only under the strong pressure of public opinion. Anti-alcoholic movement has a significant role to play in this regard.

Here, a brief survey of the excise policies in India followed by the governments from time to time is being attempted which would shed ample light on their double standards and hypocrisy.

Article 2 Excise Policies in India: A Brief Historical Survey

As stated earlier, the use of intoxicating drinks was prevalent in India from very early times; but neither was it widespread nor a legitimate source of revenue. During the British rule, there was a change in the consumption pattern of liquor all over India. The imposition of duties on liquor also commenced with the establishment of the British rule. As a result of westernisation, urbanisation, cross-cultural communications and the political supremacy of the British old disciplines, ideals and the social and religious taboos against drinking underwent several changes.

3.2.1 First phase: Pre-British, early British trends

While considering the excise policies in India, it has to be stated at the outset that immediately preceding the British period, the outstill system was prevalent in many parts of the country.¹⁷ With the change of rulers there naturally occurred policy changes and subsequently the outstill system also underwent substantial changes.

The next stage in the evolution of the excise system was the separation of the right of manufacture from that of sale. This led to the establishment of a large number of private distilleries. A later development was the method of auctioning of the right of sale of liquor, now known officially as the 'independent auction system.' Thus it can be seen that the present system has been evolved through a series of experiments with the objective of deriving maximum revenue from the sale of liquor.

3.2.2 The role of 1905 Resolution

The principles underlying the present excise policy can be traced back to the Government of India Resolution 1905. It is in fact the foundational material. Widely notified as the "maximum consumption" and "minimum revenue" policy, it emphasised theoretically "maximum consumption" and "minimum revenue." As is evident from this document, it means that the thrust of British liquor policy was not revenue maximisation. Their aim was two-fold: (a) not to interfere with the habits of consumers who are using alcohol in moderate quantity, and (b) to supply enough quantity of liquor to the moderate drinkers to avoid the use of "harmful" forms of liquor in the sense of illicit liquor.¹⁸ But the first part of the resolution was satisfactorily practised. The second part was neglected. Anyway, this policy was the base of the excise

policy of the provincial governments. Even today, the prevailing excise laws and rules in India are based to a very large extent on the liquor laws of the colonial period.

3.2.3 The Congress opposition to British liquor policy

Many nationalist leaders like Gokhale and Tilak criticised the British government for its excise policies on the ground that it directly resulted in the ruin of the masses. Indian National Congress also passed several resolutions to express its grave alarm and deep regret in the rapid increase in the consumption of intoxicants, especially liquor in this country. The Congress also emphatically protested against the cheap supply of liquor. The resolution of fundamental rights passed by the Karachi session of the Indian National Congress laid down that intoxicating liquor and drugs should be totally prohibited except for medicinal purpose. In Pune, non-official bodies were formed in order to carry on agitation against the spreading evil of drink. The society known as 'Madyapan Vinayak'--the destroyer of drink evil was formed in the last century. In 1907 'Madyapan Nishedha Sabha' was organised to denounce the drinking habit. 1907-08 witnessed the first picketing of toddy shops. But the picketing did not succeed fully as the police allowed the people to enter the shop through the back door.¹⁹

3.2.4 Prohibition in Gandhiji's Constructive Programme

Gandhiji also advanced a strong defence of prohibition. In 1920 prohibition was included as one of the items of the Constructive Programme. Subsequently, movements for picketing of liquor shop was started under the guidance of Mahatma Gandhi as a part of the Non-cooperation Movement. When the Congress first assumed the office after the election of 1937, Congress ministries introduced prohibition in parts of Madras, Bombay, Uttar Pradesh, Bihar, and the Central Provinces--selecting certain areas for this purpose and then extending gradually to other places.

3.2.5 Arguments against prohibition

Several arguments were raised against the introduction of prohibition at that time. For instance, they argued that prohibition is unnecessary since only a few individuals get really drunk and therefore, there is no reason why the simple pleasures of the rest of the population should be taken away from them. There is nothing immoral or sinful in drinking, though drunkenness may have bad consequences for the individual and society. Moreover, prohibition is impractical as there will be continual violation of law. Besides, it deprives the state of its much needed and dear revenue; it calls for a

cumbersome and expensive administrative set up for enforcement; it gives rise to illicit distillation and bootlegging and thus making law enforcement sometimes farcical; it even tends to make anti-social elements more powerful than they otherwise would be. Despite such argumentation and vociferous protests, the Provincial Governments (1937) were not deterred and boldly went ahead with the implementation of prohibition.²⁰

3.2.6 Rajaji's lead role and its emulation by other governments

The name of Sir C. Rajagopalachari, one of the staunchest advocates of prohibition probably next only to Gandhiji and the pioneer in introducing prohibition in Madras, deserves special mention here.

. . . Mr. C. Rajagopalachari who had been an active general secretary of the prohibition league and a practical worker in Salem district, became chief minister in Madras and promptly took up the work of prohibition legislation. He who combined much foresight with enthusiasm, placed the cause for prohibition on the families of the liquor addicts which ensured that for every vote lost through the policy two more would be gained at least.²¹

From 1940 to 1946 Congress was out of office and the prohibition policy received a set-back during these years. Again in 1946, when Congress took office, it was decided to introduce the reform throughout the states of Madras and Bombay within a period of four years. These years saw the gradual introduction of prohibition so that by October 1948 Madras became wholly dry and Bombay by April 1950.

3.2.7 Impact of the measure

During these years, the state governments had to face a number of complex problems like revenue loss, frictional unemployment, and administrative difficulties in enforcing the law, etc. In spite of all these, it has to be admitted that the consumption of liquor was considerably reduced and the young generation was saved from developing the habit of drinking. Prohibition has succeeded in weaning away a large section of casual drinkers who are often reluctant to break the laws. A survey of the economic results of prohibition in Salem district of Madras was conducted under the guidance of P. J. Thomas in the year 1937-38. The report states:

The spending power formerly used for drink has been devoted largely to a more varied and adequate diet, better clothes and more

amusements. There has been a significant change in the items of food used by the working class, especially in Salem town. The expenditure on tea and coffee, vegetables, curds, ghee, oils and meat has increased; that on smoking and chewing has diminished in some cases. The whole of spending power liberated has not been used for immediate consumption; several of the former drinkers have saved sums for purchasing ornaments and brassware and for repaying debt. Borrowings among labourers have been less this year, largely due to the banishment of drink from marriages and other feasts. This will have healthy reactions especially among agriculturists.²²

As to the effects of prohibition the Bombay Memorandum states:

Improvement in the condition of addicts has been a great asset to the society at large. The ex-addict who was formerly considered as a discarded fragment of the society has now regained lost prestige and is looked upon as an active and useful member of the society.²³

3.2.8 Prohibition gets into Constitution

After India became independent the overall policy of the Government of India was, in theory, in the direction of the enforcement of total prohibition in the country. The Directive Principles of State Policy states ". . . the state shall endeavour to bring about prohibition of the consumption except for medical purpose of intoxicating drinks and of drugs which are injurious to health."²⁴ Thus the Constitution reinforces the duty of the state to raise the level of nutrition and the standard of living of its people and the improvement of public health. This commitment made at the time of independence and framing of our Constitution is, however, yet to be fully realised. Eliminating the menace of alcoholism is still one of the major challenges before the nation in the field of social welfare.

3.2.9 Lok Sabha Resolution of 1956

In March 1956 the Lok Sabha passed the following resolution:

This House is of opinion that prohibition should be regarded as an integral part of the Second Five Year Plan and recommends that the Planning Commission should formulate the necessary programme to bring about nation wide prohibition speedily and effectively.²⁵

3.2.10 Prohibition and the Five Year Plans

In pursuance of this resolution a number of recommendations were made in the Second Five Year Plan. Banning of public drinking in hotels, restaurants, clubs, and hostels has been suggested in the Second Plan as the initial step in the formulation of the phased programme of prohibition, where such policy was not in force.²⁶ A series of other steps to be taken subsequently were also suggested. These were²⁷

- (a) Progressive reduction in the number of liquor shops both in rural and urban areas.
- (b) Closing of liquor shops for an increasing number of days during the week.
- (c) Reduction of quantities supplied to liquor shops.
- (d) Progressive reduction in the strength of distilled liquor produced by distilleries in India.
- (e) Removal of shops to places away from the main streets and living quarters in towns and villages.
- (f) Taking active steps to encourage and promote the production of cheap and healthy soft drinks.

- (g) Assistance of voluntary agencies in organising recreation centres, and
- (h) Inclusion of prohibition as an item of constructive work in community development areas and in social welfare extension projects.

The Second Plan also recommended the setting up of a Central Committee to review the progress of prohibition programmes to coordinate activities in different states and to keep in touch with their practical problems. It was also proposed that Prohibition Boards and District Committees should be set up in these states and there should be administrators of prohibition to implement the programmes. In pursuance of the above goal the Ministry of Home Affairs constituted a Central Committee which met towards the end of 1960.

But in the document which primarily reviewed the progress attained during the third year of the Second Plan states that as far as the enforcement of prohibition is concerned, the steps taken by the state governments show little progress. As part of the Planning Commission's responsibility to keep a close watch on the progress of the programme throughout the country, steps were taken to secure from the states full information regarding excise revenue, area and population under prohibition,

consumption of liquor and narcotics and steps taken towards the implementation of the prohibition policy.²⁸

The Government of India also emphasised the role of voluntary organisations in the enforcement of prohibition. In the First Five Year Plan, voluntary agencies were identified as social service organisations. A National Advisory Committee for public cooperation was established in August 1952 to review and assess the programmes of public cooperation in relation to national development and advise Planning Commission from time to time regarding the progress of public cooperation in relation to the fulfilment of national plans. By the Third Five Year Plan the non-governmental organisations represented on the National Advisory Committee included many All India Voluntary Organisations (AIVO).²⁹ The Fourth Five Year Plan clearly expressed the view that public opinion in favour of prohibition cannot be created through government publicity and propaganda. It was therefore, proposed to assist voluntary organisations in this regard.³⁰

Committees were also constituted by the government to study the various dimensions of the enforcement problem.³¹ On the basis of the recommendations of these study teams and the Central Prohibition Committee, the government formulated several measures for reducing the consumption

of alcoholic beverages. However, major programmes towards the introduction of total prohibition in the country were launched between 1975 and 1978.

3.2.11 The twelve-point programme: 1975

In 1975, the Government of India announced a twelve-point programme for preparing the ground for the introduction of total prohibition. The thrust of the programme was to build up social pressure at the national level against drinking. Given below is the said programme of the government.³²

- (1) Discontinuance of advertisements and public inducements relating to drink.
- (2) Stoppage of drinking in public places like hostels, restaurants and clubs and at public receptions.
- (3) Banning of liquor shops near industrial, irrigation and other development projects in order to keep away the workers from drinking.
- (4) Not allowing any liquor shop along high-ways and residential areas in towns and villages; or anywhere near educational institutions, religious places and colonies of labourers.
- (5) Declaring pay days in different areas to be uniformly 'dry' days.

- (6) Strict enforcement of restrictions on motor vehicle drivers and pilots; anyone infringing the rules to be punished with the cancellation of their licences for a sufficiently long period.
- (7) Prohibiting government servants to drink in public and awarding severe punishment for drunkenness while on duty.
- (8) Barring new liquor shops being opened in any part of the country merely to earn more excise revenue.
- (9) Stopping issue of licence for creation of additional capacity or expansion of the existing capacity for distillation or brewing of alcoholic drinks except in 100 per cent export oriented cases.
- (10) Tightening the existing legislation with a view to punishing the guilty more effectively;
- (11) Carrying on widespread and concerted propaganda by official as well as non-official agencies against the evil of drinking.
- (12) Setting the tone through personal example by the leaders of public opinion.

State governments, voluntary organisations and the public at large were urged to extend full cooperation in the implementation of the programme. The above programme was supplemented by guidelines for the implementation by the state governments.³³

3.2.12 Prohibition in a phased manner: 1978

In 1978, the government resolved to bring about total prohibition within four years ending March 31, 1982 in a phased manner. Greater emphasis was laid on the control of drinking habits, through such measures as introduction of dry days, non-renewal/withdrawal of licences, where necessary, making drinking unfashionable by incorporating suitable lessons in textbooks, massive publicity and propaganda through mass media against the evils of alcoholic consumption, involving voluntary agencies in the implementation of prohibition policies and programmes, etc. Notable steps taken by the government included the offer of compensation to state governments as they were likely to lose excise revenue as a result of the introduction of prohibition. The Government of India offered as incentive a compensation to the state governments to the extent of 50 per cent of the established loss.³⁴

3.2.13 From prohibition to temperance: 1980

In 1980, after evaluating the efforts made by the state governments in implementing prohibition the Government of India felt it necessary to shift the practical emphasis in its liquor policy from enforcement of prohibition to promoting temperance. However, this

shift in emphasis did not at the same time mean giving up the long term directions or the earlier guidelines for effective implementation of prohibition. The Centre's decision to continue 50 per cent compensation to the states till 1980-90 prevailed and greater stress was given to the vigorous use of mass communication media in conscientising the public on the ill-effects of alcohol. Efforts were also set afoot to ensure the increased involvement of voluntary organisations in the conscientisation campaign.³⁵

3.2.14 Limitations of legislative measures

As is clear from the above, the sole use of legislative measures as a tool for eradicating social evils like drinking has its inherent limitations and therefore, a multi-faceted campaign calling into aid the services of the voluntary agencies as well as other grass root organisations is essential. In short, what is needed is a wholistic approach to uproot this deeply entrenched evil.

Notes and References

1. (a) *Indian Express*, 25th January 1986. (b) *Indian Express*, 16th April 1990.

It was Rajaji who introduced prohibition in Tamil Nadu and after a generation grew up in the new environ, M. Karunanidhi, the then (DMK) Chief Minister suspended prohibition in 1972 on the specious argument that the state alone could not stick to the policy when all its neighbouring had gone wet. The DMK government stomached all the arguments it had advanced for suspending prohibition and reintroduced it in 1974, after suffering election defeats at the hands of AIADMK. In his first flush of enthusiasm in office as Chief Minister, M. G. Ramachandran tightened the provisions of the Prohibition Act to impose stringent punishments contemplating even banishment of offenders from the particular localities. The reverse suffered by AIADMK in the 1980 Lok Sabha elections unnerved MGR and one of the two decisions he hurriedly took was "relaxation" of prohibition which came into effect from mid 1980.

2. V. R. Krishna Iyer, *Liquor lobby and state policy*, *Indian Express*, 26th January, 1985.

3. Ibid.
4. Socio-Economic Impact of Drinking, State Lottery and Horse Racing in Karnataka, Sterling Publ. Ltd., New Delhi, 1979, p. 43.

Here they used the sample survey data for the purpose of comparing household per capita income and expenditure. A drinker is defined in this survey as a person consumes any kind of intoxicating drink at least once in every year and has done so during any one of five years prior to undertaking this study.

5. Indian Express, 17th November 1991.
6. Malayala Manorama, 8th March 1990. It is also to be noted that in a recent judgement the Supreme Court of India while disposing a writ petition filed by the accused, instead of granting any relief extended their term of imprisonment.
7. Ibid.
8. Indian Express, 8th November 1991.

The Hootch Trail

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- 1967 - Madras; toll 50.
 - 1967 - Wallajabad (Tamilnadu); toll 60.
 - 1971 - Delhi; toll 38; Baweja Commission named to probe, one of the findings implemented; the rest shelved.

- 1972 - New Delhi; toll 100.
- 1976 - Madras; toll 115.
- 1976 - Indore; toll 120.
- 1976 - Saraspur (Ahmedabad); toll 120
- 1981 - Bangalore; toll 297; R. G. Desai Commission appointed to probe, findings not implemented.
- 1982 - Vypeen (Kerala); toll 77.
- 1985 - Gontipure (Ahmedabad); toll 32. Judicial probe ordered, report yet to be released.
- 1989 - Baroda; toll 132. A. A. Dave panel named to probe, findings not yet implemented.
- 1990 - Panruthi (Tamilnadu); toll 38.
- 1990 - Sutrapada (Gujarat); toll 25; An IAS Officer P. K. Laheri ordered to probe, report awaited.
- 1991 - Ahmedabad; toll 43. R. K. Shah probe ordered; report awaited.
- 1991 - Delhi; toll 194. Two probes named. Magisterial probe given 15 days to submit findings, Jagdish Chandra probe given two months.
- 1992 - South Bombay; toll 72. R. R. Parthasarathy (Director General of Police) was appointed to probe.

Source: a) The Hindu, 2nd January 1992
 b) Indian Express, 17th November 1991
 c) Malayala Manorama, 7th March 1989

9. Indian Express, 17th November 1991.

10. Ibid.
11. *The Hindu*, 31st January 1987.
12. *Malayala Manorama*, 8th March 1990.
13. *Indian Express*, 9th November 1991.
14. *Report of the Prohibition Enquiry Committee (Vol. I)*, Planning Commission, Government of India, New Delhi, 1963, p. 196.
15. *Indian Express*, 17th November 1991.
16. *Report of the Taxation Enquiry Committee*, Government of Kerala, 1969, p. 179.
17. The 'outstill system' under which large areas were framed out to individual bidders for excise purpose was followed throughout the country. Under this system, the right of manufacture and sale was entrusted to the same farmer over an extensive area. Within that area, the farmer was free to open as many shops as he chose.
18. (a) *Report of the Prohibition Enquiry Committee*, Manager of Publications, Government of India, New Delhi, 1954-55, pp. 6-7. (b) Mahler (Wattor R.) (JR), *Sales and Excise Taxation in India*, published by W. H. Patwardhan, 1970, p. 271.
19. *Report of the Study Team of Prohibition (Vol. II)*, Planning Commission, Government of India, 1963, pp. 397-399.

20. **The Gazetteer of India (Vol. IV), Administration and Public Welfare Ministry of Education and Social Welfare, 4th December 1978, p. 680.**
21. **S. Nata Rajan, A Century of Social Reform in India, Asia Publ. House, Bombay, 1959, p. 162**
22. **Report of the Prohibition Enquiry Committee, Manager of Publications, Government of India, New Delhi, 1954-55, p. 36.**
23. **Ibid., p. 37.**
24. **Dr J. N. Pandey, Constitutional Law of India, Central Law Agency, 30 D/1 Moti Lal Nehru Road, Allahabad - 2, 1992, p. 251.**
25. **The Third Five Year Plan, Planning Commission, Government of India, New Delhi, 1962, p. 722.**
26. **The Second Five Year Plan--Progress Report (1958-59), Planning Commission, Government of India, New Delhi, April 1960, p. 196.**
27. **The Third Five Year Plan, Planning Commission, Government of India, New Delhi, 1962, pp. 722-723.**
28. **The Second Five Year Plan--Progress Report (1958-59), Planning Commission, Government of India, New Delhi, April 1960, p. 196.**
29. **Bunker Roy, Importance of Voluntary Sector, Indian Express, 5th March 1983.**
30. **The Fourth Five Year Plan, Planning Commission, Government of India, New Delhi, 1969-74, p. 413.**

31. In 1960, the Ministry of Home Affairs set up a Central Prohibition Committee to advise the government on various measures to be taken in the implementation of the prohibition policy. In September 1968 prohibition work was transferred to the Ministry of Social Welfare. The Central Prohibition Committee, which is now headed by the minister for Social Welfare, serves as a standing advisory committee on prohibition. To study the working of the prohibition programme for the country as a whole, the Planning Commission appointed a study team on prohibition in April 1963 under the chairmanship of Justice Tek Chand. The Expert Group on Alcohol, Human Health and Nutrition, appointed by the Department of Social Welfare, after identifying the deleterious effects of alcohol on human health, supported the recommendations of the Tek Chand Study Team. For more details refer (1) Report of the Study Team on Prohibition (Vol. I&II), Planning Commission, Government of India, New Delhi, 1964. (2) Report of the Expert Group on Alcohol, Human Health and Nutrition, Department of Social Welfare, Government of India, New Delhi, 1974. (3) Prohibition: Policy and Programmes, Department of Social Welfare, Government of India, New Delhi, 1977.

32. Prohibition Committee--Agenda notes of 11th Meeting (Unpublished) Ministry of Social Welfare, Government of India, New Delhi, 1982; quoted in Encyclopaedia of Social Work in India (Vol. II), Publication Division, Government of India, New Delhi, 1987, p. 343.
33. The guidelines related to discontinuance of advertisements and public inducement, banning of drinking in public places; banning the location of liquor shops near industrial, irrigation and other development projects, reducing the percentage of alcoholic content in the beer, putting control on production and consumption of liquor, restrictions on drivers of vehicles, tightening the legislation and organising widespread publicity and propaganda on the evils of drinking. The objective of total prohibition within a period of four years was not found to be practical. Some of the reasons for this were (a) the loss in revenue could not be offset by alternative sources of income (b) the machinery to enforce prohibition was not only costly but also hopelessly ineffective in curbing, smuggling, bootlegging and illicit distillation, (c) the people who were supposed to enforce the dry laws were not above the temptation of drinking. For more details refer "Prohibition Survey," Hindustan Times, 6th August 1981.

34. Prohibition Committee--Agenda Notes of 11th Meeting (Unpublished) Ministry of Social Welfare, Government of India, 1982; quoted in Encyclopaedia of Social Work in India (Vol. II), Publication Division, Government of India, New Delhi, 1987, p. 344.
35. Encyclopaedia of Social Work in India (Vol. II), Publication Division, Government of India, New Delhi, 1987, p. 344.

CHAPTER 4

TACKLING THE PROBLEM OF ALCOHOLISM: . TOWARDS A GANDHIAN FRAMEWORK

Article 1 Evolution of Gandhiji's Attitude Towards the Drink Evil

Different people view Gandhiji's attitude to the problem of drink evil differently. The prohibitionists, for instance, emphasise the call of Gandhiji for total prohibition and in the attempt fail to take adequate note of his related views on temperance and the need for rehabilitative efforts. On the other hand, those who do not support prohibition, for reasons well-known to them, explain that Gandhian ideas to confront this growing social evil have little to do with prohibition; it is fundamentally based on temperance. Both these views fail to take note of the great significance Gandhiji attached to rehabilitation work without which any attempt to confront this monstrous problem would prove to be utterly futile. So it is clear that while trying to construct a Gandhian frame of action for combating this drink evil all these factors should be taken into consideration and due recognition be given to each, viewing Gandhian approach as integral.

4.1.1 Influence of mother

As is well-known, Gandhiji was deeply influenced by his mother and the influence as testified by Gandhiji himself was varied and far-reaching. In shaping Gandhiji's attitude to the drink evil too, the influence of his mother is proclaimed to be very fundamental. In a meeting of temperance workers at the Gokhale Hall in Madras on March 24, 1925 Gandhiji admitted:

. . . The horror of drink I have inherited from my revered mother. When she gave me her permission to proceed to England, some of you may know she imposed upon me three vows or obligations, one of which was that I should abstain from drinking. I may tell you that she did not know what a great curse the drink evil was. She had no knowledge of the masses and the destruction that the drink evil was bringing into their homes. In the place where I was brought up and at the time of which I am now speaking to you, there was probably very little drinking going on in that beautiful little city, Rajcot. However, the fact that she imposed this obligation on me, naturally, put me upon my guard and set me thinking also why it was that rather than imposing other vows she had imposed these three vows of which this was one¹

4.1.2 Temptations faced by Gandhiji in England

In the midst of so many temptations, Gandhiji tried his best to uphold the vows in letter and spirit. He would rather joyfully lay down his life than break the vows he took in front of and at the instance of his mother. Recall, for example, that during his voyage to England one of his fellow passengers asked him, what Gandhiji would do if his doctor advised him to take alcoholic beverages on medical grounds? Gandhiji said that he would die if that were the only condition on which he would live, rather than break a sacred promise deliberately made to his mother.²

4.1.3 Acquaintance with drinkers: England and South Africa

It is well-known that drinking is deeply entrenched in English culture. Gandhiji spent three years in London and during his stay he witnessed several instances in which people, especially young men, went in to 'pubs' as sober men but came out of these drinking houses dead drunk. Then he felt that when he came back to India he should work in order to wean away the youth of our country from this evil. (At that time the Indian youth were trying to imitate British culture in the matter of drink also).

But he soon sailed to South Africa where also he saw that too many Indians among whom hundreds of indentured men and women were given to drinking. It was in South Africa that Gandhiji first started his anti-liquor campaign.

My work in connection with temperance began as early as 1893 when I went to South Africa. When I saw my own people, my own countrymen drinking and even women drinking who would never think of drinking in India and as a result leading a life of the gutter, I saw that the task was an uphill one. These men and women were not prepared to listen to any lectures on temperance, much less to any personal advice. I saw too that some of them were perfectly helpless or they thought that they were helpless. I adopted many measures, all such measures as were within the competence of a man who is without any authority. But I cannot claim any visible success for those efforts³

Gandhiji worked hard to wean these people away from drinking. But later, he confessed his failure in that attempt

. . . It was not possible for me and, I must confess, it was to my shame that the majority of

them I was really unable to convince, even after 20 years stay in South Africa, that was a question which admitted of no privilege and competition.⁴

4.1.4 Face to face with the drink evil in India: Call for prohibition

Through Gandhiji's experiences, both in England and South Africa and his contact with the teeming millions of people of India who were victims of the drink evil he was convinced that true swaraj cannot be achieved without weaning away the poorest sections of our population from this monstrous social evil. He believed that Indian villages will have new life and prosperity only when the drink evil is abolished. More than any other group the poorer sections in the villages needed protection from the temptations of the drink placed before them. Gandhiji could see that alcohol was the cause of so much domestic misery, poverty, ruined health and physique and that was why he believed that drinking is a sin and it not only ruins oneself and one's associates but destroys the nation as such. He goes to the extent of saying that ". . . there is a sin in every leaf of the palm tree. Its only value lies in the ruin it brings us. The plant is like poison to us. All palm trees should therefore, be cut down."⁵

According to him drinks and drugs ruin not only the body of the drunkard but also his moral sense. In other words, drinking drains the moral sap in man. Drink and drug degrade human beings to such deplorable level where he forgets himself, and acts almost as a beast. He who takes alcohol loses his humanity. Alcohol makes beasts of men. One who was a slave to drink was no better than a beast. He even forgets the distinction between mother, sister, and wife. Gandhiji's description of the condition of the drunken person is almost graphic:

. . . Those who are given to drink often cannot distinguish between wife, mother, and daughter. Man degenerates into brute. Whoever gets entrapped in this vice becomes an animal⁶

For him, drinking is much more dangerous than snake biting.

. . . The drink habit is worse than a snake bite. A snake bite may poison a body to death, but the drink habit poisons and corrupts the soul. I would, therefore, urge you to fly from that curse as you would fly from a hissing snake.⁷

Gandhiji knew that in a country like India where religion plays a vital role in the daily life of people,

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they seek religious sanction for every activity including drinking. So he enumerated evidences to show that alcoholic drink is looked upon with disapprobation by the major religions in India. Drink habit is totally against the spirit of the Buddha. In Hinduism drink is a sin. It is held equally abominable in Islam. Even though Christian community in Europe do not consider drink as disrespectable Gandhiji believed that drink habit in Europe is entirely contrary to the spirit of Christ.⁸ As Gandhiji believed in the inherent goodness of human nature and the absolute oneness of all living and non-living creatures, he says:

. . . and if you realize, as Hindus, Christians, or Musalmans, the essential oneness of man and regard your neighbours as your step brothers and sisters, it is your duty to go into the midst of those who are given to the habit of drink and by gentle persuasion wean them from it⁹

In short, the destruction caused by liquor is manifold. Drinking is beastly. It is a sin against God and humanity. In Gandhian terms, liquor kills not only the body but also the spirit.

The experiences gained from different countries, reinforced by his own observations and contacts with

people convinced Gandhiji that social reform aimed at the eradication of the drink and drug evil is of great importance in a country like India. So he emphatically declared that any honest means can be adopted to free our country from this evil.¹⁰ For the purpose of the present study, the strategies that Gandhiji had developed to fight this evil are classified as strategies based on prohibition, strategies based on temperance and strategies based on rehabilitation.

Article 2 Strategies Based on Prohibition

In Gandhiji's action programme to tackle the problem of alcohol abuse and its associated evils, prohibition was given a place of prime importance. Prohibition as envisaged by Gandhiji is not mere a strategy to remove the easy availability of liquor. It has certain other dimensions as well. In this context it is worthwhile to explore those dimensions briefly.

4.2.1 Prohibition in Gandhian terms

For Gandhiji prohibition is an indispensable step towards the realisation of swaraj. Total prohibition in Gandhian terms means:

Prohibition against intoxicating drinks and drugs, except under medical prescription by a

practitioner licensed for the purpose and to be purchasable only at government depots maintained therefore. Foreign liquors in prescribed quantity may be imported for the use of Europeans who cannot or will not do without their drink. These will also be sold in bottles in select areas and under authorised certificates. Hotels and restaurants will cease to sell intoxicating drinks.¹¹

4.2.2 Moral and spiritual aspects of prohibition

As stated earlier Gandhiji gave primacy to the moral and spiritual growth of the people. All his activities were directed not merely for the material progress of the people but for their moral progress as well. Gandhiji once stated that ". . . the end to be sought is human happiness combined with full mental and moral growth. I use the adjective moral synonymous with spiritual."¹²

It is already pointed out that drink and drug destroy the moral or spiritual growth of a person. The implementation of prohibition helps in the moral development of the person. That is why he repeatedly says that ". . . prohibition is first and foremost a moral reform" ¹³ Self purification is the first step to moral or spiritual growth. Implementation of prohibition will be an added help to a drunkard to purify his self

which is not under his control during drinking. That is why he declared that perhaps prohibition may be the greatest moral reform of the people.¹⁴

4.2.3 Political dimension of prohibition

When we analyse Gandhiji's political philosophy, it is understood that Gandhiji believed that it is also the duty of the state to create environment congenial for the moral growth of the people, along with material development. If law helps the moral and mental development, it is always welcoming. The aim of prohibition is not inflicting suffering or destroying the drinker; its aim is the moral reform of the drinker. Gandhiji considered drinking as a crime not only because of the material loss it has done but also for the spiritual and moral loss it creates.

. . . I hold drinking spirituous liquors in India to be more criminal than the petty thefts which I see starving men and women committing and for which they are prosecuted and punished. I do tolerate, very unwillingly it is true and helplessly because of want of full realization of the law of love, a moderate system of penal code. And so long as I do, I must advocate the summary punishment of those who manufacture the fiery

liquid and those even who will persist in drinking it notwithstanding repeated warnings. I do not hesitate forcibly to prevent my children from rushing into fire or deep waters. Rushing to red water is far more dangerous than rushing to a raging furnace or flooded stream. The latter destroys only the body, the former destroys both body and soul.¹⁵

While considering the political dimension of prohibition, it is proper to recall Gandhiji's views about Swaraj. Swaraj for Gandhiji meant freedom from all bondages. Intoxicating drinks and drugs conjure a bondage which will hinder the moral and religious growth, the socio-economic development and the political freedom of the individual and the nation. It has also to be borne in mind that in the Gandhian schemes, individual change is an essential pre-requisite for the attainment of Poorna Swaraj through non-violent means. An individual under the influence of drink and drug cannot be able to control and guide by himself. Thus for him individual freedom becomes just a pie in the sky. He cannot even distinguish between right and wrong.

. . . The first task under Swaraj will be to see that there are no liquor booths and no big distilleries in the country. There may be small distilleries at some places to produce alcohol

for medicinal purposes. But this alcohol will be treated like opium and arsenic. The latter are difficult to procure, though available at a chemist's shop. In the same way, liquor also should be difficult to procure.¹⁶

He again said:

Pure Swaraj is impossible of attainment by people who have been or who are slaves of intoxicating drinks and drugs. It must never be forgotten that a man in the grip of intoxicants is generally bereft of the moral sense.¹⁷

Through the inclusion of prohibition in the Constructive Programme Gandhiji expressed the desire of the majority of the Indian people. According to him Constructive Programme is the truthful and non-violent way of winning poorna swaraj.¹⁸

4.2.4 Socio-economic dimensions of prohibition

Side by side with the moral and political dimension, prohibition as conceived by Gandhiji has a socio-economic dimension as well. During his stay in South Africa, Gandhiji experienced the importance of law in freeing a man from alcohol. Alcoholics themselves admitted to Gandhiji that they were helpless and found it impossible

to wean themselves away from this habit. Gandhiji as a young man observed in South Africa that the coolies and the indentured Indians were fast going down owing to the drink habit. The law in South Africa made it a crime for indentured Indians to carry drink as much they liked at the canteen. The result was that men and women found literally lying in gutters.¹⁹ His close contact with these people made him understand their helplessness to solve the problem and at the same time the importance of the tool of law.

Gandhiji tried his best to prohibit drinking among his countrymen even in South Africa. In this attempt he even had to face stiff opposition from indentured labourers themselves. They often set up the question of rights and privileges and they said that where Europeans could drink freely Indians must also have the same rights. Gandhiji himself admitted his failure in the attempt to convince them about the importance of prohibition.²⁰

In India also Gandhiji found that drink habit has been destroying the labouring population quite extensively. He warned his fellow labourers that their greatest enemy was not capital but drink and such bad habits.²¹ So it is the duty of every citizen who is interested in the welfare of the poorer sections of society to try to save them from this evil.

4.2.5 Prohibition in the Indian context

According to Gandhiji, compared to other countries it is easy to introduce prohibition in India because only a very small section of the society is under the influence of drink here. Drinking has been considered a disrespectful practice in our culture. Moreover, considering the climatic conditions of India it cannot be argued that the consumptions of alcohol is a climatically justifiable habit.

. . . I have fixed views about prohibition. I have given you the result of my experiences that without prohibition it is impossible to bring about sober habits among the labouring population in India. And I have observed that the Harijans are most addicted to this vice. India is a country in which total prohibition can succeed. People are not habitually given to drink. It is not a fashionable vice. The climate does not demand its use²²

Gandhiji appreciated the Swarajist Party of Madras for implementing total prohibition in their province and said:

. . . Were it not for the very potential force of inertia we should long since have done away with this evil. It is sapping the vitality of

the labouring classes, who need to be helped against themselves. There is no country in this world which is so well fitted for immediate introduction of prohibition than India. Public opinion has always been on the right path. No referendum is necessary as it would be in European countries for the simple reason that in India the intellectual classes do not drink as in European countries.²³

Gandhiji discovered the increase of drinking in India as closely associated with industrialisation and pointed out that the depressed socio-economic conditions of the factory labourers was a direct result of alcoholism. So he argued that nothing less than total prohibition would improve the conditions of the working class paving the way for the all round progress of the nation. Gandhiji believed that "prohibition means new life for many millions. It means new and substantial accessories of moral and material strength."²⁴

4.2.6 Importance of legislation

Though there are many factors contributing to the increasing use of alcohol, its easy availability is certainly the most compelling cause. Needless to say that availability of liquor is always a temptation to the

drinker. That is why Gandhiji said that legal prohibition is indispensable:

. . . we cannot reach the drinker so long as he has the drink shop near his door to tempt him. One might as well prevent an ailing child, nay man, from touching sweets so long as he does not remove the open box in front of them.²⁵

Again, through legislation we can and ought to penalise the drink and drug habit and by closing all liquor and opium dens make it as difficult as possible to indulge in it.²⁶ In Gandhian action prohibition should begin by preventing any new shops from being licensed and closing some that are in danger of becoming a menace to the public. Gandhiji also advocated that licence of shops which are already lapsed should not be renewed. No permission should be given for the opening of new shops. All these are possible by the implementation of law. So no delay should be made under the pretext of income from liquor.²⁷

4.2.7 Gandhiji's answers for the arguments against prohibition

Now the major arguments raised against the implementation of prohibition and Gandhiji's views in this regard are to be examined. It is argued that implementation of prohibition would result in the

generation of a large number of other social problems like violence, corruption, unemployment, etc. Gandhiji's answers to these arguments are very significant. For example, he says:

This is the same as saying that because the crime of thieving is on the increase there should be a progressive relaxation of the laws against thieving. The inference is based on the assumption that drinking intoxicating liquors is not a disease or an evil in the same sense as thieving. The fact, however, is that the drink habit has been demonstrated to be a parent of thieving as of many other crimes. The proper inference to be drawn from the increasing crime is that the existence of liquor shops is a fatal trap for poor humanity and that therefore the true method is forthwith to declare total prohibition without counting the cost. Crime there will still be against the prohibition laws as there is and always has been against laws prohibiting thieving, etc. If there is no licensed thieving, there may be no licensed drinking. For an unsophisticated mind that is the only inference possible and that is the

straight and simple logic. A government which wants a revenue any how to run an expensive foreign administration manufactures logic to suit its evil purpose.²⁸

(a) Question of revenue loss

It may be true that a government would face a number of problems while implementing prohibition. But it must be said with due emphasis that the government's determination to face them and overcome them is an acid test of its commitment to the welfare of the people. It has to be admitted that alcohol does not make any person a better citizen, a better worker, a better husband or father. While referring to the question of revenue loss Gandhiji opined:

. . . It will be wrong to wait for devising methods of tapping other sources of revenue before giving up the revenue from drink. It will be very like a man refusing to vacate a plague infected house until another is ready for him. Most people in such circumstances will first vacate, and then search for another and uninfected shelter.²⁹

While referring to the drink habit of the people in Travancore also Gandhiji emphasised his view on the question of revenue. He said:

. . . It is the duty of the sober people of Travancore to compel the government to do away with this Abkari (excise) revenue. I hold it to be an immoral source of revenue. It is really your duty to agitate till the drink evil is abolished from this land³⁰

He was not ready to concede the argument that the state need revenue for development activities and so the revenue from liquor cannot be set aside. According to Gandhiji, the source of revenue and the means employed to collect it are of greater importance than the amount to be raised through revenue. Liquor revenue is, for him, an immoral source. As is well-known in the Gandhian frame of reference means are as important as, and sometimes more important than end. The ultimate result of raising revenue for developmental activities from the large scale sale of liquor will be the total ruin of the nation.

. . . History testifies that empires have been destroyed through that habit. We have it in India that the great community to which Krishna belonged was ruined by that habit. This monstrous evil was undoubtedly one of the

contributory factors in the fall of Rome. If, therefore, you will have decency, you shun this evil, whilst there is yet time.³¹

Gandhiji criticised the system whose sole aim was to collect maximum revenue without considering the overall welfare of the people. "It is the system that is bad, for in that system revenue is the primary consideration, not the health of the soul or the body."³²

Also, Gandhiji was against imposing extra taxes on the people to compensate the revenue loss incurred as a result of the implementation of prohibition. At the same time, he did not hesitate to suggest a grant or at least a loan without interest from the government of India where it can be proved that the raising of additional revenue is not a practical proposition.³³ He also believed:

. . . this drink and drugs revenue is a form of extremely degrading taxation. All taxation to be healthy must return ten-fold to the tax-payer in the form of necessary services. Excise makes people pay for their own corruption--moral, mental, and physical. It falls like a dead weight on those who are at least able to bear it. The revenue is largely derived, I believe from industrial labour which together with field labour the Congress almost exclusively

represents. The loss of revenue is only apparent. Removal of this degrading tax enables the drinkers, i.e., the tax payer to earn and spend better. Apart, therefore, from the tremendous gain, it means a substantial economic gain to the nation.³⁴

Thus Gandhiji's answer to the argument that implementation of prohibition would lead to revenue loss and which will hinder the developmental activities is that the real source of revenue for developmental activities must be pure. The philosophy of Gandhiji itself is based on the assumption that means and ends are convertible terms. As they are inseparable like the two sides of a metallic disc, both must be equally pure.

(b) Curtailment of individual freedom

Another argument is that prohibition implies the curtailment of individual freedom. But it must be borne in mind that real freedom originates from within the individual and it promotes, encourages, and supports the prospects of the welfare of others. Gandhiji's answer to the question of the curtailment of individual freedom turns this:

. . . I think that there is a great flow in this argument. It is difficult to understand how

individual liberty is curtailed if liquor shops are closed down. People did not want drinking to be considered a crime, but they wanted a ban on the preparation and sale of liquor. No society or individual is entitled to prepare or sell a thing if it is considered harmful by them. Everyone is aware of the harm done by drinking. As there can be no liberty for anyone to steal, there can be none to distill or sell liquor. Those who cannot do without liquor may transgress the law. Many instances of such restrictions are found even in countries where individual liberty is cherished. Liberty and license are not the same thing. One cannot have the license to act as one pleases. If such license exists, then the goddesses of liberty can never stay there. Everyone has the right to enjoy as much liberty as will not harm others. There is a legal maxim in English that one should use one's property in such a way that others are not injured. I have every right to dig up my whole plot of land but I cannot dig it so that the foundation of my neighbours' house is damaged. If a section of the people drinks wine, the evil consequences are not suffered by the drinkers alone but their children and neighbours also suffer.³⁵

Thus it is clear that the use of one's freedom should not be a hindrance to the development of others.

In short, the basic problem of the people who raised the argument against the implementation of prohibition on the ground of abridgement of individual freedom is that they do not distinguish between liberty and licence. It looks, some of them are guided even by vested interests. In a society, we must compromise for the sake of the good of all. Gandhiji also said that those who spoke about individual freedom do not know their India--the real victims of the drink evil are the poor people who constitute the vast majority of the population of this country.

(c) Is prohibition compulsion?

Critics of prohibition also pointed out that there is an element of compulsion in the idea of prohibition and compulsion itself is a kind of violence. So India must not be made sober by compulsion and those who wish to drink must have the necessary facilities provided for them. Gandhiji seriously warned those people that

. . . you will not be deceived by the specious argument that India must not be made sober by compulsion, and those who wish to drink have facilities provided for them. The state does not

cater for the vices of its people. We do not regulate or license houses of all ill fame. We do not provide facilities for thieves to indulge their propensity for thieving. I hold drink to be more damnable than thieving and perhaps even prostitution. Is it not often the parent of both? I ask you to join the country in sweeping out of existence the drink revenue and abolishing the liquor-shops. Many liquor sellers would gladly close their shops, if the money paid them were refunded.³⁶

Gandhiji believed that if people hold a unanimous view, it is the duty of the state to act according to the wishes of the people.

. . . I do not regard legislation declaring total prohibition as in any shape or form compulsion. When there is honestly and clearly expressed public opinion in favour of total prohibition it is not only the right of the people but it is the sacred duty of the people to declare total prohibition by legislation and take all effective steps to enforce that legislation.³⁷

(d) Prohibition and democracy

Viewed against his concept of democracy, it may be seen that this approach fits eminently into his scheme of

a true democratic set-up. In his notion of democracy, the weakest should have the same right as the strongest. This can never happen through the use of violence.

India is trying to evolve true democracy, i.e., without violence. Our weapons are those of Satyagraha expressed through the charka, the village industries, primary education through handicrafts, removal of untouchability, communal harmony, prohibition, and non-violent organisation of labour as in Ahmedabad. These mean mass effort and mass education³⁸

Gandhiji further explains that making people to give up their habits with the help of law does not by itself constitute brute force or violence. To stop the sale of liquor by law and thereby force the addicts to give up the habit of drinking is not violence. If it were suggested that those given to drinking should be wiped that would certainly be brute force. Selling of liquor is no duty of the state.³⁹ Thus it is clear that Gandhiji wanted to enforce prohibition by law and sustain it by willing obedience to it. But he was of the opinion that this can be achieved only through mass education, and not point-blank law enforcement.

(e) Is it costly?

Gandhiji also disagrees with the argument that the implementation of prohibition is a costly affair. According to him, no special espionage is necessary to implement prohibition. He did not accept the view that an expensive and elaborate system of espionage is necessary for the success of prohibition. He believed that it is a defeatist, arm-chair mentality which says that prohibition cannot work without an expensive and elaborate system of espionage. If the workers went out to the villages and demonstrated the evil of drink wherever it is prevalent and if the research scholars found out the causes of alcoholism and proper knowledge was imparted by them to the people, prohibition should not only prove inexpensive but profitable.⁴⁰

Similar is his stand on the prevention of illicit distillation.

. . . But why should prevention of illicit distillation cost any more than prevention of other crimes? I should make illicit distillation heavily punishable and think no more about it. Some of it will go on perhaps till doomsday as thieving will. I would not set up a special agency to pry into illicit distilleries. But I would punish anyone found drunk though not disorderly (in the legal sense) in streets or

other public places with a substantial fine or alternatively with indeterminate imprisonment to end when the erring one has earned his or her keep.⁴¹

Gandhiji firmly believed that through a sincere attempt from all sections of the society, it is easy to implement prohibition without much cost.

(f) Loss of employment

The next issue to be considered is the loss of employment of tappers and other workers like vendors, contractors, etc. as a result of the introducing of prohibition. To protect the toddy tappers from the loss of employment, Gandhiji asked the state to make arrangements to replace toddy tapping by 'neera' tapping for the purpose of converting 'neera' into 'gur'. This suggestion has relevance even today. The report of the Udayabhanu Committee (1987) recommended to the government of the state of Kerala to give importance and publicity to sweet toddy--i.e., 'neera' and to establish neera parlours. It also recommended to the government to give up the tree-tax for those trees in which neera is tapped. But the government's stand is that it is impossible to give up tree tax due to the tremendous revenue loss it would create. Again they argue that establishment of neera parlour would result in their misuse in the present

system.⁴² All these indicate that government is not ready to give up a bit of revenue for a noble cause and they are not concerned whether revenue from liquor is a moral source of revenue or not. Gandhiji believed that a sincere attempt on the part of the government along with public effort would easily bring about a solution for the problem of the rehabilitation of toddy tappers.

4.2.8 Summing up

Thus, from the above analysis, it must be clear that prohibition as envisaged by Gandhiji is comprehensive and has wider implications. Enforcement of law is only one aspect of his scheme of 'prohibition'. The moral and spiritual awakening of the victims is the prime factor. Besides, it is an official recognition from the part of the authorities that drink habit is an evil to be resisted and overcome through the concerted efforts of all concerned. It is also an attempt on the part of the authorities to create an environment which will promote the well being of all its citizens. It will also help to save the vast majority in our country who are non-drinkers from the temptations of such habits.

Along with prohibition Gandhiji developed several other strategies and incorporated these in his frame of action to solve this evil. These strategies will be analysed in the next part.

Article 3 Strategies Based on Temperance

Gandhiji said that "Prohibition means a type of adult education of the nation and not merely a closing down of grog shops".⁴³ Attitudinal change through social education should be a constant endeavour in our fight against alcohol. Gandhiji wanted the people to approach the drunkards in their homes and persuade them to give up drink. He attached importance to house to house visit and to meet the drunkards and explain to them the evils of liquor use. At first one may not expect immediate or dramatic results. But the attempt in that direction would put the struggle on a moral plane and add strength and momentum to it. The drunkards may have knowledge about this evil but have never been taught to shun it as poison. Continuous attempts at conscientisation would eventually lead them not to avoid the pressure of public opinion.

4.3.1 Role of women

Gandhiji envisaged a crucial role for women in appealing to the tender emotions of the drunkards and thus making them to give up liquor. Gandhiji had full faith in the power of women to melt the heart of a drunkard. Through love and affection they will be able to change drunkard easily. ". . . I have been defeated in prohibition campaign as a man and therefore I have asked

women to help the movement. If anybody could melt the heart of a drunkard it is woman".⁴⁴

In a speech at Gujarati Women's Conference at Dandi on April 3, 1930 Gandhiji said:

There are certain activities which are meant only for woman. Prohibition and boycott of foreign clothes are such activities; which if you do not take up, will never be accomplished. In 1921, I compelled men to take up these tasks. In the end I had to accept defeat and suspend the activities. I would not have had to do so had I entrusted the work to women and they did so out of fear, but how long could it last? But when I was utterly confused and had been defeated on all sides, God, like that 'bhajan' of tortoise couples, made me entrust the work to women. It is no doubt very difficult to picket shops but women had been taking great risks in the past. It is for that reason world still going on. Moreover both these activities required persuasion and change of heart. Women alone can enter the hearts of men and transform them.⁴⁵

In the light of this experience, Gandhiji made an appeal to the women of India to fight against the drink evil during the civil disobedience movement. The response

was tremendous. Thousands of them fearlessly picketed liquor shops and earnestly appealed to the drink addicts to give up the habit. Hundreds of them were jailed. Their continuous efforts produced far reaching results all over the country. But unfortunately, after the cessation of civil disobedience movement, their work gradually slowed down.

Attitudinal change of a drunkard leading to a voluntary decision not to use alcohol is, in fact, the essence of temperance. Gandhiji believed that women possess the capacity and strength to convert drunkard through love and affection. Women are the worst sufferers of this evil habit. They give supreme importance to the prevalence of peace and happiness in their family. But Gandhiji often complained:

. . . most of the wives do not interest themselves in their husbands' doings. They think that they have no right to do so. It never occurs to them that it is their duty to become guardians of their husbands' character, as it is the latter's to be the guardians of their wives' character. And yet, what can be plainer than that husband and wife were equal sharers of each other's virtues and vices? But who but a woman can effectively awaken the wives to a sense of

their power and duty? This is but a part of women's movement against drink.⁴⁶

Gandhiji also made an appeal to the educated women to study the real cause of the problem, its seriousness and wanted to find out suitable remedies to solve the problem.

Gandhiji believed that by many acts of loving services women can acquire a hold on the addicts which will compel them to listen to the appeal to give up the evil habit. He had also an idea that women should practise different techniques of satyagraha in their fight against this evil.

Trained women should start satyagraha units at various places, go in deputations to the owners of liquor booths and request them to give up this trade and they should go to the homes of drink addicts and also start picketing liquor booths, singing devotional songs and preventing those entering there from being caught in the vice.⁴⁷

4.3.2 Provision for treatment

Gandhiji also appealed to consider drinking as a disease and wanted to find out suitable treatment methods.

There must be enough women with proper equipment to study the statistics of drink, the causes that

induce the habit and the remedies against it. They must learn the lesson from the past and realize that mere appeals to the addicts to give up drink cannot produce lasting effects. The habit has to be regarded as a disease and treated as such. In other words, some women have to become research students and carry on researches in a variety of ways. In every branch of reform constant study giving one a mastery over one's subject is necessary. Ignorance is at root of failures, partial or complete, of all reform movements whose merits are admitted. For every project masquerading under the name of reform is not necessarily worthy of being so designated.⁴⁸

Thus, in the Gandhian framework, there is also provision for the treatment of addicts by establishing treatment centres. But many of the prohibitionists and temperance workers are ignorant about Gandhiji's view that drinking is a disease and it require treatment just like any other disease.

4.3.3 Need to convert the contractors

Gandhiji also pointed out the necessity to teach the liquor contractors and liquor dealers how to convert their liquor booths into recreation centres which provide

healthy drinks. They should be made to see that their loss is not a loss while considering the welfare of the whole society. Gandhiji considered the liquor contractors and others connected with the liquor trade as the most organised and resourceful of persons. They will be able to find out other jobs very easily, when they give up liquor business. Gandhiji's answer to the Parsi liquor dealers in connection with the picketing of liquor shops in Bombay deserves special mention.

. . . I knew that there is with them the question of livelihood. But they belong to one of the most enterprising of races among men. They are resourceful and intelligent. They can easily find other honourable means of livelihood. Men and women have been known before how to give up questionable callings and take up the work or profession conducive to the moral growth of the society 49

4.3.4 Role of voluntary organisations

Gandhiji visualised a crucial role for the voluntary organisations in the struggle against liquor. There is no doubt that voluntary organisations have a special place in mobilising public opinion against liquor abuse through conferences, meetings, seminars, cultural programmes, etc.

While answering to a question relating to the effectiveness of the agencies for the creation of sober India. Gandhiji answered:

. . . the voluntary agencies will be more effective. There are our professors and teachers, and students of colleges. They may well be called upon to devote a couple of hours each day to the task. They should go to the areas frequented by the drinkers, associate with them, speak to them and reason with them and do peaceful picketing of an educative character. I look to the medical profession to put their heads together to find out why people drink, how they can be weaned from drink, find out effective, wholesome and healthful substitutes of drink. Then there are our sisters Then there are temperance associations. Most of them have been upto now inert and inactive. We should now ask them to pull themselves together and engage actively in the crusade. We might well have a Prohibition League under which all these agencies may work in a regular and systematic manner. The revenue drawn from the excise may rightly be used for the prohibition. That will be no forbidden use of tainted money, but something like turning a channel of foul water into a holy Ganges and making it pure.⁵⁰

(a) Role of youth

Gandhiji's direction to the youth as to what they can do in the campaign runs as follows: (a) Pledge themselves to total abstinence from all intoxicants and habit forming drugs, which include tobacco. It helps to sign the pledge. (b) Demand a thorough alcohol and narcotic drug education to be a part of school curriculum. (c) Demand while under training a part in social service, including temperance work, educating the public of the harm done to them through the use of intoxicants. (d) Recommend that in the scheme for small savings campaign for rural population total abstinence from all intoxicants be stressed. (e) Ally themselves against the awful waste of precious food-stuffs for liquor in breweries and distilleries to feed the nation. (f) Join up with a temperance society. (g) Make use of temperance literature. (h) Holidays can be considered as a good time for this work.⁵¹

(b) Role of students

Students can make house to house visit and meet the victims in their own homes and explain to them the evil of the use of these things. They may also make speeches, perform plays, conduct seminars and study classes at various places and distribute leaflets. Propaganda is also a method to rouse public awareness in regard to

liquor problem. Through the personal contact with the victims, their life and surroundings they become aware of the miseries wrought among families, the starvation and gloom that reign in their homes and this would form best material for propaganda whether for organisations or for individual workers. It may take the form of magic lantern slides or cinema pictures which will show the evil consequences of drink on the health of the addicts, how can each organ of his body deteriorate, how the nervous system cracks and how he loses his self control and becomes not only a physical but a moral wreck, how his family starves, stories from life showing the contrast between the life and homes of a drunkard and that of a teetotaler may be related or shown on the movies to bring home the evil to the victim.⁵²

(c) Educating the public

If the educative aspect of enforcement is not going on people's enthusiasm in the beginning may be gradually degenerated into a state of passivity and indifference. Temperance workers can be of considerable help in creating public opinion and to ensure mass cooperation in prohibition. The strength of their effort will be a measure of the nation's success in carrying out prohibition. So integration and coordination of the activities of different prohibition and temperance groups

will generate fairly strong sanctions for the prohibition programme.

4.3.5 Summing up

In an issue like prohibition, lack of voluntary obedience from the part of people would weaken its enforcement. It is of utmost importance that public conscience should be roused to combat the growing evil of drinking. A momentary enthusiasm is not enough to organise people in the abstinent way of it. What is needed from the part of people is an attitudinal change leading to a firm determination to abstain from drink. This is the most important aspect of temperance work. When they are enlightened on the evil aspects of drinking, they might in all probability take a decision to be as far away from it as possible and thereby willingly obey the law. In terms of goal realisation, prohibition sans temperance work would be as futile as chasing the will-o'-the-wisp. Thus, the important task of temperance work are (a) to enlighten the people on the evil effects of alcohol through conferences, meetings, research works, treatment, etc. and thereby pave the way for prohibition in a systematic and scientific manner, (b) to incorporate the activities of different sections of society--doctors, lawyers, women's organisations, youths, students, etc. in the struggle against liquor and its abuse.

**Article 4 Strategies Based on rehabilitative measures:
Emphasis on Constructive Activities**

To a very great extent people are conditioned by the environment to which they are exposed. So it is obligatory on the part of the government to create a congenial environment in which people can grow and develop their potentialities to the maximum. Prohibition aims precisely this. However, for prohibition by legislation to be effective there must be a change in the socio-economic and cultural conditions of the people.

4.4.1 Creation of congenial social environment

Gandhiji could see that majority of the factory labourers are under the influence of drink because after the long hours of work they have no other alternative for recreation or amusement. That is why he stressed the fact that depressed industrial conditions favour the prevalence of alcoholism. So the task is not merely asking the people to change their habit, but providing better facilities for them to attract their mind to sober things.

. . . You must not be satisfied with merely asking the people not to drink. I have found that many people drink because they have nothing else to do. Therefore, you must find out a variety of ways whereby you may occupy their

attention, their minds, their hands, and their feet. You must study what other people have done wherever this drink habit has been tackled.⁵³

Industrial workers often confess that after their long and tedious hours of work in the factories, they have no other way to escape from the stress and strain of the work and therefore turn to alcohol for relaxation. They have no other recreation facilities that they can afford. So, new methods and healthy means of recreation should be devised and made available to them. Gandhiji argued that the most frequent visitors in a liquor shop are the industrial workers. They spend too much on liquor and consequently face financial difficulties. They should, therefore, be provided refreshment facilities at a lower cost. Gandhiji further said that he believed that we cannot content with prohibition by legislation. It is our duty to devise methods of educating the public regarding the harm that drink does and provide them with innocent recreation and health giving drinks. Every bar or failing that, a place next door to it should, so far as possible be utilised as a refreshment and recreation room. If this constructive activity is taken up, it must prove a source of revenue for the state, besides prohibition, benefiting and reconstructing thousands of ruined homes.⁵⁴

Gandhiji knew very well that social and economic backwardness would never help us to advance a single step forward in our struggle against liquor abuse. So he stressed the need for implementing socio-economic programmes aimed at ameliorating the conditions of the weaker sections of society who are the worst sufferers from this evil practice. In short, socio-economic reforms must precede or go hand in hand with the implementation of prohibition.

4.4.2 Role of the state

Gandhiji believed that it is the duty of the state to prohibit the intoxicating drinks and drugs because they ruin both mind and body and the homes of those who indulge in it.⁵⁵ Government efforts along with the constructive activities of the reformers alone can make India sober. ". . . so long as the state not only permits but provides facilities for the addict to satisfy his craving, the reformer has little chance of success" ⁵⁶

He wanted to devise methods to educate the public in the harm that drink does and the drunkards should be give treatment if they want it.

With the drunkard, the drink craze is a disease, and you will have to take him in hand, as you will an ailing brother or sister of yours who may be diseased⁵⁷

4.4.3 Importance of rehabilitation

Rehabilitation has an important place while considering the strategies for dealing the problem of alcoholism. It aims mainly at two goals. (a) Once an individual has become free from the grip of alcohol and other drugs, the programme must help the treated person to re-enter society without returning to the destructive patterns that made treatment necessary, and (b) to teach the drinker the basic skills and abilities needed to lead a life free from alcohol and other drugs. Sometimes alcohol may have disrupted the individual totally--the social, emotional, intellectual and spiritual growth. That is why US Department of Health and Human Service, in its Citizen Alcohol and Other Drug Prevention Directory writes that ". . . it is more correct to think of after-care as habilitation rather than rehabilitation"58

4.4.4 Gandhiji's twelve-point programme

Thus it is clear that a comprehensive programme is necessary to make the anti-liquor campaign a success. It is worthy here to mention Gandhiji's twelve-point programme in this regard.

- (1) "A drink-drug map showing the locality of liquor and opium shops in each province.
- (2) Closing them as liquor shops on the expiry of licences.
- (3) Immediate earmarking of liquor revenue, whilst it is still being received, exclusively for the purpose of prohibition.
- (4) Conversion, wherever possible, of the liquor shops into refreshment and recreation rooms in the hope that the original visitors will continue to use them, liquor contractors being themselves persuaded to conduct them if they will.
- (5) Employment of the existing excise staff for the detection of illicit distillation and drinking.
- (6) Appeal to the educational institutions to devote a part of the time of teachers and students to temperance work.
- (7) Appeal to women to organise visits to the persons given to the drink and opium habits.
- (8) Negotiation with neighbouring states to undertake simultaneous prohibition.
- (9) Engaging the voluntary or, if necessary, paid assistance of the medical profession for suggesting non-alcoholic drinks and other substitutes for intoxicants and methods of weaning the addicts from their habit.

- (10) Revival of the activities of temperance associations in support of the campaign against drink.
- (11) Requiring employers of labour to open and maintain, under first class management, refreshment, recreation and educational rooms for the use of their employees.
- (12) Toddy-tappers to be used for drawing sweet toddy for sale, as such, or conversion into 'gur'. I understood that the process of collecting sweet toddy for drinking as such or for making 'gur' is different from the one for fermented toddy."⁵⁹

Another important problem faced by the reformers is lack of resources to conduct their activities. Citizens concerned about alcohol and other drug problems often feel isolated and frustrated by lack of resources. Gandhiji wanted the government not to use revenue from liquor for any other purpose except anti-liquor propaganda. ". . . An immediate beginning can be made by deciding not to use that revenue for any other purpose however laudable it may be, save for that of carrying on an intensive anti-liquor propaganda."⁶⁰

Thus it is the government who should support the constructive activities financially till a phase is reached where there is no liquor in the state. At the

same time, its policies have to be framed and carried out in such a way as to reduce revenue from liquor progressively.

4.4.5 Gandhian framework: A wholistic one

Thus, it is clear that in a Gandhian framework the approach to this social problem is a wholistic one in which every section of society has its own role to play. Gandhiji firmly believed that enforcement of prohibition law will be fully successful only when there is a change of attitude among the people, especially in the victims. Such an attitudinal change can be achieved only through intense temperance activities. There is no doubt that change of attitude is the first step on the road to recovery. But it is only a first step to be followed by a series of steps that are of vital importance while considering the gravity of the problem. Attitudinal change need to be accompanied by real change in each person's life style and environment. Here environment refers to one's home environment (where he lives); his social environment (where he goes for pleasure, in whose company he spends his time, etc.); his work environment (where he works, the kind of work he does); and importantly his internal environment (how he sees himself). This can be achieved only through constructive activities.

There is a widespread misunderstanding that Gandhiji's approach to the liquor problem is that of prohibition only. Of course, it is true that he emphasised prohibition and he did it with such force and logic that the other aspects appeared almost pushed towards the margin. But it is only a part of the truth. Gandhiji's approach is a wholistic one in which the complimentary strategies he developed are effectively integrated. The absence of any such activities or a lack of coordination between them would create a lacuna rendering the effort to achieve total and effective prohibition fruitless.

Article 5 Satyagraha and Prohibition

In tackling the problem of alcoholism within the Gandhian frame of action, the role of satyagraha is crucial. Therefore, it becomes necessary to have a clear picture of what satyagraha is and what its methods are in order to understand the relevance of satyagraha in the Gandhian framework. So, an attempt is being made to explicate the basic philosophy underlying satyagraha and also its methods.

Gandhiji coined the term satyagraha to characterise the movement of resistance he organised in South Africa (1906-1914). The word satyagraha is of Sanskrit origin. It is a compound word formed by 'satya' and 'agraha'.

'Satya' means truth and 'agraha' means to hold fast. Thus the compound word satyagraha means holding fast to truth or adherence to truth. And adhering to truth according to Gandhiji means, being truthful in thought, word and deed. But as a concept satyagraha connotes non-violent and peaceful adherence to truth.

4.5.1 Truth and non-violence

Truth for Gandhiji is God or the Ultimate Reality which manifests itself through the cohesive force of love or non-violence. Gandhiji, therefore, insists that one's pursuit of truth must be through non-violent means. Gandhiji knew that there is no finality or infallibility about the truth as perceived by one person and therefore he has no right to thrust it upon others. As the instruments of cognition are imperfect as they suffer from certain inherent limitations, it is not given to man to have the correct perception of truth. As Gandhiji says what appears to be truth to the one may appear to be untruth or error to the other. Therefore one must be prepared to take upon oneself any amount of suffering for the sake of upholding and practising truth as one understands it. For the vindication of truth as he sees it he shall never inflict any injury upon another person; on the contrary, he must be prepared to lay down his life if need be for truth-vindication.⁶¹

4.5.2 Oneness of all life

Gandhiji believed in the oneness of all life and the inherent goodness of human nature. Man is a combination of body, mind and soul. Every human being, however degraded, has in him the spark of the divine spirit--the immortal soul--i.e., infinite potentiality for growth and is capable of responding to kind generous treatment. The whole science of satyagraha is based on the postulate that human soul remains unconquered and unconquerable even by the mightiest physical force. "The soul is one in all. Its possibilities are therefore the same for everyone."⁶² Gandhiji believed in the absolute oneness of all living beings. He said:

I believe in the essential unity of man and for that matter of all that lives. Therefore, I believe that if one gains spiritually the whole world gains with him and if one man falls the whole world falls to that extent.⁶³

4.5.3 Law of self-suffering

Satyagraha as conceived by Gandhiji is based on the law of voluntary self-suffering.

Satyagraha, as I endeavoured to explain at several meetings, is essentially a religious movement. It is a process of purification and

penance. It seeks to secure reforms or redress of grievances by self-suffering . . . 64

For Gandhiji, the progress and success of the satyagraha depends on the suffering of the satyagrahi. Progress is to be measured by the amount of suffering undergone by the sufferer. The purer the suffering, the greater is the progress. So satyagrahi should not only suffer but even find joy in suffering. Gandhiji used the law of suffering not as a pressure tactics but as a technique to create an attitudinal change in the mind of the opponent.

4.5.4 Based on soul force

Satyagraha is considered to be a very potent weapon because it is based on soul force. "The hardest heart and the grossest ignorance must disappear before the rising sun of self-suffering without anger and malice."⁶⁵

Gandhiji believed that:

In our civilization we are expected to believe in soul force or moral force as the final arbiter and this is satyagraha. Since satyagraha is based on soul force its scope takes in every variety of wrong. Satyagraha is a matter of soul and the soul never sleeps, never rests and acts when it must, come what may⁶⁶

Where does this soul force come from? It comes from the purity of the soul. Purity of soul make us firm, courageous and fearless. If we were to practise truth, practise ahimsa, we must also practise fearlessness. One who observes the vow of fearlessness will defend himself or others by truth force or soul force.⁶⁷ We are fearful because we are afraid of speaking the truth which comes from a pure and sincere mind.

4.5.5 Role of prayer and fasting

The next question is, how is it possible to make our soul pure? Gandhiji firmly believed that through prayer and fasting it is possible to achieve soul purity. ". . . fasting and prayer therefore are the most powerful process of purification and that which purifies necessarily enables us the better to do our duty and to attain our goal".⁶⁸ Gandhiji warned against the use of fasting as a pressure tactics. Fasting for the purpose of showing one's displeasure or disappointment can hardly be justified. Its basis must be penance or purification. Through fast we must not put pressure in order to bring people round to our point of view.⁶⁹

Gandhiji also wanted to resort to fasting and prayer with intelligence, honesty and intensity.

. . . A fast to be true must be accompanied by a readiness to receive pure thoughts and determination to resist all Satan's temptations. Similarly a prayer to be true has to be intelligible and definite. One has to identify oneself with it.⁷⁰

4.5.6 Purity of ends and means

Gandhiji was convinced that through violence we cannot achieve lasting results. He gave supreme importance to the purity of 'ends and means'. Any violence is considered to injure the sacred cause and to do irreparable harm. Gandhiji was not ready to accept the maxim 'end justifies the means'.

. . . I have never believed and I do not now believe that the end justifies the means. On the contrary, it is my firm conviction that there is an intimate connection between the end and the means so much so that you cannot achieve a good end by bad means⁷¹

What distinguishes satyagraha from other methods of resistance is its capacity to distinguish the doer from the deed. Through satyagraha Gandhiji wanted the destruction of the evil but not the evil doer. He would

hate the sin but not the sinner. A satyagrahi during his satyagraha wants to reform his opponent to become a better man for himself and for society.

4.5.7 Scope of satyagraha

The uniqueness of satyagraha is its scope. It can be practised individually or collectively. Satyagraha reminds a man of his duty to correct evil. Satyagraha can be employed as an instrument of self education and self-purification. In that sense it is a way of life. It can also be used as a weapon to resist an evil in the society without resort to violence. Again Gandhiji applied his non-violent weapon, satyagraha in different situations and proved its efficacy. In essence satyagraha is a weapon of the mind which can be used to conquer or convert one mind by another through voluntary suffering backed by soul force, originate from soul purity.

4.5.8 Methods of satyagraha

Gandhiji developed satyagraha to resist evils without recourse to violence. He believed that it is necessary for a satyagrahi to exhaust all means available before launching satyagraha.

The devices Gandhiji used before launching a satyagraha struggle includes assessment of facts by public enquiry, visit to the area, including padayatras, negotiations, arbitrations, promotion of communal unity, formation of political associations, protest meetings and processions.

Gandhiji was aware that application of constitutional means are not enough for launching a satyagraha. Equally important is the task to build up a band of volunteers, deeply aware of the implications of satyagraha. They should also have full faith in the efficacy of non-violence. All these can be achieved only through proper education and training of all persons who voluntarily offer to practise satyagraha.

4.5.9 Qualifications of a satyagrahi

During his six decades of public life Gandhiji had got several occasions to practise his ideal and emerge as a better satyagrahi after every experiment with truth. Gandhian satyagraha is difficult to practise without proper training. It demands certain qualifications from the part of its participants. They are listed below.⁷²

- a. A satyagrahi must have a living faith in God, for He is his only rock.

- b. He must believe in truth and non-violence as his creed. He must also have faith in the inherent goodness of human nature which he expects to evoke by his truth and love expressed through his suffering.
- c. He must be leading a chaste life and be ready and willing, for the sake of his cause, to give up his life and his possessions.
- d. He must be a habitual khadi-wearer and spinner.
- e. He must be a teetotaler and be free from the use of other intoxicants that his reason may be always unclouded and his mind constant.
- f. He must carry out the jail rules unless they are specially devised to hurt his self-respect. Gandhiji remarks: The qualifications are not to be regarded as exhaustive. They are illustrative only. Gandhiji also emphasised the importance of taking satyagraha pledge. This declaration by the satyagrahis that they would suffer all the consequences cheerfully in order to resist evil till the last breath of their life add strength and momentum to the satyagraha. Taking of a vow does not mean that we are able to observe it completely from the very beginning, it does mean constant and honest effort in thoughts, words and deeds with a view to its fulfilment. It gives additional strength, determination, courage and will power to the satyagrahis for the task they wish to embark on.

4.5.10 Various methods

The satyagraha methods which Gandhiji advocated and adopted included the following: meetings, demonstrations and processions, ceremonial march, observance of national days and weeks, pamphlets and newspapers, hartals (closing of shops and suspension of business), strikes, civil disobedience, non-violent non-cooperation, no-tax campaign, courting imprisonment, boycott, peaceful picketing, peaceful raids, protest resignations, fasting even unto death, non-possession, desh-tyaga or sthan-tyaga (leaving one's country/position/post), satyagrahi-sahayog and Constructive Programme.

A brief description of these methods are also given for the purpose of the research study.

(a) Meetings

Holding of meetings, demonstrations and processions occupied an important place in Gandhiji's mass satyagraha movements. He organised public meetings, demonstrations and took out processions in order to lodge people's protest against unnecessary and unreasonable prohibitory orders of the government and frustrated the official policy of unprovoked repression of the masses. This

meeting also helps to create awareness in the public about the gravity and seriousness of the problem in a wider sense. But extreme care should be taken to conduct this meeting in a non-violent manner.

(b) Marches and processions

Undertaking a ceremonial march in defiance of the prohibitory orders and thus courting imprisonment became a very potent and drastic method of resisting injustice. It also dramatised the issues and attracted more and more people for resisting the mis-deeds of officials.

(c) Observance of national days and weeks

Observance of national days and weeks was a common and outstanding feature of Gandhiji's mass satyagraha movement in India. The purpose of observing these days or weeks was to record the nation's protest against the reign of terror, to seek redress of public grievances and to urge the government to fulfil its promises. These were also observed by the satyagrahis for their own purification and renewal of their satyagraha pledges. The underlying object was to generate mass consciousness and consolidate public cooperation.

(d) Pamphlets and newspapers

Publication of pamphlets and newspapers was another important method that Gandhiji adopted for meeting redressal of grievances. This method was used for removing causes of misunderstanding between the rulers and the ruled, promoting communal unity, mobilising public opinion to bring home the deeper implications of satyagraha.

(e) Hartal

Hartal is the temporary strike of work and stopping of business usually for twenty four hours. The object of hartal is to strike the imagination of the people and the government. This method was used by Gandhiji as an outward expression of the communities of the disapproval of unwarranted laws and arbitrary orders. It was also employed to lodge people's protest against the arrest of satyagrahis, to boycott the visits of government officials. It provides occasions both for offering public prayers and observing a state mourning. Gandhiji wanted to do hartal in a true religious spirit.

(f) Strike

Strikes are generally a symptom of the existing unrest. This is a method of satyagraha for the redressal

of the grievances. According to Gandhiji, strikes should be voluntary and non-violent and he made it clear that the demand of the strike must be clear and just. A vague hope inspires all, and great will be the disappointment if the vague hope does not take definite shape. Gandhiji said:

A strike should be spontaneous and not manipulated. If it is organised without any compulsion there would be no chance for goondaism and looting. Such a strike would be characterised by perfect cooperation amongst the strikers. It should be peaceful and there should be no show of force.⁷³

(g) Civil disobedience

For the most part satyagraha is 'evil resistance' and 'civil assistance'. But sometime it has to be "civil resistance". Gandhiji also agrees with Thoreau that we should be men first and subject afterwards. It is not desirable to cultivate a respect for laws so much as for the rights. Gandhiji holds the opinion that civil disobedience is the purest type of constitutional agitation. Gandhiji conceives that civil disobedience is always an advisable weapon when governments are not based on the will of the people, but it is practicable only when the masses are imbued with a spirit of non-violence. It

should be obvious that civil disobedience cannot flourish in an atmosphere of violence. It must be absolutely non-violent. "Only he who mastered the art of obedience to law knows the art of disobedience to law. Only he who thoroughly knows how to construct may destroy".⁷⁴ The spirit of civil disobedience thrives under suffering and Gandhiji says that it can be undertaken for the deliberate breach of certain immoral statutory enactments or the symbolic non-violent revolt against the state.

(h) Non-violent Non-cooperation

Gandhiji said:

Non-cooperation is the clearest remedy as it is the most effective, when it is used absolutely free from all violence. It becomes a duty when cooperation means degradation or humiliation or an injury to one's cherished religious sentiment.⁷⁵

Non-cooperation is intended to paralyse the government as to compel justice from it. Here the manifest purpose is never to embarrass and the appeal must always be to the heart to love and trust. Gandhiji believed that non-cooperation is a protest against an unwitting and unwilling participation in evil and non-cooperation with evil is as much a duty as cooperation with good. Gandhiji

also clearly stated that non-cooperation is entirely different from boycott as an elephant from an ass.

Non-cooperation stands on a different footing. If the Government do wrong I become a participator in its wrong-doing by cooperating with it and thus making it possible for them to do the wrong. It is my duty, not by way of punishment or by way of revenge but to the end that I may not make myself responsible for the wrong-doing, to withdraw my support off that Government. Indeed I should be justified in bringing that Government to a standstill. It is clear to me, therefore, that non-cooperation is as different from boycott as an elephant from an ass.⁷⁶

(i) No-tax campaign

It is also a method which Gandhiji employed during his satyagraha movements. It should be adopted only when the choice is between total destruction or total reformation. It should never be employed in haste or for invoking a ready response amongst the people. The call for its adoption should be given to them only after they have been convinced of its full implications. Therefore, it should be launched only if and when the people have

been psychologically prepared to undergo the sufferings and sacrifices caused by their refusal to pay the taxes.

(j) Courting imprisonment

Gandhiji believed that courting imprisonment is a prelude to reforms when they are taken quietly and gracefully. A civil resister accepts imprisonment for his resistance. Gandhiji thought that inviting imprisonment by the deliberate breach of laws that are contrary to one's conscience is an effective mode of registering protest with the adversary. The strategy of courting imprisonment in order to bring economic and political pressure to bear on government is analogous to the method of non-payment of taxes. He requested the people not only not to pay the taxes to the government but also to add to its expenditure by courting imprisonment. Courting of imprisonment became a frequent occurrence during Gandhiji's satyagraha movements. He not only advised his co-satyagrahis to adopt this method, he himself courted imprisonment many times during the course of his satyagraha movements.

(k) Peaceful picketing

This is also a method of satyagraha. But Gandhiji warned that picketing should be non-violent. Here

Gandhiji's approach to picketing of liquor shops deserves detailed examination.

The idea behind picketing of liquor shops is not to embarrass the government or to punish the drunkard or the owner of the liquor booth. It is an appeal to the conscience of the drinkers, shop contractors, sellers of the drink and even to the public and the state to come to the rescue of the people's suffering from the evil of alcoholism. The task of picketing is that on the one hand, we should observe perfect non-violence throughout the period and on the other hand, we should reform the drunkard.

Gandhiji warned repeatedly that picketing of liquor shops should be unaggressive and should not involve coercion, intimidation, restraint, hostile demonstration, obstruction to public or any office under ordinary law. Gandhiji believed that picketing is a duty that a citizen must discharge when he is not helped by the state.⁷⁷ Gandhiji said that it is the right of a reformer which he may not give up without giving up his cause.

Some may feel that picketing and other non-violent satyagraha methods have limited scope and they are anxious about the success of the movement through such methods. Those who raise such questions do not have full faith in the unfailing success of non-violence. Through violence

we cannot bring lasting results. Non-violence demands sacrifice and suffering. Truthful and non-violent means cannot be beaten back by the intruder, oppressor or exploiter. "Suffering without retaliation itself is a process of self-purification".⁷⁸

Everyone cannot do picketing nor can it be resorted to everywhere. There is always a risk of violence existing in picketing. During the non-cooperation movement in many places the picketing was far from non-violent. The political idea of embarrassing the government was predominant with the workers, that of reforming the drunkard was a very secondary consideration. So Gandhiji preferred women to do picketing during the civil disobedience movement. Women by nature possess the virtue of ahimsa. In certain activities women can make a more successful effort than man. Women doing picketing must automatically ensure its peaceful nature. Gandhiji also gave a detailed description of how to do picketing. They are: (a) At least ten women are required for picketing a liquor shop. They must choose a leader from among themselves. (b) They should all first go in a deputation to the dealer and appeal to him to desist from carrying on the traffic and present him with leaflets setting forth facts and figures regarding the evil effects of intoxicating drinks. Needless to say the leaflets should be in the language understood by the dealer.

(c) If the dealer refuses to suspend traffic, the volunteers should guard the shop leaving the passage free and make a personal appeal to the would be purchasers.

(d) The volunteers should carry banners on light boards bearing warnings in bold letters against indulging in intoxicating drinks. (e) Volunteers should be as far as possible in uniforms. (f) Volunteers should at frequent intervals sing suitable bhajans bearing on the subject. (g) Volunteers should prevent compulsion or interference by men. (h) On no account should vulgarity, abuse, threat or unbecoming language be used. (i) The appeal must always be to the head and the heart, never to fear of force. (j) Men should on no account congregate near the place of picketing nor block the traffic. But they should carry on propaganda generally through the area against intoxicating drinks. They should help and organise processions of women to parade through the area carrying the message of temperance and the necessity of boycott of intoxicating drinks. (k) There should be at the back of these picketing units a network of organisation for spreading the message of the evil effects of alcoholism. (l) There should be an absolutely accurate and systematic account of all receipts and expenditure. This should be periodically audited. This again should be done by men under the supervision of women. The whole scheme presupposes on the part of men a genuine respect for women and sincere desire for their rise.⁷⁹

Picketing should always be peaceful. The stricter we are, the greater will be our prestige and strength. Therefore, there should be no coercion direct or indirect. There should be no show of intimidation, hence not more than, say, five pickets should work at one and the same place at a time. There should be no more than courteous entreaty and distribution of literature. There should be no cordon formed to surround the would be purchasers. There should be no lying down to block the passage of customers. Liquor picketing, just like picketing of foreign cloth depend for its ultimate success in penetration into the home of the drinkers.⁸⁰ Even though Gandhiji preferred five pickets at every entrance of the shop, the number may vary according to the situation.

The other rules put forward by Gandhiji while doing picketing are: (a) In picketing shops your attention must be riveted on the buyer. (b) You should never be rude to the buyer or the seller. (c) You may not attract crowds or form cordons. (d) Yours must be a silent effort. (e) You must seek to win over the buyer or the seller by your gentleness, not by the awe of numbers. (f) You may not obstruct traffic. (g) You may not cry 'hai hai' or use other expressions of shame. (h) You should know every buyer and his address and occupation and penetrate his or her home and heart. This pre-supposes continuity of same pickets. (i) You should try to

understand the difficulties of buyers and sellers, and where you cannot remove them you should report them to your superiors. (j) You should wear khadi as far as possible. (k) You should have relevant literature for distribution among the buyers. (l) You should join or organise processions, lectures with or without magic lantern, bhajan parties, etc. (m) You should keep an accurate diary of your day's work. (n) If you find your effort failing, do not be disheartened but rely upon the universal law of cause and effect and be assured that no good thought, word or deed goes fruitless. To think well, to speak well is ours, reward is in the hands of God.⁸¹ Thus the objective of picketing is moral, economic and social reform of the people. The aim is to convert the addict.

. . . picketing no doubt, of the most peaceful character will continue without remission till the state is converted to the policy of prohibition. It is an effective method of education.⁸²

(1) Boycott

Boycott is also a satyagraha method advocated by Gandhiji. It includes the boycott of commodities, titles, persons and institutions. The object of boycott is to bring about a breakdown of law in order to feel the law

makers that the satyagrahis would not make themselves a party to wrong doing. Another object is to bring economic pressure on the opponent for enabling him to grant justice expeditiously. This method was employed by Gandhiji both in India and South Africa.

Social boycott is also another method to stop the consumption of liquor. Gandhiji advocated that every community should pass a resolution forbidding consumption of liquor and boycott those who violate it. The aim of boycott is not to harass the drink addict. It is only a means to touch the heart of the opponent.

There are two kinds of boycott--civil and uncivil. The former is rooted in love and the latter is rooted in hatred. Gandhiji always encouraged the civil boycott. Boycott of the drink addicts do not mean to make their life miserable by denying the services of washerman, barbers or allowing them to use the public wells and ponds. Gandhiji believed that even a murderer has a right to be allowed to drink water. Social boycott of drink addicts therefore only shows our refusal to associate with them. This means not to drink water or eat in company with them and not to have marriage connections with their family. Thus we have to learn to distinguish between right and wrong before starting boycott of drink addicts.

It should be remembered that our aim is not to inflict pain or to give punishment to the drink addict. It should be borne in mind that drinking is a disease and the addicts deserve our love and compassion and only through that way it is possible to reform that person.⁸³

(m) Fasting

Fasting is the crucifixion of the flesh with corresponding freedom of the spirit and prayer is a definite conscious longing of the soul to be utterly pure--the purity thus obtained being dedicated to the realisation of a particular object which, in itself is pure. Fasting should not be a mechanical torture of the flesh. In that case it will not help the soul within. Gandhiji also put forward certain conditions to observe fasting. Fasting can only be resorted to against a lover.

(n) Non-possession

A satyagrahi is a sincere and true man always ready to sacrifice his ease, comfort, commerce and even life for a cause. A person who acquired complete control over his senses and passions and had complete sway over his desires and appetites was the clean man. He was the man who could work for the nation with a single minded and fearless devotion. He would be the man who would fear God and love

truth.⁸⁴ Gandhiji devised the strategy of non-possession to impress the government that it cannot force the people either to cooperate with it or to obey its commands against their will.

(o) Peaceful raid

Peaceful raid is an advanced stage of boycott and peaceful picketing. The aim is to bring economic pressure and public pressure on his opponent. It is peaceful in the sense that no injury is done to the opponent. In such raids the satyagrahis, in violation of law, deliberately indulge in the act of looting. They take away the goods, despite the adversary's resistance for they think the loot to be a commodity meant for universal consumption; and not to be hoarded.

(p) Protest resignations

As a protest against the official policy to resign from an assembly or council is also a method which manifested during a number of satyagraha movements.

(q) Desh-tyaga or Sthan-tyaga

It is the voluntary migration of a group or a person from the boundaries of a state. It is a physical

withdrawal from the state sacrificing all the possessions and interests. Gandhiji has no objection to its adoption as a last resort by those who could not defend themselves non-violently or violently and also who could not submit to injustice and indignities.

(r) Satyagraha sahayog

It is the cooperation with peaceful resistance. Gandhiji believed that almost any item of non-cooperation fully backed by the nation can achieve without shedding a single drop of blood. He thus attached due importance to the ways in which the people could cooperate with and strengthen the hands of satyagrahis.

4.5.11 Constructive Programme

It was conceived by Gandhiji as one of the tools for satyagraha. It is the positive aspect of satyagraha. The Constructive Programme was organised by Gandhiji for the attainment of complete independence, through truthful and non-violent means, for him the chariot of struggle for independence has two wheels--Constructive Programme and political campaigns. It includes 18 items and they are meant for the upliftment of Indians. The two main aspects of Constructive Programme are an educational aspect for a

social reform and a sympathetic attitude towards the day-to-day problems of life. Constructive Programme is also a drill for a non-violent army, and a positive approach to solve the problems--social, political, economic, etc.

4.5.12 Summing up

In short, we can see that Gandhiji's approach to the problem of alcoholism is a comprehensive one and the methods suggested by him for liberating the people from the clutches of the drink vampire are effective and hence relevant even today.

Notes and References

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In South Africa there were different degrees of restrictions on the possession and drinking of

liquor. Bantus and the Zulus were prohibited from carrying bottles with them or from being served in canteens, and yet they do drink. Indians may not possess bottles but they may drink as much as they like in canteens.

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52. Rajendra Prasad, Constructive Programme--Some Suggestions, 1942, p. 11.
53. CWMG, Vol. 57, p. 209.
54. Harijan, 19th May 1946, p. 140.
55. CWMG, Vol. 43, p. 337.
56. Harijan, 25th September 1937, p. 272.
57. CWMG, Vol. 35, p. 323.
58. Citizens Alcohol and Other Drug Prevention Directory--Resources for Getting Involved, US Department of Health and Human Services, Alcohol Drug Abuse and Mental Health Administration Office for Substance Abuse Prevention, Rockville, Maryland, 1990, p. 7.

59. CWMG, Vol. 66, p. 82-83.
60. Young India, 16th June 1927, p. 200.
61. M. P. Mathai, Gandhi's World View: A Study (Unpublished Ph.D. Thesis), Mahatma Gandhi University, Kottayam, 1992, pp. 277-78.
62. Harijan, 18th May 1940, p. 133.
63. Young India, 4th December 1924, p. 398.
64. P.G. Tendulkar, Mahatma, Vol.I, Publication Division, New Delhi, First edn. 1951, New edn. (revised) October 1960, Rept. October 1969, p. 247.
65. Young India, 19th February 1925, p. 61.
66. CWMG, Vol. 16, p. 70.
67. Ibid., Vol. 13, p. 93.
68. Ibid., Vol. 17, p. 110.
69. Ibid., Vol. 19, p. 318.
70. Ibid., Vol. 17, p. 110.
71. Ibid., Vol. 20, pp. 492-493.
72. Harijan, 25th March 1939, p. 64.
73. Ibid., 2nd June 1946.
74. CWMG, Vol. 16, p. 26.
75. Ibid., Vol. 17, p. 75.
76. Ibid., p. 91.
77. Young India, 6th July 1921, p. 211.
78. CWMG, Vol. 48, p. 9.

79. Ibid., Vol. 43, pp. 312-13.
80. Young India, 25th March 1931, p. 116.
81. Ibid., 19th March 1931, pp. 41-42.
82. Ibid., 14th March 1931, pp. 176.
83. CWMG, Vol. 20, pp. 119-20.
84. Ibid., Vol. 18, p. 358.

CHAPTER 5

LIQUOR TRADE IN KERALA: NATURE AND TRENDS

Article 1 A Brief Historical Survey from 1956-1969

In this chapter, what is attempted is a brief historical survey of the trading network of the present abkari system in Kerala, i.e., the collection and sale of toddy, arrack, Indian made foreign liquor through wholesale and retail outlets. A concise description of the abkari policies of Kerala State from 1956 to 1967-68 is also attempted which, it is hoped, would provide a suitable backdrop, against which the past experiments at prohibition in Kerala could be critically viewed, and a closer view of the trading network of abkari system could be had. Thirdly, the three major arguments (revenue loss, unemployment and widespread illicit distillation) raised against the implementation of prohibition is also examined statistically and analytically to understand the real facts about these issues.

5.1.1 Early attempts at prohibition

The introduction of prohibition in the State dates back to August 17, 1947 when Talapilly taluk in the former

Cochin state was declared dry. Subsequently, in Madras district in Madras state and in Chittur taluk of Cochin state, prohibition was introduced during the same year. Neyyattinkara taluk of Thiruvananthapuram district in the former Travancore state became dry in 1948 and the other taluks of the district followed suit an year later. On August 17, 1959 Pathanapuram and Crangannore taluks were declared dry. Kottarakkara taluk having become dry on April 1, 1955 is the last one on the list.¹

In the Malabar prohibition was under police guidance, and there was no separate department like the Excise Department to control prohibition measures. In the Travancore-Cochin area, the Excise Department was in charge of the enforcement of prohibition. The police was given powers for the detection of the violation of prohibition, in addition to their normal duties. With the enforcement of the "Unified Prohibition Act and Rules", the excise staff in the Malabar area had also been directed to exercise various powers under the Kerala Prohibition Act, and to attend to the enforcement of prohibition, thus supplementing the efforts of the police.

5.1.2 Measures to enlisting people's participation

In the year 1958-59, in order to ensure wider cooperation from different sections of society for the

effective enforcement of prohibition, State Advisory Board and District Advisory Committees have been constituted in each district except Ernakulam, Kottayam and Alappuzha, consisting of official and non-official members. Rules have also been formulated for the working of the State Advisory Board and the District Advisory Committees. But their actual functioning commenced only during the year 1960-61.²

Government also envisaged several schemes with a view to enlist public support for prohibition and to educate the public on the evils of drink. Here, it is worthy to mention the scheme of 'Nashabandhi Lok Karya Kshetra'. This scheme mainly aimed to create public awareness and public support against the evils of drink. The two 'Lok Karya Kshetras' run by non-official agencies (Bharat Sevak Samaj and Gandhi Smarak Nidhi) functioned at Kottarakkara and at Poovathur village (Thrissur district). These centres conducted group meetings, Kathakalakshepam, seminars and carried on house to house visits and distributed pamphlets, etc.³ In addition to this, in the year 1966-67, the State government sanctioned the opening of four more 'Nashabandhi Lok Karya Kshetras', one each in Thiruvananthapuram, Palakkad, Kozhikode and Kannur districts. Of these, two Lok Karya Kshetras were opened at the fag end of the financial year 1966-67 in Kozhikode and Kannur districts. An amount of Rs. 10,000 was spent

by way of grants to the two Lok Karya Kshetras' which were functioning from the beginning of the financial year 1966-67.⁴

5.1.3 Independent shop system

It may be said that the Abkari policy of the government during the first decade following the formation of the state of Kerala was more or less a continuation of the same policy of the erstwhile Travancore-Cochin state. For example, the 'Independent Shop System' followed in the state of Travancore-Cochin for the sale of arrack and toddy was adhered to in the newly formed Kerala state also. Under this system, the privilege of vend was sanctioned shop by shop and given to the highest bidders. The supply of arrack was made under the 'Supply Contract System' under which the contractor engaged for the purpose, supplied toddy to independent shop keepers. In regard to toddy, 'Independent Shop System' continued to be in force in the wet areas of the State, except in the taluks of Devikulam, Peerumade and Udumbanchola where manufacture and sale of toddy were not permitted. Under this system, the independent shop contractor enjoyed the privilege of both manufacture of toddy from the trees licensed on payment of prescribed tree-tax and the sale of the same in the licensed shops. The sale of foreign

liquor was governed partly by the licensing system and partly by the auction system.⁵

From the above it is clear that the abkari policy of the government had been to sell the right to vend liquor in independent shops for each financial year by public auction and to give the right of vending to the highest bidder on a contract basis. The objective of the above policy was undoubtedly revenue maximisation.

5.1.4 Cooperatives and neera parlours

But it must be said at this point that during this period efforts were set afoot to promote cooperative endeavour in the area of the sale of toddy with the intent of ensuring better income and facilities for the tappers. So as a deviation from the above policy in the year 1958-59 the toddy shops in the excise ranges of Thrissur, Cherthala, Alappuzha were entrusted to the Tappers' Cooperative Societies on negotiated basis, without public auction.⁶

In 1959-60, the government extended this scheme to a few other excise ranges also on a slightly modified form. But later, the government stopped the system of entrusting toddy shops to the Toddy Tappers' Cooperative Societies on the ground that it resulted in a heavy loss of revenue to the state. It was also noticed that despite this

cooperative effort, the real benefits did not reach the tappers as was intended to be. Even after having scraped the system of negotiated sale of the right to sell liquor to the cooperatives, the government maintained a soft line to the cooperatives and offered them some substantial concession if they came forward to compete or participate in the open auction hoping that it would indirectly benefit the tappers in some way or other.

Another important event was the decision of the government in 1958-59 to sanction neera parlours (for the sale of neera) imposing a licence fee of Rs. 500 per licence. With a view to have uniformity in the levy of licence fees in the areas of Travancore-Cochin and the Malabar, the government has decided to collect the licence fee from the Malabar region also where previously no licence fee was levied from neera parlours. For this, the sweet toddy rules in force in Malabar was suitably amended. The licences were ordered to be issued one per taluk subject to a total of 25 for the entire State. Out of this 25, the five licences have been issued to the Khadi and Village Industries Board, of which three were to be in the Malabar area and two in the Travancore-Cochin area.⁷

In the year 1959-60, cooperative societies were organised for the manufacture of jaggery in order to give

relief to the ex-tappers. Altogether 177 such cooperative societies were formed in the state. The quantity of jaggery manufactured in the Travancore-Cochin area was 650,350 lbs during the year 1959-60. As a trial, licensed neera parlours were permitted to be opened in the prohibition areas at the rate of one neera parlour per taluk. This scheme was implemented by the Kerala Khadi and Village Industries Board in five selected localities in the prohibition area. Unfortunately, the 'neera bhavans' so opened had to be closed down after a short period due to unforeseen circumstances.⁸

5.1.5 System of auction--Single shop to groups

The number and location of shops was fixed by the government and the right of sale through specified shops was sold in auction every year to the highest bidder who has to remit 3/10th of the rental or 'kist' at the time of the auction and the rest in equal instalments over the year. Besides, the licensee had to pay what was called the tree-tax for the trees selected for tapping. There was no limit to the number of trees that could be tapped for each shop. The whole state was also divided into several excise ranges. It may also be mentioned in this context that it was during the year (1958-59) under consideration that permission for the sale of coco-brandy through licensed foreign liquor shops was given.⁹

During the year 1963-64, a new policy was adopted according to which, the number of sub-shops that could be sanctioned was pre-determined and the main shops to which subsidiary shops could be allowed were announced right at the time of the auction for the disposal of the main shops. Sub-shops were allowed only in respect of toddy shops. The concessions like minimum wages, tapping accessories, leave with wages, double wages, etc. to the tappers also continued.¹⁰

From 1969, instead of each shop being separately auctioned, auction was done on range basis. In 1981, there was a brief reversion to the single shop auction system. From 1984, each range was divided into a number of groups (of shops) and a system of group auction was introduced.

5.1.6 Suspension of Abkari Act, 1967

Till 1967, there was no change in the prohibition policy of the state of Kerala. When the state was formed, only 58.8 per cent of the total area was in the dry belt where the manufacture, sale or consumption of liquor was prohibited. According to official explanation, the growing revenue needs of the state which it is said was increasing day by day the difficulties in administering dry and wet laws in adjoining areas and the problems arising from the widespread practice of illicit distillation and

manufacture of liquor led to a re-thinking on the prohibition policy and with the effect from May 1, 1967 prohibition was lifted throughout the country.

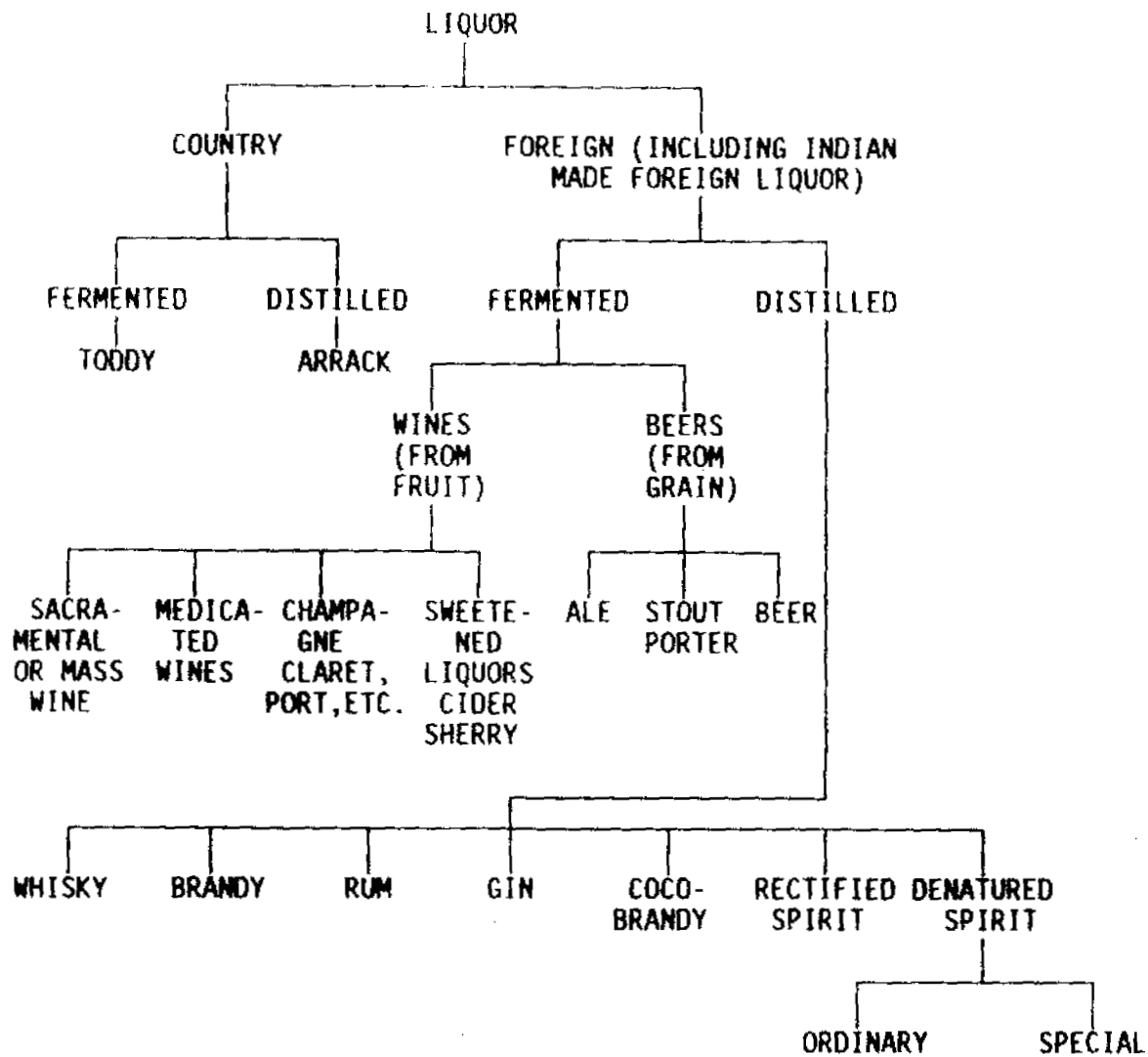
Kerala State Excise Manual states:

. . . It was, however, found that it is impossible to achieve prohibition by a fiat of the State alone and that the public support to this measure of prohibition was woefully lacking. Prohibition was, therefore, lifted throughout the state from May 1, 1967.¹¹

In pursuance of this the Cochin Abkari Act (1 of 1077 M.E.) with suitable modifications was extended throughout the state.¹²

5.1.7 Liquor trade in Kerala: Today

According to entry 8 of list 2 of Schedule 7 of the Constitution of India, intoxicating liquors, that is to say, the production, manufacture, possession, transport, purchase and sale of intoxicating liquors is a matter of legislation by the states. Similarly, levy of duty on all alcoholic liquors fit for consumption is also a matter of legislation by the State under entry 51 of the same list.¹³



Source: Govt. of Kerala, Kerala State Excise Manual (vol:11), Govt. press, Ernakulam, 1972, p.19.

Flow chart 1.

Classification of the various forms of liquor

Here, liquor means 'alcoholic liquors'. It includes fermented liquors such as toddy, beer, wines, etc., and distilled liquors viz., spirits such as brandy, whisky, etc. Denatured spirits, also come within the scope of the definition of liquors.

Article 2 Trading Network of the Abkari System in Kerala

5.2.1 Supply of toddy

The trees commonly tapped in Kerala are the palmyrah, the coconut palm and the sago palm (Choondapana). In other parts of India, date palms and less commonly, brab bastard sago, the doodasal, dhani and ninapalm are also being tapped.¹⁴

Of the three types of trees tapped in Kerala, palmyrah tapping is mostly seasonal. These trees are tapped mostly during the period October-May. Coconuts and sagos are tapped throughout the year, but the period during which the same tree can be tapped may vary with reference to the soil, the type, the health, age of the trees, etc. Ordinarily, the same sago tree may be tapped for four or five months in a year while the same coconut tree is tapped continuously for years. But generally, a coconut tree is tapped only for a period of six months and given a rest for the next six months under the assumption that it is good for the health of the tree, and for a

larger yield of toddy and coconut. The toddy yield from each kind of tree and the alcoholic strength of toddy varies according to the season of the year, the time during which it is drawn and other attendant factors.

Views on the nature and value of toddy have been varied and contradictory. There are ardent supporters as well as detractors of this natural extraction. On the positive side, it is claimed to have considerable nutritive value and is rich in sugars and vitamins.

Toddy improves the quality of blood and supplies the necessary vitamins for all the organs, nerves and tissues of the body, that it is a good diuretic and has been utilised effectively in cases of Lithasis, that it is a preventive for the occasional diseases such as silicosis and pneumoconiosis, which is a fibrosis of the lungs caused by the inhalation of silicious particles of dust or grit. It can be consumed in reasonable amounts without harm to the system.¹⁵

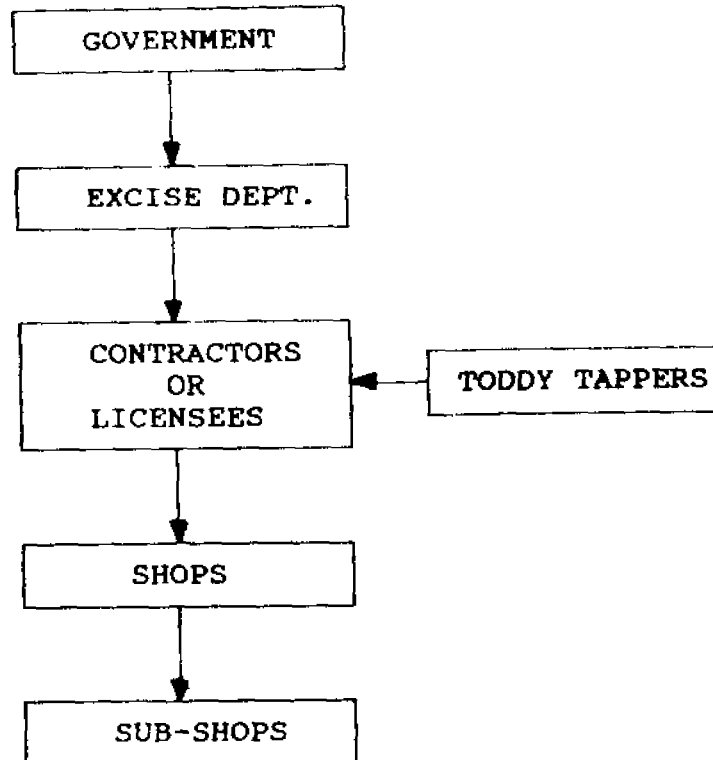
The toddy tappers say that pure toddy always has a market value and people like it very much. But in many areas, the quality of toddy exposed for sale is deplorable. This may be due to the use of stale toddy or due to other kinds of adulteration. Adulteration is the major cause for the poor quality of toddy in many toddy shops, according to

the opinion of the majority of the toddy tappers and toddy drinkers.

Table 12 List of trees licensed in the state in January, 1994

District	Coconut	Pana	Choondappana
Thiruvananthapuram	3120	880	-
Kollam	9228	-	-
Pathanamthitta	6212	-	90
Alappuzha	20298	-	-
Kottayam	10330	-	4727
Idukki	3039	-	1265
Thrissur	20485	2419	956
Palakkad	51606	17173	138
Malappuram	3736	1284	1987
Kozhikode	7819	-	411
Wyanad	771	-	68
Kannur	21847	-	56
Kasargode	5716	-	11
	191847	21756	14329

Source: Taxes Department (A&G), Government of Kerala, Thiruvananthapuram.



Flow chart 2.

Trading network of abkari system
Supply of toddy

Issuing licence to the highest bidder by the Excise Department is the first step in the process of sale of toddy under the government control. Licence so obtained authorises a contractor/licensee to manufacture and sell toddy through main shops and sub-shops as specified by the Excise Department. For the manufacture of toddy, tappers are employed and they identify, tap and collect toddy, which is systematically being supplied to the sale outlets.

5.2.2 Supply of Indian made foreign liquor

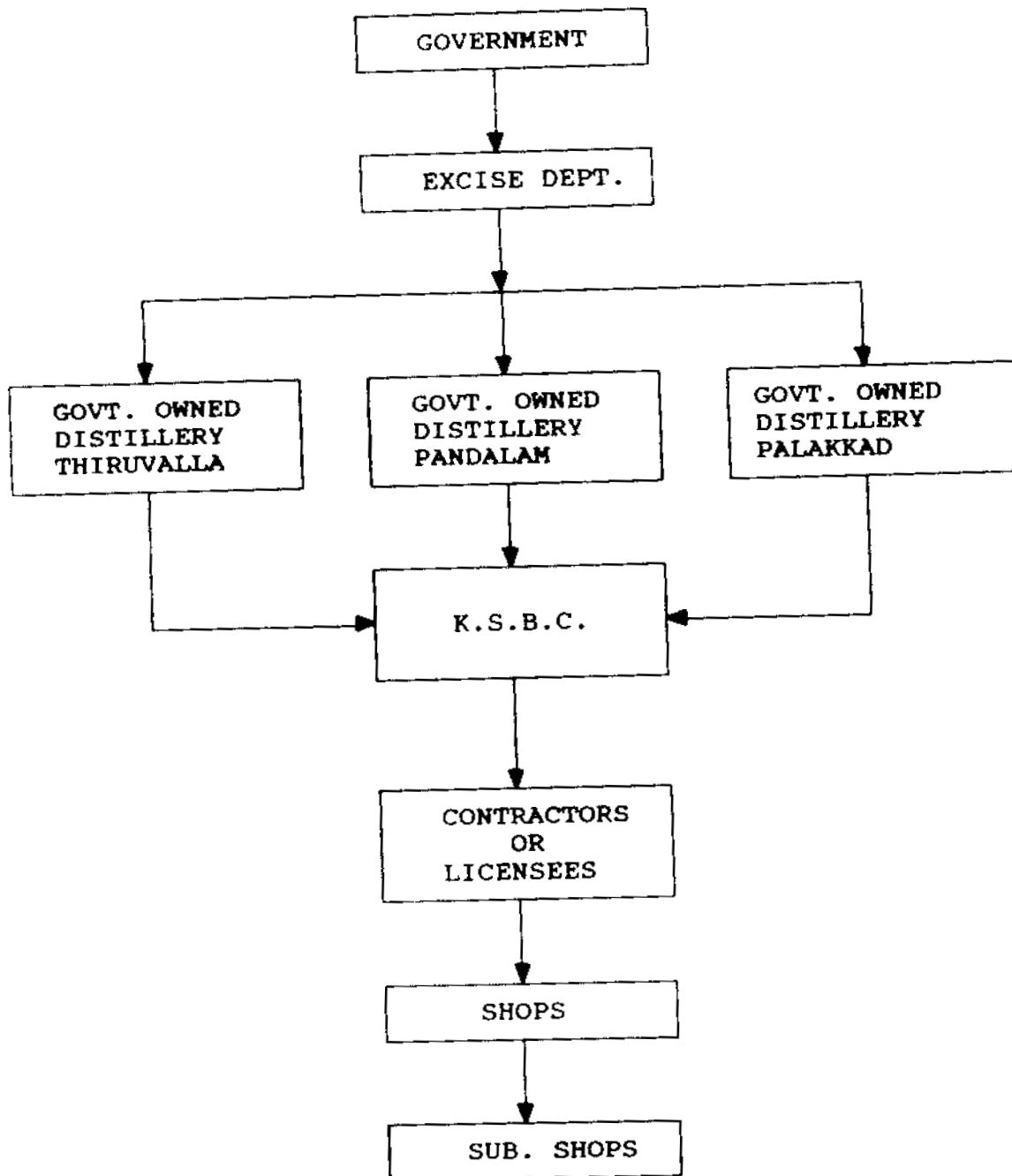
A major policy shift noted from the year 1968 is that the main thrust in auction was on maximising revenue income. Excise rules came to be progressively diluted. Licences were issued to the highest bidders (in auction) and the contractor had the freedom to buy foreign liquor from outside or inside the State, depending on availability.

The most important policy change is noted in 1993, when the government took a policy decision to establish a Public Sector Corporation to procure spirit and arrange blending, bottling, sealing and supply of arrack and foreign liquor. On February 23, 1984, the Corporation was

registered as a private limited company and a Government company. In February 1984 the Government effected the necessary amendments to the abkari rules, vesting on the corporation the exclusive right to purchase liquors from the manufacturers and distributing it to the wholesalers in the State from April 1, 1984.¹⁶ Thus, from that day the wholesalers had to procure their supplies of liquor from the Corporation and the retailers and bars from the wholesalers. The bar licensees were also free to purchase their supplies from the Corporation as well.

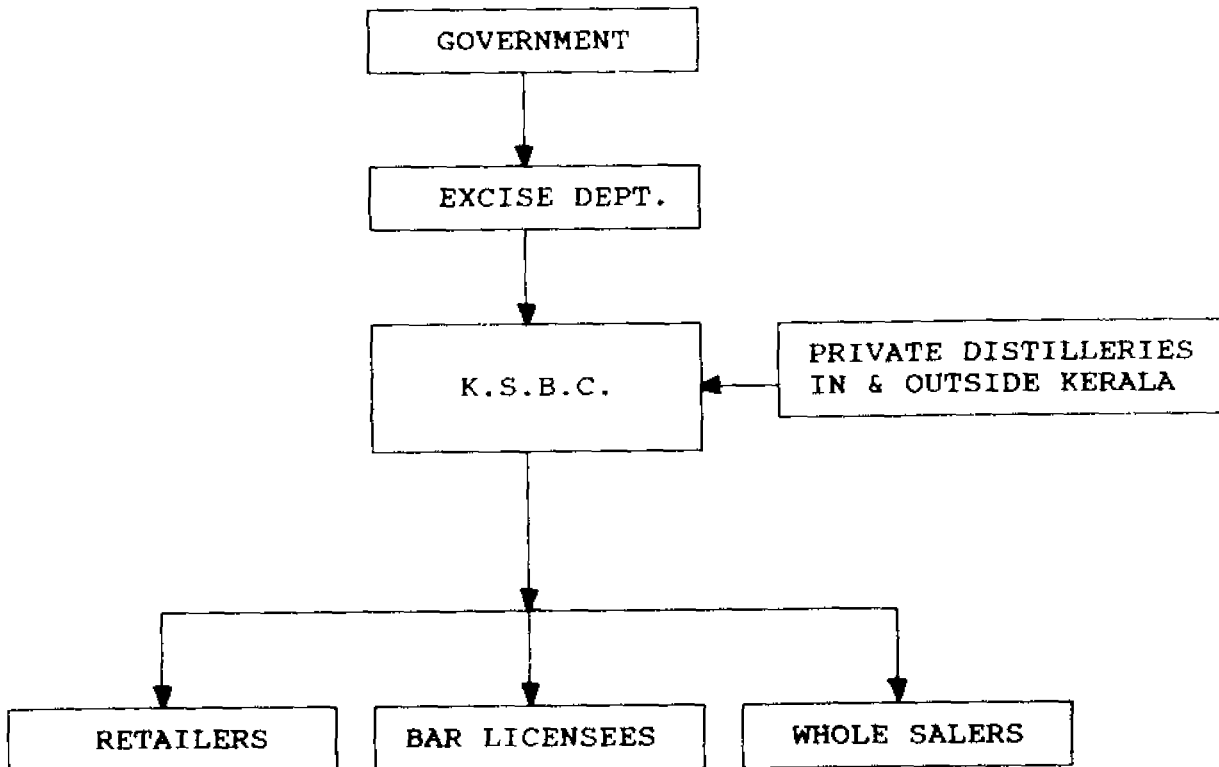
The government control over liquor trade registered a further increase with the establishment of the Kerala State Beverages (Manufacturing and Marketing) Corporation whose objectives are (a) proper channelisation of revenue to the State exchequer, (b) control liquor prices, and (c) prevention of the use of illicit liquor.

Besides this, the company possesses the monopoly to buy and sell foreign liquor and arrack in sealed bottles to prevent the circulation of illicit liquor in the three districts of Palakkad, Thrissur and Ernakulam on an experimental basis (This was felt to be necessary after the Vypeen liquor tragedy).



Flow chart 3.

Trading network of abkari system
 Supply of arrack in Palakkad, Thrissur and
 Ernakulam districts in 1990

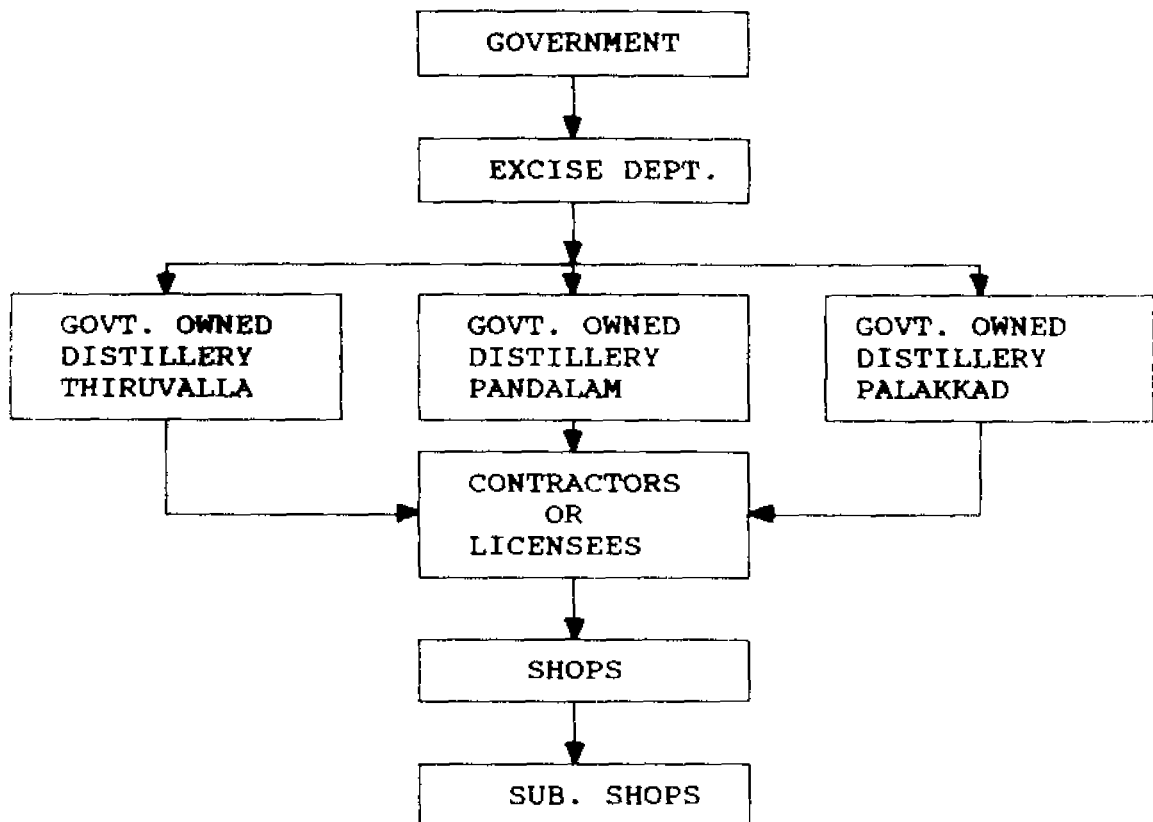


Flow chart 4.

Trading network of abkari system
Supply of Indian made foreign liquor, 1994 onwards

Arrack from the three public sector units is supplied to the contractors or licensees through the K.S.B.C. The contractors have to come to K.S.B.C.'s warehouse to collect the amount of quota prescribed by the government. The number and location of main and sub-shops is determined by the government. The contractor sells liquor to the public through main shop and sub-shops.

5.2.3 Supply of arrack



Flow chart 5.
Trading network of abkari system
Supply of arrack in Kerala

In the case of arrack the right to manufacture arrack rests with the government and is exercised by means of contracting it to three public sector units, viz. Travancore Sugars and Chemicals (Thiruvalla), Cooperative Sugars (Chittur) and Mannam Sugars (Pandalam). The right to sell arrack is given to the highest bidder. Each contractor/bidder is allowed to sell a prescribed amount of quota fixed by the government. The contractor sells it through main shops and sub-shops.

5.2.4 Policy change in 1993

The quota system followed by the government have many limitations and loop holes. The government very often fail in making available the prescribed quota. The contractors taking advantage of the government's failure default payment of 'kist'. This resulted in substantial reduction in revenue collection. In order to get over this, the government has evolved a new policy. The quota system was abolished and instead the government issues permits to the contractors to collect spirit from all available sources with the suggestion that preference should be given to the distilleries within the State.

Although this change of policy appeared to be effective in surmounting some of the practical difficulties experienced under the quota system, it has

started revealing some of its inherent defects. The permit issued by the government for bringing spirit from outside is normally valid for only three months and every load transported into the State has to be marked in the permit. This restriction has been converted into an opportunity for malpractice. On the strength of bribe the number of loads brought into the State are not marked in the permit and invalidated permits are allowed to be used for transporting spirits. Thus the chances of corruption have only increased under the new system.

The permit system also has paved the way for the emergence of a new set of agents with strong political connections who act as an intermediary between the distilleries and the contractors. Chances of corruption have thus increased under the new dispensation.

Article 3 Revenue from Liquor Trade

In Kerala, the revenue from liquor trade is derived from the following taxes and duties.

- (a) Duties on country spirit, toddy, IMFL, wine and beer.
- (b) Licence fee on country spirit, toddy and foreign liquor wholesale and retail shops.
- (c) Vend fee and licence fee on spirits.
- (d) Permit fee on Indian made and imported foreign liquor.

5.3.1 Revenue from arrack

Arrack means 'country spirit' which has not been coloured or flavoured. Arrack is mainly manufactured from molasses. In Kerala, arrack used to be manufactured from jaggery or jaggery runnings also, but where there is easy availability of molasses, only molasses is used as the base. In some other countries, fermented rice is also used for the production of arrack.

The excise revenue from arrack is derived from two sources, viz., (a) excise duty on arrack, (b) licence fee which is determined by auction.

5.3.2 Revenue from foreign liquor

All liquors other than country liquor is defined as foreign liquor. [For all practical purpose, only toddy (country fermented liquors) and arrack (country spirits) come exclusively under the term country liquors]. In common parlance, the term foreign liquor is applied to liquor imported from outside India and those manufactured in India.

Indian made foreign liquor when used in contradiction to Indian made foreign spirit includes (a) fermented liquors such as beer, cider, wine, etc., and (b) Indian made foreign spirits. Indian made foreign spirits means

spirits manufactured and compounded in India and made in colour and flavour to resemble gin, brandy, whisky, rum, etc., imported from foreign countries. Milk punch and liqueurs, bitters, etc., are taken as coming within the category of spirits, but vermouth within the category of wines.

Excise revenue from foreign liquor in Kerala is derived from the following duty and fees.

- (a) Excise duty on Indian made foreign liquor.
- (b) Licence fee which was assessed on retail and wholesale venders on their sales at prescribed rates. But, now it is decided in an open auction of liquor shop.
- (c) Export duty on Indian made foreign spirits, wine and beer.
- (d) Bottling fee in respect of foreign spirit, wine and beer (There are separate rates of duty on IMFL, wine, bear, etc).

5.3.3 Revenue from toddy

Excise revenue from toddy is derived from the following ways.

- (a) Licence fee which is assessed on toddy shops.
- (b) Taxes imposed on the tapping of toddy trees.

Table 13 Auction bid amount from 1981-82 onwards

Year	Toddy (Rs.)	Arrack (Rs.)	F.L.W. (Rs.)	F.L.R. (Rs.)	Total (Rs.)
1981-82	10,55,37,344	22,39,52,530	5,75,87,305	6,93,79,800	45,64,56,979
1982-83	6,16,91,663	31,94,68,240	5,96,19,667	4,88,23,741	48,96,03,311
1983-84	7,26,15,222	30,66,03,625	6,67,24,151	4,81,59,000	49,41,01,998
1984-85	4,48,09,770	58,69,86,382	6,92,60,468	5,48,62,574	75,59,19,154
1985-86	7,18,63,836	56,70,86,961	4,92,99,149	5,25,62,731	74,08,12,277
1986-87	7,89,11,232	62,25,06,803	5,86,79,489	3,90,44,244	79,91,41,738
1987-88	10,76,70,737	62,25,06,803	5,86,79,489	3,90,44,244	79,91,41,738
1988-89	8,94,64,576	88,61,65,181	1,40,00,000	12,36,37,111	109,92,66,868
1989-90	10,68,98,140	99,51,73,568	70,00,000	10,83,58,800	121,04,30,508
1990-91	7,84,64,960	103,29,28,188	70,00,000	13,85,58,552	124,99,51,700
1991-92	6,56,15,237	120,24,98,449	70,00,000	16,49,11,014	144,00,24,700

Source: Government of Kerala, Taxes Department (A&G), Thiruvananthapuram.

Table 14 Revenue collection from 1979-80 onwards

Year	Rs.
1979-80	60,34,10,889.00
1980-81	63,76,52,440.00
1981-82	52,08,92,920.00
1982-83	70,13,15,854.00
1983-84	76,53,36,952.00
1984-85	95,93,75,113.00
1985-86	1,05,05,94,001.00
1986-87	1,20,95,32,722.99
1987-88	1,44,18,88,047.00
1988-89	1,60,62,06,890.00
1989-90	1,69,36,31,125.76
1990-91	1,72,86,49,469.72
1991-92	1,94,70,73,896.00
1992-93 (upto 9/92)	90,43,33,254.00

Source: Taxes Department (A&G), Government of Kerala,
Thiruvananthapuram.

FIGURE 1. AUCTION BID AMOUNT FROM ARRACK
1981 - 82 ONWARDS

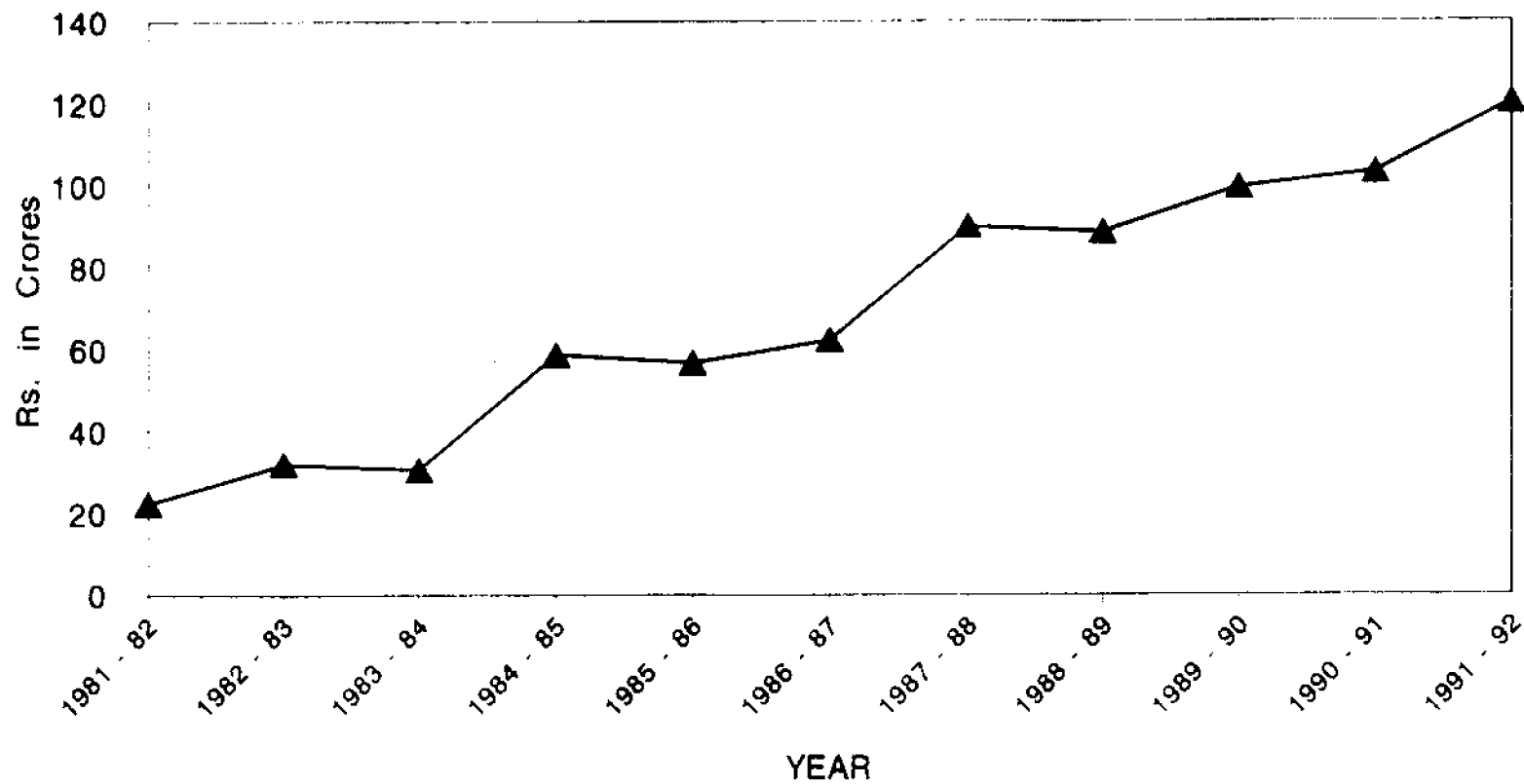


FIGURE 2. AUCTION BID AMOUNT FROM FOREIGN LIQUOR RETAIL
1981 - 82 ONWARDS

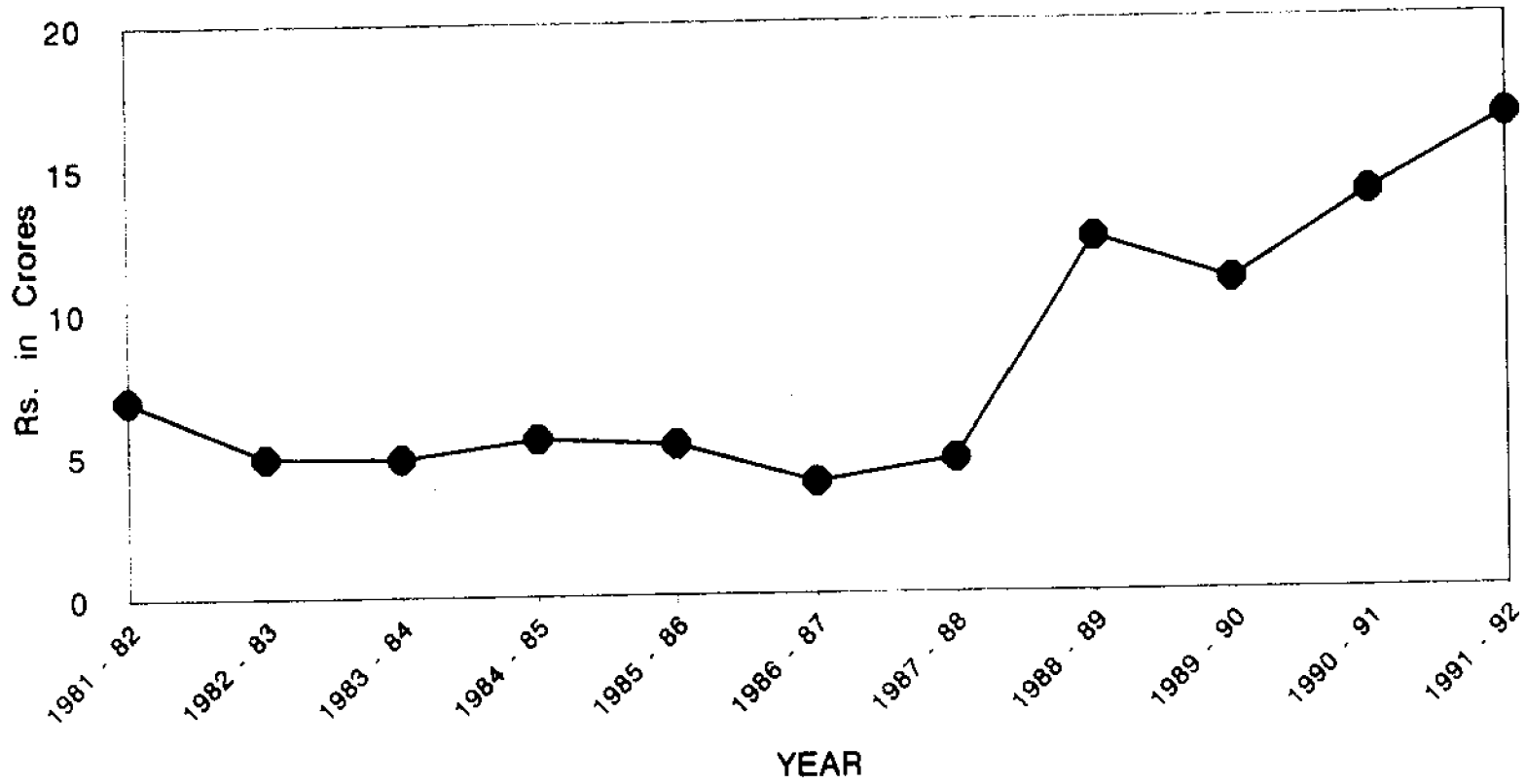


FIGURE 3. AUCTION BID AMOUNT FROM FOREIGN LIQUOR WHOLESALERS
1981 - 82 ONWARDS

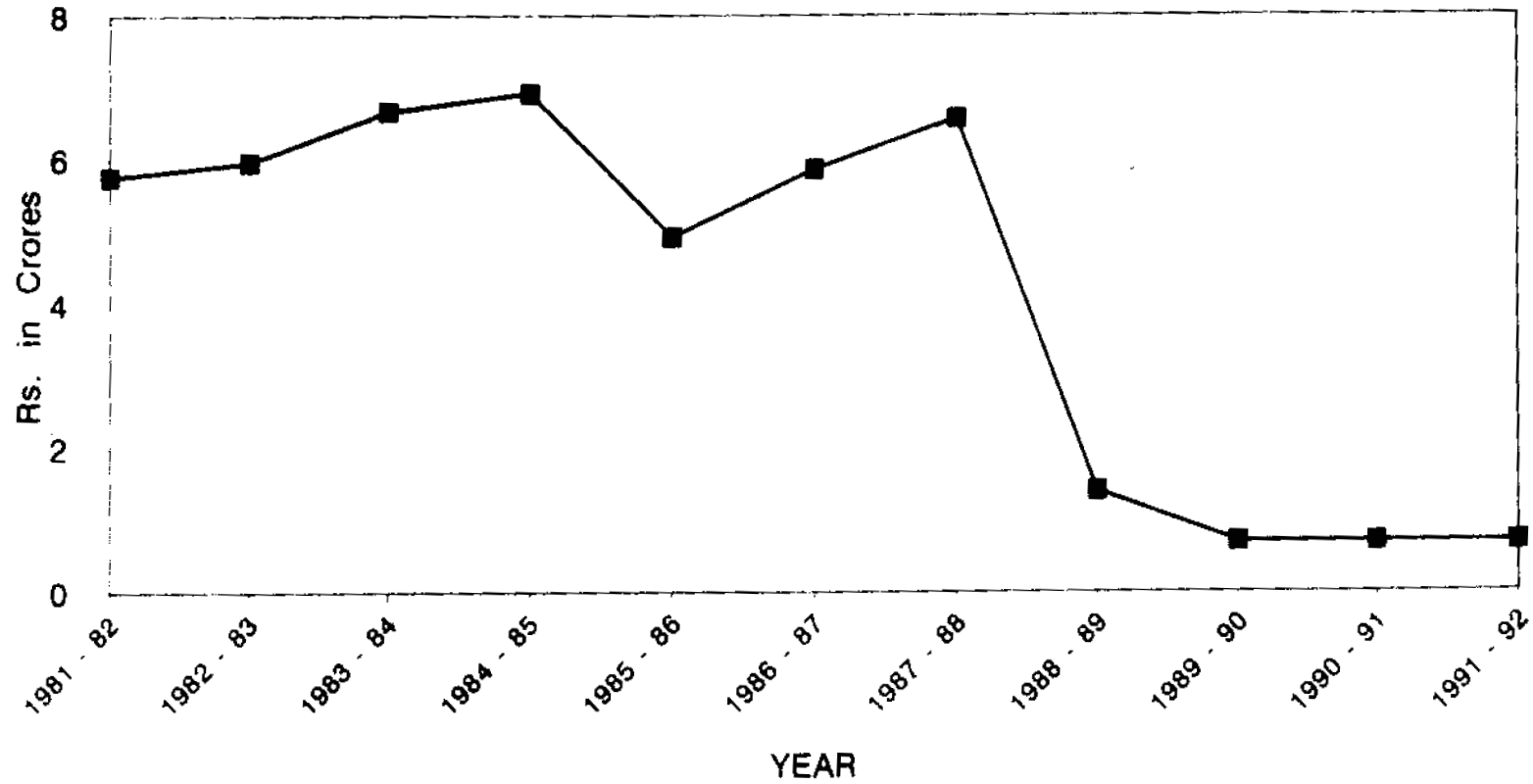


FIGURE 4. AUCTION BID AMOUNT FROM TODDY
1981 - 82 ONWARDS

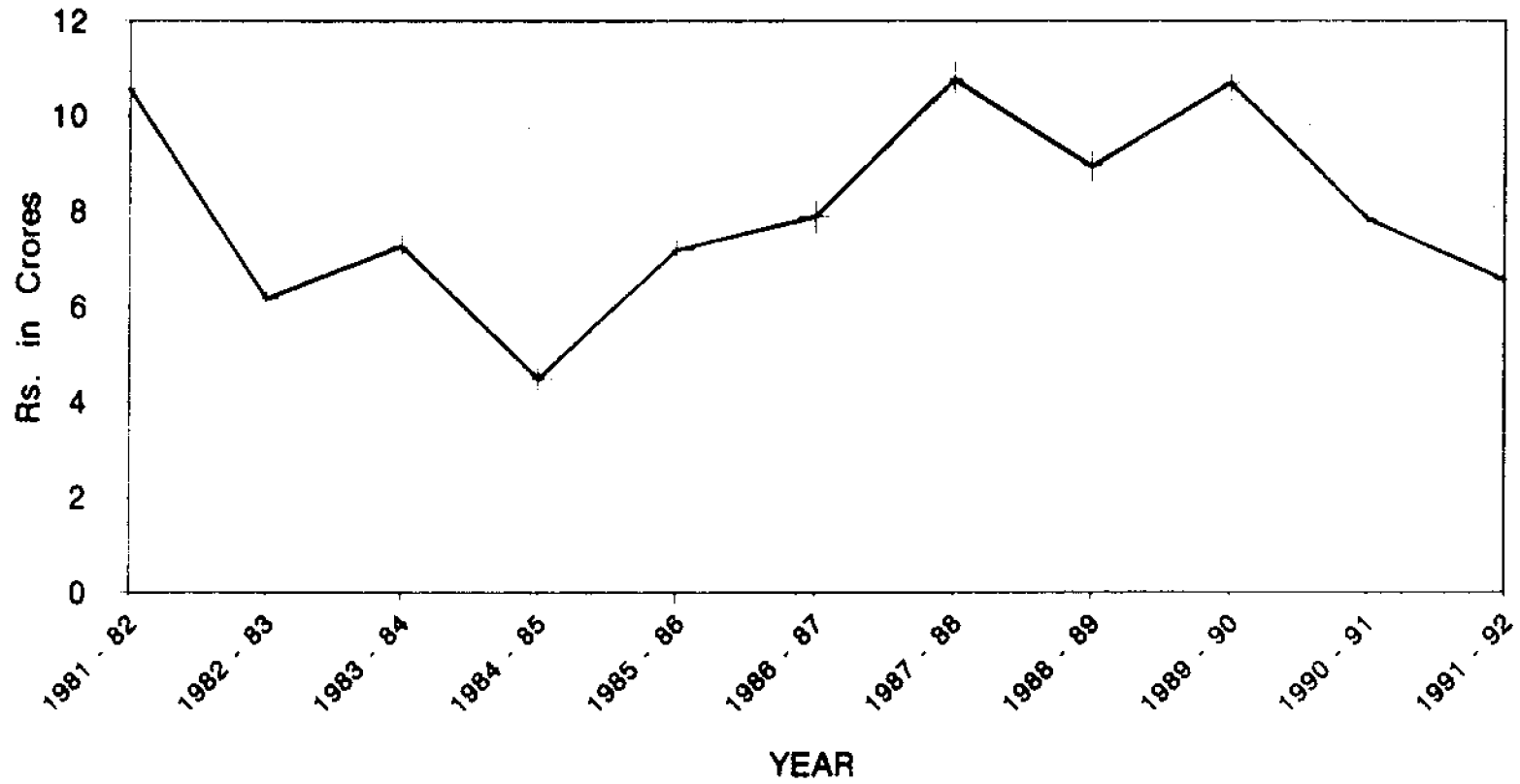


FIGURE 5. TOTAL AUCTION BID AMOUNT
1981 - 82 ONWARDS

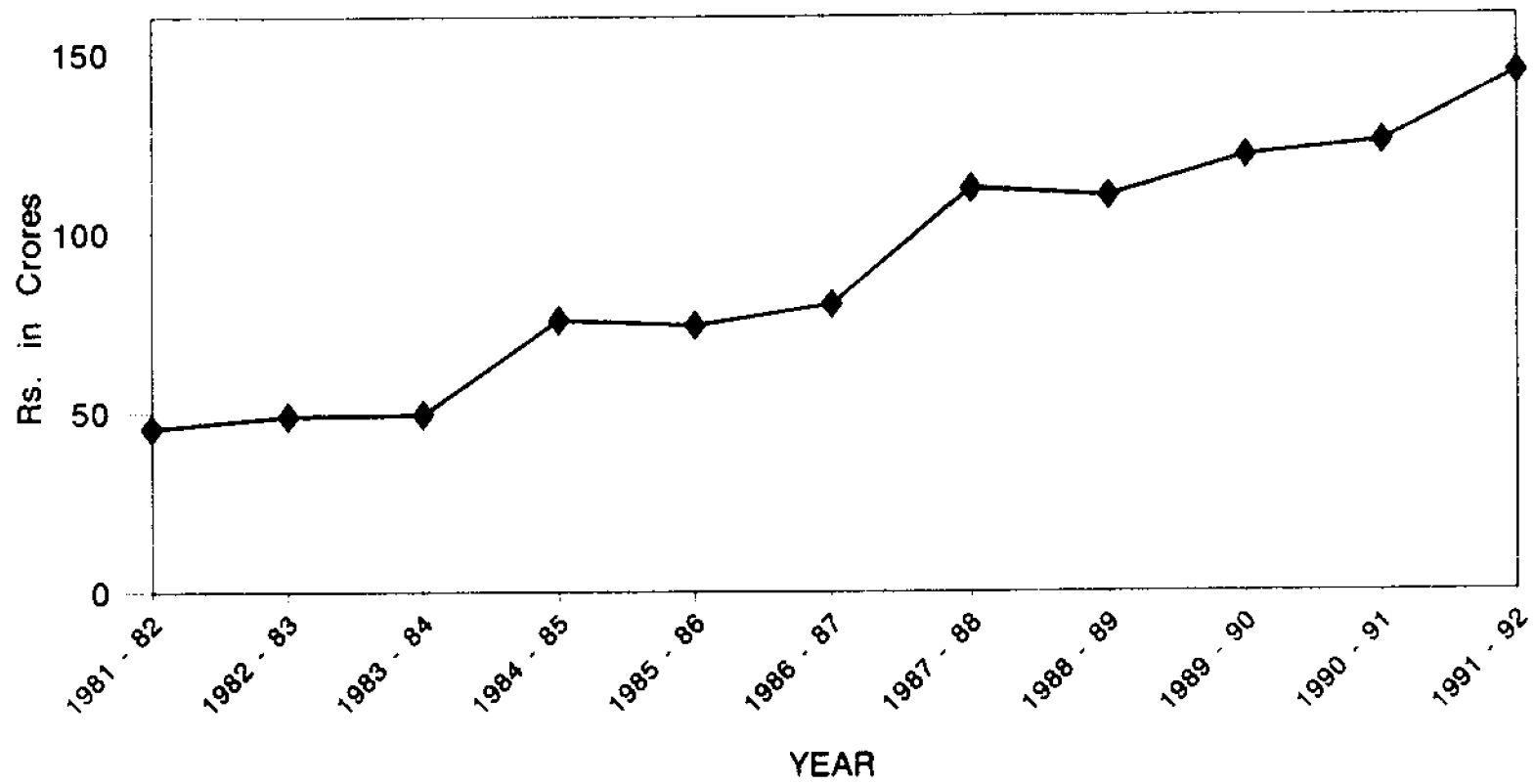


FIGURE 6. TOTAL REVENUE COLLECTION FROM 1979 - 80 ONWARDS

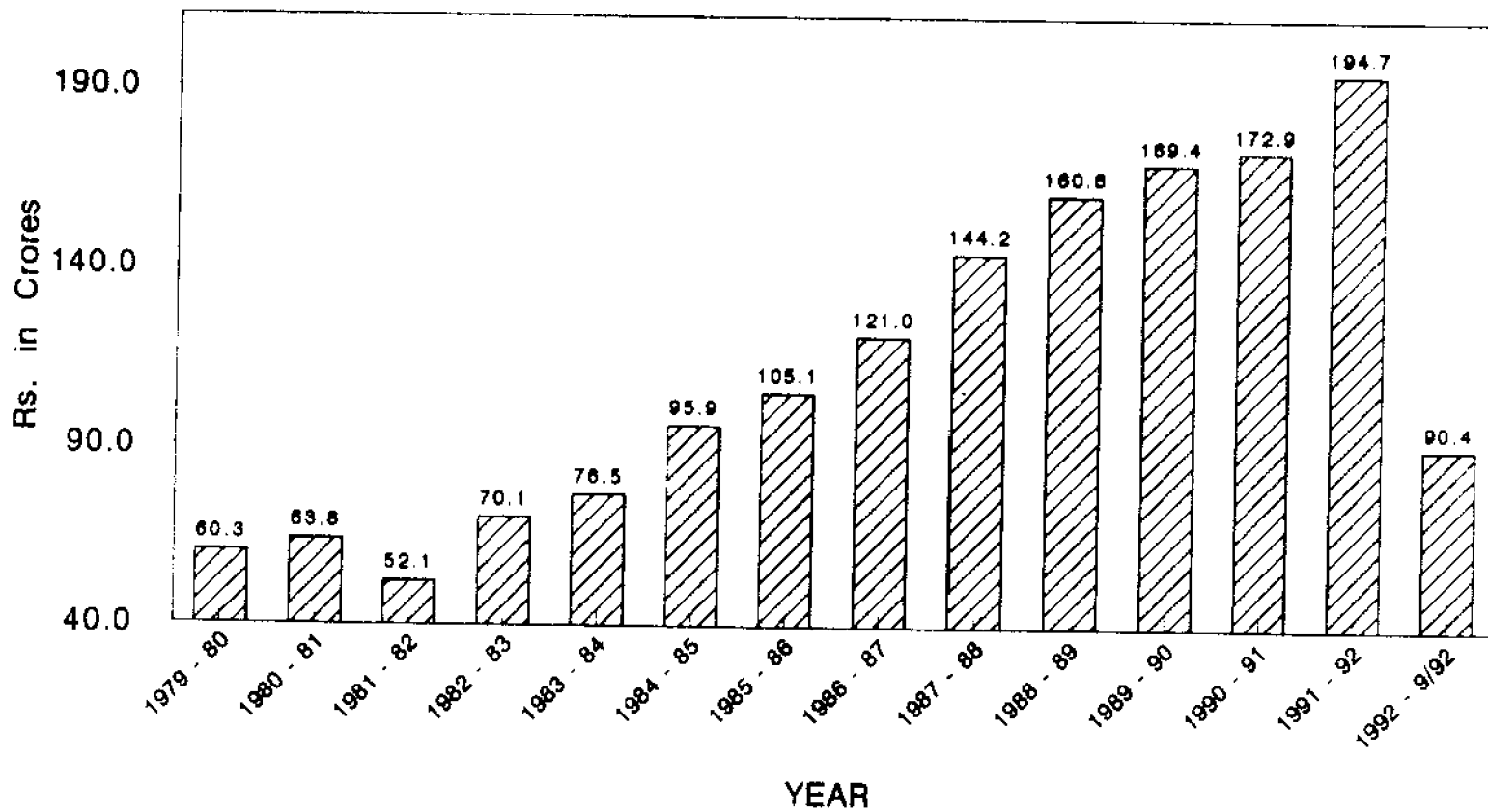


FIGURE 7. COMPONENTS OF LIQUOR REVENUE FROM 1981 - 82 ONWARDS

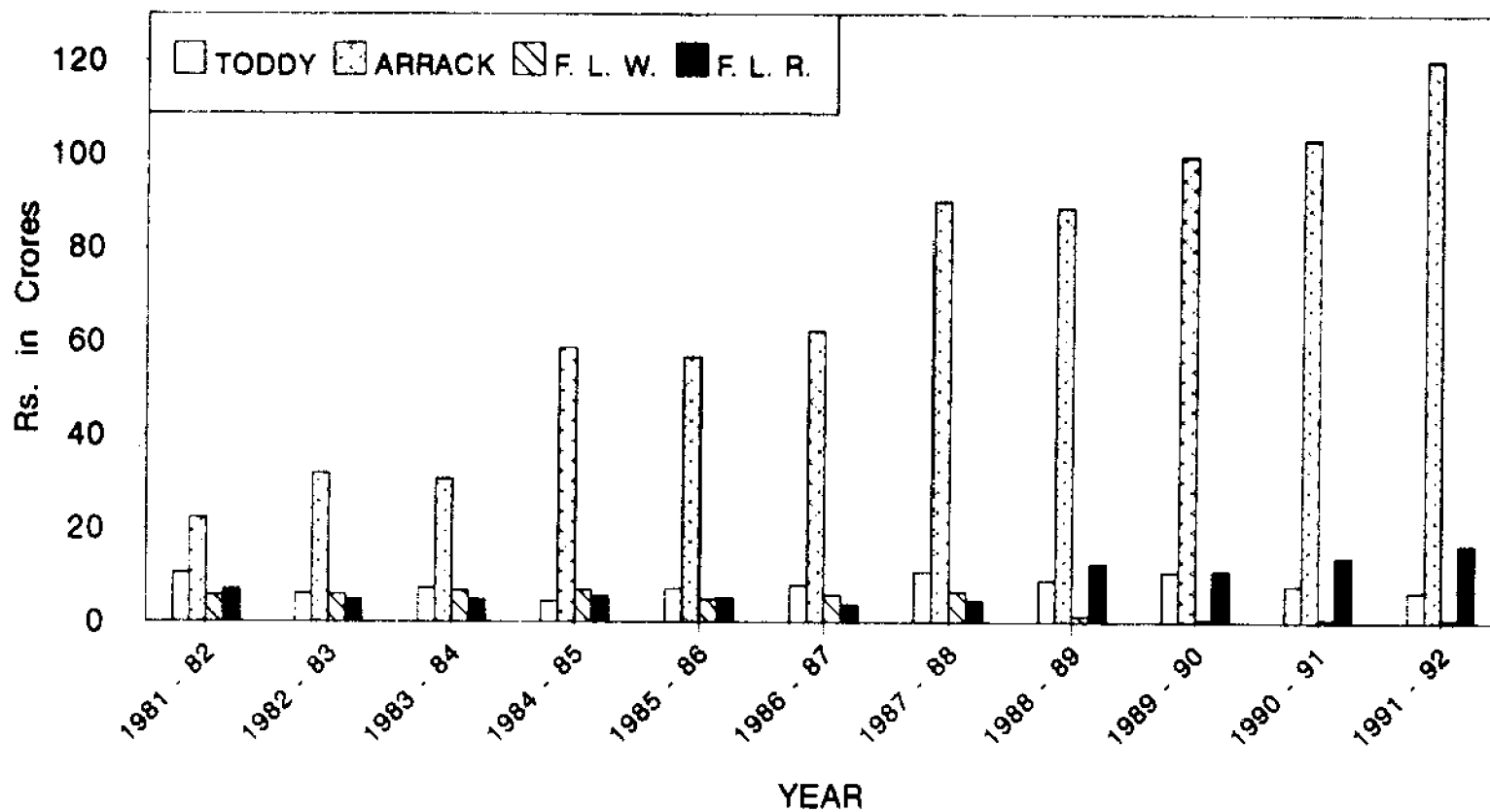


Table 13 shows the auction bid amount of toddy, arrack, foreign liquor wholesale and retail from 1981-82. In 1981-82 the total auction bid amount from toddy, arrack, foreign liquor wholesale and retail constitute only Rs. 45,64,56,679. But in 1991-92, it increased upto Rs.1,44,00,24,700--an increase of Rs.98,35,67,721. Table 14 shows total revenue collection from 1979-80. In 1979-80, it constitutes only Rs. 60,34,10,889. But in 1991-92, it increased upto Rs.1,94,70,73,896 (for more details refer Figures 1-7).

Government is always trying to derive maximum revenue from liquor at any cost. Besides State excise duties, sales tax on liquor is also imposed at the first point of sale.

Table 15 Rates of sales taxes for different types of liquor in Kerala 1993-94 to 1994-95

Arrack	- 40 per cent of the rental if compounded otherwise 62 per cent of the selling price.
IMFL	- 75 per cent of the selling price.
Beer	- 75 per cent of the selling price.

Source: Board of Revenue-Excise, Government of Kerala, Thiruvananthapuram.

In addition to excise and sales tax, additional sales tax is also usually imposed with a view to derive maximum revenue. But from April 1, 1992, no additional sales tax is imposed on liquor. Another interesting point is that liquor trade also provides revenue to the Central Government in the form of income tax.

5.3.4 The estimated regression equation of liquor-trade revenue on selected independent variables

$$\begin{aligned}
 R &= 80.37482 + 0.212691 x_1 + 0.082012 x_2 \\
 &\quad (0.301361) \quad (0.035522) \\
 &\quad + 0.206750 x_3 + 0.15067 x_4 - 0.02346 x_5 + \\
 &\quad (0.368267) \quad (0.12449) \quad (0.013280) \\
 &\quad + 0.068556 x_6, R^2 = 0.996658
 \end{aligned}$$

R = Components of Revenue from Liquor-Trade

x_1 = Revenue from Tree-tax

x_2 = Revenue from Excise duty

x_3 = Revenue from Licence fees of Toddy shops

x_4 = Revenue from Licence fees of Arrack shops

x_5 = Revenue from Licence fees of Foreign Liquor (R) shops

x_6 = Revenue from Licence fees of Foreign liquor (W) shops

Figures in parenthesis represent the S. E.

* Statistically significant at 10 per cent probability level.

5.3.5 Summing up

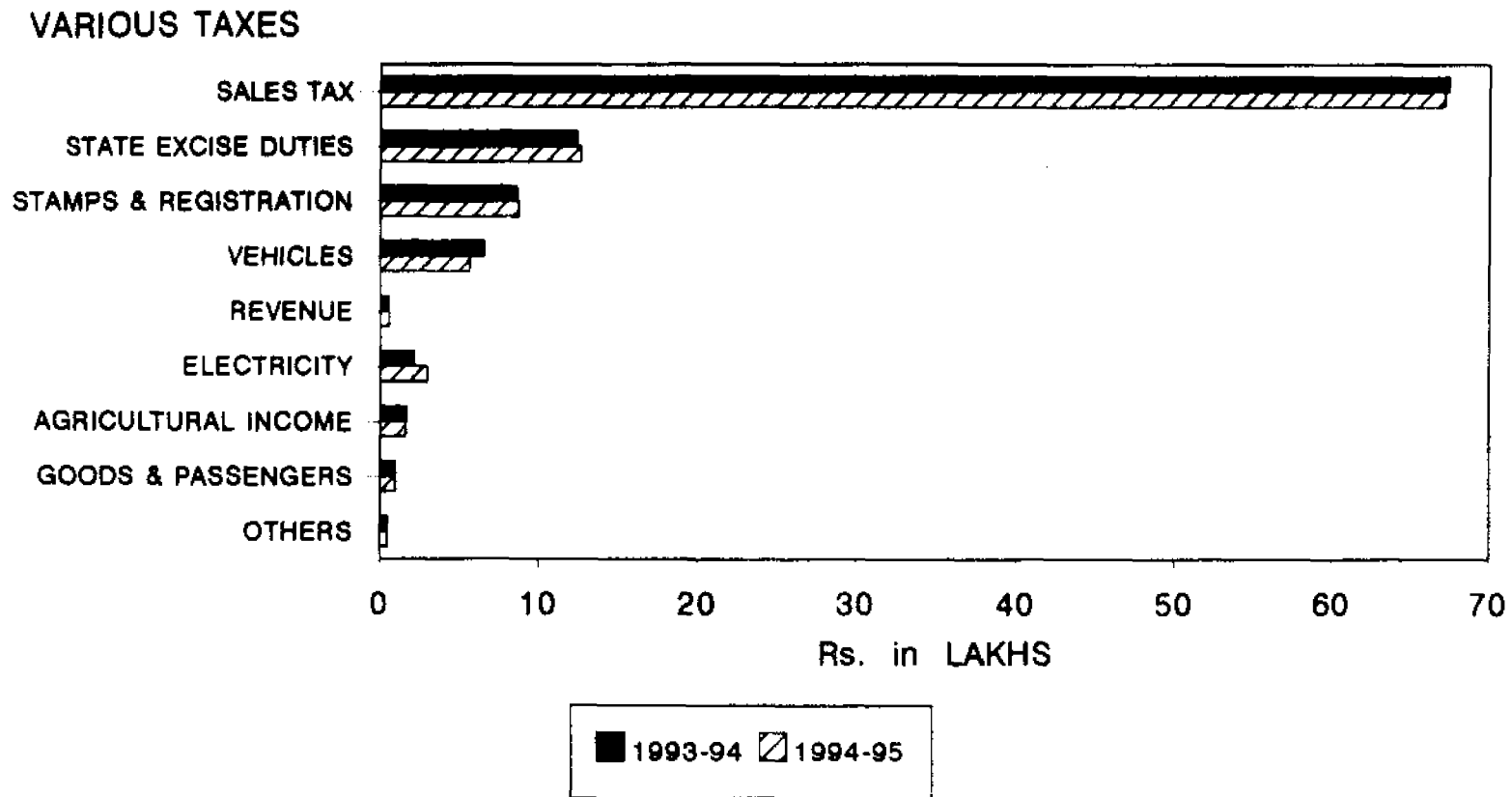
Table 16 Distribution of various State taxes as percentage of total revenue in Kerala (1993-94 and 1994-95)

Various State taxes	1993-94 (Revised estimate)	1994-95 (Budget estimate)
1. Sales tax	67.43	67.15
2. State excise	12.39	12.65
3. Stamps and registration	8.63	8.77
4. Taxes on vehicles	6.57	5.70
5. Land revenue	0.57	0.58
6. Taxes and duties on electricity	2.21	3.00
7. Taxes on agricultural income	1.71	1.66
8. Taxes on goods and passengers	1.00	1.00
9. Other taxes and duties	0.49	0.49

Source: Kerala Budget in Brief, Government of Kerala, Thiruvananthapuram, 1994-95, p. 13.

It is argued that liquor trade is significant in Kerala because it constitutes a major source of income to the state. A close observation of the State taxes and duties as percentage of total revenue on relevant years shows that it occupies the second position. But in spite of its place two position, the percentage is only 12.39 of the State taxes and duties in 1993-94 (revised estimate).

FIGURE 8. DISTRIBUTION OF VARIOUS STATE TAXES AS PERCENTAGE OF TOTAL REVENUE IN KERALA: 1993-94 AND 1994-95



In the budget estimate in 1994-95, it is only 12.65 per cent of the State taxes and duties (refer Table 16 and Figure 8). Table 16 also shows that income from sales tax is 67.15 per cent in 1993-94 (budget estimate). So even if prohibition is implemented, the loss of state excise will be only 12.65 per cent of total revenue which can be made good from a sure income in the percentage of sales tax.

Article 4 Employment Aspect of Liquor Trade

5.4.1 The background

Today, the employees in the liquor industry are well-organised. In the case of toddy, there was a time when sufficient number of tappers could not be found in particular localities. But, of late, the employment position in the industry has been giving occasion for concern. The introduction of prohibition in certain taluks in the State and the consequent displacement of workers, who prefer to seek employment in non-prohibition areas has brought about drastic changes. The return into the state of tappers sent out of Ceylon due to the immigration policy of the Ceylon Government and those thrown out of employment from Madras as a result of prohibition has contributed to the abnormal increase in

the number of tappers. This super abundance of labour, depending on the tapping work has adversely affected the employment position in the industry. The inevitable consequence of redundant labour in the industry is large scale unemployment and consequent discontent among the tappers.¹⁷

5.4.2 Appointment of wages committees

In the beginning, there were several disputes between the tappers, contractors and the government. But the government always tried its best to solve such disputes, otherwise, it could lead to the loss of revenue and large scale unemployment. To fix proper wage rate and ensuring proper conditions of work in this, in 1957 and 1965, government appointed minimum wages committees for toddy tapping industry. This helped in the standardisation of wages and other benefits throughout the state.

In order to examine the average salary of a toddy tapper per month, the researcher has taken nine toddy shops as samples. The total number of employees working in each shop, total months of work and the total wages they received during these months were analysed statistically.

Table 17 Average salary of toddy tapper per month

I. Toddy Shop No. 8

Name - Vattaplamoodu
Range - Varkala
Period - 1993-94

<u>No.</u>	<u>Name</u>	<u>Req. No.</u>	<u>Months</u>	<u>Total wages</u>	<u>Wage/ Month</u>
1.	Udayan	T.174-1	11	29160	2650.90
2.	V. Zoyal	10	11	28464	2587.63

II. Toddy Shop No. 35

Name - Tachodu
Range - Varkala
Period - 1993-94

1.	V. P. Thayan	T.113-10	11	28464	2587.63
2.	P. Satyadas	T.113-2	11	28464	2587.63

III. Toddy Shop No. 46

Name - Puthussery Mukku
Range - Varkala
Period - 1993-94

1.	M. Radhakrishnan	T.110-16	11	28464	2587.63
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IV. Toddy Shop No. 47

Name - Kallamkulam
Range - Varkala
Period - 1993-94

1.	T. Bhasy	T.110-17	11	28464	2587.63
2.	V. Aniruddhan	T.110-17	10	23292	2329.20

(Table 17 Contd. . .)

V. Toddy Shop No. 48

Name - Ittyomchira
Range - Varkala
Period - 1993-94

1.	Sudhakaran	T.125-1	11	27048	2458.90
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VI. Toddy Shop No. 50

Name - Kulamudu
Range - Varkala
Period - 1993-94

1.	V. Sasai	T.	11	28464	2587.63
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VII. Toddy Shop No. 51

Name - Kulakady
Range - Varkala
Period - 1993-94

1.	Benny	T.	10	23292	2329.20
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VIII. Toddy Shop No. 52

Name - Arayil
Range - Varkala
Period - 1993-94

1.	R. K. Sivadasan	T.	11	28464	2587.63
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IX. Toddy Shop No. 53

Name - Arayil
Range - Varkala
Period - 1993-94

1.	R. K. Radhakrishnan	T.118-5	11	18313	1664.81
2.	P. K. Mohanan	T.10	11	17873	1624.81
3.	Ajayaghosh	T. 17	11	20972	1906.54
4.	D. Chitrayam	T.	11	28956	2632.36

Average salary per month				2380.68	
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From this, the average wage of a toddy tapper per month was calculated. From Table 17, it is clear that a toddy tapper got maximum 10 to 11 months employment in a shop and each of them received an average of Rs. 2380 per month.

5.4.3 Toddy Workers' Welfare Fund Board, 1970

In 1970 Kerala Toddy Workers' Welfare Fund Board was constituted by an enactment of the Kerala Legislation Act, 1969, is intended to benefit more than 30,000 workers engaged in the industry. This is a turning point while considering the industry as a whole.¹⁸

5.4.4 Abkari Workers' Welfare Fund Act, 1990

Besides the toddy workers, a large number of workers in the state are engaged in the abkari industry (Table 18). Though there is a legislation providing welfare fund for toddy workers, there was no law for extending the same welfare programme to their counterparts in the arrack and IMFL industries. The Left Democratic Government, therefore, formed the Abkari Workers' Welfare Fund Scheme under the Abkari Workers' Welfare Fund Act in 1990.¹⁹

Table 18 Registration performance submitted by the Abkari Welfare Fund Inspectors in a meeting conducted on August 26, 1993.

Districts	Total employees	Total application for registration	Registered employees	Percentage	Rejected	Rest
Thiruvananthapuram	1537	1544	1474	95.46	33	37
Kollam	967	928	906	97.62	4	18
Alappuzha	680	709	665	93.79	31	13
Pathanamthitta	400	407	398	97.78	2	7
Kottayam	1261	1166	1130	96.91	-	36
Idukki	804	768	616	80.20	-	152
Ernakulam	1793	1793	1786	99.60	-	7
Trissur	1494	1346	1286	95.50	40	20
Palakkad	1526	1609	1516	94.33	64	29
Malappuram	792	772	760	98.44	-	12
Kozhikode	907	884	884	100.00	-	-
Wayanad	517	484	484	100.00	-	-
Kannur	973	973	964	99.00	-	9
Kasargod	694	694	683	98.41	-	1
	14345	14077	13552	96.27	174	35

Source: Kerala Abkari Workers' Welfare Fund Board, Government of Kerala, Thiruvananthapuram.

Table 19 Total employees working in the toddy tapping industry from 1982 onwards

Year	Total employees	Registered employees
1982	43,040	35,611
1983	42,077	34,535
1984	44,833	36,260
1985	46,324	39,007
1986	46,454	40,009
1987	45,964	39,292
1988	43,872	38,069
1989	43,371	38,182
1990	44,181	39,132
1991	46,414	38,341
1992	45,827	38,673
1993	44,630	38,472
1994	45,316	38,515

Source: Annual Report of the Kerala Toddy Workers' Welfare Fund Board - Various years, Government of Kerala, Ulloor, Thiruvananthapuram.

Table 20 Total number of employees (Toddy) in each district 1994

District	Registered	Not registered
Thiruvananthapuram	708	335
Kollam	1,836	151
Pathanamthitta (Thiruvalla)	1,046	114
Alappuzha	3,442	69
Kottayam	3,959	396
Idukki (Thodupuzha)	2,817	193
Ernakulam	6,766	1,127
Thrissur	7,634	232
Palakkad	3,973	3,159
Malappuram	1,463	116
Kozhikode	1,214	475
Kannur	2,940	223
Kasargod	697	111
	-----	-----
	38,519	6,801

Source: Kerala Toddy Workers' Welfare Fund Board,
Government of Kerala, Ulloor, Thiruvananthapuram.

FIGURE 9. DISTRICT-WISE EMPLOYMENT POTENTIAL OF TODDY WORKERS

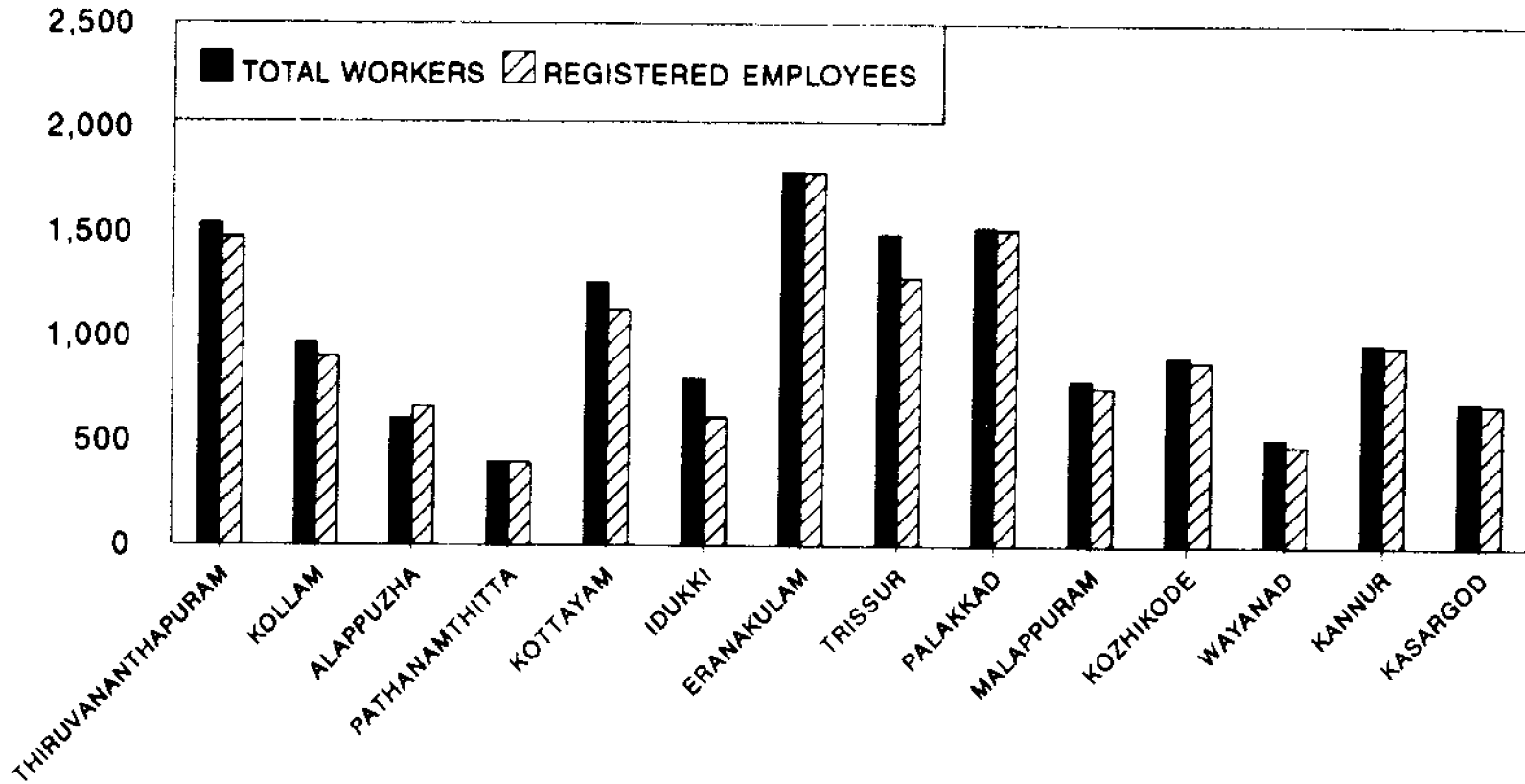
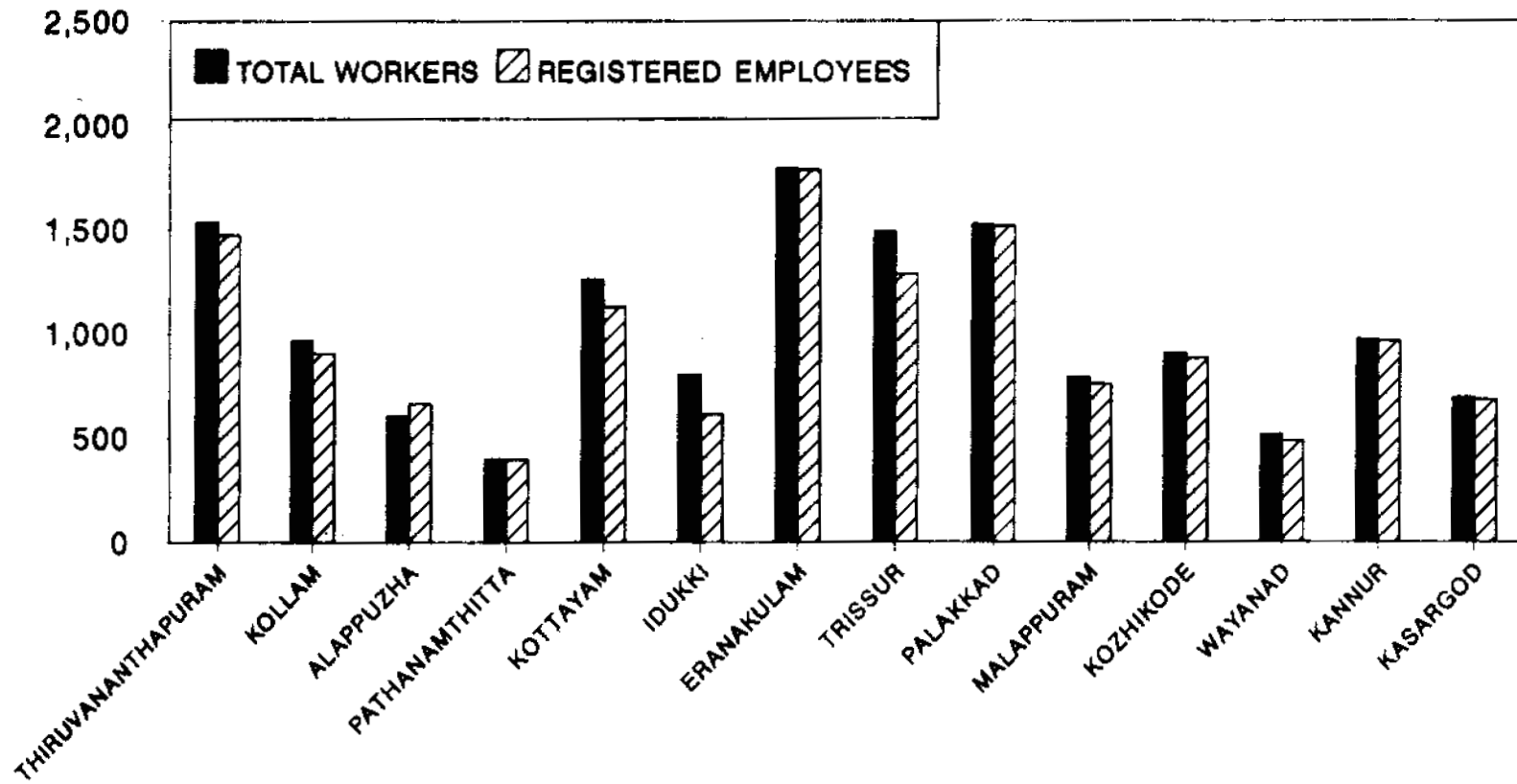


FIGURE 10. DISTRICT-WISE EMPLOYMENT POTENTIAL OF ABKARI WORKERS



5.4.5 Summing up

From Tables 18, 19 and 20, the total number of employees working in this industry can be calculated. After the establishment of the Welfare Fund Boards, the employees working in this industry are eager to register their names in these Boards. In 1982, there were 43,040 employees working in the toddy tapping industry (of which 35,611 employees belonged to the category of registered employees). But in 1994 (upto March) there are 45,316 employees working in this industry (of which 38,515 employees are registered employees). While considering the registered employees, we have to observe an increase of 8.16 per cent over the base year. Table 18 has given the total number of employees working in the arrack and foreign liquor industry. According to the registration performa submitted by the Abkari Workers' Welfare Fund inspectors in a meeting conducted on September 26, 1993 total 14,345 employees are there in this industry (of which 13,522 employees got registration). The district-wise distribution of employees (toddy workers and abkari workers) data are also given in Tables 18 and 20. Thrissur district consists the maximum number of registered toddy tappers (7,634), while the Ernakulam district consists the maximum number of registered abkari workers (1,786). From these tables and figures (9 and 10),

it is clear that about 59,661 employees are working in the liquor industry, of which registered employees constitute only 40,311. If the government and other social welfare agencies make a genuine effort, it may not be difficult to find out alternate employment to these people.

Article 5 Illicit Distillation in Kerala: A Profile

Illicit distillation has become a highly prospering industry in Kerala today, spreading across the length and breadth of the state. Many people, including the law enforcing agencies, hold that illicit distillation has come to stay and nothing can be effectively done to eradicate this entrenched evil from the land, although it has started causing serious socio-economic as well as law and order problems.

5.5.1 Illicit distillation--who and how?

Illicit distillation is resorted to by mainly two categories of people in society. (a) The economically needy sections of the society, mostly unemployed women and children. Illicit distillation turn out to be their principal source of income, even the exclusive source of their livelihood. (b) The bootlegger who distills on a large scale and makes quick and easy money.

Illicit distillation is generally done in the slopping sides of hills, river beds, jungles and such other places. It may be said that the first criterion for choosing a site is its inaccessibility. The offenders have been able to select areas which are safe enough for distillation and stealthy traffic. (Under the Abkari Act, an arrest can be made by the Excise Department, without a warrant if there is possession of illicit liquor. But the number of cases hence been seized by the officials formed only a minor part of the illicit liquor).

Table 21 Raids conducted against the illicit distillation in Kerala

Year	Total number of raids	Registered cases
1989-90	38,614	23,735
1990-91	39,514	18,822
1991-92	35,983	18,253
1992-93	35,963	17,464
1993-94	43,097	18,505

Source: Board of Revenue-Excise, Government of Kerala, Thiruvananthapuram.

5.5.2 The excise-bootlegger nexus

Officials of the Excise Department claim that the places where illicit distillation takes place are so far away. They are often ill-equipped and do not possess sufficient number of vehicles and on raids (which are performed often and on almost ritualistically) they are often out-numbered by the offenders, and sometimes even subject to roughing up. But investigations reveal an altogether different picture. There are many skeletons in the excise cupboard. It is almost an open secret today in Kerala that the law-enforcing authority whose duty is to "end" illicit distillation are the most vulnerable, falling easy victims to the huge sums meted out to them as bribes. As the bootleggers command enormous money and muscle power, and at times have the political connections to escape the strong arms of the law, the excise authorities act helpless. This together with the laxity of investigation and enforcement of law makes the situation more hopeless.

5.5.3 Process of brewing illicit liquor

Illicit liquor is prepared in such a way that it gives strong, intense and immediate intoxication, popularly known as "kick" to the person consuming it.

The process of brewing illicit liquor may be stated briefly. First, jaggery and water are boiled. As it boils, other ingredients like herbs and spices, chemicals, neem-leaves, dead insects and worms, rotten fruits, etc. are added and the containers are buried under earth. In some places there are temporary wells to keep these cauldrons. The herbs caused fermentation. The fermented substance is known as "wash". After two weeks of fermentation, the containers are taken out and supplementary ingredients like battery cells, dead snakes and scorpions, a mild dose of poison, etc. are added. This is followed by distilling and the final product is collected. Colours and essences are admixed into this and are labelled variously. In some cases, the labels of IMFL are used.

5.5.4 Societal attitude

The societal attitude to bootlegging is one of utter and studied indifference. Even conscientious citizens appear to be unwilling to report the offenders to the authority, either because of the risk factors involved or because they know that inspite of the rigorous laws and social pressure the offenders go scot-free. Because of their powerful political clout, the illicit distillers frighten the law enforcement authorities who consequently take lackadaisical attitude to such offences. The

situation is rendered more hopeless, when even those who dare to report the activities of the illicit distillation lobby are not given adequate protection, but is exposed to the brutalities of the bootleggers.

5.5.5 Attitude of political parties

The attitude of political parties towards illicit distillation and its attendant problem is one of compromise. The political parties cannot take a definite stand against the bootleggers for a number of reasons. All political parties depend heavily on them for funds and muscle power, as is well-known, the foul and undemocratic practices resorted to by politicians to win elections at any cost requires thugs and goons in large number and the illicit liquor trade has a reserve stock of such a brood. For the favours received during election times the political parties when they come to power barter out returns liberally. Thus, an unholy alliance between the political parties and the illicit liquor business is established.

5.5.6 Reasons for illicit distilling and trade

In order to find out why there is such an astonishing escalation of illicit distilling and trade, it is necessary to analyse several factors related to it. It is

clear from the excise statistics that compared with toddy the rentals for arrack marks a geometric increase. It is argued that this is because in arrack trade, there is an unlimited scope for adulteration and malpractices. Illicit arrack has a distinct advantage in terms of possibilities of concealed production and transport. Illicit arrack can be manufactured with the help of certain crude implements and using locally available raw materials such as jaggery, barks of certain trees, rotten tubes and fruits and such chemicals as ammonium sulphate, etc. Excise statistics also shows that over the years the consumption of arrack as against that of toddy has increased manifold (refer 5.6.1). Through a very unhealthy trend in terms of public weal, the government ignored the human side of the question, and wanted to take maximum advantage of this trend by increasing licence fee and promoting competition among bidders. It has come to such a stage where the contractor has to pay a very high amount as licence fee. Competition in auction made matters worse for them. Complicating the situation further, the government fail to supply the quota guaranteed by it. In most cases the contractor would definitely be a loser if he were to rely for his sale on the quota of liquor promised by the government. The licensee therefore, has to depend on liquor either illicitly distilled by him or procured from illicit

sources. Caught in this racketeering, the contractor goes in for quick and easy money, for which he opens several illegal shops or distributes and sells it through several authorised agencies. The authorised agent who sells it as an intermediary gets commission. According to a general survey conducted by the 'Kerala Desiya Vedi', there are about 37,000 illegal shops existing in this state.²⁰

Table 22 Cases registered against illegal shops in Kerala

Year	Registered cases
1989-90	5,702
1990-91	5,135
1991-92	4,352
1992-93	4,152
1993-94	5,437

Source: Board of Revenue-Excise, Government of Kerala, Thiruvananthapuram.

5.5.7 CASE STUDIES

The drive against illicit distilling is nominal compared to the enormity of the problems generated by it. Three case studies have been conducted by the researcher to understand the impact of the activities of

organisations and institutions in villages, where illicit distillation is considered a means of livelihood to the people. A short description of the same is attempted below.

5.5.7.1 Pozhiyoor

a) Background and nature of the problem

Majority of the people in the coastal areas of Thiruvananthapuram and the adjacent Kanyakumari district (in Tamil Nadu) are traditional fishermen, agricultural labourers and marginal farmers who come under poverty line. As their jobs are seasonal, they do not have year round work and they find it very difficult to make both ends meet. As a result, they are unable to educate their children (But the situation in Pozhiyoor is quite different and the younger generation have a minimum 10th standard education). Due to lack of education, their socio-economic level in the society is very low. Though the men-folk are considered to be the bread-winners of the society, it is not so. For a variety of reasons, they generally do not care to look after their family. A sizeable portion of their daily earnings, be it meagre or large, is being spent on intoxicating drinks. In a short while they become addicts and soon come face to face with a paradoxical situation, where they want to drink

regularly but do not have the money to do so. As a result the people, especially in the coastal areas of the district, turn to produce illicit country liquor. Gradually it comes to be organised in a massive scale and earning easy money to run their family. For the last quarter of a century this business has been flourishing in the coastal villages like Pozhiyoor, Poovar, Valiathura, Cheriathura, Puthukurichi, etc.

It is claimed by the natives of Pozhiyoor that it was as a source of livelihood that they turned to the practice of illicit liquor production, its distribution and sales. For the last quarter of a century this business has been flourishing in this village uninterruptedly. The easy availability of locally made alcoholic drinks produces more and more addicts in the village, which in turn boosts the demand for alcohols and thus encourage illicit distillation. Needless to say, this has created a very extraordinary social scenario in this locality.

b) Techniques adopted

Officials claim that the state government and its machinery (police and excise) failed in its attempt to put an end to this malpractice. But the social workers here allege that police and excise authorities are easily bribed by the bootleggers and it is with the deliberate

and silent support of these officials that this business is progressing in this village. This led to a volatile situation, and it was then that the Thiruvananthapuram diocesan authorities reoriented their Thiruvananthapuram Social Service Society and tried to confront this problem in the way described below.

The Latin Catholic Diocese of Thiruvananthapuram has about four lakhs members. The entire Thiruvananthapuram revenue district and eight adjacent coastal villages of Kanyakumari district came under Thiruvananthapuram Latin Diocese. The ecclesiastical structure of the diocese is as follows. The diocese is divided into eleven 'Forane' (equivalent to pharka in revenue terms). In every Forane, there are several parishes, generally less than eight. The social service activities of the diocese are mainly oriented in the Forane level. In each Forane, the thrust area of the social service activities is determined by the need of the people. Each Forane consists of several parishes. In each parish, the families are organised into groups, and each group consists of 30 to 50 families. The family group is termed as 'Basic Christian Community'. This is the 'Ecclesiastical Structure' of the diocese. The alarming rate at which problems associated with alcoholism increased in the diocese caused serious concern with the ecclesiastical authorities. Convinced of the need to launch an all out attack on this evil trend a

commission called Health and Anti-Alcoholic Commission was formed as a first step. It was followed by a two-day seminar conducted at the Forane level in which representatives of various parishes participated. Important decisions were taken in this consultation and work started in right earnest under the leadership of the Bishop of the Diocese, Rev. Soosa Pakyam.

The Commission conducted a seminar with a view to train volunteers who would propagate the message of anti-alcoholism with a missionary zeal and 95 young men and women participated in it. In this camp competent faculty members of Thiruvananthapuram Medical College, experts from Abhaya and TRADA (both voluntary organisations) served as resource persons. A core group (consist of 5 members of each Forane) was selected and they were given special training to conduct classes, seminars and organise various programmes related to the anti-alcoholic drive at the appropriate levels.

Parish level activities were intensified in places like Pozhiyoor, Valiyathura and Puthukurichi because these places had become notorious for illicit distillation and bootlegging. Gradually, the campaign acquired momentum and the response of the local people turned out to be enthusiastic. This is borne out by the fact that in a number of places the local people unearthed and damaged

the utensils used for brewing country liquor. Reading the signals, the Bishop and priests went a step further and declared a last date on or before which those engaged in illicit distillation should totally abandon the trade and come into the mainstream. In order to convince them that the ecclesiastics were serious, and meant business, they even resorted to what may be described as pressure tactics, viz., warning those in hooch trade that they will be denied the benefit of such sacraments as baptism, celebration of marriage, the final unction and even Christian burial. All those who overtly and covertly tried to sabotage the attempts of the church to save its people from the mortal clutches of this evil including the police and excise authorities and low-level political functionaries--had finally to toe the church line. And on the day when the dead line fell in, i.e., July 31, 1992, it worked like a miracle and unmindful of the adverse economic consequences that were sure to ensue, all those engaged in illicit brewing bid a final farewell to the devil's trade.

c) Present state of affair

The socio-economic conditions of the people of Pozhiyoor two years after they had given up illicit distillation under the moral and religious pressure of the Thiruvananthapuram Social Service Society and the nature

and extent of the rehabilitation work undertaken by the society may appear unsystematic and piece meal if one were to take an outsiders' view of the whole scenario.

On the one side, the society making an earnest and all out attempt to identify alcoholics--and they are many--and to send them to treatment centres. Side by side, they are also trying their best to educate the masses on the need to keep away from the influence of alcohol. What is shocking new about the approach of the society is that it does not assure the people financial or other kinds of palliatives or alternate means of employment. On the contrary, they take a moralistic position and exhort the people to keep away from illicit brewing as it is immoral, and although it is likely to assure them their livelihood, the society emphatically declare that it is better to starve and get lost than to subsist on an income from an utterly immoral source. Sociologists and such others find it unrealistic and even inhuman, but the church functionaries persist in their method.

This does not mean that they are totally averse to the practical consequences suffered by the new converts. The church authorities do not--may be they just cannot--rest content with a pie in the sky attitude.

Rehabilitating those who have lost their job and income is, of course, their priority although they do not take it upon as their inescapable responsibility. The Thiruvananthapuram Social Service Society helps the people with necessary advice and assistance in availing and using bank loans and subsidies to secure alternate employment. It has been reported that during the year 1990-92 Rs. 7 lakhs and in the subsequent year Rs.22 lakhs were sanctioned and expended as subsidies and loans.

The survey conducted in this village provides a disturbing picture. The people--for justifiable and non-justifiable reasons--confess that they are unhappy about the slow pace of the rehabilitative measures. Although they are not sorry about having to give up bootlegging, they are thoroughly discontented with the poverty that stares at them. If the response of the people indicate anything, it shows that they are disconcerted and confused. The women of the village for whom illicit distilling provided employment, find themselves jobless and impecunious. The men still spend a large portion of their income (from fishing and such other occupations) on alcohol. Though Pozhiyoor is free from illicit distilling, it is rampant in some of the neighbouring villages and thus provide greener pastures for the addicts of Pozhiyoor.

5.5.7.2 Monadi

a) Background and nature of the problem

The village taken for the study is Monadi in the Mattathoor panchayat in Thrissur district. Majority of the 3014 population of this village consists of economically backward people. For the past 40 years or more illicit brewing had become a part of the regular life of the people of Monadi. The geography of the village makes it a very congenial place for conducting illicit distillation in a regular and systematic manner. The thick forest behind the Kodassery hills and rocky slopes that surround this village make it what may be described as a protected area, making swoops and raids extremely difficult. The low standard of living of the people and the inaccessibility of the place are identified as the chief factors contributing to the prevalence of widespread illicit distillation. Out of the 900 families, about 87 (as per the survey) families are fully engaged in illicit distillation. The excise parties also got about Rs. 75,000/- to Rs.1,00,000 per month as a share of this distillation.

The villagers are not mere traders of liquor, they are its customers/users as well. The result is, the village has witnessed several hootch tragedies, family disintegration, violent clashes between various sections

of the people, suicides and other unnatural deaths. About 118 unnatural deaths have been reported from here, and all these are in some way related to this trade.

It was in this context that under the leadership of the panchayat member Joy Kaitharam, some youths in this village organised themselves into a group and decided to make a serious attempt to wean the people away from illicit liquor trade.

b) Techniques adopted

The first step in the campaign against illicit distilling and trade in Monadi was the setting up of a unit of the Kerala Prohibition Council here. Through the Council, they could get the support of the political and Excise Departments. The Prohibition Council unit organised the women of the village and began a series of attempts to conscientise the people and to advise them to fight illicit liquor trade. The volunteers of the council and others sympathetic to the cause, tried their best to dissuade those engaged in illicit distilling and trade by friendly persuasion. Where these methods failed to produce the expected results, they even resorted to destroying the utensils, etc. used for brewing. There were instances when drunkards who tried to create unruly scenes were physically tied up. The enthusiasm of the

activists was matched by their determination as most of them were one time victims of this monstrous evil. In hunting places which were the safe-shelters of the illicit brewers, the volunteers did not face considerable difficulty as they were extremely familiar with the topography of the village. No hide out could be inaccessible to the search party sent out by the council. It may be of interest to note that members of the search party even insured their lives in Accident Insurance Scheme to the tune of Rs. 1.75 lakh per policy. The council worked to achieve two goals. (a) Closing of arrack shops, (b) Stoppage of illicit brewing. The Excise Department, under the active direction of the Minister of Excise, formed a special squad under a preventive officer to help the council to make the village liquor free. Finally, it turned out to be a united struggle in which besides the government officials, youth, women, members of religious and secular organisations, etc., participated with vigour and valour. They conducted public awareness programmes like study classes, lectures, rallies, dharna, corner meetings, postering, etc.

Several people who participated in this campaign believed that with the help of their selfless services and the strong support they got from the authorities, especially from the Excise Department, they will be able to make the village liquor free. If the government

authorities especially, the Excise Department had taken an indifferent attitude their attempt would not have succeeded. Finally, at a public meeting held in the village on August 1991, the Excise Minister officially declared Monadi to be a liquor free village.

c) Present state of affair

As pointed out earlier, illicit brewing was the chief source of income for most people of the village of Monadi. With the ban of illicit distillation and trade, the sole means of livelihood was taken away from the people. Only a small section was willing to do physical labour which was the only alternative. Others are facing unemployment and poverty. Even suicides provoked by poverty has been reported from Monadi. The suicides of Chandran, Pallikunnel (26) and of Devasi Antony, Chankaveetil (56) are cited as illustrative examples. Two rehabilitative programmes were organised by the government--one is a Women's Cooperative Society which gives job to at least 50 women. Another is for the tribals and Harijans of this village. The Khadi Board has already disbursed Rs.1,10,000 as loan for generating alternate employment. But other important rehabilitative programmes capable of addressing this serious problem are still in incubation. So as things stand, there is a visible tendency among the people to go back once again to their previous job.

It will definitely create an atmosphere more dangerous than the earlier.

5.5.7.3 Muchukunnu

a) Background and nature of the problem

Muchukunnu in Kozhikode district used to be notorious for illicit distillation. It has even come to be known as the traditional occupation of the people in this village. The people of this village have been suffering from all the hardships that a social evil like illicit distillation could bring. To save the people from this death-trap, the unit of Kerala Prohibition Council started an anti-liquor drive on August 15, 1991 in the support (moral) of several political parties. As the President of the Kozhikode District Prohibition Council hails from this village, the responsibility of shouldering this task fell naturally upon him.

b) Techniques adopted

The first step in this massive campaign against illicit distillation was propaganda. The Prohibition Council unit with the help of the Field Publicity Bureau screened movies depicting miseries caused by alcohol and illicit liquor trade. The campaign was organised and carried out so systematically that almost all sections of

the society participated in it. Gradually, the campaign adopted other non-violent means as postering, distribution of tracts, offering dharna, conducting padayatras, public meetings, demonstrations, etc., besides organising seminars, study camps, lectures, etc., for the volunteers and the general public. Even the critics of the campaign had to concede that it made a tremendous impact on the people of the village and the nearby places. In the peak of this campaign some political parties showed utter indifference to it. Fighting against very heavy odds, the Prohibition Council unit could not maintain the tempo of the campaign at high pitch. There were ebbs and falls even in terms of the people who participated. But they still continued their work. They also sought the help of the Excise Department. But on the whole the impact of the withdrawal of the political parties from the campaign was evident that those arrested by the police were helped to set free by the political parties. The negative attitude of the political parties and the financial difficulties faced by the Council resulted in the waning of vigil and enthusiasm of the people. In spite of, all these difficulties the Council persisted in their effort with great determination and commitment and finally after three years of intense work Muchukunnu was declared the first alcohol free village.

c) Present state of affair

The volunteers of the Prohibition Council extended their hands of support to those who require rehabilitation by helping them to get bank loans and similar assistance from government agencies. But, unfortunately, some of the political parties continue to take a very negative and hostile position for reasons best known to them. Under such heavy odds, the Prohibition Council has not succeeded in making a substantial dent into the influence of the negative forces. The former illicit distillers of Muchukunnu have, thus, been sucked into the whirlpool of bootlegging once again, highlighting the imperative for a joint and concerted effort by all well-meaning people supported by the state power.

Article 6 Trends in liquor consumption in Kerala

5.6.1 Factors behind liquor consumption

Liquor consumption is dependent on so many factors like socio-cultural changes, per capita income, price and availability of liquor, government rules and regulations, etc. Hence the substantial increase in excise revenue from liquor reflects two things. (a) Changes in the above factors, (b) Increase in the consumption of alcoholic beverages. Here, an attempt is made to analyse the present trend in liquor consumption in Kerala.

Table 23 Consumption of toddy, arrack, IMFL and beer in Kerala

Year	Toddy (litre)	Arrack (litre)	IMFL (litre)	Beer (litre)
1963-64	97,709	544	160	146
1973-74	93,326	4,459	1,086	1,217
1983-84	1,01,805	20,518	7,197	8,078
1993-94	17,81,13,000	36,68,971	2,14,11,000	1,48,43,400

Source: Board of Revenue-Excise, Government of Kerala, Thiruvananthapuram.

From Table 23, it is clear that the consumption of toddy in 1963-64 was 97,709 litre. But in 1973-74, it decreased to 93,326 litre. In 1983-84 it increased upto 1,01,805 litre. In 1993-1994, it marked a further increase to 17,81,13,000 litre.

Compared with toddy the consumption of arrack was very low till about 1972-73. From 1961-62 to 1965-66 the consumption of arrack was more or less steady. From 1973-74 to 1979-80 there was a sharp increase in the consumption of arrack. But in 1980-81 and 1981-82 consumption decreased notably (The shortage of government supply leads to large scale illicit liquor sale and consumption. Along with this the Vypeen tragedy discouraged the people to consume arrack). However, by

1982-83 the consumption had picked up and in 1993-94 it shows an increase of 36,68,971 litre (refer Table 23 and Appendices 7-9).

The consumption of IMFL followed an erratic course till around 1972-73. From 1972-73, there was a steadily rising trend in the consumption of IMFL. The trend in the consumption of beer also shows a regular pattern. But from 1988-89, the consumption of beer shows considerable increase and in 1993-94, it shows an increase of 1,48,43,400 litre (refer Table 23 and Appendix 7).

Here, in order to analyse the trend in liquor consumption, we have converted the consumption of toddy, arrack, IMFL and beer into its alcohol content. Here it is assumed that the alcohol content of toddy to be 6 per cent of the bulk. We have also converted the consumption of arrack and IMFL into their alcohol content on the assumption that their proof strength is 75° (or 25° UP). It means that the alcoholic content of arrack and IMFL is 42.86 per cent of their bulk. The proof strength of beer varies between 6.13° and 17.5° (i.e., 82.5° UP and 93.87° UP). But an average proof strength of beer has been taken as 8.75 per cent degree proof or its alcoholic content to be 5 per cent of the bulk.²¹

Thus, the trend in liquor consumption shows a shift from toddy to hard liquors like arrack, IMFL and beer. At present, arrack ranks first among the hard liquors but trends point to the possibility of IMFL and beer displacing arrack to a lower level in the coming years. From the foregoing analysis, it is clear that (a) the duties and rentals on liquor is increased over the years, (b) the consumption rate also increased over the years, and (c) the contractor always wants additional quota to meet the demands of liquor. From the above facts, it is necessary to find out a correlation between rate, consumption and revenue from liquor.

5.6.2 Correlation between price, consumption and revenue from liquor

There is a close relation between the price of alcohol and its consumption which naturally affects the revenue. As a result of the sharp increase in the rate of duties and rentals on liquor, price has gone up exponentially. The contractors insist on getting the quota guaranteed by the government. Moreover, they even ask for a substantial increase in the quota allowed to them. It shows that since the demand for liquor is unaffected by price increase, the amount imposed on liquor in the form of duties and taxes are easily collected.

So rise in prices of liquor does not affect the liquor consumption. In Kerala, therefore, there is no direct correlation between enforcement of higher tax rates and unlicensed and underground trade of country spirits.²²

5.6.3 Summing up

From the foregoing analysis, it is clear that the growth of illicit liquor need not be related to prohibition policy.

Notes and References

1. Report on Prohibition Survey, Government of Kerala, Thiruvananthapuram, 1957, p. 1.
2. Kerala State Administrative Report, Government of Kerala, Thiruvananthapuram, 1958-59, pp. 57-58.
3. Ibid., 1965-66, p. 365.
4. Ibid., 1966-67, p. 400.
5. Ibid., 1957-58, p. 85.
6. Ibid., 1958-59, p. 52.
7. Ibid., p. 57.
8. Ibid., 1959-60, p. 40.

There were widespread complaints that the figures for the production of jaggery were fictitious, and that palm-gur cooperative societies acted as covers for illicit manufacture and vending of toddy. A palm-gur enquiry committee confirmed most of the allegations. It brought out numerous instances of false book entries and gross irregularities. On the recommendation of the committee, palm-gur cooperative societies were reorganised and in 1966-67, there were only 180 societies in existence producing 1069 tonnes of jaggery. But the Administrative Report of the Excise Department for the year admitted that complaints of misbehaviour by the societies and the tappers engaged in them were common as in the past.

For more details refer Kerala State Administrative Report, 1966-67.

9. Ibid., 1958-59, p. 52.
10. Ibid., 1963-64, p. 345.
11. Kerala State Excise Manual (Vol. II), Government of Kerala, Government Press, Ernakulam, 1972, p. 4. (Prohibition was in force in an area of about 8606.73 sq. miles, that is, about 58.8 per cent of the State).
12. M. J. K. Thavaraj, Report of the Taxation Enquiry Committee, Government of Kerala, Thiruvananthapuram, 1969, pp. 69 & 77.

The Acts relating to the Abkari Policy of the State from 1956-1967: (a) Travancore Abkari Act, (b) Cochin Prohibition Act, (c) The Kerala Prohibition Act, (d) The Opium Act (Central), (e) The Dangerous Drug Act, (f) Spirituous Preparations (Inter-State and Commerce) Act, (g) The Medical and Toilet Preparations (Excise Duties) Act. For more details refer Kerala State Administrative Reports, Relevant Years.

13. Kerala State Excise Manual (Vol. II), Government of Kerala, Government Press, Ernakulam, 1972, p. 5.
14. Ibid., p. 56.
15. Ibid., p. 57.

At the peak of fermentation, the average alcoholic strength of fermented toddy may be taken as follows.

- (a) Coconut - 8.1 per cent by volume
- (b) Palmyrah - 5.2 per cent by volume
- (c) Date - 4.9 per cent by volume
- (d) Sago - 5.9 per cent by volume

The chemical composition of toddy varies with the kind of tree tapped, the season, the stage of fermentation, etc. However, for an idea of the chemical composition, the following details may be of some help.

Specific gravity	- 1.07
pH	- 6.75
Nitrogen	- 0.059
Protein	- 0.365
Total sugars	- 11.01 per cent
Reducing sugars	- 0.97 per cent
Ash (minerals)	- 0.54
Calcium	- Traces
Phosphorous	- 0.16
Iron (mg)	- 0.0369 per cent
Riboflavin (mg/100 ml)	- 0.01
Vitamin B (mg/100 ml)	- 13.30
Vitamin C (mg/100 ml)	- 9.46
Total acidity	- 8.70

The caloric values of toddy in comparison to beer and milk have been given in some literature as below.

Neera	-	58
Toddy	-	45
Beer (4%)	-	55
Milk	-	66

As already stated the figures are not absolute and may vary, with the different kind of tree, season, etc. Refer Kerala State Excise Manual (Vol. II), Government of Kerala, Government Press, Ernakulam, 1972, pp. 57-58.

16. Refer Kerala State Beverages (Manufacturing and Marketing) Corporation, Annual Reports, Government of Kerala, Sasthamangalam, Thiruvananthapuram, 1984-85 onwards.
17. Report of the Minimum Wages Committee for Toddy Tapping Industry, Government of Kerala, Thiruvananthapuram, 1957, pp. 4-5.
18. For more details, refer Kerala Toddy Workers' Welfare Fund Board, Annual Reports, Government of Kerala, Ulloor, Thiruvananthapuram, 1970-71 onwards.
19. According to the Act, Abkari worker means a person employed for wages in connection with the storing, transport, or sale of liquor and who gets his wages directly or indirectly from the employer. But this

does not include an employee as defined in the Toddy Workers' Welfare Fund, 1969.

Employer means any person who employs whether by himself or through any other person one or more Abkari Workers and includes any person who possess a licence for storing, distribution or sale of liquor under the Abkari Act.

Wages means all emoluments earned by an abkari worker while on duty or leave with wages in accordance with the terms of the contract of employment and which are paid or payable to in cash to him. But this does not include food concession, allowance, bonus and commission.

The working of the Abkari Workers' Welfare Fund Board is the same as that of the Toddy Workers' Welfare Fund Board.

The contributions, gratuity, amounts borrowed by the Board, grants, loans, advances, interest, etc. are usually credited to the Fund. The employer should contribute to the Fund ten per cent of the wages for the time being payable to each of the abkari/toddy worker. The contributions of a worker will be equal to the contribution payable by the employer in respect of him. The employer should, in

addition, contribute as gratuity an equal to five per cent of the wages for the time being payable to each of the worker. No employer should reduce the wages of workers on the ground that he is making contributions to the Fund.

The Fund may be utilised for payment of pension, family pension, provident fund, gratuity, financial assistance to abkari/toddy workers suffering from permanent disablement, for granting loans or grants for marriage or education of children, for meeting expenses in connection with the death of the dependents, construction and maintenance of houses, towards maternity benefits, distress relief in case of calamities and epidemics, medical facilities for undergoing education and vocational training and facilities for part-time employment and for establishment of nurseries, creches, etc. for children.

There will be a fifteen-member Board of Directors in which abkari workers, employers and government will have equal representation. The term of the Board will be three years. (Sources: (a) Welfare Fund Schemes, Department of Public Relations, Government of Kerala, 1990, p. 14. (b) Abkari Thozhilali Kshemanithi Niyamavum Pravarthiyum

(Malayalam), Kerala Abkari Workers' Welfare Fund Board, Government of Kerala, Thiruvananthapuram, 1990. (c) Administrative Reports Relevant Years, Kerala Toddy Workers' Welfare Fund Board, Government of Kerala, Ulloor, Thiruvananthapuram, Relevant Periods.

20. Survey Report of the Kerala Desiya Vedi, Thiruvananthapuram, 27th June 1992, p. 2.
21. "Alcoholic contents of liquor can be expressed either in terms of (a) London-proof strength, and/or (b) by percentage of alcohol in bulk Alcohol, when absolutely pure, is said to have a 'London proof strength' or simply 'proof strength' of 174.6° . It is generally known as absolute alcohol. This is not potable. At this degree of purity, unmixed with anything else, any given volume of this liquid will contain 99.9 per cent of alcohol. That is to say, when a given volume contains 99.9 (say 100) per cent alcohol in bulk, the degree of purity is 174.6° (say 175°) in proof strength. The ratio $100/175$ (i.e., $4/7$) thus represents the relation between the two measures of purity--the denominator being the degree of alcoholic strength and the numerator the content of alcohol in a given bulk or volume. Now when other substances such as water are added the alcoholic content obviously decreases in bulk, and the degree

of proof strength, that is, the purity of alcohol, decreases in the same proportion in which alcoholic content in bulk decreases; so that the factor of proportionality, 4/7 is still maintained in new situation." (Source: Tek Chand, Report of the Study Team on Prohibition (Vol. I), Planning Commission, New Delhi, 1964, p. 24.)

22. In the State of Uttar Pradesh, the rise in rates of duty from 1967 onwards led to decrease in consumption from 146 lakhs L.P.L. to 90 lakhs L.P.L. in 1975-76. Rise in prices affected the country liquor consumption with the result that illicit distillation and illicit drinking went up. (Source: A. K. Agarwal, Commodity Taxes in India, Chungh Publ., Allahabad, 1981, p. 172).

CHAPTER 6

ANTI-ALCOHOLIC DRIVE IN KERALA: ROLE OF GOVERNMENT

6.0.1 Introduction: A brief historical outline of anti-alcoholic movement

The general deterioration of the moral and material well-being of the people caused by the consumption of liquor has been a source of grave concern of all right-thinking people all over the world. Wherever addiction to intoxicating drinks and drugs assumes menacing proportions, responsible citizens come out openly against the danger and even popular movements are launched under their inspiration. While focusing the universe of the present study--Kerala, it may be said that the anti-alcoholic movement here is the result of the initiatives taken by such people to save those common people, who fall an easy victim to the temptations of drink, and thus to ensure them a minimum quality of life.

In fact, the anti-alcoholic movement in Kerala has a long and interesting history. Even before the Indian National Congress took up the cause of prohibition, (Gandhiji included it in the Constructive Programme in 1920) Sree Narayana Guru, the leader of the reformation

movement in Kerala had taken it up. He may be called the pioneer of this movement in Kerala. Guru had a package to offer.

. . . Harijan upliftment, temple entry, intermingling of castes, prohibition, fraternal relations with other religions, social reform, reform of temples and reform of mutts of sanyasinis' all these and many similar movements were assisted and worked with permanent good results under the Guru's inspiration long before the Indian National Congress turned its attention to social questions.¹

It is quite well-known that Sree Narayana Guru was very emphatic in his denunciation of liquor. As his birthday message in 1920 he gave out a clarion call to the members of his community to abjure liquor fully. In his exhortation: "Liquor is poison, brew it not, sell it not, drink it not", there is not only an open denunciation of liquor but a call to eradicate it completely from society.²

It was during this period (1920s) that Gandhiji included prohibition as one of the items in his Constructive Programme and invited the people to fight against this evil. Responding to Gandhiji's call thousands of men and women picketed liquor shops throughout India, courted arrests and imprisonment.

Prohibition was an important activity of the nationalists in Kerala, especially of those in the Malabar.³ Here picketing of liquor shops was led by Kelappaji and Madhava Menon. So many satyagrahis were arrested and jailed. In the southern parts of Kerala--in the Travancore-Cochin region, it was T. K. Madhavan who gave leadership to this struggle. He was a follower of both Mahatma Gandhi and Sree Narayana Guru. The name of Advocate M. Madhavan also deserves special mention. He was the first to be arrested in connection with prohibition satyagraha in Kerala. He was arrested, hand cuffed and made to walk about 15 miles from Ampalapuzha to Harippad in chains.⁴

As a result of the anti-liquor campaign, the number of arrack and toddy shops marked a sudden fall in the Travancore region. The number of arrack shops declined from 697 to 393 between 1919-20 to 1940-41. The number of toddy shops declined during the same period from 1200 to 1055. The abkari revenue declined from around Rs 27 lakhs to Rs 20 lakhs. The decline in liquor shops in Cochin was even sharper. Between 1904 and 1935--the period when the campaign touched a high water mark--the number of toddy shops declined from 2632 to 368 and arrack shops from 663 to 191. And in Malabar the abkari revenue never crossed the peak reached in 1920-21.⁵

Later Rajaji, who was the Prime Minister of the state of Madras, prohibited liquor trade in that state. Malabar as a district of the state of Madras also came under prohibition. When the princely states of Travancore-Cochin were unified into one, a new law was enacted known as the "Travancore-Cochin Prohibition Act" (1950). With the birth of Kerala state (Travancore, Cochin and Malabar) following the linguistic reorganisation, the Travancore-Cochin Act was made applicable to the entire region of the state.

The government which assumed office in 1967 was not in favour of prohibition. The government wanted to annul the Prohibition Act but due to reasons best known to them did not attempt to repeal the Act as such. On the contrary, through a clever stroke which revealed a high degree of manipulative cunning, the government suspended the Act. Ever since this, no government has shown the good sense to lift the suspension and re-introduce prohibition. The governments (right or left coalition) offer flimsy excuses in defence of their decision to permit the continued sale of liquor within the state.

After the lifting of prohibition, there was a sharp increase in the sale and consumption of liquor in the state. Within a decade it assumed threatening proportions. The havoc wrought by the ever increasing

rate of consumption of liquor in all departments of life were too conspicuous to be ignored by right-thinking people. On the one side, the government was encouraging liquor trade throwing to the winds all norms and values and along with it even their concern for the poorest sections of the people, life on the other side was becoming unliveable due to the damage caused by the influence of liquor. A crisis point was reached where nothing short of strong moral and physical intervention could save the situation. It was then that the Kerala chapter of the All India Prohibition Council (formed in 1978) and the All Kerala Temperance Movement ("All Kerala Madhya Varjana Prasthanam", Reg. No. 293/1977) decided to merge together and work under the All India Prohibition Council as the Kerala Prohibition Council.⁶

Although, the Kerala Prohibition Council had a historical role to play, it cannot be said that during the initial days its activities were anywhere equal to the challenges posed. But since 1979 when it was reconstituted under the presidentship of Prof. Manmathan the Prohibition Council started an intense campaign against the liquor policies of the government. Consequently, in many places people rose in revolt against liquor shops and in a few years satyagraha for prohibition assumed the momentum of a people's movement in the state.

The basic conceptual difference which distinguish temperance from prohibition was either lost sight of or ignored for many years--probably it was not felt to be a matter that required serious consideration. But as anti-alcoholic activities became diverse as well as intense, the need for perceiving if not emphasising the difference became a pre-condition for setting anti-alcoholic activities in perspective.

By about 1980, voluntary organisations--most of them under the patronage of Christian churches--started counselling and de-addiction centres in many parts of the state. As a matter of policy, they kept off the confrontationist path. They emphasize voluntary decision of the individual not to drink as the be all and end all of the attempt to eradicate this evil.

Some of these organisations take an extreme position and hold that prohibition is not their concern at all. They openly underrate the role and significance of prohibition. Some of the prohibitionists, on the other hand, argue that the activities based on the temperance perspective like counselling, family therapy and treatment are and will be utterly futile because all such attempts will be washed out by the swelling tide of intoxicating drinks and drugs. Only prohibition can cleanse the Aegean stable, they profess. But it is not hard to see that more than contradictory, their perspectives are complementary.

6.0.2 Role of state governments

It has been argued that the threat posed by growing alcoholism being a national menace, need to be addressed at the national level and therefore, the government of India must formulate policies and enact laws accordingly. But as each state has its own geographic and cultural peculiarities, the strategies required by each state has to be distinct, capable of tackling the problems faced by it. So it is left to the individual states to evolve its own methods and strategies that would suit their purpose. Prohibition finds a place in the Constitution under the Directive Principles of State Policy which implies that the state is the prime mover in this regard.

6.0.3 Shift in emphasis

But, when we examine the nature of the initiatives of the states vis-a-vis the alcohol menace, it can be seen that over the years there has been a strategic shift in emphasis from prohibition to temperance. The government put forward a few reasons for this shift in emphasis like the loss of revenue income, unemployment, illicit distillation etc. (which have been briefly examined in Chapter 5). Besides this, another strong reason attached in support of temperance initiatives in preference to prohibition is that a community based approach is much

more effective in tackling the problem than enforcing legal restrictions.

6.0.4 Role of Ministry of Welfare

The Ministry of Welfare, Government of India, New Delhi, in its 'Scheme of Assistance to Voluntary Organisations for Prohibition and Drug Abuse Prevention' states that the consumption of alcohol and drug abuse are detrimental to the health and well-being of the individual, family and the society as a whole. Alcoholism and drug abuse are expressions of the disintegration of society experiencing socio-economic changes characterised by industrialisation, urbanisation, rural-urban drift, loosening of the informal means of social control and increasing stress and strain of modern life. So in the war against drug abuse and alcoholism it is society which has to be strengthened from within. The Welfare Ministry, which is considered as the nodal ministry for the education and social welfare aspect of the problem has hence adopted what is known as "a community based approach" through family support and social action. It is through the active involvement of voluntary organisations that this menace is sought to be tackled.⁷ Thus, in effect, the government has pushed out the importance and role of enforcement through law.

6.0.5 Government and voluntary agencies

But the government's claim that it provides assistance to major voluntary organisations for identification, treatment, counselling, follow-up, rehabilitation, awareness building, education, etc. for alcohol and drug abuse prevention besides education for prohibition is not supported by clear evidence. In fact, the government has not been spending any money or resource to solve this problem. The real source of this fund which the government claims it spends is from the 'United Nations International Drug Control Programme' (UNIDCP). As a member nation, India also receives its share of the fund. One of the stipulations is that if the government fails to utilise it, it has to be refunded to the United Nations agency. So it can be seen that the Government of India is spending no other fund than the one received from UNIDCP on this scheme.

6.0.6 Government and anti-alcoholic movement: Sample survey

The activists in the field of anti-alcoholic movement are highly critical of the government's attitude and policies.

Table 24 Attitude of the government towards the anti-alcoholic movement in Kerala: Perception of the anti-alcoholic activists

Attitudes	Percentage
1. Indifference	41.09
2. Opportunism	34.18
3. Verbal support but no follow up action (UDF)	10.90
4. Opposition (LDF)	13.81
Total	100.00

41 per cent of the 375 persons (anti-alcoholic activists) interviewed opined that the attitude of the government towards the anti-alcoholic movement is of utter indifference. The government intervenes only when the activities of the group obstructs the smooth functioning of the liquor trade. Even the prolonged satyagraha campaigns, especially picketing of liquor shops and fasting are initially ignored by the government. The attitude of indifference continue until public pressure become so intense as to force the government to resort to some action. 34 per cent of the people view that government's attitude towards the activities of the anti-alcoholic groups lack sincerity, and the occasional expressions of sympathy and support are nothing but stark

opportunism. The respondents do not find any qualitative difference between the UDF and the LDF in this matter. The prime concern of both being the capture of power, they may support anti-alcoholic activities during times of elections to win the votes of those engaged in the campaign. But once they get to power, they forget their promises easily. 10.9 per cent of the people said that the UDF government's attitude is more or less sympathetic. On many occasions the UDF government has expressed verbal support with no follow up action. They invite the leaders of the movement for discussions on policy matters but deliberately keep quiet thereafter. They profess prohibition in the open but in practice promote alcohol trade in secret. 13.6 per cent of the respondents opined that the LDF government's attitude towards the movement is not at all favourable in confronting the problem. On many occasions they have clearly expressed their opposition to prohibition. They feel that this problem can be effectively tackled only through public awareness.⁸

6.0.7 Police-Excise approach to anti-alcoholic movement

The activists in the field of anti-alcoholic movement are also highly critical of the police/excise approach to anti-alcoholic movement.

Table 25 The police/excise attitude towards the activities of the anti-alcoholic movement in Kerala: Perception of the anti-alcoholic activists

Perception	Percentage
1. Highly corrupted and bribed	55.11
2. Personally sympathetic but forced to take aggressive steps against the group.	23.86
3. Indifferent	17.04
4. Any other	3.97
Total	100.00

55 per cent of the 375 persons (anti-alcoholic activists) interviewed opined that the police/excise perception is not favourable to any activity of the anti-alcoholic movement. They are not interested in such a movement since they are highly corrupt. In many satyagraha campaigns they took the side of the abkaris, and keep silence and indifference towards the activities of the anti-alcoholic groups. Regular monthly allowances are paid to the officials. 23.8 per cent of the people viewed that the police/excise are personally sympathetic and supportive to this movement. Members of the forces themselves have undergone treatment in many de-addiction centres. But the political influence and several other factors in the existing system forced them to act

aggressively towards the activities of the anti-alcoholic groups. 17 per cent opined that the police/excise forces are so indifferent that they are not aware of such a movement, and they viewed the campaign organised by the people against government policies and liquor shops as sporadic expressions of the peoples' grievance having only a local effect and nothing more.

Table 26 The police/excise authorities' perception to make the state liquor-free

Perception	Percentage
1. Prohibition only	-
2. Prohibition in a phased manner (with temperance)	40.00
3. Temperance only	60.00
Total	100.00

Out of the 375 respondents, none of them supported immediate introduction of prohibition to make the state liquor-free. 40 per cent opined that along with prohibition in a phased manner, there should be programmes to create public opinion about the various dimensions of the problem. According to them, both prohibition and temperance programmes should go hand in hand to confront a social problem like alcoholism. 60 per cent opined that

it is only through intense temperance campaign this evil is to be tackled. According to them, to make the people aware of the gravity and seriousness of the social problem through scientific and well-planned public education programmes--propaganda, seminars, conferences, street plays, etc. is the only and true remedy to confront a social problem like alcoholism. They also suggest strict observance of the existing abkari laws.

6.0.8 Summing up

The inference drawn by the researcher is that it is a clear lack of political will that lies at the root of the government's indifference. Secondly, the subservient attitude of the government to the liquor lobby expose not only the weakness of the government but also the overriding political influence of the abkari businessmen. As the political parties depend upon these people for money and muscle power, no party has the moral courage to take a stand against this liquor lobby. Along with this, the administrative set up is so corrupt that the police and excise forces do not show any enthusiasm to implement even the existing laws to prevent the widespread consumption of illegal alcohol.

Notes and References

1. **History of Hindu Imperialism**, Swami Dharma Theerthaji Maharaj, published by N. Samuel, Anathara, Charachitra, Thiruvananthapuram, 1969, p. 247.
2. (a) K. Sanoo, **Sree Narayana Guru Swami** (Malayalam) Vivekodayam Books, Irinjalakuda, 1976, p. 48.
 (b) T. M. Thomas Issac, P. K. Michael Tharakan, **Sree Narayana Movement in Travancore, 1888-1939: A Study of Social Basis and Ideological Reproduction**, C. D. S. Working Paper No. 214, Centre for Development Studies, Ulloor, Thiruvananthapuram, 1989.
3. For more details refer P. K. K. Menon, **History of the Freedom Movement in Kerala (Vol. 2)**, Government of Kerala, Thiruvananthapuram, 1977.
4. **Samsthana Madya Nirodhana Convention** (Malayalam), Kerala Prohibition Council, Chittor Road, Cochin, 1981, p. 11. This was happened in 1922 (M.E. 1098 Thulam 24). He was the secretary of the Prohibition Council at that time.
5. D. Brigit Singh, **Financial Development of Travancore**, unpublished Ph.D. Thesis, submitted to the Travancore University, 1944, p. 264. This contention has not been unchallenged. For example, it is pointed out that there is an exaggeration in the decline in

number claimed in the above study. There, of course, was a fall in the number of shops, but fall was not as sharp as the researcher has claimed. One of the reasons attributed for this distortion (unwitting though it may be) is the probability of the respondents furnishing inaccurate data as they might have been influenced by the tempo of the anti-alcoholic campaign prevalent then. Another significant fact mentioned by the same critic is that definitely there was an occupational shift away from toddy tapping. A large number of tappers migrated to Ceylon. For more details refer also K.P. Kannan, Of Rural Proletarian Struggles--Mobilisation and Organisation of Rural Workers in South India, Oxford University Press, 1986.

6. (a) Refer Kerala Prohibition Council Niyamavali (Malayalam) published by Kerala Prohibition Council, Chittor Road, Cochin (year not mentioned), (b) Kerala Samsthana Madya Nirodhana Convention (Malayalam), Kerala Prohibition Council, Chittor Road, Cochin, 1981.
7. Scheme of Assistance to Voluntary Organisations for Prohibition and Drug Abuse Prevention, Ministry of Welfare, Government of India, New Delhi (year not mentioned), pp. 1-2.

8. Gandhiji repeatedly warned that all the activities of the reformers will be in vain if the Government fail to give adequate legal support to confront this problem. The prime responsibility of the Government to tackle the problem of alcoholism cannot be gainsaid in the crucial areas of liquor policy, viz., pricing and availability. But, it is evident that the Government has not made any sincere attempt to eradicate this evil. All its policies are directed to derive maximum revenue without considering the enormous cost that the society has to pay.

CHAPTER 7

ANTI-ALCOHOLIC DRIVE IN KERALA: TEMPERANCE BASED INITIATIVES

Temperance initiatives have a long, though chequered history in India. Temperance societies have been working in many parts of the country even before political independence with the objective of creating public awareness on the evils of alcoholism.¹ But it cannot be said that these societies were conversant with the ever widening vistas of temperance based initiatives. But gradually, as a result of wider exposure and better training, temperance societies began to develop a more comprehensive approach to the problem of alcoholism and related issues. It may be said without being seriously contradicted that it was in the 80s that a systematic and well-planned treatment based approach was introduced in India in a large way.² The underlying philosophy of this approach, of course, is temperance.

7.0.1 Various approaches

In Kerala, there are several voluntary organisations concerned with the problem of alcoholism. Generally, the approaches adopted by these organisations can be

classified as (a) single pointed approach--concentrating chiefly on one method like counselling, conscientisation, treatment, etc., (b) multi-level approach--directly devoting their efforts on public education, research and community services, both preventive and therapeutic or various combinations of these. (There are also organisations which try to solve other social problems besides alcohol and related issues.) It may not be out of place to mention here that these organisations depend on various sources for finance. Some of them are receiving the assistance of the Ministry of Welfare, Government of India, New Delhi. There are also several other voluntary organisations that are funded by foreign funding agencies, while a few depend entirely upon resources raised locally.

In the present study, a few voluntary organisations working on the basis of temperance approach are taken up for case studies with a view to understand the nature of the work done by these organisations in general, and thereby to find out the relevance of such work and to evaluate how far they are successful in confronting such a complex social problem as alcoholism.

Although there are many counselling and de-addiction centres in Kerala (on the basis of a temperance approach), some of them are not recognised by the Ministry of Welfare, New Delhi.³ In the present study, only three

organisations recognised by the Ministry of Welfare, New Delhi, are taken up for detailed study mainly because the nature of the treatment offered and the methodology followed in these centres not have much basic differences. Therefore, three organisations were selected for detailed study. In order to avoid repetitions certain common points have been left unmentioned.

7.0.2 CASE STUDIES

7.0.2.1 TRADA (Total Response to Alcohol and Drug Addiction)

The All Kerala Joint Christian Temperance Movement (Started on August 17, 1965) was in the forefront of the crusade against alcoholism and drug abuse through its various diocesan level units of almost all Christian churches throughout Kerala. During the 80s, the leaders of the movement felt the urgent need for starting treatment centres for those who were already affected by alcoholism and drug addiction. Thus, with their encouragement and active help, treatment centres were started at Chirakkadav, Kumbanadu and Pala. Subsequently, it was decided to start an autonomous treatment centre directly under the auspices of the movement with rehabilitation and research facilities. Thus, a treatment cum research centre called TRADA was registered as a charitable society with the Government of Kerala

(Reg. No. K 523/87) with its headquarters at Manganam. Later, the centre was shifted to Aymanam in Kottayam district in October 1990 and is functioning there ever since. TRADA besides conducting seminars and public meetings, etc. to educate the public throughout Kerala against alcoholism and drug addiction is also conducting counselling services and training camps for counsellors for the last five years.

a) Organisational structure

TRADA is a charitable organisation having been registered under the Charitable Society Registration Act. Its members consist of the executive members of the Kerala Joint Christian Temperance Movement and other prominent personalities entered in the cause of TRADA. It is governed by a managing committee of twenty-five members. The staff consists of director, manager, administrator, addiction therapist, registered nurses, individual counsellors, certified chemical dependency specialists, psychologists, social workers, physicians, family counsellors and clergyman.

b) Methods of treatment

TRADA is one of the five organisations in Kerala approved by the Government of India, Ministry of Welfare,

New Delhi, for treatment, rehabilitation and research for alcoholics and drug addicts. The method of treatment followed by TRADA is the MINNESOTA model of treatment, considered to be the latest in the field.⁴

The centre has got facilities for admitting 15 patients at a time. Video films on the evils of alcohol and drugs are shown to the patients in the centre. It is obligatory for the in-patients to be confined to the centre for a minimum of 15 days during which period, they shall not go out for any purpose. Every genuine need of the patient is adequately taken care of by the centre itself. Yoga classes are also given to the patients every morning and prayer therapies are conducted before they go to bed. Counselling constitutes a very important component of the treatment package and it is given not only to the patients but to their relatives as well. Follow up is also an important factor in their treatment and rehabilitation.

c) Therapies administered to in-patients

(i) Physical part

Treatment begins with drug therapy for detoxification under the direct observation of physician and nursing staff. Generally, the drug used is hybrin.

(ii) Emotional/Mental part

All relevant details relating to the patient from childhood upto the present situation are collected and systematically recorded by the counsellors and social workers with a view to understand clearly the total background of the patient. On the basis of the above, the problems relating to each patient is identified and appropriate treatment is fixed, varying from simple counselling to drug therapy.

(iii) Intellectual part

The intellectual damage caused by alcoholism is fearfully vast. It creates forgetfulness in the victim by which total black outs with regard to social etiquettes and manners are caused. In such cases the support rendered by counsellors and psychologists is of great significance. The victims are helped to regain lost ground step by step and it leads to the building up of the necessary self-confidence which is most essential for further refraining from falling victim to the temptation of liquor.

(iv) Volitional part

As crucial as intellectual support is the volitional aspect of treatment, whereby the necessary will power both

for accepting the reality of one having become an alcoholic and for taking the decision to get out of the dangerous condition is generated and sustained. This is achieved by employing various techniques such as group meetings (where those who have achieved the miracle convince the others that it is just possible and initiate them into a trekloack) film shows, seminars, discussions, etc.

(v) Social part

The social part of the treatment emphasises behavioural changes in the family members and relatives, who are close to the patient. This include individual, group and family counselling, leading to a qualitative change in the family atmosphere. Family members and other close relatives are advised to facilitate necessary changes in attitudes and responses.

There are some other therapies included in the above treatment plan such as occupational therapy, games, physical exercises, etc. Another important therapy is accupuncture, which is used in the case of aggressive patients.

During the treatment period, which is approximately around 20 days, clinical conditions stabilise and the patients become fit to receive the above therapies.

They attend daily lectures, take meals together, participate in daily therapy sessions, perform therapeutic tasks and assignments. Peer group techniques and mutual assistance in self-help group are also important factors in the programme. The physical environment is kept healthy by providing necessary facilities. All possible assistances, both physical and psychological is given to the in-patients for speedy recovery. Even the religious requirements and spiritual needs of the patients are also taken care of.

(vi) After care services (follow-up and rehabilitation)

Follow-up services is a crucial aspect of the treatment in bridging treatment and community life. Of course, full recovery takes place in the community. As a matter of fact, TRADA keeps track of the patients after they are discharged and arrange their quarterly get together where free medical examination and counselling are given. Patients are persuaded to come for follow-up programmes. For the follow-up of the patients Alcoholics Anonymous groups are also formed in various places under whose auspices weekly meetings of the ex-patients are being held regularly.

The patients who voluntarily gather for follow-up are organised into two groups called ASHA and AL-ANON.

ASHA group meets at TRADA centre every sunday afternoon. AL-ANON group, meant for women concentrates its attention in strengthening the women folk in helping their husbands by mutual sharing and encouragement. They also arrange all Kerala meetings of various Alcoholics Anonymous groups.

Rehabilitation also aims at helping the addict to work towards abstinence and making him realise that he can also be useful and respected by his family, friends, and community. It also helps the patient to make positive changes in his life style.

During this phase, the family members of the addicts are also given intensive therapy. The programme helps the family and friends to understand that addiction is a disease. Thus, they become aware of the nature and importance of treatment.

d) Research and training

TRADA provide facilities for students to conduct research at their centre. Apart from this, training programmes in addiction counselling are also conducted twice a year as well as regional seminars on alcoholism and drug addiction.

e) **Conscientisation programmes**

Awareness building programmes are conducted in different parts of Kerala by TRADA. Study classes, seminars, students camps, film shows and public meetings are conducted in various rural areas to highlight the evils of alcohol and drugs. Posters depicting the disastrous consequences of drug and alcohol are printed and widely exhibited in rural areas. Publishing anti-alcoholic literature also is a part of their activities. For instance, they have so far published 16 books, pamphlets, leaflets and brochures both in English and Malayalam and distributed them freely to the public to create an awareness against drugs and alcohol. They are also publishing a quarterly journal called "ASHA" in Malayalam.

f) **De-addiction and counselling centre**

Apart from the treatment, TRADA is conducting three de-addiction and counselling centres where free treatment is given. They are sponsored and financed by the Ministry of Welfare, Government of India. Out-patient clinics are also conducted at Arpookara and at YMCA, Kottayam. Besides, they are cooperating with the activities of the Kerala Prohibition Council and such other action groups working in this field.

7.0.2.2 Abhaya

Abhaya, a voluntary organisation for the service of the mentally and emotionally disturbed was formed under the initiative of Sugathakumari and was registered under the Travancore-Cochin Literary, Scientific, and Charitable Societies Registration Act XII of 1955 with headquarters in Thiruvananthapuram. Treatment for alcoholics and drug addicts is only one part of their multi-level programme.

a) Work in the Mental Hospital

Care for the mentally ill was a neglected area. Although hospitals are there, conditions prevailing there are utterly sub-human, even inhuman. So, the first thing Abhaya did was to draw the attention of the public on the pitiable conditions prevailing in the mental hospitals of Kerala. Owing to the efforts of Abhaya, the press, the public, the members of the Legislative Assembly, the health authorities and finally the judiciary began to take an active interest in the running of these hospitals.

The most significant achievement of Abhaya is that after 150 years of seclusion, the isolation encircling the mental hospitals was removed and they become more open to public gaze and scrutiny.

b) Bodhi de-addiction centre

Started in 1985, Bodhi de-addiction centre is the unit of Abhaya under which alcoholics and drug addicts are treated. It has a 15 bed hospital (Bodhi Hospital) with modern treatment facilities. It is equipped with necessary staff including psychiatrists, medical doctors, psychologists, counsellors, social workers and trained nurses.

c) Multi-level therapeutic treatment

The officials of the de-addiction centre claim that the treatment offered here is most upto date. What they offer is a multi-level therapy. Depending upon the intensity of the problem and the requirements of the patients they are treated as either in-patients or out-patients. The centre admits only 15 patients at a time. Some of the important details of the approach adopted by the centre and the treatment given to the patients are as follows.

First phase**(i) Motivation assessment**

Motivation assessment is an important part of the treatment. As a first step, it has to be correctly

assessed as to what motivated the patient to drink and to persist in drinking. The agents who motivated the patient to accept treatment and the type of persuasion used therein also need to be considered for giving proper treatment. An assessment of both these factors is what is done in motivation assessment.

(ii) Therapeutic contact

A contact is being developed between the patient and the doctor. The doctor checks whether the patient agrees to start the treatment. Patients' consent is important because it will provide in them an idea that they have a disease and they will have to undergo treatment.

(iii) Physical examination

Physical examination has been done to analyse whether the patient is fit for the treatment or whether they have any infectious diseases. Linear function test and other tests are also done to examine the patients' health for treatment.

The in-patient treatment is generally for 20 days. After the in-patient treatment, the second phase of the treatment will start.

Second Phase

(i) Detoxification phase

With the consent of patients drugs for detoxification is applied for a period of time. For successful completion of this specific treatment is given.

(ii) General and specific methods of treatment

It includes individual counselling, family counselling and group counselling. Specific methods of treatment depends on various factors. Each patient has certain specific reason to become an alcoholic and therefore, the treatment should address the specific problem. For example, if anxiety is the reason for it, the treatment given is relaxation technique. If nuerotic depression is the reason, the patient would be given cognitive behaviour treatment. Diselfiram is also used in drug treatment.

(iii) Follow-up

Once in a week patients with their spouses come to the treatment centre. Counselling, seminars, etc. are arranged to prepare them for a fresh start in life. The help of Alcoholics Anonymous groups is not sought here. The aim of the treatment is life long sobriety.

d) Abhaya counselling centre

This centre is engaged in awareness campaign in educational institutions. It has taken up other community participation programmes besides giving follow-up services to the patients treated in the Bodhi De-addiction Centre.

e) Mitra (Mental Health Institute for Treatment and Research)

It is a treatment centre for drug addicts, alcoholics and psychiatric patients with a difference in the sense that here treatment is not free. They charge a fee from the patient for treatment. Expert treatment, counselling and follow-up services are given to the patients here. Researches on drug addiction, alcoholism and general psychiatry are also undertaken by the centre.

7.0.2.3 Suraksha de-addiction and counselling centre

Suraksha Hospital, a centre for the treatment and rehabilitation of persons addicted to alcohol and drugs is run by ME Trust (Mujahid Education), a voluntary welfare organisation wing (Association for Welfare of the Handicapped (AWH) in Calicut) with financial aid from the Ministry of Welfare, New Delhi.

Suraksha started functioning as a counselling centre in March 1991 with the aim of providing professional help to people wanting to rescue themselves from alcohol and drug dependency.

From humble beginnings, Suraksha has risen to a full-fledged de-addiction centre, offering comprehensive in-house treatment facility covering psychological and medical help. Suraksha offers the services of a team of professionals comprising of psychiatrist, medical officer, physician, counsellors, clinical psychologist, staff nurses, pharmacist, ward boys and security staffs.

a) Methods of treatment

The treatment aims primarily at enabling the victim to maintain total abstinence from alcohol and drugs and effecting positive changes in his/her behaviour and attitude to enhance the quality of his life.

Since addiction is a disease which affects the family members apart from the individual concerned, the family members of the addicts also have to be included in the treatment programme. Generally, patients are admitted for a period of 21 days along with their spouses or immediate family members, and they attend both individual counselling sessions and joint counselling sessions. Talks by experts on topics related to alcohol and drug

dependency, its psycho-social impact and drug free life are arranged for the benefit of the patients. An important component of the therapeutic programme is the group therapy related to addiction and sober living. Group games are also conducted to expose the patients to new and positive ways of having fun. Detoxification is given to the concerned patients whenever necessary.

Mostly on the 21st day patients' are discharged after a detailed briefing on follow-up activities. They are expected to visit the hospital once a week for two consecutive months, then fortnightly for the coming two months and then once monthly. Communications are sent out from the centre in case the patient fails to turn up for regular follow-up visits and in necessary cases, the counsellors even make home visits to assess their present condition. This kind of careful follow-up programmes are planned for a period of two years.

Certain patients who are unable to get admitted for 21 days and whom the authorities find eligible are given treatment on an out-patient basis. The medical services provided to the patients are free while they have to pay for the food which again is subsidised.

At present Suraksha has the facility to admit 20 patients in a batch and at a time. A total number of 279 patients have undergone treatment in 29 batches so far.

b) **Mental health centre and child guidance clinic**

As an adjunct to these services, they run a mental health centre and a child guidance clinic. From observation of their cases, they find that many of the children of their patients exhibit marked emotional and behavioural disorders and that they require professional help. A team comprising of a psychiatrist, a clinical psychologist and a psychiatric social worker handle these cases at the child guidance clinic. Mental health centre caters to those who have marked psychiatric problems associated with addiction. The authorities claimed that it is at Suraksha that these unique services are offered, which is not available at any other de-addiction centre in the state.

At Suraksha the patients also have the opportunity to listen to experts working in the field of de-addiction and those involved with the administration of such projects. Invariably each visitor shares his/her valuable experiences with them and gives some important and valuable suggestions to the patients.

c) **Awareness programmes against addiction**

Apart from providing services to its regular patients, Suraksha conducts regular awareness programmes for other needy sections in Calicut and neighbouring districts. Their target groups generally consist of

members of voluntary organisations and youth clubs, college and school students and the general public. They also organise training programmes for voluntary workers who are interested in contributing their services in prevention of drug and alcohol addiction. In the training curriculum, special emphasis is placed on ways of identifying the addict. In these programmes, they stress on the medical, psychiatric and neurological complications and psychological and social consequences of addiction. They make use of demonstrative posters and descriptive charts for the classes.

The addicts were put under an effective treatment process, which included several techniques such as individual counselling, group counselling, family counselling, behavioural therapy and other psychiatric treatment techniques. Chronic cases will also be admitted at the centre and made to undergo a series of treatment procedures under the supervision of specialists like physicians, psychiatrists, counsellors and social workers. For detoxification disulfiram is used. These treatment aims at the integration of the individual into the society.

d) Link with Alcoholics Anonymous

Suraksha makes use of the services of an active Alcoholics Anonymous of the area. Suraksha Alcoholics

Anonymous group has three branches at Beypore (Calicut), Kondotty, Perinthalmanna (Malappuram). These branch groups meet every sunday. The Suraksha Alcoholics Anonymous group is claimed to be the largest Alcoholics Anonymous group in Kerala.

e) Narcotics Anonymous

It is under the initiative of Suraksha that the first Narcotics Anonymous group in Kerala was started. This group at present consists of 35 members, who belong to the categories of ex-brown sugar, ex-opium and ex-ganja addicts.

The members of Suraksha are quite optimistic that their work in this field would prove effective in tackling the menace of alcohol and drug addiction in the Malabar region.

7.0.2.4 Data analysis of case studies

In most of the treatment centres, the goal is life long sobriety in any form and under any condition for the rest of the life of the patient. What they expect from the treatment is a change in the life style of the patient. Most of the treatment centres claim to have a comprehensive treatment programme suggested by a multi-level approach to tackle the problem of the alcoholic. This type of approach should not view alcoholic problem as

a separate phenomenon--but in the light of the interaction of the total social system and the individual personal system. The treatment of the alcoholic varies from place to place; however, a general outline of the strategies and tactics adopted by these centres can be made from the case studies.

First Phase

1. Identification/Intervention

Table 27 Percentage of addicts referred to the centre by the motivating agencies

Category of motivating agency	De-addiction centre 1		De-addiction centre 2	
	Number of patients	Percentage	Number of patients	Percentage
Self	37	16.44	119	19.412
Family	81	36.00	50	8.156
Friends	10	4.44	35	5.709
Social workers/AA	92	40.88	409	66.721
Private practitioner	3	1.33	-	-
Hospital	2	0.88	-	-
Total	225	100.00	609	100.00

Note: The number of patients who came to these de-addiction centres in six consecutive months in 1993 are taken for assesment.

PERCENTAGE OF ADDICTS REFERRED TO THE DE-ADDICTION CENTRE
BY THE MOTIVATING AGENCIES

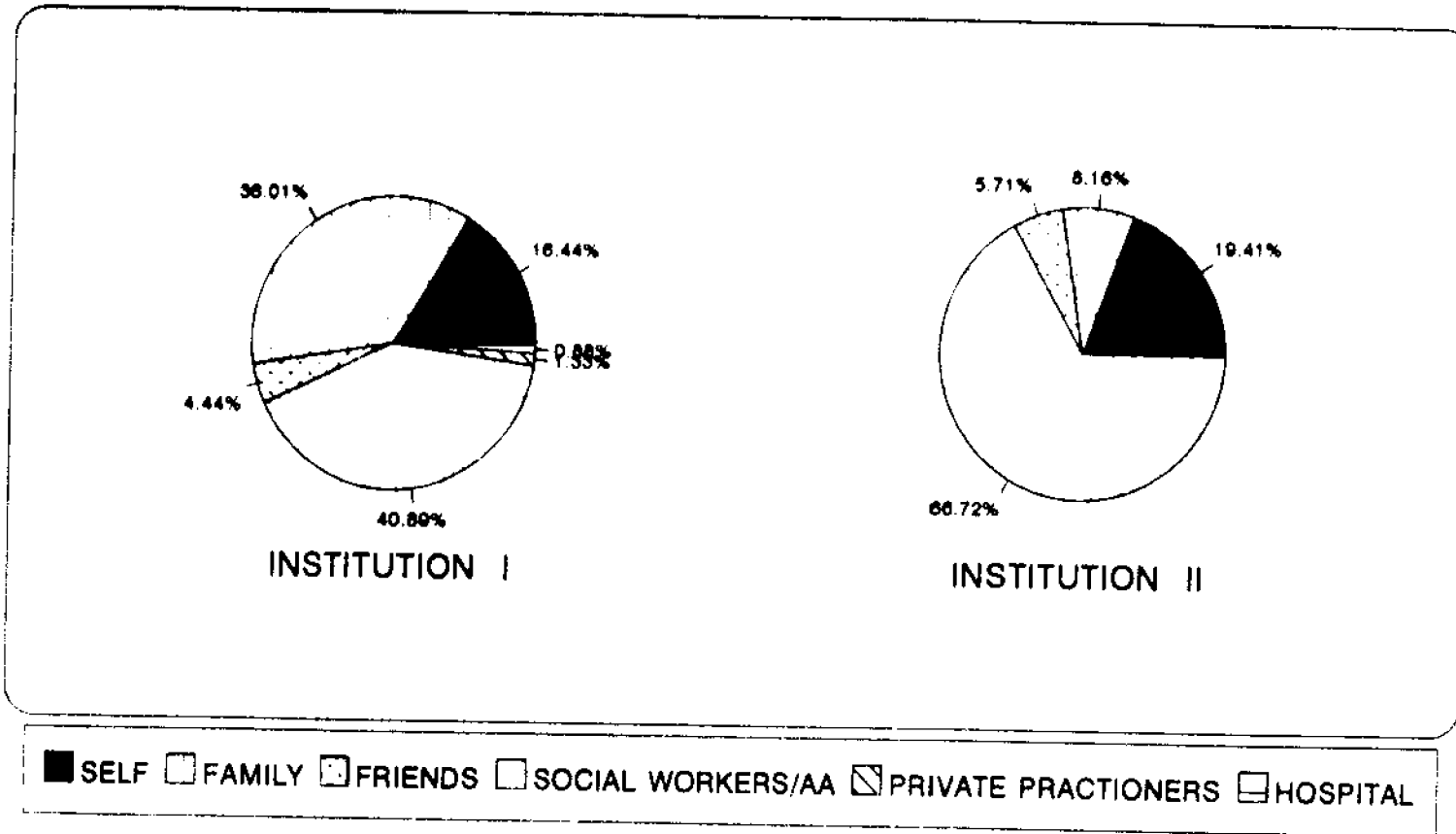


FIGURE 11.

In de-addiction centre 1, 40 per cent of the cases are referred to the centre by the social workers and Alcoholics Anonymous. In de-addiction centre 2, 66.7 per cent of the cases are referred to the centre by the social workers and Alcoholics Anonymous. Number of addicts referred to the centre by families constitute 36 per cent and 8 per cent respectively and the self recognition from the part of the addicts to treatment indicates 16.4 per cent and 19.4 per cent respectively in de-addiction centre 1 and de-addiction centre 2.

From the table, the level of recognition and consequent intervention can be interpreted as follows.

Level 1	Social workers and Alcoholics Anonymous (AA)
Level 2	Family
Level 3	Self
Level 4	Friends
Level 5	Private Practitioner
Level 6	Hospital

(a) Role of social workers/Alcoholics Anonymous

This data also brings to light the significant role played by social workers and the Alcoholics Anonymous. To make the addict to agree to consult a treatment centre is said to be "almost heartbreakingly difficult." Only through systematic and scientific approach can his sick mind be illuminated.

It would be no exaggeration to conclude from the data that the presence or absence of social workers could be a key determinant in the success or failure of a total approach and humanitarian philosophy in tackling the menace of alcoholism. Social workers could make valuable contributions in formulating policies and programmes-- individual counselling, group therapy, family counselling, follow up and also in the analysis of the sociological and other related variables.

(b) Role of friends and families

The role of friends in motivating a patient to try treatment is also crucial. Equally important is the moral pressure exerted by peer groups. In de-addiction centre 1, 54.2 per cent and in de-addiction centre 2, 39.5 per cent became alcoholic due to peer group pressure. It also shows that among the total addicts consulting in de-addiction centre 1, only 4 per cent patients are referred to the centre by the friends. In de-addiction centre 2, among the total addicts only 5.7 per cent are referred to the centre by the friends. So it is the duty of the concerned authority to provide proper training, knowledge and skills to the different sections of the society to identify the drinkers in the early stages and tackle the problem with most modern techniques. Friends

should also be vigilant to identify that this problem exists to one of their friends and give advice to undergo treatment. Role of family has already been discussed in 1.5.5 and 7.0.2.4.

(c) Role of individual patients

To identify an alcoholic personality and to motivate him to undergo treatment is the first step in this regard (refer 1.5.7, 1.5.9 and 7.0.2.4).

. . . The first step, the hardest step, the vital step for the alcoholic to take is to grasp the fact that he is suffering from a disease and that he cannot get rid of the disease unaided. The struggle to grasp this fact is the crisis of his illness. Since the crisis is profitably passed, the rest is easy. But to introduce the alcoholic to take the initial step and vital step, to enter into the crisis struggle and emerge from it convinced of his need of treatment, is not easy. It is usually almost heartbreakingly difficult. He is mired in false pride and only through revelation can his sick mind be illuminated⁵

(ii) Response of the social workers/counsellors

The following table shows the social workers'/counsellors' response on the working of these treatment centres.

Table 28 Response of the social workers/counsellors on the activities of the de-addiction centres

Response	Number of respondents	Percentage
Satisfactory but highly competitive	12	48.00
Satisfactory but gradually they become business-oriented	7	28.00
Satisfactory but do not pay the salary of the employees properly	6	24.00
Total	25	100.00

48 per cent of the respondents opined that the activities of the de-addiction centres taken separately are satisfactory. These centres try to give the best treatment available to the patients. But, lack of cooperation and professional jealousy prevent them to take a collaborative effort to confront this evil. Each centre is isolated from the others so intensely that there is no

common platform either to discuss the efficacy of these different treatment approaches or to evolve a better one. Each centre claims that its treatment system is the best among others.

28 per cent of the respondents opined that now the tendency to start new de-addiction centres marks an upward swing among the voluntary organisations. In Kerala, there are no governmental devices worth the salt to verify or inspect the functioning of these treatment centres systems. Even though periodic inspections are going on, it is not scientific. The respondents feel that steps should be initiated by the government for an overall guidance of these de-addiction centres.

It may not be out of place here to reveal that 24 per cent of the social workers/counsellors interviewed complained that they are not given salary as prescribed by the Social Welfare Board. According to government rules, a centre should find out by itself 10 per cent of the total expenditure. As a matter of fact, some centres withhold 10 per cent of the salary of the social workers/counsellors as a strategy for raising the stipulated 10 per cent of the total expenditure. High level officials from the Directorate of Social Welfare Board, Thiruvananthapuram, also concede that such complaints are received by them from some de-addiction centres, and

claimed that whenever such complaints are received, proper warning is given to the concerned authorities.

Another trend observed is that the motive of a majority of these social workers is getting employment. They give primacy to their career. In case, they get a better paid job, they will surely give up this one. For most of them it is only a profession, not a vocation.

(iii) What the directors say?

Some directors of the de-addiction centres complained that the fund from the Social Welfare Board is not paid promptly or regularly. So they find it difficult to pay the salary systematically. This will naturally lead to some conflict between the social workers/counsellors and the directors, and needless to say that this, in turn, affects the effective working of the de-addiction centre. What is required is a thorough change of attitude and orientation on the part of all working in this sensitive area. Unless they are infected with service mindedness, devotion and commitment the condition of these centres cannot be salvaged. Otherwise, these centres will gradually deteriorate into medi-business of a different kind.

(iv) Duration of the usage of drugs/alcohol

The doctors working in these centres point out that majority of the patients brought to these centres are in the advanced stage of alcoholism. Number of addicts using drugs/alcohol for periods varying from of 6-12 months, 13-36 months, and above 36 months are given below by analysing a six months data of two important de-addiction centres.

Table 29 Duration of the usage of drugs/alcohol

Months	De-addiction centre 1		De-addiction centre 2	
	Number	Percentage	Number	Percentage
6-12 months	4	1.78	10	1.63
13-36 months	11	4.89	66	10.77
above 36 months	210	93.33	537	87.60
Total	225	100.00	613	100.00

DURATION OF THE USAGE OF DRUGS/ ALCOHOL

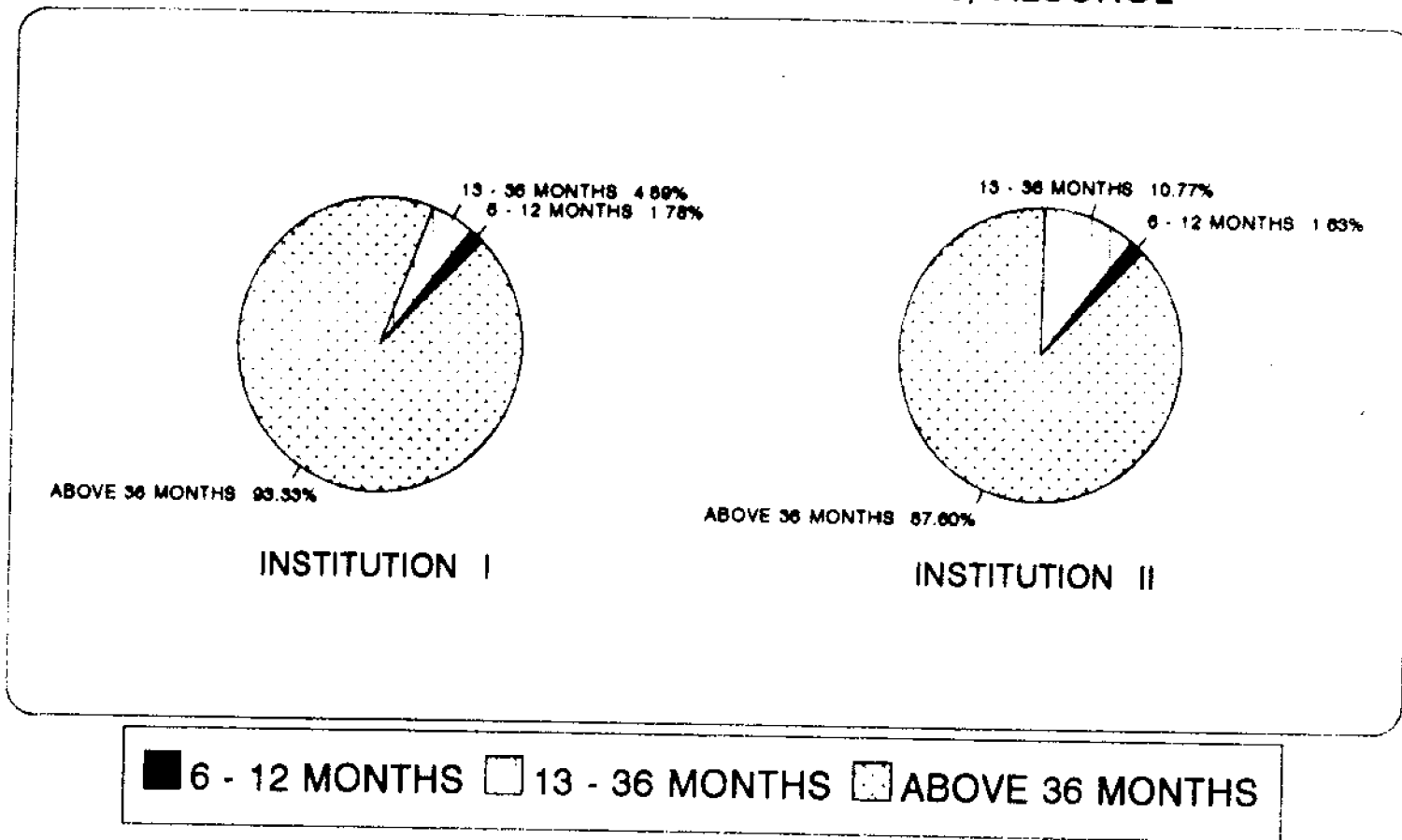


FIGURE 12.

It can be seen that majority of the addicts came to these de-addiction centres after using the drug/alcohol for a long period. If an alcoholic personality can be identified and he/she be motivated to take treatment in the initial stage, treatment will be much easy and more likely to be successful. A great deal of current treatment philosophy is devoted for enhancing skills at the initial stage, particularly for social workers, family members, friends, etc. The general behavioural pattern of the family members of alcoholics is that the family members adjust their behaviour along the line of the alcoholic and thus become helpless though unwilling collaborators in the disease and thus help the alcoholics to continue drinking. But now as a result of the activities of these centres, they are more aware of their roles and try to rescue the problem drinkers of their family through the lines suggested by the experts. The addiction centres thus help the family members to benefit out of professional skills.

Any treatment outcome may be regarded as depending upon three factors--the nature and extent of the person's problems, their willingness to engage and cooperate with the treatment offered, and lastly the treatment procedure itself. But the social factors such as educational and occupational skills, or having a supportive spouse or close friends may will be of more significance. The

course of treatment and the chances of recovery also may well be powerfully influenced by the beliefs, attitudes, and intentions of the individual, though these cognitive factors have only recently, began to attract any attention.⁶

Second Phase

(i) Information, assessment, and referral services

After identification, the patients are brought to the centres for treatment. In these centres, relevant information including the history of the alcoholic--his employment, educational qualifications, marital status, length of usage of drugs/alcohol, causes of addiction, income, etc. are collected and recorded with the help of social workers/counsellors. Based on this information, addiction and other related problems are diagnosed and referrals suggested, if necessary.⁷ Here it would be useful to make a comparative study of the profile characteristics of these addicts, who came for treatment to two centres during a period of six consecutive months. In the present study, it will help to analyse the different dimensions of the problem, and to arrive at relevant conclusions and suggestions to confront the problem more effectively.

(ii) Profile of the Addicts

Table 30 Age-wise percentage of addicts

a) De-addiction centre 1

Age group	Male	Female	Total	Percentage
12-17	4	-	4	1.78
18-23	9	-	9	4.10
24-30	36	1	37	16.44
31-45	159	-	159	70.67
46-50	16	-	16	7.11
Above 50	-	-	-	-
Total			225	100.00

b) De-addiction centre 2

Age group	Male	Female	Total	Percentage
12-17	-	-	-	-
18-23	19	-	19	3.10
24-30	99	-	99	16.15
31-45	295	-	295	48.12
46-50	139	-	139	22.68
Above 50	61	-	61	9.95
Total			613	100.00

PROFILE OF THE ADDICTS

1. AGE-WISE PERCENTAGE OF ADDICTS

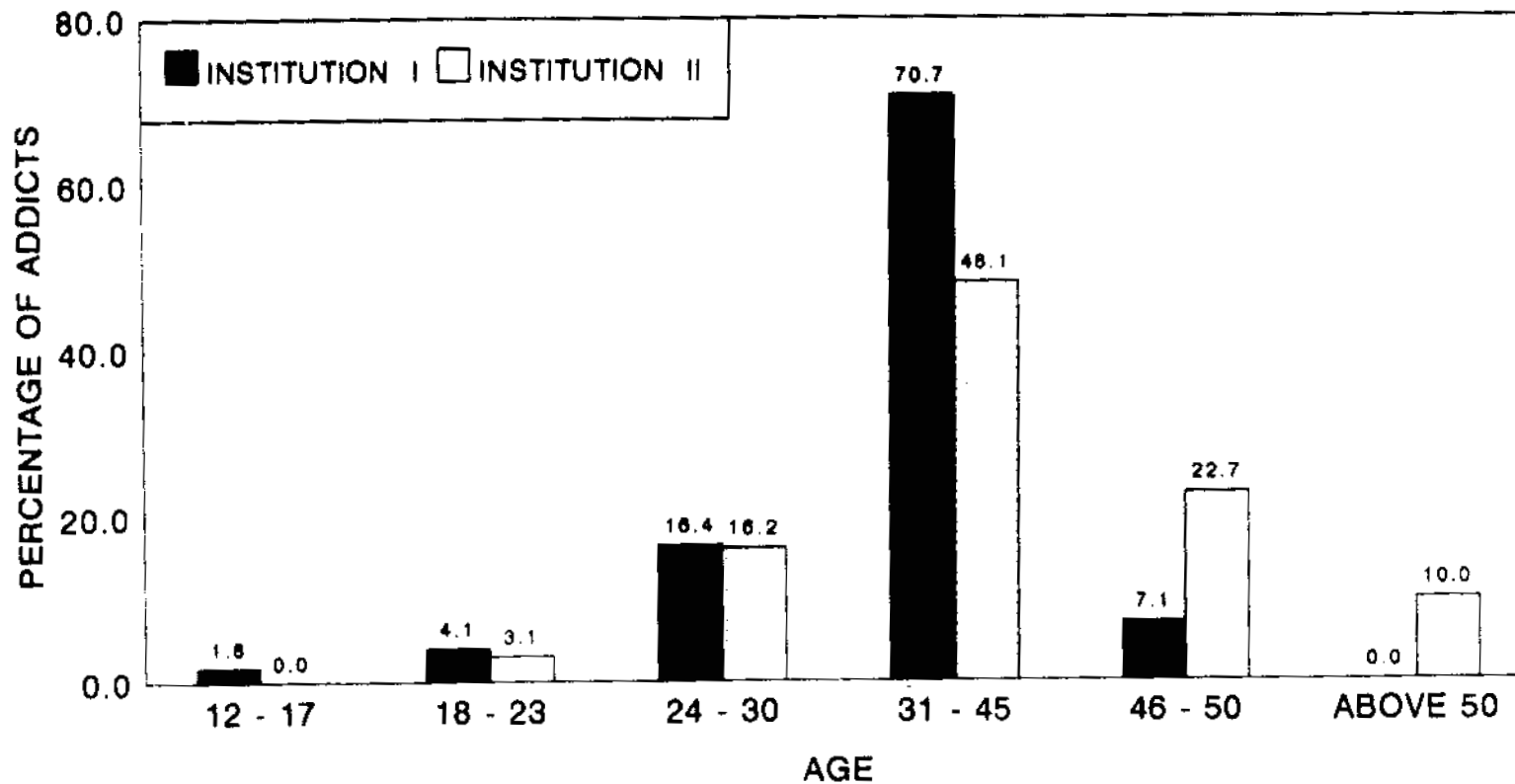


FIGURE 13.

Table 31 Marital status-wise percentage of addicts

a) De-addiction centre 1

Category	Number	Percentage
Married	198	88.00
Unmarried	13	5.78
Widow	-	-
Widower	-	-
Divorce	-	-
Separated	14	6.22
Total	225	100.00

b) De-addiction centre 2

Category	Number	Percentage
Married	579	94.45
Unmarried	22	3.59
Widow	-	-
Widower	7	1.14
Divorce	1	0.16
Separated	7	1.14
Total	613	100.00

PROFILE OF THE ADDICTS

2. MARITAL STATUS-WISE PERCENTAGE OF ADDICTS

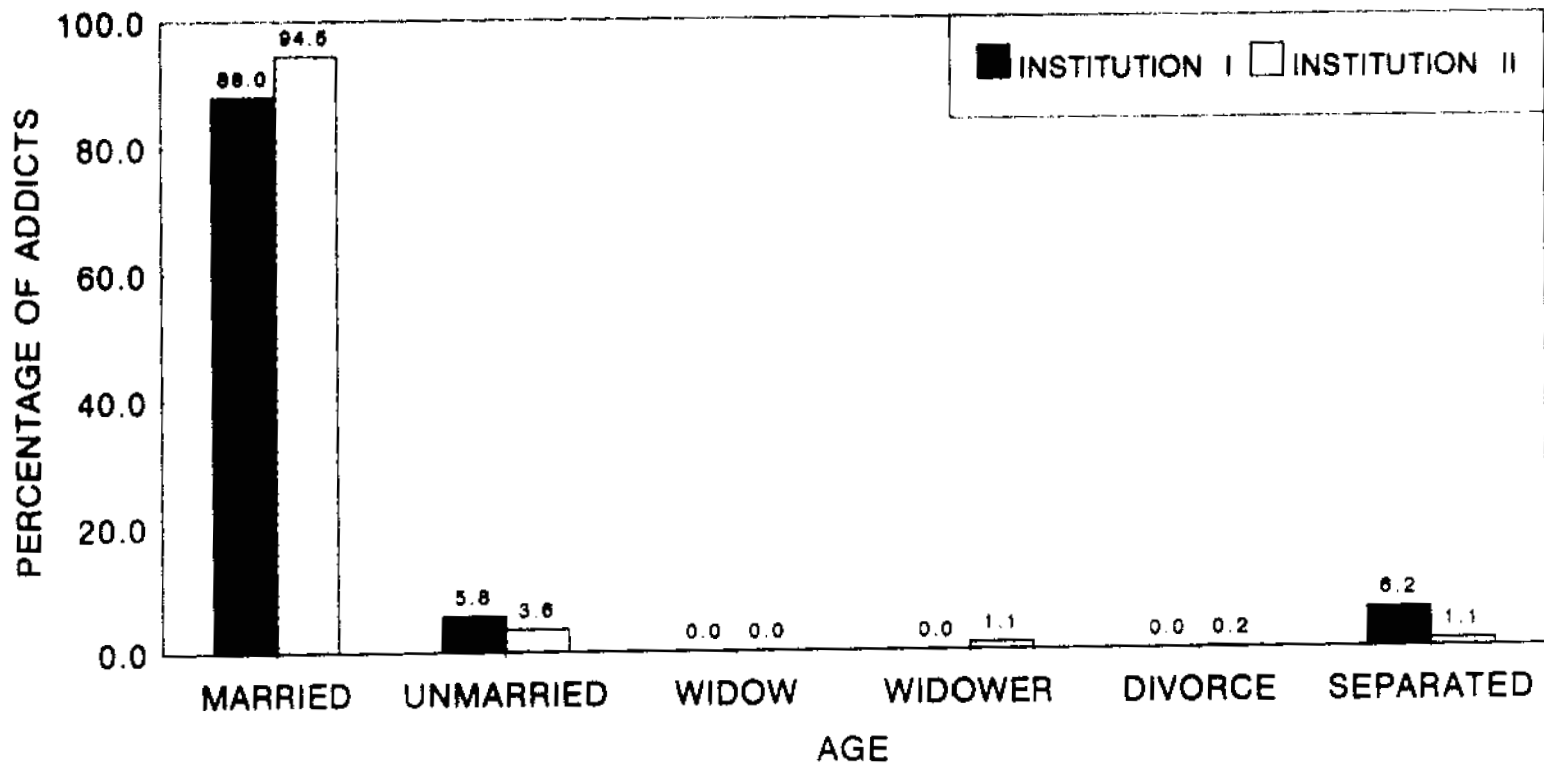


FIGURE 14.

Table 32 Income-wise percentage of addicts

a) De-addiction centre 1

Category	Number	Percentage
No income	-	-
Rs 100-500	8	3.56
Rs 501-1000	43	19.11
Rs 1001-3000	64	28.44
Rs 3001-5000	96	42.67
Above Rs 5000	14	6.22
Total	225	100.00

b) De-addiction centre 2

Category	Number	Percentage
No income	7	1.42
Rs 100-500	233	38.01
Rs 501-1000	233	38.01
Rs 1001-3000	119	19.41
Rs 3001-5000	21	3.43
Above Rs 5000	-	-
Total	613	100

PROFILE OF THE ADDICTS

3. INCOME-WISE PERCENTAGE OF ADDICTS

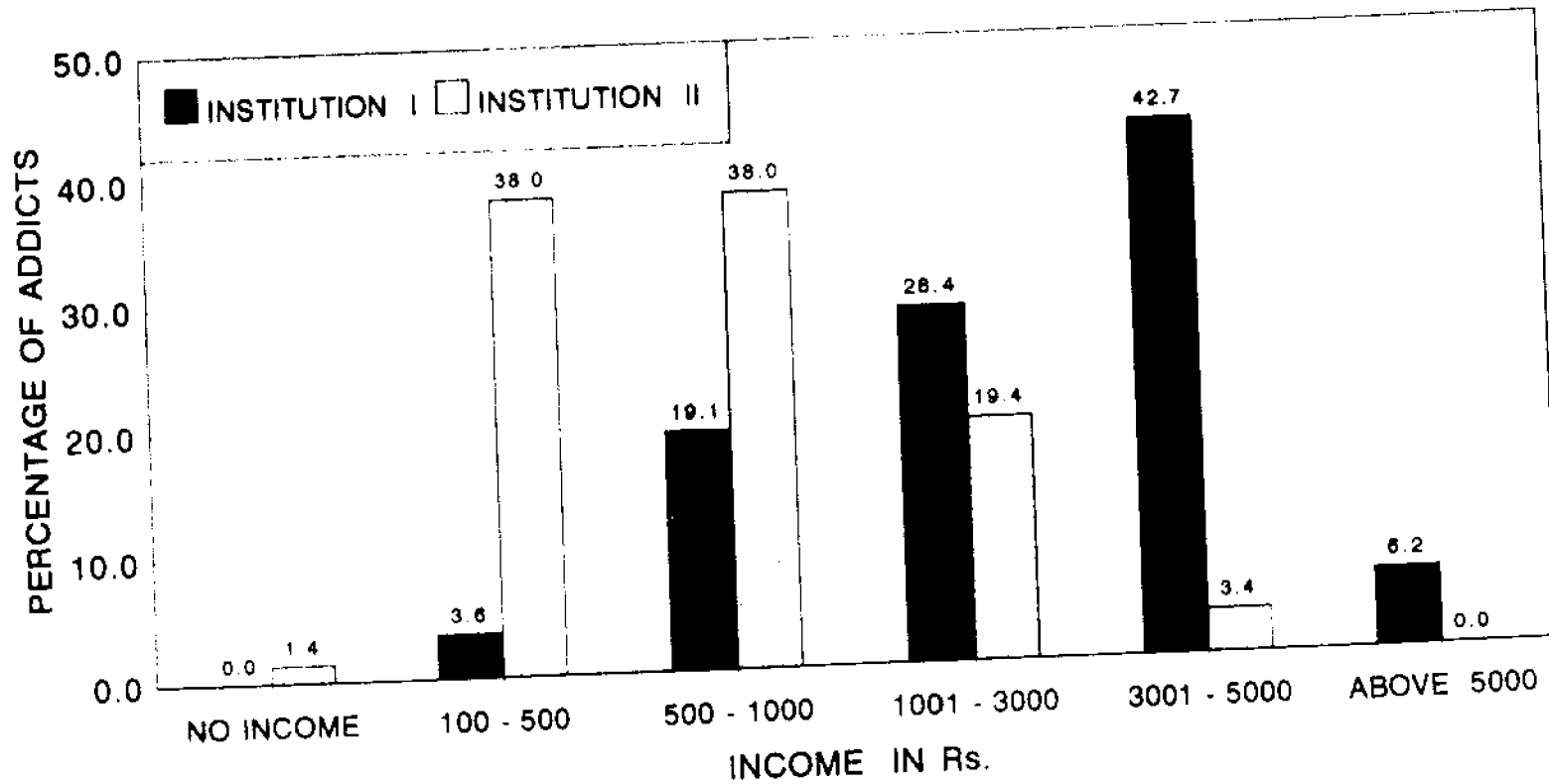


FIGURE 15.

Table 33 Occupation-wise percentage of addicts

a) De-addiction centre 1

Category	Number	Percentage
<u>Employed</u>		
Government service	58	9.46
Business	51	8.32
Agriculture	69	11.26
Agriculture labour	53	8.65
Labour (including seasonal)	26	11.56
Professionals	8	3.56
Technical	4	1.78
Transport workers	2	0.89
Total		100.00

b) De-addiction centre 2

Category	Number	Percentage
<u>Employed</u>		
Government service	58	25.78
Business	51	22.67
Agriculture	62	27.56
Agriculture labour	10	4.44
Labour (including seasonal)	304	49.59
Professionals	3	0.49
Technical	23	3.75
Transport workers	18	2.94
Any other	34	5.55
Total	613	100.00

PROFILE OF THE ADDICTS

4. OCCUPATION-WISE PERCENTAGE OF ADDICTS

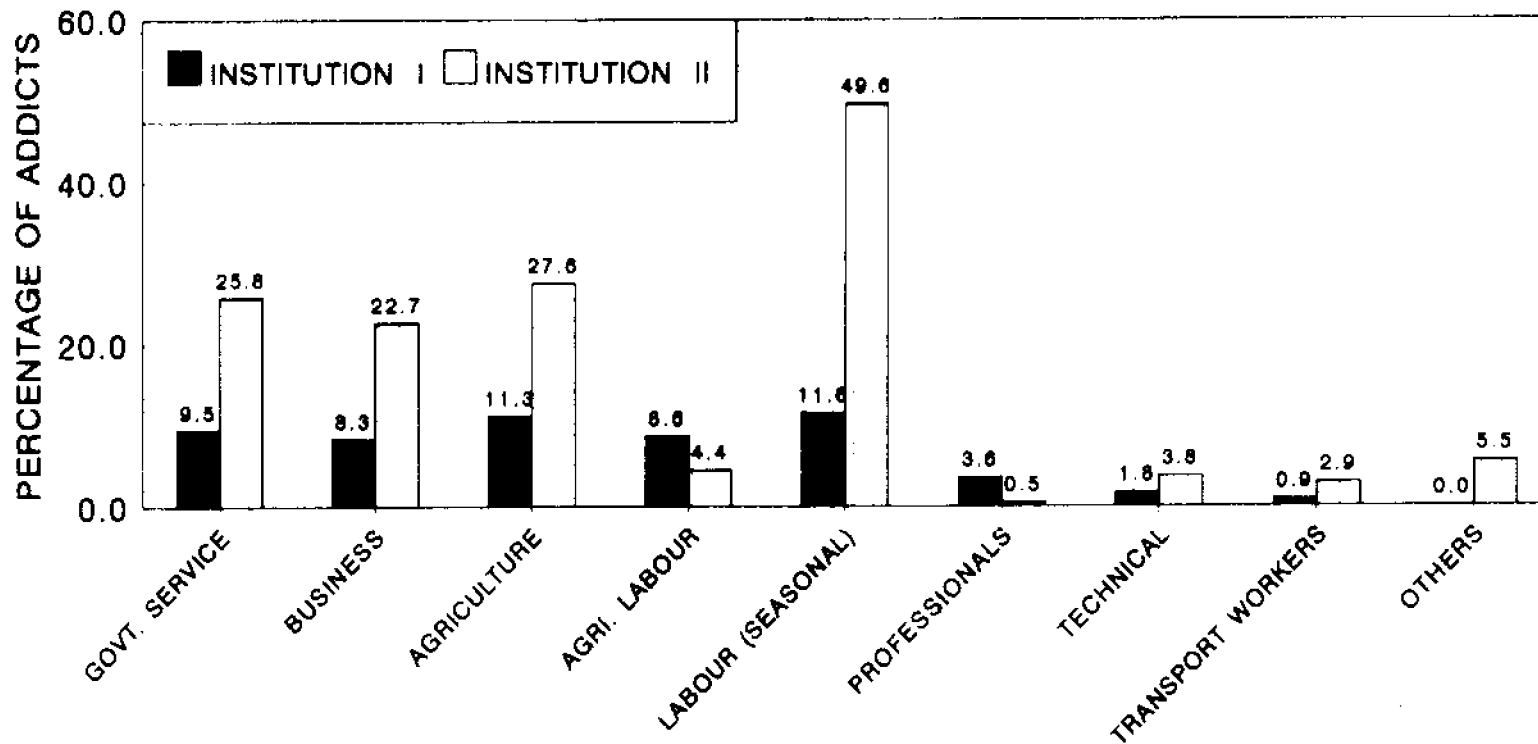


FIGURE 16.

Table 34 Causes of addiction

a) De-addiction centre 1

Category	Number	Percentage
Anxiety	36	16.00
Depression	5	2.22
Frustration	2	0.89
Loneliness	3	1.33
Curiosity	12	5.33
Group pressure	122	54.22
Individual problem	10	4.44
Family problem	24	10.67
Pre-morbid personality	11	4.89
Any other	-	-
Total	225	100.00

b) De-addiction centre 2

Category	Number	Percentage
Anxiety	20	3.26
Depression	20	3.26
Frustration	38	6.20
Loneliness	9	0.47
Curiosity	43	7.01
Group pressure	242	39.48
Individual problem	76	12.40
Family problem	46	7.50
Pre-morbid personality	25	4.08
Any other	94	15.33
Total	613	100.00

No. OF ADDICTS REFERRED TO THE DE-ADDICTION CENTRE DUE TO DIFFERENT CAUSES

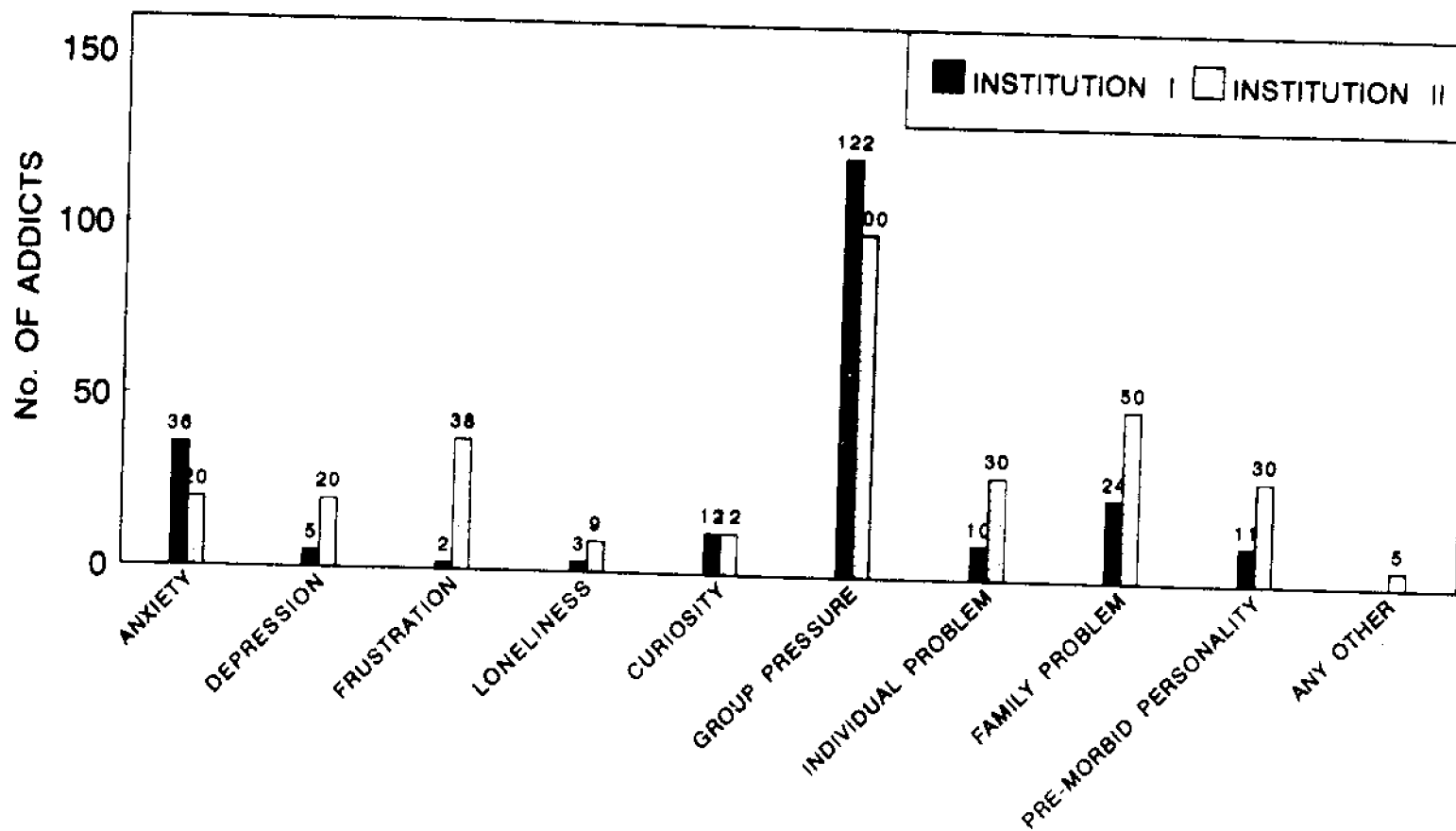


FIGURE 17

From Tables 30-34 and Figures 13-17, it is clear that there are variations in data while making a comparative analysis of the profile of the addicts of these two de-addiction centres. However, while considering the age group of the patient, it is clear that majority of them come under the age group 31-45 (48 per cent and to 6 per cent). Majority of the patients who came to these institutions for treatment were married (88 per cent and 94.5 per cent). We cannot arrive at a definite conclusion regarding the influence of the economic factors (like income of the patients) since the data shows fluctuations. It is also noteworthy here to mention that one of the above centres is situated purely in a rural area while the second is in a semi-rural area. But from the table, it is clear that in the treatment centre which is situated in the semi-rural area patients who had undergone treatment had higher income (between Rs. 3001-5000 and between Rs. 1001-3000). But in the treatment centre which is situated in the rural area, the majority of the patients belonged to low income category (between 100-500 and 501-1000). Similarly, in the case of occupation and causes of addiction also such differences are noted.

So, it is quite difficult to reach definite conclusions in these cases. These differences are chiefly due to the peculiarities of the geographical areas in

which the treatment centres are located, the socio-economic status of the patients admitted, methods of treatment, etc.

Third phase

(i) Withdrawal/detoxification

The problems which arise after the sudden cessation of drug use lead to withdrawal symptoms and the treatment of this is known as detoxification. This is a process to remove the toxicity produced by the drugs in the body of the patient. Disulfiram is widely used in addiction treatment. If alcohol is consumed along with or immediately before disulfiram, it produces very unpleasant effects--flustering, sweating, palpitation, shortness of breath, discomfort in the chest, vertigo and blurred vision, etc. Doctors say it serves as a deterrent to the alcoholics. According to Dr Anita Rao of T. T. Renkanathan Clinical Research Institute, "detoxification is only the first step of a long term management of alcoholism."

There are many countries in the West where treatment without drugs is experimented. But most of the treatment centres concede from experience that disulfiram along with psychotherapy has worked very well.

(ii) Psychotherapy

Some of the causes of alcoholism being deeply rooted in the personality of the alcoholic, psychological methods has to be initiated to get to the root of the problem. In some cases, this means long sessions of psychotherapy, and in other cases, it requires only simple counselling. Psycho-social management consists of the following procedures like individual counselling, group therapy, family therapy, behavioural therapy, etc.

(a) Individual counselling

The insight, persuasion, suggestion, reassurance and instruction given to the patient through individual counselling help the patients to retrospect, ponder over their problems more realistically and thus develop the desire and capacity to cope with them.

Individual counselling on a long term basis helps the patients to maintain abstinence and to overcome the risk factors like peer-group pressure, unexpected stress, anxiety, frustration, etc.

(b) Alcoholics Anonymous--Group therapy

The phenomenal success of the Alcoholics Anonymous proves among other things the great efficacy of group therapy. Here a brief explanation of what is meant by

'group' and 'group therapy' is in order. A 'group' is a collection of individuals with similar problems and 'group therapy' helps them to discuss their problems and share their experiences and through this process acquire the necessary skills using which they learn how to get over the problem.

The stress and strain which a patient experiences during this period is tremendous. Members of an Alcoholics Anonymous group can share these worries by a sort of emotional identification with the patient. This is all the more natural for the members of the Alcoholics Anonymous as they too are one-time alcoholics and had passed through similar experiences.

The warmth and support which the group members provide, and the topics which are discussed like damages, feelings, worst alcohol/drug taking episode, past adverse life style, denial, powerlessness, unmanageability, commitment to change and problems in states of sobriety help the individual to think that they are not so odd, different or alone with their problems. They think and inject in him a ray of hope that recovery is possible and build in him a sense of self-confidence, self-respect, and self-esteem. The mutual sharing and give and take process help each other to overcome their problems. Even in group therapy, there are various methods and approaches and the

suitable course is to be chosen on the basis of the nature of the case to be treated. For this, the services of a trained social worker or counsellor will be effective. Superficially, group therapy is an attractive treatment option because it seems to be cost-effective method compared with individual psychotherapy offering professional help to drug abusers.

Group therapy for drug abuse is not a substitute for individual treatment, but is adjunct to it, aiming to foster individual development and growth. Those most likely to benefit from group therapy and most suitable for it usually have a long history of drug abuse with only limited success at attaining periods of abstinence and have interpersonal difficulties. In the UK, many of these patients are on long-term (usually for a year) treatment contracts and receive maintenance prescriptions for opiates. However, membership of a group and attendance are voluntary and should not be made a condition of any treatment contract⁸ .

(c) Family therapy

That the individual disorder aspect of alcoholism cannot be ignored in this context. The immediate group of

individuals it affects is, of course, the family. How the drinking habit of an individual affects his family is too obvious to be narrated in detail. Yet, it may be pointed out it disrupts domestic happiness, is productive of divorce, results in neglect of children and leads to poverty and delinquency. Thus it shows that in treating alcoholics, their family also must be taken into gamut. This is, how, the concept of family therapy comes into being.

Family therapy is of crucial importance as the family members are deeply affected even by the very presence of the alcoholic--what to say of his behaviour? For instance, the wife of alcoholic develops what is called 'code dependency.' While the alcoholic is preoccupied with the bottle, she has to be preoccupied with him. If the alcoholic scolds her, she releases her ire by scolding the children. If he ignores his responsibilities in the office, she in turn becomes irresponsible in the house. The fact that this kind of "dysfunctional behaviour" can be corrected by counselling is yet another advantage of it. Family counselling thus serves two purposes (a) it improves family functioning, (b) it helps the addicts to attain and then to maintain abstinence.⁹

A variation on family therapy is multiple family therapy in which a number of drug addicts families are

treated conjointly. It is found that the families are able to support each other because of their shared experiences and that they learn to recognise and understand what is happening in their own family by observing similar phenomena in other families.

(e) Behavioural therapy

Here, it is worthy to mention the importance the behaviour therapy. "The aim of this approach is to change people's attitudes and behaviour so that they adopt a healthy life-style."¹⁰ Behaviour therapies are based on the belief that what is required is the learning of new behaviours while discarding old ones. It includes teaching a patient to be able to say 'no' when offered a drink, teaching alternative skills such as relaxation with which to meet stress or tension rather than resorting to drink, teaching how to put up with slight withdrawal symptoms without taking drink and becoming involved again in a cycle of drinking. Learning social skills, particularly assertiveness is often a benefit to those who drink in order to overcome shyness or feel unable to cope with certain social situations. Psychologists today favour the use of a combination of several behaviour techniques tailored to the individual patients needs--a 'broad spectrum' approach.

(iii) After care

What is known as "after care"--a kind of follow up counselling--in alcoholic treatment is envisaged to prevent the victims' return to alcohol use. After the completion of the treatment and discharge of the patient from the centre, a package of services are provided to the patient to maintain abstinence. It is to ensure the continued movement of the client in the direction that the treatment has initiated him to.

It has been established that relapse--i.e., return to the former condition of alcoholism is due to certain peculiar personality traits in patients which in a sense defeats the process of healing. A closer understanding of the nature and causes of relapse will certainly help in designing more effective treatment and approaches towards after care. The "self-efficacy theory" proposed by Prof Albert Bandura has made significant contributions to our understanding of the relapse process.¹¹

In contrast with traditional approaches that emphasise initial habit change, relapse prevention focuses now more on the maintenance phase of the habit change process. From this perspective, relapse is not viewed merely as an indicator of treatment failure.

Potential and actual episodes are key targets of both proactive and reactive intervention strategies. Relapse prevention treatment procedures include specific intervention techniques designed to teach the individual to effectively anticipate and cope with the potential relapse situations. Also included are more global life style interventions aimed at improving overall coping skills and promoting health and well-being. Bandura proposed that effective behavioural change requires (a) the belief that change will result in the desired outcome ("outcome expectancy"), (b) the belief or confidence that one is capable of making change ("efficacy expectancy").¹²

In most of the de-addiction centres follow up counselling is done for about one more year after the completion of the treatment with the explicit objective of preventing relapse into alcohol use.

7.0.2.5 Summing up

From the foregoing analysis, it is clear that initiatives play an important role in combating the problem of alcoholism. It tries to tackle the problem of alcohol abuse through methods like public awareness programmes, counselling, treatment, research studies, rehabilitation, etc. and thus playing chiefly the role of educators.

Notes and References

1. Temperance movements may perhaps be divided into three classes. (a) Spontaneous movements affecting whole castes and arising within the castes, (b) movements promoted by Philanthropists and organised temperance associations, and (c) the advocacy of prohibition as part of the Non-cooperation Movement. There have been quite a number of the first class and it cannot be doubted that while they lasted they did genuine good. The unfortunate thing is that they have been unable to retain their first enthusiasm and have usually died out without effecting any permanent change in the habits of the people affected. The biggest was perhaps that among the Namasudras of Bengal and the Central Provinces. Next in importance comes that of the Khonds of Orissa. This movement began in 1908 and was largely influenced by the realisation that the lands of the aboriginal Khonds were gradually passing into the hands of the professional drink sellers and money lenders--the Sundis. The Khonds of the Madras Presidency had not joined in the total abstinence vow made by their brothers of Orissa, but with a view to assist the Orissa authorities, the shops on the Madras side of the border were also closed, the Khonds retaining

their ancient privilege of free distillation for bona fide home consumption. Another temperance movement was among the Reddis of Ganjam in 1918. At a conference held at Loddaputti in March 1918 they decided to abstain from liquor. Again in 1920 a crusade among the Adi-Dravidas of certain villages near Ellore led to the temporary closure of seven arrack shops there. A similar movement, resulting in the closure of nine shops, was for a time on foot among the Maravars of Ramnad, but it is possible that it was partly inspired by caste hatred against the Nadars.

Turning to the work of organised temperance societies, it is understood that about 300 exist in India of which 200 are affiliated to the Anglo-Indian Temperance Association. This body, which has its headquarters in London and which issues the magazine 'Abkari' quarterly was founded in 1888 by the Late Mr. Caine and has throughout been chiefly supported by English well-wishers. It was responsible for the organisation of the deputations which waited upon the Viceroy in 1907 and 1913. Annual Conferences have also been held at various important centres since 1904 at which speeches have been delivered by prominent reformers. While these societies have accomplished something in bringing abuses to notice,

and checking that spread of drinking habits among the upper classes which inevitably followed from their emancipation from social and religious restraints, it can hardly be said that they have achieved any results comparable to those attained by temperance societies in England, which have paid more attention to propaganda among the drinking classes and less to advising government in regard to their policy. It is also quite evident that the work of the Indian societies has been, too largely, confined to activities of the latter class. (Source: D. N. Strathie ICS, *Excise and Temperance in Madras--A Note on Excise*, for the instruction of Government printed by the Superintendent, Government Press, Madras, 1922, p. 51-62.

2. The stigma of alcoholism has a long history in India. Until the establishment of TTK Hospital in Madras on January 21, 1980 India lacked technical know-how in the treatment of alcoholism. A dedicated team of psychiatrists, clinical psychologists, social workers and recovered alcoholic work for the centre. The foundation offers a three-phase program, namely detoxification, an extensive out-patient programme for 21 days, after care and Alcoholics Anonymous. The foundation also offers various programmes to educate the public.

3. Important treatment and counselling centres in Kerala are placed below.

1. HM Hospital, Merigiri, Bharananganam, Pala.
2. Medical Mission Centre, Verror P.O., Changanacherry.
3. MGDM Hospital, Kangazha, Kottayam.
4. Total Response to Alcohol and Drug Addiction, Aymanam, Kottayam.
5. Mandiram Hospital, Manganam, Kottayam.
6. Pushpagiri Hospital, Thiruvalla.
7. SH Hospital, Pymkulam, Thodupuzha.
8. Mar Apram Medical Centre, Chirakadavu, Kanjirapally.
9. Paijas Garden Hospital, Ayiroopadam, Kothamangalam.
10. Lord Hospital, Panchalam, Ernakulam.
11. City Hospital, Ernakulam.
12. Kusumagiri Hospital, Kakkanad, Ernakulam.
13. MMM Hospital, Kolancherry.
14. Ranigiri Hospital, Thalacherry.
15. Jyothis Clinic and Family Life Centre, Changanacherry, Kerala.
16. Sandhavana Counselling Centre, PSC, Pala.
17. Kerala Centre for Christian Higher Education, CMS College, Kottayam.
18. Rev. Dr. Thomas Kottur, BCM College, Kottayam.

19. Rev. Dr. T. J. Thomas, TMO Counselling Centre, Amalagiri P.O., Kottayam.
20. Renewal Centre, Kaloor, Cochin.
21. Family Apostolate Catholic Bishop House, Trissur.
22. Navachithanya Pastoral Centre, Mananthawadi, Waynad.
23. Chakochoan, Kalapura, Christ Hall, Kavadiyar, Thiruvananthapuram, Kerala.
24. Manasantharam, Ulloor, Thiruvananthapuram.
25. Navajeevan Centre, St Thomas Hospital, Kozhencherry.
26. KVM Hospital, Cherthala, Kerala.
27. Marthoma Centre, Malayalapuzha, Kerala.
28. Abhaya, Thiruvananthapuram.
29. Mujahid Education Trust, Kozhikode.
30. Dale view, Thiruvananthapuram.
31. International Centre for Study and Development, Kollam.

Source: Field Data

List of voluntary organisations funded by Government of India, Ministry of Welfare, New Delhi, working in the field of drug abuse and prevention.

- (a) Abhaya, Vardanandavanam, Thiruvananthapuram,
- (b) International Centre of Study and Development, Shang Village, Valkom P.O., Kollam, (c) K. Velayudhan Memorial Trust, P. B. No. 30, Cherthala, (d) Mujahid Education Trust, 7/852, S.M. Street, P. B. No. 59, Calicut, (e) TRADA (Total Response to Alcohol and

Drug Addiction), Aymanam, Kottayam. (Source: Government of Kerala, Directorate of Social Welfare Board, Thiruvananthapuram).

4. Under MINNESOTA model of treatment after detoxification the soul, mind and body of the patient are strengthened by various therapies to resist temptation for alcohol and drugs by various experts at the treatment centre.

The term 'MINNESOTA Method' is very misleading, implying as it does a distinct method or way of treating substance dependence, that is different to other methods. In practice, the MINNESOTA method integrates many of the treatment approaches into a programme, that is tailored according to individual needs. It involves a multidisciplinary team that includes doctors, nurses, social workers, counsellors, psychologists, etc. who can provide a wide range of professional services. Treatment may be as an out-patient or as an in-patient and begins with a thorough assessment and detoxification, if necessary. (Source: Hamid Godse, *Drug and Addictive Behaviour: A Guide to Treatment*, Blackwell Scientific Publ., Oxford, London, 1989, p. 147).

5. Patric Riddell, *I Was an Alcoholic*, Victor Gallancz Limited, London, 1955, p. 15.

6. M. R. Gossop, et al., *The Addict's Perceptions for their Own Drug Taking Addictive Behaviours*, quoted in *Psychology and Social Problems: An Introduction to Applied Psychology*, Anthony Gale and Antony J. Chapman (eds.), John Wiley & Sons, Chichester, New York, 1984, p. 246.
7. 'Referral' would imply making use of community facilities and resources on a large scale. Certain cases need a more intensive and specialised treatment which should be provided by referral to agencies like full-fledged hospitals.
8. Hamid Godse, *Drugs and Addictive Behaviour: A Guide to Treatment*, Blackwell Scientific Publ., Oxford, London, 1989), p. 131.
9. When the (chemically) dependent's (i.e., addicts) wife or parent brings the person for treatment it is called family intervention. Similarly there may be medical intervention, where the physician intervenes by referring him to a treatment centre after discovering certain physical damages indicative of drug abuse. There can also be occupational intervention, in which the employer identifies the addict or some other mechanism by mere observation like reports from the fellow members. It can also happen due to the intervention of school authorities who inform the parent about the possible drug

problems the students may be going through. For more details refer, T. T. Ranganathan Clinical Research Foundation, Alcoholism and Drug Dependence: The Professionals Master's Guide, Indira Nagar, Madras, 1989.

10. L. Ewles and Simnett, I Promoting Health: A Practical Guide to Health Education, John Wiley & Sons, Chichester, 1985, p. 30, quoted in Alcohol Education: A Handbook for Health and Welfare Professionals, Barbara Howe, Tavistock, Routledge, 1989, p. 67.
11. For more details refer Relapse Prevention: Introduction and Overview of the Model in the British Journal of Addiction, 79 (1984) 261-273.
12. According to Bandura self-efficacy can be measured in terms of three parameters. (a) Level: Level of one's self-efficacy refers to an individuals' expected performance attainments. (b) Strength: Self-efficacy strength is an expression of the degree of confidence that people have in their ability to attain each expected level. (c) Generality: Generality refers to the domains of functioning in which people judge themselves to be efficacious. For more details refer Bandura A., Self-efficacy: Towards a Unifying Theory of Behavioural Change, Psychological Overview, 84, 191-215, 1977.

CHAPTER 8

ANTI-ALCOHOLIC DRIVE IN KERALA: PROHIBITION CAMPAIGN

8.0.1 Kerala Prohibition Council: A profile

In this part, the major campaigns for prohibition organised by the Kerala Prohibition Council is analysed and a general evaluation of these campaigns is also given. Before attempting that, a brief account of the main objectives of the Kerala Prohibition Council is given so that the nature and direction of the campaigns can be easily viewed in the correct perspective.

8.0.2 Objectives

Kerala Prohibition Council, a branch of the All India Prohibition Council has the following as their declared objectives, the chief of which is to arouse public consciousness against alcohol and other drugs, and to organise campaigns and propaganda for the introduction of total prohibition in the state by law.

8.0.3 Programmes

For achieving the above objectives, it will adopt the following practical programmes.

- (a) To plan out practical steps in cooperation with the government and the local bodies to introduce prohibition in a phased manner.
- (b) To create public awareness towards the evil effects of alcohol and to conscientise the public with a view to enlisting their support for the cause of prohibition.
- (c) To coordinate the activities of the government agencies working for similar objectives.
- (d) To organise working groups and research study groups with a view to conducting scientific studies on the evil effects of alcohol in society and to formulate ways and means by which individuals in particular and society in general could be saved from the evil.
- (e) To organise seminars, symposia, public meetings, workshops, study camps and the like for educating the public as well as prohibition workers.
- (f) To publish journals, leaflets, tracts, etc. which would help in the campaign.
- (g) To devise and implement such steps as would conduce to the realisation of the declared objective of total prohibition.

Any person above 18 years of age who has faith in the goals of the Kerala Prohibition Council is eligible for membership, if he pays the required membership fee and sign the following pledge.

I pledge that (a) I will not use alcohol or other drugs in my life. (b) I will not give alcohol or drugs to others. (c) I will not gather wealth by selling alcohol or other drugs. (d) I will try my best to achieve the goal of total prohibition through all non-violent means.

The funds required for the activities of the Kerala Prohibition Council are collected from membership fee as well as public donations. The Kerala Prohibition Council has made it a policy not to accept any government grants for its works. It is mainly because the activities of the council generally go against the policies of the government and the council does not want to temper the tempo of its campaigns nor wants to be impeded by accepting aid with strings which might make it difficult to have an open confrontation with the government.

8.0.4 Organisational structure

The organisational structure of the Kerala Prohibition Council is not discussed here. Suffice it to say that its structure is very democratic and the units at the local and district levels enjoy a lot of freedom in chalking out plans and programmes for the achievement of the objective of the councils. The functions of the state committee are mostly official. The most crucial role in the organisation is played by the State Executive

Committee in which decisions are made on the basis of consensus (and not on division) after frank and free discussions. As membership is limited to those who wholeheartedly accept not only the goal of total prohibition but also the non-violent means for achieving the declared goal, the emergence of consensus and collective decisions are generally easy.

8.0.5 The Kerala context

As stated earlier prohibition as envisaged by Gandhiji is not a single point programme existing in a social vacuum. It is an item in comprehensive package known as the Constructive Programme formulated for the all round development of the masses and therefore, it may be argued that a successful implementation of prohibition require a similar attempt for the implementation of the other items in the programme. Without contesting in this argument it can be stated that the item of total prohibition can be singled out and mass effort organised for its implementation. This is especially so in the given socio-political context of Kerala in which if we want for the implementation of the comprehensive package it will be a wait without end. Considering the serious inroads made by liquor into the lives of individuals and society, it becomes a matter of great emergency that we fight this evil placing it on top of the social agenda.

It is in this spirit that the leaders of the Kerala Prohibition Council try to fight the menace of liquor. They are not unaware of the importance of a comprehensive approach envisaged by Gandhiji and made evident in the Constructive Programme. But because of the threat of liquor, the Kerala society is viewed by them as a house on fire which calls for an all out fight to quell it while other things can wait.

8.0.6 Fight against liquor: The Kottathur satyagraha

It may be said that the three major satyagrahas analysed and evaluated in this chapter are in fact the creation of a number of minor campaigns and satyagrahas held in different parts of the state and at different periods of time, some by independent groups, social activists, some by the local units of the Kerala Prohibition Council. Of these, one stands out for a number of reasons and that is being briefly surveyed here.

What is known as the Kottathur satyagraha was a mass resistance organised by the people of the village of Kottathur in Alappuzha district. The arrack shop situated in the main junction, within the prohibited distance--a school, a church and a temple became a constant threat to the peace of the otherwise quiet village. As the shop was illegal, people of the village, especially the women folk

requested the authorities to close it down. While their repeated representations evoked no response, they decided to launch a non-violent struggle against the shop. Being a spontaneous peoples' resistance, not guided by prominent leaders or organisation the satyagraha went rather unnoticed for a period of time. On the 54th day of the struggle Prof. M. P. Manmathan, the renowned sarvodaya leader of Kerala and the then president of the Kerala Prohibition Council took up the leadership of the struggle. Under his guidance picketing was organised. The women folk of the village took a very active role in the struggle which attracted state wide attention and it reached a stage when the government could not but acknowledge the moral power of the satyagraha. The shop was thus ordered to be closed and the village was saved from the menace of the liquor demon.

The public in general has not attached great significance to this satyagraha. They considered it only as a protest of a set of people in a village against a liquor shop. But in the history of anti-alcoholic drive in Kerala, this satyagraha has its own importance. The satyagraha was in fact organised and conducted by women. The role of the men folk was only supportive and not active. The women took it upon themselves voluntarily. This was the first major instance of organised picketing following a system of procedures adopted for the same.

This was a pioneering attempt in this direction which was carried to its logical conclusion.

Following this satyagraha, in several places people came forward and started offering satyagraha against liquor shops--legal and illegal. It may be said that a wave was originating against the threat of liquor and the Kerala Prohibition Council felt it its duty to give proper direction to the rising anti-liquor tide. In fulfilment of this duty, the Kerala Prohibition Council launched some major satyagrahas to highlight the cause at state level. Three of such satyagrahas organised and conducted by the Kerala Prohibition Council are taken up here for a detailed study.

8.0.7 CASE STUDIES

8.0.7.1 Mattancherry Satyagraha

(a) Background and nature of the problem

In spite of several representations and memorandum no practical step was taken by the government to implement prohibition in Kerala. So the Kerala Prohibition Council decided to launch a direct action against the abkari policies of the government. The objective was to encourage the government to implement total prohibition in Kerala in a phased manner.

The Kerala Prohibition Council decided to start satyagraha in front of one of the liquor shops in Kerala. They finally selected the No. 3 liquor shop in Koovappadam in Mattanchery in Ernakulam district on October 2, 1984. In order to prepare the ground for satyagraha they organised seminars, lectures, public meetings, padayatras, house to house visit, etc. Notices were also distributed to the Chief Minister, Excise Minister, Excise Commissioner, District Collector and other excise officials. The contractor of the liquor shop was also served proper notice.

A satyagraha camp for giving training to the satyagrahis was started at Koovappadam. A three member action committee (Dr. M. P. Mathai, Prof. G. Kumarapillai, Sri. Jayaprakash Narayan) and a local committee called 'Mattanchery Satyagraha Samithi' were also formed. All the district committees and local units were alerted about this satyagraha. The satyagraha was launched with a fast by Prof. M. P. Manmathan on October 2, in the 'satyagraha kudeeram' (the stage on which satyagraha was conducted) across the road in front of the liquor shop.

b) First Phase

During the satyagraha campaign, prominent personalities and local leaders addressed the people on

the need for prohibition and the significance of the satyagraha. The satyagrahis and others assembled in the satyagraha camp every morning and at the stroke of nine they shouted certain select slogans. The satyagrahis were badged and garlanded and were led in a procession to the satyagraha kudeeram which was approximately 100 meters away. On reaching the venue of the satyagraha, the satyagrahis stood in line in front of the kudeeram. The name of each satyagrahi was announced and a brief account of his/her bio-data was read out. This was followed by the official posting of the satyagrahis at the venue proper which was done each day by a prominent person. During the satyagraha there was singing of songs and shouting of slogans. In these evenings there used to be inter-religious prayers. At 5 p. m. the satyagrahis were withdrawn one by one. This was also performed by some eminent personalities each day. In the evenings there was a public meeting every day which used to be addressed by a prominent public figure. The speeches were so educative and enlightening that the satyagraha venue came to be described as an 'open university'.

(c) Second Phase

As a part of the process of intensification of the satyagraha campaign, they started the technique of picketing. A list of persons who were ready to offer

picketing was made and they were offered special training. The satyagrahis were posted in front of the gate. In the initial stage those who came to enter the shop were stopped by the satyagrahis in a friendly manner and pleaded with them not to enter the shop. They used persuasion in a mild and friendly manner with a view to encouraging the customers to introspect. What they wanted to create was an attitudinal change.

In the second stage, they decided not to let in the drinkers in the normal course, while earlier, the pickets only pleaded with those who tried to enter the shop. Now they were told that they can enter the shop only after pushing them away or trampling upon them. There were several instances where the pickets were violently pushed aside by the drunkards. Throughout the period of this kind of picketing complete non-violence was maintained although there were planned attempts to create violent scenes.

Several people gave their willingness in writing before the council that they were ready to participate in this satyagraha and to suffer imprisonment. From these people few were selected and grouped into several 'vyuhas' (group or allay). Each vyuha consists of four satyagrahis. The names of the vyuhas were 'Gandhi Vyuha', 'Kelappa Vyuha', 'Vinobha Vyuha', 'Yathindra Vyuha',

'Kasthurba Vyuha', 'Gaferkhan Vyuha', 'Prabhavati Vyuha', etc. The arrested satyagrahis stated before the magistrate that they only performed their duty by offering satyagraha and it should not be considered as a crime.

Table 35 The district-wise statistics of the participants in picketing

District	No. of people
Ernakulam	279
Kottayam	27
Trissur	7
Idukki	1
Pathanamthitta	10
Alappuzha	33
Kollam	2
Thiruvananthapuram	12
Kozhikode	32
Kannur	12
Malappuram	11
Kasargode	2

Source: Kerala Prohibition Council, Ernakulam.

People from the 14 districts of Kerala reached Koovappadam to participate in the picketing and gave financial assistance to this campaign. The satyagrahis included sarvodaya workers, college professors, students, lecturers, journalists, women folk, ordinary laymen, literary luminaries, farmers, bank employees, businessmen, religious leaders, etc. This reveals that people from all walks came forward to support this non-violent satyagraha. After 75 days about 428 people participated in the picketing.

Individual and group picketing was also going on throughout the period. Silent processions, fasting, prayer meetings, corner meetings, padayatras, etc. were going on every day under the active participation of the sarvodaya workers.

The satyagrahis also requested the use of public address system in processions and other propaganda activities. But the police refused permission. To offset this deficiency, they arranged 'chendamelam' in the processions. According to the participants, it was more effective than the use of public address system.

The contractor tried to disrupt the satyagraha campaign by employing hired goondas and other anti-social elements. The attitude of the government was one of utter

indifference. The political leaders maintained their meaningful silence and thus supported the liquor lobby. In keeping with the policy of the government the implementing agencies like the excise and the police departments tried different tricks on the satyagrahis to steal the wind out of their sails. During the phase of picketing the police arrested the pickets and let them off without charging cases. The satyagrahis also changed their tactics to undo the tricks played by the police by refusing to go away while let free and by insisting that legal proceedings should be initiated against them. The satyagrahis were in right earnest and were prepared to undergo suffering including imprisonment. Thus the police was forced to act legally. The satyagrahis were arrested. Prof. Manmathan was also arrested and presented before the court. He was sentenced for simple imprisonment.

For reasons well-known the police and the excise officials were openly sided with the contractor. Although practically no sales were there from the shop the contractor not only did keep the shop open but even offered free drink in order to attract the customers. This had some effect and the work of the satyagrahis became more strenuous.

(d) Third Phase

The continuous struggle had not produced any desired effect upon the government. In spite of the suffering and imprisonment of a number of satyagrahis including a leader of the moral stature and influence like Prof. Manmathan, the government refused to give a positive consideration to the points raised by the campaign. So overwhelming was the influence of the liquor lobby on the government that on its advice the government adopted an attitude of studied indifference and conscious neglect of the satyagraha. The government seemed to labour under the delusion that the satyagraha would die a natural death if ignored totally. So, as the leaders of the prohibition movement testify, the government like an ostrich hid its head, refusing to see and acknowledge the ground swell of public sympathy for the satyagraha and resentment against the government. An impasse was reached which demanded drastic action from the side of the satyagrahis. So, Prof. G. Kumarapillai, the vice-president of the Kerala Prohibition Council decided to start an 'indefinite fast'.

This marked a turning point in the satyagraha. The conscience of Kerala seemed to be stirred deeply and roused. People from all walks of life abruptly expressed their disapproval of the negative and hostile attitude of the government. The media gave due coverage and

publicity. Opinion builders were unanimous in their demand that the government take note of the fast and act immediately. Even leaders belonging to the left parties who are avowedly against prohibition, visited Kumarapillai at the satyagraha kudeeram and declared their support and solidarity. Some of the younger and progressive elements within the coalition government exerted pressure on the Chief Minister. The government could wait no more; act it had to. So an invitation was sent out the satyagraha committee to go to Thiruvananthapuram for negotiations.

The president of the Prohibition Council was in prison and the committee refused to initiate discussion while their leader was behind the bars. So Prof. Manmathan had to be released, which of course, was difficult as it involved a lot of legal and procedural complications. But finally, on a special order from the Governor of Kerala, Prof. Manmathan was released and the committee members with him went to Thiruvananthapuram and negotiated with the government. At the end of protracted discussions, the government agreed to accept prohibition in principle. It was also agreed to place before the Joint Committee and Legislative Assembly the issue of prohibition. A subcommittee was also constituted, Messers Umman Chandy, N. Sreenivasan, and M. Kamalam to continue discussions with the members of the Prohibition Council.

It was also decided to close down the liquor shop in front of which the satyagraha was staged. In the light of these developments Prof. G. Kumarapillai decided to put an end to his fast which had completed 8 days. On the 155th day of satyagraha the authorities closed down the liquor shop. The President of the Prohibition Council declared a temporary discontinuation of the satyagraha. They decided to plan their future programme after the results of the discussions were made available.

8.0.7.2 Palayam satyagraha

(a) Background and nature of the problem

Palayam satyagraha is the second major satyagraha in the struggle for total prohibition. The ministerial subcommittee formed following the Mattanchery satyagraha made discussions with the prohibition leaders and a report was submitted to the government. Although the government accepted the report officially, no step was initiated for its implementation. The Prohibition Council leaders alleged that the delay was deliberate and it exposed the government's lack of interest in prohibition. The Kerala Prohibition Council could not wait indefinitely not knowing when the government will be pleased to take steps. So they were compelled to exert moral pressure on the government to force it to act. So the Prohibition Council

selected a liquor retail shop at Palayam in Thiruvananthapuram run by the Kerala State Beverages (Manufacturing and Marketing) Corporation Ltd.

(b) Objectives

The main objectives of the satyagraha as stated by the Prohibition Council are the following.

- (a) Government should declare that total prohibition will be implemented in Kerala within five years in a phased manner.
- (b) The government should take necessary steps to close down all the illegal shops in Kerala.

(c) First Phase

Like other satyagrahas Palayam satyagraha was also based on the Gandhian method of non-violent resistance. First of all, to capture the attention of the public they arranged public processions through out the state from May 10, 1986 to June 10, 1986. On July 1, a 'Rajbhavan March' was conducted and a large number of people participated in it. They submitted a memorandum to the Governor of Kerala requesting him to intervene in the matter of implementing prohibition. The action committee of the satyagraha met on 28th and decided to launch the agitation. Prof. M. P. Manmathan sent notices to the

Chief Minister, the Excise Minister, the Excise Commissioner, the Chief Secretary, the Kerala State Beverages (Manufacturing and Marketing) Corporation Ltd. and the manager of the shop at Palayam, informing them that the council was going to picket the liquor shop. But there was no response from any of them.

A local committee (Satyagraha Samara Samithi) was formed. K.R. Sundaram and G. Sadanandan were the main secretaries (Karyadharsis) of the committee. Gandhian organisations like Gandhi Smarak Nidhi, Kerala Sarvodaya Sangh, Kerala Sarvodaya Mandal, Gandhi Yuva Mandalam and other socio-cultural organisations extended their support. For propaganda public processions, house to house visit, padayatras, corner meetings, seminars, etc. were conducted. In 'Gandhi Bhavan' a satyagraha camp was organised. Several leaders from all over Kerala arrived in Thiruvananthapuram to render their support.

(d) Second phase

The satyagraha proper started on August 15, 1986. In the first phase, dharna was organised from August 15, to September 8. Each dharna group consisted of three satyagrahis and as each day passed by the duration of dharna was increased. During the dharna the satyagrahis pleaded with the drinkers not to buy or drink liquor.

Picketing started on September 8, 1986. Earlier, picketing went on uninterrupted. But later the police arrested the pickets and produced them before the court. As the pickets were arrested on false charges, they were remanded to the police custody. One typical anecdote is as follows. One day, the satyagrahis while picketing the liquor shop prevented one Prasad from entering it. The police registered the crime for offences under Ss 143 and 341 of the Indian Penal Code (for short the code) read with s 143 of the code.¹ The satyagrahis were remanded to police custody. This case was questioned in the High Court and in a historic verdict Justice J. Thomas cancelled all the cases registered against the satyagrahis. In his verdict, he comments:

Part IV-A of our Constitution embodies a fasciculus of fundamental duties of every citizen of India. One of such duties is "to cherish and follow the noble ideals which inspired our national struggle for freedom. The acts alleged against the petitioners have to be viewed in the above perspective. When those acts are so viewed, it leaves on in little doubt that the petitioners were inspired and guided by the noble ideals of our national struggle for freedom.

When this case is understood in that way, I find considerable force in the contention of the petitioners that the allegations made against them were only in respect of their activities in the discharge of their fundamental duties. Even if they had gone a little beyond the permissible limits, I am not inclined to attribute any criminal animus against it.²

It was a historic verdict when we take into account the prohibition activities not only in Kerala but also in India.

Various programmes to attract public attention and gain sympathy for the satyagraha were organised throughout the state, especially in Thiruvananthapuram district. The Kerala Beverage Corporation's liquor outlets in different parts of the state were picketed to express the solidarity of the prohibition workers of other parts of Kerala with the Palayam satyagraha.

People from various organisations joined the picketing. Prof. M. P. Manmathan, after giving due notice staged 'gate picketing'. He was arrested by police, but the court set him free. Later Prof. G. Kumarapillai followed suit with the same results.

(e) Third phase

As the government seemed determined to defeat the satyagraha by ignoring it completely and refusing to respond in a positive manner, Prof. G. Kumarapillai decided to start indefinite fast. This had its impact. It may be said the effect was almost dramatic. On the first day itself of the indefinite fast the Chief Minister invited the leaders for discussion. As a result of this discussion, the government agreed to state through an official press release that it accepted in principle the implementation of prohibition. The government also gave an assurance that it would appoint a committee to study the problems that would arise as a result of the enforcement of prohibition. On the basis of these positive developments, the council decided to suspend the satyagraha for a temporary period. Prof. G. Kumarapillai ended his indefinite fast. The satyagraha lasted for 127 days.

The total number of people participated in Palayam satyagraha was 483. The number of people who were arrested in this satyagraha was 115. The total number of people who subjected imprisonment was 24.³

8.0.7.3 Ooramana satyagraha

(a) Background and nature of the problem

Ooramana is a small village in Muvattupuzha taluk of Ernakulam district. Poor farmers and labourers mainly of Harijan community constitute the bulk of the population of this village. Unfortunately many men in this village became victims of alcohol mainly because of a liquor shop situated right in the centre of the village violating the existing rules regarding distance.

(b) First phase

A few youngmen who participated in the Mattanchery satyagraha felt that it was their duty to make their village liquor free. In order to win this goal the first step would be to get the existing liquor shop removed.

They organised a unit of the Kerala Prohibition Council in the village on November 24, 1984 which was inaugurated by Prof. M. P. Manmathan, the then existing President of Kerala Prohibition Council. Seminars, classes, lectures, padayatras, etc. were organised with a view to educate the people on the dangerous effects of alcoholism and to prepare the ground for launching an all out affront on the evil. Petitions were sent to the authorities almost at regular intervals demanding the

closure of the existing illegal shop. In order to mobilise public opinion in favour of the removal of the shop leaders of the Prohibition Council were invited to the village. Finally, the Prohibition Council unit decided to start satyagraha in front of the shop.

As a part of the campaign street plays, corner meetings, rallies, padayatras, etc. were conducted almost every day. After three months of intense campaign the Ernakulam District Excise Commissioner closed down the thirty-five year old liquor shop. Consequently, the satyagraha was suspended. After a few days an attempt was made to reopen the shop at the same place. But people thwarted it and kept watch.

(c) Second Phase

On April 17, 1985 a new shop was opened at Puthukel (another part of Ooramana village) observing all legal provisions. The people did not want any shop to be opened in their village any more whether it be legal or not. So, satyagraha was launched once again and large number of people participated in it including women and children. They picketed the liquor shop from 9 a.m. to 11 a.m. and this continued for 203 days. During the picketing hours no one was allowed to enter the shop or go out. Prominent leaders of the Prohibition Council visited the village and

supported the campaign and offered leadership. The police, excise authorities and leaders of major political parties were hostile to the campaign. A well-organised and meticulously supervised plebiscite was conducted and 99.5 per cent of those participated voted for the closure of the shop. But the government did not take any step to close down the liquor shop. No political party supported the satyagraha. Political leaders maintained their "diplomatic silence". But the non-violent struggle of the villagers continued unabated.

When the protest of the people increased the contractor closed down the shop on 16 June 1985. But on June 18, 1985 the shop was reopened. The satyagrahis continued their picketing. This time nature came to the rescue of the villagers. The 'Satyagraha Kudeeram' and the liquor shop were washed away by heavy flood from river. People believed that the shop may not be rebuilt. But on September 21, 1986 a new building was constructed overnight at the old place. The leaders of the Prohibition Council could not come to the help of the Ooramana people this time as they were engaged in another satyagraha in Thiruvananthapuram. But the local leaders gave effective leadership to the satyagraha. The satyagrahis who had successfully agitated for the closure of liquor shops in the area earlier on two occasions sent 250 letters to the Prime Minister, seeking his

intervention in the matter. But they received no reply. A major event at this juncture was the intervention of Gandhi Yuva Mandalam, the Gandhian Youth Organisation of Kerala. They came forward and helped the satyagrahis on a substantial way. They organised several camps, corner meetings and rallies in the village and nearby areas. All through this period the police did everything to protect the abkaris and charged criminal cases against the satyagrahis with a vengeance.

(d) Third Phase

On March 23, 1987 elections to the Legislative Assembly of Kerala state was notified. People of Ooramana decided to boycott the elections as a mark of protest against the criminal indifference of all the political parties to their struggle. In this situation, the contractor closed the toddy shop in the presence of police officials and satyagrahis. After the elections the LDF (Left Democratic Front) Government came to power. Licence to start an arrack shop was issued on March 29. On April 2, the Prohibition Council Central Committee took up the responsibility of satyagraha. From then on the satyagraha was carried out more systematically. Fasting by individuals and groups were attempted. About 100 villagers picketed the liquor shop continuously from 9 a.m. to 9 p.m. every day. About 300 people were

arrested because of participating in the satyagraha. Prohibition Council sent petitions to Chief Minister, Excise Minister, Excise Commissioner and to the District Collector. As the next step, the satyagrahis started relay fasting. As the government refused to act inspite of all the suffering and persuasions, Prof. G.Kumarapillai decided to start an indefinite fast. Prof. Kumarapillai's fast generated spontaneous response. It almost pricked the conscience of people all over Kerala. Different groups of people visited him and declared their support to him. The Government found itself in a fire. It could not but act as the pressure of the public was irrespressible. Finally, Ooramana satyagraha which was started on November 24, 1984 came to an end when the government accepted the demand of the people and closed down the shop on November 30, 1987. Thus the dream of the villagers came true and Ooramana became liquor free.

8.0.7.4 Case studies: An evaluation

Here, an attempt is made to give a general evaluation of the activities of the Kerala Prohibition Council (K.P.C.) in the light of the major objectives of the Kerala Prohibition Council and the satyagrahas described above and checking them against the principles and methods of satyagraha as enunciated by Gandhiji from time to time.

The Kerala Prohibition Council view their satyagrahas as a struggle for social justice. They depend only on non-violent methods in their war against this evil. This non-violent strategy put their struggle on a moral plane. Inspired by Gandhian principles and techniques to confront social evils they adopt various satyagraha methods.

The majority of the people who participated in these satyagrahas belong to the lower middle class and lower class sections of the society. They were not well-organised in the initial stages and were not even aware of the implications of non-violent satyagraha methods in its full meaning. But as a result of the training and participation in satyagraha their conviction and commitment have been deepened. Majority of the satyagrahas occurred in different parts of Kerala is of spontaneous origin. It originates when people's normal life is disturbed by the drink and its associated problems in a locality. As people are not sure about how to fight a menace like liquor, they naturally seek the help of Kerala Prohibition Council. And as a first step, a unit of the Prohibition Council is established in each locality. It is a kind of 'sine qua non' for the Kerala Prohibition Council to take over a local struggle. On several occasions people took active interest to form a unit of the Kerala Prohibition Council.

If we examine the history of various satyagrahas conducted under the leadership of Kerala Prohibition Council and independently it can be seen that the presence and intervention of Kerala Prohibition Council has not only helped considerably in ensuring success in most of the campaigns but also ensured the maintenance of complete non-violence throughout the agitation.

The story of all satyagrahas conducted by the Kerala Prohibition Council is a long saga of self-suffering. The people never resorted to violence as a strategy to resolve their problems. The training given to the villagers through various seminars, lectures, classes and the leadership given to these people made them capable to ignore all kinds of provocations and temptations. Thus it can be said that all these satyagrahas conform to the basic principles of satyagraha and bear out the contention that it is the law of suffering. The three satyagrahas studied here also clearly reveal that people suffered all their hardships cheerfully and when they retrospect on these satyagrahas they are proud enough to say about what they had gone through.

The Kerala Prohibition Council launched direct action--i.e., satyagrahas in well-organised and systematic manner, doing all the necessary preliminary preparations. Mass contact programmes like protest meetings, padayatras,

dharna, seminars, distribution of notices and pamphlets, holding of hartals, etc. were adopted by the Council prior to picketing (refer Chapter 4).

When all these methods fail to create the required impact, they resort to picketing. During picketing they try their best to follow the Gandhian principles. When they picket shops they face stiff opposition from the police/excise/politicians and the contractors and the workers in the shops. Several times they courted imprisonment. Here it may be of interest to mention that most of the activists who picketed shops were men. Gandhiji had repeatedly pointed out that for the successful completion of picketing of liquor shop women should be employed as far as possible (refer 4.3.1). Men should only assist the women to do picketing of liquor shops. But the activists in general opined that unfortunately in Kerala the educated women in general do not come forward to do picketing. Only the lower and lower middle class women, especially the wage-labourers among them came forward to participate actively in this campaign against liquor. The educated women and the women's organisations extend only their moral support or limited participation in this picketing. It has to be mentioned in this context that there is not a single women's organisation working in Kerala with the sole object of prohibition/temperance though women are the

worst sufferers of the evil effects of alcoholism. Educated, employed women raise all sorts of ploys to bail their class out and tender flimsy excuses for their inaction.

Fast was also used by the Kerala Prohibition Council on many occasions as a last resort (fast may be of different types--indefinite fast, fast unto death, simple fasting, etc.). It is used in situations where the opponent is stubbornly turning a deaf ear to the demands of the people. It is alleged that fast is often used as pressure tactic rather than to create an attitudinal change in the mind of the opponent. It is also agreed that as every major satyagrahas ends with an indefinite fast the satyagrahas conducted by the Kerala Prohibition Council appears ritualistic. But in a non-violent struggle, a satyagrahi should be ready to compromise at any time. A certain amount of repetitiveness in terms of techniques is unavoidable and that is why the critics use such terms as 'ritualistic' to describe the repetitive nature of certain methods.

Relay fast is a recent development. There are those who say that relay fast lacks the true spirit of self-suffering. But it has to be mentioned that in each satyagraha campaign there are several stages or steps so to say, and each stage is a step forward to goal

realization. Relay fast is one advanced stage in the progressive intensification of satyagraha. It is conceived as something less than indefinite fast and a step towards it. So the argument that it is not morally justifiable as it shirks the onus of suffering does not hold ground. Relay fast is not a compromise on the basic principles of satyagraha. Those who participated in relay satyagraha are of course ready to suffer the pangs of an indefinite fast if the situation demands it.

It is often criticised that the charisma of the leaders is the major cause for the successful completion of the satyagrahas conducted under the guidance of Kerala Prohibition Council. It is a fact that in order to attract larger public participation the charisma factor has been of immense use. But the leaders of the Kerala Prohibition Council especially Prof. Manmathan and Prof. Kumarapillai possess not only charisma. They are persons of substantial moral stature whose life of dedication and public service have earned for them a permanent place in the hearts of all the right thinking people of the state. Thus their rapport with the people have stronger foundations than mere charisma and this explains the extensive influence they wield, cutting across various sections of the people.

Again, in the case of satyagraha it has always universal application and any person who possesses the basic qualifications required for a satyagrahi can apply it to tackle problems at different levels. Satyagraha as a technique and method purifies and blesses those who perform it and also those against whom it is used. It is based on a faith in the inherent goodness of human nature. So if properly applied it will create positive change even in the adversaries. Thus an atmosphere of moral regeneration is created and people imbibe the spirit of non-violence and remain non-violent in the face of extreme provocations (For more details refer Chapter 4, Article 5).

But how much of this non-violence has been practised in the inter-personal and social relationships of the people has yet to be analysed. But people as a whole is still believed that in a democratic country like India non-violence expressed through satyagraha methods are the best and the only strategy to successfully fight and eliminate such social evils like alcoholism.

The impact of the satyagraha on the liquor lobby, the contractors, the employees and their union leaders was negligible. The police and excise authorities seem to be as stubborn as they were. The attitude of the political leaders who head the government is also not different.

This is a strong testing point of the efficacy of the satyagraha. In many satyagrahas the officials and political parties kept meaningful silence or support the liquor lobbies. The response of the government was also equally antagonistic. Any democratically elected government, truly interested in the welfare of the people must be ready to hear the voice of the people and abide by the majority opinion of the people. But the government often turn a deaf ear to the plea of the people. For example, in Ooramana although it has been proved that 99.5 per cent of the people of the village wanted the liquor shop to be removed, the government refused to heed to the people's wish. On the contrary, they extended all support to the contractor and the police was sent to protect the shop and intimidate and frighten the people. But the government and concerned authorities could not shake the will and confidence of the people. On the whole the satyagrahas conducted by the Kerala Prohibition Council succeeded in exposing the anti-people and undemocratic nature of the political parties and the government.

There is no doubt that satyagraha can create a positive attitudinal change if it is properly used. Gandhiji stipulates that satyagraha in general and fasting in particular can be undertaken only where there is unconditional and unadulterated love of the adversary.

Gandhiji believes that love can and will move anyone; human nature is good enough to respond positively if this love is properly applied. So the question is, were the leaders of the Prohibition Council motivated and prompted by the type of love specified and demonstrated by Gandhiji or whether they applied the techniques and methods of satyagraha as a strategy for coercion? Did they give prime importance to the closing of liquor shops or the attitudinal change of those connected with the trade?

The process of modernization has brought about drastic changes in our social relations. The value system of the modernization paradigm emphasis self-aggrandizement and profiteering. Money is consecrated as a value. There is an undue emphasis on goal achievement. The means employed are undervalued. So, any trade or business is socially acceptable if it is lucrative. Liquor trade is thus looked upon as a new pasture from where you can reap very rich harvest. When such a value system prevails and attitudes are shaped on the basis of such materialistic values, it is extremely difficult to bring about attitudinal changes in people engaged in such activities. Heavy are the odds against which prohibitionists fight even for achieving limited goals. In this milieu, it is not justifiable to condemn the satyagraha campaign of the Prohibition Council as failures on the ground that they do not succeed in bringing about

total attitudinal changes in all the adversaries. In fact, prohibitionist do not make a claim that what they intend to achieve is an attitudinal change. Their goals are, of course, moderate and limited to arresting the all pervading influence of liquor for which the closure of even a few liquor shops is a step forward.

Yet, there are several scoring points in the satyagrahas conducted by the Kerala Prohibition Council. Many people have given up drinking and some even toddy tapping as a result of the satyagraha. Many villages are liquor free today and the families live in peace. The economic life of such villages also has marked steady progress.

The most notable consequence of the satyagrahas is that the social acceptance of the liquor has been terribly battered within the villages. Liquor is no more a status symbol. Again, these satyagrahas provide an opportunity for the young generations to have an experience of a Gandhian programme. It also provide an opportunity for training in non-violence. Prohibition satyagrahas have paved the way for the promotion of inter-religious harmony and communal unity. Mattancherry may be cited as an instance. In many places prohibitionists have taken the initiatives in the campaigns for communal unity.

It is also notable that the Kerala Prohibition Council exerts some influence in the decision making of authorities while formulating the abkari policies. The appointment of Udhayabhanu Commission to study the various problems arising out of the introduction of total prohibition is a direct outcome of the impact of their activities, whatever be its findings.

8.0.7.5 Summing up

It must be pointed out that it is perhaps too early to attempt a serious and detailed impact study of the satyagraha as not even a decade has passed by since these events. But even from a general survey and assessment, it can be seen that the impact of the satyagraha for prohibition has been very extensively going on by the innumerable local resistances and struggles that have come up in different parts of Kerala against unauthorised as well as authorised liquor shops. People seem to have gained a new insight into their democratic rights and acquired a self-confidence which empowers them to stand up and question the rationale of liquor trade whatever be the justifications of the government. The fact that Kerala Government ordered the closure of 10 per cent of the total number of liquor shops is an indication sure enough, of the undeniable efficacy of the satyagraha campaigns for prohibition.

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CHAPTER 9

CONCLUSION

Alcoholism is a world-wide menace today. What started off as a simple pass time gradually assumed dangerous momentum and now it is one of the greatest enemies of the human race. As Gandhiji said: ". . . Drink is one of the most dangerous vices, reducing man to the state of brute. It vitiates both body and soul. It spells utter ruin of the moral and domestic life" ¹

In primitive societies, alcoholic beverages were used in almost all social ceremonies and rituals; but they did not promote indiscriminate use of alcoholic drinks. Along with the evolution of societies from the early simple forms to the more complex types, the nature and patterns of the use of alcoholic beverages also underwent considerable change.

The question why people resort to intoxicating drinks has been extensively enquired into and variously answered by social scientists and psychologists and the causes they have identified have been classified under biological, psychological, social, economic and cultural categories. In contemporary complex societies new factors like increasing competitiveness, mutual distrust, the agony of

alienation, a constant sense of insecurity and a haunting anxiety complex goad people to resort to alcoholic drinks. It has also been pointed out that the use of liquor has become an accepted custom and a large number of people view drinking as a status symbol and look at it as a matter of routine social practice.

The consequences of the use of alcoholic drinks--whether at moderate rate or heavy--have been both subtle and obvious and abundant evidence is available of the extent to which it is the cause of ill-health--both mental and physical, accidents, work problems like absenteeism, fall in productivity, crimes, matrimonial conflicts and so on. Initially, alcohol related problems were seen as person centred disorders, but now on the basis of scientific studies, social dimensions of the problem have become amply clear. In recent years, modern researches have come out with very clear proof to show that there is a clear and marked relation between the rise in the level of drinking and the increase of accidents and crime rates in any country.

Though there are many things in common between the use of alcoholic beverages in India and the rest of the world, there is a plethora of evidence to show that in Indian society a clear taboo was attached to intoxicants.² Neither was it a part of the regular food nor was it

treated as a source of revenue. But with the advent of the British rule, alcoholic beverages received two distinctions, hitherto unknown in India's long history: it acquired a social status and it was recognised as a source of revenue. The British East India Company introduced the abkari system in 1790 and they found liquor trade to be highly lucrative. The lure of large profits encouraged them to popularise and spread drinking. Though profitable to the administration and the liquor traders, it was detrimental to the welfare of the people. The excise laws of the British as pointed out by Justice Tek Chand was calculated to foster the drink habit.³

The leaders of Indian opinion were agitated about the spread of the drink habit among Indians and the gradual disappearance of the disapproval attached to the use of liquor in India. The Indian National Congress, even before the advent of Mahatma Gandhi on the Indian national scene, passed resolutions requesting the government to enact laws to discourage inebriety. All these impleadings fell on deaf ears.

With Mahatma Gandhi assuming the leadership of the national movement, the situation changed considerably. Gandhiji included prohibition as one of the items in the Constructive Programme and organised massive campaigns throughout the country for achieving the goal of total

ban on liquor. After gaining political independence, the Government of India accepted prohibition in principle but left the responsibility to implement the dry law to the individual States issuing only a policy guideline in the matter. The state governments were not earnest in their attempts to enforce prohibition as their commitment to the cause was either very weak or practically nil. Naturally, therefore, a number of arguments were advanced to justify their position and they were propagated very effectively with the support of the liquor lobby. In short, prohibition came to be viewed as a Gandhian fad, impractical, unnecessary, and even uncalled for. The manufacture, trade and use of alcoholic beverages were encouraged by the governments with a vehemence that passes normal human understanding with the result that today one finds the entire Indian society being engulfed by the tidal waves of alcoholism. People from all walks of life fall an easy victim to this evil. Scientific studies show that alcohol is the most widely abused drug in India apart from tobacco.⁴ What is most disturbing is to note that the percentage of habitual drinkers and alcoholics is showing a steady increase but that people's attitude to the drink evil is undergoing a rapid change with the result that the traditional sanctions and moral injunctions against the use of alcoholic drinks are fast disappearing.

These national trends and tendencies are clearly visible in Kerala, the universe of the present study. What facilitates addiction on large scale is the easy availability of liquor and liquor is easily available because the governments in general encourage the trade. The governments promote liquor trade mainly on the ground that they cannot afford to lose the revenue. Other arguments are also advanced to justify their pro-liquor propagations. A brief examination of the major arguments advanced in justification of the promotion of liquor trade in Kerala need to be probed to put the issue in perspective.

Table 36 Trends in State taxes and duties: Sales tax and State excise duties (1990-91 to 1994-95)

Year	State Excise Duties (Percentage to total)	Sales Tax (Percentage to total)
1990-91	17,541 (13.09)	89,743 (66.95)
1991-92	21,034 (12.57)	1,12,210 (67.03)
1992-93	22,221 (11.78)	1,30,559 (69.19)
1993-94 (revised estimate)	28,309 (12.39)	1,54,000 (67.43)
1994-95 (budget estimate)	31,092 (12.65)	1,65,000 (67.15)

Source: Government of Kerala, Kerala Budget in Brief, Thiruvananthapuram, 1994-95, p. 13.

TRENDS IN STATE TAXES AND DUTIES:
SALES TAX AND STATE EXCISE DUTIES (1990-91 TO 1994-95)

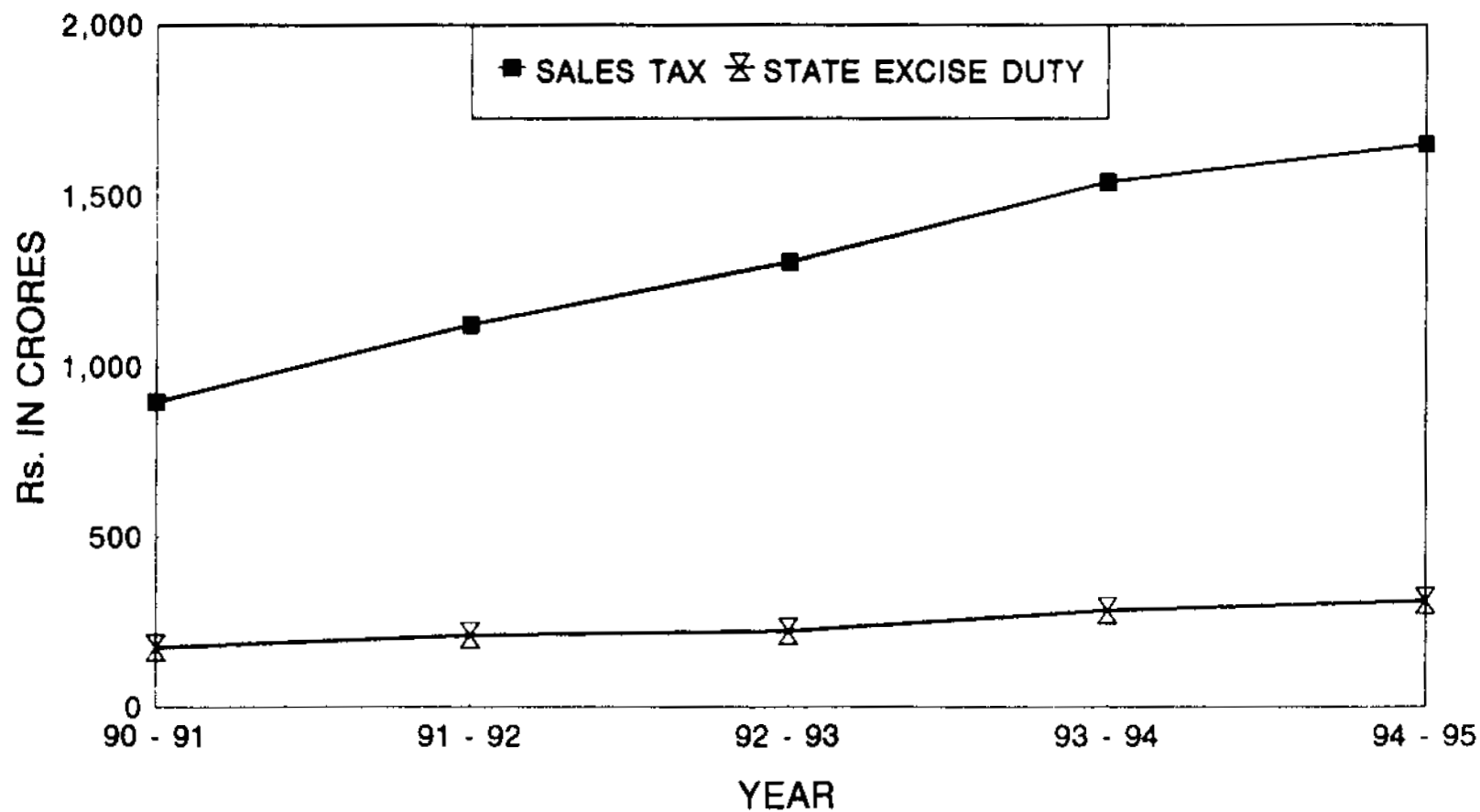


FIGURE 18.

While examining the question of revenue loss, it can be seen from Table 36 and Figure 18 showing various states taxes and duties as percentage of total revenue on relevant years that revenue from liquor occupies only the second position. It is to be noted that in 1993-94 it is only 12.39 per cent of the state taxes and duties and in 1994-95 it is only 12.65 per cent.⁵

As pointed out in Chapter 1, it is possible to compensate the revenue loss that is likely to be incurred as a result of the introduction of prohibition through a sure increase in the sales tax.

The havocs caused by the free flow of liquor is something that cannot be calculated in terms of money. A major portion of the money spent by the government on tackling the law and order problem arising out of the indiscriminate use of alcohol as well as the health problems of the addicts, can be easily saved if prohibition is introduced. Moreover, fifty per cent of the revenue loss incurred by the states as a result of introducing prohibition will be compensated by the Government of India. All these show that the objection to prohibition raised on the basis of the loss of revenue is not supported by proper evidence and hence it does not stand to reason.

Moreover, as pointed out by Gandhiji and many other national leaders of this country, there is a moral dimension to this problem. The loss of revenue, according to them is negligible compared with the social, economic and moral costs of alcohol consumption. (A major limitation of this argument is that no scientific study has so far been done to analyse empirically the social, economic and moral costs involved and to quantify them). It may also be said that a state is not free to adopt a policy of 'revenue from any source' and 'at any (social) cost'. A state cannot ignore the cultural and moral dimensions of the means it employs to raise money. Revenue from liquor, as pointed out by Gandhiji is "the wages of sin" and in order to gain it the people are put to great misery and suffering. Hence it is totally unjustifiable socially, economically as well as morally.

It is argued that when prohibition is introduced there will be widespread unemployment in the state. This question also needs to be examined in some detail. It can be seen from government statistics that in Kerala only 59,661 people are employed in liquor industry, of which the registered employees are only 40,311 (refer Chapter 5). If the government and welfare agencies make a genuine effort, it may not be very difficult to find alternate employment to these people. The employees also must cooperate in this endeavour. When a social reform measure

like prohibition is introduced, there may arise the problem of frictional unemployment. But if the measure is for the welfare of the society as a whole, what one ought to do is to welcome it and try to overcome the problems arising out of its implementation through appropriate means. In short, if the government, social welfare agencies and the employees can come together, the problem of unemployment resulting from the implementation of prohibition can be effectively tackled. What is important is that the workers must realise that it is meant for the good of the working class as a whole and therefore, support it rather than raise objections to it. Finding alternate employment is, of course, a difficult problem. In this context, the researcher has a few suggestions to make.

a) Palmyrah fibre based cottage industries

Large quantities of fibre may be extracted from the palmyrah trees. This fibre can be used for the manufacture of brushes, brooms and other related items. These products may even be exported as there is great demand in foreign markets for eco-friendly products in the place of plastic products. Training centres may be organised to offer proper training in skills. Cooperatives can be organised for manufacture and sales which would generate employment opportunities. As the raw

material is locally available and the technology required is simple and less expensive it has greater potential than capital and technology intensive alternatives. If properly organised and managed, a good number of people-- both women and men can be employed in this sector.

Another potential area is mat-weaving. The palmyrah leaf is used to a large extent for this purpose even now. The mats made out of it are found to be stronger than those made out of other leaves and are harder in texture. There are skilled basket makers in the state and their services could be used as instructors and thus it should be properly developed into a well-knit small scale industry with a view to providing employment for those who are likely to be thrown out as a result of the introduction of prohibition.

b) Toddy based alternate products

As has been pointed out soft drinks and edibles can be made out of toddy and this can also provide alternate employment. It has been pointed out on many occasions when the problem of alternate employment was discussed. But proper researches have not been conducted to solve some problems related to this like quick fermentation of toddy etc. Toddy based alternate products can create employment opportunities to a considerable extent.

c) **Motor spirits**

Then, there is the possibility of making a cheap motor spirit from alcohol, distilled from mahua flowers. Report of the Industrial Survey of Travancore reveals that its efficacy had been amply demonstrated by the experiments conducted in Hyderabad. These experiments showed that all kinds of motor vehicles could be run on this spirit and the cost would be only half of that of petrol.⁶ But for reasons not clear yet, this venture had not been pursued adequately. So it is to be suggested that this possibility should also be explored to provide alternate employment.

The third argument against prohibition is that there will be widespread illicit distillation if the manufacture and sale of alcoholic drinks is prohibited. The link between illicit distillation and prohibition is not one of this kind of straight equation. The case studies conducted by the researcher reveal that what prompted the people to do illicit distillation is primarily their poverty and unemployment. (Of course, there may be bootleggers who distils on a large scale for making easy money). It has also been understood that illicit distillation is easier and the sale of country brewed liquor less risky in places where there is no prohibition than in places where the dry law is in force. It is under the cover of the legally permitted liquor trade that

illicit distillation flourishes. The case studies also reveal that people are willing to give up this business, if they are provided with other employment opportunities though the income is less compared to what they earn from illicit distillation. But the negative role played by political parties, corruption at various levels of the government and lack of proper rehabilitative measures bring to nothing the efforts to eradicate illicit distillation. That is why even the people in villages which were once declared as illicit liquor-free villages turn to their old business (for more details refer Chapter 5). Thus it is clear that the major arguments raised against prohibition do not stand the test of reason or facts and hence deserve to be rejected.

What is it, that prompts the governments to take shelter behind such unfounded arguments and let the liquor industry flourish? Here the question of political will arises. It has become clear from the case studies and the interviews conducted in connection with this study, that all the political parties--irrespective of their respective status at different times--are utterly indifferent to the problems caused by the free flow of liquor in the state. The liquor lobby has excellent political clout and this too at the highest levels and therefore, carry on with their trade flouting excise laws openly and with impunity. A fixed share of the profit

made by the abkari contractors is remitted to the coffers of political parties and party functionaries on a regular basis. Moreover, during election times, the liquor traders contribute heavily to the election fund of political parties. Thus it breeds, perpetuates and institutionalises political corruption (refer Chapter 5, 6 & 7). So, if a reform measure like prohibition is to be introduced and worked out effectively, a basic change in the perception and attitudes of the political parties is an essential pre-condition.

Societal attitudes also need to be radically reoriented, if prohibition is to be successfully implemented in the state. The general societal attitude to the problem is one of indifference. The problems arising out of increasing influence of alcohol is viewed by most people from narrow individualistic angles and they seek individual solutions. In terms of response also their individualistic approach is most prominent. Although women are the worst sufferers in this, the response of women's organisations to the threat of alcoholism and related issues has been quite inadequate. In fact, in rising upto the challenge posed by liquor the role of the illiterate rural women has been unique and far more encouraging than that of their educated sisters.

It is in this complex situation that the role of anti-alcoholic movement becomes significant. When the governments and political parties encourage the consumption of liquor, and the society in general shows callous indifference, the question will arise as to who will try to stem the tide? When the forces patronising and promoting an evil like liquor is very strong and influential and appear almost invincible, there are not many who will dare to come forward to take the bull by the horns. But in Kerala, this formidable challenge has been boldly met by the Kerala Prohibition Council which advocates and fights non-violently for total prohibition. There are also temperance based organisations which try to mitigate the evil effects of alcohol through methods like public awareness programmes, counselling, treatment, research studies, rehabilitation, etc.

In Kerala, the approaches adopted by the anti-alcoholic movement can be classified as (1) single pointed approach: concentrating chiefly on one method like counselling, conscientisation, treatment, etc. (2) multi-level approach: devoting their attention on public education, research, community services, both preventive or therapeutic or various combinations of these. (There are also groups which try to solve alcohol related issues along with other social problems).

All these responses are based on two approaches-- prohibition and temperance. It may be said that all other groups except the Kerala Prohibition Council are following the temperance based approaches like public awareness programmes, counselling, treatment, research, etc. The Kerala Prohibition Council has a different perception of the problem and the methods evolved by it for solution are also different. The temperance based approach is non-confrontational; but the prohibitionists choose the role of agitators. Quite often, the Kerala Prohibition Council has to resort to non-violent direct action against the liquor traders and the government in order to question the wrong liquor policy of the government and also to protect the people from the fatal grip of the drink evil.

The general objectives of the anti-alcoholic movement in Kerala can be stated as follows: (a) to educate the people on the evil effects of alcohol and to conscientise them to resist it or fight against it, (b) to arouse public awareness and to enlist their support for the introduction of prohibition. Also to mobilise public support for temperance based activities, (c) to provide treatment, counselling, after-care and follow-up services to those who are in need of it, (d) to conduct research on alcoholism and to take up other research projects, (e) to influence the government in its decision making processes and to persuade them to formulate policies in favour of

prohibition, (f) to provide free legal aid to the public on related matters, (g) to equip people to conduct satyagrahas in their fight against alcohol, (h) to assist other groups and organisations with similar objectives and interests, (i) to do constructive work in places which people want to make liquor free.

It may be said that in a general sense the temperance groups are playing the role of educators while the prohibition group is playing the role of both educators and agitators. The strategies and tactics adopted by the anti-alcoholic movement can be classified as (a) building public awareness through classes, talks, seminars, street plays, public contact programmes, mass-media communications, etc., (b) training programmes for social workers and counsellors with the help of proper resource persons, (c) counselling, treatment, follow-up and after-care services, (d) public enquiry, padayatras, negotiations, promotion of communal unity, protest meetings, processions, submission of memorandum, hartals, dharna, strikes, courting imprisonment, fasting, relay satyagraha, etc., (e) training camps for the satyagrahis, (f) rehabilitative and constructive activities.

What impact has this campaign made on the public? Coming to the question of the impact made by the campaign of the anti-alcoholic movement, it has to be stated at the beginning that it is difficult to devise objective

criteria for measuring it since it varies from person to person and from society to society. Recovery from alcoholism in the case of individual addicts cannot be subjected to rigid statistical analysis since recovery is an ongoing process requiring abstinence from all mood altering substances, change in thinking patterns, attitudes, behaviour and life style. This must at the same time be supported and supplemented by effective preventive measures from the side of the law enforcing authorities.

The anti-alcoholic campaign can claim the following achievements to its credit. On the prohibition front: (a) the idea of prohibition pushed aside by the state for various reasons has been placed on the central stage as a result of the effective campaigns of the prohibitionists. By mobilising public opinion and people's organised power of resistance and through their self-suffering, they could compel the policy makers to rethink and reconsider their positions, (b) the satyagrahas carried out by the Kerala Prohibition Council following the Gandhian techniques and methods served as an eye-opener for the younger generations and gave them an opportunity to participate in non-violent direct action. It also testifies to the efficacy of the non-violent methods, (c) the satyagraha training camps organised by the Kerala Prohibition Council could convince the villagers, especially, the youth that

the non-violent method is more effective than the coercive methods they see all around, (d) another important gain is that in the villages where satyagraha took place, the attitude of the villagers to liquor and other social issues has changed considerably. They have a clear picture with regard to the drink evil. The social acceptance of liquor has been badly damaged in these villages, (e) the seminars, classes, lectures, etc. conducted by the anti-alcoholic groups helped in creating proper awareness about the comparative importance of prohibition and temperance.

On temperance based attempts: (a) as a result of the conscientisation attempts of the temperance groups, the stereotype image of alcoholic as a social drop out has changed to a great extent and people do not hesitate to go to treatment centres now, (b) most of the treatment centres claim a 60 per cent success in their treatment considering the odds against which they work. The success of treatment for alcoholism is generally measured in terms of relapse (relapse refers to the process of return to the use of alcohol or drug after a period of abstinence). Now the treatment centres in Kerala try their best to develop new techniques to deal more effectively with the problem of relapse. It helps to teach the individual to effectively anticipate and cope with potential relapse situation, (c) though temperance groups do not lead anti-

alcoholic agitations, they equip the people for it by educating them on the dangerous implication of alcohol use, and occasionally participate in the campaign and struggle of the Prohibition Council, (d) the activities of the anti-alcoholic groups are commendable in terms of rehabilitation and resistance and it must be said that for those who want to escape from the strangle hold of liquor, they provide a ray of hope.

As the present study aims at providing a Gandhian analysis of the activities of the anti-alcoholic movement in Kerala, it is necessary to examine whether and to what extent they are in consonance with the Gandhian frame of reference.

There is a widespread misunderstanding that Gandhiji's approach to liquor problem is that of prohibition only. This misunderstanding is probably the result of the emphasis that Gandhiji gave to the aspect of legal ban on the manufacture, use and sale of alcoholic drinks. In fact, a closer examination of the Gandhian frame of action will show that Gandhiji's approach is a comprehensive one which comprises (a) strategies based on prohibition, (b) strategies based on temperance, and (c) strategies based on rehabilitative and constructive activities. It is true that in the Gandhian action programme to confront the problem of alcoholism prohibition occupies a place of prime importance. But in

Gandhian terms, prohibition is not mere implementation of law to prevent liquor trade. It has wider implications. Enforcement of law is only one aspect of his scheme. Amelioration of the socio-economic conditions of the people, ensuring the right of the people to decide what is good for them and the moral and spiritual awakening leading to total liberation are also emphasised by Gandhiji.

From his experiences in India, England and South Africa, Gandhiji was aware of the fact that mere enforcement of prohibition could not produce lasting results. The real success of prohibition lies in the attitudinal change of the people, leading to a strong determination to resist the tempting liquor. According to Gandhiji, the real task of temperance workers is mainly educative, to make the people aware of the evil effects of alcoholism and to create an attitudinal change in the mind of the people through appropriate means and thereby pave the way for prohibition in a systematic and scientific manner and to coordinate and channelise properly the energies of different sections of society--doctors, lawyers, women's organisations, youth, students, etc. in the struggle against liquor and its abuse.

Gandhian scheme is almost like a package. He knew very well that prohibition will produce positive results only, if it is accompanied by a change in the socio-

economic conditions of the people. The rehabilitative and constructive measures envisaged by Gandhiji aim at ensuring that (a) once an alcoholic became free from the clutches of this grave evil he or she should re-enter society with more confidence and self-respect, (b) the alcoholics acquire the basic skills and abilities essential to lead a life free from alcohol and other drugs and to resist the temptations in future, (c) there is a steady qualitative change in the socio-economic conditions of the people which compel them to use alcoholic drinks and other drugs. It is, indeed, a fact that lack of proper rehabilitative measures produces more and more alcoholics in society and increases the magnitude of relapse process. That is why Gandhiji gave equal importance to constructive and rehabilitative measures in his action plan to confront this problem (for more details refer Chapter 4).

Alcohol and other drug related problems are multi-dimensional and have deep roots in the socio-cultural systems. Factors like cultural norms and values of society, the beliefs and attitudes of the individual, the influence of parents, the prevailing socio-economic conditions, etc. contribute to a person becoming an alcoholic. Therefore, effective approaches must address this complexity properly. Any partisan or compartmentalised approach will certainly fail to bring

about the desired results. Now it is recognised almost universally that only by adopting a comprehensive approach the alcohol problem can be effectively tackled. Thus Gandhiji's pragmatism on this issue stands vindicated.

The anti-alcoholic movement in Kerala incorporates within it the three streams of prohibition, temperance and rehabilitation. But while evaluating the movement from a Gandhian perspective it becomes clear that the three streams run almost parallel to each other and are not properly integrated into a unified package. No one can deny that the first cause of the spread of alcoholism is the easy availability of liquor and to wean away the poor victim from the clutches of this mortal drink, one has to literally put an end to its availability. This is the significance of legal ban advocated by prohibitionists. But a mere ban is not enough. For an alcoholic it is a matter of great solace to find a place and a method which would assist him/her in the process of recovery. So treatment centres are very important and can play a crucial role in extending professional assistance through which it is possible to save a good number of addicts. Both these attempts must be supported by rehabilitative measures and constructive activities to prevent relapse at the individual and social levels. Thus it becomes clear that an integrated approach is the most effective way of tackling the problem of alcoholism.

The present state of the anti-alcoholic movement is that temperance and prohibition based approaches function more or less independently. Although the protagonists of both these approaches are aware of the need for unified action, they have not made any conscious attempts to achieve such a unification. It would be proper to suggest here the constitution of an apex body in the line suggested by Gandhiji to coordinate and integrate the activities of the prohibitionists and temperance workers.

The role of the government must also be stressed here. In a democracy like that of India, government has a very important role to play in ensuring the welfare of the people. But in dealing with alcohol related problems the role played by the government is far from satisfactory. At present the role of the government is limited to extending financial assistance to the voluntary agencies and the government cannot claim to have done its duty on the basis of this. The government can do a lot in this regard and a few suggestions are given below which are indicative of the direction.

The government (a) should coordinate the activities of related departments for ensuring an effective response to the problem, (b) must propagates the dangers of the use of alcohol and other drugs among the students by developing a curriculum for schools and colleges,

(c) should organise propoganda through all possible means like TV, Radio, newspapers, etc. for achieving public disapproval of drinking, (d) should take effective steps to ban the use of alcoholic drinks in places of festivals and such other public functions and gatherings, (e) publicise the risks involved in drinking like accidents, etc. through boards, posters, advertisements, stickers, etc., (f) impose an effective ban on the advertisement of liquors by plugging the loop holes in the existing laws, (g) conduct short term courses on various aspects of the alcohol problem for non-students, (h) should reduce the working hours of the liquor shop progressively and increase the number of dry days, (i) enact laws to give strict and effective punishment to those who violate the laws, (j) should endeavour to improve treatment facilities for alcoholics on the basis of (1) an accurate survey of the existing facilities in the state, (2) a study of the efficacy of the present system of treatment, (3) a survey of the latest trends in treatment and rehabilitation, (4) a study of the extent and prevalence of alcoholism in the state, (5) a feasibility study of starting counselling, and de-addiction centres in medical college hospitals, district hospitals, prisons, etc. (k) should establish research centres for offering comprehensive assistance. All these services must be made available to all those who need them both in the urban and the rural areas, (1) the government should spend the entire revenue collected from

liquor for tackling alcohol related problems--propaganda, alternate employment, rehabilitation, etc. Care should be taken to achieve total prohibition in a phased manner along with this.

It may not be out of place here to mention the role that religious institutions can play in fighting the liquor menace. As the vast majority of the people are bound by their religions and are attached to places of worship and other religious institutions the role that religion can play becomes vital. Quite often the people are willing to abide by the guidance given to them by their religions. So if the religious institutions and leaders make a conscious attempt to persuade the followers of respective religions not to use alcoholic drinks and to put all intoxicants under a taboo, it will have a salutary effect. Religious and moral instruction syllabi should include lessons depicting the evils of alcoholism and propagating the message of temperance and prohibition.

As Justice Tek Chand has pointed out the study of the impact of alcohol on man opens a large vista and it unfolds a wide canvas to one inclined to portray all its lurid aspects. But in the above pages only some aspects are dealt with and the canvas is very short--the tiny stretch of land Kerala and the anti-alcoholic movement there. ". . . Hope in the alcohol-free way of life, awareness of the nemesis that liquor portends, confidence

in the ultimate acceptance of the testimony of science, faith in the sanctity of time-honoured ethical values, the wisdom found in the sayings of sages and savants of all the great religions of the world, and the visible havoc wrought by intoxicating drinks"7 have prompted various groups in Kerala to work for a society free from the menace of liquor. Working more or less within the Gandhian frame of action, they have succeeded in creating an anti-alcoholic movement in Kerala that is dynamic and vibrant, active and effective, marking a silver lining in the darkening sky, a ray of hope in the midst of the encircling gloom.

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Mainstream (New Delhi)

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Deepika (Kottayam)

Malayala Manorama (Kottayam)

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APPENDICES

Appendix 1

Are you an alcoholic?

1. Do you lose time from work due to drinking?
2. Is drinking making your home life unhappy?
3. Do you drink because you are shy with other people?
4. Is drinking affecting your reputation?
5. Have you ever felt remorse after drinking?
6. Have you ever got into financial difficulties as a result of drinking?
7. Do you turn to lower companions and an inferior environment when drinking?
8. Does drink make you careless of your family's welfare?
9. Has your ambition decreased since drinking?
10. Do you crave for a drink at a definite time daily?
11. Do you want a drink the next morning?
12. Does drinking cause you to have difficulty in sleeping?
13. Has your efficiency decreased since drinking?
14. Is drinking jeopardising your job or business?
15. Do you drink to escape from worries or trouble?
16. Do you drink alone?
17. Have you ever had a complete loss of memory as a result of drinking?
18. Has a physician ever treated you for drinking?

19. Do you drink to build up your self-confidence?
20. Have you ever been in a hospital or institution on account of drinking?

If your answer is yes to any one of the questions, there is a definite warning that you may be an alcoholic. If you have answered yes, to any three or more you are definitely an alcoholic.

(The questions are used by Johns Hop-kins University Hospital, Baltimore, USA in dealing whether or not a patient is alcoholic).

Appendix 2

The twelve traditions of Alcoholics Anonymous

1. Our common welfare should come first; personal recovery depends upon Alcoholic Anonymous unity.
2. For our group purpose there is but one ultimate authority--a living God as He may express himself in our group conscience. Our leaders are but trusted servants; they do not govern.
3. The only requirement for Alcoholics Anonymous membership is a desire to stop drinking.
4. Each group should be autonomous except in matters affecting other groups or Alcoholics Anonymous as a whole.
5. Each group has but one primary purpose to carry its message to the alcoholic who still suffers.
6. An Alcoholics Anonymous group ought never endorse, finance or lend the Alcoholics Anonymous name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose.
7. Every Alcoholics Anonymous group ought to be fully self-supporting declining outside contributions.
8. Alcoholics Anonymous should remain forever non-professional, but our service centres may employ special workers.
9. Alcoholics Anonymous as such ought never be organized; but we may create service boards or committees directly responsible to those they serve.

10. Alcoholics Anonymous has no opinion on outside issues; hence Alcoholics Anonymous name ought never be drawn into public controversy.
11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio and films.
12. Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.

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Appendix 3

1986 K.L.T. 1265

Thomas J.

Narayanan & Others Vs State of Kerala

Penal Code, 1860, Ss. 339 and 95--Sarvodaya workers preventing visitors to liquor shop from entering it in the campaign against alcoholism - Not an offence under s.339.

It cannot be contended that the intention of the Sarvodaya workers, when they staged their action programmes in front of the liquor shop, was anything other than dissuading people from drinking liquor and to wake up the moral conscience of the public towards the evils of alcoholism. The campaign against alcoholism was one of the noble ideals which inspired the Indian thought during the freedom struggle. Part IV-A of the Constitution embodies a fasciculus of fundamental duties of every citizen of India. One of such duties is "to cherish and follow the noble ideals which inspired our national struggle for freedom". When the acts alleged against the petitioners are so viewed, it leaves one in little doubt that the petitioners were inspired and guided by the noble ideals of our national struggle for freedom. There is considerable force in the contention of the petitioners that the allegations made against them were only in respect of their activities in the discharge of their fundamental duties. Even if they had gone a little beyond the permissible limits, any criminal animus in it cannot be attributed. When considering the

question whether the acts alleged against the petitioners would amount to an offence of wrongful restraint, the maxim "de minimis non curat lex" (the law does not take account of trifles) should be borne in mind if the harm caused or intended to be caused is so slight that no person of ordinary sense and temper would complain of such harm. The above principle is embodied in s.95 of the Code. Even if it is assumed that the visitors to a liquor shop have a right to proceed to consume alcohol, preventing them from entering the liquor shop would cause only a slight harm which warrants no serious concern.

(Paras 4 & 5)

1951 Mad. 759
M. Prabha
Public prosecutor

Replied on
For Petitioners
For Respondent

O R D E R

1. The petitioners are said to be "Sarvodaya" workers. According to them, their leader is Sri. M.P. Manmathan, a renowned Gandhian. The petitioners are now accused in a case registered as Crime No.235/86 of the Museum Police Station, Trivandrum. The said crime has been registered on the allegation that the petitioners prevented one Prasad from entering a liquor shop at Nandavanam in Trivandrum. The first information statement was furnished by the said Prasad and the police registered the crime for offences under Ss. 143 and 341 of the Indian Penal Code (for short the Code) read with s.149 of the Code. The incident happened on 8.9.1986 as part of a campaign against the evils of consumption

of alcohol. This petition under S.482 of the Code of Criminal Procedure is to quash the said crime and the subsequent proceedings.

2. According to the petitioners, no physical obstruction had been caused by them to any one entering the liquor shop and instead, what they did was only to persuade those people who are inclined to alcoholism and also those who engage themselves in the distribution of alcohol, to desist from such activities, as the petitioners considered that alcoholism is a perilous social evil. They also contended that they have only done their duty enjoined on them. Accordingly to them, it is one of their fundamental duties to cherish and follow the noble ideals of eschewing alcohol, which ideal had once inspired the national struggle for freedom. The idea of physical prevention of any person from entering into the building had never occurred to any one of them, contended the learned counsel for the petitioners. It was also contended alternatively that what they did would never amount to an offence under S.341 of the Code.

3. The offence of wrongful restraint is defined in S.339 of the Code. It involves voluntary obstruction caused to any person so as to prevent him from proceeding in any direction in which that person has a right to proceed. "Voluntarily" is a word of special connotation in the Code as defined in S.39 of the Code. As per the definition, "a person is said to cause an effect voluntarily when he causes it by means whereby he intended to cause it, or by means which, at the time of employing those means, he knew or had

reason to believe to be likely to cause it". It cannot be contended that the intention of the Sarvodaya workers, when they staged their action programmes in front of the liquor shop, was anything other than dissuading people from drinking liquor and to wake up the moral conscience of the public towards the evils of alcoholism. It is a matter of history that propagation of anti-alcoholism was one of the cherished programmes of Mahatma Gandhi. The profound influence which the said ideal exerted on the Indian leadership has amply reflected in the inclusion of prohibition as one of the Directive principles of State Policy in Part IV of the constitution of India. There can be no two opinions on the fact that the campaign against alcoholism was one of the noble ideals which inspired the Indian thought during the freedom struggle.

4. Part IV-A of our Constitution embodies a fasciculus of fundamental duties of every citizen of India. One of such duties is "to cherish and follow the noble ideals which inspired our national struggle for freedom. The acts alleged against the petitioners have to be viewed in the above perspective. When those acts are so viewed, it leaves one in little doubt that the petitioners were inspired and guided by the noble ideals of our national struggle for freedom. When this case is understood in that way, I find considerable force in the contention of the petitioners that the allegations made against them were only in respect of their activities in the discharge of their fundamental duties. Even if they had gone a little beyond the permissible limits, I am not inclined to attribute any criminal animus in it.

5. When considering the question whether the acts alleged against the petitioners would amount to an offence of wrongful restraint, the maximum "de minimis non curat lex" (the law does not take account of trifles) should be borne in mind if the harm caused or intended to be caused is so slight that no person of ordinary sense and temper would complain of such harm. The above principle is embodied in s.95 of the Code. The definitions of various offences in the Code are so framed as to bring a number of activities within the letter of the penal law. If we are to go by the definitions alone, "it is theft to dip a pen in another man's ink, it is mischief to crumble one of his wafers, it is assault to cover him with a cloud of dust by riding past him, it is hurt to incommode by pressing against him in getting into a carriage". At the same time, those are but few of the innumerable acts without the performance of which men cannot live together in society, and acts which it is desirable that they should do. It depends upon the degree of the acts and that is why the authors of the Code took particular care in striking a note of caution by incorporating s.95 in the Code.
6. Somasundaram, J. in *In re Attappa* (AIR 1951 Mad. 759) in a very short judgment held that even if obstruction is caused, if the harm caused is so slight, s.95 of the Code will apply. Though the facts of the case have not been stated in the judgment, the principle is based on the maxim quoted above. Even if it is assumed that the visitors to a liquor shop have a right to proceed to consume alcohol, preventing them from entering the

liquor shop would cause only a slight harm which warrants no serious concern. Those who caused such harm were guided and inspired by the noble ideal that it is their fundamental duty to dissuade people from drinking alcohol. In the light of the above discussion, I am of the view that further protraction of the criminal case against the petitioner's and the consequent hardships to be suffered by them would amount to abuse of the process of law and would negative the interest of justice.

I therefore allow this petition and quash Crime No.235/86 of the Museum Police Station, Trivandrum.

Appendix 4

Case No.43

Sivaraman Nair J.

O.P.No.3636 of 1985 - Y

Decided on 9th August 1985

Sekharan Kumaran and others Vs State of Kerala

Abkari Shops (Disposal in Auction) Rules, 1974 (Kerala) s.6(2)b proviso Non availability of alternate site for locating sub-shop whether "sufficient reason" for grant of exemption.

Held: The question whether there was "sufficient reasons" to grant permission to locate a sub-shop within the prohibited distance from religious/educational institution in exercise of the power under rule 6(2) (b) proviso of the Auction Rules does not appear to have been considered by the Board of Revenue. Nor does it appear that the Board was aware that non-availability of alternate sites which was being pleaded was not in respect of the main shop, but only in respect of a sub-shop. Even assuming that this aspect was specifically considered by the Board, non-availability of alternate site for locating a sub-shop is not, by itself, "sufficient reason" justifying the grant of exemption under rule 6(2) (b) proviso of the Auction Rules. Even for a main shop, non-availability of alternate site was held to be not a sufficient reason by this court. I need only refer to the judgement of Bhat J., in O.P.No.7112 of 1984 in this regard. It was observed that-

"It is difficult to accept that in the normal course non-availability of a building is a sufficient reason. May be the contractor may have to pay higher rent to get a building not situated within the prohibited distance. That would not be a ground which would enable the Board of Revenue to grant an exemption".

I am in respectful agreement with the views expressed by Bhat J. The counter affidavits filed on behalf of the respondents, and the files produced by the Government pleader do not make out that there was any other "sufficient reason" for the grant of permission in relaxation of the provisions contained in rule 6(2) (b) of the Auction Rules at the time when Ext.p3 order was passed.

Appendix 5

Collection of Funds by the Kerala Toddy Workers'
Welfare Fund Board 1970-71 to 1993-94

Year	Rs. in Million
1970-71	3.97
1980-81	30.14
1981-82	33.67
1982-83	42.49
1983-84	39.35
1984-85	52.65
1985-86	51.89
1986-87	56.62
1987-88	61.39
1988-89	70.25
1989-90	67.95
1990-91	62.23
1991-92	70.45
1992-93	71.09
1993-94	87.58

Source: Government of Kerala, Kerala Toddy Workers' Welfare Fund Board, Thiruvananthapuram.

Appendix 6

Number of liquor shops in Kerala

Year	Toddy shops	Arrack shops	IMFL shops	Total
1961-62	1098	396	106	1600
1971-72	2364	983	181	3528
1972-73	2364	983	189	3536
1973-74	2332	983	213	3528
1974-75	2318	985	242	3545
1975-76	2314	985	248	3547
1976-77	2323	923	243	3489
1977-78	2314	993	256	3563
1978-79	2324	1001	244	3569
1979-80	2409	1190	246	3845
1980-81	2332	1000	244	3576
1981-82	2367	1820	-	-
1982-83	2296	1865	384	4545
1983-84	2454	1835	-	-
1993 March	6096	6005	231	12332

Source: Kerala Gazette, Extraordinary; published by authority, Government of Taxes (A) Department, Vol.XXXVIII, 2nd March 1993, No.232.

Appendix 7

Consumption of Arrack and IMFL in Kerala 1993-94 (in litre)

Year	Arrack Consumption	IMFL Consumption	Beer Consumption
	Total	Total	Total
1961-62	533	1,705	49
1963-64	544	160	146
1971-72	2,450	289	836
1972-73	2,562	340	862
1973-74	4,459	1,086	1,217
1974-75	6,591	1,996	2,556
1975-76	9,466	2,667	957
1976-77	11,681	2,539	1,680
1977-78	11,936	3,875	1,724
1978-79	13,410	3,473	2,415
1979-80	15,233	3,827	2,378
1980-81	13,541	4,892	2,995
1981-82	8,653	4,607	2,233
1982-83	16,430	5,944	1,865
1983-84	20,518	7,197	8,078
1988-89	21,69,725	89,00,532	27,36,369
1989-90	2,39,07,144	1,32,42,420	47,00,250
1993-94	36,68,971	2,14,11,000	1,48,43,400

Source: Government of Kerala, **Administration Reports of the Excise Department**, Relevant Years.

Appendix 8

Consumption of Toddy 1961-62, 1993-94 (in litres)

Year	Total Consumption
1961-62	93,988
1962-63	95,725
1963-64	97,709
1964-65	74,940
1971-72	1,08,361
1972-73	1,02,016
1973-74	93,326
1974-75	89,268
1980-81	84,501
1981-82	98,527
1982-83	98,078
1983-84	1,01,805
1993-94	17,81,13,000

Source: Government of Kerala, Board of Excise-Revenue, Thiruvananthapuram.

Appendix 9

Statement showing the details of arrack consumption
(quota, additional quota, total) for the year 1991-92
in bulk litres

District	Quota	Additional Quota	Total
Thiruvananthapuram	12,04,605	2,25,425	14,30,030
Kollam	12,55,965	9,79,554	22,35,519
Alappuzha	8,19,600	4,86,438	13,06,038
Pathanamthitta*	4,24,110	3,27,635	7,51,745
Kottayam	5,25,120	2,34,745	7,59,865
Idukki	4,60,692	90,869	5,51,561
Ernakulam	11,26,944	3,23,308	14,50,252
Trissur	12,48,168	1,38,137	13,86,305
Palakkad	8,60,519	1,01,289	9,61,808
Malappuram	3,30,300	1,41,139	4,71,439
Kozhikode	5,10,600	2,29,900	7,40,500
Wyanad	3,52,680	1,59,135	5,11,815
Kannur	7,09,920	3,61,141	10,71,061
Kasargode	5,83,440	2,72,515	8,55,955

* Mallappally range, only three months consumption
(i.e., January, February, March).

Source: Government of Kerala, Taxes Department (A&G),
Thiruvananthapuram.

Appendix 10

INTERVIEW SCHEDULE FOR THE MEMBERS OF THE
ANTI-ALCOHOLIC GROUPS IN KERALA

1. Name and Address :
2. Sex :
3. Educational qualifications :
4. Name of the organisation in which you are a member :
5. Duration of association with the organisation :
6. Motivation to become an active member of the organisation :

(Put 1, 2, 3 according to the priority of your answer)

Social Political

Economic Moral

Any other

7. If you are the leader/office bearer of the organisation, please give the following details.

History of the Organisation

- (a) Origin and development :
- (b) Initiators :
- (c) Year of establishment :
- (d) Headquarters :
- (e) Total number of branches and members :
- (f) Criteria for membership :
- (g) Present leaders :

- (h) Mode of selection of Office bearers :
- (i) Ideology :
- (j) Objectives :
- (k) Sources of fund :
- (l) Awards received by the leader/group :
- (m) How often do the members meet :
- (n) The majority of the members of your organisation belong to the age group.
 - (a) 15-24
 - (b) 25-34
 - (c) 35-44
 - (d) Above 45

8. From the following which one you prefer to make Kerala a dry State.

Reasons

- (a) Immediate introduction of prohibition
 - (b) Prohibition in a phased manner
 - (c) Only temperance
 - (d) Any other
9. Methods adopted by the group for goal achievement (Put 1, 2, 3 according to the priority of your answer).
- (a) Satyagraha methods (picketing, fasting, dharna, hartal, padayatra or any other means please specify)
 - (b) Publications
 - (c) Submission of memoranda
 - (d) Treatment programmes of the alcoholic and families (details if any)
 - (e) Any other

10. What is the attitude of the local people towards the activities of your group?

Reasons

- (a) Active support
- (b) Sympathetic but without any action
- (c) Indifferent
- (d) Any other

11. What is the attitude of the present government towards the activities of your group?

Reasons

- (a) Active support
- (b) Supportive
- (c) Hostile
- (d) Contemptuous
- (e) Sympathetic
- (f) Positive with follow up action
- (g) Positive with no follow up action
- (h) Indifferent
- (i) Mere expediency
- (j) Any other

12. What is the attitude of the political parties towards the activities of your group?

Reasons

- (a) Active support
- (b) Supportive
- (c) Sympathetic
- (d) Hostile
- (e) Contemptuous

- (f) Indifferent
- (g) Defensive in their position
- (h) Oral support with no follow up action
- (i) Mere expediency
- (j) Any other

13. What is the attitude of the Police and Excise towards the activities of your group?

Reasons

- (a) Supportive
- (b) Hostile
- (c) Contemptuous
- (d) Indifferent
- (e) Personally sympathetic but forced to take aggressive steps against the group
- (f) Any other

14. What is the attitude of students and women's organisations towards the activities of your group?

Students (Reasons)	Attitude	Women's organisations (Reasons)
-----------------------	----------	------------------------------------

Active support

Supportive

Sympathetic

Not very active

Oral support

Indifferent

Any other

15. Contact of your group with the Toddy Worker's Unions and Abkari Contractors Associations.

Toddy Workers' Unions (Reasons)	Abkari Contractors Associations (Reasons)
---------------------------------	-------------------------------------------

No contact

Cordial

Hostile

Periodic discussions
with these groups

Any other

16. What is the attitude of the Toddy Workers' Unions and Abkari Contractors Associations towards the activities of your group?

Toddy Workers' Unions (Reasons)	Abkari Contractors Associations (Reasons)
---------------------------------	-------------------------------------------

Supportive

Sympathetic

Hostile

Contemptuous

Indifferent

Aggressive steps
were taken against
the groups with the
support of government
agencies and others

Any other

17. To which political party you belong? How far you have succeeded to raise the issue of Prohibition and Temperance in that party?

18. What is the attitude of your party towards the objectives of your group?

Reasons

- (a) Supportive
 - (b) Sympathetic
 - (c) Hostile
 - (d) Contemptuous
 - (e) Indifferent
 - (f) Oral support with no follow up action
 - (g) Mere expediency
 - (h) Any other
19. Does your organisation forbid its members from participating in politics?

Yes/No

20. Does your organisation stand for taking part in electoral politics. (Probe)
21. What is your opinion regarding the participation of the Anti-alcoholic groups in electoral politics?
22. Does your organisation approach any court/government agencies/ political parties for help or for redressal of complaints? (Probe)
23. Are there cases pending in court? (Probe)
24. Are there other groups/organisations working with the same objective of your group?

Yes/No

- (a) If 'Yes' do you get their support?

Yes/No

(Please furnish the name of the groups, nature of work and support they extend).

25. What is your attitude towards the Prohibition/Temperance groups and their activities?

Reasons

- (a) Sympathetic
- (b) Supportive
- (c) Prohibition work/Temperance work does not help to redress the real problem of alcoholism
- (d) Any other
26. What is the impact of the activities of your group in the Government policies? (Probe)
27. What is the overall impact of the activities of your organisation in the society? (Probe)
28. Are there any countergroups/organisations (social, political, trade unions, voluntary or non-voluntary organisations) which try to block your activities?

Yes/No

If 'Yes' give details.

29. Give your comments regarding Government policies in this field? What is its impact in the society?
30. What are your views regarding Governments approach towards Temperance. (Probe)
31. Your observation regarding
- (1) the sale and consumption of liquor in Kerala?
- (2) illicit distillation and spirit smuggling.

32. Views regarding Governments approach towards the enforcement of prohibition and its reasons.
33. (a) Problems arising out of the enforcement of prohibition?
(b) Measures to tackle the above problems.
34. State the positive impact of the enforcement of prohibition in Kerala?
35. Functional relationship between Prohibition and Temperance?
36. Views regarding the role of the following in this campaign.
 - (a) Religion
 - (b) Students
 - (c) Women's organisations
 - (d) Political parties
37. Names of women's organisations working in this field and the nature of support they extend towards the activities of your group?
38. Activities of your group so far (year wise details).
39. (a) Problems of your group in realising the objectives (Probe).
 - (b) Views on present leadership of the group.
 - (c) Future plan of your group.
 - (d) Your suggestions and comments.

40. Views on
- (a) A joint action by Prohibition and Temperance groups to make Kerala dry.
 - (b) Hurdles in launching such an action plan?
41. Suggestion to make the anti-alcoholic movement more effective.
42. Any other views/comments regarding Prohibition and Temperance.

Researcher's Observations

Appendix 11

INTERVIEW SCHEDULE FOR THE MEMBERS OF THE POLITICAL
PARTIES/TRADE UNIONS AND WOMEN'S ORGANISATIONS

1. Name and Address :
2. Sex :
3. Educational qualifications :
4. Name of the organisation in which you are a member. :
5. Duration of association with the organisation.
6. Motivation to become an active member of the organisation :
7. What are the reasons for the increase of the sale and consumption of liquor in Kerala? (Put 1, 2, 3 according to the priority of your answer).
 - a) Government policies
 - b) Corrupted bureaucracy
 - c) Moral disintegration of the society
 - d) Problem of insecurity which the younger generation faces
 - e) Any other
8. Are you aware of the existence of anti-alcoholic groups (Prohibition and Temperance) in Kerala?

Yes/No

If 'Yes' give the following details.

Serial No.	Name of the group	Leader of the group	Activities	Comments
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9. Are you a member of any such organisation? Yes/No

(If 'Yes' give details).

10. From the following, which of these your party/union/organisation prefer to make Kerala a dry State. Give reasons.

Reasons

- a) Immediate introduction of prohibition.
- b) Prohibition in a phased manner.
- c) Only Temperance.
- d) Any other.

11. What are the activities your party/organisation/Union has so far done in this direction? (Probe)

12. Give details of the future plan of your party to make Kerala a dry state. (Probe)

13. What is the attitude of your party/Union/organisation towards the activities of the Prohibition and Temperance groups.

Temperance groups (Reasons)	Attitude	Prohibition groups (Reasons)
--------------------------------	----------	---------------------------------

Supportive

Sympathetic

Hostile

Contemptuous

Indifferent

Sympathetic
but forced
to be away
from their
activities.

Oral support
with no follow
up action.

Mere expediency

Any other

14. What is the attitude of local people towards the activities of Prohibition and Temperance groups?
-

Temperance groups (Reasons)	Attitude	Prohibition groups (Reasons)
--------------------------------	----------	---------------------------------

Active
support

Indifferent

Sympathetic
but without
any action

Any other

15. What is the attitude of present Government towards the activities of the Prohibition and Temperance groups?
-

Temperance groups (Reasons)	Attitude	Prohibition groups (Reasons)
--------------------------------	----------	---------------------------------

Supportive

Sympathetic

Hostile

Contemptuous

Indifferent

Mere expediency

Positive with
follow up action

Positive with no
follow up action

Any other

16. What is the attitude of the political parties towards the activities of Prohibition and Temperance groups?

Temperance groups (Reasons)	Attitude	Prohibition groups (Reasons)
--------------------------------	----------	---------------------------------

Supportive

Sympathetic

Hostile

Contemptuous

Indifferent

Defensive in
their position

Oral support
with no follow up
action

Mere expediency

Any other

17. What is the attitude of the Police and Excise towards the activities of the Prohibition and Temperance groups?

Temperance groups (Reasons)	Attitude	Prohibition groups (Reasons)
	Supportive	
	Sympathetic	
	Hostile	
	Contemptuous	
	Indifferent	
	Personally sympathetic but forced to take aggressive steps against the groups	
	Any other	

18. What is the attitude of students/women's organisations towards the activities of the Prohibition and Temperance groups?

Prohibition group		Attitude	Temperance group	
Student's (Reasons)	Women's organisations (Reasons)		Student's (Reasons)	Women's organisations (Reasons)
		Active support		
		Supportive		
		Sympathetic		
		Oral support		
		Indifferent		
		Any other		

19. What is the attitude of the Toddy Worker's Unions and Abkari Contractors' Associations towards the activities of Prohibition and Temperance groups?

Prohibition group		Attitude	Temperance group	
Toddy Workers' Unions (Reasons)	Abkari Contractors' Unions (Reasons)		Toddy Workers' Unions (Reasons)	Abkari Contractors' Unions (Reasons)

Active support

Sympathetic

Hostile

Contemptuous

Indifferent

Aggressive steps were taken against the groups with the support of government agencies and others

Any other

20. What is your opinion about the leaders of Prohibition and Temperance groups?

Prohibition groups (Details if any)	Opinion	Temperance groups (Details if any)
-------------------------------------	---------	------------------------------------

Dedicated fully to the objectives of the group

A means to spend their time to avoid boring

Arrogant and unapproachable

Any other

21. What is the overall impact of the activities of Prohibition and Temperance groups in the society?

Prohibition groups (Details)	Impact	Temperance groups (Details)
	To create public awareness	
	To motivate the people for collective action	
	To enable the individual/families to free themselves from the evils of alcoholism	
	Any other	

22. What is the impact of the activities of Prohibition and Temperance groups in the Government level when it formulates its policies in this field?

Prohibition activities (Reasons)	Impact	Temperance activities (Reasons)
	It could not exert satisfactory influence with regard to the decision making policies	
	It helps the government gradually to introduce and implement prohibition programmes to some extent	
	Any other	

23. (a) Functional relationship between Prohibition and Temperance.

(b) Gandhiji's views on Prohibition and Temperance

24. Views regarding the role of the following in this campaign.
- (a) Religion
 - (b) Students
 - (c) Women's organisations
 - (d) Political parties
25. (a) Government policies in this field and its impact in the society.
- (b) Observation regarding the sale and consumption of liquor in Kerala. (Probe)
 - (c) Views on the problem of illicit distillation and spirit smuggling in Kerala?
26. (a) Problems arising out of the enforcement of Prohibition in Kerala? (Probe)
- (b) Measures to tackle the above problems. (Probe)
 - (c) Positive impact of the enforcement of Prohibition in Kerala. (Probe)
27. Suggestions to make the anti-alcoholic movement more effective.
28. Any other views/comments regarding Prohibition/Temperance.

Researcher's Observation
