Original Article

A Study on the Influence of Alcohol Abuse on the Pan Indian Z-Generation

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Abstract

Alcoholism is a health defect that knows no borders, affecting people of all ages, genders, races, body types, and religious beliefs. Numerous research studies have been conducted since alcoholism was formalized as a dangerous addiction to investigate its origins and risk factors. While there is no one-size-fits-all formula for categorizing a person's alcohol intake, research has revealed that several factors influence alcohol misuse, particularly among youth worldwide, considered to be the most vulnerable victims of alcohol abuse. Alcoholism can strike suddenly and brutally or take time to develop. With the growing consciousness of the severe ill effects of regular alcoholism, various treatment alternatives are ready to support anyone bringing their life back in order, irrespective of how or when the problem with alcohol began. This study presents the current alcohol consumption status among the youth of pan India as an indicator and motivator for influencing alcohol abuse among youth. **Material and methods:** The study's goal is to present valid data to signify the severity of India's alcohol addiction among the youth. Data collection is done through official/authentic data repositories available for public use, news articles and contemporary research articles. **Conclusions:** The research indicates immediate enforcement of India's law to eliminate adolescent/youth alcohol addiction. It emphasizes creating sufficient awareness of the evil effects of alcoholism and the damage to life that it causes among the pan-Indian youth.

Keywords: alcohol consumption, youth, adolescent alcohol consumption, alcohol consumption among the youth of India.

INTRODUCTION

Alcohol is an intoxicating liquid that humans have consumed for thousands of years to achieve a unique body response, and it is profoundly ingrained in many cultures worldwide. It is utilized in practically every country on the planet. Nonetheless, its features and effects are classed as a drug. The ability of alcohol to induce happy emotions and stress-relieving effects is most likely the fundamental reason for its widespread acceptance.

Adolescent alcohol consumption is still a major concern. The most commonly used substanceamong adolescents is alcohol. Every 15-year-old or older individual consumes around 6 litres of pure alcohol yearly. The global number of young aged 11 to 15 who admitted consuming alcohol fell from 62 to 54 per cent, as recorded in the range between 1988 and 2017 (Anderson et al., 2009).

However, young drinkers boosted their weekly intake from 6.4 units in 1997 to 12.7 units in 2017. In addition, there was no gender disparity in this upward trend. Both boys and girls consumed much more alcohol than before. Furthermore, one out of every four 14-year-olds admitted to consuming over 10 litres of alcohol during their previous drinking session, with one out of three just aged 15 (Babor et al., 2010).

Considering the serious consequences associated with adolescent alcohol use, this study on the influence of alcohol abuse on pan-Indian youth has been planned and composed as an authentic scholarly document to motivate health awareness and eradication of alcoholism. The study sections of this research are organized to provide a global scenario on alcoholism, its social and commercial value and the reasons for being chosen largely among the adolescent groups.

Resources from the introductory background study and review of literature done afterwards, the research includes experimental

findings on India's status on adolescent drinking habits. Lastly, the paper presents the contextual discussion and inference as obtained from the finding.

GENERAL OVERVIEW OF ALCOHOLISM:

Drinking alcohol is a kind of disorder caused because of different reasons. In this disorder, the brain relies on alcohol to produce specific molecules over a long drinking time. Due to this, it becomes quite tough for heavy drinkers to quit drinking and sometimes, it creates unpleasant withdrawal symptoms. Biological reasons, environmental causes, social conditions, and psychological factors are some of the most common causes of alcoholism.

According to the study, alcoholics and biological variables are related, notably heredity and physiology. While some people can moderate their drinking habits, everyone else has a powerful desire to drink more. Drinking produces pleasurable sensations in certain people, stimulating the brain to continue the action.

This type of repetitious action can raise your chances of being addicted to alcohol. Moreover,specific neural mechanisms might increase your susceptibility to alcohol use. According to research, drinking has indeed been linked to approximately 50 - 60 genes in different sites in the genome. Family members are substantially more likely to acquire problems with alcohol if such traits are handed down through generations.

Many studies have investigated whether a patient's closeness to liquor retail shops or pubs impacts their likelihood of becoming an alcoholic. Folks who reside near bars and restaurants are thought to have a more favourable attitude toward alcohol and will be more inclined to do so. Furthermore, alcohol firms market to the entire population.

Drinking is shown as socially acceptable, pleasurable, and soothing behaviour in several of these advertisements. The amount of alcohol promoted in the United States rose by more than 400% between 1971 and 2017.

Another contextual factor influencing how much liquor an individual consumes is income. Despite common assumptions, people in affluent areas consume more than those in impoverished areas.

Social conditions might have an impact on drinking habits. Culture, religion, family, andemployment affect many actions, including drinking. Family is the most crucial element in determining whether a person would develop alcoholism. Z generation can easily become victims of alcohol misuse and are more prone to developing a dangerous drinking pattern. Starting college or a new job might greatly raise the chances of developing alcohol addiction.

During this period, willingly befriending someone and building ties around the society, the desire for attachment and being acceptable prompts to agree with something that would not normally be done. Attending every corporate happy hour, drinking more thannormal habits, and even seeking alcohol after a long day at work before realizing it — are all indicators of Alcohol Use Disorder (AUD).

Several psychological factors may make binge drinking more likely. Everyone reacts to events in their unique way. On the other hand, how to cope with these feelings may impact our personality. Alcoholism is more prone to develop in people with substantial stress, anxiety, depression, or other mental health difficulties. Alcohol is widely used to repress sensations and cure the symptoms of psychological diseases in certain conditions.

Over time, drinking might become habitual, resulting in AUD. Once the body becomes tolerant of alcohol and dependent on its effects, it is more used to cope with pain and adversity. Alcohol abuse and mental health issues like depression, bipolar disorder, and schizophrenia can have many negative consequences. To be overcome, a medical specialist should manage each of these concerns separately.

The Diagnostic and Statistical Manual of Mental Problems (DSM-5) and the International Statistical Classification of Diseases and Related Health Problems (ICD-10) both classify alcohol dependence and addictive damage from alcohol as a promoter of brain dysfunctionalities. Alcohol Use Disorder (AUD) is characterized by the Diagnostic andStatistical Manual of Mental Disorders (DSM-5) as comprised of primarily two of 11 conditions as observed in 12-month time, represented by a bunch of natural traits andphysical states organized into four groups: Impoverishment moderation, Social Shortfall, Risky practices, and

Pharmacological habits (Carvajal & Lerma-Cabrera, 2015).

People who start taking alcohol at a young age, especially binge drinking, are very common to fall prey to alcohol abuse. Drinking excessively for a period longer than normal or binge drinking frequently might result in alcohol-related issues or alcohol usedisorder (Alcohol Use Disorder | National Health Portal Of India, n.d.). Having friends or a close partner who consumes alcohol daily may raise the chances of an alcohol use disorder.

The effect of parents, classmates and other role models on young people can impact risk. People suffering from anxiety, depression, schizophrenia, or bipolar defects are more likely to have alcohol or other substance issues.

People who have experienced behavioural or other forms of stress are more likely to suffer from health problems from alcohol intake. People with an alcoholic parent or other close relatives are more prone to alcohol-based problems. Genetic factors may play a role in this.

SOCIO-ECONOMIC IMPACT OF ALCOHOL AS A DRUG FOR PUBLIC CONSUMPTION:

Annually, financial reports find a bulk sum of money spent on alcohol. Over 100 billion euros on strong drinks are expended annually in European countries. The larger per capita intake of alcohol in the region reflects this: 15 litres of pure ethanol per year (Carvajal & Lerma-Cabrera, 2015).

Social learning theory suggests that people gather perceptions relying on their perceptions and follow the behaviours that they keenly observe or are familiar with through other channels such as music, movies, publications, television, digital networks, and commercials. It allows alcohol companies to promote their products and provide a come-up with popular cultural options for potential customers, especially young customers, to suggest drinking habits.

A Columbia University-backed National Center on Addiction and Substance Abuse study found that children of 14+ age groups who access multiple social media portals are more likely to try toxic liquors, use sedatives, and have tobacco than those who do not use social media portals or use it infrequently. In the survey of 2,000 young people about substance use and social media habits where 70% agreed to have social media experience daily. Researchers found that this group is five times higher to get addicted to cigarettes than non-users or rare social media users. Double the chance of using marijuana.

Ads on social media can inspire teens to try drinking for fun and drug usage, apart from their regular social and traditional leisure activities with family and known ones.

Tobacco, E-cigarettes (mainly those commercially distributed by Juul), and hard drink businesses have all used social media channels in their advertising and marketing efforts, making them reachable to teenagers. These sectors can promote kids through social media advertising, notwithstanding the truth that direct advertising and promotion open to minors are barred by law (The Influence of Social Media on Teen Drug Use - Addiction Center, n.d.).

According to a research project by Michigan State University, those who saw Facebook ads for beer were more likely to consume toxic liquors than those who saw ads for bottled water. The 121 test subjects were given the option of getting a gift card to a coffee outlet or a bar as compensation for their involvement in the study after seeing the Facebook advertising. Seventy-three per cent of participants opted for gift cards permitted for a bar, with a much lower 55 per cent choosing the same for a coffee outlet.

According to research published by the American Academy of Pediatrics, 'problematic drinking' is closely associated with people of young age groups and the preference to watch alcohol commercials and other addictive drugs, as shown in popular television shows. Researchers discovered ten famous television shows deemed appropriate for youngsters to watch (Omoegun & Alli, 2020)

Each episode had an average of more than two alcohol campaigns; in some episodes, they even featured as many as thirteen. Next, the researchers surveyed 2,600 teens and young populace (under 15-20 years of age), collecting their responses on watching TV and drinking habits. They found that those who watched more alcohol-based television clips had higher chances of engaging in severe addictive drinking traits such as drinking for excitement and binge drinking.

From 2009 to 2011, a study by Boston University and Johns Hopkins University looked at Billboard's charts of the most popular songs. Seven hundred twenty musical numbers were found, of which 167 (23.2%) were related to alcohol. Rap, R & B music and hip-hop had the most alcohol-related themes. These themes made up 37.7% of the music pieces that mentioned alcohol, with vodka,champagne, cognac and tequila being the most popular. Teenagers and adolescents areparticularly affected by these influences, as they are mostly fascinated by pop music.

ADOLESCENCE ALCOHOLISM – CAUSES, PATTERNS AND ITS EFFECTS ON YOUTH:

The World Health Organization (WHO) defines adolescents as people under 10 to 19 years (Inchley et al., 2018). However, scientific literature uses multiple definitions to define the term. Clinical specialists define human adolescence as the period between 9 and 18. Adolescents are especially susceptible to the afflictions of alcohol.

Alcohol, rather than tobacco or other illicit drugs, is the most well-known toxic item that damages adolescence. Alcohol abuse among adolescents is a worldwide concern. Teen drinking is classified as non-drinkers, low, binge, and heavy alcoholic, according to SAMSHA (Underage Drinking | National Institute on Alcohol Abuse and Alcoholism (NIAAA), n.d.).

Non-drinkers: Those who haven't taken alcohol in the preceding 30 days.

Light drinkers: drank at least one but no more than five drinks in the past 30 days on anygiven occasion.

Binge drinkers: those who had five or more drinks minimum on one occasion in the past 30days but no more than four times.

Heavy drinkers: those who had five or more drinks per occasion on five or more occasions in the past 30 days.

Alcohol-related causes of death of 320.000 young people aged b e t w e e n 15- 29 per year. It accounts for 9% of all deaths in that age range (Inchley et al., 2018). Many factors determine whether teens try addiction items. The availability of drugs in their neighbourhoods, in a group, on academic campuses, and whether their teenage acquaintance uses them are some such factors. It is also important to consider family status. Adolescents are more likely to try toxic itemswhen exposed to violence, bodily or mental torture, emotional challenges, or home drug use. Finally, a teenager's genetic vulnerability, individual features such as poor impulse control ora high demand for stimulation, degraded mental health such as low spirit, worry, Attention-deficit/hyperactivity disorder (ADHD), and attitude. Such as that drugs are "cool"or harmless and increase the likelihood of an adolescent using drugs.

Boys are usually more alcoholic than girls are; however, there is evidence of rising gender convergence in teen groups. (Kuntsche et al., 2014) viewed this convergence as the effect of a rise in the intoxication among adolescent girls in those countries where gender provisions are much more transparent due to women's increased role in livelihood making and the resulting changes in their life. Cultural and gender norms influence the pace or volume of alcohol consumption and the sorts of alcoholic beverages ingested (Inchley et al., 2018).

A distinct selection of alcoholic drinks is connected with different drinking behaviours, according to a growing corpus of research on beverage-specific consumption among teenagers. Binge drinking is more typically linked with beer and spirits than with winein the United States of America, for example. According to studies, the temptation of teenagers to get intoxicated are more likely to drink beer than other types of alcohol since beer is often cheaper. Still, wine is less likely to be used excessively.

Acute health problems associated with reckless drinking practices are not as prevalent in adolescence as among the groups of age more than 18 years. Still, young heavy drinkers are mostly affected by severe health problems(Underage Drinking | National Institute on Alcohol Abuse and Alcoholism (NIAAA), n.d.).

Scientists are constantly observing behavioural patterns of the developing human brain, but the endeavour is challenging. Small brain movements are not easily detected, but they significantly impact long-term mental reactions and memory retention. Given that theadolescent brain is developing, the study of the effects of alcohol is very complicated.Studies show that animals fed with alcohol during this important fetal period develop long-term alcohol disorders with ageing. It is unclear how alcohol affects long-term memory and learning for people who have started drinking since they were teenagers (Underage Drinking | National Institute on Alcohol Abuse and Alcoholism (NIAAA), n.d.).

Some adolescents who use alcohol have increased liver enzyme activities that turned even worse. Even with moderate drinking, young drinkers' heavy body mass had increased liver enzymes.

Puberty is when most of the hormonal enhancements occur in both teenage boys and girls, including increased sex hormones, testosterone and estrogens. These hormones improve other hormonal functions and boost their growth for proper organ development.

Alcohol consumption during this age of rapid bodily development and stimulation (i.e., before or during adolescence) may weaken the hormonal balance required for muscle growth and optimal organ and bone development. Tests on animals also show that drinking alcohol during puberty could deform the reproductive system (Underage Drinking | National Institute on Alcohol Abuse and Alcoholism (NIAAA), n.d.).

CORRECTIONAL MEASURES TO PREVENT ALCOHOLISM AMONG YOUTH:

There is a significant unmet demand worldwide in the medical system that manages alcohol control treatments. In 2002, for example, about 1.4 million youth were recorded suffering from drug dependence or the problems caused by alcohol abuse in the United States of America. But, only 227,000 received treatment (Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide: Introduction | NIDA, n.d.).

Only ten per cent of 12 to 17 years old who require substance misuse treatment receive it. When kids receive treatment, it is frequently for reasons other than adults. The juvenile justice system refers to, by far, the greatest number of teenagers who get therapy. Furthermore, their treatment systems for alcohol control processes are not efficientlyequipped to meet the unique needs of adolescents. In practice, young alcohol addicts try to recover easily accessible treatment provisions with age-appropriate tactics andtherapies that do not need them to leave their homes or schools.

Traditional treatments (e.g., alcoholism treatment programmes, Alcoholics Anonymous) are perceived by youth as less effective than brief interventions customized to their specific concerns. Adolescent alcohol problem remedial processes should be made convenient, multiple-featured, and promoted as caring and welcoming for the desired young patient groups (Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide: Introduction | NIDA, n.d.).

Environmental interventions apply increased penalties for violating the statutory drinking age (MLDA) and other alcohol-related laws to reduce underage drinking. They promote a stricter community attitude that prevents youth from drinking. Interventions at the individual level aim to change attitudes, knowledge, expectations, motivations, intentions, and skills to help youth cope better with alcohol use.

REVIEW OF LITERATURE:

According to (Nees et al., 2012), reward-related brain activation may have a bigger role in addiction than early drinking initiation, where personality factors and reward-related behaviours were more crucial. To establish the same, they employed component analysis and structural equation modelling to reward-related brain responses determined by functional magnetic resonance imaging during a monetary incentive delay task. The findings led them to conclude that reward-related behaviour, personality, and brain responses all had a role in alcohol consumption, with personality accounting for a greater variance than behaviour and brain responses.

(Bențea, 2014) believed that alcohol use may be learnt through social learning inadolescence. Their family environment and peer group influenced adolescents' alcohol usage. Adolescents who were regularly exposed to a person who was drinking, such as peers and parents, were more likely to learn and replicate the habit. The author also emphasized the importance of school counselling as an alcohol prevention method.

(Skrobanek & Kuglstatter, 2019) suggested that the substance preference for young masses could be understood as a consequence of class-permitted capital provisions and related socio-economic levels, based on Bourdieu's ideas on class, lifestyle, and practice. The researcher found that, while cultural and economic capital had an impact, the type of lifestyle was

more important in understanding and explaining youth substance use.

Alcohol use was consistently linked to psychosocial issues, according to (Pedersen & Von Soest, 2015), but alcohol users reported higher levels of social acceptability and social integration than non-users. There was no evidence of 'hardening,' which is common among tobacco users.

(Sargent & Babor, 2020) reviewed the findings of narrative and systematic literature reviews that looked at the association between alcohol marketing exposure and underage drinking in the context of causality criteria. All nine of the Bradford Hill criteria were determined to have proof of causality throughout the review papers commissioned for the study. Multiple Bradford Hill criteria were found to be met in some reviews.

In their quantitative study, (Hendriks et al., 2018) discovered that alcohol posts by youth typically represented alcohol in a favourable social setting (425/438, 97.0 per cent) and people carrying beverages (277/412, 67.2 per cent). Then, rather than being posted by themselves (201/439, 45.8%), alcohol posts were more frequently placed on theirtimelines by others (tagging; 238/439, 54.2 per cent). Furthermore, it was found that suchsocial postings received more likes and comments (mean 35.50, SD 26.39) than non-social posts. As a result, they proposed that interventions aimed at reducing alcohol posts be carried out in the broader social environment of individuals, where posting about alcohol was common.

(Mayrhofer & Naderer, 2019) looked into the impact of media campaigns on positive and negative alcohol expectations and attitudes about alcohol. In addition, the participants' degree of alcohol consumption was examined as a moderator. They discovered that this method's main effects were exclusively on negative alcohol expectancies, confirming the distinction between alcohol expectancies and attitudes.

(Tripathi, 2019) seriously and fundamentally investigated psychosocial hypotheses to explain the root cause of alcohol addiction in select persons. They also confirmed such theories' behavioural implications in decreasing the harm caused by alcoholism.

(Hurley et al., 2019) assessed existing parent-based alcohol control initiative programmes arranged to gather parental-specific outcomes such as alcohol-specific laws, parental opinions, parent-child understanding, parental monitoring, study quality, engagement of associates in programme design, and theory application. EBSCO, Science Direct, PubMed, Emerald, Taylor and Francis, Ovid, ProQuest, and Web of Science repositories were used to collect data. They discovered that ten of the 17 studies they looked at had good results in at least one parent-suggested solution recommendation. Overall, ten programmes were classified as weak, three as moderate, and none as strong, according to the EPHPP assessment.

(Steingrimsson et al., 2020) investigated personality identification aspects such as self-directedness (SD) and cooperativeness (CO) in 6,917 people (58 per cent women) aged18 who completed the Alcohol Use Disorder Identification Test (AUDIT) and Drug Use Disorder Identification Test (DUDIT), as well as the SD and CO, reports from the Temperament and Character Inventory, a procedure under Sweden's Child and Adolescent Twin study. Identified low SD and CO traits as the research outcome to support their assumption that personality features might be utilized to identify those who are at high risk ofsubstance dependence.

(Steingrimsson et al., 2020) made deep scrutiny of PsycINFO, Central Register ofControlled trials, Medline, and Cochrane databases from where they collected 1654 screened papers. Of them, 22 study reports met their inclusion options to find and assess existing combined student and parent-based interactions in the agenda of alcohol prevention. In at least one test based on their study sample, they found significant intervention effects associated with delayed or reduced use of alcohol and other drugs in adolescence. Also, they could locate the key gaps in the literature regarding their effectiveness and accordingly record the same in this study.

(Keyes et al., 2015) investigated the implementation and promptness of public policy and prevention interventions as intervention measures for alcohol and marijuana addiction in the United States (US). The researchers looked at cases of fatally wounded drivers (N = 7,191) aged 16 to 25 who died within one hour of an incident in nine states with high rates of toxicological testing, as recorded on the Fatality Analysis Reporting System from 1999 to 2011. The findings revealed that after reaching the minimum legal drinking age (MLDA), a trend of alcohol availability rose among adolescents and young adults, with only a small effecton marijuana use.

(Berten et al., 2013) used a sample of 10,525 teenagers from four Western European nations, namely Germany, Belgium, Austria, and the Netherlands, who were in the seventh toninth grades of secondary school. They tried to find a link between students' level of study and alcohol consumption patterns while adjusting for other socio-economic factors. According to the

findings, the type of schooling impacted the prevalence of intoxication and heavy episodic drinking. Then, depending on socio-economic origins, they had varying effects.

(Healey et al., 2014) conducted an evidence synthesis to compare the UK's evolving trends in underage drinking to those of other European countries and the United States. They chose alcoholics based on their hospital admission. They used data from medical databases todiscover a link between underage drinking and violent adolescent crime between November 2002 and November 2012. These findings were used as the foundation for advocating strategies for reducing alcohol abuse among the population group of age under 18 years. The study found that girls aged 15 to 16 had a higher rate of heavy drinking and intoxication than boys. It was more common for girls to be hospitalized for alcohol-related damage than boys. Studies have shown a clear link between temporary drinking and violent teen abuse.

(Mak et al., 2019) investigated to gather evidence that social connections in their local setting impact the experiences of Hong Kong adolescents (from two districts) who smoke or use alcohol with their parents and other relevant persons in their lives, such as friends or teachers. They found that children's awareness of self-adjustment in avoiding intoxicating behaviours such as smoking, alcohol, and other drugs (ATOD) was enhanced by a strong attachment between parents and children. On the other hand, insecure parent-child ties were more likely to cause youngsters to rebel against social liabilities and break their parental attachments.

(Nisanth & Vishwam, 2016) A survey-based study was conducted on 150 Kollam-based teenagers aged 15 to 24 to analyze the influence of alcoholism on their personality and socio-economic position. The researcher ensured the physical and psychological patterns of the respondents to understand his findings in the light of the State's legal theory Article 47, which guaranteed nutrition and livelihood benefits as well as the prohibition of dangerous drinks for general consumption.

(Prabhughate & Gafos, 2019) looked into young people's drinking habits based on the presence of liquor stores (within 500 metres of the respondent's location utilizing mapping technology and participatory photovoice) and legal frameworks. They visited three different areas of Mumbai and collected data by questioning local college students. According to data from photo-dialogues, family influence, peer socialization, media platforms, and access to alcohol were all major, linked elements that contributed to young people's 'normalizing' drinking.

RESEARCH PROBLEM:

Alcoholism is a severe social problem in India at different socio-economic levels. Yet, due to legal laxity, environmental influence and availability of various channels, the youth groups are coming close to experiencing regular drinking habits that, as per several medical and social surveys, are found to grow into health-affecting chronic disorders out of the uncontrolled intake. Currently, the rate of alcoholism is dropping overall; still, it is considered in terms of binge drinking and weekly boozing patterns. Studies indicate the growth of mental illness (depression, suicide, short-tempered attitude, etc.) and physical drugs associated with drinking among young people. Violence and other crimes/injuries (drink and drive, sexual harassment, etc.) are also accounted for the same reason. Therefore, the issues of adolescent alcohol addictions need greater attention to be deeply analyzed; hence, this study is planned and developed as an authentic scholarly document to motivate awareness and elimination of alcohol addiction.

RESEARCH OBJECTIVE:

The research on the problem of alcoholism among youth is planned and developed to present the current nationwide status of drinking habits among the youth, the sources that develop the habit and remedial measures as recommendations to eradicate the lifestyle problem.

MATERIALS AND METHOD:

In this research on alcohol problems among the youth, exploratory and empirical tools are adopted to serve the research

objective. Our observation, analysis and conclusions are completely based on secondary data collected from the authentic records, information and data as available on official and open source Government/Research Web Portals. Alongside this, relevant channels/scholarsare contacted to seek assured assistance in gathering the resources and techniques required for this study.

RESULTS AND DISCUSSION:

The World Health Organization (WHO) estimates that roughly 30% of India's population uses alcohol regularly. According to another research conducted by the Organization for Economic Cooperation and Development, the percentage of under-15 males who have never used alcohol has declined from 44% to 30%, and the number of under-15 girls has decreased from 50% to 31%. (OECD) (Number of Indian Teenagers Consuming Alcohol Increases: Is the Future Sloshed? n.d.). Alcohol is known to be a primary agent of fatality and disability worldwide, which is also true in India. Alcohol is responsible for 3.2% of all deaths worldwide each year.

Comparison of India's Adolescent Alcoholism with Other major Youth Alcoholism Suffering Nations:

Compared to the United States, Canada, and the United Kingdom, Indian state Ministry guidelines offer alcohol control regulations covering an overall general large mass without any distinct specificity (Luca et al., 2019).

Country liquor, Indian Made Foreign Liquor (IMFL), beer, and wine are the four types of alcohol produced in India. According to a July 2020 report by research firm Medium, each ofthese segments sells between 230 million and 260 million cartons each year.

According to an RBI report, India's state governments received over INR 1.75 lakh crore from excise duty alone in 2019-20, with the majority of the revenue coming from liquor sales (Alcohol: India - Indpaedia, n.d.).

According to "the drinks industry website," more than 88% of Indians under 25 buy or use alcohol. By raising the drinking age to 21, India might gain 75 million new customers by 2020. According to the research, Indians consumed 5.4 billion litres of alcohol in 2016. By 2020, the country was predicted to reach 6.5 billion litres. The Delhi administration intends to increase state excise revenue by 20% in the fiscal year 2021-22 by decreasing the drinking age and allowing more individuals to consume alcohol.

Table No. 1: The table below shows the comparative measures of alcohol consumption in India, China, the United Kingdom, the United States of America (USA), and Canada (Source: Alcohol Consumption Data 2011. WHO) [35].

Countries	Record Intake*a	Unrecorded Intake*b	Total consumption*c	Beerd	Wine	Spirits	Others	Total male drinkers*h	Total female drinkers*i	Total drinkers*j
India	0.55	2.04	2.59	0.06	0.02	0.5	0	23.9	10.4	22.3
China	4.21	1.7	5.91	1.5	0.15	2.51	0.23	13.7	5.2	10.6
UK	11.6	1.7	13.37	4.93	3.53	2.41	0.67	21.6	9.5	15.6
USA	8.44	1	9.44	4.47	1.36	2.65	0	20	8.5	14.4
Canada	7.77	2	9.77	4.1	1.5	2.1	0	18.2	7	12.6

Table No. 2: Tourist arrival equal to the number of locals

*Incountries where number of tourists per year is at least equivalent to the number of inhabitants, the tourist consumption is deducted.
[a]Recorded adult per capita consumption, average 2003-2005 (15+ years; in litre of pure alcohol).
[b]Unrecorded adult per capita consumption, 2005 (15+ years; in litre of pure alcohol).
[c]Total (recorded+unrecorded) adult per capita consumption, 2005, (15+ years; in litre of pure alcohol).
[d]Recorded adult per capita consumption (beer), 2005, (15+ years; in litre of pure alcohol). [e]Recorded adult per capita consumption (wine), 2005, (15+ years; in litre of pure alcohol). [f]Recorded adult per capita consumption (spirits), 2005, (15+ years; in litre of pure alcohol). [g]Recorded adult per capita consumption (other), 2005, (15+ years; in litre of pure alcohol).
[h]Total (recorded+unrecorded) adult per capita consumption among drinkers, males 2005, (15+ years; in litre of pure alcohol).
[i]Total (recorded+unrecorded) adult per capita consumption among drinkers, females 2005, (15+ years; in litre of pure alcohol).
[j]Total (recorded+unrecorded) adult per capita consumption among drinkers, both sexes 2005, (15+ years; in litre of pure alcohol).

NATIONAL RECORD OF INDIA'S ALCOHOL CONSUMPTION:

The most prevalent psychoactive drink used by Indians is alcohol (among the substances included in this survey). In the United States, 14.6% of people (aged 10 to 75) consume alcohol. In terms of absolute numbers, the country's alcohol consumption is estimated to be over 16 crores. Compared to women, men use alcohol at a far higher rate (27.3%). For every woman who drinks alcohol, 17 men do the same. Country liquor or 'desi sharab' (about 30%) and spirits or domesticallymanufactured Foreign Liquor (approximately 30%) are drinkers' most popular alcoholic beverages. Punjab, Chhattisgarh, Goa, Arunachal Pradesh, and Tripura have the highest rates of alcohol consumption (Ambekar et al., 2019).

It's also worth noting that alcohol usage has been documented in people of all ages, including youngsters aged 10 to 17. Men above the age of 18 are the demographic group with the highest prevalence of alcohol usage. The pattern of alcohol consumption differs dramatically between men and women; although 27.3% of men consume alcohol, only 1.6% ofwomen do. Furthermore, one out of every five men who consume alcohol is addicted to it, whereas only one out of every sixteen women is. The graph below represents the same recordas described above. (**Source:** Ministry of Social Justice And Empowerment Government Of India Report 2019 (Ambekar et al., 2019)

Figure No. 1: India's Adolescent Alcohol Consumption

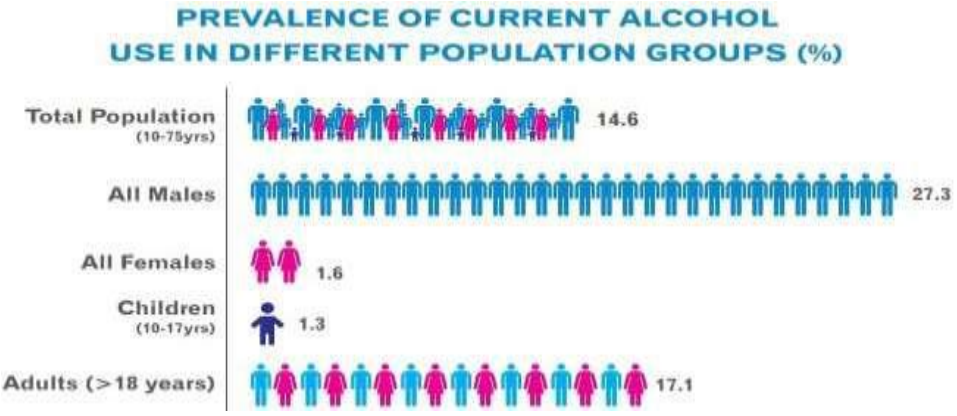


Table No. 3: As per Government of India's law, the legal age of alcohol consumption (State wise) is given in the table below.

Age	**Name of the State**
18 years	Rajasthan/Himachal/Goa/Andhra Pradesh/ Sikkim/ Puducherry
21 years	All remaining states

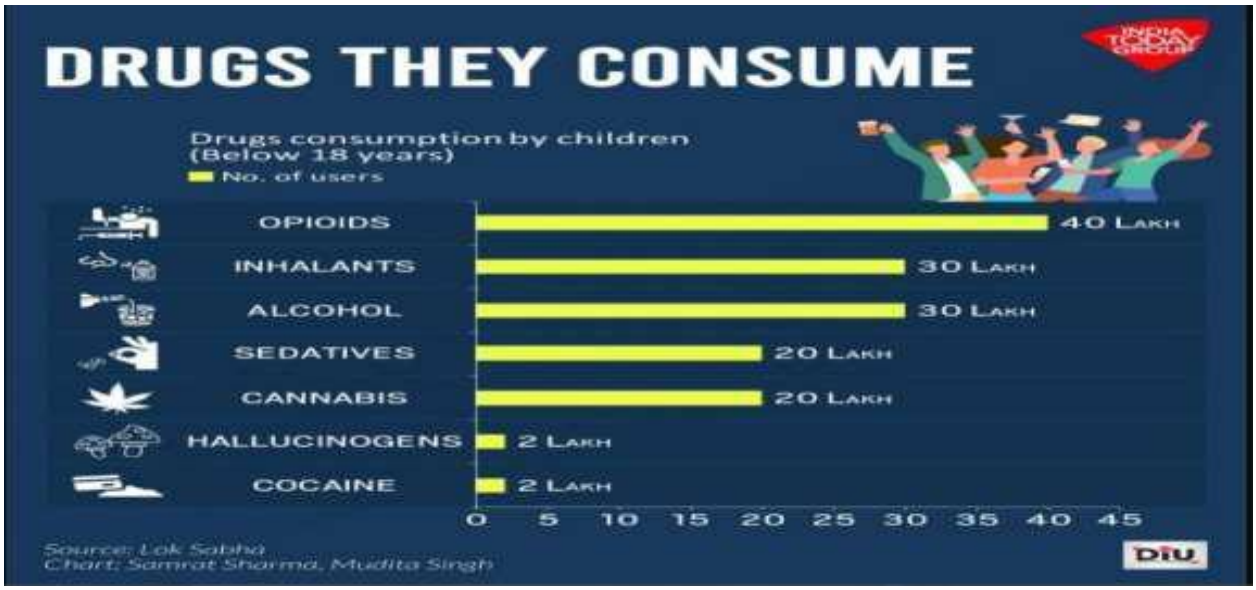
23 years	Kerala
25 years	Maharashtra (light beer is allowed at the age of 21)/ Haryana/ Punjab/Chandigarh/ Dadra and Nagar Haveli/ Daman and Diu

(Source: Rishabh Shrivastava for Citizen Matters. April 2021)

According to a 2018 report filed under the Narcotic Narcotics and Psychotropic Substances (NDPS) Act, the number of minors using illicit drugs has increased dramatically. More over 40 lakh minors ingested opiates, while 30 lakh consumed alcohol and inhalants, according to reputable figures. The graph below depicts the number of minors (under the age of 18) who use illegal drugs (**Source:** Samrat Sharma for India Today, Delhi. October 5, 2021 UPDATED: October 13, 2021).

According to a government report, about 1,34,000 people died in road accidents in India in 2010, a startling amount of 336 people per day, and a study by the alcohol and druginformation centre (AIDC) India indicated that alcohol is involved in 40% of road traffic accidents. Most of these people are in their productive years, between the ages of 20 and 50 (Alcohol Use Disorder | National Health Portal Of India, n.d.).

Figure No. 2: Type of drugs consumed in India



CONCLUSION:

The findings of this study, as discussed in the above section, show India's revenue-grabbing policy intended for liquor sales. Such policy may be economically advantageous but is greatly damaging when viewed from the angle of adolescent alcohol consumption. From the findings, it is evident that unless the legal structure is made stricter, more youth are likely to be victimized by the addiction to alcohol and thus generate the possibilities of degraded lifestyle, bad social repute and low socio-economic status. The condition can even lead to severe health damage and increased youth crime. The current trend shows that a significant number of regular alcoholics are present in India, comparable to that of other alcohol-affected major nations, such as the USA, UK, Canada and China.

Based on the study findings, it is recommended that the survey on adolescent alcoholism in India should be done more systematically, emphasizing classifying (1) the behaviour pattern of the minors and youth who are staying close to the environment that is accessible to alcohol/liquor availability; (2) Generating sufficient awareness among adolescent and their parents on alcohol-related damages, (3) Reduce access to alcohol-based content messages available in mass media channels,

such as social media, advertisements, television/movies, etc.

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