SCIENCE

The unregulated drink: rethinking alcohol control in India

and Programme that prioritises people over profit, prevention over revenue, and long-term well-being over short-term gains

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he safe limit for alcohol he safe limit for account consumption is zero ml. Yet, 23% of Indian men and 1% of women consume alcohol (NFHS-5). India also records one of the highest rates of heavy episodic drinking, with lakhs needing clinical and social

Alcohol consumption significantly raises the risk of injuries, mental illness and non-communicable diseases, including cancer. Beyond health, alcohol use is associated with aggression, crime, suicides, and risky behaviour.

In 2021, alcohol-use contributed to approximately 2.6 million DALYs (Disability-Adjusted Life Years) in India reflecting the combined toll of premature deaths and years lived with illness or disability. The estimated societal cost of alcohol-related health is ₹6,24 trillion. Meanwhile, per capita alcohol consumption increased by about 240% in the last two decades, an underestimate because nearly half of alcohol use in India is unrecorded

Determinants of alcohol consumption

Alcohol use is shaped by a complex web of biopsychosocial, commercial and policy-level determinants. (i) Biopsychosocial determinants: Biologically, some individuals are genetically predisposed to addiction. Alcohol activates the brain's reward system making it habit-forming. Psychologically, people drink to relieve stress, anxiety, or experience euphoria. Socially, urban lifestyles, peer pressure, and glamourised portrayals in media have normalised alcohol use. (ii) Commercial determinants: The industry has broadened its product portfolio with offerings such as fruit-flavoured spirits pre-mixed cocktails, and other ready to drink options, making alcohol more appealing to new and younger users. Despite legal advertising restrictions, promotional tactics persist through surrogate advertising, brand sponsorships, and strategic product placements, where the depiction of alcohol has doubled over the past two decades. Pubs and bars offer incentives like 'Happy Hours' and free samples, while social media algorithms subtly amplify alcohol-related content (ARC) The placement of liquor stores in

residential and high-traffic areas, ensures easy access and everyday visibility. Packaging shapes consumer perception sleek bottles, international labels, and premium branding enhance the aspirational value of alcohol. Pricing ensures affordability. Indian

Made Indian Liquor (IMIL) remains cheap and accessible to lower-income groups, especially in rural areas, while growing



alcohol increasingly affordable for the urban middle class. (iii) Policy is the most influential determinant. The alcohol industry wields significant influence over regulation, often resisting stricter laws by emphasising its contribution to State revenues through excise taxes. Even bans on advertising are undermined through tactical marketing and alcohol persists in public life under different names.

Alcohol regulation in India falls under State jurisdiction, granting each State authority over legislation, excise taxes, supply chain, licensing and manufacturing, sale and consumption restrictions, prohibition, and pricing. This autonomy has led to regulatory variations

across States. For instance, Bihar, Gujarat, Mizora and Nagaland enforce prohibition, while Andhra Pradesh, Harvana, Kerala, Manipur, and Tamil Nadu had previously imposed similar bans. In contrast, some States are now actively promoting alcohol sales. Kerala's new Akbari Policy markets toddy as a "natural, traditional beverage," while Andhra Pradesh is introducing a policy offering alcohol for ₹99 to ensure "quality, quantity, and affordability." Meanwhile, some States are exploring online alcohol delivery through platforms like Swiggy, Zomato, and Blinkit, contradicting efforts to restrict alcohol

Regulation of alcohol accessibility in India varies as equally as availability. The legal drinking age differs across States, ranging from 18 to 25 years. Alcohol pricing regulation exists in 19 of 33 States/UTs, with nine States setting only maximum prices while others setting both

Act excludes liquor from sales tax, leaving alcohol taxes to States, often vaguely defined in excise policies. Compared to State policies,

national-level policies are more specific addressing single aspects such as drunk driving or prevention of alcohol use and regulating supply-chain in an individual policy. However, India lacks a unified national policy on alcohol regulation. Earlier, alcohol was excluded from the

National Policy on Narcotic Drugs and Psychotropic Substances (NDPS) 2012 despite being a common psychoactive substance followed by cannabis and opioids. Later, alcohol regulation was included in the National Action Plan for Drug Demand Reduction (NAPDDR) 2021-22 under Nasha Mukta Bharat

While the NAPDDR addresses alcohol regulation, its demand and supply reduction efforts are scattered across Central ministries and State governments. The Ministry of Social Justice leads demand reduction, while supply and harm reduction are handled by the Ministries of Home Affairs, Finance, and

The National Mental Health Policy (NMHP) 2014 recognised the role of alcohol in mental illness and suicide prevention and suggested the need for a specific action plan. Similarly, the National Health Policy (NHP) 2017 mentioned curbing alcohol use through higher taxation. More recently, the National Suicide Prevention Strategy (NSPS) 2022 identified alcohol as a major risk factor for suicides, advocating for a national alcohol control policy and

measures to limit alcohol accessibility. The National Action Plan and Monitoring Framework for Prevention

Diseases (NMAP) 2017-2022 also echoed the call for a national alcohol policy.

The way ahead

Regulating alcohol is urgent but complex, given alcohol's deep entanglement with State revenues, social norms, and political interests. It is time to move beyond short-term revenue thinking and adopt a systems approach - grounded in both evidence and equity. Based on the biopsychosocial and commercial determinants of alcohol consumption, we propose the following to regulate alcohol-use. (i)Affordability: Alcohol pricing must

deter excessive use without pushing the poor toward dangerous alternatives like illicit liquor.

(ii)Allocation: Health taxes on alcohol should not disappear into general revenues. Ear-marking these funds for public health, combined with transparent governance, can improve trust and accountability and prevent corporate lobbying from redirecting them.

(iii)Accessibility: Alcohol access must be curbed beyond geographic distance. Urban policy must reduce availability in everyday spaces to signal a shift toward

alcohol-free environments. (iv)Advertisement: In the digital age, "alcohol influencers" in India promote consumption by framing alcohol positively. Regulating this "social surrogacy" - including algorithmic amplification - is key to reducing social

appeal. (v) Attractiveness: Plain packaging, visible warning labels, and controls on

point of sale promotion are needed to disrupt the cycle of normalisation. (vi) Awareness: Public understanding of alcohol's health harms - especially its link to cancer, mental illness, and generational poverty - remains low. Large-scale public education campaigns, similar to tobacco control efforts, are

(vii) Artificial Intelligence:Al tools can detect and suppress alcohol-related content on digital platforms and flag misinformation. When 180 million monthly users see health misinformation (e.g., WebMD praising alcohol), it is clear that digital regulation is a frontline public health priority.

India's alcohol crisis cannot be solved through isolated actions or State-level measures. It is time for a National Alcohol Control Policy and Programme that prioritises people over profit, prevention over revenue, and long term well-being over short-term gains. (Dr. Vid Karmarkar, is a venture building partner at Fittr, and the founder of Canseva Foundation.

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THE GIST

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