A Study on Alcohol Consumption in Chhattishgarh and India

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***Abstract*—Alcohol consumption remains a major public health and socio-economic issue in India. Although certain national surveys suggest a decline in the proportion of adults consuming alcohol, recent market and sales data show significant growth in total alcohol usage within the economy. India still ranks among the leading global markets for spirits, with rising consumption in several states and evolving consumer preferences (e.g., beer's growing share). This study draws on the National Family Health Survey-5 (2019–21) and recent industry and news reports up to 2025 to assess patterns, trends, and consequences of alcohol use in India and Chhattisgarh. The complex interaction between cultural norms, gender, economic factors, and policy environments shapes this landscape.**

***Index Terms*—Alcoholism, Public Health, NFHS-5, Gender, State Variation, Market Trends.**

I. GENDER DIMENSIONS OF ALCOHOL CONSUMPTION

Alcohol consumption in India exhibits strong gender disparities shaped by cultural norms, social expectations, and reporting biases. While national surveys such as NFHS-5 indicate low prevalence of alcohol use among women at the national level (around 1–2%), this figure masks significant regional and community-level variations. In several tribal-dominated and North-Eastern states, female alcohol consumption exceeds 10–20 percent, reflecting local customs where alcohol use is socially accepted among both genders.

In states like Chhattisgarh, where tribal populations form a substantial share of the demographic profile, traditional brewing and consumption of locally prepared alcoholic beverages is culturally embedded. This cultural acceptance contributes to higher female participation in alcohol use compared to the national average. However, alcohol use among women has been associated with compounded health risks, including anemia, reproductive health issues, and increased vulnerability to domestic violence. Social stigma often leads to under-reporting, suggesting that the actual prevalence may be higher than survey estimates.

II. ALCOHOL CONSUMPTION AND YOUTH: AN EMERGING CONCERN

One of the most alarming trends in recent years is the declining age of initiation into alcohol consumption. Evidence from national and city-level surveys suggests that experimentation with alcohol often begins during early adolescence (12–15 years). Factors contributing to early initiation include peer influence, family drinking patterns, easy availability of alcohol, urbanization, and exposure through media.

Youth alcohol consumption has long-term implications for physical health, mental well-being, academic performance, and employability. Early initiation increases the risk of developing alcohol dependence later in life. In states such as Punjab, Maharashtra, West Bengal, and Chhattisgarh, a higher proportion of young respondents reported current alcohol use compared to the national average. This highlights the urgent need for school-based prevention programs, parental awareness, and strict enforcement of minimum legal drinking age laws.

III. ALCOHOL USE AND SOCIO-ECONOMIC INEQUALITY

Alcohol consumption in India is closely linked to socio-economic vulnerability. Although individuals

from all income groups consume alcohol, the impact of alcohol use is disproportionately severe among economically weaker sections. For low-income households, expenditure on alcohol often competes with essential spending on food, education, and healthcare.

In rural and tribal areas of states like Chhattisgarh, alcohol consumption has been linked to chronic indebtedness, seasonal unemployment, and reduced labor productivity. Studies indicate that households with a regular alcohol consumer experience higher levels of poverty, domestic conflict, and child neglect. Women and children bear the greatest burden of alcohol-related economic stress, often resulting in inter-generational cycles of deprivation.

IV. ALCOHOL AND PUBLIC HEALTH INFRASTRUCTURE

India's public health system continues to face challenges in addressing alcohol use disorders due to limited screening, inadequate de-addiction facilities, and shortage of trained mental health professionals. While the National Mental Health Programme and District Mental Health Programme include provisions for substance use disorders, coverage remains uneven across states.

In Chhattisgarh, access to de-addiction and rehabilitation services is particularly limited in rural and tribal districts. Most treatment facilities are concentrated in urban centers, making access difficult for marginalized populations. Additionally, social stigma discourages individuals from seeking help until severe health complications arise. Strengthening community-based outreach, integrating alcohol screening into primary healthcare, and expanding rehabilitation services are essential steps toward reducing alcohol-related harm.

V. POLICY ANALYSIS: PROHIBITION VS REGULATION

India's alcohol policy landscape is highly fragmented, with states exercising autonomy over regulation, taxation, and prohibition. States such as Bihar and Gujarat have adopted prohibition policies, while others rely heavily on alcohol taxation as a revenue source. Evidence suggests that prohibition alone does not eliminate alcohol consumption, but often shifts it toward illicit and unsafe alcohol markets, increasing health risks.

In contrast, regulated availability combined with high taxation, strict enforcement of age limits, and public awareness campaigns has shown better outcomes in reducing harmful consumption. WHO recommendations emphasize taxation, advertising restrictions, and reduced physical availability as the most cost-effective strategies. For states like Chhattisgarh, a balanced approach focusing on regulation, harm reduction, and community education may be more effective than outright bans.

VI. ALCOHOL CONSUMPTION AND CRIME & ROAD SAFETY

Alcohol use is a major contributing factor to interpersonal violence, crime, and road traffic accidents in India. A significant proportion of domestic violence cases, assaults, and fatal road accidents involve alcohol consumption. Young adult males (18–39 years) remain the most affected group, accounting for a substantial share of alcohol-related injuries and deaths.

Increased enforcement of drunk-driving laws, random breath testing, and stricter penalties have shown some success in urban areas, but rural enforcement remains weak. Strengthening coordination between health departments, police, and transport authorities is critical for reducing alcohol-related injuries and fatalities.

VII. RECOMMENDATIONS

Based on the updated analysis, the study recommends: Strengthening state-specific alcohol policies, especially in high-prevalence states like Chhattisgarh. Early prevention programs targeting adolescents through schools and community institutions. Expansion of de-addiction and rehabilitation services, particularly in rural and tribal areas. Higher taxation and pricing policies to reduce affordability, in line with WHO guidelines. Improved data collection and reporting mechanisms to address under-reporting and regional disparities. Community-based awareness campaigns focusing on families, women, and youth.

Discussion:

The present study highlights that alcohol consumption in India, and particularly in Chhattisgarh, continues to pose a serious public health and socio-economic challenge despite observed declines in prevalence in recent survey rounds. Data from the National Survey on Magnitude of Substance Use in India (2019) and NFHS-5 (2019–21) reveal that while the proportion of alcohol users may show modest reductions, the absolute number of consumers and the intensity of consumption remain high due to population growth and changing drinking patterns.

Chhattisgarh consistently emerges as one of the states with the highest prevalence of alcohol use among men and women. Cultural acceptance of traditional alcoholic beverages, especially among tribal communities, plays a crucial role in shaping these patterns. Unlike many other regions of India where female alcohol consumption is socially discouraged, certain communities in Chhattisgarh report relatively higher participation of women, indicating that national averages fail to capture localized realities.

Another key finding is the high proportion of dependent and harmful drinkers among current alcohol users. Nearly one-fifth of alcohol consumers nationally exhibit signs of dependence, with even higher proportions in states such as Chhattisgarh, Punjab, and Andhra Pradesh. This suggests that policy discussions should move beyond prevalence alone and focus more strongly on patterns of harmful and dependent use.

The study also underscores the economic paradox of alcohol policy in India. While alcohol contributes significantly to state revenues, the long-term economic burden arising from healthcare costs, productivity losses, accidents, and social harm far outweighs fiscal gains. Previous estimates indicate that alcohol consumption leads to an annual GDP loss of approximately 1.4–1.5 percent, a figure that is likely to increase if current trends persist.

Youth alcohol consumption represents a particularly worrying trend. Early initiation increases the likelihood of lifelong dependence and amplifies risks related to mental health disorders, academic underachievement, and criminal behavior. The findings emphasize the need for preventive strategies that target adolescents before drinking behaviors become established.

Overall, the evidence suggests that alcohol consumption in India is not merely an individual behavioral issue but a structural and systemic problem influenced by culture, availability, pricing, governance, and social inequality. Addressing this challenge requires coordinated action across health, education, law enforcement, and social welfare sectors.

Table 1: State-wise Prevalence of Alcohol Consumption (Selected States)

State	Alcohol Use (%) – Total Population	Male (%)	Female (%)
Chhattisgarh	35.6	52.0+	13.7
Tripura	34.7	50.0+	8.0
Punjab	28.5	48.0+	<1.0
Arunachal Pradesh	28.0	46.0	15.6
Goa	28.0	39.0	7.0
India (Average)	14.6	27.3	1.6

Source: National Survey on Magnitude of Substance Use in India (2019); NFHS-5

Table 2: Pattern of Alcohol Consumption Among Current Users

Indicator	Percentage (%)
Current alcohol users (10–75 years)	14.6
Dependent alcohol users	18.5
Harmful or dependent use (need intervention)	5.2
Users consuming ≥4 drinks per occasion	~43

Source: Ministry of Social Justice and Empowerment (2019)

Table 3: Socio-Economic Impact of Alcohol Consumption in India

Impact Area	Observed Effects
Health	Liver disease, cardiovascular illness, mental disorders
Economic	Productivity loss, healthcare expenditure
Social	Domestic violence, family disruption
Road Safety	Accidents, injuries, fatalities
Poverty	Increased indebtedness, reduced household welfare

Policy Implications - The findings reinforce the need for state-specific alcohol policies, especially in high-burden states such as Chhattisgarh. Uniform national strategies may fail to address regional socio-cultural realities. Strengthening taxation, restricting availability, regulating advertising, and expanding community-based de-addiction services should form the core of future interventions.

Scope for Future Research

Future studies should:

- Examine district-level patterns of alcohol consumption in Chhattisgarh.
- Explore qualitative dimensions, including cultural beliefs and gender norms.
- Assess the long-term effectiveness of state alcohol policies.
- Analyze the inter-linkage between alcohol use and education outcomes.

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