

COVID-19: Marketing of Alcoholic Beverages and the Impact of Kerala's Liquor Policy

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Abstract

The COVID-19 pandemic and its related government measures to limit mobility impacted patterns and places of alcohol consumption. While the way to recovery remains long and difficult, this crisis also increases the risk that individuals engage in harmful drinking to cope with stress. During the COVID-19 pandemic, there has been an increase in domestic violence, for which harmful alcohol consumption is a risk factor. Harmful alcohol consumption ruins health, causes diseases and injuries, weakens response to COVID-19, and leads to significant economic and societal costs. Comprehensive policy packages built on a PPPP approach include Pricing policies, Policing to counter drink-driving, Primary care-based counseling for heavy drinkers, regulating alcohol Promotion activities, improving health, and supporting a stronger economic and social recovery in the aftermath of the pandemic.

Keywords: COVID-19, Alcohol Consumption, Stress, Domestic Violence, Diseases and Injuries, Economic and Social Costs

1. Introduction

Alcoholism is a complex, many-sided phenomenon, and its many formal definitions vary according to the point of view of the definer. Simplistic definition calls alcoholism a disease caused by chronic, compulsive drinking. A purely pharmacological-physiological definition of alcoholism classifies alcoholism as a drug addiction that requires increased intake to achieve the desired effect and causes withdrawal symptoms when drinking is stopped. However, unlike other drug addicts, alcoholics do not always need large amounts of alcohol, so this definition is inappropriate. The second definition, which is behavioral in nature, defines alcoholism as a disorder in which alcohol plays a significant role in an individual's life and the individual experiences a loss of control over alcohol use.

Under this definition, alcoholism may or may not involve physiological dependence, but an amount sufficient to cause remorse and repeated physical, mental, social, economic, or legal hardship always characterized by alcohol consumption. Clinicians refer to these behavioral disorders as illnesses. Because it persists for years, is highly heritable, and is a leading cause of death and disability. Furthermore, alcohol permanently alters brain plasticity with respect to free decisions to initiate or stop drinking episodes. Unlike most bad habits, as with other medical ailments, prospective studies show that willpower itself is of little importance in predicting alcohol consumption. It can have negative social and economic impacts on society as a whole. In fact, people other than those who drink alcohol may be

victims of traffic accidents and violence. It affects society as a whole in terms of the resources needed for criminal justice, health care, and other social services. Alcohol plays such a huge role in today's society that it should be an afterthought as opposed to being the most important addition to any social event. Alcohol is a social, economic and health problem. Although it causes a lot of, it can be easily stopped if the influence in daily life is small.

2. Reviews

Alcohol is a depressant that slows brain activity, contains no nutrients, and does not help relieve tension, induce sleep, or solve problems. All alcoholic beverages contain the same mood-enhancing ethyl alcohol, but in varying proportions: 45-55% in spirits (whiskey, brandy, rum), 35-75% in arrack, and 10% in wine. ~12% and 6-8% in beer. / Approximately 10-15% of Toddy alcohol users develop alcoholism and become alcoholics

Anyone can become an alcoholic if age, education, intelligence, or socioeconomic status are excluded. Such people continue to drink more or more often, even though alcohol causes problems with their health, work, family, or social relationships. It is a toxic substance that can attack any organ of the body, including nerves. With treatment, people can stop drinking completely and live without alcohol. However, as with any illness, the sooner you seek help, the less damage you will do and the faster you will recover. (T.T. Ranganathan Clinical Research Foundation). A survey conducted by the National Institute of Mental Health and Neurosciences (NIMHANS) Bangalore and sponsored by WHO found that 20% of women reported domestic violence and 94.5% of women said their husband's alcohol use was a risk factor for consumption. It is shown that it has been identified as (Hindu, 3 May 2008). According to Rice et al., alcohol abuse and related problems cost society billions of dollars each year. (cited in National Institute on Alcohol Abuse and Alcoholism, 2006). Each year, about 5,000 young people under the age of 21 die as a result of underage drinking. This includes about 1,900 deaths from car accidents, about 1,600 deaths from homicides, 300 deaths from suicides, and hundreds of deaths from other injuries such as falls, burns, and drowning, studies and surveys show. According to data from the 2005 Monitoring the Future (MTF) study, an annual survey of U.S. youth found that three-quarters of 12th graders, more than two-thirds of 10th graders, and five 8th graders Two of her use alcohol. Additionally, when adolescents drink alcohol, they tend to drink heavily, often 4-5 drinks at a time.

Another study also showed the dangerous effects of alcohol on adolescents (National Institute on Alcohol Abuse and Alcoholism, 2006). Elevated liver enzymes, including some liver damage, were found in alcohol-drinking adolescents, Clark et al. (cited in National Institute of Alcohol Abuse and Alcoholism, 2006). Overweight or obese young drinkers showed elevated liver enzymes even with moderate alcohol consumption (Mauris et al. in the National Institute on Alcohol Abuse and Alcoholism, 2006). Drinking alcohol during periods of rapid growth and development (that is, before or during puberty) can disrupt important hormone balances necessary for social development of organs, muscles, and bones (Dees W.L., Srivastava, Hiney J.K. cited in National Institute on Alcohol Abuse and Alcoholism, 2006). According to research by Alcohol and Drugs Information Center India, a non-governmental organization (NGO) in Kerala state, the percentage of under-21 drinking population has increased from 2% to over 14% in the last 15 years. Surprisingly, the study found that the 'median age at

admission' has declined from he was 19 to he was 13 over the past 20 years. (Chennai Youth Times, 2013)

3. Objectives

- To examine the impact of Kerala's new alcohol policy on the public.
- Know if the availability of liquor has decreased due to the implementation of the new policy.

4. Statement of the Issue

Alcoholism is not only a consumer issue in Kerala, but also a national government issue. At any time, during crises, and often even without crises, alcohol policies often result in a number of withdrawal symptoms for both consumers and the state. As mentioned above, withdrawal from excessive alcoholism should also be considered. The problem Kerala presents is simple. The over-reliance on liquor as a source of state revenue has resulted in being the favored goose that lays the golden eggs. Moreover, the state was complacent after trying to monopolize the sector and blackmail consumers with high tax rates. All this was turned upside down when a crisis like COVID-19 finally challenged that complacency.

The time is ripe for Kerala to formulate policies to avoid panic reactions in times of crisis. Kerala is now dealing with her unprecedented COVID-19 pandemic on a war basis. Kerala is trying to cope with the financial crisis. The economic impact could be severe after the current crisis, given the additional funding needed to quell the pandemic. The sale of liquor, one of the states' main sources of income, is also restricted by bans and store closures. There are approximately 301 liquor stores in 14 counties administered by the state, and numerous bars, hotels and taverns selling liquor.

The state won Rs 11,743 sales of spirits last year were 9.9 billion yen, down only 5.28% from the previous year. Sales of distilled spirits in Kerala were around Rs 14,000 in 2018-19. It was around Rs 45,000 over the last four years.

Not surprisingly, this has led governments to view it as an essential asset in the early stages of the pandemic. The government should have withdrawn its stance and considered withdrawing spirit as an essential commodity amid protests to close these stores during the lockdown. was that the number of deaths due to lack of access to alcohol (reportedly nine) was higher than the number of COVID-19 deaths in the state.

Most of the alcohol-related deaths were suicides (although it should be noted that the state is at the forefront of reported suicide numbers in India). The Kerala Mental Health Survey reports that about 0.6% of the population in Kerala is alcoholics. This applies to nearly 200,000 people. Suicides reported among addicts in the current situation represent a very small proportion (approximately 0.0035%) of the total number of alcoholics.

This is not meant to reduce death to a fraction or make it seem insignificant. Based on these figures, however, it emphasizes that the state government's decision to improve the availability of alcohol through medical certification for dependent adults is not founded on a solid foundation.

In addition, there are other important health issues facing individuals that are forgotten during these discussions. Considering these facts, three questions arise. Here we are trying to understand these questions and provide possible answers. First, did these sanctions reduce the availability of liquor in the state during the pandemic? The best hypothesis is based on an analogy with Gujarat. As was the case with Gujarat, which had long been dry on paper, the lockdown in Kerala only gave the impression that spirits were unavailable. Volumes indicate the availability of products and thus the black market for these products. Pirated software is also prevalent. Second, who are the individuals affected by the unavailability of alcohol? The state's black marketers are reported to be charging exorbitant prices from consumers.

The lockdown has impacted pricing mechanisms, with suppliers setting prices and customers obliged to pay. The reported suicides were probably an extreme case, in which consumers were forced into such a state when access to alcohol was restricted by exorbitant prices. Should public policy take precedence, or should the effects of state overdependence and monopolies in certain sectors be considered even before a crisis hits? This is a serious issue for our state government to consider.

The government must treat their withdrawal symptoms immediately, not later when another crisis occurs. You need to slowly wean yourself off of your over-reliance on alcohol and find a better source of income. Short-term policy should steer states towards such measures (Rahul V. Kumar, 2020).

5. Kerala's New Liquor Policy

The Government of Kerala has ratified a new Liquor Policy for next year. New policies make it easier to make liquor and wine from locally available fruits, open new retail outlets, and encourage states to grow bananas, pineapples, jackfruit, cashews, and nutmeg. This allows you to obtain a liquor license in the park. Government sources also said the decision to allow bars at IT Park is aimed at expanding facilities on the premises. Under the new policy, state-owned liquor retailer BEVCO will be allowed to open more stores across Kerala. There are currently 306 liquor retailers in the state. The Supreme Court has several times called on BEVCO to ease the flooding of these outlets and provide better facilities for consumers. The new outlet will therefore have walk-in facilities for consumers. BEVCO has requested the opening of 175 of his stores, but the final number will be determined at a later date. When choosing new locations for outlets, preference is given to tourist centers. When the Democratic Left Front came to power six years before him, he promised to stop consuming alcohol, but statistics show that liquor sales have skyrocketed since then. In three years, the state excise tax revenue has increased by him more than 1,400 kroner, and in 2019-20 he reached 14,307 rupees. Government monopolized booze and lottery tickets are her two main sources of income in the state.

The government said pubs in information technology parks will be allowed under the Excise Directive for 2022-2023, following requests from industry and workers' groups. Over 100,000 people work in his three IT parks in Thiruvananthapuram, Kochi and Kozhikode.

6. BevQ App

Fair Code Technologies of Kochi, Kerala created BevQ, a queue management smartphone application. It is provided by Kerala Beverage Corporation, part of the Government of Kerala. In the wake of the

COVID-19 pandemic in Kerala, Kerala Beverage authority and the Government of Kerala worked together to develop this app to promote social distancing in liquor stores and ease traffic congestion. Fair Code Technologies released his BevQ app on the Google Play Store on May 27, 2020. With the opening of the bar, the app was removed in January 2021. According to App Annie's State of Mobile 2021 report, his BevQ app in Kerala alone has outperformed all other Indian food and beverage apps year-over-year session growth in 2020. The app even outperformed Domino's, which is widely used in India. Meanwhile, the company claims that up to 18,200 people signed up for his BevQ within his first three hours of launch.

7. Conclusion

The big question is who needs to get out of alcoholism: individuals or nations? We must create a business environment with State governments can do better by enforcing regulations that provide consumers with affordable, quality products and choice in a competitive market environment. Until this happens, consumers should expect and be wary of a knee-jerk reaction from monopolies (states) in the long run.

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