

Effects of Alcohol Consumption among Youth

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ABSTRACT

Alcohol consumption is a prevalent issue globally and in India, with increasing consumption, especially among youth, raising significant health and socio-economic concerns. This study, conducted in Kherainti village, Haryana, explores the physical and socio-economic impacts of alcohol consumption among youth aged 18-32. Data was collected from 112 alcohol users through interviews using a structured schedule. The findings indicate that 60.7% of respondents experienced physical harm, while 80.4% faced social and economic difficulties due to alcohol. Physical effects included road accidents, injuries, and chronic diseases, while social effects included conflicts with family and friends, neglect, and financial problems. Early initiation of drinking (before 18 years) and higher frequency or quantities of drinking were linked to more severe consequences. The study underscores the urgent need for targeted interventions to address the increasing alcohol consumption among youth and its detrimental effects on physical health, social relationships, and financial stability.

Keywords: Alcohol consumption, physical effects, socio-economic impact, social consequences, early initiation, public health.

Introduction

Globally and in India, alcohol is the most widely consumed psychoactive substance. In 2019, 14.6% of India's population was alcohol users, with a higher prevalence in Haryana at 21.6%.¹ Alcohol consumption in India has been rising, particularly among the youth, driven by aggressive marketing by the global alcoholic beverage industry.^{2,3} While moderate alcohol consumption may have some health benefits, excessive or frequent consumption leads to severe consequences for both individuals and society.

Alcohol abuse or alcoholism is a significant social, health, and economic issue. It leads to severe health problems like liver cirrhosis, heart disease, and neurological disorders, while the economic costs far exceed the revenues from alcohol sales. Alcoholism also contributes to road accidents, absenteeism, domestic violence, and mental health issues, making it a complex problem that requires a multifaceted approach involving psychiatrists, doctors, and social workers to effectively address.

Heavy Episodic Drinking (HED) is prevalent, especially among young people, contributing to significant health risks. In 2016, alcohol consumption was the third largest factor for disease and disability, causing 3 million deaths worldwide, particularly from injuries, digestive, and cardiovascular diseases. Rural populations are more vulnerable to the harmful effects of alcohol due to greater acceptance and normalization of drinking; often compounded by the consumption of unrecorded alcohol.^{4,5} The increasing alcohol consumption among youth, especially in rural areas, underscores the need for serious action to address this issue.

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Alcohol consumption among youth in India has become a significant public health concern, with implications for the country's future social and economic well-being. The early onset of alcohol use among Indian adolescents is particularly troubling, as it is associated with a range of adverse outcomes, including increased risk of alcohol dependence, mental health disorders, and engagement in risky behaviors. According to a report by the World Health Organization (WHO), alcohol consumption among Indian adolescents has been rising, contributing to a growing burden of disease in this age group⁶. Studies indicate that young people in India who consume alcohol are more likely to engage in behaviors such as unsafe sex, violence, and impaired driving, all of which have severe and often life-threatening consequences.⁷ Additionally, alcohol use during adolescence in India can disrupt brain development, potentially leading to long-term cognitive and behavioral impairments⁸. The increasing prevalence of alcohol consumption among Indian youth necessitates urgent action from policymakers, educators, and healthcare providers to address its harmful effects.

Methodology

The present study was conducted in Kherainti, a village located 19 kilometers from the district capital of Rohtak, Haryana. The 2011 census, Kherainti had 1,186 households and a total population of 6,260. The village's literacy rate was 67.76%, and there were 849 females for every 1,000 males.⁹ The study was done with the objective to find the physical and socio-economic impact of alcohol consumption among the youth. The primary data were collected using interview schedule specifically designed for the purpose. The data were gathered from 112 respondents consisting of alcohol drinkers of the age group 18-32 years from different castes and classes. The Snowball technique of sampling had been used to explore the alcohol users. Most of the drinkers of this age group of the village were tried to cover in this study. For the operational purpose, a drinker was defined as a person who had consumed at least three times alcoholic drinks in a month immediately preceding the interview. The Code of ethics of social research was well followed by the researcher while collecting and analysing data.

Results

The consumption of alcohol has broad-ranging consequences that affect a person's physical, psychological, social, and economic well-being. These effects include health issues, impaired mental state, strained relationships, and financial difficulties. This study examines the impact of alcohol consumption on individuals and the factors that influence these effects. The analysis focuses on two main categories: physical effects related to health and socio-economic effects related to social interactions and financial status.

Table -1: Respondents being affected by alcohol consumption

Effects	Affected		Unaffected		Total
	No.	%	No.	%	
Physical Effects	68	60.7	44	39.3	112
Social and Economic Effects	90	80.4	22	19.6	112

Table 1 reveals that out of 112 respondents, 68 individuals (60.7%) experienced physical harm, while 90 respondents (80.4%) faced social difficulties as a result of alcohol consumption. This suggests that once someone begins drinking, it's difficult to avoid its severe consequences, as nearly all respondents had suffered in some way. A small number of respondents remained unaffected at the time of the study, but they were occasional drinkers who had only recently started. This implies that they too might experience negative effects in the future if they continue to drink.

Physical Effects

Table-2: Physical Effects of Alcohol

Forms of Physical Effects	Responses	Percent	Percent of Respondents
Road Accident	29	27.6	25.9
Injury	50	47.6	44.6
Had to Visit Hospital	20	19.1	17.9
Chronic Disease due to drinking	6	5.7	5.4
Total	105	100.0	93.8

*Multiple Response; N=112

It was found that the majorities of respondents were unaware of or show ignorance towards the laws against drinking and driving, with 82.1% regularly driving under the influence of alcohol. Some even claimed that their driving improved after drinking, as they felt more alert (many of these respondents worked in the travel and transportation sector). However, this overconfidence and lack of awareness often led to road accidents, endangering both their own lives and the lives of others. In fact, 25.9% of respondents had been involved in at least one road accident. Alcohol consumption also impairs judgment, frequently leading to mishaps and violent incidents. Of the respondents, 44.6% had suffered some form of injury as a result of drinking. Alcohol is the third leading cause of disease and disability, and it can lead to chronic conditions such as liver cirrhosis, heart disease, and neurological disorders. Among the respondents, 17.9% had visited a doctor due to alcohol-related illness, and 5.4% were already suffering from chronic diseases. Many respondents were unaware of their health problems, while some tried to attribute their illnesses to reasons other than alcohol in order to avoid giving up drinking. This clearly indicates that alcohol consumption has serious negative effects on the physical health of drinkers, though the severity of these effects depends on an individual’s drinking patterns.

Table -3: Physical effects and age at first drink

Forms of Physical Effects	Age at first Drink (in years)								Total	
	Up to 12		13-18		19-24		Above 24			
Road Accident	1	14.3	24	29.6	4	18.2	0	0.0	29	25.9
Injury	5	71.4	39	48.1	6	27.3	0	0.0	50	44.6
Visit Doctor	2	28.6	14	17.3	4	18.2	0	0.0	20	17.9
Chronic Disease due to drinking	2	28.6	4	4.9	0	0.0	0	0.0	6	5.4
Total Respondents	7		81		22		2		112	

It was also observed that all respondents who had developed chronic diseases due to alcohol had begun drinking before the age of 18. This can be attributed to two main factors: first, individuals who start drinking in their teenage years are not yet fully developed, both cognitively and physically, making them more vulnerable to the negative effects of alcohol; second, those who started drinking at a younger age had been drinking for a longer period by the time the study was conducted. As the duration of drinking increases, the likelihood of negative incidents rises, and the harmful consequences gradually take a toll on the drinker's health.

Table- 4: Physical effects and frequency of drinking

Forms of Physical Effects	Frequency of Drinking								Total	
	Daily		Alternate Day		Once a week		Just on Occasions			
	No	%	No	%	No	%	No	%	No	%
Road Accident	11	24.4	6	33.3	4	17.4	8	30.8	29	25.9
Injury	25	55.6	8	44.4	12	52.2	5	19.2	50	44.6
Visit Doctor	13	28.9	1	5.6	6	26.1	0	0.0	20	17.9
Chronic Disease due to drinking	6	13.3	0	0.0	0	0.0	0	0.0	6	5.4
Total Respondents	45		18		23		26		112	

Table-4 shows that individuals who drink more frequently face more severe consequences. Among daily drinkers, 28.9% had to visit a doctor for alcohol-related illnesses, and all six respondents suffering from chronic diseases were daily drinkers. Less frequent drinkers experienced fewer alcohol-related injuries, with 19.2% of occasional drinkers having sustained injuries, compared to over 50.0% of daily drinkers. Interestingly, occasional drinkers appeared to take drinking and driving less seriously, leading to more road accidents. All occasional drinkers reported driving under the influence, with 30.8% having experienced at least one road accident, whereas 73.3% of daily drinkers engaged in drinking and driving, and 24.4 percent had been involved in road accidents.

Table- 5: Physical effects and quantity at once

Forms of Physical Effects	Quantity at once								Total	
	1 peg		2-3 pegs		4-5 pegs		More than 5 pegs			
	No.	%	No.	%	No.	%	No.	%	No.	%
Road Accident	0	0.0	4	22.2	9	31.0	16	25.0	29	25.9
Injury	0	0.0	9	50.0	13	44.8	28	43.8	50	44.6
Visit Doctor	0	0.0	3	16.7	4	13.8	13	20.3	20	17.9
Chronic Disease due to drinking	0	0.0	0	0.0	1	3.4	5	7.8	6	5.4
Total Respondents	1		18		29		64		112	

Table-5 reveals that 20.3% of Heavy Episodic Drinkers (consuming more than 5 pegs at a time) had to consult a doctor for alcohol-related physical problems, and 7.8% were suffering from chronic diseases due to alcohol. In contrast, none of the respondents who drank less than 4 pegs at a time had developed chronic diseases. This indicates that as the quantity of alcohol consumed increases, the likelihood and severity of alcohol-related physical problems also rise.

Table- 6: Physical Effects and Reason of Drinking

Forms of Physical Effects	Reason										Total	
	Just for Fun		To remove stress/ tension		To celebrate		To give company to others		Out of Habit			
	No.	%	No.	%	No	%	No.	%	No.	%	No.	%
Road Accident	18	30.0	1	16.7	3	33.3	1	9.1	6	23.1	29	25.9
Injury	27	45.0	4	66.7	3	33.3	3	27.3	13	50.0	50	44.6
Visit Doctor	12	20.0	2	33.3	0	0.0	1	9.1	5	19.2	20	17.9
Chronic Disease due to drinking	1	1.7	2	33.3	0	0.0	1	9.1	2	7.7	6	5.4
Total Respondents	60		6		9		11		26		112	

Table-6 shows that individuals who drink for enjoyment or celebration are more likely to engage in drinking and driving. After attending parties, they often drive home themselves, leading to road accidents. In their celebratory mood, they tend to drive recklessly, and due to alcohol impairment, they struggle to control their vehicle, resulting in accidents. Those who drink to relieve stress experience the most harm, with 66.7% having suffered injuries and 33.3% dealing with chronic diseases. This is due to two factors: their bodies are already weakened by stress, making them more vulnerable to alcohol's effects, and their frustration and anger from stress, combined with alcohol impairment, often lead to violent altercations. Habitual drinkers also suffer significantly, with 19.2% needing medical consultation and 7.7% having chronic diseases. The number of habitual drinkers with chronic illnesses may be even higher, as in rural areas, lack of awareness, limited medical facilities, and financial constraints often prevent them from seeking medical help. In two cases, respondents exhibited symptoms like yellow eyes (a sign of liver problems) but had never consulted a doctor and were either unaware of or ignoring their condition.

Social and Economic Effects

Table -7: Social and economic effects of alcohol

Nature of Social and Economic Effects	No.	%	Percent of Respondents
Quarrel or Fight with Spouse	33	18.6	29.5
Quarrel or Fight with any family member	41	23.2	36.6
Neglect faced	13	7.3	11.6
Financial problem	17	9.6	15.2
Quarrel or Fight with friends	73	41.2	65.2
Total	177	100.0	158.0

*Multiple Response; N=112

Table-7 highlights the social effects of alcohol on drinkers and their surroundings. Among the 60 married respondents, 33 admitted to fighting with their spouse under the influence of alcohol. The field study revealed that domestic violence was common in households where the men were heavy drinkers. Interestingly, verbal abuse or occasional wife-beating was not always perceived as domestic violence by the women. A common response was: "*Pee k admi hosh me thode rhte h or jo hosh me hi na ho aise admi ka bura kaise manna*" (After drinking, a man isn't in his senses, so how can one hold his actions against him?). Domestic violence was particularly high in low-income and nuclear families, where the absence of elders left no one to control the drinker's behavior. Additionally, 36.6% of respondents admitted to fighting with family members (other than their spouse), and 65.2% engaged in fights with friends when intoxicated. Some typical responses to these fights were: "*Pee kr jhagda hona to aam bat h*" (Fights are common after drinking) and "*Pee hue aadmieo me jhagda na ho aise ho skta h kya?*" (Is it possible for drunks not to fight?). One respondent shared an incident where his drunk friend, after being greeted, began verbally abusing him. In another case, a heavily intoxicated individual was being supported as he struggled to walk, but he started attacking the person helping him, saying, "*Tujhe kya lgta h me kamjor hu, tune hath hi kaise lgaya mujhe?*" (Do you think I'm weak? How dare you touch me?).

As a result of such incidents, drinkers often find themselves alienated from family and friends. Financial problems also arise, with 15.2% of respondents reporting financial crises due to their drinking habits. On one hand, alcohol impairs their productivity and earning potential, while on the other, much of their income is spent on alcohol instead of essentials like food, education, or medicine. Eventually, some drinkers become unable to work and resort to borrowing money for alcohol. When others refuse to lend, they may even resort to theft. One respondent confessed that during this phase, he began stealing items, from bicycles to utensils, from his own home to sell for alcohol. These are just a few of the social problems drinkers face at various stages.

Table- 8: Social and economic effects and age at first drink

Nature of Social and Economic Effects	Age at first Drink (in years)								Total	
	Up to 12		13-18		19-24		Above 24			
	No.	%	No.	%	No.	%	No.	%	No.	%
Quarrel or Fight with Spouse	3	42.9	25	30.9	4	18.2	1	50.0	33	29.5
Quarrel or Fight with any family member	4	57.1	32	39.5	5	22.7	0	0.0	41	36.6
Neglect faced	0	0.0	10	12.3	3	13.6	0	0.0	13	11.6
Financial problem	2	28.6	12	14.8	3	13.6	0	0.0	17	15.2
Quarrel or Fight with friends	4	57.1	57	70.4	12	54.5	0	0.0	73	65.2
Total Respondents	7		81		22		2		112	

Table-8 reveals that respondents who began drinking before the age of 12 had higher rates of conflict, with 42.9 percent reporting fights with their spouse and 57.1% with other family members. Among those who started drinking between the ages of 13-18, 30.9 percent fought with their spouse and 39.5 percent with family members. For those who began drinking between 19-24 years, the rates were lower, with 18.2% fighting with their spouse and 22.7% with family members. This indicates that individuals who start drinking at a younger age tend to cause more social issues within the family. However, they were less likely to fight with friends compared to those who started drinking later, likely due to self-isolation and a smaller social circle. Additionally, up to 28.6% of early drinkers experienced financial problems, suggesting that those who begin drinking at a younger age are at greater risk for social and economic challenges.

Table- 9: Social and Economic Effects and Frequency of Drinking

Nature of Social and Economic Effects	Frequency of Drinking								Total	
	Daily		Alternate Day		Once a week		Just on Occasions			
	No.	%	No.	%	No.	%	No.	%	No.	%
Quarrel or Fight with Spouse	19	42.2	2	11.1	8	34.8	4	15.4	33	29.5
Quarrel or Fight with any family member	21	46.7	4	22.2	13	56.5	3	11.5	41	36.6
Neglect faced	9	20.0	0	0.0	4	17.4	0	0.0	13	11.6
Financial problem	12	26.7	0	0.0	5	21.7	0	0.0	17	15.2
Quarrel or Fight with friends	25	55.6	12	66.7	21	91.3	15	57.7	73	65.2
Total Respondents	45		18		23		26		112	

Table 9 shows that daily drinkers are most likely to experience socio-economic issues, with 42.2 percent reporting conflicts with their spouse and 46.7 percent having disputes with family members. Additionally, 26.7 percent faced financial difficulties, and 20.0 percent experienced neglect. However, daily drinkers were less likely to fight with friends, likely due to self-isolation and neglect from their social circles.

Table -10: Social and Economic Effects and Quantity at once

Nature of Social and Economic Effects	Quantity at once								Total	
	1 peg		2-3 pegs		3-4 pegs		More than 5 pegs			
	No,	%	No,	%	No,	%	No.	%	No.	%
Quarrel or Fight with Spouse	0	0.0	6	33.3	8	27.6	19	29.7	33	29.5
Quarrel or Fight with any family member	0	0.0	7	38.9	11	37.9	23	35.9	41	36.6
Neglect faced	0	0.0	4	22.2	4	13.8	5	7.8	13	11.6
Financial problem	0	0.0	2	11.1	4	13.8	11	17.2	17	15.2
Quarrel or Fight with friends	0	0.0	11	61.1	22	75.9	40	62.5	73	65.2
Total Respondents	1		18		29		64		112	

Table 10 indicates that there was not a significant difference in the behavior of respondents towards family members and friends across different levels of drinking. However, field observations revealed that individuals who consumed smaller amounts of alcohol were generally involved in minor quarrels and managed them more calmly. In contrast, heavy drinkers often exhibited uncontrolled behavior and engaged in violent fights, especially with their spouse. Some heavy drinkers, who preferred to drink in isolation, avoided conflicts and fights. Heavy drinkers also experienced the most severe economic impacts, with 17.2 percent facing financial problems. This was due to their substantial spending on alcohol and reduced earning efficiency.

Table -11: Social and Economic Effects and Reason of Drinking

Nature of Social and Economic Effects	Reason										Total	
	Just for Fun		To remove stress/ tension		To Celebrate		To give company to others		Out of Habit			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Quarrel or Fight with Spouse	16	26.7	3	50.0	2	22.2	2	18.1	10	38.5	33	29.5
Quarrel or Fight with any family member	22	36.7	4	66.7	1	11.1	2	18.1	12	46.2	41	36.6
Neglect faced	7	11.7	1	16.7	0	0.0	2	18.1	3	11.5	13	11.6
Financial problem	7	11.7	1	16.7	0	0.0	1	9.1	8	30.8	17	15.2
Quarrel or Fight with friends	44	73.3	5	83.3	6	66.7	6	54.5	12	46.2	73	65.2
Total Respondents	60		6		9		11		26		112	

Table 11 shows that habitual drinkers and those who drink to relieve stress are the most affected. Among habitual drinkers, 38.5% reported fighting with their spouse and 46.2% with other family members. For those who drink to manage stress, 50.0% fought with their spouse and 66.7% with other family members. Economically, habitual drinkers faced the greatest challenges, with 30.8 percent experiencing financial problems, while 16.7% of stress drinkers reported similar issues. However, habitual drinkers engaged in fewer conflicts with friends, likely due to self-isolation.

Discussion

Alcohol consumption leads to severe physical, social, and economic consequences. Injuries, whether from road accidents or violent altercations, are common due to alcohol-induced impairment. Alcohol also contributes to numerous diseases, including chronic conditions, with habitual and heavy drinkers, as well as those who use alcohol to relieve stress, suffering the most. All respondents with chronic diseases had started drinking at or before the age of 18, were daily drinkers, consumed country liquor, and—except for one—drank more than five pegs at a time. Alcohol also brings significant social issues such as family disputes, domestic violence, poor parenting, social isolation, and financial hardships. As with physical problems, habitual and heavy drinkers and those who began drinking at a young age face more severe social and financial challenges. Over 80.0% of those experiencing financial difficulties had started drinking at or before 18, and most of them frequently quarreled with their spouse or other family members. Additionally, more than 70.0% of those facing financial issues were daily drinkers, and more than 60.0% engaged in Heavy Episodic Drinking more than five pegs per session and consumed country liquor. Time, energy, and money that could have been spent on productive activities are instead wasted on drinking, leading to serious consequences. The study observed that as age and duration of drinking increase, the harmful effects worsen, eventually leading to alcoholism, where individuals lose control over their senses. With weakened immune systems and poor nutrition, drinkers become more vulnerable to communicable and non-communicable diseases, which can ultimately result in death.

The findings show that alcohol consumption among youth underscore the critical need for a comprehensive approach to tackle this public health issue. The early initiation of alcohol use is linked to a heightened risk of developing alcohol dependence, as well as other negative health outcomes. Research suggests that interventions aimed at delaying the onset of drinking among Indian adolescents could significantly reduce the long-term impacts of alcohol-related harm.¹¹ Moreover, the physical and cognitive effects of alcohol on the developing adolescent brain are alarming, with potential long-term implications for academic performance, mental health, and overall well-being.¹⁰

Social and environmental factors play a significant role in promoting alcohol use among Indian youth. Peer pressure, the increasing availability of alcohol, and the portrayal of drinking in Indian media are major contributors to the normalization of alcohol consumption among youth.¹² This normalization can lead to an increase in risky behaviors, such as binge drinking, which poses immediate health risks, including alcohol poisoning and accidents.¹³ The widespread acceptance of alcohol use in certain segments of Indian society complicates prevention efforts, requiring a shift in cultural perceptions around alcohol.

Addressing alcohol use among Indian youth requires targeted interventions that consider the unique social and cultural context of India. Educational programs that involve not only students but also parents and communities have shown promise in reducing alcohol use among Indian adolescents. However, these efforts must be supported by strong policy measures, such as stricter enforcement of the legal drinking age, restrictions on alcohol advertising, and tighter regulations on the sale of alcohol to minors WHO, 2022.⁶ Additionally, given the rising trend of online alcohol sales in India, there is a need for research into how these emerging avenues contribute to youth drinking behaviors and how they can be regulated effectively.

Moreover, providing support and treatment for young people who struggle with alcohol use is essential, where access to mental health services is often limited. Early intervention can prevent the escalation of alcohol-related problems and reduce the long-term health and social consequences for the individual and society.

Conclusion

The effects of alcohol consumption among youth in India are profound, with significant implications for both the individuals involved and the broader society. Early alcohol use not only increases the risk of developing dependence but also exposes young people to a range of physical, mental, financial, and social challenges. The evidence indicates that alcohol can severely impair cognitive development, with long-term consequences that may affect educational and

occupational outcomes.¹⁰ Additionally, the association between alcohol use and risky behaviors, such as impaired driving, highlights the immediate dangers faced by young drinkers in India.⁷ To effectively address this issue, a comprehensive strategy is required—one that involves policymakers, educators, parents, and healthcare providers in a collaborative effort to reduce alcohol consumption among Indian adolescents. Preventive measures, such as educational programs and stricter regulations on alcohol sales and advertising, are crucial components of this strategy. Furthermore, providing support and treatment for those already affected by alcohol-related problems is essential to mitigate the long-term impacts of early alcohol use.

In conclusion, tackling the problem of alcohol consumption among youth in India requires a coordinated approach that addresses both individual behaviors and the broader social and environmental factors that contribute to alcohol use. By doing so, India can significantly reduce the harmful impact of alcohol on its young people, ensuring a healthier and more productive future for the nation.

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