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UGC Website : www.ugc.ac.in

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विश्वविद्यालय अनुदान आयोग
बहादुरशाह जफर मार्ग
नई दिल्ली–110002
University Grants Commission
Bahadurshah Zafar Marg
New Delhi-110002

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ज्ञान–विज्ञान विमुक्तये

F.No.1-8/2009 (Ragging)

03 NOV 2009

October, 2009

(1) The Principal
Dr. R.P. Govt. Medical College,
Tanda, Kangra
Himachal Pradesh.

03 OCT 2009

Subject: Submission of report of the Committee constituted by the Honorable Supreme Court.

Sir,

With reference to your letter No. Nil dated 07.09.2009 on the above subject, I am directed to enclose a copy of the report received from the Dr. Anju Dhawan, Associate Professor, AIMS, New Delhi for your information.

Yours faithfully,

R Manoj Kumar

(R. Manoj Kumar)
Education Officer

O/C
30/10/09

Encl: As above

(2) The vice chancellor,
Himachal Pradesh
Shimla -171005

(3) Mrs. Anupama Bhatnagar
Dir (U-5)
Govt. of India
M/HRD, New Delhi-110 115

ISSUED

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7.9.09

To

Ms. Anupama Bhatnagar
Director
Ministry of Human Resource Development
Department of Higher Education
UGC

RECEIVED
NEW DELHI

Ragging

Sub: Submission of report of the Committee constituted by the Honourable Supreme Court to look into the issue of ragging and suggest means of prevention in educational institutions (F. No. 16-7/2009-U-5 dated 9th June 2009)

Dear Madam

A committee was constituted by the Honourable Court to examine the problem of alcoholism on the RPGMC campus and suggest de-addiction measures. The report of the committee is attached for submission to the Honourable Supreme Court. The attached letter to the court has been duly signed by all the members of the committee.

Regards

Yours sincerely

Dr. Anju Chawan
Associate Professor
AIIMS

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To

The Assistant Registrar
Supreme Court of India
New Delhi

Sub: Submission of report of the committee constituted by the Supreme Court to examine alcoholism in RPGMC campus and suggesting de-addiction measures (ref D. No. 370/04/XI-A dated 12.6.09)

Dear Sir

The report of the committee constituted by the Supreme Court in the civil appeal no. 887 of 2009 to examine alcoholism in RPGMC campus and suggesting de-addiction measures is enclosed.

Regards

Yours sincerely

Dr. Anju Dhawan

Dr. Sameer Malhotra

Dr. Pratap Sharan

Report on Alcohol use in Dr. Rajendra Prasad Government Medical College (RPGMC), Kangra

Committee to examine the problem of alcoholism in the RPGMC campus and to suggest immediate de-addiction measures

The committee comprised of the following persons:

1) Dr. Anju Dhawan, Associate Professor, National Drug Dependence Treatment Centre, All India Institute of Medical Sciences (AIIMS), New Delhi
2) Dr. Sameer Malhotra, Head, Division of Psychiatry and Psychotherapy, Department. of Neurosciences, Fortis Hospital, FHN and D-32, Nizamuddin East, New Delhi-110013
3) Dr. Pratap Sharan, Professor, Department of Psychiatry, AIIMS, New Delhi

TERMS OF REFERENCE

To examine the problem of alcoholism in the RPGMC campus and to suggest immediate de-addiction measures

EXECUTIVE SUMMARY

Background

- Onset of alcohol use occurs early in life. It is associated with risk of problems and affects brain, development and behaviour. Treatment seeking in youth is usually low and early interventions can reduce risk of subsequent problems.

Methods

- A literature review was conducted. Instruments to assess the problem were identified and an instrument for the qualitative assessment was constructed. A visit was made to Kangra on 26-28th July 2009.

- A survey of students was conducted by using an instrument AUDIT developed by WHO. Focus group discussions and key informant interviews with students, faculty, principal and wardens were conducted.

Results

- The findings from AUDIT based survey were as follows:
    - 20.4% students had ever taken alcohol
    - None of the girls reported drinking alcohol ever
    - Risky or hazardous drinking was reported by 2.4% of the sample (4 students) and 0.6% of the sample (1 student) had a high level of alcohol problems
    - There were 11 persons who were drinking in a binge manner (5 or more drinks per sitting)

- Based on focus group discussions and key informant interviews across groups, it emerged that
    - Alcohol use among students was occasional, usually in the setting of parties
    - A few students drank more frequently but were usually not a nuisance to others and kept to themselves
    - Sporadic incidents were reported wherein students had engaged in loud behaviour or in fights after drinking alcohol. The issue was reportedly addressed through disciplinary action against the group.
    - Alcohol was usually consumed for relaxation, pleasure/enjoyment, to have fun and mostly not to get drunk
    - External factors related to alcohol use:
      -accessibility to alcohol (alcohol vend was within 2 KM distance)
      - extra pocket money
      -celebration in parties-soon after examinations
      -when free time was available such as in the beginning of the year
    - Internal reasons related to alcohol use
      -frustration
      -personality profile
- There were no major problems due to use such as missing classes

- In the last few months the vigilance and monitoring on the campus had increased. The students could appreciate the reason for the monitoring.
- The following measures had been instituted by the college authorities prior to receiving inputs from the committee-
    - Increase in recreational activities
    - Help-line for students
    - Involvement of students in a drug abuse awareness programme
    - Increased monitoring in hostels
    - Disciplinary strategies
    - Stress reduction methods
    - A clinic to address problems of alcohol and drug use problems for the clinical population

Recommendations for the Institution

Action taken so far

1. Interaction with most of the students to increase awareness regarding problems related to alcohol abuse, encouraging students to identify and motivate those with alcohol related problems to seek help with the psychiatrist in the medical college.
2. Discussing with the principal, psychiatrist, hostel wardens and assistant wardens, and hostel manager about encouraging help seeking or treatment seeking among problem drinkers. It was also emphasized that initiating disciplinary action in case of breaking college rules or policies should be de-linked from treatment seeking and students should be aware that treatment seeking itself (in the absence of any major disciplinary problems) will not have any punitive repercussions.
3. As a capacity building exercise, the psychiatrist of the college has been trained on 'brief intervention' for alcohol abuse at the National Drug Dependence Treatment Centre, AIIMS from 3-5th September, 2009

Actions planned

1. Training on brief intervention will be imparted by the psychiatrist from the Kangra Medical College to a group of students identified as peer trainers. The peer trainers could play an important role in prevention of problems due to alcohol use and also in enhancing help-seeking. in an appropriate and confidential manner, without the fear of stigmatization.
2. Prevention strategies would focus not only on enhancing knowledge but also in resisting peer pressure and with focus on harm reduction (avoiding binge drinking, drinking and driving etc). These will be an ongoing process and should be carried out over next six months to a year.
3. Informal interactive workshops on harmful effects of drug/alcohol abuse and possible interventions

4. Stress management workshops (including local and external inputs from trained professionals including psychiatrists) at regular intervals; aiming at: enhancing life skills, coping with stress, promoting empathy and internal locus of control , promoting assertion to resist peer pressure towards substance use, promoting healthy life styles and mutual respect and dignity in relationships. This shall help in promoting an atmosphere where juniors learn to respect their seniors and seniors develop a helpful approach towards their juniors. The services of the committee members, with their expertise in the field of holding stress management workshops amongst young adolescents, school and college students can be used to provide the needful inputs in this regard.
5. Regular involvement of students in drug awareness campaigns under the guidance of the psychiatrist (e.g. celebrating No Tobacco day, World Health Day etc); involvement in poster making, debates
6. Encouraging students for more involvement in recreational activities, gymnasium, yoga, meditation, religious activities, etc.
7. Maintaining the disciplinary approach adopted by the college authorities, as an ongoing exercise
8. Maintaining the Parent Teachers Association (PTA) forum as a means of enhancing healthy communication, prevention/ early detection and help-seeking with respect to substance use/risk behaviour.
9. Establishing a link between junior students-senior students-faculty. This could improve a sharing and caring approach.
10. Need to consider incentives for wardens and faculty involved in extra duties towards maintaining discipline

Recommendations for educational institutions in the country

1. It is important to conduct a larger scale assessment of alcohol and drug abuse in several colleges of India (in cities, towns and rural areas) to assess the magnitude of the problem
2. Based on these assessments, prevention and intervention programmes for Indian setting need to be designed, evaluated and then disseminated
3. Intervention programmes should include a regulatory component in form of clear college policies, a prevention programme that is based on enhancement of knowledge, skills for refusing peers, development of better coping and social skills, stress reduction, focusing on normative behaviour and involvement of families. Intervention should also focus on screening, brief intervention and creating messages that are based on harm reduction (avoiding binge drinking, drinking and driving etc) and could be delivered with the assistance of peers. Such programmes could also incorporate challenging the image of 'maturity- masculitnity – strength' associated with substance use and other risk taking behavious,

Recommendations for youth in general

1. Keeping price of alcohol high through taxation especially for beverages with higher

alcohol content. Strict enforcement of laws related to legal age of drinking (age at which alcohol can be purchased), distance of outlets from educational institutions, limiting number of outlets from where alcohol can be purchased and also limiting timings of purchase, enforcement of drunken driving laws.

2. Creation of awareness about risk of binge drinking especially in relation to accidents, fights or sexual risk behaviour
3. Creation of an environment to change normative patterns of alcohol use through youth appropriate strategies including laws related to surrogate advertising
4. To encourage help seeking or treatment seeking through mass awareness, availability of interventions in emergency room settings and in trauma centres and also in colleges in an appropriate and confidential manner, without the fear of stigmatization.
5. Increasing availability of treatment for alcohol and drug users through large scale training of health professionals at district hospitals and identifying this area as an important health priority.

There is a need to articulate and advocate a drug and alcohol policy that incorporates issues related to prevention in adolescents. Regulatory frameworks for legal substances need to be laid down. It would be necessary to involve and combine the activities of the public health sector, the formal educational system, and community organizations to raise effective prevention programmes.

INTRODUCTION

It is important to distinguish between alcohol use, abuse and dependence (alcoholism). Current alcohol use occurs in more than 30% of adult male population in India and a still much larger percentage in many western countries; alcohol abuse occurs in about 10% of the population and dependence is estimated to be present in about 6% of adult male population in India. Alcohol abuse refers to occurrence of problems due to drinking; dependence is a bio-psychosocial disorder that includes a cluster of symptoms comprising psychological dependence, problems due to drinking and occurrence of physical dependence (withdrawals).

Drinking usually starts in late teens. Across the world, a legal age of drinking has been defined before which purchase of alcohol is not permitted. This is largely to delay the onset of drinking and thus reduce the likelihood of problems occurring due to alcohol use now or later in life. On the one hand, it is known that dependence is more likely to occur later in life; on the other hand, drinking in youth is associated with problems such as risk of accidents and high risk behavior. Earlier onset and higher levels of use increases risk of problems. Screening for risky or hazardous drinking (moderate risk of harm) and high risk or harmful use (drinking that will eventually result in harm) is relevant for this population. Most of these individuals would come in the category of alcohol abuse.

Substance abuse (includes alcohol and other drug abuse) in adolescents and in the young is of great concern. Recent research indicates that the brain continues to develop throughout adolescence and into young adulthood. Drug/alcohol use modifies brain function. It may lead to impulsivity, alienation and psychological distress; delinquency and risk taking behaviors; psychiatric and medical complications; substantial economic cost to the society; increased morbidity and mortality; impairment in development and a consequent effect in the preparation to face the challenges of adulthood, marriage, developing career and in establishing and maintaining interpersonal relationships. It thus influences body, brain and behaviour. In 2002, the use of alcohol and illicit drugs was estimated to contribute to 4% of the disease burden in the 15–29 years age group in LAMI (Low- income and middle- income) countries (WHO, 2002). Inadequate screening, assessment, and access to care complicate the treatment of substance abuse and dependence all over the world.

It has also been observed that help seeking behaviours are inadequate and delayed amongst the substance using young population. Help is not commonly sought for the common drugs of abuse like nicotine and alcohol. It could perhaps be originating from the relative social sanction given to alcohol/tobacco use and their association with the image of masculinity, maturation, socialization on one hand and inadequate understanding of the gravity of the substance use problem, the potential risks/adverse effects of substances and the need and availability of treatment for the same on the other.

This exercise was undertaken on the directive of the Supreme Court to assess alcoholism in the RPGMC campus and to suggest immediate de-addiction measures.. As a part of this exercise, the spectrum of alcohol use has been assessed (use, risky or hazardous drinking and high risk or harmful use) has been assessed.

METHODOLOGY

A literature review was conducted. Instruments to assess the problem were identified and an instrument for the qualitative assessment was constructed. **A visit was made to Kangra on 26-28th July 2009.**

The following methodology was used to conduct the assessment:

1) Survey

Instrument: An anonymous survey was conducted with the students to assess self-report of alcohol use. An instrument - the Alcohol Use Disorders Identification Test (AUDIT), developed by the World Health Organization (WHO) was used for this purpose (Annexure 1). AUDIT is used to identify persons with hazardous and harmful patterns of alcohol consumption. The AUDIT was developed by the WHO as a simple method of screening for excessive drinking and to assist in brief assessment. The AUDIT was developed and evaluated over a period of two decades, and it has been found to provide an accurate measure of risk across gender, age, and cultures. The AUDIT has proven to be accurate in detecting alcohol dependence in university students.

The AUDIT defines alcohol use as –

- **Low-risk (AUDIT score <8)**
- **Risky or hazardous** (Moderate risk of harm; may include some persons currently experiencing harm - especially those who have minimised their reported intake and problems) **(AUDIT score: 8-15)**
- **High risk or harmful use** (Drinking that will eventually result in harm, if not already doing so; may be dependent) **(AUDIT score: >15)**

Two questions about perception of alcohol use on the campus were added to the instrument.

Procedure- The survey was kept anonymous to increase the likelihood of getting accurate responses. An informed consent was taken from students for this purpose. They were provided the following background information before conducting the survey:

Background information:

"This survey is being conducted as per the directives of the Supreme Court that has appointed three psychiatrists from Delhi to assess alcohol use and its management on the medical campus (in the backdrop of the incident of ragging). This anonymous survey will provide a baseline regarding alcohol use on the campus and will help in planning intervention measures. Since it is anonymous, your identity will not be known to anyone including the college administration, the psychiatrists who are conducting the survey or the court. This has been done to ensure that your responses do not lead to any negative social or academic repercussions for you. However, if you do not want to be part of the survey, you can refuse to take the questionnaire - we would still wish that you fill up the socio-demographic sheet and mention the reason for refusing consent on the consent form."

The instrument was self-administered that is the students filled it themselves in a comfortable environment where privacy was ensured.

2) In-depth interviews/group discussions

A guide for conducting Key Informant Interviews and Focused Group Discussions (Annexure 2) on the issue of alcohol use was made through mutual discussions by the committee members. It was proposed that the Focus Group discussions should be conducted with 8-10 students from each semester.

Four focus group discussions were conducted with students and one focus group discussion was conducted with faculty members and hostel administrative staff. Five key informants including the principal, two teachers, and two student union office holders were interviewed.