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POLICY OF PROMOTING ALCOHOL CONSUMPTION IN TIMES OF COVID-19 LOCKDOWN IN INDIA: A MEDICAL AND CONSTITUTIONAL ANALYSIS.

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ABSTRACT BACKGROUND: India, with the declaration of COVID-19 as a pandemic, started imposing restrictions in the country and initiated a nationwide lockdown under Section 6 of the Disaster Management Act, 2005 on 24th March 2020, followed by four phases of lockdown and then gradual unlock of the country. The rationale behind the same was to avoid social contact. Alcohol dispensing was also stopped during this time and was among the first services to be reopened by the States. We propose in this paper that this lifting of ban on alcohol sale during the pandemic has led to a significant increase in the number of COVID-19 cases in the country.

METHODS: This is a prospective, observational study, done by collecting data from the Aargya Setu App, which is a mobile application launched by the Ministry of Health and Family Welfare on 2 April 2020 for contact tracing and elf assessment of COVID-19. The data of cumulative number of cases in 12 selected states of the country were compared before and after the lift of ban of alcohol and significance was shown by the paired t test.

RESULTS: The number of COVID-19 positive cases in the country during nationwide lockdown with simultaneous ban on alcohol sale when compared to cumulative number of cases after the lift of ban of alcohol sale during Lockdown and initial Unlock is statistically significant (p = 0.04)

CONCLUSION: We found that the decision to restart the sale of Alcohol could have been a factor for rise in number of cases in the country in the given timeframe. The decision to start the sale has also not been in accordance with the Indian Constitution and against the nation's founding ethics.

KEYWORDS : Alcohol, COVID-19, Lockdown, Constitution, India

BACKGROUND

After getting reports of more than 1,18,000 cases from 114 countries and 4,291 deaths, the World Health Organization assessed COVID-19 (SARS CoV-2) as a pandemic on 11th March 2020,[1] nearly four months after the first case reported from China on 17th November 2019.[2] The first case of COVID-19 in India was reported on 31st January 2020.[3] India, just after the assessment of COVID-19 as pandemic on 11th March 2020 started imposing restrictions on all possible instances and opportunities for this virus to spread. Initially the restrictions were imposed selectively and voluntarily but from 24th March 2020, India invoked the provisions of Section 6 of the Disaster Management Act, 2005 whereby the National Disaster Management Authority imposed a nationwide lockdown and gave mandate to the National Executive Committee under Section 10 of the Act to take lockdown measures so as to contain the spread of SARS CoV-2 in the Country.[4] The Lockdown was then extended in 4 phases and later in a phased manner, the Unlock was started.

The rationale behind most of such lockdown measures was to avoid social contact and to enforce social and physical distancing between individuals to contain community spread. For the very same reason liquor shops and bars had also been closed. The lockdown measures were not only to contain the spread but essentially an emergent step taken to stop the exponential rise in the cases and to buy necessary time for our health care institutions to prepare for this outbreak.

Decision of closure of all kinds of liquor dispensation units is not only prudent because of enforcing social distancing norms at the stage of delivery and consumption but most importantly it is due to the debilitating effect of alcohol on body immunity.[5]

In this paper, we propose that the lifting of ban on alcohol sale in India during the pandemic led to a significant rise in the number of COVID-19 cases.

METHODS

In this prospective observational study, we collected data of cumulative number of cases of COVID-19 in India during specified times with relation to the lift of ban of alcohol sale in the country. The

data used was collected from the Aarogya Setu App, the mobile application released by the Ministry of Health and Family Welfare on 2 April 2020, for contact tracing, syndromic mapping and self assessment of COVID-19.[6] Of the 28 states and 8 Union territories of India, as per a recent report of the Crisil, twelve states - the five southern ones: Andhra Pradesh, Telangana, Tamil Nadu, Karnataka and Kerala along with Maharashtra, Delhi, Punjab, West Bengal, Madhya Pradesh and Rajasthan- account for 75% of liquor consumption in the country.[7] Therefore, we have analyzed the COVID data in relation to restriction on liquor sale from these twelve states and how this pandemic progressed to find out the relation of the Policy decision allowing liquor sale in the region with the number of COVID cases in the State. These twelve states consume 75% of the total alcohol of the Country and presently contribute around 83% of all COVID -19 infections/deaths as well in India.For analysis, the start of Lockdown 3 (May 4th) has been taken as baseline as alcohol ban in most of the states was lifted around that time. The effects of increased transmission take about 2-3 weeks hence the end of Lockdown 4 (May 31st) is taken as the endpoint of observation. In Kerala, as the liquor ban was lifted later (May 28^{th}) the end of Unlock 1 (June 30^{th}) is taken as the endpoint and data adjusted accordingly. The data was analyzed by comparing means of difference in number of cases and by comparing mean of percentage increase of each state from the start to the endpoint. The percentage increase for comparison was calculated between the increase each before the lifting of ban (Lockdown 2 start to Lockdown 2 end) and after lifting of ban (Start of Lockdown 3 to end of Lockdown 4).

STATISTICALANALYSIS:

The continuous variables were expressed as mean and Paired t test was applied on the same using SPSS software.

RESULTS

The baseline data is presented in Table 1 and daily average number of cases in Table 2. The restriction on sale of alcohol was imposed nationwide on 24/3/2020, ie, at the start of Lockdown 1. The ban was lifted in phased manner between 2/5/2020 to 7/5/2020 in most states, ie, at the start of Lockdown 3. In Kerala, the ban was lifted on 28/5/2020, ie, at the end of Lockdown 4. Average daily cases show

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steady rise from Lockdown 1 to Lockdown 4 and in Unlock phase 1 and 2.Of the twelve states, the maximum increase in number of cases with the lift of alcohol sale was witnessed in Tamil Nadu (639%) and minimum noted in the State of Punjab (105%).(Table 3)During the period of Lockdown 2, before relaxation of alcohol sale, maximum increase was noticed in the State of Maharashtra (339%) and minimum in the State of Kerala (29%).(Table 3)The increase in the number of cases of COVID as recorded before and after the sale of alcohol in the twelve states is significant with a p-value of 0.04 and Pearson correlation coefficient of 0.98. The comparative study done for percentage increase in the number of cases before and after the sale of lockdown is shown in Table 4 and Diagram 1, the p-value is 0.12 and Pearson correlation coefficient is 0.004.

S. No.	States	Restriction on Liquor	Number of Total COVID Cases Cumulatively during the Restriction on period of: Liquor Sale					Number of Total COVID Case during the period of:		
110.		Sale	T 1 1 1	1			Removed on	-	-	
		Imposed on			Lockdown-3 (14 Days)	(14 Days)	reenioved on		Unlock Phase -2 (20 Days)	
		impoord on	(21 Days) 25.03.20 to	(19 Days) 15.04.20 to	(14 Days) 04.05.20 to	(14 Days) 18.05.20 to		(30 Days) 01.06.20 to	(20 Days) 01.07.20 to	
			14.04.20	03.05.20	17.05.20	31.05.20		30.06.20	20.07.20	
1	361 1.	24.02.20					04.05.00//504.05			
1	Maharashtra	24.03.20	122 - 2,687	2,916-12,974	14,541-33,053	35,058-67,655	04.05.20#[24,25]	70,013 -1,69,883	1,74,761 – 3,10,455	
2	NCT of Delhi	24.03.20	31 - 1,561	1,578 - 4,122	4,549- 9,333	10,054-18,549	05.05.20[26] 22.05.20##[27] 07.06.20^[28]	19,844 – 85,161	87,360 - 1,22,793	
3	Tamil Nadu	24.03.20	18 - 1,173	1,204 - 2,757	3,023- 10,585	11,224 -21,184	07.05.20	22,333 -86, 224	90,167 - 1,70,693	
4	Gujarat	NA	38 - 617	695 - 5,055	5,428 -10,988	11,379 - 16,343	NA	16,779 - 31,938	32,557 - 48,355	
5	UP	24.03.20	35 - 657	735 - 2,626	2,742 - 4,258	4,259 -7,445	05.05.20[29]	7,823 - 22,828	23,492 - 49,247	
6	Rajasthan	24.03.20	38 - 879	1,005 - 2,772	2,886 -4,960	5,202 - 8,617	02.05.20[30]	8,831 - 17,660	18,014 - 29,434	
7	West Bengal	24.03.20	9 - 190	213 - 922	963 - 2,576	2,677 - 5,130	04.05.20[31,32] 07.05.20^^	5,501 - 17,907	18,559 - 42, 487	
8	Madhya Pradesh	24.03.20	14 - 730	987 - 2,846	2,942 - 4,789	4,977 - 7,891	20.05.20**[33,3 4] 10.06.20[35]	8,089 - 13,370	13,593 - 22,600	
9	Telangana	24.03.20	35 - 624	647 - 1,063	1,082 - 1,509	1,551 - 2,499	06.05.20[36]	2,698 - 15, 394	16,339 - 45,076	
10	Andhra Pradesh	24.03.20	9 - 473	503 - 1,583	1,650 - 2,355	2,407 -3,569	04.05.20[37]	3,679 - 13,891	14,595 - 49,650	
11	Karnataka	24.03.20	46 - 258	277 - 606	642 - 1,092	1,147 - 2,922	04.05.20[38]	3,221 - 14,295	15,242 - 63,772	
12	Bihar	NA	3 - 66	70 - 482	517 - 1,179	1,262 - 3,636	NA	3,815 - 9,640	10,043 - 26,569	
13	Punjab	24.03.20	33 - 176	186 - 772	1,102 - 1,946	1,964 - 2,233	06.05.20[39]	2,263 - 5,418	5,568 - 10,100	
14	Kerala	24.03.20	109 - 379	387 - 500	500 - 587	601 - 1,208	28.05.20\$ [40,41]	1,269 - 4, 189	4,442 - 12,480	
15	India	24.03.20	562 to	11,438 to	42,533 to	96,169 to	NA	1,90,535 to	5,85,493 -	
			10,362	39,980	90,927	1,82,843		5,66,840	11,18,043	
			(1744%)	(250%)	(114%)	(89% increase)		(197.5%		
			increase)	increase)	increase)			increase)		

Table No. 2: Average Daily cases (new) of COVID from Lockdown-1 to Unlock-2 [25-42]

S.	States	Restriction			Lockdown-3		Restriction on	Unlock Phase	Unlock Phase
No.		on Liquor	(21 Days)	(19 Days)	(14 Days)	(14 Days)	Liquor Sale	-1	-2
		Sale Imposed			04.05.20 to		Removed on	(30 Days)	(20 Days)
		on	14.04.20	03.05.20	17.05.20	31.05.20		01.06.20 to	01.07.20 to
								30.06.20	20.07.20
				Average Daily				Average Daily	Average Daily
			Cases	Cases	Cases	Daily Cases		Cases	Cases
1	Maharashtra	24.03.20	122	541	1434	2,472	04.05.20#[24,25]	3329	6784
2	NCT of Delhi	24.03.20	73	135	372	658	05.05.20[26]	2177	1772
							22.05.20##[27]		
							07.06.20^[28]		
3	Tamil Nadu	24.03.20	55	83	559	757	07.05.20	2129	4026
4	Gujarat	NA	28	234	424	382.5	NA	505	790
5	Uttar Pradesh	24.03.20	30	104	117	228	05.05.20[29]	500	1288
6	Rajasthan	24.03.20	40	100	156	261	02.05.20[30]	294	571
7	West Bengal	24.03.20	9	39	118	182	04.05.20[31,32]	413	1196
							07.05.20^^		
8	Madhya	24.03.20	34	111	139	208	20.05.20**[33,34]	176	450
	Pradesh						10.06.20[35]		
9	Telangana	24.03.20	28	23	32	71	06.05.20[36]	423	1437
10	Andhra	24.03.20	22	58	55	87	04.05.20[37]	340	1753
	Pradesh								
11	Karnataka	24.03.20	10	18	35	131	04.05.20[38]	369	2426
12	Bihar	NA	3	22	50	175.5	NA	194	826
13	Punjab	24.03.20	7	31	84	20.5	06.05.20[39]	105	227
14	Kerala	24.03.20	13	6	6	44	28.05.20\$[40,41]	97	402
15	India	24.03.20	467	1,558	3,633	6,515	NA	12,543	26,627

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Solapur, Aurangabad, Jalna, Buldhana and Amravati districts of Maharashtra decided to continue the liquor ban till 17th May, i.e. till the end of 3rd phase of Lockdown.

##: All liquor shops in Delhi allowed to open except in malls and airport at the beginning of 4th phase of Lockdown.

 $^{\circ}$ On 7th June 70% Corona Cess on liquor removed and VAT increased from 20% to 25% on Liquor.

^^ Online delivery of liquor started in West Bengal.

** In Madhya Pradesh, District Administration has been empowered to regulate such shops district wise at the beginning of fourth phase of lockdown. However, in addition the liquor shops in MP ordered to remain closed in total 11 Cities (Corona Hotbeds) viz. Ujjain, Indore, Bhopal, Burhanpur, Jabalpur, Khandwa and Dewas Municipal corporations as well as in Mandsaur, Neemuch, Dhar and Kukshi municipalities.

\$ In Kerala, Liquor Shops opened at the end of Fourth Phase of the Lockdown and Liquor is only available through limited State owned beverage shops on token basis.

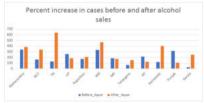
Table 3: Statewise of	case increase	before and	after alcohol sale

	Before	After	Perce	Lockd	Lockdo	Percent	
			nt	own2	wn2 end	increase	
			incre	begin			
			ase				
Maharashtra	14541	70013	381	2916	12794	339	
NCT	4549	19844	336	1578	4122	161	
TN	3023	22333	639	1204	2757	129	
UP	2742	7823	185	735	2626	257	
Rajasthan	2886	8831	206	1005	2772	176	
WB	963	5501	471	213	922	333	
MP	2942	8089	175	987	2846	188	
Telangana	1082	2698	149	647	1063	64	
AP	1650	3679	123	503	1583	215	
Karnataka	642	3221	402	277	606	119	
Punjab	1102	2263	105	186	772	315	
Kerala	1208	4189	247	387	500	29	
Mean	3110.8	13207		886.5	2780.25		p=
Deenson							0.04
Pearson							
Correlation: 0.98							

Table 4: Percentage-wise change in number of cases before and after alcohol sale

	Percent Increase			
State	Before alcohol	After alcohol		
Maharashtra	339	381		
NCT	161	336		
TN	129	639		
UP	257	185		
Rajasthan	176	206		
WB	333	471		
MP	188	175		
Telangana	64	149		
AP	215	123		
Karnataka	119	402		
Punjab	315	105		
Kerala	29	247		
Mean	194	285		
Pearson correlation: 0.005				

Diagram 1: Statewise percentage increase in number of cases before and after alcohol sale



DISCUSSION

Alcohol impairs the innate and adaptive immunity of the body including the respiratory system in the form of impaired mucociliary effect, impaired alveolar epithelial cells and dull macrophage response along with poor CD4+ and CD8+ recruitment. As alcohol affects

systemic immune response, endothelial malfunction and increases chances of thrombosis and pulmonary embolism, a multiorgan attack by SARS CoV-2 leads to acute and severe damage with inefficient host response. Thus, SARS CoV-2 in the backdrop of alcohol abuse becomes much more severe even in young with increased chances of infection, severe disease and high chances of mortality.[8-12]With this background, it is clear that the decision to open government-owned liquor shops during 3rd and 4th phase of Lockdown in India is solely based on the consideration of revenue outcomes for the different State Governments.[13]This decision is seemingly in major conflict with the Article 47 of the Constitution, as it is detrimental to public health and in a way promotes alcoholism through State monopoly solely on revenue concern. Raking up the State revenue at the cost of Public health is antithetical to the conception of the modern welfare state itself. It could be one of the attributable reasons explaining an outbreak-like situation after 4th phase of COVID-19 Lockdown in India. (Table 1)

In an interesting case, the Tamil Nadu Government's decision to open up the liquor shops faced a major hurdle from the Madras High Court by an order dated May 8 to close all liquor shops in the State with immediate effect to maintain physical distancing till the COVID-19 lockdown was lifted or modified. The State Government challenged the decision before the Hon'ble Supreme Court by asserting that an indefinite closure of liquor shops would lead to 'grave' revenue and commercial losses and labeled this decision as judicial overreach.[14] Thereafter, the Hon'ble Supreme Court of India put a stay on this decision of the High Court on 15.05.2020 after State Government vociferously contested this decision to save their liquor based revenue during the times of COVID-19.[15] The States of Bihar and Gujarat, where the Sale of Alcohol was never lifted in accordance with the State laws, Bihar shows an increase in average daily case increase from 175 to 194 between Lockdown 4 and Unlock 1 and Gujarat shows similar increase from 382 to 505 cases which is low in comparison to other States where alcohol sale was permitted.(Table 2) It is interesting to note that the analysis of cumulative number of cases before and after lift of ban is statistically significant (p=0.04) but the analysis of comparison between the percentage rise is not significant because the rise noted in the state of Punjab is nearly negligible and hence skews the data. This can be explained based on underreporting or faulty data collection.

LIMITATIONS AND STRENGTHS OF STUDY

It is an observational study and we have collected data from one single source, whose authenticity depends on the daily submission of official number of cases by the States to the Centre, hence any form of underreporting or decreased testing may have led to decreased number of cases than actual numbers. Also, the daily number of tests conducted in the country and state-wise could not be gathered from the database, hence the comparison between states is skewed.

This study also has its strengths. We analyze and show a significant difference between the number of cases before and after the sale of alcohol and get closer to hypothesize that the increase in number is not solely due to flouting of social distancing norms, but due to additional effects of alcohol intake on the immune system. This finding is in accordance with what the WHO already implied. We collected nationwide data; hence the population group is large and significance stands valid.

DUTIES OF THE STATE: SOCIO-LEGALASPECTS

The discussion on Draft Article 38 of the Constitution Of India by the Constituent Assembly on November 23rd and 24th 1948 primarily focused on the alcohol and drugs ban.[16] It was agreed to by all members that raising the level of nutrition, standard of living and improvement of public health is among the primary duties of the State. But the contentious debate was on the issue of prohibition of alcohol and drugs as the prohibition has been particularly emphasized by majority members to achieve good public health.[17] Later, an amendment was proposed, which stated 'and shall endeavor to bring about the prohibition of the consumption of intoxicating drinks and drugs which are injurious to health' to be added at the end.[18]This amendment had a long socio-political history of temperance movements in Colonial India pushed by Indian National Congress at the instance of Gandhi ji on national scale during 1920's which has finally taken a shape in the form of Article 47 in our Constitution. Mahatma Gandhi had vociferously campaigned for prohibition of alcohol. In one of his address to the countrymen Mahatma Gandhi had made an expectation from the lawmakers of the free India that he counts loss of this revenue as of no account whatsoever. So, the Father

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of the Nation made an expectation that State should not vouch for this drink and drug money.[19,20]The idea that sale of alcohol should be allowed in India because of it being beneficial to State Revenue had been outrightly rejected by the Constituent Assembly. However, prohibition on alcohol has only found place in Directive Policy, which is non-enforceable in Courts, so that alcoholism can be regulated at first, and in a phased manner it could be abolished, because of the concern of black marketing, difficulties in enforcement of prohibition and some other socio-religious aspects.[16,17]

SARS CoV-2 is a lethal virus which has terrorized the whole world and brought the world economy to a halt. Various State Governments in India, with the intention of reviving the economy, decisively opened the Government run alcohol shops even during the lockdown, which has now extended to all kind of liquor shops. The consumption of alcohol itself is a risk during this pandemic to much greater extent than violation of social distancing norms. This decision is also against the spirit of Constitution of India and specifically in violation of the directive principle incorporated under Article 47 of the Constitution. [21]It is very striking that none of the proceedings before the Hon'ble Courts has raised the issue of alcoholism and its effect on immunity, read with Article 21 and Article 47 of the Constitution. To live a healthy life is a fundamental right guaranteed under Article 21 of the Constitution and State is duty bound to take such measures which will remove all sorts of hazards which impairs healthy life and Public health.[22] Unbridled supply of alcohol during COVID-19 pandemic is a hazard to public health at large, as the risk of infection increasing multifold in chronic and acute drinkers and their susceptibility will further endanger their family and it may result as one of the major factors behind community spread of SARS CoV-2. On 14th April 2020, World Health Organization has also made a specific appeal for restricted access to alcohol and advised that people should minimize their alcohol consumption at any time, and particularly during the COVID-19 pandemic. As per WHO advisory alcohol consumption during present pandemic can make a person more vulnerable to COVID-19 as it compromises with the body's immune system and increases the risk of adverse health outcomes.[23]

CONCLUSION

Sale of liquor and monopoly over it is not only for the purpose of soaring up the revenue of the State but for practical difficulties in complete ban and to keep it under government regulation for public health emergencies like present one. The Constitution of India and the Directive Principles do not give liberty to the State to use this business of alcohol for boosting their revenues using liquor as a profitable business at the cost of Public health. The mandate of Constitution is obvious and specific. Therefore, at the time of pandemic concerning Public health, State should not use liquor to boost their economy. It might have adverse impact on Public health and help in increasing manifold the instances of COVID-19 infection, and our Constitution does not permit this. Therefore, speaking within the Constitutional framework, this act by the State Governments is in violation of the Article 21 and against the spirit of the Constitution, if we take note of the impact of Alcohol on immunity and its collision with the SARS CoV-2. Even the Union Health Minister of India cautioned against such rush in opening liquor shop in Delhi in spite of it being in red zone.[24] Opening up liquor shop in a rush during the lockdown is solely because of revenue concern of the State exchequer rather than being a considerate decision after pondering over its effect on community health and its relationship with the spread of pandemic. State Governments may have avoided this situation and would have contained the spread to some extent if they continued with the restrictions on the liquor shops.

ABBREVIATIONS:

COVID-19: Novel Coronavirus, SARS COV-2: Novel Coronavirus, WHO: World Health Organization

DECLARATIONS:

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