SCIENTIFIC REPORT

NAMS National Symposium on "Harmful Effects of Alcohol consumption: Need for evidence-based National policy"

Venue: Lecture Hall 2, II Floor, Medical College Building, All India Institute of Medical Sciences, Rishikesh

Date: 17th October 2014

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Venue: Lecture Hall 2, II Floor, Medical College Building, All India Institute of Medical Sciences, Rishikesh

Date: 17th October 2014

NAMS National Symposium on "Harmful Effects of Alcohol consumption: Need for evidence-based National policy was organized by the All India Institute OF Medical Sciences Rishikesh under aegis of National Academy of Medical Sciences (India) on the 17th October, 2014 on the 1st day of the 54th Annual Conference of the National Academy of Medical Sciences.

Pre - CME preparation – The information regarding the symposium was disseminated through the website (www.namscon2014.com) with details of registration form and its schedule for wider publication. Written communication was sent to Director General Health Services, Uttarakhand to invite CMOs. Letters were sent to Dean/ Principal of Government Medical Colleges Closest to Rishikesh for student nomination for attending the symposium. Faculty members and Postgraduate students of Medical colleges, Medical Officers, specialists in district hospital, various government hospitals, and Private Practitioners were also invited from Uttarakhand and adjacent states of Uttar Pradesh, Himachal Pradesh, Punjab and Haryana and Delhi.

I. Content Outline:
A. Background and Justification

1. Need and Rationale :

National Pledge : Constitution of India

Article 47 of the Constitution of India : "The State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties and, in particular, the State shall endeavour to bring about prohibition of the consumption except for medicinal purposes of intoxicating drinks and of drugs which are injurious to health"

2. Situation Analysis :

(a) National

India is one of the largest producers of alcohol in the world and there has been a steady increase in its production over the last 15 years, according to new statistics. India is a dominant producer of alcohol in South-East Asia, with 65 percent of the total share, and contributes to around 7 percent of the total alcohol beverage imports into the region. More than two-thirds of the total alcohol consumption in various regions in India, according to published figures in the Alcohol Atlas of India. There has been a steady increase in production in the country. Production doubled from 887.2 million litres in 1992-93 to 1,654 million litres in 1999-2000. If no intervention is made, production of alcohol is expected to treble to 2,300 million litres.

(b)International

As per the World Health Organization, harmful use of alcohol results in approximately 2.5 million deaths per year, and 4% of all deaths worldwide as attributable to alcohol. The alcohol

related harm is not limited to heavy drinkers or those suffering from alcohol use disorders but also extends to persons who drink moderately or occasionally as well as to persons who do not drink but become victims of alcohol related accidents or aggression.

3. Goal of the National Symposium :
Draw upon the differing experiences of the national de-addiction centres and will examine the possible impact of development of a national policy for reducing the prevalence of alcohol intake and for management of alcohol-related health, social, and other related issues which make major impact on the community and the society.

4. Target groups:
Medical students, residents and faculty of AIIMS, Rishikesh; Junior and senior residents of other Government Medical Colleges in the state of Uttarakhand; District Medical Officers; and other health providers working in government sector in the state of Uttarakhand. Local members of Indian Medical Association and of the Rotary / Lions Chapters of Rishikesh and neighbouring areas of Uttarakhand.

B. Pre-symposium Meet: A day before the symposium, questions from all experts were taken and 2 separate sets of questionnaire were selected. The scientific team was briefed about the conduct of this symposium by Dr. Kuldeep Singh as instructed to him by Dr. J. S. Bajaj.

C. Synopsis of presentations: NAMS National Symposium on ˜Harmful Effects of Alcohol consumption: Need for evidence-based National policy

Following registrations of the participants, a pre-tested questionnaire consisting of 30 questions of objective in nature was given to all participants registered and present at 8.30 AM. The questionnaire was taken back at 9.00 AM and sent for analysis.

The goals and objectives of this symposium were defined, content outlined and delivery method adopted was that of state-of-art succinct lectures along with interactive session with participation by experts in this field and delegates and students. Dr J. S. Bajaj was instrumental in the framing the objectives of this symposium.

The topics covered during the symposium was diligently selected by Dr. J. S. Bajaj, Patron NAMS to ensure the objectives are met by the end of the programme. The experts who delivered talk on alcoholism and related aspects were individuals having unparallel research works in their respective fields. Dr. Nimesh Desai, Director Institute of Human Behaviour and Allied Sciences (IHBAS), Dr. Rakesh Kumar Chadda, Professor Psychiatry, AIIMS, Delhi, Dr. Yogesh Chawla, Director, PGIMER, Chandigarh, Dr. Kamal Buckshee, Emeritus Professor, NAMS, Dr. Om Kumari Gupta, Retd. Prof. of Medicine, GSVM Medical College, Dr. P.D. Garg, Prof. of Psychiatry & In-charge, Swami Vivekanand Drug De-Addiction & Treatment Centre, Government Medical College, Amritsar and Dr. Shridhar Sharma, FAMS. Dr. Sanjeev Misra, Director, AIIMS, Jodhpur was the Rapporteur of the Session.

D. Course Introduction: Following lamp lighting and invocation song, Prof. (Dr.) Raj Kumar, FAMS Director AIIMS Rishikesh in his introductory message appreciated the initiative and efforts taken by Prof. J.S. Bajaj, FAMS, Emeritus President, Patron, NAMS for the conduct of the symposium. He introduced the objectives of symposium to the participants as follows:

Specific Learning Objectives of the Symposium:

1. Demonstrate comprehensive knowledge of the prevalence of alcohol consumption in different parts of the country, and various causative factors leading to alcohol use and related disorders;
2. Recognize the alcohol use disorders in the patients in the community and the mode of management at the public / private sector health facilities;
3. Diagnose the medical, obstetrical, nutritional, cognitive and other health-related disorders of alcohol use;
4. Describe the requisite protocols for the primary care management of the uncomplicated cases and criteria of reference of the complicated cases to the relevant secondary/tertiary care facility / specialists dealing with such cases;
5. Counsel the patients with alcohol-related problems and motivate their families to ensure continuity of health care;
6. Propose multi-professional strategies to ensure inter-departmental government coordination between health and other social sectors such as education, Ministry of Social Justice and Empowerment, Ministry of Health and Family Welfare, and Ministry of Human Resources Development etc.;
7. Establish facilities for social rehabilitation of patients after successful de-addiction;
8. Generate awareness of the role of National Health Mission and the intervention strategies to reduce alcohol consumption in the country;
9. Propose evidence-based recommendations which will strengthen the formulation of the requisite national policy.

Scientific Programme : *NAMS National Symposium*
on
Harmful Effects of Alcohol consumption: *Need for evidence-based national policy*
October 17, 2014

Chairpersons

Dr. Rakesh Kumar Chadda, FAMS ***Dr. Haribhai L Patel, FAMS***

Time		
8.00-8.30	**Registration**	
8.30-9.00	**Pre-symposium Assessment**	
9.00-9.20	**Inauguration and Objectives of the Symposium**	Dr. Rajkumar, FAMS Director AIIMS Rishikesh
	Topics	**Speakers**
9.20-9.40	Alcohol consumption : National Scenario	Dr. Nimesh G. Desai, FAMS
09.45-10.05	Social and Community perspective of Alcohol consumption	Dr. Ranjan Solanki Senior Assistant Professor Department of Community Medicine, Mahatma Gandhi Institute of Medical Sciences, Sewagram,Wardha-442102 (Maharashtra).
10.10-10.35	Alcohol-related morbidity and mortality	Dr. Haribhai L. Patel, FAMS Vice-President, NAMS
10.35-10.55	TEA	
10.55-11.15	Alcohol and Mental Health	Dr. R.K. Chadda, FAMS
11.20- 11.40	Alcohol and Reproductive Health	Dr. Kamal Buckshee, FAMS Emeritus Professor, NAMS
11.45- 12.05	Alcohol and Nutrition	Dr. Om Kumari Gupta, Retd. Prof. of Medicine, Kanpur Medical College
12.10- 12.30	Alcohol and Gastrointestinal/Hepatic Disorders	Dr. Yogesh Chawla, FAMS Director, PGIMER, Chandigarh
01.00-01.45	LUNCH	
01.45-02.05	Integrating primary, secondary and emergency care of alcoholism	Dr. P.D. Garg Prof. of Psychiatry & Incharge Swami Vivekanand Drug De-Addiction & Treatment Centre, Government Medical College, Amritsar – 143001.
02.05-02.30	Alcohol in the new National Health Mission	Dr. Raj Kumar, FAMS
02.30-03.30	**Interactive Session** Rapporteur: Dr. Sanjeev Misra	Dr. Raj Kumar, FAMS; Dr. Rakesh Chadda, FAMS; Dr. Kuldeep Singh Coordinator, NAMS Centre for Research in Medical Education, AIIMS, Jodhpur
03.30-03.40	TEA	
03.40- 04.05	The challenges of delivering evidence-based alcohol national policy	Dr. Shridhar Sharma, FAMS
04.05-05.00	**National Policy Formulation Session**	**Symposium Faculty, Guest Speakers and audience**
05.00-05.30	Post-symposium Assessment	
05.30-05.45	Symposium Evaluation	
05.45- 06.00	Concluding session	

II. Brief Synopsis of Presentations:

Alcohol Consumption: National Scenario BY Dr. Nimesh G.Desai, FAMS, IHBAS, Delhi
In an opening lecture Dr. Nimesh Desai elaborated about the recorded alcohol consumption per capita showing a decreasing trend in most developed countries since 1980 but a rise steadily in south East Asia region especially India. He commented on difficulty to estimate the actual consumption of alcoholic beverages in India since a large part of the consumption also comprises of undocumented alcoholic beverages, so the real per capita consumption is likely to be twice the officially acknowledged estimate.

There have been studies which are nationally representative which are methodologically very robust and provide a clear picture regarding the magnitude of the problem. As per the data from the WHO report published in 2014 the pure alcohol consumption among adults in liters per capita per year, 2010 for India is 4.3 and is projected to rise to 4.6 by 2015. It is more than the average per capita consumption of pure alcohol for WHO South East Asian countries. As per WHO 2014 report the distribution of type of alcoholic beverages (93% spirit, 7% beer, and <1% wine). Regarding prevalence of heavy episodic drinking in people more than 15 years of age, the prevalence comprising of both sexes is 1.7%. The above data clearly establishes the grim reality and at the same time it also important to have evidence based policy which is relevant and effective in taking care of this burgeoning epidemic.

Social and community perspective of alcohol consumption By Dr. Ranjan Solanki, Senior Assistant Professor, Department of Community Medicine, Mahatma Gandhi Institute of Medical Sciences, Sewagram,Wardha-442102 (Maharashtra).

In her talk Dr. Ranjan highlighted that alcohol use can be traced as far back as 8000 B. C. but it was in 1819 it was first labeled as disorder "dipsomania" by Dr. C. W. Hufeland of Germany. In 1849, Dr. Magnus Huss was the first person to name alcohol abuse and its tendencies, alcoholism.

She discussed the epidemiology of Alcoholism, how the lifetime alcohol rate is highest among men ranging in age from 25 to 55. Men, ages 18 to 25 years of age, were at the greatest risk of becoming alcoholics and were among the highest known to binge drink (Falk et al., 2001). Research has also found that there is a correlation between alcohol use and violence. Studies found that as much as 86% of the violent offenders arrested for murder, 65% for rape and 83% for domestic violence, were drinking just before the crime (Falk et al., 2001). Researchers in the field of social science believe that alcoholism is not a disease and therefore treatment guidelines should follow the recommendations discussed in the social learning theory. She summarized, that drinking is a cognitive behavior that imitates what we have learned through family, friends, the media, and direct experiences.

Alcohol morbidity & mortality by Dr. Haribhai L. Patel, FAMS

Dr. Haribhai L. Patel discussed a vital global topic of Alcohol Morbidity & Mortality Indian statistics not available; who global status report on alcohol 2004 depicts reliable information. Recent meta-analysis links alcohol to more than 60 disease conditions with effect depending on average volume ingested, pattern of drinking and mediating mechanisms

Direct effect includes alcoholic psychosis, alcohol dependence syndrome, alcohol abuse, alcoholic polyneuropathy, alcoholic cardiomyopathy, alcoholic gastritis, and alcoholic liver cirrhosis. Indirect effects included alcohol use is related to increased risk of cancers like cancers of lip, tongue, pharynx, larynx, hypopharynx, oesophagus, liver, also cancer of breast stomach, pancreas, colon, rectum, prostate, salivary glands, ovary, uterus, urinary bladder.

Alcohol also adversely affects hypertension, cardiac arrhythmias, heart failure, haemorrhagic stroke. Drinking is associated with increased risk of accidental injury like road traffic accident (automobiles, cycles, and pedestrians), falls, fires, sports, recreational, self-inflicted, interpersonal violence. He also highlighted the some information from India. Kerala state has recently introduced prohibition. In contrast to widespread opposition of this policy in media, a recent survey result is revealing that more than 92% Keralites actually supported prohibition. It was revealed that per capita consumption of alcohol in Kerala is 8.3 litres as compared to national average of 4 lit. Thus the lecture highlighted all the ill effects of alcohol consumption and stressed on the hiked morbidity and mortality rates in alcoholics.

Alcohol and Mental Health by Dr. R. K. Chadda Professor of Psychiatry, All India Institute of Medical Sciences, New Delhi

Dr. R. K. Chaddha in his very informative lecture highlighted the effect the fact that ill effects of alcohol on health were mainly recognized in the last century. Alcohol use is associated with adverse effects on most of the components of mental health and also responsible for a number of mental disorders. The specific adverse effects on mental health include a number of neuropsychiatric disorders like Korsakoff syndrome, Wernicke encephalopathy, delirium tremens, morbid jealousy syndrome, alcoholic psychosis, alcoholic dementia, alcohol dependence, harmful use, withdrawal syndrome and others. It also increases the risk of depression and suicide in the long term users. Long term alcohol use is also associated with a number of psychosocial problems including violence towards family members, misbehavior at social gatherings and increased risk of vehicular accidents. It would also affect adversely the social and occupational functioning the person and is associated with increasing unemployment with its further adverse consequences. Management of mental health problems and disorders associated with alcohol requires a multidisciplinary approach. Management includes identification in clinical settings, motivation enhancement, psychoeducation, detoxification, rehabilitation and relapse prevention, family counseling and specific interventions for the associated neuropsychiatric disorders.

Alcohol and Reproductive Health by Dr. Kamal Buckshee, FAMS

Dr. Kamal Buckshee highlighted in her lecture that alcohol use among teenagers, adolescents, women during reproductive years and pregnancy is on the rise worldwide and hence makes it a major public health concern problem. Alcohol has an impact of alcohol on sexual functions, sexual organs and sex hormone levels. Studies have reported various adverse effects of chronic alcohol on reproductive and sexual functions in both male and female. Male alcoholics frequently suffer from sexual dysfunction decrease testicular size, increase number of abnormally-shaped sperm, lower sperm count and motility. It also results in reduced testosterone and elevated estrogen levels and can decrease the production, release and/or activity of luteinizing hormone and follicle-stimulating hormone. Female alcoholics can have a disruptive effect on menstrual cycle, resulting amenorrhea, anovulation and infertility. Estrogen and progesterone levels are also affected. However, when drinking alcohol is stopped the negative effects on fertility and sexual abilities reverse quickly. Long term excessive intake of alcohol can lead to damage to the central nervous system and the peripheral nervous system resulting in loss of sexual desire and infertility in men and women. Experimental Studies also indicate that alcohol can induce chromosome segregation errors in the ovulated eggs. Their fertilization may result in aneuploidy embryos which in turn may lead to spontaneous abortion during. Few abnormal embryos may survive to term resulting in the birth of babies with moderated and severe degree of mental retardation and other abnormalities. For women who are pregnant or planning a pregnancy, not drinking is the safest option as there is no safe level of alcohol established in pregnancy. Stopping drinking at any time in the pregnancy will reduce the risk to the baby.

Alcohol and Nutrition by Dr. Om Kumari Gupta, Retd. Prof. of Medicine, Kanpur Medical College

Dr. Om Kumari Gupta discussed the nutritional aspects of alcohol. She stressed on Alcohol being high in Calories but providing little to no nutrients. Alcohol contains 7 kilocalories per gram and is absorbed directly through stomach mucosa and intestinal lining. It is metabolized by the liver, about half an ounce per 1.5 hours and excess stored as fat in the adipose tissue and liver. Absorbed alcohol is mainly metabolized in liver by two enzyme systems viz ADH – most efficient and MEOS--Used when intake is high.

She also highlighted a word of caution that how our bodies could process alcohol at a rate of 1 drink/hour and eating before drink, consuming fat & protein at least 15 minute before could slow down alcohol absorption.

She commented on effects of carbonated drinks, caffeine etc on absorption. Men can drink more than women as they produce more enzymes in liver that metabolize alcohol more quickly. They have bigger bio-mass, higher body water percentage –so feel fewer side effects. She also highlighted on myriad of nutrient Symptoms/complications due to deficiency in alcoholics ranging from increased susceptibility to infection, night-blindness, skin abnormalities due to

Vitamin A, Fatigue, neuritis, Beri-Beri due to Vit B1 (Thiamin), headaches, irritability, insomnia, dermatitis, pellagra due to Vit B3 (Niacin) etc to Poor wound healing, skin inflammation, loss of taste & smell due to zinc deficiency.

Alcohol and Gastrointestinal/Hepatic Disorders by Dr. Yogesh Chawla, FAMS, Director, PGIMER, Chandigarh

Dr. Yogesh Chawla commented that Alcohol is the most frequent & socially acceptable hepatotoxin. It affects liver but these ill effects depend on dose & duration. He stated that among heavy drinkers have 90-100% - fatty liver, 10-35% alcoholic hepatitis and 8-20% micronodular cirrhosis. Those with low educational level & income, unemployed, job alienation, job stresses & low job satisfaction were more likely to develop alcoholic hepatitis/cirrhosis. Risk factors for cirrhosis included quantity and type of alcoholic beverage, ethnicity with Indians having higher rate of cirrhosis, with presentations at younger age & shorter duration, genetic polymorphism, comorbidities, gender differences like in women severe liver disease even with lower doses, shorter duration. Malnutrition & improper diet more likely to be found in Indians like hepatic vitamin A depletion which activates stellate cells, depleted vitamin E levels which leads to decreased membrane lipid peroxidation and excess polyunsaturated fats which aggravates hepatotoxic effects. He labeled obesity as a risk factor for development of liver disease with hepatic insulin resistance exacerbates progression of the disease. Abstinence does not halt progression of endo/exocrine insufficiency, but decreases rate of progression of Alcoholic hepatitis. The lecture ended with a note on the severity assessment by different scores as ACLF - APACHE II and management including managing complications, providing proper nutrition, drugs like pentoxyfylline and corticosteroids and lastly considering liver transplantation.

Integrating primary secondary and emergency care of alcoholism by Dr. P.D. Garg, Prof. of Psychiatry & In-charge, Swami Vivekanand Drug De-Addiction & Treatment Centre, Government Medical College, Amritsar

Dr. Garg discussed the roles of a Primary Care Doctor, District Level Doctor, and emergency care physician in medical college with additional role of psychiatrist in management of patients suffering from alcoholism.

He elaborated how a primary care physician should be familiar with "Disease model" of alcoholism and identification of "Problem drinking", he should also be conversant with simple counseling techniques and recognizing alcohol withdrawal features Role of a District Level Doctor, Psychiatrist, Physician (Secondary Care) should be able to recognize dependence syndrome, initiate and plan OPD detoxification, motivate the clients to remain abstinent, manage withdrawal as inpatient and accurately monitor the patient during detoxification. Medical college department (Medicine, Psychiatry and Emergency) should be able to differentiate dependent and non-dependent drinkers, detoxify and deliver post detoxification motivations, choose the drugs through a process of active discussion with the patient and family members and

monitor the patient during abstinence. Additional role of psychiatry department includes Family education and support, offering group educative sessions or individual educative session, relapse prevention and management programs, referrals for those with co morbidity, multiple relapses requiring long term inpatient stay. He also spoke about alcohol related problems and detoxification.

Alcohol in the new National Health Mission by Dr. Raj Kumar, FAMS, Director AIIMS, Rishikesh

Professor (Dr.) Raj Kumar, stressed on vital issues like the trends of alcoholism and the widespread effect it has on the social and cultural aspects of life. He highlighted the trends of alcoholism pointing out that alcohol consumption has been steadily increasing in developing countries like India and decreasing in developed countries since the 1980s. There are about 62.5 million alcohol users estimated in India with the per capita consumption of alcohol increased by 106.7% over the 15-year period from 1970 to 1996. Due to its large population, India has been identified as the potentially third largest market for alcoholic beverages in the world which has attracted the attention of multinational liquor companies. Sale of alcohol has been growing steadily at 6% and is estimated to grow at the rate of 8% per year. People drink at an earlier age than previously. The mean age of initiation of alcohol use has decreased from 23.36 years in 1950 to 1960 to 19.45 years in 1980 to 1990.India has a large proportion of lifetime abstainers (89.6%). The female population is largely abstinent with 98.4% as lifetime abstainers. This makes India an attractive business proposition for the liquor industry. Changing social norms, urbanization, and increased availability, high intensity mass marketing and relaxation of overseas trade rules along with poor level of awareness related to alcohol has contributed to increased alcohol use.

His talk highlighted that hazardous drinking is significantly associated with severe health problems such as head injuries and hospitalizations. 15 to 20% of traumatic brain injuries are related to alcohol use and thirty seven % of injuries in a public hospital were due to alcohol. He also deliberated on policy directives prohibition of alcohol- enshrined in Indian Constitution. Asserting that it is under state legislative Power. Age limit for purchase of alcohol has been fixed at 18-25 yrs hiking it to 21 would reduce 60% consumption. The Cable Television Network (Regulation) amendment Bill prohibits cigarette and alcohol advertisement. Policy Initiatives introduced by Government of India are usually collaborative efforts like Ministry of Social justice and Empowerment Ministry of health and Family welfare UNDCP(United Nations Drug Control Programme), National Health programs RMNCH+A under NRHM – Alcohol prevention, National Mental Health Program, National Non-communicable disease control program, Indian Alcohol Policy Alliance (IAPA) is a registered non-governmental, organization started in 2004 to prevent alcohol related harm through policy, intervention, advocacy and capacity building. High level expert group report (Planning Commission of India) suggested introduction of taxes on tobacco and alcohol. Such taxes have the public health benefit of reducing consumption of these harmful products, while adding to the general revenue pool. However, dependence upon revenue mobilization from such sin and sumptuary taxes is fraught

with ethical concerns. The lecture beautifully expounded on alcohol related problems and suggested a better health policy to deal with the effects of alcohol in the society and overall development

The challenges of delivering evidence-based alcohol national policy by Dr. Shridhar Sharma, FAMS

Dr. Shridhar Sharma deliberated on the challenges of delivering evidence-based alcohol national policy. History of Alcohol Policy starts with the ancients who were familiar with problems associated with excessive drinking and sought to protect their societies from alcohol's ill effects. In 1600-1050 BC the downfall of Egyptian and Chinese Empires and Dynasties attributed to excessive alcohol use. During the middle ages, physicians began to describe specific pathologies resulting from excessive alcohol consumption. Excessive drinking was discouraged in ancient Greece. In India scenario is different Alcohol (SOMA) has been celebrated in shaivism, tantras, many indigenous animist and tribal traditions that celebrate alcohol in moderation but it was not permitted by all sections of society – a part of "TAMASIK" nature. Colonization had boosted alcohol culture in India. There is a dire need for the laws related to alcohol use. One barrier to developing a national alcohol policy for India is the woeful lack of data and research on its national health, social, and economic effect. Due to its large population, India has been identified as the potentially third largest market for alcoholic beverages in the world which has attracted the attention of multinational liquor companies. Apart from the influences of rapid globalizations, industrialization, urbanization and media influences at macro and micro levels, several other barriers that have contributed to failure of policy and programme initiatives thus far include absence of a single National Nodal Ministry at the Centre to deal with all aspects of alcohol policy and prevention, conflicts between the Centre and the State level on issues with regard to production, distribution, taxation and sales as alcohol being a State Subject, greater emphasis on the revenue component and promotional aspects of alcohol use. Today taxes generated from alcohol production and sale is the major source of revenue in most states and has been cited as a reason for permitting alcohol sale. Only four states – Gujarat, Mizoram, Manipur and Nagaland - have enforced prohibition. Best Alcohol Policies would be one including all facets of alcohol abuse. Our society is facing a crisis as how to encourage some behaviour and discourage others. Alcoholism has to be a collective responsibility involving all sections of society. He stressed that alcohol is here to stay but we need to develop fresh approach to Alcohol Policy.

III. Participants:

We got enthusiastic response from the target audience. There were 158 registered delegates who included members, fellows, faculty/PGs/other delegates. There were 39 undergraduate students. Average presence of participants during sessions was about 95. In addition to this, students of 1st year MBBS and Nursing were allowed to view the entire programme live in a separate lecture hall where a direct transmission of the programme was arranged. However, their assessment was not done.

IV Interactive sessions:

Delegates and students asked speakers questions and doubts at the end of their lecture. Speakers answered and clarified their doubts. These initiated discussion also which was found to be quite useful.

Three Judges (undisclosed to audience) for assessing the students during interaction Dr. Sanjeev Mishra, Dr. Haribhai L Patel and Dr. Rakesh Kumar Chadda selected students who asked best questions.

Some of the questions asked by participant are as follows:

1. What is the mechanism of inhibition of inhibitory centers in the cerebral cortex and why inhibition goes away first?

2. What is the function of SPINK-1 gene in human body? and what mechanisms lead to panceratitis link between SPINK-1 gene and panceratitis?

3. What is the role of Doctors in the Society to make Alcohol free India in spite of National Politics?

4. How alcoholism is affected by Genetic Factors? The withdrawal symptoms will go off after abstaining for how much time from alcohol?

5. Problem drinking is a phrase for person who is taking alcohol every fourth night but cause great nuisance like domestic violence. What to do with those people, how to reach them who doesn't see alcohol or domestic violence as a problem and who consider leaving alcohol as a decrease in the prestige, culture, tradition, ego?

V. Lessons Learnt and outcome:

1. National Symposium on Harmful Effects of Alcohol consumption: Need for evidence-based National policy" highlighted various socioeconomic aspects related to its usage.

2. Its effect on body system was covered extensively. Alcohol use disorders in the community, the mode of management and diagnosis of the medical, obstetrical, nutritional, pshycological and other health-related disorders of alcohol use.

3. Facts contributing to increasing trend in alcohol consumption were revealed such as changing social norms, urbanization, increased availability, high intensity mass marketing and relaxation of overseas trade rules along with poor level of awareness related to alcohol ill effects.

4. Concerns were raised about alcohol usage at an early age and discussion triggered in discussing age bar for allowing alcohol intake.

5. It was discussed how there is a need to design strategies for its safe usage by ensuring inter-departmental government coordination between health and other social sectors such as education, Ministry of Social Justice and Empowerment, Ministry of Health and Family Welfare, and Ministry of Human Resources Development.

6. Issues related to alcohol triggered and stimulated the learning and encouraged interaction.

Prize: Best question by undergraduate student was rewarded by Rs. 5000 Book Prize and Certificate- "Prof J. S. Bajaj award for overall best student delegate in symposium". This award was given by the Chief Guest (Governor of Uttarakhand) Dr. Aziz Qureshi to Ms Diksha (II MBBS student from AIIMS Rishikesh) on 18th October 2014 during NAMS Convocation.

Video coverage: Full Symposium was captured live with cameras and edited video posted on YouTube.

VI. Pre and Post CME Assessment -
CME evaluation format consisted of 30 questions, prepared by the various speakers. Thirty different sets of questions were included for Pre CME [answer highlighted] **(ANNEXURE 1)** and post test [answer highlighted] **(ANNEXURE 2)**. Each question weighed one mark.

Score and performance on Pre and Post CME assessment is being submitted separately by Dr. Kuldeep Singh (Coordinator, NAMS Centre for Research in Medical Education, AIIMS, Jodhpur).

VII. Post CME evaluation: Post CME evaluation form was distributed to all the delegates and students at the end of session and the comments and feedback noted were analyzed which were found to be satisfactory **(ANNEXURE 3).**

VIII. Information about the symposium to the General public: The entire event was covered by the electronic media. Information and importance of the symposium was disseminated. Events and proceedings of the symposium were also written about **(ANNEXURE 4).**

ANNEXURE 1

CODE NO:

NAMS NATIONAL SYMPOSIUM on Harmful Effects of Alcohol consumption (17.10.2014)

PRE SYMPOSIUM ASSESSMENT QUESTIONNAIRE

TICK (√) THE CORRECT OPTION

1. **Effects of alcohol on Nervous system are all of the following EXCEPT:**
   - A. Anterograde amnesia
   - B. Deep sleep
   - C. Sleep apnea
   - D. Impaired coordination

2. What is the incidence of Wernicke's and Korsakoff's syndrome in alcoholics?
   - A. 1 in 1000
   - B. 1 in 100000
   - C. 1 in 500
   - D. 1 in 100

3. Brain atrophy found in chronic alcoholics is
   - A. Permanent
   - B. Temporary
   - C. Reversible on abstinence
   - D. Manifests as narrow cortical sulci on MRI

4. Chronic Alcoholic men show all of the following EXCEPT:
   - A. Irreversible testicular atrophy
   - B. Decrease in ejaculate volume
   - C. Lower sperm count
   - D. Decreased sexual drive

5. Repeated ingestion of high doses of ethanol by women can result in all of the following EXCEPT:
   - A. Menorrhagia
   - B. Decrease in ovarian size
   - C. infertility
   - D. increased risk of spontaneous abortion

6 . Fetal alcohol syndrome includes all of the following EXCEPT:
   - A. Epicanthal eye folds;
   - B. Cardiac atrial or ventricular septal defects;
   - C. Microcephaly with mental retardation
   - D. All of the above

7. Alcohol intake can cause following effects on Gastrointestinal system EXCEPT
   - A. Hemorrhagic gastritis
   - B. Mallory Weiss lesion
   - C. Acute pancreatitis
   - D. All of the above

8. Alcohol consumption is a risk factor for all of these cancers EXCEPT
   - A. Cancer liver
   - B. Cancer oesophagus
   - C. Cancer lung
   - D. Cancer tongue

9. Alcohol in pregnancy does not cause
   - A. Abortion,
   - B. Low birth weight,
   - C. Growth retardation
   - D. Pre eclampsia

10. Drinking of Alcohol is not legal in all the following states in India EXCEPT
   - A. Gujarat
   - B. Manipur
   - C. Nagaland
   - D. Kerala

11. In India, alcohol is consumed mostly in the form of

A. Beer
B. Wine
C. Spirit
D. Whiskey

12. Which state in India leads in terms of alcohol consumption?

A. Tamil Nadu
B. Punjab
C. Kerala
D. Maharashtra

13. Alcohol Dependence is characterized by all EXCEPT

A. Tolerance
B. Withdrawal syndrome
C. Continued use despite harm
D. Psychotic features

14. One drink delivering about 12 to 14 grams of alcohol is usually considered to be all of the following EXCEPT:

A. 12 ounces of beer
B. 5 ounces of wine
C. 1½ ounces of gin
D. 7 ounces of whiskey

15. Which of the following statements is FALSE?

A. Primary Care Doctors should only refer the patients to higher centres
B. Secondary care doctors can start OPD detoxification of alcohol patients with benzodiazepenes
C. Alcohol can cause Wernickes encephalopathy and Korsackoffs psychosis
D. Alcohol can cause mood disregulation

16. Which of the following statements is FALSE?

A. Primary Care Doctors should only refer the patients to higher centres
B. Secondary care doctors can start OPD detoxification of alcohol patients with benzodiazepenes
C. Alcohol can cause Wernickes encephalopathy and Korsackoffs psychosis
D. Alcohol can cause mood disregulation

17.Following physical disorders are caused by alcohol EXCEPT:

A. Cirrhosis of liver
B. COPD
C. Peripheral Neuropathy
D. Pancreatitis

18.The term psychological dependence is used when:

A. It is clear that the individual has changed their life to ensure continued use of the drug
B. Their activities are centred on the drug and its use
C. Leads to neglect of other important activities such as work, social and family commitments
D. All of the above

19.Which of the following is the hallmark feature of delirium state?

A. Seizures
B. Hallucinations
C. Delusions
D. Clouding of consciousness

20.What is Binge Drinking?

A: No more than 2 standard drinks,
B: 9 standard drinks in a week.
C: Over 6 units per day.
D: Intake of 5 or more drinks on a single occasion

21. Alcohol consumption in male?

A: improves sexual functions.
B: increases testicular size.
C: decrease sperm count and motility.
D: increases level of testerone hormone.

22. Alcohol consumption in female leads to?

A: Precocious puberty.
B: Irregular menses.
C: Menorrhagia.
D: Improves fertility.

23. In which year Jones coined the term fetal alcohol syndrome?

A: 1967.
B: 1996.
C: 1958.
D: 1973.

24. In Female alcoholic effects?

A: Estrogen and progesterone levels rise.
B: Estrogen and progesterone levels decrease.
C: Estrogen increases and progesterone decreases.
D: Estrogen decreases and progesterone increases.

25. Symptoms of alcohol withdrawal usually appear within approximately..... hours of abstinence:

A. 6 hours
B. 8 hours
C. 12 hours
D. 18 hours

26. One of the following is not a feature of harmful alcohol use: :

A. Damage to health
B. Frequent use of the substance
C. A strong desire or sense of compulsion to take the substance
D. Adverse social consequences

27. One of the following is not a feature of delirium:

A. Insomnia
B. Auditory hallucinations
C. Visual hallucinations
D. Grand mal seizures

28. One of the following statements is not trueabout alcoholic induced psychotic disorder:

A. Delusions of persecution
B. Delusions of jealousy
C. Memory disturbance
D. Auditory hallucinations

29. Symptoms of anxiety or sadness may be seen in upto_____ % of alcohol using population:

A. 20%
B. 40%
C. 60%
D. 80%

30. Which of these scales is not used for alcohol ?

A. AUDIT
B. CAGE
C. COWS
D. CIWA

ANNEXURE 2

CODE NO:

NAMS NATIONAL SYMPOSIUM on Harmful Effects of Alcohol consumption (17.10.2014)

POST SYMPOSIUM ASSESSMENT QUESTIONNAIRE

TICK (√) THE CORRECT OPTION

1. **All of the following psychiatric syndromes are seen in alcoholics EXCEPT**
   A. Mood disorder
   B. Anxiety disorder
   C. Auditory hallucinations
   D. All of the above
2. **Commonly used treatment of all forms of alcohol-induced psychopathology includes all of the following EXCEPT:**
   A. Talk therapy
   B. Abstinence
   C. Long term anti-psychotics
   D. All of the above is used
3. **Recovery from alcohol induced psychiatric disorders is likely to happen:**
   A. Within 4 weeks of abstinence
   B. Within 6 months of abstinence
   C. Within 3 months of abstinence
   D. Within 2 weeks of abstinence
4. **Which of the following alcoholic induced disorder does not remit fully after abstinencePsychosis:**
   A. Alcoholic myopathy
   B. Increase of Blood pressure
   C. Mood disorders
   D. Insomnia
5. **Effects of alcohol on the cardiovascular system includes all of the following EXCEPT:**
   A. Dose dependent increase in blood pressure
   B. Cardiomyopathy
   C. Coronary Artery disease
   D. Increased Myocardial contractility
6. **"Holiday heart" :**
   A. Occurs after Binge drinking in individuals showing no other evidence of heart disease
   B. in Chronic alcoholics
   C. Presents as Mitral regurgitation
   D. Presents as Cardiomyopathy
7. **The risk of Oral and esophageal cancer in people having four drinks per day increases by :**
   A. 10 fold
   B. 3 fold
   C. 25 times
   D. 5 fold
8. **World average of disease burden due to alcohol is:**
   A. 2%
   B. 4%
   C. 6%
   D. 8%
9. **Legal limit of blood alcohol level for driving in India is:**
   A. 20mg/L
   B. 30mg/L
   C. 40mg/L
   D. 50mg/L

10. **Which of the following mental condition is caused by alcohol:**
    A. Unipolar major depression
    B. Alcohol dependence
    C. Epilepsy.
    D. All of the above
11. **Approximate prevalence of alcoholism in India is:**
    A. 10%
    B. 30%
    C. 50%
    D. 65%
12. **Alcohol consumption is associated with the risk of which of the following cancers?**
    A. Breast Carcinoma
    B. Lung Carcinoma
    C. Prostate Carcinoma
    D. Skin Carcinoma
13. **Which of the following is TRUE**
    A. Primary Care comes at the tip of pyramid
    B. Korsaffos psychosis is characterized by delusions and hallucinations
    C. Wernicke's encephalopathy is characterized by opthalomplagia ataxia and nystagmus
    D. Alcohol is not related to dementia
14. **. Which of the following is not used in alcoholism?**
    A. Naltrexone
    B. Disulfiram
    C. Methadone
    D. Acamprosate
15. **Alcohol dependence is supported specifically by evidence of tolerance effects and withdrawal symptoms that develop within:**
    A. 1-2 hours of restricted consumption
    B. 3-6 hours of restricted consumption
    C. 4-12 hours of restricted consumption
    D. 12-24 hours of restricted consumption
16. **Which of the following is seen associated with alcoholic paranoia?**
    A. Drowsiness
    B. Delusions
    C. Hallucinations
    D. Impulsiveness
17. **In which year alcohol related birth and neurodevelopment related disorders (ARND) associated with alcohol use in pregnancy were identified?**
    A: 1996.
    B: 1985.
    C: 1955.
    D: 1966.
18. **Experimental studies indicate that alcohol can leads to?**
    A: Enlargement of the ovaries.
    B: Hyperprolactinemia.
    C: Hypoprolactinemia.
    D: Improves bone health.
19. **With very high repetitive doses of alcohol the chance of the foetus developing the FAS is?**
    A: <2 %
    B: <4 %.
    C: 6–10 %.
    D: 12-16 %.

20. **Effects of alcohol on Nervous system are all of the following EXCEPT:**
    A. Anterograde amnesia
    B. Deep sleep
    C. Sleep apnea
    D. Impaired coordination

21. Most women who consume alcohol pre-pregnancy will?
    A. Stop alcohol once they come to know that they are pregnant.
    B. Continue to consume alcohol throughout their pregnancy even when healthcare promote abstinence.
    C. Do binge drinking throughout their pregnancy.
    D. None of above.

22. Low-risk drinking guidelines do not apply to those who are?
    A. Pregnant, trying to get pregnant, or breastfeeding.
    B. Responsible for the safety of others at work or at home.
    C. None of above.
    D. Both of above.

23. Blackout is:
    A. Type of memory impairment
    B. Associated with heavy use of alcohol
    C. Not associated with loss of consciousness
    D. State of temporary loss of vision

24. Treatment of choice for detoxification is:
    A. Chlordiazepoxide
    B. Alprazolam
    C. Lorazepam
    D. Midazolam

25. One of the following medications is used to reduce craving from alcohol:
    A. Acamprosate
    B. Disulfiram
    C. Escitalpram
    D. Chlordiazepoxide

26. One of the following is <u>Not</u> seen at blood level of more than 100 mg%:
    A. Euphoria
    B. Unsteady gait
    C. Aggressive behaviour
    D. Blurred vision

27. All of the following statements are TRUE about alcohol use EXCEPT:
    A. Alcohol causes both acute as well as chronic l changes in almost all neurochemical systems
    B. Most clinicians get enough exposure to alcohol related disorders during medical training
    C. Relapse prevention is an important part of treatment of alcohol dependence

28. Which of the following is false?
A. Alcohol withdrawal seizures are called "rum fits"
B. Thiamine is given in treatment of alcohol dependence for prevention of wernicke's encephalopathy
C. Blackouts seen in alcoholics helps in diagnosing alcohol dependence
Alcohol dependence is just a weakness of character**29. Which of the following statements is TRUE**
    A. Chlordiazepoxide is safe in liver disease
    B. Lorazepam is unsafe in liver disease
    C. Oxazepam is safe in liver disease
    D. Chlordiazepoxide is short acting in comparison to lorazepam

30. Which is not part of CAGE criterion
    A. Cut down on alcohol
    B. Avoids alcohol
    C. Guilt feelings
    D. Eye Opener in the morning

ANNEXURE 3

Satisfaction index of program evaluation "Harmful Effects of Alcohol Consumption: Need for evidence based National Policy" at NAMSCON 2014

Part B (* Not all participants had filled the form completely but majority had positive response)

Sl no	Parameter	Satisfaction in (N= 76)
1	I received precise information in advance on the aims of the Symposium.	79
2	The goals of the symposium appeared to me to be of immediate interest for my academic activities.	80
3	The content of the symposium dealt with issues I generally encounter in my academic assignments	72
4	Considering my other professional commitments, the symposium Scheduling was appropriate.	76
5	I found the documents provided of acceptable quality.	78
6	Time was provided to seek clarification on issues included in the background documentation	73
7	The working methods used during the symposium encouraged me to take an active interest in the session themes.	73
8	The pace of presentation of the subject content was appropriate.	77
9	The general atmosphere of the symposium was conducive to serious work	81
10	The organizers gave me opportunity for critical comment.	73
11	The organizers made use of any critical comments I made during the symposium	60

Gain in Knowledge

Parameter	Comments
Knowledge in respect of clinical course, mechanism, prevention and management of diseases related to alcohol.	can spread the knowledge by giving the education to the rural people who are habitual of alcohol; Got scattered knowledge at or place
Have you attained new skills and will you be able to utilize them in your practice?.	Yes, we got many ideas to dissuade alcoholics
In what way do you think it has improved your competence in managing such problems in future?	it brought me to know the reasons behind alcoholics-based disorders. I could learn from many experienced doctors & could make out some of their ideas how to deal with these patients

Additional Information

Parameter	Comments
If you are a post-graduate student, has this Symposium helped you in the preparation of your examination?	Yes I am a UG student but this will help me
What additional topic areas should be included in a Symposium of this nature?	Effect of alcohol--in personal life, spiritual life of a person involvement; clinical, controlling measurement, pathogenesis should be more; AIDS; Drug intoxication in youth; effects on sensory organs
What topics/subjects should be deleted or under-emphasized if this workshop is to be repeated in future?	Theory discussion should be reduced; its so much statistics; treatment and emergency care; please include group discussion; can be repeated.
Is one Symposium on this subject sufficient?	No, we should organise not only symposium but other things like--talking to alcohol addicts etc.; of course not, this topic is so huge to cover in one symposium
Would you like more Symposia in future on this theme?	Yes-related its policy implementation & its effect
Would you like to suggest any changes to enhance the educational impact of the symposia for the similar program in the future?	There is more clinical information rather than records, govt. Policy etc.; should include actual addicts/sufferer
Any other comments, observations, suggestions, criticism to improve the impact of the program.	Less time to ask questions; audio system was not working properly but planning was good; No deficiencies

Annexure 4

अजीत समाचार दैनिक - 16- अक्टूबर 2014

नशे की नीति में बदलाव पर सैमीनार में होगी चर्चा : डा. राजकुमार

देहरादून, 16 अक्टूबर (जसश शर्मा): अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) ऋषिकेश के निदेशक डा. राजकुमार का कहना है कि पूरे विश्व में नशा एक बड़ा बड़ी बीमारी बन गई है जिसके अन्तर्गत चार प्रतिशत से अधिक लोग शराब का सेवन करने से अपना जीवन समाप्त कर लेते हैं। इस गंभीर समस्या पर चर्चा हेतु राष्ट्रीय आयुर्विज्ञान अकादमी की 54वीं वार्षिक कांफ्रेंस ऋषिकेश एम्स में आज से 19 अक्टूबर तक आयोजित की जाएगी, जिसका विधिवत उद्घाटन 18 अक्टूबर को उत्तराखण्ड के राज्यपाल डा. अजीज कुरैशी करेंगे। डा. राजकुमार एम्स सभागार में पत्रकारों से वार्ता कर रहे थे। उन्होंने बताया कि 17 अक्टूबर को इस कांफ्रेंस की शुरुआत शराब के दुष्प्रभाव तथा प्रयास पर आधारित राष्ट्रीय नीति की आवश्यकता विषय पर राष्ट्रीय परिचर्चा से होगी, जिसमें शराब के प्रति मौजूदा राष्ट्रीय नीति में बदलाव

पत्रकारों से वार्ता करते ऋषिकेश एम्स के निदेशक डा. राजकुमार। (छाया : कमल शर्मा)

के लिए जोर दिया जाएगा। उन्होंने बताया कि शराब का सेवन करने से लीवर को नुकसान पहुंचता है तथा तम्बाकू का सेवन करने से कैंसर होने का खतरा होता है।

उन्होंने कहा कि यह दोनों बीमारियां जानलेवा होती हैं इसका प्रयोग न करने से आदमी स्वस्थ रह सकता है और अधिक आयु तक अपना जीवन यापन कर सकता है। उन्होंने बताया कि इसी दिन राष्ट्रीय आयुर्विज्ञान अकादमी द्वारा चुनिंदा शिक्षाविदों व चिकित्सकों को फैलोशिप प्रदान की जाएगी तथा प्रतिनिधियों द्वारा अपने अनुसंधान को भी प्रस्तुत करने का मौका मिलेगा। सैमिनार के अंतिम दिन नामत हुए चुने गए रिसर्च पेपरों का प्रस्तुतिकरण होगा, इसी दौरान विभिन्न क्षेत्रों से आए पुरस्कृत प्रतिनिधियों द्वारा अपने विचारों का आदान-प्रदान भी किया जाएगा। उन्होंने कहा कि ऐसे सेमिनारों में चिकित्सा क्षेत्र से जुड़े लोगों को लाभ मिलेगा तथा उनके ज्ञान में भी ऐतिहासिक वृद्धि होगी। पत्रकार वार्ता में कांफ्रेंस आयोजक डा. शालिनी राव, जनसम्पर्क अधिकारी हरीश थपलियाल व सुभाष चौहान उपस्थित थे।

अमर उजाला दैनिक - 17/अक्टूबर/2014

शराब के दुष्प्रभाव से बचाव को राष्ट्रीय नीति की जरूरत: डा. राजकुमार

देहरादून, 17 अक्टूबर (कमल शर्मा): राष्ट्रीय आयुर्विज्ञान अकादमी की 54वीं वार्षिक कान्फ्रेंस के अंतर्गत एम्स ऋषिकेश में आयोजित तीन दिवसीय कार्यक्रम का शुभारंभ शराब के दुष्प्रभाव विषय पर राष्ट्रीय परिचर्चा से हुआ। एम्स में सम्पन्न हुई इस परिचर्चा में शराब के दुष्प्रभाव तथा इसके लिए एक राष्ट्रीय नीति की आवश्यकता है। इस परिचर्चा में प्रतिभागी चिकित्सकों द्वारा देश के विभिन्न हिस्सों में शराब के सेवन से जुड़े प्रभावों कारण तथा सम्बंधित व्याधियों के बारे में बताया गया। शराब के सेवन से जुड़ी सामाजिक बुराई, शरीर पर इसका दुष्प्रभाव तथा चिकित्सा में उनका प्रबंधन तथा निदान इस परिचर्चा के मुख्य पहलू रहे। परिचर्चा से प्रतिभागियों ने शराब के सेवन से होने वाले सामाजिक तथा शारीरिक दुष्प्रभाव के विभिन्न पहलुओं पर विस्तृत तौर से जानकारी ली। शराबी व्यक्ति को

***ऋषिकेश एम्स में तीन दिवसीय राष्ट्रीय आयुर्विज्ञान अकादमी की 54वीं वार्षिक कान्फ्रेंस का शुभारंभ**

और उसके परिजनों को शराब की लत छुड़ा कर स्वस्थ जीवन की ओर अग्रसर कैसे किया जाए तथा इस क्षेत्र में कार्यरत विभिन्न मंत्रालय जैसे स्वास्थ्य तथा परिवार कल्याण मंत्रालय, सामाजिक न्याय तथा सशक्तिकरण मंत्रालय, मानव संसाधन मंत्रालय द्वारा संचालित विभिन्न कार्यक्रमों/योजनाओं के बीच समन्वय बिठाकर उसका अधिक से अधिक लाभ कैसे लिया जाए, देशभर में शराब की खपत कम करने के लिए राष्ट्रीय स्वास्थ्य मिशन की भूमिका कैसे बढ़ाई जाए, इस बारे में भी चर्चा की गई। इस वैज्ञानिक मंथन से प्राप्त नतीजों को स्वास्थ्य तथा परिवार कल्याण मंत्रालय को भेजा जाएगा ताकि शराब की मौजूदा नीति में आवश्यक परिवर्तन किया जाए। डा. संजीव मिश्रा निदेशक एम्स जोधपुर के संचालन में चले कार्यक्रम में डा. राजकुमार निदेशक एम्स ऋषिकेश, डा. राकेश कुमार चड्ढा नाम्स फेलो, डा. कुलदीप सिंह समन्वयक एम्स जोधपुर, डा. श्रीधर शर्मा नाम्स फेलो ने प्रतिभागियों के सम्मुख अपने प्रेरक विचार रखे। परिचर्चा में डा. निमेश देसाई निदेशक आईएचबीएएस, डा. राकेश कुमार चड्ढा प्रो. (मानसिक रोग) एम्स दिल्ली, डा. योगेश चावला निदेशक पीजीआई चंडीगढ़, डा. कमल बख्शी प्रो. नाम्स, डा. भीम कुमार गुप्ता रिटायर्ड प्रो. जीएमसी मेडिकल कालेज, डा. पीडी गर्ग प्रो. (मानसिक रोग) तथा अध्यक्ष विवेकानंद ट्रस्ट नशामुक्ति केन्द्र डा. श्रीधर शर्मा, डा. शालिनी राव, डा. विनय कुमार बंसिवा, डा. लतिका मोहन, डा. सौरभ बाथ्रेय, शोभा अरोड़ा, डा. सुरेखा किशोर, डा. जया चतुर्वेदी, डा. प्रतिमा गुप्ता सहित एम्स ऋषिकेश के मेडिकल कालेज के विद्यार्थी भी उपस्थित थे।

अमर उजाला ब्यूरो

देहरादून: 16-10-2014

बायोमेडिकल क्षेत्र में नए अनुसंधानों पर होगी चर्चा

अमर उजाला ब्यूरो

एम्स में 17 से राष्ट्रीय आयुर्विज्ञान का 54वां वार्षिक सम्मेलन

युवा शिक्षकों और चिकित्सकों को फेलोशिप भी प्रदान होगी

ऋषिकेश। राष्ट्रीय आयुर्विज्ञान अकादमी का 54वां वार्षिक सम्मेलन एम्स शाखा ऋषिकेश में होगा। 17 अक्तूबर से आयोजित तीन दिवसीय सम्मेलन में मौजूदा स्वास्थ्य चिकित्सा परिवेश में अपनाई जा रही नई तकनीकों और बायोमेडिकल क्षेत्र में हो रहे अनुसंधानों पर विशेषज्ञ चर्चा करेंगे। चुनिंदा शिक्षकों और चिकित्सकों को फेलोशिप भी प्रदान की जाएगी।

सम्मेलन के पहले दिन शराब के दुष्प्रभाव और प्रबंधन पर आधारित राष्ट्रीय नीति की आवश्यकता विषय पर चर्चा होगी। 18 अक्तूबर को सम्मेलन का विधिवत उद्घाटन राज्यपाल डा. अजीज कुरैशी करेंगे। राज्यपाल इसी दिन राष्ट्रीय आयुर्विज्ञान अकादमी द्वारा चयनित शिक्षकों और चिकित्सकों को फेलोशिप प्रदान करेंगे। सम्मेलन में प्रतिभाग करने वाले प्रतिनिधि अपने अनुसंधान भी प्रस्तुत करेंगे। 19 अक्तूबर को अकादमी द्वारा चुने गए रिसर्च पेपर का प्रस्तुतिकरण होगा। सम्मेलन आयोजक और एम्स निदेशक डा. राजकुमार ने बताया कि तीन दिवसीय सम्मेलन से चिकित्सा क्षेत्र से जुड़े लोगों को लाभ होगा, जो न सिर्फ उनके ज्ञान को समृद्ध करेगा, बल्कि उन्हें मौजूदा चिकित्सा क्षेत्र की संभावनाओं से भी अवगत कराएगा।

हिन्दुस्तान 17-10-2014

एम्स में नाम्सकोन-2014 आज से

ऋषिकेश | कार्यालय संवाददाता

एम्स निदेशक प्रोफेसर राजकुमार।

आज से शुरू हो रही तीन दिवसीय राष्ट्रीय आयुर्विज्ञान अकादमी की 52वीं वार्षिक कॉन्फ्रेंस नाम्सकोन-2014 की एम्स प्रशासन ने पूरी तैयारी कर ली है। शनिवार को दूसरे दिन राज्यपाल डॉ. अजीज कुरैशी कॉन्फ्रेंस का विधिवत उद्घाटन करेंगे।

बृहस्पतिवार को पत्रकारों से बातचीत में एम्स के निदेशक प्रोफेसर राजकुमार ने बताया कॉन्फ्रेंस में देश के चुनिंदा शिक्षाविदों और चिकित्सकों को फेलोशिप प्रदान की जाएगी। साथ ही उनके द्वारा चुने गए रिसर्च पेपरों का प्रस्तुतिकरण भी होगा। उन्होंने बताया कि नाम्स के अध्यक्ष प्रोफेसर जेएस बजाज की अगुवाई में हो रही कॉन्फ्रेंस में शराब के दुष्प्रभाव तथा प्रबंधन पर व्यावहारिक राष्ट्रीय नीति की आवश्यकता पर चर्चा होगी। उन्होंने बताया कि तंबाकू और शराब के सेवन से मनुष्य का शारीरिक संतुलन खराब होने के साथ ही लीवर डैमेज होता है और कैंसर की आशंका बढ़ जाती है। साउथ एशिया में सबसे अधिक शराब का उत्पादन भारत में होता है। उन्होंने कहा कि उत्तराखंड में शराब पीने वालों की संख्या बढ़ना चिंतनीय है। इस दौरान डॉ. शालिनी राय और हरीश थपलियाल आदि थे।

अमर उजाला 17-10-2014

..ताकि राष्ट्रीय स्तर पर लड़ सकें शराब के खिलाफ

एम्स में एनएएमएस की तीन दिवसीय सीएमई आज से

अमर उजाला ब्यूरो

- चिकित्सा विज्ञानी एल्कोहल के दुष्प्रभावों पर देंगे व्याख्यान
- कमेटी से ही होगा एल्कोहल पर नेशनल पॉलिसी का ड्राफ्ट तैयार

ऋषिकेश। एम्स में नेशनल मेडिकल एकेडमी के तत्वावधान में शुक्रवार से आयोजित होने वाली तीन दिवसीय कंटीन्यू मेडिकल एजुकेशन (सीएमई) में मेडिकल क्षेत्र में नई तकनीक, अपडेट के साथ ही जनजागरूकता विषयक चर्चा की जाएगी।

इसका मुख्य विषय देश में शराब के बढ़ते उपयोग से होने वाले नुकसान, इससे जनस्वास्थ्य पर पड़ रहे दुष्प्रभावों पर चिकित्सा विज्ञानी व्याख्यान देंगे। एनएमई की सीएमई में विशिष्ट चिकित्सा विज्ञानियों द्वारा एल्कोहल का सेवन रोकने के लिए नेशनल पॉलिसी का ड्राफ्ट तैयार कर केंद्र सरकार को दिया जाएगा। बृहस्पतिवार को एम्स परिसर में आयोजित पत्रकार वार्ता में निदेशक डा. राजकुमार ने बताया कि एशिया में उत्पादित शराब का 60-65 फीसदी सेवन भारत में हो रहा है।

उन्होंने बताया कि एल्कोहल के इस्तेमाल से लीवर संबंधी बीमारियां, कैंसर जैसे रोग सामने आ रहे हैं। इसके अलावा यह ब्रेन और शरीर के दूसरे अंगों पर भी दुष्प्रभाव डालता है।

उनका कहना कि सरकारी स्तर पर शराब के उत्पादन और सेवन पर अंकुश लगे तो काफी हद तक ऐसी जानलेवा बीमारियों से निजात मिल सकती है। बताया कि दुनिया में चार प्रतिशत मौतें एल्कोहल के अत्यधिक सेवन से हो रही हैं।

30 को फैलोशिप, 60 को मेंबरशिप

ऋषिकेश। सीएमई के दूसरे दिन शनिवार को देश के 30 जाने-माने चिकित्सा विज्ञानियों को एनएएमएस की ओर से मुख्य अतिथि राज्यपाल डा. अजीज कुरैशी फैलोशिप प्रदान करेंगे। इस दौरान 60 विशिष्ट चिकित्सकों को नेशनल मेडिकल एकेडमी की सदस्यता दी जाएगी।

दैनिक-हिन्दुस्तान - दिनांक - 18-अक्टूबर-2014

युवाओं में शराब की लत घातक

ऋषिकेश | कार्यालय संवाददाता

राष्ट्रीय आयुर्विज्ञान अकादमी (नाम्स) की 54वीं वार्षिक कांफ्रेंस शुक्रवार को एम्स ऋषिकेश में शुरू हो गई है। पहले दिन विशेषज्ञ चिकित्सकों ने शराब के सेवन से जुड़ी सामाजिक बुराइयों, शरीर पर इसके दुष्प्रभाव एवं चिकित्सा में इसके प्रबंधन और निदान चर्चा की। साथ ही उत्तराखंड के युवाओं में शराब की बढ़ती लत पर चिंता जताई गई।

कॉन्फ्रेंस में एम्स ऋषिकेश के निदेशक प्रोफेसर राजकुमार ने कहा कि शराब का सेवन न सिर्फ शारीरिक, मानसिक और सामाजिक नुकसान पहुंचाता है बल्कि यह व्यक्ति, सरकार तथा समाज पर आर्थिक प्रभाव डालता है।

कॉन्फ्रेंस

- नाम्स की तीन दिवसीय कॉन्फ्रेंस में जुटे विशेषज्ञ चिकित्सक
- शराब की मौजूदा नीति में परिवर्तन की जताई आवश्यकता

आईएमसीएसएस के निदेशक डॉ. निमेष देसाई ने कहा कि शराब की खपत कम करने के लिए राष्ट्रीय स्वास्थ्य मिशन की भूमिका कैसे बढ़ाई जाए, इस पर कार्य करना होगा। एम्स दिल्ली के मानसिक रोग विशेषज्ञ डॉ. राकेश कुमार ने कहा कि नाम्स चिकित्सा वैज्ञानिकों की एक ऐसी संस्था है, जिसका उद्देश्य वैश्विक उत्कृष्टता के उपयोग से चिकित्सा [illegible] सामाजिक [illegible] प्राप्त करना है। कॉन्फ्रेंस में अन्य चिकित्सकों ने देश के विभिन्न इलाकों में शराब के सेवन से जुड़े प्रभावी कारक तथा संबंधित व्याधियों के बारे में बताया। साथ ही चर्चा की कि शराबी व्यक्ति की शराब की लत छुड़ाकर उसे स्वस्थ जीवन की ओर अग्रसर कैसे किया जाए। कॉन्फ्रेंस से प्राप्त नतीजे स्वास्थ्य एवं परिवार कल्याण मंत्रालय को भेजे जाएंगे ताकि शराब की मौजूदा नीति में आवश्यक परिवर्तन किया जा सके।

कॉन्फ्रेंस में पीजीआई चंडीगढ़ के निदेशक डॉ. योगेश चावला, प्रोफेसर नाम्स डॉ. कमल बक्शी, डॉ. ओम कुमार गुप्ता, मानसिक रोग विशेषज्ञ डॉ. पीडी गर्ग, डॉ. श्रीधर शर्मा, एम्स जोधपुर के डॉ. कुलदीप सिंह, डॉ. श्रीधर शर्मा, निदेशक एम्स जोधपुर डॉ. संजीव मिश्रा, कॉन्फ्रेंस को आयोजक सचिव डॉ. शालिनी राव, डॉ. विनय कुमार बहिरवाल, एम्स ऋषिकेश की डीन डॉ. [illegible] मोहन, डॉ. सौरभ वार्ष्णेय, डॉ. सोमप्रकाश बासु, डॉ. सुरेखा किशोर, डॉ. जया चतुर्वेदी, डॉ. प्रतिमा गुप्ता सहित संकाय सदस्य और मेडिकल छात्र-छात्राएं उपस्थित थे।

एम्स ऋषिकेश में आयोजित कॉन्फ्रेंस में जुटे देशभर के विशेषज्ञ चिकित्सक। • हिन्दुस्तान

उत्तराखंड के 40 प्रतिशत युवा शराब के आदी

उत्तराखंड में 15 से 49 वर्ष तक के 40 प्रतिशत लोग शराब पीते हैं, जो राष्ट्रीय औसत से 6 प्रतिशत अधिक है। देहरादून जिले में सबसे अधिक एवं पिथौरागढ़ में सबसे कम शराब बिकती है। नेशनल फैमिली हेल्थ सर्वे के सर्वे में यह बात सामने आई है। शुक्रवार को एम्स ऋषिकेश में शुरू हुई राष्ट्रीय आयुर्विज्ञान अकादमी (नाम्स) की 54वीं वार्षिक कॉन्फ्रेंस में एम्स के निदेशक प्रोफेसर राजकुमार ने कुछ वर्ष पूर्व हुए इस सर्वे की रिपोर्ट को [illegible] चिकित्सा विशेषज्ञों के सामने रखा। सर्वे के अनुसार उत्तराखंड में शराब की दुकानों में प्रतिवर्ष 9 करोड़ बोतलें बिकती हैं। अकेले देहरादून जिले में दो करोड़ से ज्यादा बोतलों की खपत है। राज्य के मैदानी जिलों देहरादून, ऊधमसिंह नगर, हरिद्वार और नैनीताल में सबसे अधिक शराब की खपत है। कुल शराब की खपत का अधिकांश इन जिलों में बिकती है। निदेशक प्रोफेसर राजकुमार ने बताया कि एम्स के स्टूडेंट भी शराब को लेकर उत्तराखंड में सर्वे कर रहे हैं। जल्द ही नए आंकड़े सामने आ जाएंगे।

अमर उजाला (दिनाँक 18 अक्टूबर 2014)

6 www.dehradun.amarujala.com अमर उजाला

राज्य का हर दूसरा आदमी पी रहा शराब

एम्स में नाम्स की 54वीं वार्षिक कांफ्रेंस में सामने आई बात

अमर उजाला ब्यूरो

ऋषिकेश। उत्तराखंड का हर दूसरा आदमी शराब का आदी है। जी हां! एम्स में 'शराब के दुष्प्रभाव तथा प्रमाण पर आधारित राष्ट्रीय नीति की आवश्यकता' विषय पर आयोजित कार्यशाला में यही बात उभरकर आई। उत्तराखंड में 17 से 40 आयुवर्ग के 40 प्रतिशत लोग शराब का सेवन कर रहे हैं। अन्य राज्यों के मुकाबले यहां सर्वाधिक 52 फीसदी लोग रिकॉर्ड शराब का प्रयोग कर रहे हैं।

राष्ट्रीय आयुर्विज्ञान अकादमी की 54वीं वार्षिक कांफ्रेंस (नाम्सकॉन-2014) एम्स की ऋषिकेश शाखा में शुरू हो गई। पहले दिन देश के जाने माने स्वास्थ्य विशेषज्ञों ने शराब से स्वास्थ्य, समाज और देश पर पड़ने वाले दुष्प्रभावों पर व्याख्यान दिए। बताया गया कि कांफ्रेंस में चिकित्सा विशेषज्ञों के सुझावों के आधार पर शराब के बढ़ते प्रचलन को कम करने के लिए राष्ट्रीय नीति का ड्राफ्ट तैयार किया जाएगा, जिसे एनएएमएस केंद्र सरकार को सौंपेगी।

एम्स में आयोजित नेशनल मेडिकल एकेडमी की तीन दिवसीय कार्यशाला का उद्घाटन करते अतिथि।

पहले दिन शराब के दुष्प्रभाव विषय पर हुई चर्चा

देश के जाने माने चिकित्सा विशेषज्ञों ने की शिरकत

शुक्रवार को तीन दिवसीय कंटीन्यू मेडिकल एजूकेशन (सीएमई) का अकादमी के अध्यक्ष सीएस भास्करानंद ने औपचारिक शुभारंभ किया। उन्होंने बताया कि शराब पीने से लीवर, अंग, मांसपेशियों, ब्रेन आदि को नुकसान के साथ व्यक्ति डिप्रेशन में पहुंच जाता है। महिलाओं द्वारा प्रेगनेंसी में अल्कोहल लेने से बच्चे के ब्रेन और शारीरिक संरचना पर भी विपरीत प्रभाव पड़ता है। एम्स निदेशक डा. राजकुमार ने बताया कि जनस्वास्थ्य पर दुष्प्रभाव डालने वाली शराब पर रोक लगाने के लिए राज्य सरकारें कोई प्रयास नहीं कर रहीं, बल्कि राजस्व के फेर में जनस्वास्थ्य से खिलवाड़ कर रही हैं। ऐसे में एनआईएसएएम, इंटरनेशनल लेबर आर्गेनाइजेशन, ड्रग कंट्रोल आर्गेनाइजेशन को इस दिशा में काम करने की जरूरत है। कांफ्रेंस के दौरान शराब से जुड़ी सामाजिक बुराई, दुष्प्रभाव तथा चिकित्सा प्रबंधन और निदान के विभिन्न पहलुओं पर चर्चा हुई। शराब की लत छुड़वाने के लिए लोगों को किस तरह से प्रेरित किया जाए, इस पर भी विस्तृत विमर्श किया गया। वक्ताओं ने शराब की खपत रोकने के लिए सरकारी स्तर पर भी पहल करने की बात कही।

कांफ्रेंस में आईएचबीएएस के निदेशक डा. निमेश देसाई, दिल्ली एम्स के मानसिक रोग विशेषज्ञ डा. राकेश कुमार चड्ढा, नाम्स के डा. [illegible] बख्शी, जीएसवी मेडिकल कालेज के सेवानिवृत्त प्रोफेसर (डा.) ओम कुमार गुप्ता, विवेकानंद ड्रग नशा मुक्ति केंद्र के अध्यक्ष डा. श्रीधर शर्मा आदि ने एल्कोहल के दुष्प्रभाव और रोक विषय पर व्याख्यान दिए। कार्यशाला में करीब 250 चिकित्सा विशेषज्ञों ने प्रतिभाग किया।

राज्यपाल आज करेंगे विधिवत शुभारंभ

ऋषिकेश। एम्स परिसर में आयोजित तीन दिवसीय सीएमई का राज्यपाल डा. अजीज कुरैशी शनिवार को विधिवत शुभारंभ करेंगे। इस दौरान देशभर से जुटे 30 चिकित्सा विशेषज्ञों को एनएएमएस की ओर से फैलोशिप प्रदान की जाएगी। इसके साथ ही 60 विशेषज्ञ चिकित्सकों को नेशनल एकेडमी ऑफ मेडिकल साइंस संस्था की सदस्यता प्रदान की जाएगी।

8 दैनिक जागरण देहरादून, 18 अक्टूबर 2014

शराब के दुष्प्रभाव पर राष्ट्रीय नीति जरूरी

राष्ट्रीय आयुर्विज्ञान अकादमी की 54वीं वार्षिक तीन दिवसीय कॉन्फ्रेंस

जागरण संवाददाता, ऋषिकेश: राष्ट्रीय आयुर्विज्ञान अकादमी की 54वीं वार्षिक कॉन्फ्रेंस में देश से आए चिकित्सा विशेषज्ञों ने शराब के दुष्प्रभाव और इसके लिए राष्ट्रीय नीति की जरूरत पर बल दिया।

अखिल भारतीय आयुर्विज्ञान संस्थान ऋषिकेश में आयोजित तीन दिवसीय वार्षिक कॉन्फ्रेंस का उद्घाटन डॉ. प्रो. कमल बख्शी व निदेशक एम्स डॉ. राजकुमार ने किया। राष्ट्रीय आयुर्विज्ञान अकादमी (नाम्स) में जुटे चिकित्सा विशेषज्ञों ने शराब के दुष्प्रभाव विषय पर अपने विचार व्यक्त किए। अधिकांश वक्ताओं का कहना था कि संपूर्ण देश में शराब के दुष्प्रभाव बढ़ते जा रहे हैं इसके लिए एक राष्ट्रीय नीति की जरूरत है। शराब पीना न सिर्फ शारीरिक, मानसिक, सामाजिक नुकसान पहुंचाता है, बल्कि यह समाज पर आर्थिक प्रभाव भी डालता है। अकेले उत्तराखंड में 15 से 49 आयु वर्ग के लोगों में शराब की लत 40 प्रतिशत पाई गई है, जो राष्ट्रीय स्तर से काफी अधिक है। परिचर्चा में विशेषज्ञों का कहना था कि विभिन्न मंत्रालय जैसे स्वास्थ्य तथा परिवार कल्याण, सामाजिक न्याय तथा सशक्तीकरण, मानव संसाधन मंत्रालय की ओर से संचालित विभिन्न कार्यक्रमों, योजनाओं के बीच समन्वय बिठाकर इसका अधिक लाभ कैसे लिया जाए। देशभर में शराब की खपत कम करने के लिए राष्ट्रीय स्वास्थ्य मिशन की भूमिका कैसे बढ़ाई जाए, इस पर ध्यान की जरूरत है। कार्यक्रम के संयोजक एम्स निदेशक डॉ. राजकुमार, आयोजक सचिव डॉ. सावित्री राय, सहसचिव डॉ. किरण कुमार मौजूद थे। इस दौरान एम्स ऋषिकेश की डीन डॉ. लतिका मोहन, डॉ. [illegible] पाण्डेय, डॉ. गौरव [illegible], डॉ. सुरेखा किशोर, डॉ. [illegible] चतुर्वेदी, डॉ. प्रतिमा गुप्ता तथा अन्य संकाय सदस्य उपस्थित थे। संचालन डॉ. संजीव मिश्रा निदेशक एम्स जोधपुर ने किया।

आज पहुंचेंगे राज्यपाल

नाम्स के तीन दिवसीय कॉन्फ्रेंस का औपचारिक उद्घाटन शनिवार को प्रदेश के राज्यपाल डॉ. अजीज कुरैशी करेंगे। एम्स निदेशक डॉ. राजकुमार ने बताया कि इस मौके पर देश के चुनिंदा 30 ख्यातिप्राप्त चिकित्सा विशेषज्ञों को फैलोशिप दी जाएगी। 63 लोगों को सदस्यता प्रदान की जाएगी। संपूर्ण देश से तीन दिनों में तीन सौ लोग इसमें भागीदारी करेंगे। अंतिम दिन [illegible] के बाद शराब पर प्रतिबंध और इसके दुष्प्रभाव को रोकने के लिए एक प्रस्ताव तैयार कर सरकार को भेजा जाएगा।

एम्स में आयोजित कॉन्फ्रेंस का शुभारंभ करते डॉ. प्रोफेसर कमल बख्शी, एम्स निदेशक डॉ. राजकुमार व अन्य। जागरण

परिचर्चा में शामिल विशेषज्ञ

- डॉ. निमेश देसाई, आईएचबीएएस निदेशक
- डॉ. राकेश कुमार चड्ढा (मानसिक रोग) एम्स दिल्ली
- डॉ. [illegible], निदेशक पीजीआई चंडीगढ़
- डॉ. कमल बख्शी, प्रो. नाम्स
- डॉ. [illegible] गुप्ता, रिटायर्ड प्रो. जीएसवीएम मेडिकल कालेज
- डॉ. बीबी गर्ग, प्रो. (मानसिक रोग) तथा अध्यक्ष विवेकानंद ड्रग नशामुक्ति केंद्र
- डॉ. [illegible] शर्मा, नाम्स फैलो
- डॉ. कुलदीप सिंह, अधिष्ठाता एम्स जोधपुर
- डॉ. संजीव मिश्रा, निदेशक एम्स जोधपुर