

**CONSEQUENCES OF DRUG ADDICTION AND ALCOHOLISM IN NAGA
SOCIETY: A CASE STUDY OF KOHIMA, DIMAPUR AND PHEK DISTRICTS**

**A THESIS SUBMITTED TO THE NAGALAND UNIVERSITY
IN FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF THE
DEGREE OF DOCTOR OF PHILOSOPHY IN SOCIOLOGY**

By:

VELHOU KOZA

Under the Supervision of

PROF. A. LANUNUNGSANG AO
Department of Sociology



DEPARTMENT OF SOCIOLOGY
SCHOOL OF SOCIAL SCIENCES
NAGALAND UNIVERSITY
HQRS: LUMAMI
INDIA

(2014)

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Ph.D Regd. No. 393/2009

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Department of Sociology



DEPARTMENT OF SOCIOLOGY
SCHOOL OF SOCIAL SCIENCES
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INDIA

(2014)

CERTIFICATE

This is to certify that this Ph.D thesis entitled, “Consequences of Drug Addiction and Alcoholism in Naga society: A Case Study of Kohima, Dimapur and Phek Districts” is an authentic and original work carried out by Velhou Koza, Regd. No.393/2009, Date of Regd. 28th Nov.2007, based on his field study conducted under my supervision.

This thesis fulfils all the norms of Ph.D Thesis under the rules and regulations of Nagaland University.

To the best of my knowledge, the thesis has not been submitted to any University or educational institute for award of any degree or diploma.

This may be placed before the examiners for evaluation.

Dated:

(PROF. A. LANUNUNGSANG AO)

Place:

Supervisor

CANDIDATE'S DECLARATION

I, do hereby declare that the thesis entitled “Consequences of Drug Addiction and Alcoholism in Naga Society: A Case Study of Kohima, Dimapur and Phek Districts” submitted for the award of the degree of Doctor of Philosophy in Sociology is a meticulous record of research investigation independently carried out by me under the guidance and supervision of Prof. A. Lanunungsang Ao, Department of Sociology, Nagaland University, Hqrs: Lumami during the period 2007-2014. The work is original and has not been submitted either in part or in full to any other University or institute for the award of any degree.

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Hqrs: Lumami.

Dedicated

To

My Wife,

My Father and Mother

&

To all who desire deliverance
from Drug and Alcohol
Dependency.

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Velhou Koza

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LIST OF ABBREVIATIONS

AIDS	: Acquired Immuno-Deficiency Syndrome
HIV	: Human Immunodeficiency Virus
CBN	: Central Bureau of Narcotics
NCB	: Narcotic Control Bureau
DAMS	: Drug Abuse Monitoring System
ICMR	: Indian Council of Medical Research
IDU	: Injecting Drug User(s) / Intravenous Drug User(s)
MHFW	: Ministry of Health and Family Welfare
MSJE	: Ministry of Social Justice and Empowerment
NACO	: National AIDS Control Organisation
NDPS Act:	Narcotic Drugs and Psychotropic Substance Act
NGO	: Non – Governmental Organisation
NSACS	: Nagaland State AIDS Control Society
NLTP	: Nagaland Liquor Total Prohibition
NSF	: Naga Students’ Federation
NBCC	: Nagaland Baptist Church Council
ANCSU	: All Nagaland Colleges Students Union
NMA	: Naga Mothers’ Association
NEIDUF	: North East India Drug Users Forum
NUN	: Nagaland Users Network
KUN	: Kohima Users Network
NNP+	: Network of Nagaland People Living with HIV
STD	: Sexually Transmitted Disease
STI	: Sexually Transmitted Infection
UNAIDS	: The Joint United Nations Programme on HIV/AIDS
UNDCP	: United Nations International Drug Control Programme
UNODC	: United Nations Office on Drugs and Crime
IDUF	: Indian Drug User Forum
WHO	: World Health Organisation
PLHA	: People Living with HIV/AIDS
N-NAGA DAO:	Network of Nagaland Drugs and AIDS Organisation
HRD	: Human Development Report

IVKVS	: Intravenous Killer Virus Spreader group
ICMR	: Indian Council of Medical Research
LSD	: Lysergic acid diethylamide
IMFL	: Indian Made Foreign Liquor
CSW	: Commercial Sex Worker
ICTC	: Integrated Counseling & Testing Centers
ART	: Anti Retroviral Treatment
DIC	: Drop - In - Centre
NDDTC	: National Drug Dependence Treatment Centre
WDR	: World Drug Report
NU	: Non User(s)
PU	: Post User(s)
CU	: Current User (s)
OST	: Oral Substitution Therapy
NA	: Narcotic Anonymous
AA	: Alcoholic Anonymous

LIST OF NON GOVERNMENTAL ORGANISATIONS

List of the Member NGOs of N-Naga DAO
(N-Naga DAO: Network of Nagaland Drugs and AIDS Organizations)

Member Organization

- | | |
|---|-------|
| 1. Agape Youth Welfare Centre, Wokha | Agape |
| 2. Akimbo Society, Dimapur | AS |
| 3. Bethesda Youth Welfare Centre, Dimapur | BYWC |
| 4. CAD Foundation, Dimapur | CAD |
| 5. Care and Support Society, Mokokchung | CCS |
| 6. Care Counseling Centre, Mokokchung | CCC |
| 7. Charity Club Multipurpose Society, Wokha | |
| 8. Dimapur Network Positive People | DNP+ |
| 9. Eastern Nagaland Social Service Society, Kiphire | |
| 10. Eleuthorus Christian Society, Tuensang | ECS |
| 11. Eureka Life Foundation, Phek | |
| 12. Evangeline Society, Zunheboto | |
| 13. Grace Society, Changtongya | |

IVKVS	: Intravenous Killer Virus Spreader group
ICMR	: Indian Council of Medical Research
LSD	: Lysergic acid diethylamide
IMFL	: Indian Made Foreign Liquor
CSW	: Commercial Sex Worker
ICTC	: Integrated Counseling & Testing Centers
ART	: Anti Retroviral Treatment
DIC	: Drop - In - Centre
NDDTC	: National Drug Dependence Treatment Centre
WDR	: World Drug Report
NU	: Non User(s)
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(N-Naga DAO: Network of Nagaland Drugs and AIDS Organizations)

Member Organization

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|---|-------|
| 1. Agape Youth Welfare Centre, Wokha | Agape |
| 2. Akimbo Society, Dimapur | AS |
| 3. Bethesda Youth Welfare Centre, Dimapur | BYWC |
| 4. CAD Foundation, Dimapur | CAD |
| 5. Care and Support Society, Mokokchung | CCS |
| 6. Care Counseling Centre, Mokokchung | CCC |
| 7. Charity Club Multipurpose Society, Wokha | |
| 8. Dimapur Network Positive People | DNP+ |
| 9. Eastern Nagaland Social Service Society, Kiphire | |
| 10. Eleuthorus Christian Society, Tuensang | ECS |
| 11. Eureka Life Foundation, Phek | |
| 12. Evangeline Society, Zunheboto | |
| 13. Grace Society, Changtongya | |

14. Guardian Angels, Dimapur
15. Gynsys Society
16. Impact Counseling Centre, Dimapur ICC
17. Inter Denominational Churches Care and Support IDCCS
18. International Border Area People Welfare Org. IBAPWO
19. Jerimmen Youth Society, Mokokchung
20. Kekhrie Foundation, Kohima KF
21. Kripa Foundation, Kohima
22. Living Hope Foundation, Dimapur
23. Mother's Hope, Dimapur
24. Naga Mothers Association NMA
25. Nagaland Users Network, Kohima NUN
26. Nagaland Voluntary Health Association NVHA
27. Namzin Chame Child and Women Welfare Society NCC
28. NEDHIV, Dimapur, NEDHIV
29. New Life Ministry, Dimapur NLM
30. NNP+, Kohima NNP+
31. Philanthropist Social Welfare Society, Wokha
32. Positive People Foundation, PPF
33. Prodigals' Home, Dimapur PH
34. Regional Rural Development Agency, Tuensang
35. Rengma Mothers' Association RMA
36. Renth Youth Mission, Baghty, RYM
37. Rukizumi Welfare Society, Pfutsero
38. Rural Area Development Society, Heningkunglwa
39. Salvatus Christian Society, Zunheboto
40. Secieku Society, Chizami
41. Shalom Rehabilitation Centre, Dimapur
42. Shansham Organisation SO
43. Tribal Farmers Association, Jalukie TFA
44. Truth Triumph Mission, Chozuba TTM
45. Turning Point, Mon TP
46. Voice of Gospel, Chiephobozou VoG
47. Walo Organisation, Mon Walo
48. Welfare Club, Bhandari

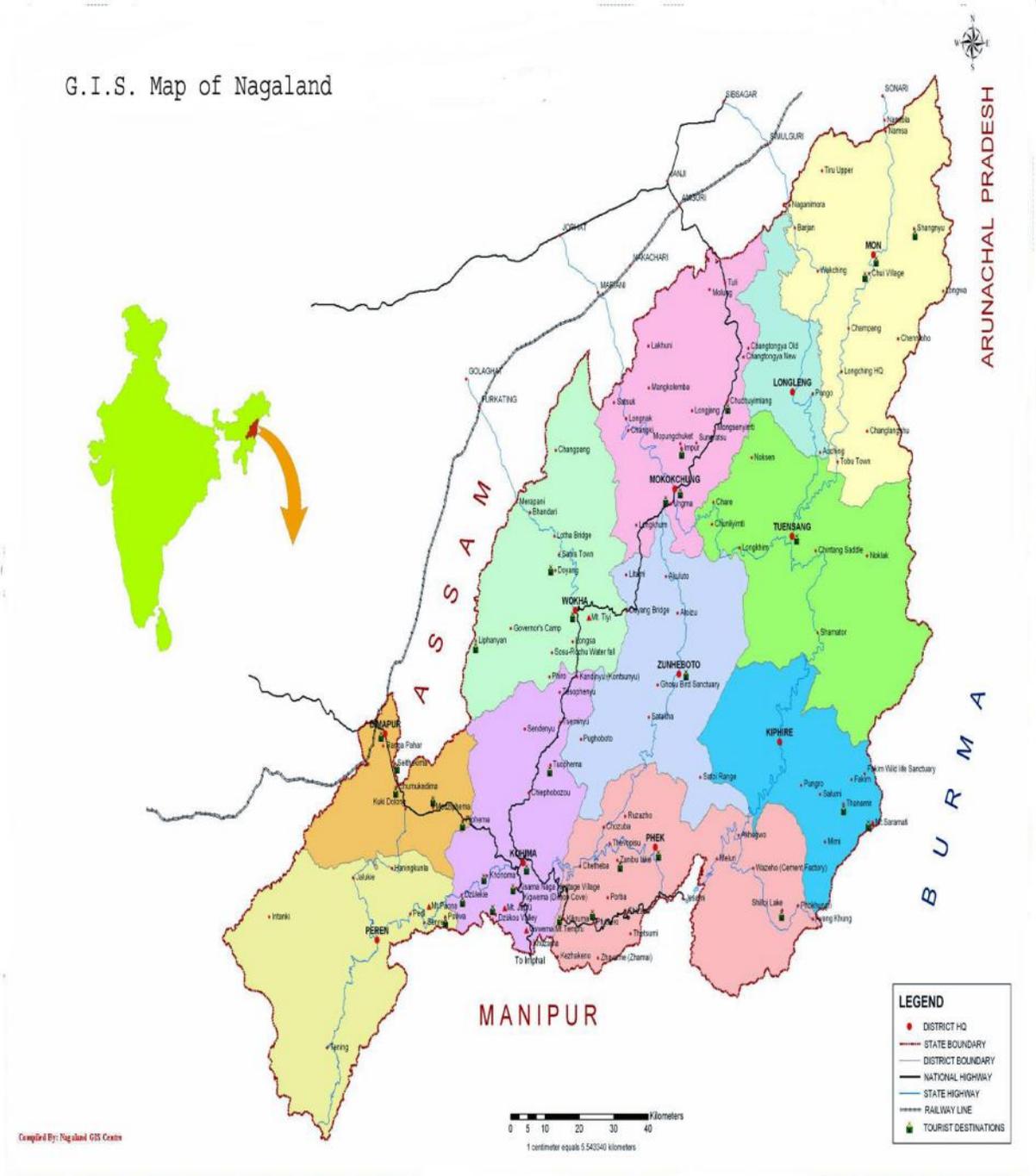
- 49. Women Welfare Society, Wokha
 - 50. World Vision of India, Dimapur
 - 51. YARD, Kohima
 - 52. Yingli Mission Society, Longleng YMS
 - 53. Youth Action for Social Service YASS
 - 54. Youth Aflame Society, Dimapur
 - 55. Youth Alive Society, Dimapur YAS
 - 56. Youth Mission, Kohima YM
 - 57. Zunheboto Welfare Club
- Source:** N-Naga DAO

Others

- Elpis Home: A Community Care Centre for People Living with HIV/AIDS
(PLHA) (Set up in 2008) - Dimapur
- Family Planning Association of India (Nagaland Branch, Kohima) - FPAI
- Chavara Home: A new hope centre Dimapur
(To enhance the life of People Living With HIV/AIDS (PLHA))
- Kohima Users Network - KUN
- Mon Users Network - MUN
- Mon Forum for AIDS and Drugs - MFAD (Sponsored by World Vision)
- Users Collective, Dimapur

MAP OF NAGALAND

G.I.S. Map of Nagaland



CHAPTER - 1

INTRODUCTION

1.1: Introduction

Drug Addiction and Alcoholism are the major social problems which are engulfing the youth all over the world. They are harmful not only for the individual but also for his family and the society at large. The UN has played a pioneering role in creating awareness among people across nations regarding the dangers of drug abuse and illicit trafficking of drug. The International Day against Drug Abuse and Illicit Trafficking is observed every year on 26 June to create awareness worldwide among drug-abusers as well as those who are engaged in waging war against drugs. Their main task in policy and action is not only to control supplies of drugs but also to reduce demand for drugs. Chemical dependency has now become an intense and pervasive social problem with a major social impact. Drug addiction is the global phenomenon that involves adolescents and adults throughout the world. The young persons throughout the world have become the most vulnerable group and easy victims of drug abuse. They are by far the largest drug abusing section of the population of any country. The widespread of drugs has become a human tragedy throughout the world.

Drug abuse is a global phenomenon. The sixties of the last century had witnessed the widespread use of cannabis and psychotropic substances in the affluent western world (WHO 1970). The use of drugs, being a world wide problem has adversely affected all sections of society. Even the sportsmen, the pride and wealth of nations, know that drug is responsible for the damage of their health. Yet they are forced to come in touch with different types of drugs. In sports, the drug use is more common among athletes for realising the dream of becoming world champions.¹

Drug addiction/dependence and alcoholism have become complex and serious social problems in the world. They have affected the social, health, economic, spiritual, psychological and cultural aspects of the people. Alcoholism is a condition in which the individual has lost control over his alcohol intake in that he is constantly unable to refrain from drinking once he begins. 'Alcoholism' implies a state of 'periodic' or chronic,

intoxication. Alcoholism is detrimental to individual as well as to the society. Drug addiction and alcoholism seems to be one of the most dangerous social problems today. These have spread their ugly hands not only in western countries but also in India. In India, the problem of drug abuse has become a matter of serious public concern, since eighties, especially on account of its proliferation among the youth in various socio-cultural and economic strata.

Drug addiction is the compulsive dependence on a substance, legal or illegal, characterized by compulsive drug consumption with associated loss of control in limiting intake, craving and surfacing of an emotional state in the absence of the drug. Addiction is a chronic, often relapsing brain disease that causes compulsive drug seeking and use despite harmful consequences to the individual that is addicted and to those around them. Drug addiction is a brain disease because the use of drugs leads to changes in the structure and function of the brain. Although it is true that for most people the initial decision to take drugs is voluntary, over time the changes in the brain caused by repeated drug abuse can affect a person's self control and ability to make sound decisions, and at the same time send intense impulses to take drugs.

The problem of 'Alcoholism', until a few decades ago, was considered a moral problem and a sign of social irresponsibility. Several states in India have enforced total prohibition but they have not succeeded in eradicating this evil. After the introduction of the prohibition policy in some states, it was viewed as an illegal act. Now it is considered by some scholars more as a complicated, chronic and immensely costly disease than a type of a deviant behavior. The victim needs not the punitive treatment by specialists-psychiatrists, doctors, social workers and others who will help him in his personality reconstruction. It is because of these changes in the brain that it is so challenging for a person who is addicted to stop abusing drugs.

Alcoholism has much in common with the problem of drug abuse. Both consist essentially of the habitual use of chemical agents to produce a temporarily pleasant mental state. In either case, the results can be extremely dangerous. Addicts in both require therapy rather than penal action. However, inspite of these similarities, the two problems are considerably different and require separate discussion. Most drinkers in India are infrequent

and moderate drinkers while the compulsive drinkers or alcoholics are only a minority. Drinking is not as dangerous as drug addiction.

Emerging trends in north eastern states indicate that alcohol abuse is turning out to be the most serious health problem affecting young people and could be even more serious than drug abuse. Doctors and social workers in the region suggest that there is an urgent need for health policy interventions. It states that the menace of drug addiction/dependence had its beginning in the North East India, particularly Nagaland in the mid 80s as a silent killer.²

Nagaland is one of the most under developed states of India in the North-East region. It is land-locked by Myanmar on the east, Assam on the West and Manipur in the South. A phenomenon of social evil that emerged during the 1980s in Nagaland was the problem of drug abuse. Drug abuse thereby causing addiction or dependence is a major social problem which is engulfing today's younger generations of the world of which Nagaland is no exception. Nagaland, a tiny state, is crept with the epidemic of drug abuse and alcoholism and has become a serious social problem that cannot be left unattended. Drug addiction and alcohol abuse is prevalent not only in urban areas but also in the rural areas of the state. The most tragic victims are the youths. Drug and alcohol abuse has affected the social, personal health, economic, spiritual, psychological and cultural aspects of the people. The evil of drug addiction and alcohol dependence syndrome is sapping the vitality of the socio-economic fabric and particularly the younger generation which forms the most productive section, and the future of Naga society. Drug abuse and alcoholism is a major social problem which needs to be addressed collectively by both NGOs and government agencies.

The study proves that alcoholism has remained a complex and social problem in Nagaland since 1870s when American Baptist Missionaries prohibited the consumption of local rice beer and the problem of drug addiction started in 1980s. It is a gigantic problem which is acquiring an epidemic proportion by engulfing the younger generation all over the state. Drug dependence denotes habitual or frequent use of a drug. Prevalence of drugs and drug culture among the youths are not a new phenomenon in modern Naga society. One of the most widespread and burning social problems creating a grave in the social periphery is the problem of drug and alcohol abuse. The young persons in Nagaland have become the most vulnerable group and easy victims of drug and alcohol abuse.

Drug dependence is a concern because it poses a threat to the users' health. Negative effects of drug abuse vary depending on the type of drug consumed, the doses taken and the frequency of use. All illicit drugs have immediate physical effects, but they can also severely hinder psychological and emotional development, especially among young people. Drug addiction/dependence is a disease as indicated by WHO and today it is observed as a major plaguing problem in the Nagaland. The existence of drug dependence today is alarming with an ever increasing number of drug users in our state.

The epidemic of alcoholism has become so serious that cannot be ignored. Alcoholism has emerged as the most important cause of distress, crime and violence in present day Naga society. Drinking is woven into the fabric of our society - sharing a bottle of wine over a meal, going out for drinks with friends, celebrating special occasions with champagne etc. But because alcohol is such a common, popular element in so many activities, it is hard to see when a person's drinking has crossed the line from moderate or social use to problem drinking.

The consequences of drug and alcohol abuse are serious in Nagaland. Drug and alcohol dependence causes extensive damages to an individual's health, loved ones and the society. It takes the lives of hundreds of innocent and promising young people and exacerbates situations involving violent crimes and domestic violence in the Naga society. Every community is living with the problem of 'Drug Abuse' and 'Alcohol Abuse' and that "those under this bondage are our brothers and sisters, daughters and sons, mothers and fathers relatives and friends. The increase of crimes, violence and distress is due to the dependence of chemicals and liquor in the Nagaland. The menace of drug dependency in Nagaland is alarming and still worse, it is spreading rapidly. Drug abuse and alcoholism is playing havoc in many Naga families.

There are various major social problems such as killing, extortion, stealing, cheating, prostitution, hatred, jealousy, bribery, alcoholism and substance abuses which have inflicted the Naga society and alcoholism has been considered the worst of all. In the 1870's the American Baptist Missionaries prohibited the use of rice beer. Later, during the 1980's the Naga Baptist Churches and the Naga Mothers Association banned the consumption and sale of rice beer and alcohol. In 1989, they lobbied with the state government which resulted in

passing the “Total Prohibition of Liquor Act” in the same year.³ Nagaland is among the third dry state in the country where consumption and the sale of alcoholic are prohibited as per the Nagaland Liquor Total Prohibition Act in 1989, yet alcoholic drink is still readily available.

Drug abuse and alcoholism has become a major cause of tension and distress, crime and violence in present day Naga society. It has changed the traditional family value and structure which Nagas uphold. In the family scenario drug and alcohol abuse causes family quarrel, wife beating, break-up or even divorce of husband and wife leaving behind the children. On the larger areas of social concern there are killing, extortion, stealing, cheating, prostitution, hatred, jealousy, bribery, corruption etc which have inflicted the youths of Nagaland. It has further resulted in the escalation of school and college drop-outs.

1.2: Concepts and Operational Definitions

The various concepts relating to twin social problems of drug addiction/dependence and alcoholism need some clarity and therefore they are illustrated as under the following points:

Addiction/Dependence

Addiction is a compulsive habit. The word ‘Addiction’ is derived from Latin word ‘Addictus’ which means devoting or surrendering one’s life, giving self to some habit or substance, losing one’s soul, being caught or hooked (Dictionary definition). The word ‘addiction’ is generally used to describe physical dependence. Thus, addiction or ‘physical dependence’ is “a state whereby the body requires continued administration of the drug in order to function”. Body functioning is interfered with if the drug is withdrawn, and withdrawal symptoms appear in a pattern specific for the drug. The total reaction to deprivation is known as ‘abstinence syndrome’. Uddin (1997) indicates the definition of addiction pointed out by Mac Farland, that it has to be defined in relation to the impact the drug has on the behavior of a person. The relationship between the person and the substance determines how that person functions socially. She observes that addiction is a bio psychosocial process and defines addiction in the following terminology:- “Addiction is the compulsive use of a substance with loss of control and continued use of that substance inspite of negative consequences”.

Jha (2010) states that addiction is a physical or mental dependence on a behaviour or substance that a person feels powerless to stop. Although there is no definition of “addiction” that is universally accepted, in general, addiction refers to a physiological and psychological dependence on a drug. While some drugs of abuse induce physiological addiction, others do not. Alternatively, some drugs that are physiologically addictive generally are not abused (e.g., caffeine). “Habituation” is the term used to refer to psychological dependence on a drug.

James has affirmed that the definition of addiction in the medical terminology still has some currency. According to him “Addiction is a condition induced in a certain higher mammals by chronic administration of central nervous system depressants like alcohol, barbiturates, and opiates, in which a gradual adaptation of the nervous system to the drug causes a latent hyper excitability that becomes manifest when the drug is withdrawn and produces physiological symptoms that are interpreted as a physical need for the drug”. Weissman has defined addiction as the periodic or chronic abuse of drugs characterized by physical dependence and psychological dependence and tolerance.⁴ Instead of ‘addiction’ the use of the term ‘Dependence’ was recommended by World Health Organization in 1965. Addiction or dependence is a mental disorder characterized by the compulsive desire to take a psychoactive drug on a continuous basis in order to experience its pleasurable effects or avoids the unpleasant symptoms that occur on its discontinuance.

Addiction; Disease

It took a long time for the medical world to accept that addiction is a disease like malaria or diabetics. The World Health Organisation (WHO) and the American Medical Association accepted the fact that addiction is a disease. It is a permanent, primary, progressive and terminal disease (Karinthayil, 2000). The World Health Organisation regards alcoholism as a DISEASE. So does the American Medical Association. So does the United States Public Health Service. So do many other Professional groups. The courts and lawmakers are also beginning to recognize and treat alcoholism for what it is: A MAJOR DISEASE.⁵ Drug addiction is a chronic, relapsing, and treatable disease. In other words, ‘Addiction’ is a chronic, often relapsing brain disease that causes compulsive drug seeking and use despite harmful consequences to the individual that is addicted and to those around them.⁶

Drug

The term 'drug' simply refers to a chemical compound used for treatment of diseases. The word 'DRUG' is derived from the French word "DROGUE" which means a dry herb. Drug means any substance, when taken into living organism, may modify one or more of its functions (Alangla, 1990). Drug is a chemical substance associated with distinct physical and/or psychological effects. It alters a person's normal bodily processes or functions. But this definition is too broad. In medical sense, a drug is a substance prescribed by a physician or manufactured expressly for the purpose of treating and preventing disease and ailment by its chemical nature and its effect on the structure and functions of a living organism. In the psychological and sociological contexts, drug is a term for habit forming substance which directly affects the brain or nervous system. More precisely, it refers to "any chemical substance which affects bodily function, mood, perception, or consciousness which has potential for misuse, and which may be harmful to the individual or the society". Scientists defined drug as any substance other than food, which is taken to change the way the body or mind functions (WHO 1975). Drug abuse thus could be defined as use of any drug that causes a problem with the physical and mental capabilities normal to human being.

Alcohol

As per dictionary meaning, alcohol is a colourless volatile flammable liquid, especially as the intoxicant in wine, beer, spirits, etc., and as a solvent, fuel etc. Alcohol is a mixture of Ethyl alcohol and water obtained by distillation of fermented saccharine liquids. Alcohol is a powerful drug which depresses the central nervous system. It is a poisonous substance that can create habituation, craving and addiction. Robert Fleming of the World Health Organization said, "Alcohol is a poison to the nervous system. The solubility of alcohol in water and fat enables it to invade the nerve cell. A person may become a chronic alcoholic without ever having shown symptoms of drunkenness".

Drug Addiction

Drug Addiction is a state where the person is physically, emotionally and psychologically dependent on the drugs for his/her normal functioning. The World Health Organization expert committee defines drug addiction as "a state of periodic or chronic intoxication, detrimental to the individual and to society, produced by repeated consumption of a drug either natural or synthetic. Its characteristics include:

- (a) An overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means:
- (b) A tendency to increase the dose; and
- (c) A psychic (psychological) and sometimes a physical dependence on the effects of the drug”.

This definition covers both alcoholic drugs which have a narcotic (sleeping effect) and are used for self-indulgence. Although the disorganizing effects of these alcoholic drinks and other narcotic drugs are almost similar and are only a matter of degree, the use of the former is more rampant.

Cancrini and others have attempted to define the term ‘Drug addiction’ in the following terminology:-

“It consists in a state of intoxication provoked by the repeated and voluntary use of natural or synthetic drugs.”

This type of intoxication is characterized by the following features:-

- (i) The compulsive need (physical or psychological) to continue using drug;
- (ii) The irresistible craving for the drug and consequent necessity to procure it at all costs;
- (iii) A general loss of interest of in other pursuits and other relationships;
- (iv) The acceptance of social role of drug addicts (Uddin, 1997).

Drug Addiction is a chronic, relapsing, and treatable disease. Addiction begins with a conscious choice to use drugs, but addiction is not just “a lot of drug use.” Recent scientific research provides overwhelming evidence that not only do drugs interfere with normal brain functioning creating powerful feelings of pleasure, but they also have long – term effects on brain metabolism and activity. At some point, changes occur in the brain that can turn drug abuse into addiction. Those addicted to drugs suffer from a compulsive drug craving and usage and cannot quit by themselves.⁶

Alcoholism

The term “alcoholism” was first used in 1849 by the physician Magnus Huss to describe the adverse effects of alcohol. The World Health Organization now no longer recommends the term alcoholism but prefers the term “alcoholic dependence syndrome”.

'Alcoholism' implies a state of 'periodic' or chronic, intoxication. It is detrimental to individual as well as to the society. The people, who once become habitual of taking wine, do not take seriously its mental, moral and physical consequences. Biologically speaking, drinking disturbs the metabolism tissues and thus, once drinking is started the body needs its continued quota and thus intoxication continues.

Thomas Trotter, an Edinburgh physician in 1804, in an early attempt to define alcoholism wrote: " In medical language, I consider drunkenness, strictly speaking, to be a disease, produced by remote cause, and giving birth to actions and movements in a living body, that disorder the functions of health. The Committee on Alcoholism and Drug Dependency of the American Medical Association defines alcoholism as "an illness in which there is preoccupation with alcohol and loss of control over its consumption, as a type of drug dependence that can harm a person's health and interfere with his ability to work and get along with people." E.M. Jellinek, the late former consultant on alcoholism to the World Health Organisation, offered this definition; "Alcoholism is a progressive disease characterized by uncontrolled drinking". The word 'uncontrolled' is a key one. For, the individual cannot help but drink, even against his better judgment. He becomes a victim to his pleasure and is utterly lacking in the ability to "do without".

Morris Chafets says, "Alcoholism is drinking too much, too often. It is permitting alcohol to play an inordinately powerful role in a person's life". L. Ann Mueller and Katherine wrote, "Alcoholism is a complicated, catastrophic disease that, given enough time, will destroy your health and your happiness".⁷ Seldom Bacon is of the view that, alcoholism within an adult individual is a disease, characterized by a compulsion to drink in order to face ordinary life problems.

Alcoholism is a condition in which an individual loses control over his alcohol intake in that he is constantly unable to refrain from drinking once he begins.⁸ Alcoholism has been characterized by four factors:

- (1) Excessive intake of alcoholic beverages,
- (2) Individual's increasing worry over his drinking,
- (3) Loss of the drinker's control over his drinking, and
- (4) The disturbance in functioning in his social world.

Drug Addict

A drug addict is someone who becomes physically, emotionally and psychologically dependent on the drugs/substances and the absence of which will create withdrawal symptoms in the person. A drug addict is the one who habitually takes drugs. A drug addict is one who uses drugs everyday and finds it hard to stop using. An addict is a man or woman whose life is controlled by drugs, or who is under the bondage.

Drug Abuse / Substance Abuse

‘Drug abuse’ is the use of illicit drug or misuse of legitimate drug resulting into physical or psychological harm.

Drug Dependency

The World Health Organization (WHO) recommended the use of the term ‘Dependence’ rather than ‘addiction’ in 1965. Therefore, the term ‘drug dependence/dependency’ is used instead of the term ‘drug addiction’. ‘Drug dependence’ denotes habitual or frequent use of a drug. The ‘dependence’ can either be physical or psychological. Physical dependence occurs with the repeated use of the drug when the body has adjusted to the presence of a drug it will suffer pain, discomfort or illness if the use of the drug is discontinued.⁸

Drug Dependent

A drug dependent is one who depends on drug use and finds difficult to stop using it.

Drug Peddler

A Drug Peddler is one who travels and sells drugs.

Alcoholic

An alcoholic is one who uses alcohol everyday and finds it hard to stop using. According to WHO, “Alcoholics are those excessive drinkers whose dependence on alcohol has attained such a degree as they show a noticeable mental disturbance or an interference with their mental and bodily health, their interpersonal relations and their smooth social and

economic functioning; or who show the predominant sign of such developments. They therefore require treatment.⁹

Bibber

A person who regularly drinks alcoholic beverages is called as bibber.

Alcoholic Dependence Syndrome

Instead of 'alcoholism' the use of the term "alcoholic dependence syndrome" has been preferred by World Health Organization.

Alcoholic Addictive Drinker

An alcoholic addictive drinker is a person who likes to drink for the significant difference. He has no control over where, when and how much he drinks.

Alcohol Dependent

One who habitually takes alcohol and finds difficult to stop using it is known as an alcohol dependent.

Bootlegger

A Bootlegger is the one who manufactures sells or transports alcoholic beverages illegally.

Prohibition

Prohibition means the forbidding by law of the manufacture, transportation and sale of alcoholic liquors except for medicinal and sacramental purposes.¹⁰

1.3: A Brief Profile of Nagaland and Addiction Background

1.3: (i) Glimpses of Nagaland

Nagaland is originally a tribal state covering an area of 16,527 sq. km. (approx). It has a rich oral tradition which has been handed down from generation to generation; nature was in its full mood when this landscape was created. This fact has been very well proved by the beauty in various parts of the state which compile together to make Nagaland a dream

project-high mountains, grassy plains, murmuring streams, colourful rainbow and the sun peeping through the clouds are all spell binding. Though being the pride owners of this charismatic land, the people here are humble, simple and very down-to-earth. The land which encompasses within itself so much beauty has rightly been called as the 'Switzerland of the East'. The State of Nagaland Act, 1962 converted the Naga Hills Tuensang Area into a separate state and the new state called Nagaland was inaugurated with a colourful function held at football ground in Kohima on Dcember 1, 1963, and presided over by Dr. S. Radhakrishnan, the then President of India.¹¹

The Nagas belonged to a Mongolian stock, dividing themselves into so many tribes. They inhabit a long strip of steeply ridged and wild forested country between the Brahmaputra valley of Assam and the boarder of Myanmar (Burma). They differ much from the rest of the Indians in their origin, culture and their appearance too. Their main subsistence is agriculture. Since 1960 Nagaland has become the 16th state of the union Govt. of India. But there are still many more tribes living in Burma, Manipur, Arunachal and Assam and their willingness to live together with their fellowmen under one Government has been felt.¹²

From 22nd to 26th October 1959, the third Naga People's Convention was held at Mokokchung Town, where the 16-point memorandum was drawn up to be submitted to the Government of India through the Governor of Assam. Among other points, the proposals for formation of separate state to be known as NAGALAND, and formation of the Interim body for a period of three years, just before the formation of the state of Nagaland, was accepted by the Government of India, under the Prime Ministership of Late Jawaharlal Nehru. The State of Nagaland Act, 1962 converted the Naga Hills Tuensang Area into a separate state and the new state called Nagaland was inaugurated in a coulourful function held at football ground in Kohima on Dcember 1, 1963, and presided over by Dr. S. Radhakrishnan, the then President of India.¹¹

The magical valley of Nagaland is situated in the eastern side of the Indian sub-continent. It is located approximately between 25⁰ 6/N and 27⁰ 4/N latitude and between the longitudinal lines 93⁰20/E and 95⁰15/E. Nagaland is surrounded by Assam in the West, Myanmar (Burma) in the East, Arunachal Pradesh and parts of Assam in the North and Manipuir in the South. The Nagaland physiographic is full of hills and ranges. The Naga hills

run through the state, with Saramati as its highest peak. The main rivers that flow through Nagaland are Dhansiri, Dikhu, Doyang, Milak, Tizu and Zunke. There are also rarest varieties of flora and fauna. The state is blessed with pleasant sub-alpine climate all year round. The temperature here is quite bearable during summer (June to September) with min 16^o C to 31^o C max and during winter (October to February) with min 4^o C to 24^o C max. The state of Nagaland records heavy rainfall. The heavy monsoon rain normally occurs from May to August with occasionally dry-spells during September to October. Dry season begins from November and continues till April.

Agriculture is the main occupation of 90 percent of the population of the state of Nagaland. Terrace and Jhum Cultivations are practiced in Nagaland. Government jobs are another essential income source of the people in Nagaland. Private jobs and business constitute the vital professions for the economy of the people in the state. Substance abuse and alcoholism have affected the family life and have been the main causes of poverty and family tension. Drug and alcohol abuse destroys both health and wealth. It is the root cause of poverty resulting in drop-outs in schools and society. Drinking affects the business, the office efficiency and factory productions.

Nagaland, the land of festivals and celebrations, offers to each of us opportunities to celebrate life with its natural beauty and bounty. The resources are plentiful in every aspect of life and most of us celebrate life meaningfully while some of us become victims of failures and misfortunes of sicknesses and addictions. Substance abuse and alcoholism is not an alien to us any longer. We have seen our siblings, friends and known people who have fallen into it and not been able to overcome their behaviour and some of us have lost our beloved ones to this menace. The Newspapers and researches show that Nagaland has become a place of transit for the illegal transaction of drugs in different forms. This poses a threat to the health of our young people. We cannot close our eyes and say that it is not happening to me or to my family. It is there in the midst of us whether we like it or not.¹³

The state of Nagaland is a narrow strip of mountainous territory between the Brahmaputra valley of Assam and Myanmar. Nagaland is predominantly a tribal state comprising of 11 districts. It has a total population of 19, 88,636 as per 2001 census. The literacy rate of Nagaland according to the 2001 census is 67.11 percent—male: 71.77 percent,

female as 61.92 percent. The sex ratio in 2001 is 909 females against 1000 male. Nagaland has the total population of 19,80, 602, out of which 10,25,707 are male and 9,54,895 are female as on March 1, 2011 according to the Provincial Population Totals of Nagaland for Census 2011. This shows a negative growth rate of -0.47 percent during the decade from 2001 to 2011. Nagaland literacy rate in 2011 rose to 80.11 percent, which is above the national level 74.04 %. According to 2011 census the literacy rate for male is 83.29 percent and female of 76.69 percent. The sex ratio according to 2011 census is 931 females against 1000 males.¹⁴

1.3: (ii) Background of Drug Addiction and Alcoholism in Nagaland

The repercussions of drug abuse were felt seriously in the second half of the 20th century. USA was the first country to be worst affected by the menace of drug abuse. The American youth developed their own “hippie culture” and started living nomadic life, full of sex and drugs. The drug addictive behaviour spread like an epidemic, affecting nearly all the countries of the world, including India. Drug addictive (or drug dependence) behaviour is characterised by behavioural and other responses that always include a compulsion to take one or more psychoactive drugs on a continuous or periodic basis to experience its effects or to avoid the discomfort of its absence.⁹

Use of drug is as old as the history of mankind. Almost all primitive and modern societies seem to have used some mood modifying drugs even if in some cases it was only alcohol. The use of dependence producing drugs in India has long traditional and social roots (Choudhury 2004:11). But the problem of drug abuse became acute in the decades following World War II. The drug problem in the contemporary world had its origin in the middle of the 18th century in the cultivation of opium in India and its export to China by the East India Company. The world problem of drug-abuse, however, had started nearly two hundred and fifty years ago. But the international problem of drug-abuse assumed gigantic proportion during the Second World War. Drug-abuse in India evolved into a national problem since the 1980's. By the 1960's the global illicit drug market was already a vast organization requiring an enormous aggregation of addicts to sustain its operations.

Alcohol can be said to be man's oldest drug. In ancient times, alcoholic beverages were used to treat many disorders. In India, the earliest reference to the use of intoxicating

beverages is traceable to the period around 2000 B.C. Three kinds of drinks were known at the time of Manu, namely Quouni prepared from molasses, Madu from the sweet flowers of bassia, Latifolia and Paisthi from rice and barley cakes. Jagla a kind of rice beer is mentioned in the Susruta- a Sanskrit medical literature written in the 5th century. In India the harmful effects of the abuse of alcoholic beverages were realized from very early days. Thirukkural which was written in 2000 B.C. highlights the ill-effects of drinking and drunkenness. According to this text, the Kings who are addicted to alcohol are not feared by their foes. Manusmrithi and Yagnavalkya Smrithi have pointed out that drunkenness is one among the five sins.

The period (1800 to the present) includes the deep influence of British colonial rule and the recent half century of Indian independence, beginning in 1947. The contradictions and ambiguities-with widespread alcohol use in some sectors of society, including the high status caste of warriors/rulers (Kshatriyas), versus prohibitions and condemnation of alcohol use, especially for the Brahmin (scholar-priest) caste, have produced alcohol use patterns that include frequent high-risk, heavy and hazardous drinking.¹⁵ During the British regime in India, the use of alcohol was common. They have brought Christianity and education but did not discourage the use of drugs and liquor. Opuim was commonly abused during the administration of the British.

The problem of drug consumption has had a far-reaching effect in the North-East. All the factors conducive for consumption are available in the region. While the proximity to the Golden Triangle ensures the availability and accessibility of multifarious drugs, difficult topography is a major constraint in stopping and detecting the flow of Narcotics. The spirit in heroin addiction in the North-Eastern States is said to have started in early 1984 in Manipur and prior to that morphine addiction was common (Mizoram 1993-95). The most common method of drug administration adopted by addicts in the North-East is by way of injecting. As the goals of supply and demand reductions have not achieved significant success, the aim is now at harm reduction (Ghosal, 2003: 99). Emerging trends in the north eastern states indicate that alcohol abuse is turning out to be the most serious health problem affecting young people here and could be even more serious than drug abuse. Doctors and social workers in the region says that there is an urgent need for health policy interventions.

Nagaland is one of the most under developed states of India. Till 1980, drug addiction was not heard in Nagaland but nothing has come to light more shocking than the evils of drug addiction in Nagaland since then. Nagaland is passing through a turbulent period in its history, the transition from a traditional tribal society to a modern technological culture, lamented that home and families do not discuss values anymore.

a. History of Drug Introduction in Nagaland

The menace of drug addiction had its beginning in the North East India, particularly Nagaland in the mid 1980 as a silent killer. Arguably, this is the impact of Rock and Roll music, globalization and of course triggered by ignorance. At its initial stage the youths started to abuse heroin in its purest form just out of sheer ignorance (NUN, 2011). Reportedly, the number of IDUs in the northeast in 2008 was 120,263, but by April 2010 it stood at 256,968. It further adds that 40 percent of the total population in the northeast falls within the age group of 15 - 30 years.¹⁶ Thus, it is understood that the population vulnerable to this menace are youth and those in early adulthood. Drug abuse is one of the major elements that has led or influenced the young minds into addiction. Drug addiction/dependence is a disease as stated by WHO and today it has plagued the society to a serious situation. Drug dependence refers to a mental state characterized by a compulsion to take a drug on a continuous or periodic basis in order to experience its psychic effects and sometimes to avoid discomforts in its absence. No one is born a drug dependent but actually becomes one because of emulating the behaviour of parents, friends and other members of the society. Drug addiction is spreading like an epidemic in Nagaland. Realising the seriousness, various NGOs, civil societies and the Governmental Agencies ought to combat the plaguing problem.

b. History of Alcohol Abuse in Nagaland

The use of alcohol has been recorded before the advent of Christianity in Nagaland. But alcohol was not a problem then. It was part of staple food. No records of oral history show the abuse of alcohol before it was prohibited by the Baptist missionaries in 1870s. In 1870's the American Baptist Missionaries prohibited the use of rice beer. Later, during the 1980's the Naga Baptist Churches and the Naga Mothers Association banned the consumption and sale of rice beer and alcohol. In 1989, the Naga Baptist Churches and the Naga Mothers

Association lobbied with the state government which resulted in passing "Total Prohibition of Liquor" Act.

Alcohol can be said to be man's oldest drug. The problem of alcohol abuse or alcoholism in the Nagaland has been a growing concern for the last hundred years or so. Naga forefathers drink locally brewed rice beer since time immemorial and children also drink with their parents during the day time and before dinner. The consumption of rice beer was as part of their staple food but today alcohol abuse is turning out to be the most serious health problem affecting young people in Nagaland and could be even more serious than drug abuse. Alcoholism has been considered as one of the major social evils or sins. The harmful effects of the abuse of alcoholic beverages were realized from the very early days. The availability of alcohol has increased the problem of alcohol abuse in our Naga society. There are various major social evils such as killing, extortion, stealing, cheating, prostitution, hatred, jealousy, bribery, alcoholism and substance abuses which have inflicted the Naga society and alcoholism has been considered the worst of all.

1.4: Statement of the Problem

Though, Nagaland is a tiny state in the North-Eastern part of India, the epidemic of substance abuse and alcoholism has become so serious that it cannot be left unattended. Drug dependence and consumption of alcohol has become a popular practice in the culture of the Nagas, so it is a menace in the Naga society. Drug addiction and alcoholism has affected the social, health, economic, spiritual, psychological, cultural aspect of the people. The addiction of drugs and alcohol has become a social evil and a disease in Nagaland. The scourge of drug dependency and alcoholism is eating away the vitals of our Naga Society by spreading its tentacles amongst vulnerable sections of the populations. The drugs business-related violence and crime in our society is frightening and its influence is alarming.

Addiction is a chronic, often relapsing brain disease that causes compulsive drug seeking and use despite harmful consequences to the individual that is addicted and to those around them. It is because of these changes in the brain that it is so challenging for a person who is addicted to stop abusing drugs. Realising the seriousness, we need to take urgent steps to root out the evil and cure the disease. Westernization, modernization, frustration,

depression, experiment, and peer group relation are the factors which lead to chemical dependence and alcoholism affecting the individual, the family and the society at large.

Drug dependence and alcoholism have emerged as the most important causes of distress, crime, violence stealing, extortion, prostitution, suicide, rape, killing, prostitution, manipulating etc. in the present day Naga society. The crimes have increased and become violent and made the streets and neighborhood unsafe due to the influence of drugs and alcohol. A large number of road accidents are the result of the drivers being under the influence of drugs and alcohol. Many drug addicts imagine that they can fly or do supernatural things. The drugs like Lysergic acid diethylamide (LSD) produce hallucination and its users have stepped off high-storied building plunging to their death. Most of the recent suicide cases are due to taking such drugs.

It is observed that abuse of drugs and alcohol has resulted in the erosion of family values and structure, for e.g. broken family relationship and the need for the money cause stress to the family. The social effect of drug dependence and alcoholism is as such that it affects the person's work and career. An individual skips works and whenever he or she attends the duty, it is not productive because of the influence of drugs and alcohol. Due to drug abuse and alcohol consumption, there are instances like family quarrel, wife beating, break-up or even divorce of husband and wife leaving behind the children. The High number of school and college drop-outs are also due to influence of drugs and alcohol in our society.

Alcoholism has affected the social, health, economic, spiritual, psychological and cultural aspects of the people. Alcoholism is detrimental to the individual as well as to the society. The problems of alcoholism-in terms of personal misery, family budget, family discord, loss of wages, failure of health, accidents and cost in damages claims, cost of hospital treatment, cost in custodial treatment in jail, monetary damage in courts, and inducement to crimes are almost disastrous. Social deviance and social problems emerge from the use and abuse of alcohol. A good number of persons arrested for crimes like rape, burglary, murder and theft are those who committed them while under the influence of alcohol. Alcohol abuse causes extensive damage to one's health, one's loved ones, and society. A drug user spends his money on drugs. Drug abuse leaves no room for wealth. Drinking destroys both health and wealth. He spent his money outside his family. Drinking

leaves no room for wealth. It is the root cause of poverty resulting in dropouts in schools and society. Alcoholism results in hundreds of death every year in Nagaland. Drug and Alcohol users contact health problems like kidney failure, liver, T.B., HIV/AIDS, and Hepatitis B/C, causing premature death.

As of 2010, there were estimated 40,000 drug users and approximately 27,000 Injecting Drug Users (IDUs) in Nagaland (Nagaland Post, Dated 20th of Nov. 2010). There is no available statistic on alcoholics, but it has been estimated that the number of drug users and alcoholics in Nagaland would cross a minimum total of 50,000.¹⁷

AIDS is caused by a virus called HIV. Anyone with HIV can pass it on to another person when sharing needles or syringes to inject drugs, pierce body parts, make tattoos, or for any other reason. Injecting Drug Users constitute a high vulnerable group for HIV/AIDS transmission in Nagaland. According to the analysis report of 1998-2005 by NSACS, the data shows that the HIV among Injecting Drug Users (IDUs) prevalence median rate in Nagaland is 1.22% in 2006.

The table shows consolidated sentinel surveillance report in the selected districts.

Table 1.1
Intravenous Drug Users (IDUs)

Year	Name of District	Tested	HIV Positive	Percentage +ve
2006	Phek	226	3	1.33%
	Dimapur	250	8	3.20%
	Kohima	250	15	6.00%
	Mon	249	1	0.40%
	Wokha	244	2	0.82%
	Zunheboto	236	2	0.85%
	Mokokchung	212	3	1.42%
	Tuensang	250	15	6.00%

Source: NSACS

Stigma and discrimination has been observed in drug and alcohol users. There are instances where drug addicts are not entitled for proper funeral rites because of their past deeds as people dependent on chemicals. There is a gap or separation among the drug users or alcoholics and non-drug users or non-alcoholics. AIDS affected persons are subject to prejudice and discrimination. Those who are the victims of the disease are treated as

“Untouchables” and “Useless persons”. They are branded as people with immoral character. The present number around 50,000 ex- and active drug users in Nagaland need to be provided equal treatments and stigma and discrimination be rooted out. The problem is that if the addicts are not entitled for proper funeral rites, these 50,000 drug users will face the consequence of discrimination and premature death. The result of drug dependence and alcoholism indicates that the users undergo certain stigma and discrimination; they are denied employment and participation in social obligations, looked down upon by others, harshly treated by family members, and neglected by the family, friends and the society.

The general aims of the study monitors or assess the problem of drug dependency and alcoholism in Nagaland as no comprehensive study has been conducted on these twin problems of the state. The study evaluates the sociological approaches on drug addiction and alcohol consumption and visualizes its consequences on the Naga society which needs to view the problems seriously and take urgent steps to eradicate the menace.

1.5: Hypothesis

1. Drug and alcohol abuse are the root causes of social problems in Nagaland.
2. Dependence on drugs and alcohol is the cause of poor socio-economic lives in Naga society.
3. Drug and alcohol abuse affect the health leading to premature death.

1.6: Methodological Framework

The present study is an empirical and explorative work. It depends to a large extent on the methods and techniques that are utilised to design the study; collection of data, analysis of data and interpretation of findings. This study is entirely based on both primary and secondary sources of information collected from the research field. This study attempts to draw some sociological understanding about drug and alcohol abuse among the youths and adults, socio-economic lives and health care on drug and alcohol related issues in Nagaland. It seeks to furnish the roles of the NGOs and Government agencies in the field of drugs and alcohol in Nagaland. Therefore, the investigator adopted interview technique in the manner of both structured and unstructured format so as to get authentic primary information. Besides this, a structured questionnaire containing series of very personal questions on drug

addiction and alcohol abuses was also administered to 300 respondents (addicts). Indeed, the study has also relied to great extent on secondary information such as published books, journals, newspaper etc. Therefore the opinions and views of these respondents generalize the universe. This research methodology comprises of the following sub-units.

1.6: (i) Universe of the Study

Drug dependency and alcoholism has certainly become an alarming problem in Nagaland. It is entangled with the international situation in such a complex way that it has become a global problem. The study conducted on the drug dependency and alcoholism in Naga society comprises of the following areas. Though the universe of the study consists of only six rural areas and three urban areas from the three districts; Kohima, Dimapur and Phek, it can be generalized that more or less it is applicable to all other villages and towns of Nagaland.

The study covers various numbers of respondents from different categories of people and different institutions or organizations where the selected sample population has been drawn. There are the followings:

1. Non-Drug/Alcohol User (in order to get the idea and view of non-users)
2. Post-Drug/Alcohol User (who had tried drugs and alcohol earlier but discontinued)
3. Current-Drug/Alcohol User (who are currently using drugs and Alcohol)
4. Students' Body & Mothers' Association and NGOs/ Care Centre
5. Police Check Gate / Narcotic Cell
6. Prison / Jail
7. Police Station
8. Excise Department
9. Hospital
10. Church Leaders/Workers
11. Scheduled Interview: Village Profile (Study of people/addiction in rural areas)
12. Church Council (NLTP Act of 1989).

1.6. (ii) Area and Scope of the Study

a. Area of the Study

The area of the study covers the three districts of Nagaland in the first place. The actual area of study comprises of three towns and six villages. It is costly for a social researcher to visit each and every district (including towns and villages) of Nagaland, therefore specific towns and villages are identified as a case study. Apart from this, six villages have been identified representing rural areas from these three districts of Nagaland. The three towns of Nagaland selected to represent for the analysis of drug and alcohol dependency were Kohima, Dimapur and Phek while selection of representative villages were Chümoukedima, Sodzülhou, Jakhama, Khonoma, Chozuba and Pfüteromi.

Although the universe of the study is the state of Nagaland, the actual study is limited to three districts of Nagaland namely; Dimapur, Kohima and Phek, irrespective of tribe or religion or even gender data were collected from the drug users and alcoholics of these three districts. Apart from Phek town, the researcher has collected data from Pfüteromi town on learning that this place has substantial numbers of drug and alcohol users. It is necessary to represent the study, to get scientific data. Under these three districts, various data were also randomly collected constituting of individuals and organizations to add more inputs in support to the mentioned districts of the area of study. The sample size of 300 drug and alcohol users, 100 non users, 105 respondents representing different NGOs and government agencies, Case studies of individuals and group discussion and village leaders has been drawn for the study. The total sample size of this study is 505 respondents.

It may be stated, although the universe of the study is the state of Nagaland, the actual study is limited to three districts of Nagaland namely; Dimapur, Kohima and Phek, and irrespective of tribe or religion or even gender, data were collected from the drug users and alcoholics of these three districts. Moreover the sample size drawn for the study was 300 drug and alcohol users (respondents), 100 non-users, 90 respondents representing different NGOs and government agencies.

The study in Dimapur town also includes some areas such as Chümoukedima town, Sugar Mill Area to get a representative sample cutting across the different proposed set of groups; NGOs such as D.I.Cs, Rehabs, and Church. The need for additional area of study

arises as data has to be collected from other three towns and villages. The area of study has not been deviated but the above mentioned places were added in this study to get authentic research data. Apart from Phek town, the researcher has also collected data from Pfutsero town on learning that these places have substantial number of drug and alcohol users. It is necessary to represent the study, to get scientific data. Acquiring additional data was realized after getting into the field.

b. Scope of the Study

This study on addiction related to drugs and alcohol would be a beneficiary to the Naga Society. Though the Govt. and various NGOs have made various contributions yet, there is a vast research potential in the field of drug related problems and alcohol as such is a matter of big concern and needs to be studied comprehensively. Till today, no sociological investigation has so far been conducted on the problem of drug addiction and alcoholism in Nagaland, this study will provide a wide scope to the individuals, families and the Naga society at large. This study will also highlight the internal and external linkages of drugs and alcohol in the region. Though the Government and NGOs had contributed their essential role towards controlling drug addiction, yet a comprehensive study of Nagaland in the field of drug related problems and alcohol will be of great importance in understanding the causes, problems and awareness of its hazards. This study will enrich the literature for Drug Addiction and Alcoholism with particular reference to Nagaland, which can be used for further reference. This will pave the way for social planners, policy makers, administrators, institutions and researchers and academicians in managing the problem as well as understanding the issues from a broader perspective.

This study will initiate the individual, families, various NGOs, Civil Societies and the Governmental agencies to combat against the plaguing problem of drug and alcohol dependence in Nagaland. It will also help the past and current users in assisting to tackle their problems and pave ways for their recovery as well as awareness through education for a better Nagaland.

1.6: (iii) Objectives of the Study

The general objective of the present study is to explore the causes, problems of addiction and working of different agencies as scientifically as possible. The specific objectives of the study are as follows:

1. To study the causes/factors leading to drug addiction and alcoholism and social problems related to it.
2. To examine the implementation of the Nagaland Liquor Total Prohibition Act of 1989 and its effectiveness.
3. To examine the roles of Government agencies and NGOs working to curb the problem.
4. To examine the role of education in awareness generation and propose suggestive measures on addiction and make the society aware of its hazards and reduce harms.

1.6: (iv) Strategies of Data Collection

In the process of data collection, several proceedings were followed.

- (1) Formulation and Pre- Testing of Questionnaire
- (2) Areas of Exploration in Data Collection
- (3) Tools and techniques of Data Collection
- (4) Stages of Data Collection

(1) Formulation and Pre-Testing of Questionnaire

The questionnaire for the research work comprising of 12 (twelve) sets has been formulated in consultation with the Supervisor. It indicates the various numbers of respondents from different categories of people and different institutions or organizations. After the formulation of different sets of questionnaire, testing of questionnaire was done and necessary changes had been made for productive research work.

The various sets of questionnaire are the followings:

- a. Non-Drug/Alcohol User (in order to get the idea and view of non-users).
- b. Post-Drug/Alcohol User (who had tried drugs and alcohol earlier but discontinued)
- c. Current-Drug/Alcohol User (who are currently using drugs and Alcohol)
- d. Organisation/Institution : Students' Body & Mothers' Association and NGOs/Care Centre
- e. Organisation/Institution : Police Check Gate/Narcotic Cell
- f. Organisation/Institution : Prison/Jail

- g. Organisation/Institution : Police Station
- h. Organisation/Institution : Excise Department
- i. Organisation / Institution : Hospital
- j. Religious Organisation : Church Leaders/workers
- k. Scheduled Interview : Village Profile. (Study of people/addiction in rural areas).
- l. Religious Organisation : Church Council

(Different Sets of Questionnaire are attached at Appendix - V).

The empirical studies of two different sections of populations conducted in Naga society indicate the extent of drug and alcohol abuse prevalence. These studies are: Post-Drug/Alcohol Users and Current-Drug/Alcohol Users. The empirical studies on drug and alcohol dependency in Nagaland also comprises of the above different sets of questionnaire which highlight and discuss the records/issues and their significant role in combating the twin social problems of addictions.

The 12 (twelve) different sets of questionnaire were first tested by interviewing different section of individuals and organizations as indicated in the sampling procedure. This pre-testing of questionnaire was done in order to see the relevant questions that are to be asked in the field. This also helped the study field work as new questions were added; some questions modified and irrelevant questions were deleted. Some repeated questions were deleted after the process of pre-testing the questionnaires in every case.

(2) Areas of Exploration in Data Collection

The questionnaire for the research work was formulated along with the help of the Supervisor, comprising of 12 (twelve) sets. It includes various numbers of respondents from different categories of people and different institutions or organizations. After the formulation of different sets of questionnaire, testing of questionnaire was done and necessary changes were made for productive research work. The various sets of questionnaire are the followings:

(a) Non-Drug/Alcohol User

This set of questionnaire was used for the people who do not use drugs and alcohol. This set of questionnaire is to get the ideas, views and suggestions from the people i.e., non-

users belonging to different categories such as Nurses, Teachers, Students, Businessmen, Doctors, Police Personnel, Lawyers and Pastors.

(b) Post Drug/Alcohol User

This set of questionnaire was applied to the people who were earlier drugs/alcohol users but discontinued. It illustrates the information such as causes, outcome, stigma and discrimination, recovery procedures in their drug and alcohol dependency and their needs and suggestions towards addressing the problem of drug and alcohol abuse in Nagaland.

(c) Current Drug/Alcohol User

This set of questionnaire was applied to the people who are using drugs and alcohol during the time of the study. The essential information collected from this category of people give details of the present reasons of being still addicted to the use of drugs and alcohol; and the problems, difficulties, causes, outcome, stigma and discrimination, and their suggestions/contributions towards in regard to drug and alcohol dependency in Nagaland.

(d) Students' Body, Mothers' Association and NGOs/Care Centre

This set of questionnaire was used for the Students' Body, Mothers Associations, NGOs and Rehabilitation/Care Centers. The data collected from the above mentioned organisations/institutions show their views, roles and the suggestions towards the drug and alcohol problem in Nagaland.

(e) Police Check Gate / Narcotic Cell

This set of questionnaire was applied on various Police Check gates and Narcotics Cell. It highlights various reports/records on drugs and alcohol related problems.

(f) Prison / Jail

This set of questionnaire was applied on the prisons/jails to examine the data relating to drug and alcohol issues. It indicates the records, views, suggestions and roles played in the prisons.

(g) Police Station

This set of questionnaire was used for investigation in the Police stations as to bring out the outcome in regard to the drug and alcohol problems in the Nagaland. It illustrates the roles and contributions of the police personnel towards curbing the drugs and alcohol problems in the Naga society.

(h) Excise and Prohibition

This set of questionnaire is used for collecting research data from the Excise Department. It highlights the records of drug/alcohol related issues and the roles of the department contributed and alcohol issues initiated by the department.

(i) Hospital

This set of questionnaire was distributed to the Doctors/Nurses in order to get the views, records from the hospitals in relation to the drug and alcohol problems in Nagaland.

(j) Church Leaders/Workers

This set of questionnaire was addressed to the Church Leaders/Workers to get their views, suggestions and know the roles played by the Church towards curbing the twin social problems of drug addiction and alcoholism in the Naga society.

(k) Village Profile

This set of questionnaire was applied in the villages in order to know the drug and alcohol problems and collect the views and suggestions as to curb the addiction in Nagaland. The second section of this questionnaire set was responded by village elders, VCC, VDB Secretary and Women and Student leaders.

(l) Church Council

This set of questionnaire was used for Leaders/Representative of the Church Council (NBCC) as to gather the information of NLTP Act of 1989 and vital role in controlling substance abuse.

(3) Tools and Techniques of Data Collection

‘Questionnaire technique’ is the main tool for the research data collection. A large number of questionnaires had been disbursed and collected from various reliable sources to find out the outcome of drug dependence and alcoholism in Naga society. ‘Key Informant’ has been used as an essential tool to collect research authentic data. ‘Interview schedule’ is another tool that the researcher used to gather the reliable information on the research productive work.

(4) Stages of Data Collection

The study followed various sources in collecting the authentic research data. The two main sources of data collection were primary and secondary data. The data collections followed various stages and are therefore highlighted below.

(i) Primary Source

Primary information was collected from the field through various techniques. Interview and questionnaire technique were used to collect primary data. Interview schedule was applied for rural areas especially for the uneducated group of people. It is impossible for the researcher to meet each and every person therefore; questionnaire had been distributed to various sections of educated people such as Doctors, nurses, students, lawyers, police personnel, church workers, NGO’s workers etc. Personal observation and group discussion had also been applied. The researcher met village elders, leaders from mothers associations or women societies and collected the information based on the related study data during the period of field work.

(ii) Secondary Source

Secondary information was collected from various sources such as books, published and unpublished materials, journals and magazine, seminar paper presentations, websites, and the articles and write-ups published in newspapers related to the problem of study. The researcher visited the libraries, Book stores, NGOs, Civil Societies, Churches and Government Agencies to gather the secondary authentic data on drugs and alcohol problem in Nagaland.

(iii) Stages of Data Collection

Collection of authentic research data follows the following stages:

Firstly, the researcher visited various Govt. and NGO's offices engaged in drug and alcohol rehabilitation program and collected all necessary statistics and information related to the study problem. Secondly, the researcher identified the current and post drug/alcohol users and personally interviewed them in order to understand their reasons for taking it, their personal struggle to overcome it and how society treats them. Thirdly, the researcher interviewed non-users such as family members of users, church workers, women group, village elders, students, teachers medical staff, businessmen, police personnel etc in order to know how they view the users and the problem created by them and how they deal with it.

Apart from these, personal observation of the behavior of the Current and Post-Drug/Alcohol Users and the problems and responses of the society at large had been effective to make the research reliable. Case studies of Individuals were conducted in this study. Group discussion was organized in discussing the various issues in society related to drug addiction and alcoholic problems. Group discussion was conducted for different section of people representing the NGOs in Nagaland.

1.6: (v) Sampling Design and Technique

(1) Study Design

The study design was prepared in such a way as to cover the various perspectives of the research problems of addiction in the Naga society. Techniques and tools for data collection show the important features of this study design. 'Questionnaire technique' is the main tool for the research data collection. A large number of questionnaires were disbursed and collected from varied reliable sources to find out the outcome of drug dependence and alcoholism in Nagaland. 'Key Informant' has been used as an essential tool to collect research authentic data. 'Interview schedule' is another tool that the researcher used to gather the reliable information on the research productive work. This study is well designed with the writing style of American Psychological Association (APA).

The Research/Study Design comprises the followings:

Keeping in mind the sensitivity of the topic, a standardised self-administered, semi-structured questionnaire was designed in consultation with the Supervisor (structured and unstructured questionnaire). The questionnaire was tested on the three categories of people

such as non users, post users, current users and also the collective responses (representatives) from various NGOs (Organisations and Government agencies such as department of excise, prison and police who have contributed the essential role towards curbing drug and alcohol problem in the state.

The questionnaire covers the following major areas:

- a. Particulars of the respondent such as age, gender, marital status, educational qualification and occupations.
- b. Views of the Non Users, Post and Current Users
- c. Knowledge of the problems of the Users
- d. Reliable data from different organization, institutions and agencies
- e. Sources of most useful information about drug and alcohol use
- f. Profile of drugs and alcohol dependency in villages and towns

(2) Sample and Sampling Procedure

The selection of sample town/district was not easy since the problem of drug dependency and alcoholism is widely spread all over the state. Stratified random sampling and purposive sampling was applied. The respondents comprise of people of various professions and also on various organizations/institutions. The study was conducted with a very purposive method to analyze the related problem of chemical dependency and alcohol consumption. In order to have a standard representation, it is proposed to follow the following steps.

a. Approaches of Sampling Selection

In the first step, the primary respondents were categorized into three components and a sizeable number is carefully selected from each of the category as stated below:

- (1) Non - Drug/Alcohol Users (who had not taken drugs and alcohol) - 100 respondents
- (2) Post - Drug/Alcohol Users (who had tried drugs and alcohol earlier but discontinued) - 100 respondents
- (3) Current – Drug/Alcohol Users (who are using drugs and alcohol at the time of study) - 200 respondents.

In the second step, 3 towns and six villages were identified representing both urban and rural areas. The urban area consists of Kohima, Dimapur and Phek towns while the rural area

consists of 2 villages from each of the district. The sample size for the non users comprises of 100 respondents. Therefore, this tiny size of sample 100 respondents has been categorised according to different profession. To substantiate the reason for the use of tiny size of sample against each category is to reach the total size accordingly. It is not arrange of the same size but the total is taken into an account to reach the total of 100 non users from Kohima, Dimapur and Phek districts. The respondents have been collected on irrespective of tribes, religion, gender and age.

In the third step, various organizations and departments dealing with the problem of 'Drug Dependency and Alcoholism' were carefully selected representing organizations and departments under the study area. The selected sample according to organizations and departments are from Government agencies such as Excise and Prohibition, Prison, Police Department, Narcotics Cell and Hospitals and NGOs like Kripa Foundation Nagaland Kohima, FPAI Nagaland, Kohima, Bethesda Youth welfare centre Dimapur, Naga Mothers' Association, Naga Students' Federation, and ANSCU and so on.

The size of the sample of three categories as non users, post users and current users consisted of 400 respondents from the three districts. Moreover, the primary respondents from the 6 villages constitute 5 respondents each from respective district for the study. The total sample size of the study covers 505 respondents.

b. Selection of Representative Towns and Villages

The three towns of Nagaland such as Kohima, Dimapur and Phek were selected as to represent for the analysis of drug and alcohol dependency. In general, the purpose of selecting Kohima, Dimapur and Phek districts is highlighted in the above section of the area of the study.

Apart from the three main towns, two villages from each of the district were selected as under:-

I. UNDER DIMAPUR

(i) Chümoukedima village: It is 15 km away from Dimapur. It has a total number of household-390 with a population of 2182 as per 2001 census. The presence of Asha

Bhawan, a Care centre for drugs and alcohol rehabilitation program has brought respite to the villagers by reducing drugs and alcohol related problems.

(ii) Sodzülhou village: It is 11 km from Dimapur. It has a total number of household-179 with a population of 767 as per 2001 census. The women organization in this village was very effective in curbing drugs and alcohol related problems by restricting the sale of alcohol and imposing fine on who ever was found selling or consuming alcohol/using drugs.

II. UNDER KOHIMA

(i) Jakhama village: It is 16 km away from Kohima. It has a total number of household-562 with a population of 3051 as per 2001 census. There are still non-Christians in the village and alcohol is available to the people. Jakhama Students' Union had played an immense role in curbing the drug and alcohol problem in its jurisdiction in particular.

(ii) Khonoma village: It is 20 km away from Kohima. It has a total number of household-589 with a population of 2917 as per 2001 census. It is a historical place and is one of the favorite destinations for tourists. A country made alcohol (zutho) is available in this village.

III. UNDER PHEK

(i) Chozuba village: It is 151 km away from Phek. It has a total number of household-577 with a population of 2961 as per 2001 census. It is one of the villages in Phek district which has a high percentage of drug and alcohol users.

(ii) Pfütseromi village: It is 76 km away from Phek. It has a total number of household-490 with a population of 2985 as per 2001 census. Drugs and alcohol related problem is one of the main social problems faced by the people in the village at present.

Under each villages, addiction problem and village profile were provided by the leaders following the scheduled interview.

The size of sample from these three categories as 'Non-Users', 'Post Users' and 'Current Users' consisted of 400 respondents from the three districts. The total size of sample comprises of 505 respondents (Individual {Users and Non-Users}, Representatives from various NGOs and Government Agencies). District wise data collection has been done based on the classification of respondents as categorized into three components of 'Non-Users', 'Post-Users' and 'Current-Users'. The Non-Drug/Alcohol Users comprising of 100 respondents are from the following professions as nurses, teachers, students, doctors,

lawyers/advocates, Businessmen, police personnel, pastors, and other intellectuals and responsible persons having the concern for the addiction problems of drug use and alcohol consumption. The 100 Post Drug/Alcohol Users respondents and 200 Current Drug/Alcohol Users respondents are also categorized according to their profession. The total sample size of the study is 505 respondents.

c. Purpose of Selecting Kohima, Dimapur and Phek districts

It is costly for a social researcher to visit each and every district (including towns and villages) of Nagaland, therefore specific towns and villages had been identified as a case study. The study covers three districts in the first place. The actual area of study comprises of three towns and six villages as indicated under sampling procedure. The problem of drug dependency and alcoholism is similar in every district of Nagaland and therefore, it is expected that whatever may be the finding of the study from these three districts, may be applicable to other districts too. Apart from the three urban towns of Kohima, Dimapur and Phek, six villages have been identified representing rural areas from these three districts of Nagaland.

Kohima has been chosen because it is the capital and administrative centre of Nagaland. The very name of the state capital was derived from a Tenyidie dialect Kewheimia meaning ‘people living in the hills’. The present name, according to some senior citizens of the capital town, was coined by the Britishers. It is a hill station and a town with panoramic views. Kohima is situated in the south-western corner of Nagaland. It is 1,444.12 meters above the sea level. It is believed to be the most vulnerable drug and alcohol consumption place where all the tribal communities settle for various professions. In Kohima town alone it was found by the survey conducted in the year 1999-2000, that there are 1500 drug users.

Dimapur, the gateway of Nagaland, was officially inaugurated as a district in April 1988. The district’s name is derived from a Kachari word “Dimasa” after the river which flows through it. This fast developing district is also the commercial center of the State. It is situated at an altitude of 145 meters above the sea level. In the East and South border of Dimapur is Kohima district, on the West is the Karbi Anglong district of Assam, and north is Golaghat district of Assam. It has one of the highest rates of addiction and because of this a

lot of rehabilitation centers have also come up. According to 1999-2000 survey done by a rehabilitation center (in Dimapur) there are 857 drug users in Dimapur town alone.¹⁸

Phek district was carved out of the original Kohima district on 21st December, 1973. It is bounded by Manipur in the south, Kohima in the west, Zunheboto and Tuensang in the east. It is situated at an altitude of 1,524 meters above the sea level. The principal inhabitants of this district are the Chakhesangs and the Pochuries. Like the other parts of Nagaland, Phek district is also widely affected by the addiction disease of drugs and alcohol though it is located in a remote area. There are also a large number of drug and alcohol users in Phek district, though the specific drug and alcohol using statistic is not indicated here.

1.6: (vi) Data Analysis

First of all, data collected from the field were carefully scrutinized, checked and counter-checked, assessed and tabulated. Reading and re-reading the responses of the respondents brought these themes/patterns and the divergences. Different groups of data were separated and examined for detail discussion on the problem of addiction. Group wise master tabulation sheet was prepared with clear coding system. Counter-checking was done before data were entered into respective tables. The research data project clear picture of the twin social issues of addiction in Nagaland. Every piece of information was then entered into table forms followed by analysis of the results. Manual tabulation method was used in a systematic manner. They were supported by charts, tables and figures wherever necessary. The result of data analysis were plotted to bar diagram and pie charts using Microsoft Excel software.

1.7: General Profile of Respondents

Drug and alcohol dependence is a major social problem which needs a collective response from individuals, NGOs and government agencies. Profile of respondents indicates the data collection from the rural and urban areas constituting the individual respondents, NGOs and government agencies in regard to drug and alcohol abuse in the Naga society. The research authentic data is collected from different walks of life, organizations and departments of the state government. The total sample size of respondents has provided adequate resources in addressing drug/alcohol related problems in Nagaland. Although the total sample size comprise of 505 respondents, the research has focused more on the 300 respondents of drug and alcohol users to state the addiction problems of the users and the

society. The data highlights the various perspectives of addiction scenario in Nagaland. The table below shows the profile of respondents represented in this study of drug addiction and alcoholism in Naga society.

Table 1.2
Profile of Respondents

Sl. No	Name	Respondents	Total No. of Respondents
1.	Non Users	100	505
2.	Post Users	100	
3.	Current Users	200	
4.	NGOs, Rehabs/ Drop-In-Centers, Mothers Associations Students Body, Churches & Council	45	
5.	Government Agencies: Excise, Police stations and Check Gates, Jail, Hospitals	35	
6.	Clinics and Private Hospitals	7	
7.	Village Leaders	15	
8.	Group Discussion	3	
	Total	505	

Source: Selected Sample Size of the Study

The general information of over all respondents is here indicated in some aspects such as identity identity, gender specification, age structure, religion, occupation and education. They are highlighted in brief for the specification of the over all respondents of whom participated in the study. The respondents belong to the categories of non-users, post users, currents users, staffs of NGOs and Government agencies and the village leaders. The following general information of over all respondents is shown in brief profile of their participation in the study as the main attention is conducted on the 300 addicts or users in Nagaland.

a. Identity according to Community

The table below shows the percentage distribution of the respondents on the basis of identity according to community. It indicates that 469 respondents (92.87 percent) were Nagas and 36 respondents of Non-Nagas (07.13 percent) who participated in the study.

Table 1.3
Identity according to Community of Respondents

Identity	Non Users	Post and Current Users	NGOs, Govt. Agencies, Clinics & Hospitals, Village Elders and Group Discussion	Sum	Percentage (%)	Total No. of Respondents
Nagas	97	269	103	469	92.87	505
Non-Nagas	3	31	2	36	07.13	
Total	100	300	105	505	100.00	

b. Gender Specification

The table represents the percentage distribution of the respondents on the basis of gender specification from different category comprise of the overwhelming majority of 395 male respondents (78.22 percent) and female of 110 respondents (21.78 percent) from the three districts of Nagaland.

Table 1.4
Gender Specification of Respondents

Sex	Non Users	Post and Current Users	NGOs, Govt. Agencies, Clinics & Hospitals, Village Elders and Group Discussion	Sum	Percentage (%)	Total No. of Respondents
Male	61	250	84	395	78.22	505
Female	39	50	21	110	21.78	
Total	100	300	105	505	100.00	

c. Age Structure of Respondents

The table below shows the age structure of all respondents categorized on the age groups as below 20, 21-30, 31-40, 41-50 and 51 years and above

Table No.1.5
Age Structure of Respondents

Age (in year)	Non Users	Post and Current Users	NGOs, Govt. Agencies, Clinics & Hospitals, Village Elders and Group Discussion	Sum	Percentage (%)	Total No. of Respondents
Below 20	1	20	0	21	4.16	505
21 - 30	55	158	17	230	45.55	
31 - 40	28	109	33	170	33.66	
41 - 50	6	13	26	45	8.91	
51 years and above	10	0	29	39	7.72	
Total	100	300	105	505	100.00	

d. Religion

The table below highlights the religion of all respondents under the four categories namely Christian, Hindu, Muslim and Others.

Table 1.6
Religion of Respondents

Religion	Non Users	Post and Current Users	NGOs, Govt. Agencies, Clinics & Hospitals, Village Elders and Group Discussion	Sum	Percentage (%)	Total No. of Respondents
Christian	97	279	103	479	94.85	505
Hindu	3	10	0	13	2.57	
Muslim	0	6	0	6	1.19	
Others	0	5	2	7	1.39	
Total	100	300	105	505	100.00	

e. Occupational Status

The table below indicates the occupational status of all respondents such as Nurses, Teachers, Students, Doctors, Lawyers, Businessmen, Policemen, Policemen, Pastors, Other Government Employees, Self Employees, NGOs Workers, Journalists, Other Professional and Others.

Table 1.7
Occupational status

Occupation	Non Users	Post and Current Users	NGOs, Govt. Agencies, Clinics & Hospitals, Village Elders and Group Discussion	Sum	Percentage (%)	Total No. of Respondents
Nurses	15	0	0	15	2.97	505
Teachers	10	3	0	13	2.57	
Students	15	30	0	45	8.91	
Doctors	10	0	10	20	3.96	
Lawyers	6	0	0	6	1.19	
Businessmen	10	48	0	58	11.49	
Policemen	10	2	25	37	7.33	
Pastors	10	0	9	19	3.76	
Other Govt. Employees	5	36	7	48	9.50	
Self Employees	1	39	0	40	7.92	
NGOs Workers	0	15	37	52	10.30	
Journalists	6	0	0	6	1.19	
Other Professional	0	1	0	1	0.20	
Others	2	126	17	145	28.71	
Total	100	300	105	505	100.00	

f. Educational Status

The table below shows the educational status of all respondents as Illiterate, Under Matric, Matric, Under Graduate, Graduate and Post Graduate

Table 1.8
Educational Status

Education	Non Users	Post and Current Users	NGOs, Govt. Agencies, Clinics & Hospitals, Village Elders and Group Discussion	Sum	Percentage (%)	Total No. of Respondents
Illiterate	0	15	1	16	3.17	505
Under Matric	1	97	13	111	21.98	
Matric	7	63	9	79	15.64	
Under Graduate	12	75	12	99	19.60	
Graduate	51	45	52	148	29.31	
Post Graduate	29	5	18	52	10.30	
Total	100	300	105	505	100.00	

1.8: Problems and Experiences of the Study

There were some difficulties encountered in the process of Data Collection.

(i) Since the study covers large area of study, it consumed lot of time to meet a number person and get authentic data effectively.

(ii) Another difficulty encountered in the field was that some of the respondents were somewhat quite cynical. It was not easy to reach out to female drug/alcohol users personally.

(iii) One of the experiences that encouraged and delighted the researcher is the acceptance and appreciations that people gave as feed back. During the field work for data collection, whoever the researcher met, gave positive and enlightening response that the study conducted on drug dependence and alcoholism is a good work that would bring changes in the Naga society.

1.9: Limitations of the Study

The conceptual framework of the study has been prepared with an eye to the specific objectives. But it is beyond the scope of a single worker to maintain the highest degree of objectivity, particularly because of limited time and resource. The study has its limitations that it may not bring out the accurate data on the problem as a single worker presenting large number of respondents from the three districts of Nagaland i.e, Kohima, Dimapur and Phek

and many have loopholes and loose ends of fieldwork. As a result some of the respondents are usually reluctant to give precise information.

In spite of the limitations, it believed and expected that the data as analyzed by the researcher gives a clear picture of drug dependence and alcoholism due to the representation from different tribes and sections of people in Nagaland. It may therefore, be expected that the findings of the present study would have accountable contributions in adopting appropriate strategy to combat the problem of drug dependency and alcoholism, the need of the hour of the Naga society.

1.10: Chapterization

The study of drug addiction and alcoholism in Nagaland society comprises of 7 (seven Chapters). They are the following:

First Chapter

This chapter “Introduction” comprises of the concept and definition, statement of the problem of drug addiction and alcoholism in Naga society. It explains the methodological framework such as area of study, universe of the study, objectives of the study, sampling design, strategies of data collection and data analysis.

Second Chapter

The chapter ‘Review of Literature’ indicates the various reprieved sources of information from primary and secondary data, reports, articles, magazines/journals, internet/website data and various write ups on twin problems of dependence on drugs and alcohol. Thematically the literature has been reviewed in this study.

Third Chapter

The chapter ‘Nature and Causes of Drug Addiction and Alcoholism’ discusses the various causes/factors of increasing drug addiction and alcoholic problem in Nagaland. It highlights the nature of addiction. It indicates the routes of drugs and alcohol flow in Nagaland. Addiction scene of drugs and alcohol are discussed in this chapter.

Fourth Chapter

The chapter 'Consequences and Social Implications of Addiction' discusses the various consequences of drug addiction and alcoholism in relation to social, health and economy of the people. It discusses the social stigma and discrimination of the drug addicts and alcoholics, their rights and privileges and social response. This includes the various treatment and services provided to the users.

Fifth Chapter

The chapter 'Role of State Government and NGOs in Addressing the Problems' explains functions and contributions of the Government agencies and NGO agencies in tackling the problem and their short comings. It shows the government working agencies like police department – check gate, police stations, jails and hospital. The roles of the NGOs are discussed such as Churches, Students body and Mothers associations.

Sixth Chapter

The chapter 'A Comparative Analysis of three districts in Nagaland' explains a comparative analysis of drug and alcohol issues in some of the areas in three districts of Nagaland. Comparative analyses are made in relation to problems, workings of the state Government and NGOs agencies, rural-urban comparison and other issues in the field of drugs and alcohol.

Seventh Chapter

The chapter 'Summary and Conclusion' explains the executive summary, suggestions and recommendations in regard to the control of drug and alcohol use. It discusses the various responses provided by individuals, organizations and departments.

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CHAPTER - 2

REVIEW OF LITERATURE

2.1: Introduction

Review of literature is an essential aspect of a research work. It is of great help to the researcher and works as guide for him. Review of related literature serves as a pointer to the lacuna in the concerned piece of research work. The review of literature may not be systematic but it has been done in such a way to indicate and elaborate the causes, problems, consequences, and various contributions in the field of drug and alcohol related problems. The following are the related literature that the researcher has taken the initiative in providing the basic information on the related research topic. The review of literature had been reprieved from various perspectives such as Primary and secondary data, Reports, Articles, Magazines/Journals, Internet data/websites and various write ups on the twin problems of dependence on drugs and alcohol.

When we talk about addiction, people tend to think only of drugs, ignoring the other aspects where everyone is addicted to something or somewhere at any level, as Schuckit (1995) points out that, “there are a number of other practices that have considered for inclusion. For instance, there are parallels between obesity (i.e. the use of food to the point of abuse) and the misuse of the most usual drugs. Similarly, the compulsion surrounding some forms of gambling has much of the “feel” of the obsessive behavior observed during the substance abuse.” In other words, addicted to drug is just a symptom which is visible, out of many addictions, and in fact all addictions are equally harmful.

Madan (1969) has stated that alcoholism and drug addiction are harmful not only for the individual but also for his family and the society at large. There is a well-known proverb “Once a drinker always a drinker”. The truth is that all hard drinkers start with moderate drinking and gradually increase the quantity to become addicts.

Hiramani and Sharma (1988) has given three interpretations for the use of drugs: One school interprets it as ‘anti-social behaviour’ calling for suppressive measures against the

users branded as 'deviants'; the other school views the issue as one of 'personal maladjustment of troubled individuals' requiring medical or psychiatric treatment; and the third school considers the use of drugs as the end-product of functioning of social and cultural sub-systems that produce status problems and interest conflicts.

Macionis (2001) states that re-socialization means radically changing an inmate's personality through carefully controlling the environment. Re socialization is a two-part process. First, the staff breaks down the new inmate's existing identity, using what Goffman describes as "abasements, degradations, humiliations, and profanations of self." In the second part of the re-socialization process, the staff tries to build a new self in the inmate through a system of reward and punishments. Re-socialization can bring about considerable change in an inmate, but total institutions affect different people in different ways. While some inmates are considered 'rehabilitated' or recovered, other may change little.

Rao (2004) views socialization as a process whereby an individual becomes a functioning member of the society. The individual becomes socialised by learning the rules and practices of social groups. By this process the individual develops a personality of his own. Peter Worsley explains socialization as the process of "transmission of culture, the process whereby men learn the rules and practices of social groups".

Ahuja (2003) has illustrated the following nature and impact of abusable drugs. The abusable drugs may be divided into six categories: alcohol, sedatives, stimulants, narcotics, hallucinogens, and nicotine. Alcohol is used by some people as a normal, pleasant and sociable activity, while others take it as a spur which enables them to work. It also acts as a sedative which calms down nerves or a kind of an anesthetic which reduces the pain of living. Alcohol relieves tension and lessens aggressive inhibition. It also impairs judgment and creates confusion.

Sedatives or depressants relax the central nervous system, induce sleep and provide a calming effect. Tranquilizers and barbiturates fall into this category. Medically, these are used in high blood pressure, insomnia, epilepsy and to relax patients before and during surgery. As depressants, they depress actions of nerves and muscles. A person's ability to think, concentrate, and work is impaired and his emotional control is weakened.

Stimulants activate the central nervous system and relieve tensions, treat mild depression, induce insomnia (keep a person awake), increase alertness, contract fatigue and expressive drowsiness, and lessen aggressive inhibitions. The most widely known stimulants are amphetamines (popularly called 'pep-pills') caffeine, and cocaine. The stimulant drugs are usually taken orally, though some (like methedrine) are taken by intravenous injection.

Narcotics, like sedatives, produce a depressant effect on the central nervous system. They produce feelings of pleasures, strength, and superiority, reduce hunger, lessen inhibitions, and increase suggestibility. Included in this category are opium, marijuana, heroin (smack), morphine, pethedine, cocaine (all opiates) and cannabis, (charas, ganja, and bhang).

Hallucinogens produce distortions of perception (seeing or hearing things in a different way than they actually are) and dream images. Their use is not advised by the medical practitioners. The well known drug in this group is LSD, which is a man made chemical. Usually, LSD is taken orally but it may also be injected. The effect of an average dose of LSD usually last for eight to ten hours.

Nicotine includes cigarettes, bidi, cigars, snuff and Tobacco. Nicotine has no medical use. The risk of physical dependence however, may be there. It leads to relaxation, stimulates the central nervous system, increases wakefulness and removes boredom. But frequent or heavy use of nicotine may cause heart attack, lung cancer, and bronchitis. The law does not classify this as a drug.

2.2: Concepts and Definitions

Kane (1962) states that in 1950, the expert committee on drugs liable to produce addiction which is a sub-division of the United Nations World Health Organization (WHO) defines drug addiction as drug addiction as a state of periodic or chronic intoxication, detrimental to the individual and to society; produced by the repeated consumption of a drug either natural or synthetic. Its characteristics include:-

1. Over powering desire or need (compulsion) to continue taking the drug and to obtain it by any means.
2. A tendency to increase the dose.

3. A psychic (psychological and sometimes physical) dependence on the effects of the drug.

Kane (1962) indicates the definition of alcoholism by Mark Keller as, alcoholism is a chronic behavioural disorder manifested by repeated drinking of alcoholic beverages in excess of the dietary and social uses of the community and to an extent that interferes with the drinker's health and of his social and economic functioning.

Alcoholism Anonymous (1976) states "Once an alcoholic, always an alcoholic". Commencing to drink after a period of sobriety, we are in a short time as bad as ever. If we are planning to stop drinking, there must be no reservation of any kind, or any lurking notion that someday we will be immune to alcohol.

Palen (1979) states that the use of drugs is seen as a social problem because it tends to prevent people from leading responsible, self-controlled life. Those drugs which are thought to produce the greatest physiological and psychological damage and dependency are viewed most harshly. Although the term addiction is still commonly used, the World Health Organization (WHO) in 1969 suggested that a better description would be physical and psychological dependence. Today, as a rule, the term addiction is used to refer to compulsive usage resulting in physical dependence.

Ranganathan (1992) denotes that, Addiction is a 'family disease' in every sense of the term. Treatment professionals should recognize that addiction cannot be treated in isolation; improving patient's relationship with wife and other family members is an essential element in treatment. L.J. Andrews and L.B. Novick and Associates (1995), developed the concept of addiction that it is incurable but treatable illness affecting the body, mind, and spirit.

Aggrawal (1995) has highlighted that Opium or afim can rightly be called the 'King of Narcotics'. Perhaps no other narcotic enjoys so much popularity as opium. Strong addictive drugs such as heroin are synthesized from it. Opium comes from the poppy plant known botanically as *papaver somniferum*. The word *papaver* is a Greek word, meaning 'poppy'. *Somniferum* is a 'Latin' word, meaning 'I bring sleep'. Since opium does put one to sleep, its name is quite apt.

It is observed that more leisure time is needed to the ex-addicted persons. After leaving drugs, they have to be kept in different types of entertainment programmes like T.V. programmes, games and sports and audiovisual activities etc. (Modi, 1997).

The continued use of a substance for a purpose other than food amounts to 'addiction'. However every use of a substance may not amount to 'addiction', unless such a use is of such a type or level that it is difficult or painful for the user to withdraw or stop it. According to the traditional medical usage, addiction refers to a condition brought about by the repeated administration of any drug, whereby the continued use of such drug is necessary to maintain normal physiological function and discontinuance of the drug results in abnormal physical and mental symptoms. Mac Farland points out that addiction has to be defined in relation to the impact the drug has on the behavior of a person. The relationship between the person and the substance determines how that person functions socially. She observes that addiction is a bio psycho-social process and defines addiction in the following terminology: - "Addiction is the compulsive use of a substance with loss of control and continued use of that substance inspite of negative consequences" (Uddin, 1997).

Virk (2002) states that the World Health Organization, now no longer recommends the term alcoholism but prefers the term "alcoholic dependence syndrome". According to WHO, "Alcoholics are those excessive drinkers whose dependence on alcohol has attained such a degree as they show a noticeable mental disturbance or an interference with their mental and bodily health, their interpersonal relations and their smooth social and economic functioning; or who show the predominant sign of such developments. They therefore require treatment".

Addiction is a chronic, often relapsing brain disease that causes compulsive drug seeking and use despite harmful consequences to the individual that is addicted and to those around them. Drug addiction is a brain disease because the use of drugs leads to changes in the structure and function of the brain. Although it is true that for most people the initial decision to take drugs is voluntary, over time the changes in the brain caused by repeated drug abuse can affect a person's self control and ability to make sound decisions, and at the same time send intense impulses to take drugs. It is because of these changes in the brain that it is so challenging for a person who is addicted to stop abusing drugs (Jha, 2009:152).

The phenotypic approach in Grover's (1939) writing shows that drugs are used to defend against aggressive and sadistic impulses. Crowley (1972) indicates that the drug addicted persons want to continue drugs to drive pleasure and mainly to avoid the pain from withdrawal.

The young persons throughout the world have become the most vulnerable group and easy victims of drug abuse. They are by far the largest drug abusing section of the population of any country. And it is also the youth who shape and influence the living environment of their fellow youth. Bhagbanprakash (2000) has stated the main factors responsible for the spread of 'Drug abuse' as the followings;

1. The increase in drug abuse mostly by youngsters is now a world-wide phenomenon. Obviously, the youth emerge as the most risk prone group in whom the illicit-drug-trade makes its deepest impression. The curiosity and quest for new experiences motivates the young people also to try the new 'drug experience', particularly when it is accessible and available. Another contributing factor to drug abuse is the peer- pressure. Young people in school, colleges, factories and farms sit, eat and work together. New ideas and experiments keep circulating in these groups influencing behaviour patterns and attitudinal changes. Many young people turn to drugs out of a sense of alienation. Youth is a period of psychological uncertainty.

2. Another factor, apparently innocuous, is the mass media that highlights the problem of drug abuse, sometimes out of proportion. Films project drug addicts as protagonists who get reformed by the power of romantic love. Tele-serials, radio plays and stories in print media discuss and dish out so much information about drugs that young curious minds get tempted to experience the 'real thing' as an exciting adventure with potential and promise of unknown pleasures.

3. A changing social environment is one of the main factors responsible for the spread of 'drug abuse' among the youth. The family structure in India plays a vital role in providing role models and conditioning attitudes and conduct. With the nuclearisation of Indian families during the last three decades, the longer absence of working parents from homes and consequent involuntary neglect of children, the emotional and ethical support

structure of the family has been fast disappearing. The children of such families constantly in need of refuge and resort, seek and get in the drug-dens.

4. Mass unemployment of educated youth and migration of rural youth to urban centers in search of work have also played their role in precipitating abuse of drugs. While the educated youth, without jobs, take to drugs as a pastime or out of frustration, the rural migrants in the city, uprooted from their traditional social-cultural milieu resort to drugs in an attempt to overcome isolation, despair and loneliness. Away from the support and comfort of their families and homes and disillusioned by the urban alternative, the rural youth belong neither here nor there. For want of housing in an otherwise over congested town or city, they live in slums and ghettos often with criminals and anti-social elements. Here they not only fall prey to drugs but also get occasionally involved in drug trafficking for easy income.

Since the 1960s the international drug traffickers started pushing drugs into the Indian society. This plague spread like wild fire in the eighties and has hit the impressionable youth the most. The most critically affected groups of drug abuse were college and school students, the unemployed youth, offspring of broken families and the blue collared workers. Indian cities such as Delhi, Bombay, Calcutta and Madras have large number of addicts. Delhi alone is estimated to have more than a hundred thousand of addicts, although these numbers are at best intelligent guesses. It is quite possible that a much larger number may exist unexposed, where the surveyors have not been able to reach (Ahuja, 1986; Mohan et al., 1981; Khan and Krishna, 1984).

The reasons why people turn to drugs are as varied as the types of people. Some of the contributing factors identified by the United Nations (UN, 1987) are peer pressure, curiosity, ignorance, alienation, changing social structures and urbanisation and unemployment.

In the context of socio-cultural aspects, the eminent sociologists Alistair (1985) pointed out that the main social influences towards drug use relate to minority group state; parental loss, separation, disharmony or illness, low income, divorce, failure in love, a state of deprivation, peer group influence towards deviant sub-cultural activities, restricted

opportunities for acceptable socialization, defective socializing influences, and easy drug availability.

2.3: Problems of Drug Addiction and Alcoholism

(i) Problems and Issues of Drug Addiction

Singh, et. al (1978) attempted to indicate that the family environment plays a great role in drug abuse behaviour. The study reveals that drug addicted persons, in general, hailed from families where at least one or two persons are affected by chain smoking or drug abuse. Khan (1985) illustrates that a number of research findings referred to earlier bring out differing views on drug-users. Some report that drug-users are creative (Buckman, 1971) while others infer that they are under-achievers. Like wise, while some observe that they are adequately integrated in the social group, others observe that they are some sort of 'drop-outs' (James, 1969). In other words, drug-users are outstanding and also not out-standing.

To prevent the problem of drug abuse, some scholars want to reduce the traditional methods of treatment of drug addicted persons. They emphasised on the psychotherapeutic approach, personality development and process of adaptation and adjustment with the environment of the drug abusers (Jayachandran, 1990). Prashant (1993) writes that the worst aspect of the drug trade is that it affects the vulnerable the most. The youth, who are struggling for an independent identity and who have the innate curiosity and urging for experimentation so essential for going ahead in the world, fall an easy prey to drug abuse.

Heroin and other drugs users frequently inject directly into their veins and share dirty needles. This is one of the major pathways for spreading AIDS. Prison authorities the world over are discovering, not only that more and more of their inmates are ill with AIDS or carrying HIV, but that the prison environment itself is conducive to spreading the virus. Single sex prisons lead to homosexual encounters, both voluntary and forced, while the presence of drugs, together contraband needles and no means of sterilization, leads to rapid transmission through intravenous drug use (Gracious, 1994:79).

Riehmman (1996) indicates that HIV is spread from IDUs to the general population through unprotected sexual contact. Virtually all studies of risk behavior among IDUs in both developed and developing countries find that IDUs are sexually active; having both injecting

and non-injecting partners, and uses condoms infrequently. While most studies show that there is a stronger association between injecting behavior and HIV seropositivity, some do indicate that sexual behavior contributes to HIV risk among IDUs. Panda, Chatterjee, Abdul-Quader (2002) observe that besides through sharing of injecting equipment, HIV is also transmitted and acquired through unprotected sexual intercourse. Ahuja (2003) writes that an alcoholic is different from an 'occasional drinker'. Any person who takes alcohol is a 'drinker', while a 'compulsive drinker' who cannot live without taking alcohol is called an 'alcoholic'. Drug users, who take drugs to seek instant remedies to their depression, frustration and anger, suffer physically, economically, emotionally as well as socially.

Ahuja (2003) states that drug is a chemical substance associated with distinct physical and/or psychological effects. It alters a person's normal bodily processes or functions. But this definition is too broad. In medical sense, a drug is a substance prescribed by a physician or manufactured expressly for the purpose of treating and preventing disease and ailment by its chemical nature and its effect on the structure and functions of a living organism. In the psychological and sociological contexts, drug is a term for habit forming substance which directly affects the brain or nervous system. More precisely, it refers to "any chemical substance which affects bodily function, mood, perception, or consciousness which has potential for misuse, and which may be harmful to the individual or the society". In terms of this definition, the frequent use of drug is considered so dangerous and sometimes even immoral and anti-social that it arouses a variety of indignant and hostile sentiments on the part of general public.

Ahuja observes that drug abuse has become a growing threat to humanity. Drugs pose complex problems for law enforcement agencies, while drug traffickers and mafias play havoc with the social structure of the country by wielding enormous power with ill-gotten wealth and influence. Drug users who take drugs to seek instant remedies to their depression, frustration and anger suffer physically, economically, emotionally as well as socially. Alcoholics/drug users directly affect four or five other persons (wife, parents, children, siblings, close friends, co-workers), the problem affects millions of people in the country. Families of alcoholics and drug-users suffer the most.

Drug injection itself does not cause HIV infection. It is only through sharing of needles and syringes, and other injection works that the person is infected with HIV. Another possibility is through unprotected sex (Lisam, 2004). Poverty, social disintegration, lack of perspectives access to education, health and leisure services and youth employment opportunities put young people at high risk of developing drug abuse problem (Pruthi, 2006:2). In fact, needle sharing by IDUs is the major cause of HIV transmission by blood transmission. By needle sharing it occurs because an IDU will draw blood into the syringe to be sure that the needle has penetrated in a vein (Ahluwalia, 2009:9).

(ii) Problems and Issues of Alcoholism

The major effects of alcohol arise from the concentration of alcohol in the blood, and at times cause the irritation of the throat or the stomach. An alcoholic drink which produces irritation affects the nerve endings in the throat and esophagus. This irritation increases the pulse rate and sometimes raises the blood pressure. Moreover, daily use of large quantities of alcohol can produce continued inflammations of the digestive tract (Jackson, 1960).

Alcoholics and those who frequently drink large volumes of liquor suffer deeper brain damage, which is irreversible (Bartimole, 1987). The liver is the largest gland in the body, weighing from forty to ounces. It secretes bile, stores up glycogen, and purifies the blood that passes through it. The liver cells are very sensitive and damage to them brings serious consequences to health (Gold, 1988).

Culture provides a means of social control. Often, primitive cultures depend on taboo and fear of the super-natural as a means of control. Modern, secular cultures find the problem of social control more difficult and must depend increasingly upon legal codes, police power and court procedures rather than upon family and neighbourhood opinion. This shows the tendency of the cultures to grow more complex and institute more formal and specialized agencies for performing the functions traditionally discharged by the family and the neighbourhood (Warsi, 1988).

Sain (1991:48) illustrate that ethyl alcohol, popularly known as alcohol, is the third socially accepted drug. Its status is legal for adults but adolescents also consume it.

According to latest statistics, Indians spend about Rs. 12,000 crores annually on liquor. He also stated that alcohol is absorbed into the blood-stream via stomach and takes effect within 5-10 minutes. Effects vary according to individual health, weight and sex but, as a rough measure, three single whiskies drunk in one hour might result in 0.05% alcohol content rise in the blood. This would lift spirits and lessen inhibitions (a single whisky is equivalent to one glass of wine or half a pint of beer). Women get drunk more easily than men because they have less water per body weight. They also stay drunk longer if they are on the pills but get drunk slower during menstruation. Hang-overs are actually the body's response of shock at being subjected to a substantial dose of a poisonous substance.

Kachroo and Kachroo (1997) are of the opinion that sociologically, dependence on alcohol is seen as a social problem and as a form of deviance. Alcohol abuse is one of the most destructive and widespread drug-linked forms of deviance in the industrialized world. Kundra (1997) indicates that several states in India have enforced total prohibition, but they have not succeeded in eradicating this evil. Many persons use illicit liquor and ruin themselves and their families as well. Co-operation of the people is very necessary for removing this evil. Law alone cannot impose prohibition. The people must be educated. In short, the government can remove this evil with the active co-operation of the people.

K. Singh (2001) shows that alcoholism is another important factor which creates criminals and delinquents. In family, the use of alcohol leads to quarrel between parents. It creates ill treatment amongst family members. Consequently a proper care of child is not taken. Kumar (2001) illustrates that the use of liquor and other intoxicants is harmful for very progressive and growing individuals and society. It is harmful in as much as it impoverishes intellectually and morally softens and spiritually deteriorates the person addicted to liquor.

Virk (2002) writes that no social function or party is considered a success unless expensive brands of whisky, scotch and beer flow freely and most respectable and responsible guests are seen drinking even during day time. High school girls and boys celebrate their birth days and valentine day with champagne. Bean, 2002; indicates that crime is one of the (if not major) attendant problems of drug abuse. It is the so-called secondary criminality that is important, especially where drug use is linked to property crime.

The problems of alcoholism – in terms of personal misery, family budget, family discord, loss of wages, failure of health, accidents and cost in damage claims, cost of hospital treatment, cost in custodial treatment in jail, monetary damage in courts, and inducement to crime – are almost disastrous. Social deviance and social problems emerge from the use and abuse of alcohol. Though the number of annual arrests for public drunkenness is not much in our country, it is a known fact that a large number of alcoholics are not arrested because of the fact that arrest is not considered a good solution to the problem. A good number of persons arrested for crimes like rape, burglary, murder and theft are those who committed them while under the influence of alcohol. Alcoholism is a major factor in highway accidents. Besides, it contributes to thousands of death every year (Ahuja, 2003).

The sociological reasons for taking alcohol are essentially the same as for taking drugs. However, a distinction can be made in the causes of drinking alcohol and taking illicit drugs. Since alcohol is more socially acceptable than drugs, drinking reduces a person's fears, worries and anxieties. Besides, alcohol is more easily available than drugs. It is also cheaper than many drugs like heroin, cocaine and LSD. The main sociological causes of taking alcohol are: (1) environmental pressures (2) peer pressure, and (3) a dominant sub-culture as retrieved from Ahuja (2003).

One of the important social problems is the great loss of life and property due to automobile accidents and many fatal accidents on the roads are caused by drinking. In the words of Richards Cabot, "The excessive drinker does not usually drive when s/he is drunk. Moderation is thus more dangerous than excessive drinking as a cause of automobile accidents (Peschke, 2004).

Alcohol is known to damage cells, activates chemical carcinogens, causes nutritional deficiencies, and decreases body ability to fight cancer and other ailments. An important disadvantage of consuming alcohol is that it suppresses the immune system which is of immense important for an HIV infected person (Ahluwalia, 2009:143-144).

2.4: Extent of Addiction

This section highlight the extent of addiction in world wide, National and Regional (North-East India). Don (1968) shows that narcotic addicts are sometimes juveniles who

began their delinquent careers as members of conventional gangs but ultimately branch off from such groups as they become caught up in narcotic use. On other occasions, the drug user drifted into narcotic use outside the framework of conventional gangs. The juvenile drug user often continues in drug use into adulthood and becomes an adult, criminal drug user.

The creation account clearly reveals the responsibility of stewards given to human beings and Christians are called to join hands with forces that work for the maintenance of life on earth. Life has many facets and dimensions, where the divine dimension forms the basis of all that is to come. Following this, it should be the concern of every Christian to set right human life in its natural God-given direction. Accordingly one has to identify the forces that misguided human life (Metropolitan, 1983).

The importance and relevance of a voluntary community-based drug prevention programme is that it can reinforce the value system of the individual, impart cohesion, insight and understanding to the family and create awareness and concern in the community towards the problem of drug abuse (Qureshi, 1986).

Through the study of some researchers (Coggans et al. 1991) it is clear that the impact of school-based drug education can play a great role in the drug related behaviour or drug related attitudes. These perceptions of drug education effectiveness are highly positive to develop more anti-drug attitudes and to know more about drugs of the students. They also say that school is a system which helps in achieving the success of health education. In their view, school policy is very important in relation to drug and AIDS education. Thus it is essential to note that drug education in school curriculum is connected with increases in drug related knowledge.

Bharat, (1994) writes that the HRD (Human Development Report of 1994) prepared by the United Nations Development Programme has said, “Narcotic drugs have become one of the biggest items of international trade, with the total volume of drug trafficking estimated at around 500 billion dollars a year”.

Banerjee (1995) denotes that the intravenous drug users (IVDUS) constitute the largest population in Manipur in our country, which can be painfully termed as Intravenous

Killer Virus Spreader group (IVKVS Group). Most of the victims are young age group. Paul (1996) nevertheless says that all things considered, the prevalence rate of alcohol and other psychoactive drugs in the country (India) is hardly comparable to that in the West. He also stressed that, alcohol is very much a drug; but in view of its prevalence and implications, it is often kept separate from other drugs.

It may be noted that AIDS and drug addiction are biopsychosocial diseases. Jones points out that both AIDS and alcohol and drugs are influenced by physical, psychological behaviour, and environmental conditions. Injecting Drug Abusers (IVDAs) are one of the highest high risk groups in India for the contraction of AIDS and are potentially the bridge of infectivity to the non-injecting drug abusing heterosexual persons in the country (Thomas, 1997:69).

Kakar (1988) states that as the Supreme Court rules that ‘all persons who are likely to be affected have a right to participate in the banning of a harmful drug.’ This right could be exercised, the Court rules, ‘by directing the Drug Control of India to hold public hearings in different parts of the country.

Shah (1999) points out that the new academic session in colleges and universities opens vistas to thousands of students to the ready world of drugs and alcohol. Many of these students are drawn into this whirlpool for reasons as ‘experimentation’ to ‘kicks’ to project ‘manly’ images’.

Hawkins (2009) is of the view that sexual addiction may be the most secretive addiction. Many are willing to admit to abusing alcohol or drugs before admitting to their sexual cravings, which they perceive as shameful. Sexual addiction is a hidden addiction, (p.128). We cannot talk about sexual addiction without talking about cross addiction – the process where by an individual is afflicted with more than one addiction. Sexual addicts are likely to be addicted to drugs, alcohol or both. They might also be addicted to television and accumulation and be severely codependent. They might also have a co-occurring disorder, such as clinical depression. Some hypothesize that when people give up one addiction, they’re likely to develop another. Although little evidence supports this theory, much

evidence supports the existence of cross addictions. When dealing with any particular addiction, clinicians should look closely for other hidden addictions as well.

In spite of its harmful effects, alcohol plays a strong and central role in our culture. Alcohol is a part of our youth and adult culture, and it's even a staple in retirement culture. Dr. Donald Goodwin has written extensively about problem drinking and alcoholism. In his research he found that problem drinking appeared to be caused by psychological, emotional, or social problems, while alcoholism was more closely connected to hereditary factors. Goodwin's study provide compelling evidence that most alcoholics do not drink addictively because they are depressed, lonely, immature, or dissatisfied. They drink addictively because they have a hereditary predisposition to alcoholism (Hawkins, 2009:86-88).

Parents and guardians need to be aware of the power they have to influence the development of their kids throughout the teenage years. Parents should not be afraid to talk directly with their kids about drug use, even if they have had problems with drugs or alcohol themselves. Parents should give clear, no- use messages about drugs and alcohol. It is important for kids and teens to understand that the rules and expectations set by parents are based on parental love and concern for their well being (Jha, 2010).

2.5: Drug and Alcohol Dependence in the Naga Context

In her book 'Drug Problems and Prevention in the context of Nagaland' Ayangla (1990) refers to the word 'DRUG' as being derived from the French word "DROGUE" which means a dry herb.

The Nagas belonged to a Mongolian stock, dividing themselves into so many tribes. They inhabit a long strip of steeply ridged and wild forested country between the Brahmaputra valley of Assam and the boarder of Myanmar (Burma). They differ much from the rest of the Indians in their origin, culture and their appearance too. Their main subsistence is Agriculture. Nagaland became the 16th state of the union Government of India in 1960. But there are still many more tribes living in Burma, Manipur, Arunachal and Assam and their willingness to live together with their fellowmen under one Govt. has been felt (Bendangangshi, 1993).

Nuh (1997) has stated that there can be many theories about the origination of the word 'Naga.' Originally, the Nagas did not call themselves by that name and they did not have any generic term for the whole nation. It was other people who gave them the same name "Naga" and had been used for many centuries. As early as 150 A.D, Claudius Ptolemy, the Greek scholar, in his Geographia referred to Nagaland as 'Nagalogoi', which means 'the realm of the naked.' But whatever the origin may be, the Nagas today simply accept with pride the fact that they belong to an old independent race known as the Naga. Nagas are hard working people by nature. They are simple, cheerful, colorful, humorous, and courteous and hospital people. Nagas are a warlike race, feared by people. Yet, they are known by their inherited identity of honesty, faithfulness, maturity, courage and sociability. History unveil that the Nagas are from a higher civilization which flourished somewhere in south East of Asia from time immemorial, from where they are believed to have come to the present hills in North-East India . Before the advent of Christianity, the Nagas were animistically religious. This was probably simply due to the environment in which they have been living prior to the coming of Christianity. The manliest game was "head hunting".

Longchar (1999) is of the opinion of alcohol consumption that many young people say they personally drink alcohol 'for taste', 'to feel good', 'to relax', and for special occasions'. Some others say they drink 'to rebel', 'to experiment', 'to get drunk' or 'out of curiosity'.

The word 'addiction' (from Latin, meaning given over to a master, enslaved) was applied early to drug – using behaviors, including smoking. Interestingly, the term addiction has also involved a loss of plasticity. People who seemed inordinately involved with gambling or card playing were also described as being 'addicted'. Dimapur the gateway of Nagaland, is the commercial center of the state and it is situated at an altitude of 195 metres above sea level. It has the highest percentage of drug addicts after Manipur in the North – East. Drug addiction is seen at a menacingly high rate, with at least 10 percent of the population affected of which 86 percent is of below the age of 30 years. One reason why majority of the drug users are also concentrated in Dimapur could be because of the close proximity to Assam (Chishi, 2003).

According to N-NAGA DAO (2003), the onslaught of Drug Addiction and HIV/AIDS pandemic in our Naga Society was enormous. The impact of these twin pandemic has rudely affected the Nagas in all spheres of life which makes us to slowly admit that there's a real problem already deep rooted in our society which was of course, unimaginable a decade ago.

Longchar (2006) writes that sorcery, or the use of drugs, is listed along with drunkenness as a sin in the Bible. Revelation 2:8 speaks of those who will be in hell, and says of them; "the cowardly, unbelieving, abominable, murderers, sexually immoral, sorcerers (drug users), idolaters, and all liars shall have their part in the lake which burns with fire and brimstone, which is the second death".

Recovery from addiction is one of the pressing needs of our society, because the problem of addiction is exploding everywhere and creates untold damage to all it touches. No longer can this addiction be considered as the problem of the user alone as it even damages everyone within the addict's sphere of influence. It therefore becomes the problem of the family, society, and the Church (Maram, 2007).

2.6: Addiction Reports from Different Agencies

Genetic aspects of Alcohol Addiction; for centuries, philosophers and scientists have noted that alcoholism runs in families. It has been observed that alcoholics frequently have alcoholic fathers, mothers, grandparents, siblings, and children (Fishbein & Pease 1996:119). According to the UN's own figures, half a million people are infected (HIV/AIDS) each year through shared and contaminated needles. That represents 10% of the world's new infections (Gill, 2007:150).

Sussman, Steve and Ames, Susan L, (2001: 57) are of the view that drug use generally is more prevalent among males than females. Men are often taught to deal with problems by engaging in goal attainment (instrumental orientation), rather than by talking about difficulties (expressive, nurturing or nurture –seeking orientation). Women, on the other hand, might be more likely to seek out social support.

Ghosal (2003) devoted that the spurt in heroin addiction in the North Eastern States is said to have started in early 1984 in Manipur. Prior to that morphine addiction was common. In the case of women addicts most of them come from poor families.

The Introduction of the Narcotic Drugs and Psychotropic Substances (NDPS) Act in 1985 was India's response to the global 'war on drugs' and had a major impact on the patterns and manner in which drugs were used in India. It replaced earlier statutes on drug use and introduced a harsh penal regime for trafficking, possession, use and consumption of drugs in accordance with international conventions to which India was a signatory (The Law Collective, 2003:72).

According to Nagaland State AIDS Control Society (2004), the first HIV case in Nagaland was detected in the year 1990 by Indian Council of Medical Research (ICMR) among the IDUs. In the same year ICMR estimated 2,500 IDUs in Nagaland with 50% of HIV prevalence among them.

Choudhury (2004) writes that in India in the period around 2000 B.C. three kinds of drinker were known at the time of manu, namely Quouni prepared from molasses, madu from the sweet flowers of bassia, latifolia and paisthi from rice and barley cakes. Narain (2004): in most society drug use is viewed at odds with expected behaviour by women, and drug-using women are likely to experience even greater stigmatization compared with their male counterparts. Frequently women drug users exchange sex for drugs or money to sustain their drug habit or livelihood for themselves and their children (Panda Etal. 2001).

Sharma, R. N. (2005), illustrates that the excessive drinking robs man of his sense of discrimination; he is unable to distinguish between good and bad, right and wrong. Lal, (2005) indicates that the constitution of India under Article 47, enjoins that the state shall endeavour to bring about prohibition of the consumption, except for medical purposes, of intoxicating drinks and of drugs which are injurious to health.

Panda, Samiran (2006): According to the National Survey, alcohol is the most commonly used substance in all the states, except Mizoram. Although alcohol is not readily

available in Manipur, Mizoram and Nagaland, after opiate users, alcohol users are the second largest segment seeking treatment services in these states as reflected in DAMS.

Rao (2007) indicates that AIDS is associated with social stigma; AIDS is a disease with a difference. AIDS affected persons are subject to prejudice and discrimination. Those who are the victims of the disease are treated as “untouchable”. They are branded as people with immoral character. Sharma, Y.K (2007) writes that the World Health Organization (WHO) has defined alcoholics as “excessive drinkers whose dependence on alcohol has attained such a degree that they show noticeable mental disturbance or an interference with their mental and bodily health, their interpersonal relations and their smooth, social and economic functioning or show the prodromal (beginning) signs of such developments”.

2.7: Other Sources of Addiction

This section comprises of the information of addiction retrieved from magazines and Articles published, websites and other related agencies.

It can also be said that alcoholism involves sin, since it has destructive consequences of hindering a person from abundant living and true happiness. It also detracts from his/her relationship with God, his family and his community (Clinebell). It is to be noted that until a person takes the first drink, s/he is as safe from alcoholic addiction as Adam and Eve were safe from death before they ate of the fruit of the tree of knowledge of good and evil (Dunn, 1974).

It can be stated that whether a person is genetically or bio-chemically predisposed to addiction or alcoholism is a controversy that has been debated for years within the scientific community. One school of thought advocates the Disease Concept, which embraces the notion that addiction is an inherited disease, and that the individual is permanently ill at a genetic level, even with those experiencing long periods of sobriety.¹

Another philosophy argues that addiction is a dual problem consisting of a physical and mental dependency on chemicals, compounded by a pre-existing mental disorder (i.e. clinical depression, bipolar disorder, or some other mental illness), and that the mental disorder needs to be treated first as the primary cause of the addiction. This treatment philosophy is commonly referred to as Dual Diagnosis. A third philosophy subscribes to the idea that

chemical dependency leads to "chemical imbalances" in the neurological system, which would be a substance induced imbalance.

Alcohol is associated with a tremendously wide range of problems that are physical, psychological, social, criminal, and economic, and many occur in people who are not heavy drinkers. A difficulty with what might be called the treatment response is that many of those suffering from alcohol related problems (including relations and friends of those drinking excessively) never come forward for help. By the time many people do seek help the problems are so serious that little can be done (Paton, 1990).

All kinds of people take drugs, other than a medicine. Like alcohol drinks, drugs make you feel good or high for a moment and help you to escape from ordinary, boring or worrying things. To escape from such experiences, many people do drink. Some others become dependent upon sleeping pills or pills that help them to relax (Lotha, 1993).

In Galatians 5:19-21, Paul refers to drunkenness alongside a list of other vices as being a "work of the flesh". These works are the works of man living self-centredly and not for God. Drunkenness is thus one of the 'fruits' by which it will be known that someone is living according to the flesh, rather than according to the Spirit of God, Furthermore, drunkenness is rarely found alone, rather, it tends to lead to other works of the flesh (Cook, 2006).

The followings are extracted from the Bible.

- Wine destroys beauty, honour and glory of a family (Isaiah 28:1-3).
- Wine makes people poor (Proverb 21:17).
- Wine makes people mad (Jer. 25:16; 51:7).
- Wine increases a man's evil desire as hell and death which cannot be satisfied. Habakkuk 2:5
- Daniel did not touch wine and God used him powerfully as Prime Minister (Dan. 1:9; 2:28).
- Be not among wine bibbers (Proverb 23; 20).
- Drunkards shall not inherit the Kingdom of God (1Corinth 6:10).
- Wine brings shame upon the people (Hab. 2:16)
- Wine is not for rulers. Proverbs 31:4.

- Wine continues to inflict sorrows and makes a man a slave (Proverbs 23: 29-35).
- Sold a girl for wine (Joel 3:3)
- Bottles of wine make the princes sick (Hos. 7:5).
- Wine exposes nakedness (9:22) and (Hab. 2:15).
- Wine produces prostitution and shame (Hos: 4: 18-19)
- Wine makes rulers to forget laws and distort justice (Proverb 31:5).
- Woe to them that follow strong drink (Isa. 5:11; 28:1)
- Do not be intoxicated with wine (Eph.5:18).

Bible, the word of God, warns the destruction of physical, moral, mental and spiritual life of the people by wine.²

It is reported that at the National Drug Dependence Treatment Centre (NDDTC) at All India Institute of Medical Sciences (AIIMS), over 32,000 drug abusers turn up every year and 21,000 more get community care. According to World Drug Report (WDR) 2010, India has become a hub of drugs sold through illegal Internet pharmacies.³

The above discussions and elaborations on the ‘Drug Addiction and Alcoholism’ from various literature or publications have assisted the researcher in accomplishing the work. The study is properly analyzed to reveal the problems and consequences of drug addiction and alcoholism in Nagaland.

References and End Notes

1. "http://www.alcohol-drug-treatment.net/causes_of_addiction.html"
2. NBCC, Prohibition Committee, Nagaland Post July 15, 2010.
- 3 India Today, August 30, 2010.

CHAPTER - 3

NATURE AND CAUSES OF DRUG ADDICTION AND ALCOHOLISM

3.1: Introduction

One of the most widespread and burning social problems creating a grave in the social periphery is the problem of drug addiction. The causes of drug addiction are something that everyone should know about. Even if one has never used drugs, one should know in case someone he/she loves is in trouble. The menace of drug addiction/dependence had its beginning in the North East India, particularly Nagaland in the mid 80s as a silent killer.¹ Paving its way through the green valleys of Nagaland, an area strongly influenced by drug mythologies often relating it to “Rock and Roll” music, modernization and triggered by ignorance, the typical Naga youth posed as a vulnerable lot against this cunning disease. The youth of these areas started to abuse heroin in its purest form just out of sheer ignorance.

Alcoholism is a serious social issue in our culture. Social deviance and social problems emerge from the use of alcohol. Alcohol addiction has become a very popular practice in the culture of the Nagas, so it has been the menace of the Naga society. The scourge of alcoholism is eating away the vitals of our Naga Society by spreading its tentacles amongst vulnerable sections of the populations. Though Nagaland has been declared as a ‘Dry State’, alcohol continues to freely flow in our state. The availability and easy accessibility of alcohol has increased the problem of alcohol addiction in Nagaland.

3.2: Causes of Drug Addiction and Alcoholism

3.2.1: General Causes of Drug Addiction

Drug user takes drugs to seek instant remedies to their depression, economically, emotionally and as well as socially. The major reasons why people abuse drugs are availability and easy accessibility, parents not providing quality time, increase in peer pressure and low capacity to cope with life/stress. Gateway drugs are inhalants including dendrite, erasex, gukta, alcohol, tobacco, pan etc.

Many factors are seen operating that lead to drug addiction. According to Ahuja (2003), the motivations in drug usage or the causes of drug abuse are classified under four heads: (1) Psychological Causes, like relieving tension, easing depression, removing inhibitions, satisfying curiosity, removing boredom, getting kicks, feeling high and confident, and intensifying perception, (2) Social Causes, like facilitating social experiences, being accepted by friends, and challenging social values, (3) Physiological Causes, like staying awake, heightening sexual experiences, removing pain, and getting sleep, and (4) Miscellaneous Causes, like improving study, sharpening religious insight, deepening self-understanding, and solving personal problems, etc.

According to Bhagbanprakash (2000) the main factors responsible for the spread of 'Drug abuse' are the followings;

1. The curiosity and quest for new experiences motivates the young people to try the new 'drug experience', particularly when it is accessible and available. Another contributing factor to drug abuse is the peer- pressure.

2. Another factor, apparently innocuous, is the mass media that highlights the problems of drug abuse, sometimes out of proportion.

3. A changing social environment is one of the main factors responsible for the spread of 'drug abuse' among the youth.

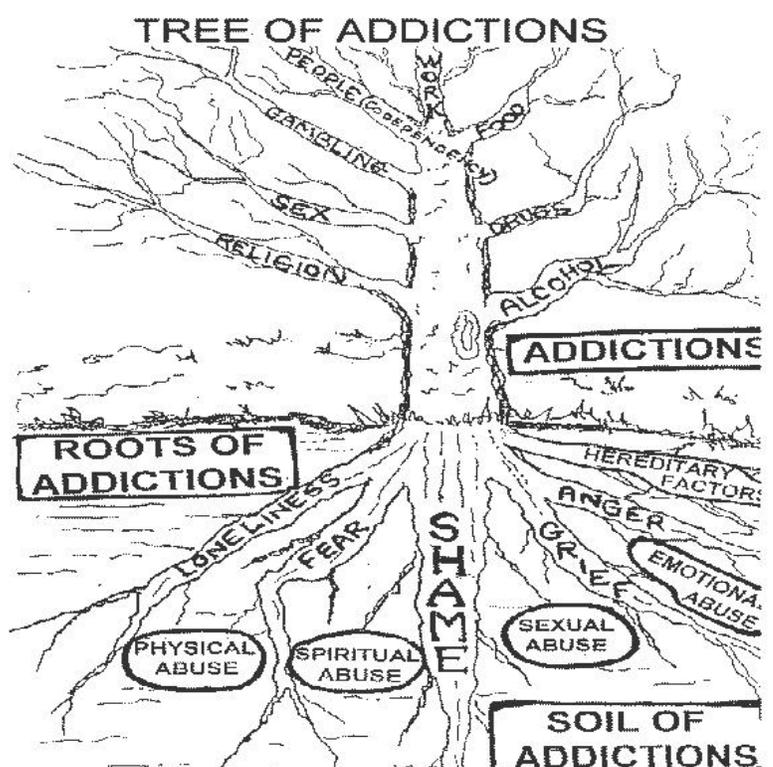
4. Mass unemployment of educated youth and migration of rural youth to urban centers in search of work have also played their role in precipitating abuse of drugs.

3.2.2: General Causes of Alcoholism

Alcoholism caused through various factors such as peer groups relation, frustration, shame, low self - esteem, depression, unemployment, experiment, live in fear and so on. One of the main reasons for alcoholism in youth is to be accepted among their peers. One of the characteristics of youth is to develop "Clichés", or group of people in which he or she is accepted as a member. The pressure in such cases is tremendous where the youth wants to be accepted by a group, which indulges in alcohol taking. In such cases, a wrong is made to look right by using pressure tactics as "don't be chicken", or "everyone's doing it". The addiction to alcohol consumption is also caused through Westernization, modernization, media and so on. Gateway drugs are inhalants including dendrite, erasex, *gukta*, smoking and alcohol, pan etc.

Drug and alcohol abuse has been attributed to different reasons by users. According to Ahuja (2003), the main sociological causes of taking alcohol are: (1) environmental pressures (2) peer pressure, and (3) a dominant sub-culture. This study attempts to examine the reasons for drug and alcohol intake and the related issues of addiction in Nagaland. In this social investigation of drug and alcohol abuse, the various causes or factors leading to addiction are combined together. A total number of 300 Users (100 Post Users and 200 Current Users) participated in this study indicates the drug and alcohol abuse and related issues in Nagaland.

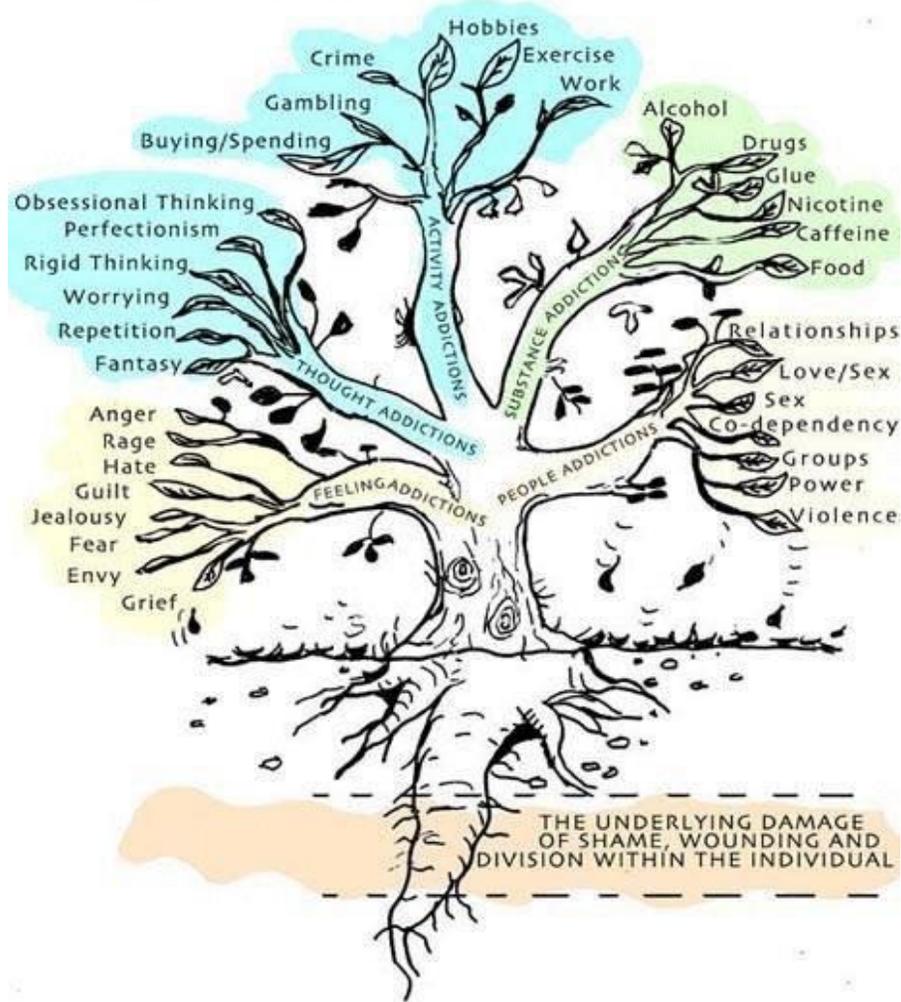
Drug and alcohol addiction is due to the factors that are shown below in the two trees of addictions.



Source: www.darvsmith.com

This tree of addiction is designed by Dr. Darv Smith. This tree of addiction is relevant to the research work that the root causes of addiction were loneliness and fear. It is evident from this study that roots of addiction were anxiety, anger, peer pressure, frustration and curiosity. There are various addictions while the tree of addiction here indicates the drugs and alcohol addiction and some of its root causes of its dependence in the context of the Naga society.

THE ADDICTION TREE



Source: <http://aedfoundationinc.org/index.php/2014/03/07/the-addiction-tree/>

3.2.3: Causes of Drug Addiction and Alcoholism in Nagaland

The study identifies that the young persons throughout Nagaland have become the most vulnerable group and easy victims of drug and alcohol abuse. They are by far the largest drug abusing section of the population of the state. It is also the youth who shape and influence the living environment of their fellow youth. The following table comprising percentage distributions of the respondents of 100 past users and 200 current users (300 drug/alcohol addicts) shows the various causes/factors leading to drug and alcohol abuse in the Naga society.

Table 3.1
Causes of Drug and Alcohol Abuse

Reason	Post Users	Current Users	Sum of PU and CU	Percentage (%)	Total No. of Respondents
Anxiety	11	37	48	16.00	300
Peer pressure	47	99	146	48.67	
Frustration	19	50	69	23.00	
Depression	11	32	43	14.33	
Health problem	7	10	17	5.67	
Curiosity	45	94	139	46.33	
Family problem	17	36	53	17.67	
Lack of entertainment	16	42	58	19.33	
Other reasons	8	6	14	4.67	
Total					

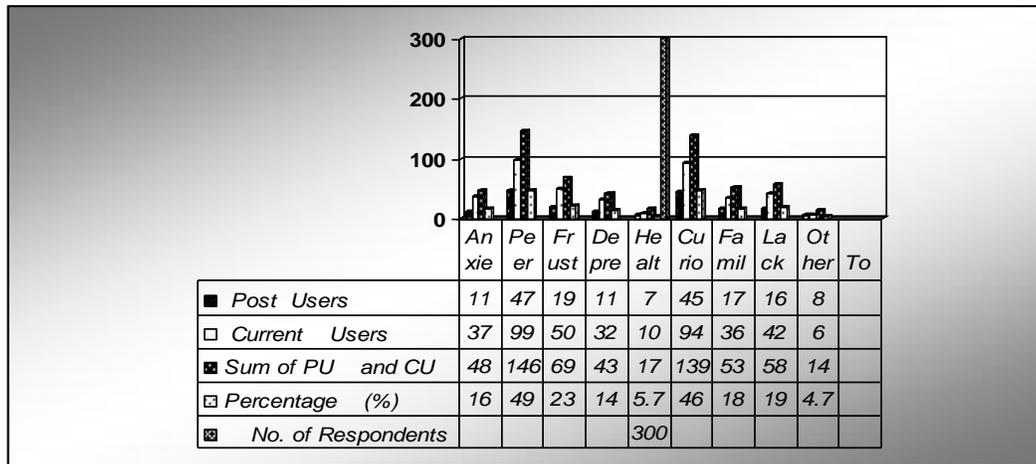
Note: The sample size is 300. Therefore, sum of respondents in all the options should have 300 respondents. However, since all the respondents have marked more than one option the sum total exceeds the sample size.

Table 3.2.2 represents the overall percentage distribution of the respondents on the basis of reasons for taking drugs and alcohol in the Nagaland. Since there is usually a lot of reasons for taking drugs and alcohol, the percentages given for taking drugs and alcohol do not add upto 300 (No. of respondents as reflected in the study). The figures just show the percentage of varied reasons for drugs and alcohol abuse in Nagaland.

The respondents (Current drug/alcohol users) who considered peer pressure as responsible headed the list (48.67 %) followed by those who stated curiosity (46.33 %) and frustration (23.00 %) as causes of taking drugs and alcohol. These are the main three causes of drug dependence and alcoholism in the Naga society. Proportion of respondents who are motivated to enter into the world of drugs and alcohol are; lack of entertainment (19.33 %), anxiety (16.00 %), family problem (17.67 %), depression (14.33%), health problem (5.67 %) and other reasons (4.67 %) as an alternative source of enjoyment, feel good, party sake, failure and drop-out in studies and some due to shyness.

The study reveals that the various causes/factors of drug addiction and alcoholism in Nagaland and states the main three causes as are Peer Pressure, Curiosity and Frustration. The influence of peer pressure constitutes the largest factor in introduction to drug and alcohol abuse. The study shows that peer pressure is the most important cause for initiation into drug and alcohol dependence in the Nagaland.

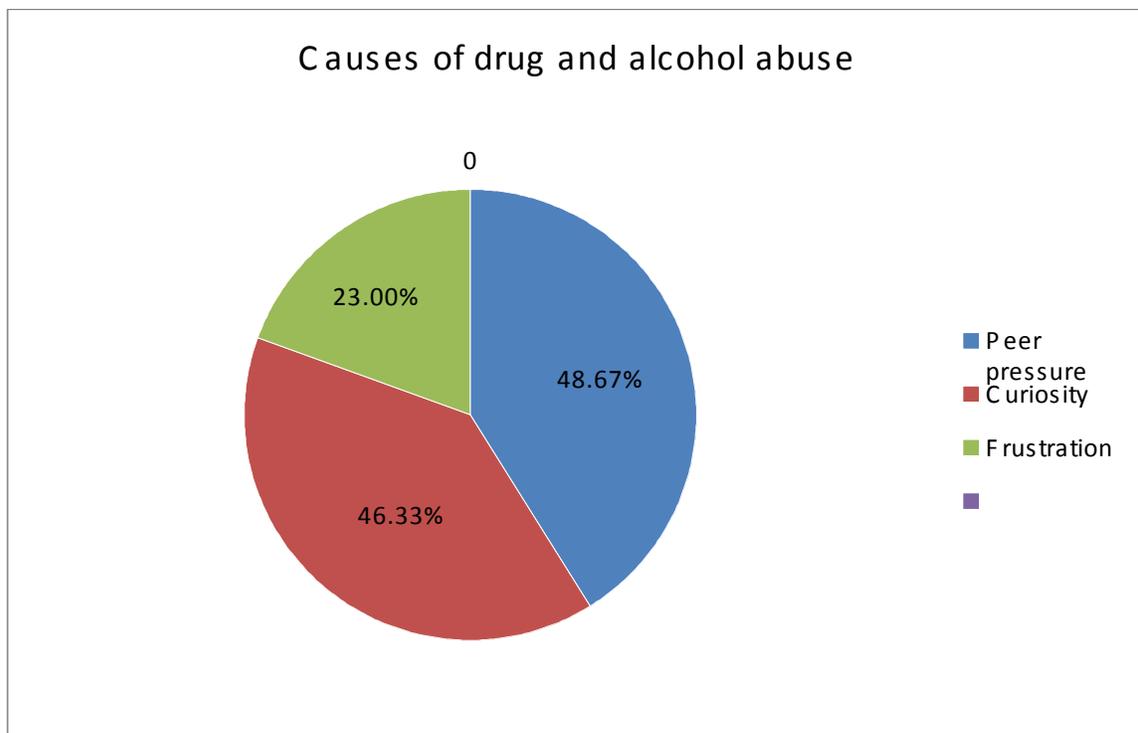
Fig. 3.1.1
Causes of Drugs and Alcohol Abuse (Based on Table 3.1)



Thus, it can be said that understanding the various dynamic factors/causes involved in drug and alcohol abuse can aid in formulating effective strategies in preventing and treating them. Numerous causes can influence the onset and continuation of drug and alcohol use in the Naga society.

The figure below indicates the three main causes of drug and alcohol abuse in Nagaland are Peer pressure, Curiosity and Frustration.

Fig 3.1.2
Causes of Drug and Alcohol Abuse



Note: The sample size is 300. Therefore, sum of respondents in three options should have 300 respondents. However, since all the respondents have marked more than one option the sum total exceeds the sample size.

3.2.4: Causes of Drug and Alcohol Abuse (General response)

The collective responses for causes of drug and alcoholism in Naga society have been given by Non-users and NGOs representatives. The various responses provided by the non drug/alcohol users and NGOs leaders/staffs are from different organisations such as Mothers' Associations, Student bodies and other NGOs related to drug and alcohol use in Nagaland. It states that drug abuse and alcoholism is a major social problem which needs to be addressed collectively by both NGOs and government agencies. The causes of drug addiction and alcoholism are due to various factors such as economic problem (financial), Social, Health, Emotional problem or Psychiatric problems, social deprivation and children over pampered (Giving extra money to children going to schools/colleges). Drug use and alcohol consumption has become a fashion a person is led to the influence of either drugs or alcohol. Traditional and cultural practices of seasonal festivals has availed the consumption of rice beer as during these celebrations it served freely in Nagaland.

The influence of drugs and alcohol in Nagaland are due to the factors such as curiosity, fear, frustration and failure(studies, job and relationship), depression, mental depression, peer pressure (some use drugs or alcohol in order to please friends), availability, easy accessibility, westernization (imitation of others), modernization, family problem (family negligence, broken families/ broken homes, unstable family relationship, divorce), dysfunctional families, lack of proper parental guidance, lack of proper education on the ill effects of drugs and alcohol, illiteracy, ignorance and free flow of illegal products – free flow of liquor. It is also caused by unemployment, lack of educational unawareness, lack of Christian teaching at home, lack of recreational activities/facilities, non engagement to work, people who have no oriented skills to engage in particular work, influences from media i.e rock stars imitated especially by the students.

Party, fun, enjoyment, pleasure and boredom and lack of discipline constitute the aspects of drug and alcohol dependence. Social evils like extortion and prostitution are occurred under the influence of drugs and alcohol in Nagaland. Poverty has also been the factor which led to the pressure of drug and alcohol use. Easy money – business is the main factor in increasing the use of drugs and alcohol abuse. Increase of drug peddlers and bootleggers has created problems in the Naga society.

3.2.5: Other Reasons for Constant Drug and Alcohol Use

The phenotypic approach in Grover's (1939) writing shows that drugs are used to defend against aggressive and sadistic impulses. Crowley (1972) indicates that the drug addicted persons want to continue drugs to drive pleasure and mainly to avoid the pain from withdrawal.

Table 3.2
Reasons for Constant Intake of Drugs and Alcohol

Reason	Users Statement for Continuous Usage	Percentage (%)	Total No. of Respondents
Fear	25	12.50	200
Family problem	46	23.00	
Unemployment	50	25.00	
Loneliness	60	30.00	
Attention seeking	39	19.50	
Low self esteem	75	37.50	
Aimlessness (No Vision)	62	31.00	
No healthy relationship with family members	32	16.00	
Other reasons	9	4.50	

Table 3.2 shows the distribution of the respondents (current users) on the basis of reasons for continuously taking drugs and alcohol. Since there are usually a lot of reasons for continuously taking drugs and alcohol, the percentages given for constantly drug and alcohol abuse do not add upto 200 (No. current users based on the study). The study on addiction as reflected in the table above indicates the percentage of different reasons for their continuous dependence on drugs and alcohol in Nagaland. This table indicates that the proportion of respondents who continuously depend on drugs and alcohol are mainly due to low self esteem (37.50 %), aimlessness (no vision) (31.00 %), loneliness (30.00 %), unemployment (25.00 %) and family problem (23.00%). The proportion of respondents who continuously use drugs and alcohol are also because of attention seeking (19.50 %), unhealthy relationships between the drug/alcohol users and family members(16.00 %), fear (12.50%) and other reasons (4.50 %) such as enjoyment, release tension, get relieve from pain, peer pressure, love hallucination, mentally obsessed, health problem, failure in life and regret of the past opportunities lost, forget failure, gratification or euphoria, get hooked to it, no firm decision, can't stop abusing drugs and alcohol and fear of withdrawal. It is obvious from this study that drug and alcohol users when unable to share their feelings and problems with their family members feel frustrated, depressed and therefore continues abusing drugs and alcohol.

3.3: General Information of Users

3.3.1: Gender Specification

Table 3.3
Sex wise Distribution of Users

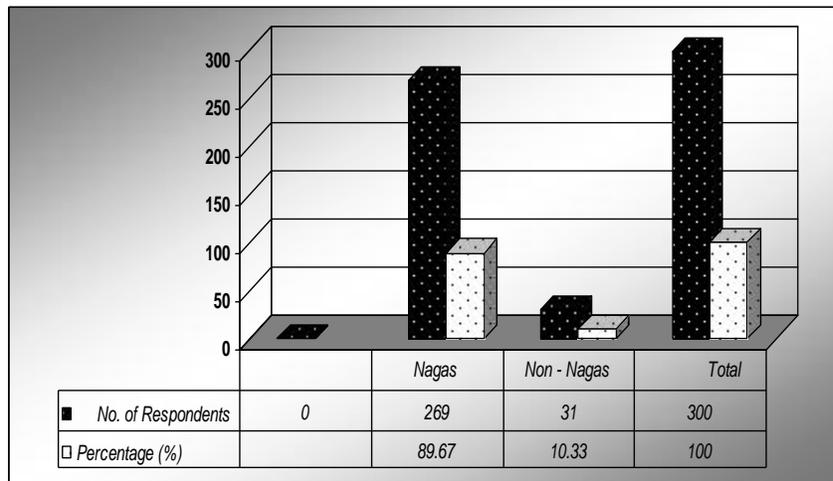
Sex	No. of Respondents	Percentage (%)
Male	250	83.33
Female	50	16.67
Total	300	100.00

Table 3.3 represents the percentage distribution of the respondents (Users) on the basis of sex that shows overwhelming majority of male users 83.33 percent while female users indicates only 16.67 percent. One reason of overwhelming majority is that purposely the post users were from male category comprising of 100 male respondents from the three districts of Nagaland i.e Kohima, Dimapur and Phek. The current users comprise of 150 males and 50 females (200 Users).

3.3.2: Users Identity according to Community

The fig.3.2 represents the percentage distribution of the respondents (Users during the time of this study) on the basis of identity as Naga and Non -Naga Users in the Naga society. It indicates that 82 post users were Nagas and 18 of Non- Nagas with the total number of 100 post users. Again, 187 current users were Nagas and 13 of Non – Nagas with the total number of 200 current users. It is evident as shown from the figure that the users participated in this study were Nagas in majority constituting of 89.67 percent as against 10.33 percent of Non – Nagas.

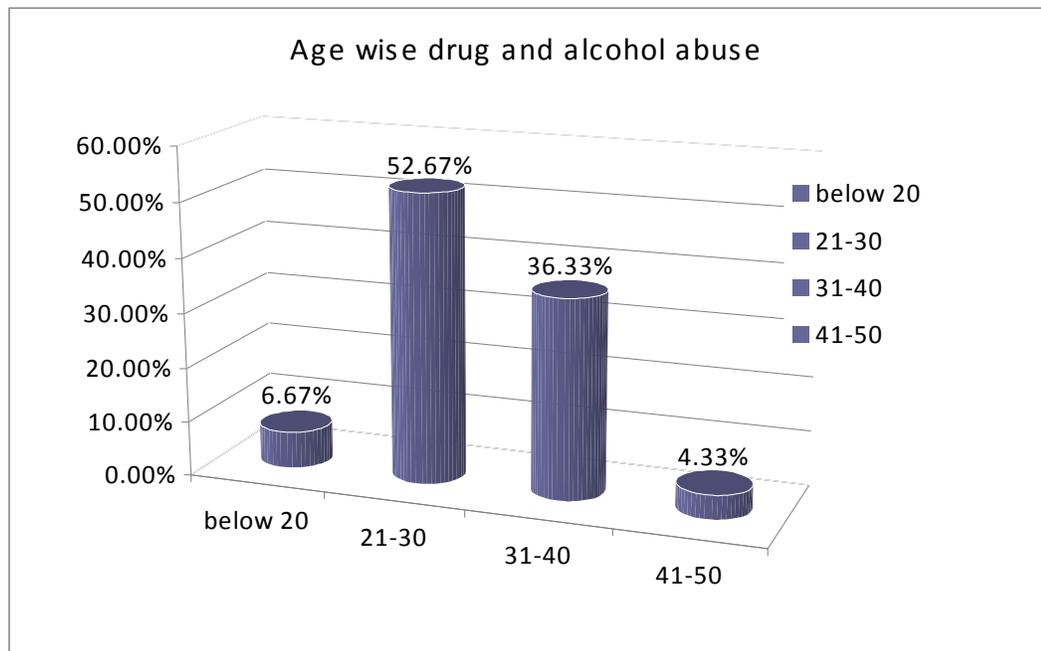
Fig. 3.2
Users Identity according to Community



3.3.3: Age Structure

Excessive use of anything/everything is bad. The problem of excessive use of drug among the youths everywhere remains a serious social phenomenon. Youth, mostly at their teenage or in many instances in their prime time between 15- 25 years, are more vulnerable to this excessive use of drug and hence become addicts. The case of Sarkar (2011) is taken to substantiate the argument in this context. In his study of drug addiction undertaken among drug addicted persons in and around the city of Calcutta, he shows that out of 250 respondents the age group comprising 25-29 years occupies the highest percentage of 32.40%. Other age frequency falls much lower than this. The susceptibility of youth to such illicit culture is very high in every society for which Nagaland is no exception. In the current study the data collected from 300 respondents(100 Post Users and 200 Current Users during the time of study) shows the age wise drug and alcohol abuse in the below fig. 3.3

Fig. 3.3
Age Wise Distribution of Drug and Alcohol Abuse



The figure shows the percentage distribution of addicts according to the duration of drug and alcohol abuse at different years.

The study was conducted in three districts of Nagaland with a sample size of 505 respondents. Out of the sample size there were 100 Post Users and 200 Current Users (during the time of study). It is apparent from the data analysis that the menace of drug abuse in the Naga society seriously afflicts the youth particularly in the age group of 21 to 30 years who

stood an overwhelming position of 52.67%. This is indeed a serious indication since this age group belongs to the most vital period of their life span when one is expected to be highly productive, energetic and change oriented. Such a creative period is totally spoilt because of the dangerous consequences of drug abuse. This is followed by the age group of 31-40 years which is 36.33 % of users. This period is a time when one begins to settle in life by way of getting a secured job/business establishment and marriage. This phenomenon is almost similar among both urban and rural dwellers because one spends, today, a stretchable period of time in receiving education. Although the percentage is negligible, the age below 20 years is not safe, as the data shows the figure of 6.67 %. Indeed, teenage is very vulnerable period therefore society should create conducive environment and parents should be vigilant about their life. The study reveals that among the 300 addicts, age group of 41-50 constitutes only 4.33 %. The figure here is skewed to a minimum point therefore this result may be interpreted in multiple ways, on the pessimist view one may even arrive to conclusion that drug users normally end their life by this age.

Table 3.4
Age Wise Distribution of Users

Age (in years)	No. of Respondents	Percentage (%)
Below 20	20	6.67
21 - 30	158	52.67
31 - 40	109	36.33
41 - 50	13	4.33
Total	300	100.00

The above table 3.4 indicates that the Post and Current Users who belong to the age group of 21-30 constitutes the highest number with 52.67 % who depend on drugs and alcohol followed by 31-40 years comprising 36.33 % and below the age of 20 years comprising of 6.67 %. The study reveals that among the 300 Users, the age group of 41-50 constituting 4.33 % has the least number of drugs and alcohol users in Nagaland.

It is apparent from the analysis that the menace of drug addiction and alcoholism in Nagaland specially afflicts the youth, particularly in the age group of 21 to 30 years. It is important to note that 52.67 percent of the respondents belong to the most vital period of their life span (within 21-30 years), a period when one is expected to be highly productive,

energetic and change oriented. Such a creative period is totally spoilt because of the dangerous consequences of drug and alcohol abuse intaking.

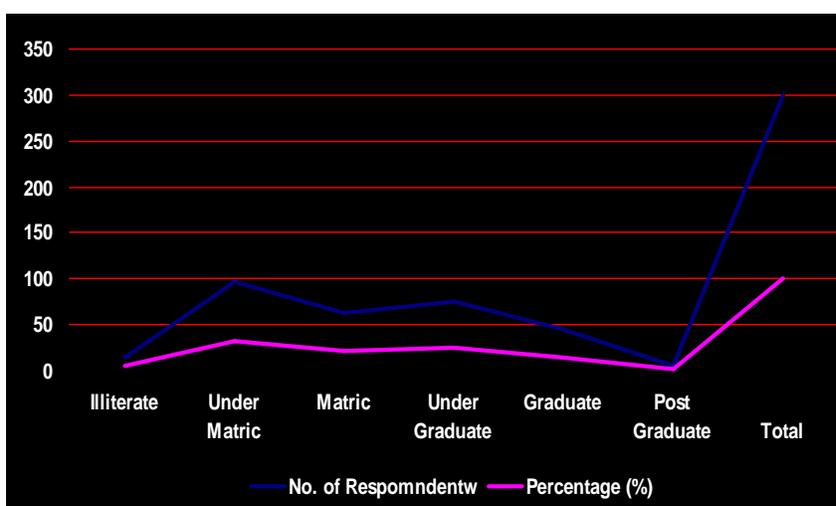
3.3.4: Educational Status

Table 3.5
Educational Status of Users

Educational Status	No. of Respondents	Percentage (%)
Illiterate	15	5.00
Under Matric	97	32.33
Matric	63	21.00
Under Graduate	75	25.00
Graduate	45	15.00
Post Graduate	5	1.67
Total	300	100.00

For the sake of analysis, educational level was divided into six sub groups, namely illiterate, under matric, matric, under graduate, graduate and post graduate. The percentage distribution of the Post and Current addicts for each educational level is given in the figure. It is apparent that the intake of drugs and alcohol at an early age is more among under matric, matric and under graduate than that of illiterate and educated even to the level of post graduate. The table 3.5 shows that the prevalence rate was highest among those who were under matriculation (Below Class 10) which is 32.33 percent. The next highest were those belonging to the category of under graduate 25.00 percent.

Fig 3.4
Educational Status of Users



The category of users whose educational status was matriculation (matric) constituted 21.00 percent while the graduates comprised of 15.00 percent. The study reveals that those who were illiterate constituted 5.00 percent of the users. The least percentage that had post graduate studies among the users was 1.67 percent. It is obvious from the study that the highest percentage (33.33 percent) of 300 drug/alcohol users belong to lower education–under matric. Therefore, education has a very significant role in eradication of drugs and alcohol in Nagaland.

3.3.5: Marital Status

Table 3.6
Marital Status of Users

Marital Status	No. of Respondents	Percentage (%)
Married	110	36.67
Unmarried	160	53.33
Divorced	30	10.00
Widow	0	0
Total	300	100.00

The above table 3.6 shows the percentage distribution of the respondents (Users) on the basis of the marital status. It is evident from the above table that more than half (53.33 percent) of the Users are not married. The proportion of the married respondents constituted 36.67 percent. The percentage of divorced users indicated 10.00 percent. The unmarried users are freer from the social and economic responsibilities in family maintenance. The study is obvious to show that the unmarried addicts will take drugs/alcohol more frequently than married addicts.

3.3.6: Religion

Table 3.7 represents the percentage distribution of the respondents (users) by their religious affiliation. The table shows that the Users who are Christians constitute the overwhelming majority percentage (93.33 percent). Hindus accounted for 3.33 percent of the users while the proportion of Muslims and other religious groups constituted respectively, 2.00 percent and 2.67 percent. The study indicated that religious differential in drug and alcohol intaking may be taken as an account of awareness generation by taking appropriate measures to bring back the addicts into the normal stream of life. The table further indicates

the evident outcome that whatever is the reason, drug and alcohol abuse has weakened the social fabric and lessened the control mechanism that religion had traditionally exercised over the Naga society. In this study, Christians are more than respondents from other religion as it has a more attention of why the Nagas are into the habit of drug and alcohol use.

Table 3.7
Religion Wise Distribution of Users

Religion	No. of Respondents	Percentage (%)
1. Christian	279	93.33
2. Hindu	10	3.33
3. Muslim	6	2.00
4. Others	5	2.67
Total	300	100.00

3.3.7: Occupational Status

Table 3.8 represents the percentage distribution of the respondents (Users during the time of this study) on the basis of their occupational status. Table 3.1.4 shows that the prevalence rate was highest among those who belong to the category of others (42.00 percent) as Unemployed, Commercial Sex Worker, Driver, Sales man, laymen, Street Children, Scrap Collector, Bootlegger, Daily Wager, Computer Trainee/Operator, Electronics, Nurse, Peer Educator, Farmer/Cultivator, Vocational Instructor, and housewife. The next highest were businessmen (16.00 percent) and followed by the self employed (13.00 percent). Government employees constitute 12.00 percent. Students comprise of 10.00 percent while the NGO employees account for 5.00 percent. A mere 1.00 percent was teachers and was followed by 0.67 percent of police personnel. The lowest percentage of respondents was from the professionals' category that constitutes 0.33 percent.

Table 3.8
Occupational Status of Users

Occupation	No. of Respondents	Percentage (%)
1. Teachers	3	1.00
2. Students	30	10.00
3. Businessmen	48	16.00
4. Police Personnel	2	0.67
5. Professionals	1	0.33
6. Government Employees	36	12.00
7. NGO Employees	15	5.00
8. Self employed	39	13.00
9. Others	126	42.00
Total	300	100.00

3.3.8: Family Income of Users (per Month)

Table 3.9 represents the percentage distribution of the respondents on the basis of the Users' family income per month. This is divided into 6 sub-groups such as No Income, Below Rs. 5000, Rs.6000 - Rs.10000, Rs.11000 - Rs.15000, Rs. 16000 - Rs.20000, and Rs.21000 and above. The study shows that the highest prevalence rate was found to be among the Below Rs. 5000 amounting to 22.33 percent. This was followed by the proportions of respondents comprising of 22.00 percent. The Users family' in the Rs.11000 - Rs.15000 income per month is 18.00 percent. The proportion of those with no income p.m is 17.00 percent. The proportion of those earning Rs. 16000 - Rs.20000 p.m consisted of 12.00 percent. The proportions of respondents' family in the highest income group constituted of 08.67 percent.

Table 3.9
Distribution of Users' Family Income (per Month)

Monthly Income	No. of Respondents	Percentage (%)
1. No Income	51	17.00
2. Below Rs. 5000	67	22.33
3. Rs.6000 - Rs.10000	66	22.00
4. Rs.11000 - Rs.15000	54	18.00
5. Rs. 16000 - Rs.20000	36	12.00
6. Rs.21000 and above	26	08.67
Total	300	100.00

3.3.9: Personal Income of the Users (per Month)

Table 3.10 shows the percentage distribution of the respondents (Users) on the basis of the personal income per month. The personal incomes of the users were divided into six (6) sub groups. They were No Income, Below Rs. 5000, Rs.6000 - Rs.10000, Rs.11000 - Rs.15000, Rs. 16000 - Rs.20000, and Rs.21000 and above. The highest prevalence rate among the proportions of Users was those of No income (40.67 percent). The next highest was the group which had the monthly earning of Below Rs. 5000 with 33.00 percent. The proportion of respondents who earned Rs.6000 - Rs.10000 p.m constituted 17.33 percent. The Current Users who earned Rs.11000 - Rs.15000 p.m was 4.00 percent. The proportion of users who earn Rs. 16,000 - Rs.20000 constitute of 3.00 percent. The table shows that the proportion of respondents with highest monthly income constituted the lowest among the addicts with 02.00 percent.

Table 3.10
Distribution of Users as per Personal Income (per Month)

Monthly Income	No. of Respondents	Percentage (%)
1. No Income	122	40.67
2. Below Rs. 5000	99	33.00
3. Rs.6000 - Rs.10000	52	17.33
4. Rs.11000 - Rs.15000	12	04.00
5. Rs. 16,000 - Rs.20000	9	03.00
6. Rs.21000 and above	6	02.00
Total	300	100.00

Education and income level has been affected by the causes of addiction. There is a co-relation of addiction and and co-relation of income.

3.4: Sources of Initiation into Drugs and Alcohol

According to (Ahuja 2003), about 81 percent drug users had friends who were drug users. Another 44 drug users were initiated into drug use by their friends. Approximately 31 percent drug users always took drugs in company of their friends. As many as 63 percent drug users got first knowledge of drugs from their friends, and 17 percent users had taken drugs in their friends house.

Table 3.11
Sources of Initiation into Drugs and Alcohol

Initiators	Post User	Current Users	Sum of Post User	Percentage (%)	No. of Respondents
Friend	44	94	138	46.00	300
Self initiaated	43	67	110	36.67	
Media	3	12	15	5.00	
Deceived by someone	5	23	28	9.33	
Others	5	4	9	3.00	
Total			300	100.00	

Table 3.11 represents the distribution of the respondents on the basis of their influence or initiator into the world of drugs and alcohol. For different addicts, the percentage distribution among the various initiators has been derived. It may be seen from the table that 46.00 percent of the users have been introduced into drugs and alcohol by friends. The influence of friends constitutes the single largest factor in introduction to drug and alcohol dependency in Nagaland. The 'Self initiaated' group constitutes 110 users with 36.67 %. 5% of the users learnt to abuse drugs/alcohol from the media while 28 users (9.33%) were deceived by others and hence were introduced into drugs and alcohol, 9 of them (3.00%)

were not sure of their source of initiation. Thus, the table above indicates the distribution of the respondents based on different types of initiators/influential sources into the world of drugs and alcohol.

On the matter of addiction the study proves that peer pressure/friends constitute the largest percentage of respondents who were led into the druggie and alcoholic culture in the Naga society. As seen from the table 3.2.2, it is evident that the respondents (Current drug/alcohol users) who considered peer pressure as responsible headed the list (48.67 percent). Table 3.2.4 shows that a very large number of Users (46.00 percent) had been initiated into drug and alcohol world by their friends.

Peer Pressure is an important cause of drug dependence among the people in Nagaland. Benjamin Lobo writes ‘Everyone, no matter how old they are, cares for what other people think and say about them, specially their friends’.

Initially, when young people start using drugs, someone has to supply them with, teach them how to use it. This is where peer pressure comes in; it is hard for the teenager to say ‘no’ to friends who offer drugs (Cleave, p.22). The influence of peer pressure is the primary cause which has led many young people to drug addiction in Dimapur. Many of the respondents feel and say that they took drugs because of their friends in schools and colleges.²

3.5: Most Vulnerable Group

Different groups of people abused drugs and alcohol. They take different drugs and liquor due to various reasons. With the response of 100 post users, the vulnerable groups are shown in the table below in order of priorities.

Table 3.12
Vulnerable Group of Addiction

Group	No. of Respondents	Percentage (%)
School/College drop-outs	33	33.00
Frustrated youth	30	30.00
Unemployed youth	18	18.00
Ignorant youth	17	17.00
Others	2	2.00
Total	100	100.00

It is evident from this study that school/college drop-outs have been believed to be the most vulnerable group on addiction to drugs and alcohol. School/college drop-outs are the

primary cause and the most vulnerable group of drug and alcohol abuse in Nagaland constituting 33.00 percent. The second vulnerable group of drug and alcohol dependence is the frustrated youth (30.00 percent), followed by unemployed youth (18.00 percent). In order of priority, ignorant youth (17.00 percent) is identified as the fourth group who were prone to drug and alcohol dependence. The individuals who belong to the ‘Others’ category were idle persons, party goers and person from broken family (2.00 percent) who were also vulnerable to drugs and alcohol use.

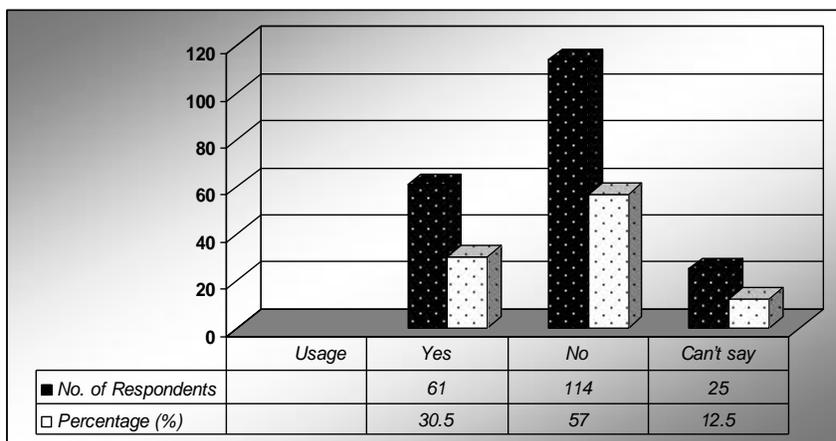
3.6: Family History

Table 3.13
Family History of Drug and Alcohol Abuse

Family History	No. of Respondents	Percentage (%)
Yes	61	30.50
No	114	57.00
Can't say	25	12.50
Total	200	100.00

The table 3.13 shows that parents, grandfathers/grandmothers and other family members of the Current Users have an effect on the responses. As regards family history, it is evident from the table that the elder family members as parents, grandfathers and grandmothers of about 30.50 % of the respondents used to take either drugs or alcohol. The study reveals that more than half of the respondents’ family members (57.00) do not intake drugs or alcohol or were not either drug or alcohol users. A much smaller percentage of respondents constituting 12.50 % can't say about the history of their elders, Parents or family members on drug and alcohol abuse.

Fig. 3.5
Family History of Drug and Alcohol Abuse



3.7: Stages of Becoming an Alcoholic

Jellinek (an American psychiatrist) has explained the process of becoming an 'alcoholic' in the following four stages:

(1) Pre-alcoholic symptomatic phase

In this phase, taking advantage of social sanction, an individual starts drinking to reduce tensions and solve his personal problems. Linking drinking with relief, he keeps on searching for those opportunities in which he may drink. The frequency of drinking increases as he starts losing his capacity to overcome conflicts in life.

(2) Prodigious phase

In this phase, along with the increase in the frequency of drinking, there is increase in the quantity of the drink too. However he develops a guilt-feeling and knows that gradually he is becoming an abnormal person.

(3) Crucial phase

In this phase, his drinking becomes conspicuous. He develops rationalizations to stand social pressures and to assure him that he has not lost control over himself. However, he does not lose his self-respect. Gradually, he starts alienating himself from others as his physical and social deteriorating becomes obvious to them.

(4) Chronic phase

In this phase, he starts drinking even in the morning. He faces prolonged intoxication, impaired thinking, indefinable fears, tremors, and loss of certain skills. He is all the time obsessed with drinking and feels restless without alcohol.³

3.8: Routes of Drug and Alcohol Flow to Nagaland

There are various routes used for smuggling of drugs and liquor into the state. Based on the data sources analyzed in this study and the sources retrieved from the local newspapers, the graphic radar shows the smuggling routes to Nagaland and to other destinations. Though alcohol is a drug, it has been illustrated separately. The followings are to furnish the flow of drugs and alcohol in the context of Nagaland.

a. Sources of Drugs and Alcohol

Respondents (Post and Currents Users) used to collect drugs and alcohol from different sources of which peddlers and bootleggers as sources of drugs and alcohol constitute the most important followed by friends (users), pharmacy and booze joints. There are various other sources like hotels/restaurants, parties, drug store, black market and dealers. They could avail alcohol even from armed forces and native places (towns/villages) of Nagaland. The respondents are broadly divided into four groups on the basis of sources of drugs and alcohol they intake such as; (i) Friends/Parties (ii) Shop/Pharmacies, Booze joints/bar, hotels/restaurant (iii) Drug Peddlers/Bootleggers, Dealers and (iv) Others: Native places, neighbours and from outside the state of Nagaland such as Burma and Assam.

It is indicative that some drug-users were also involved in drug peddling in order to get money for their drugs. The data from the respondents reveals that local dealers were involved in bootlegging the local made liquor such as rohi, mitha modu, thutse and zutho etc.

Table 3.14
Sources of Drug and Alcohol

Source	Post Users	Current Users	No. of Users	Percentage (%)
a. Friends,	27	55	82	27.00
b. Pharmacy, Bar/Booze Joints, Restaurants	51	151	202	67.00
c. Peddlers, Bootleggers, Dealers	66	97	163	54.00
d. Others	7	25	32	11.00
Total	100 + 200 = 300 Respondents			

An examination of the above table 3.14 shows that Pharmacy, Bar/Booze Joints, Restaurants/Hotels account the highest percentage (67.00 percent) as the places for providing drugs and alcohol in Nagaland. Peddlers, Bootleggers and Dealers constitute 54.00 percent and friends account for 27.00 percent in supplying or selling the substance or liquor to the people. 'Others' category constitutes 11.00 percent which includes certain sources like Canteen, Offered by friends, pan shop, general store, cosmetic shop, medical store, Opium from Burma, Opium from Mon (Opium Cultivation in Mon), Lahorijan (Assam) and agents from the neighbouring districts and states. In the city of Dimapur, users could collect the drug from the rickshaw pullers, auto rickshaw drivers and tata drivers. Nagaland check gate and rail bazaar of Nagaland are some important places of selling drugs to the users (in Dimapur). While in Kohima, users collect the substance and liquor, as indicated above from the different sources of drugs and alcohol. Liquor is available in many corners in the towns

and villages of Kohima. They could even collect the chemical even from the vendors. Some of the users were also drug dealers as learnt from the data analysis in the study of addiction in the Naga society. Some could even avail from the armed forces. Alcohol is available in the towns and villages of Kohima, Dimapur and Phek district. The users collect from the hot spots and agents/partner, local brewers or bootleggers. The Addicts used to collect drugs and alcohol from different sources of which Pharmacy, Bar/Booze Joints, Restaurants and Peddlers, Bootleggers and Dealers were the most significant followed by friends.

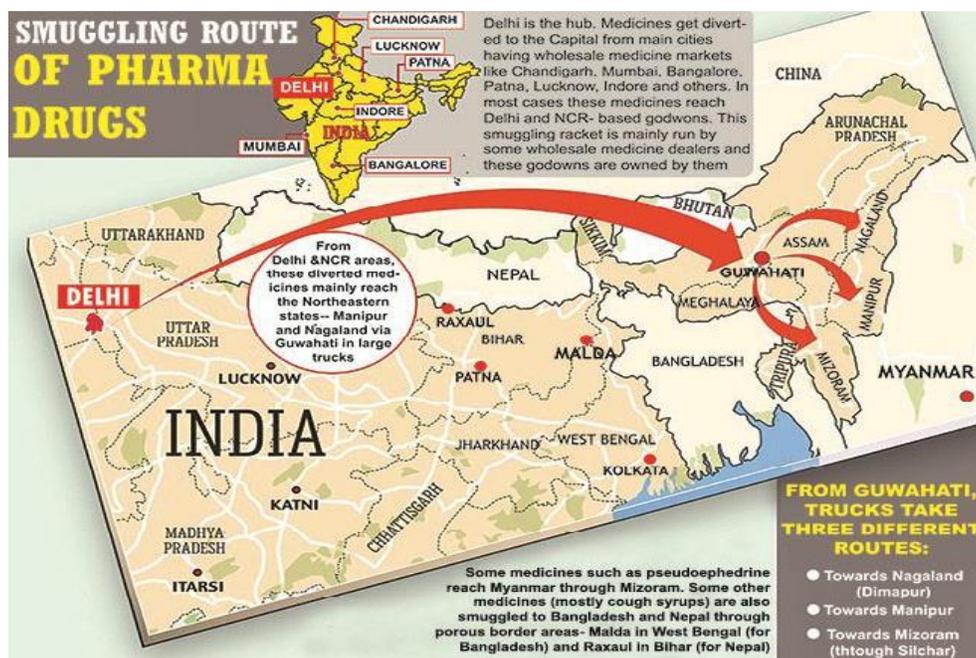
Sources from the Narcotics and Prohibition Department Nagaland said that Ganja enters into Nagaland mainly from Senapati district of Manipur while Heroin, Brown Sugar and other manufactured drugs comes from Myanmar. Assam is the main source of alcohol.

b. Smuggling Routes of Drugs

(i) Pharma Drugs

Northeast Region has become one of the new smuggling destinations in India. Northeastern states like Nagaland, Manipur, Assam and Mizoram have emerged as India's new smuggling hub. Tablets manufactured by companies based in Delhi and Haryana are transported to Guwahati for further dispatch to various destinations (Mizoram, Nagaland and Manipur) in the region before entering Myanmar.⁴ The below given route map shows clearly about the drug smuggling in the country and northeast region.

NE used by Drug Smugglers on Radar



Source: Nagaland Post, Published on 26 Aug. 2013

(ii) Heroin

The following are the official heroin transit points along the international border. Moreh, the gateway of India to the Southeast Asian countries, New Somdal in Ukhrul district in Manipur, Behaing village in Churachanpur district of Manipur, Bokan in Myanmar bordering Molcham village in Chandel district of Manipur, Champai in Mizoram bordering Myanmar and Pangsha International trading center in Tuensang in Nagaland (Joyce Angami, Addiction News, Jan-March 2005).²

(iii) Routes used for Smuggling of Drugs

The main entry point of narcotic drugs to Nagaland is from Manipur state through National Highway 39. A sizeable quantity also enters Nagaland through the districts on the porous border with Myanmar, according to the state Narcotics Branch Cell. The following have been identified as routes used for smuggling of narcotics drugs into the state:

1. The main route is National Highway 39 via Khuzama to Dimapur.
2. Mao Gate to Pfiitsero to Zunheboto to Mokokchung to Assam.
3. A Second route from Mao Gate goes to Kedima to Chakhabama to Wokha (via Kohima) and then to Dimapur (via Niuland).
4. Mao - Kedima - Viswema – Kohima – Dimapur into Assam.
5. Manipur – Khezhakeno – Pfiitsero – Kohima – Zhadima – Niuland into Assam.
6. Manipur – Khezhakeno – Pfiitsero – Zunheboto – Mokokchung - Mariani.

Other routes used occasionally are:

1. Myanmar – Pukhungris – Avangkhu – Phek – Kohima.
2. Myanmar – Longwa – Mon – Tizit – Namsa into Assam.
3. Myanmar – Pongsha – Tuensang – other districts of Nagaland.
4. Myanmar – Mimi – Kiphire – other districts of Nagaland.
5. Myanmar – Molhe – Kiphire – other districts of Nagaland.
6. Arunachal – Nagaland border.

It is evident that the border districts of Nagaland are particularly vulnerable to drug trafficking. Many of the places along the districts bordering Myanmar do not have good road connectivity and thus the routes used are mostly foot tracks in difficult terrain. Narcotic drugs like heroin which can be carried in small quantities and have very high value in the drug market are smuggled through these foot tracks and then taken to onward destination through road transport from place where there is proper road connectivity.⁵

3.9: A Report of Seizure of Drugs and Alcohol

3.9.1: a. Narcotics Cell

DC Narcotics, Dimapur disclosed that narcotics department had first identified drugs smuggling and abuse as a major issue way back in 1984 and had made first seizure of around 10 kg of contraband in March, 1985.⁶

Table 3.15
Achievement Report of Narcotics and Prohibition, Nagaland: 2005 - 2009

Year	Sl. No	Items	Quantity Seized	Market Value		Total No. of Cases Registered	Total No. of Persons Arrested
2005	1	Ganja	25329 kgs	Rs.6,33,22500/-	@ (2500/- per kg)	253	442
	2	Heroin	1 kg 43 gms	Rs. 10,43,000/-	@ (1000/- per gram)		
	3	Brown Sugar	624 gms	Rs. 1,56000/-	@ (250/-per gram)		
	4	Opium	12 kgs 700 gms	Rs. 5,08,000/-	@ (40,000/- per kg)		
	5	Other Medico Drugs	138197 (Capsule) in Numbers	Rs. 13,81,970/-	@ (10/- per piece)		
	6	IMFL	52,422 btls	Rs. 52,42,200	@ (100/- per btl)		
2006	1	Ganja	21,923 Kgs	Rs. 5,48,07,500/-	@ (2500/- per kg)	258	349
	2	Heroin	21 kgs 232 grams	Rs. 2,12,32,000/-	@ (1000/- per gram)		
	3	Brown Sugar	116 grams	Rs. 29,000/-	@ (250/- per gram)		
	4	Opium	16 kgs 100 grams	Rs. 6,40,000/-	@ (40,000/- per kg)		
	5	Other Medico Drugs	4,63,372 (Capsule) in Numbers	Rs. 46,33,720/-	@ (10/- per piece)		
	6	IMFL	52,422 btls	Rs. 52,42,200/-	@ (100/- per btl)		
2007	1	Ganja	10,822 kgs	Rs. 2,70,55,000/-	@ (2500/- per kg)	234	356
	2	Heroin	1 kg 110 grams	Rs. 5,07,850/-	@ (1000/- per gram)		
	3	Brown Sugar	624 grams	Rs. 1,56,000/-	@ (250/- per gram)		
	4	Opium	7 kgs	Rs. 2,80,000/-	@ (40,000/- per kg)		
	5	Other Medico Drugs	55,235 (Capsule) in Numbers	Rs. 5,52,350/-	@ (10/- per piece)		
	6	IMFL	17,905 btls	Rs.17,90,500/-	@ (100/- per btl)		
2008	1	Ganja	7644 kgs	Rs. 1,91,10,000/-	@ (2500/- per kg)	321	229
	2	Heroin	170 grams	Rs. 1,70,000/-	@ (1000/- per gram)		
	3	Brown Sugar	10 kgs and 850 gram	Rs. 27,12,500/-	@ (250/- per gram)		
	4	Opium	12 kgs 700 grams	Rs. 5,08,000/-	@ (40,000/- per kg)		
	5	Other Medico Drugs	14,0619 (Capsule) in Numbers	Rs. 14,06,190/-	@ (10/- per piece)		
	6	IMFL	52768 btls	Rs. 52,76,800/-	@ (100/- per btl)		
2009	1	Ganja	11076 ½ kgs	Rs. 2,76,91,250/-	@ (2500/- per kg)	264	172
	2	Heroin	600 grams	Rs. 6,00,000/-	@ (1000/- per gram)		
	3	Brown Sugar	2 grams	Rs. 500/-	@ (250/- per gram)		
	4	Opium	1 kg	Rs. 40,000/-	@ (40,000/- per kg)		
	5	Other Medico Drugs	81,082 (Capsule) in Numbers	Rs. 8,10,820/-	@ (10/- per piece)		
	6	IMFL	43,892 btls	Rs. 43,89,200/-	@ (100/- per btl)		
Total						1331	1548

Source: Field Survey 2005 – 2009, Narcotics and Prohibition, Nagaland.

The above table shows the outcome of the field survey of drug and alcohol seizure achievement (2005 – 2009) as performed by the Narcotics and Prohibition Department Nagaland.

1. Ganja: 76790 ½ kgs worth Rs.19,19,86,250/-
2. Heroin: 24 kgs 155 gms worth Rs. 2,35,52,850/-
3. Brown sugar: 12 kgs 216 gms worth Rs.3054000/-
4. Opium: 49 kg 500 gms worth Rs. 19,76,000/-
5. Other Medico Drugs: 8,78,505 (Capsule) in Numbers worth Rs.87,85,050/-
6. IMFL: 2,19,409 bottles worth Rs. 2,19,40,900/-

The study on drug and alcohol abuse also highlights the total number of drug and alcohol cases registered and the accused persons arrested. The total number of drug and alcohol (2005-2009) cases registered constitutes 1331 and persons arrested were 1548.

Table 3.16
Seizure Report on Narcotics Drug during 2002 to 31st May 2009

Name of Drugs	Quantity seized	Case Registered	Person Arrested
Ganja	117438 kgs	1684	2450
Heroin	5 kgs 150 grams 85 ¹ / ₂ ml		
Brown Sugar	2 kgs 294 gms 4 ml		
Opium	63 kgs 128 ¹ / ₂ grams		
Spasmo proxyvon capsules	901634 Nos		
Relipen tablets	57098 Nos		
Nitrozepam tablets	6941 Nos		
Phensedyle (S)	100 bottles		
Diazepam tablets	188 Nos		
Tossex syrup	30 bottles		
Lobain capsules	516 Nos		
Parvon Spas capsules	14991 Nos		
IMFL	96245 bottles		

Source: Narcotics Branch (Khuvung, 2009).

It is further stated that controlling drug trafficking is not the problem of the law enforcing agencies only. A multi-sectoral approach involving the police, NGOs, village councils, student bodies, church and other civil societies should be evolved to fight the drug menace before it is too late.⁷

3.10: Types of Drugs and Alcohol abused in Nagaland

There are different types of drugs and alcohol which are widely used in different parts of the world, but the types of drugs and alcohol which are abused in Nagaland are very much unusual than the rest of the world. Here only those drugs and alcohol which are commonly used in Nagaland are discussed. This is examined separately because drugs and alcohol are synonymous. Types of drugs and alcohol commonly used in Nagaland are the following.

Table 3.17
Cumulative Percentage of Types of Drugs and Alcohol abused in Nagaland

Sl. No.	Name of Drug and Alcohol	No. of Respondents	Percentage (%)	Total No. of Respondents
1.	Brown Sugar	72	36.00	200
2.	Codeine	69	34.50	
3.	Cough Syrups	81	40.50	
4.	Ganja	62	31.00	
5.	Heroin	49	24.50	
6.	Inhalants (Dendrite/Polish/Petrol etc.)	39	19.50	
7.	Morphine	25	12.50	
8.	Nicotine	41	20.50	
9.	Opium	27	13.50	
10.	Relipen	75	37.50	
11.	Sedatives	42	21.00	
12.	Spasmo-Proxyvon	132	66.00	
13.	Others	4	02.00	
	Alcohol			
1.	Aristocrats (AC)	53	26.50	
2.	Black Dog	21	10.50	
3.	Country made alcohol (Zutho, Rohi) etc.	117	58.50	
4.	Dansberg blue (Beer)	72	36.00	
5.	Gin	59	29.50	
6.	Honey bee	30	15.00	
7.	Mc Dowell	112	56.00	
8.	Royal Stag	90	45.00	
9.	Signature	49	24.50	
10.	Vodka	50	25.00	
11.	Others	7	03.50	

Source: Field Survey of Kohima, Dimapur and Phek Districts.

Table 3.17 represents the percentage of Addicts abusing a particular type of drug and alcohol in the Nagaland. There is a lot of multiple drug and alcohol use, so percentages given

for various types of drugs and alcohol do not add upto 200 (No. of Current Users) as shown in the above figure. The table shows the percentage of drug addicts and alcoholics abusing a particular drug or alcohol in isolation of or along with other drugs or alcohol.

It is evident from the table that maximum abuse of drugs was of Spasmo-Proxyvon (66.00 percent) followed by Cough Syrup (40.50 percent). Relipen was being abused by 37.50 percent of the addicts. Brown Sugar accounted for 36.00 percent and Codeine for 34.50 percent of the users. Ganja was abused by 31.00 percent. The study shows that Heroin was abused by 24.50 percent, while Sedatives of (21.00 percent) and Nicotine accounted for 20.50 percent. Inhalant such as Dendrite/Polish/Petrol etc. was abused by 19.50 percent of the users. Opium was abused by 13.50 percent of the users (addicts) while the Morphine comprises of 12.50 percent. Other drugs which were abused by the Users constituted 02.00 percent namely, Nitrosun, LSD, Trigan-D, Cyclo Pam, Asthma Vicks, Tranquillir, Methamphetamines, Parvon Spas, Diazepam, Cyclopam, Dicolic, Spasmo Care-D, Lobain, Depressants and other mood altering substances (local made).

According to Alangla (1990), the following drugs are commonly used in Nagaland: Cannabis such as Hashish (hash, charas), Ganja, Bhang and Hash Oil (Hashish Oil), Heroin and Brown Sugar, Barbiturates, Cough Syrups, Codeine, Fortwin, Diazepam (calmpose, paxum) Avil, Avil Expectorant, Phenargen and Proxyvon.

In this study, Alcohol refers to Indian Made Foreign Liquor (IMFL), Local rice beer and any other alcoholic beverages or wine used by the people which lead to intoxication. It is obvious from the figures that maximum abuse of alcohol was of country made alcohol (Local rice beer such as Zutho, Thutse, Mitha modu, Rohi, etc) constituting 58.50 percent, followed by Mc Dowell of 56.00 percent. Royal Stag was abused by 45.00 percent of the Alcoholics. Dansberg Blue (Beer) accounted for 36.00 percent, Gin for 29.50 percent and Aristocrats (AC) 26.50 percent. Vodka constituted 25.00 percent and Signature 24.50 percent, as being abused in Nagaland. The next percentages of respondents abusing drugs were Honey Bee 15.00 percent and Black Dog (10.50 percent). Other Alcohol which was abused by the Users are of the following; Mc Rum, Volatile, Roxy, Sigmair, Royal Challenge, Bagpiper, Old Monk, Rokshi/Roxy and other drink that is available.

c. Traditional Rice Beer and its Preparation

Local rice beer is a traditional delicacy of the Nagas. It is used as a part of a staple food during the period of the Naga ancestors. Zutho (Tenyimie dialect) is a popular traditional

alcoholic beverage which is common in many districts of Nagaland. This locally brewed rice beer is not strictly banned in Nagaland. Rice beer (zutho) is an indigenous alcoholic beverage made with sprouted rice grains. Jugs of rice beer and plates of meat are served during traditional festivals and ceremonies of the Nagas.

The study conducted by Teramoto (2012) highlights the characteristics of a rice beer (zutho) and yeast isolated from the fermented product in Nagaland. Rice beer, known locally as zutho was collected in the Kohima district in Nagaland, India, and subjected to analytical and microbiological characterization. Zutho is whitish porridge-like slurry containing 5.0% (v/v) ethanol. Volatile esters and higher alcohols, such as ethyl acetate and 3-methylbutanol, were detected in this indigenous alcoholic beverage by gas chromatography. The pH and acidity of zutho were 3.6 and 5.1, respectively. Zutho had a fruity aroma and sour taste and its unique aroma had characteristics similar to those of Japanese sake and sprouted rice sake. A fermentation yeast isolated from zutho was identified as being a strain of *Saccharomyces cerevisiae* and was found to be suitable as the brewing yeast for ethanol fermentation.⁸

There is various process of preparing the traditional rice beer in Nagaland. The steps of manufacturing traditional rice beer are the following.

1. Firstly, the dried rice is ground well. The grinding of the rice is done by using local tools.
2. Boil the water
3. Powder the chemical and mix with rice
4. Put the fermented rice in the large earthen pots.
5. Cover the mouth of the earthen pots;
(and leaves for fermentation for few three to four days).
6. Sieve the fluid of the fermented rice and rice beer is ready for consumption.

Rice wine known as Zutho/Rohi is the Naga alcoholic beverage made from rice. Naga alcoholic beverage is made from fermented rice and it served cold. Rohi/Rokshi is another special fragmentation of rice beer made with sprouted rice grains. Thutse is the special fragmentation of zutho. Different tribes in Nagaland have their own term of local rice beer; 'zutho' in Angami and Chakhesang and Suko in Lotha,

3.11: A Brief Profile of Users

(i) First Experience of Drugs and Alcohol

Table 3.18
First Experience of Drugs and Alcohol

First Experience	No. of Respondents	Percentage (%)
Enjoyable	92	46.00
Happy	32	16.00
Felt relieved from problems	55	27.50
Others	21	10.50
Total	200	100.00

In this particular study the reaction of Current Users is assessed with their first experiences towards the usage of drugs and alcohol into four groups as Enjoyable, Happy, Felt relieved from problems and Others. Table 3.18 shows the percentage of the distribution of respondents on the basis of the users' feelings on their first experiences after taking drugs and alcohol.

It is obvious from the figure that the feeling of enjoyable on the use of drugs and alcohol habit is the highest among the current users which constitutes 46.00 % followed by the third category of the Users as felt relieved from problems (27.50 %). Another 16.00 % of the Users responded that they felt happy at their first intake of drugs and alcohol. A much smaller percentage of respondents constituting 10.50 % which belongs to the category of 'Others' described their feelings as courages, more secure, dizzy or giddy (mentally intoxicated), guilty, sleepy, headache, vomiting, terrible, drunk and tired, lazy and loss of sense.

(ii) Age of First Initiation of Drugs and alcohol

The table 3.4.5 indicates the age structure at initiation of drug and alcohol intaking comprising of 100 Post Users and 200 Current Users (during the time of study). These variables have been examined in relation to the age at first initiation to drugs and alcohol. The age of below 20 years seems to be the most drugs and alcohol prone age, as revealed from the study conducted on 300 Post and Current Drug and Alcohol Users. This is the age at which a person is either just starting education or it is the school and college going age. The age below 20 years and 21 to 30 years age group shows the most active age group of the general population where environmental influences had led the users to start abusing drugs and alcohol.

Table 3.19
Age at First Initiation of Drugs and Alcohol Intaking

Age at Initiation	Post Users	Current Users	Sum of PU & CU	Percentage (%)	Total No. of Respondents
Below 20 yrs	77	142	219	73.00	300
21- 30 yrs	19	40	59	19.67	
31 – 40 yrs	3	18	21	7.00	
41 and above	1	0	1	0.33	
Total	100	200	300	100.00	

Table 3.19 shows percentage of ‘Age at First Initiation of Drug and Alcohol Intaking’ from the current drug and alcohol users (300 respondents) in Nagaland. The highest percentage of ‘Age at First Initiation of Drug and Alcohol Intaking’ is 73.00% which is for the below 20 years of age group. It is followed by 21-30 years with 19.67 percent. Another age group is 31-40 years (7.00 percent). The least percentage of age group is 41 and above years with 0.33 percent.

(iii) Source of Money

A drug and alcohol user spends all his money on drugs. Drug abuse leaves no room for wealth. It is the root cause of poverty resulting in dropouts in schools and society. The source of money spent for drugs and alcohol is expected to be related with the chemical and liquor abusing behaviour. For empirical verification of this concept, the respondents (Currents users) have been divided into four groups such as; family members, friends, self earned and others.

Table 3.20
Source of Money

Source of Money	No. of Respondents	Percentage (%)
Family members	69	34.50
Friends	20	10.00
Self earned	102	51.00
Others	9	4.50
Total	200	100.00

Table 3.20 represents the percentage distribution of the respondents by the source of money for buying drugs and alcohol. It clearly indicates that the majority of the drug and alcohol users (51.00 %) earn by themselves to collect drugs and alcohol. 34.50% of the users

are financed by their family members while 10.00 % of the addicts are helped by their friends. The smallest group is 'Others' with only 4.50 %.

(iv) Average Daily Expenditure on Drugs and Alcohol

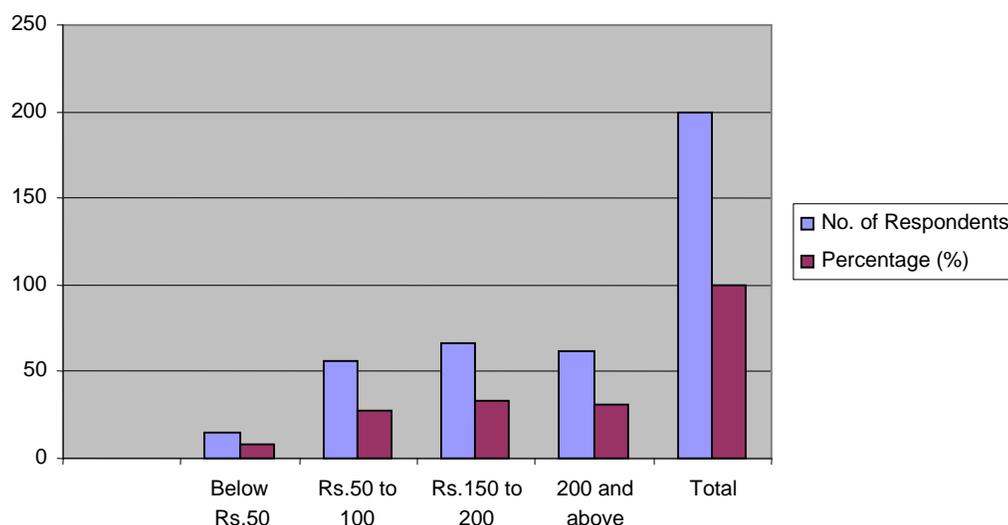
Drug and alcohol abuse destroys both health and wealth. An addict spends his money outside his family. Drinking leaves no room for wealth. Drinking affects the business, the office efficiency and factory productions. The distribution of respondents indicates the daily average expenses of the current users in relation to their drug/chemical or alcohol use. In order to understand relationship between money spent in a day on drugs and alcohol and index of drug/alcohol abusing, the respondents (Currents users) have been divided into four groups such as; below Rs.50, Rs.50 to 100, Rs.150 to 200 and 200 and above.

Table 3.21
Average Daily Expenditure on Drugs and Alcohol

Average Daily Expenditure	No. of Respondents	Percentage (%)
Below Rs.50	15	7.50
Rs.50 to Rs.100	56	28.00
Rs.150 to Rs.200	67	33.50
Rs.200 and above	62	31.00
Total	200	100.00

Table 3.21 shows percentage of current drug and alcohol users (300 respondents) in relation to the proportion of money spent in a day on drug and alcohol. The largest percentage was of those who were spending Rs.150 to Rs.200 per day on drugs and alcohol (33.50 percent) followed by those who were spending Rs. 200 and above per day on the maintenance of their drug and alcohol dependence constituting 31.00 percent. The table shows that 28.00 percent were spending Rs.50 to Rs.100 per day on drugs and alcohol, and 7.50 percent of users spent Rs.50 per day.

Fig. 3.6
(Graphical Representation of Table 3.21)
Average Daily Expenditure on Drugs and Alcohol



The study proves the household level of expenditure from 200 current users by taking highest percentage of average daily expenditure (33.50 percent) by 67 respondents out of 200 current drug/alcohol users; it is apparent that drug/alcohol user spends Rs. 150 to Rs. 200/- on drugs and alcohol.

Taking Rs. 200/- as base average daily expenditure, a calculation is taken into account on the amount an addict/alcoholic spend in months a year on the maintenance of their drug and alcohol dependence.

$$\begin{aligned}
 \text{Rs. } 200 \times 1 &= \text{Rs. } 200/- \quad (\text{per day}) \\
 \text{Rs. } 200 \times 30 &= \text{Rs. } 6,000/- \quad (\text{days in a month}) \\
 \text{Rs. } 200 \times 365 &= \text{Rs. } 73,000/- \quad (\text{days in a year}) \\
 \text{Rs. } 200 \times 365 \times 5 &= \text{Rs. } 3,65,000/- \quad (\text{in 5 years}).
 \end{aligned}$$

Therefore, when a drug/alcohol user spends Rs. 200/- daily, he/she will spend Rs.3,65,000/- in 5 years on drugs and alcohol. An examination on this analysis proves that drug and alcohol abuse affects the economy of the users and the family.

(v) Users' Activity of Interest

Table 3.22
Users' Activities of Interest

Activities	No. of Respondents	Percentage (%)
a. Sports	23	11.50
b. Music and Dance	29	14.50
c. Watching T.V, Gambling	38	19.00
d. Party & Roaming with friends	36	18.00
e. Household works	14	7.00
f. Others	60	30.00
Total	200	100.00

The data analysis on the responses provided by the 200 Current Users shows that the users are interested in various activities such as sports, music and dance, watching T.V and gambling, party and roaming with friends, household works and others. The first category, sports comprises of football, cricket, badminton, Table Tennis (T.T), volley ball and carom (11.50 percent). Music and dance constitutes 14.50 percent. Only few Users were interested in dancing while many were fond of listening to music (some listen rock music - heavy metal), singing, and playing guitar and drums. Rock music has the connectivity with drugs and alcohol as many users abuse drugs drugs/alcohol and give their performance in various occasions or concerts. The study shows that 19.00 percent of the current users were engaged in the activities like watching T.V (movies) and gambling - lottery, playing cards - painting, reading books, browsing the web, computer games and photography. It is identified that 18.00 percent were interested in attending parties and roaming with friends, visiting friends and family. They wanted to be in the gathering, hang out with friends and also liked chatting. Again, 7.00 percent were interested in doing the household/domestic works such as cooking, gardening, cleaning and carpentry. The 'Others' category comprises of the activities such as handicraft, mechanical works, writing poems, politics, quarrelling and fighting, sleeping, hunting and fishing, driving, making fun with others/jokes, cheating, sex, laughing and crying.

There are users who take interest in the activities like romancing and dating. Some of the users were not interested in any activity but liked to be alone. It has been highlighted that a user wants to do anything when he or she is drunk. The study reveals that many users were interested in sleeping. Some were interested in taking their dose/drink at home and enjoy the

kick. Some were interested in recreational activities while others were in seeking fun, pleasure and even engaged in handicrafts, politics and painting.

(vi) Frequency of Drug and Alcohol intake Per Day

Table 3.23
Frequency of Drug and Alcohol usage in a Day

Frequency of Use	Post Users	Current Users	Sum of PU & CU	Percentage (%) in years	Total No. of Respondents
Once	4	26	30	10.00	300
Twice	15	47	62	20.67	
Thrice	23	41	64	21.33	
More than three times	58	86	144	48.00	
Total	100	200	300	100.00	

The above table shows the distribution of respondents by the number of times the users intake drug or alcohol in a day. In this study of social investigation on drug and alcohol use, it reveals that as much as 48.00 percent of the post and current addicts take drug/alcohol more than three times a day. This is followed by the ‘Thrice a day’ group which is 21.33 percent. Another 20.67 percent consume their substance or liquor twice a day. The least number of times in a day of the Users’ intake of drugs and alcohol is 10.00 percent.

(vii) Company of Users

Table 3.24.a
Company of Users

Index of Chemical and Alcohol Usage	Post Users	Current Users	Sum of PU and CU	Percentage (%)	Total No. of Respondents
Used alone	17	59	76	25.00	300
Used with friends	91	174	265	88.00	
Both alone and with friends	10	33	43	14.00	
Total					

Table 3.24.a represents the percentage distribution of the respondents on the basis of using chemical and alcohol alone or with friends and the places where drug and alcohol users’ intake/consume their dose of addiction.

(viii) Place of Use

**Table 3.24.b
Company of Post Users (100 Respondents)**

Index of Usage	Responses	Percentage (%)
Alone	17	17.00
With Friends	83	83.00
Both	10	10.00
Place of Use		
1	20	20.00
2	4	4.00
3	37	37.00
4	2	2.00
5	6	6.00
6	7	7.00

The study shows that an overwhelming majority of addicts used drugs and alcohol with their friends (83.00 percent) while 17.00 percent used alone. It also reveals that 10.00 percent of the addicts used drugs and alcohol alone and with their friends.

**Table 3.24.c
Company of Current Users (200 Respondents)**

Index of Usage	No. of Respondents	Percentage (%)
Alone	59	30.00
With Friends	174	87.00
Both	33	17.00
Place of Use		
1	31	16.00
2	1	1.00
3	38	19.00
4	8	4.00
5	5	2.50
6	6	3.00

Note: 1 to 6 indicates the places of drug and alcohol use:

- 1: At home
- 2: Corner of the town, street and village
- 3: Bars/Booze Joints, Deserted Areas & Hot spots, toilet and secluded place
- 4: Parties
- 5: Hotels/Restaurants
- 6: Fiends house (using friends)

These variables as analyzed show the percentage distribution of addicts according to their use whether alone or with friends and the place of use of drugs and alcohol. The study proves that the percentage of respondents constituting 30.00 % used drugs/alcohol alone while 87.00% have used with their friends. Another 17.00% used the substance and alcohol both alone and with friends.

It is obvious from the table that bars, booze joints, hotels, home remain the most common places for the intake of drugs and alcohol for the Users. The Users also used drugs and alcohol at places like parties, toilet, deserted areas, hot spots, using friends' house and corners of the towns and villages of the state of Nagaland. An examination of the above tables shows that home, bars or booze joints, deserted areas and hot spots continue to be major places of usage. In other words, these places seemed to be the most prone drug and alcohol places, since they account for a large percentage when compared with other places of usage.

(ix) Duration of Drug and Alcohol Use

Table 3.25
Duration of Drug and Alcohol Abuse

Duration of Abuse	Post Users	Percentage (%)
1-2 years	3	3.00
1-3 years	7	7.00
1-4 years	2	2.00
About 5 years	16	16.00
5-10 years	27	27.00
More than 10 years	45	45.00
Total	100	100.00

The above table shows the distribution of the addicts on the basis of the duration of drug and alcohol abuse. The study shows majority of post users accounting for 45.00 percent had abused drugs/alcohol for more than 10 years. The second highest percentage was of those who have abused chemical or liquor for the period of 5 – 10 years comprising 27.00 percent which is followed by 16.00 percent who had abused for about 5 years. Another 3.00 percent abused drugs and alcohol for 1-2 years, 7.00 percent for 1-3 years while only 2.00 percent of addicts had used for 1-4 years.

(x) Category of Drinkers

This table represents the distribution of respondents (Post and Current Alcoholics) on the basis of category of drinkers into five groups namely; Rare users (drink once a year), Infrequent users (drink once or twice in 2-3 months), Light users (drink once or twice a month), Moderate drinkers (drink three or four times in a month), Heavy drinkers (drink everyday or several drinks in a day).

Table 3.26
Category of Drinkers

Category	Post Users	Current Users	Sum of Alcoholics	Percentage (%)	Total No. of Respondents
Rare users	1	2	3	1.00	244
Infrequent users	1	8	9	4.00	
Light users	5	17	22	9.00	
Moderate drinkers	17	59	76	31.00	
Heavy drinkers	57	78	134	55.00	
Total	80	164	244	100.00	

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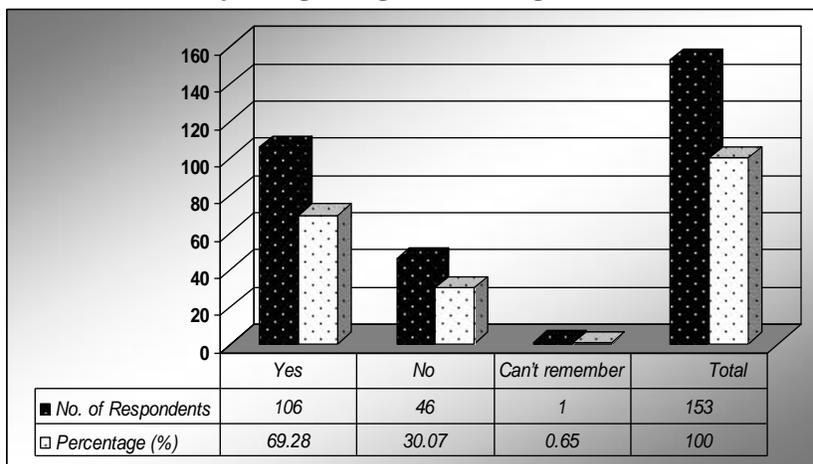
Among the 244 alcoholics, some of them were also drug users. It is evident from the study that the 'Rare Users' and 'Infrequent Users' were drug users but for few number of times take alcohol. The above table depicts the various percentages of alcoholics in Nagaland.

3.12: Nature of Drug Usage

Injecting drug is one way of using drugs. In order to understand better, the Injecting Drug Use, Sharing of Needles and Syringes and Test of HIV among IDUs towards drug dependence have been clubbed together. Injecting Drug Users (IDUs) constitute a high vulnerable group for HIV/AIDS transmission in Nagaland.

The study proves that out of 153 drug users, 106 Users were Injecting Drug Users. The fig. 3.7.1 shows that the majority of the drug users (69.28 percent) injected drugs while only 30.00 percent of drug users reveal that they did not inject drugs. It is responded that 0.65 percent can't remember whether they had injected drugs or not.

Fig. 3.7.1
Injecting Drug Use in Nagaland



There are reasons why drug users injected drugs instead of taking it orally. Injecting drugs take only a small amount of drugs. The action of injecting drugs is very quick. Some of the reasons of injecting as identified by Lisam (2004) are of the followings:-

1. There was a police crackdown on drug peddlers, dealers and drug users – and consequently heroin became unavailable.
2. Heroin became difficult to procure
3. Heroin became expensive and so with injecting, a user can save money.
4. Injectables such as Buprenorphine or pethidine were easily available
5. The injectables provide rapid onset of “high” effect.

(ii) Shared Needles and Syringes

Table 3.27
Sharing of Needles and Syringes

Shared Needles and Syringes	No. of Respondents	Percentage (%)
Yes	56	52.83
No	40	37.74
Can't remember	10	9.43
Total	106	100.00

The above figure indicates the percentage of drug users in relation to sharing of needles and syringes. The study shows that out of 106 Current Users, 56 of them constituting 52.83 percent have shared needles and syringes. The study indicates that 37.74 percent did not share needles and syringes and 9.43 percent could not remember whether they shared needles or not. AIDS is caused by a virus called HIV. Anyone with HIV can pass it to another person when sharing needles or syringes to inject drugs, pierce body parts, make tattoos, or for any other reason. In other words, sharing of HIV contaminated syringes/needles is one of the routes of transmission of HIV/AIDS.

The Injecting Drug Users share injecting equipment for different reasons. Some Injecting Drug Users share needles and syringes due to scarcity of needles or non availability of needles and syringes. There are some users who had no money to buy needles and syringes so they share from their friends. Drug users tend to share equipments they begin injecting, as they depend on others to teach them how to inject. Another reason is the refusal by the pharmacists to sell needles and syringes to young people.

(iii) Female Injecting Drug Use

Fig. 3.7.2
Female Injecting Drug Use

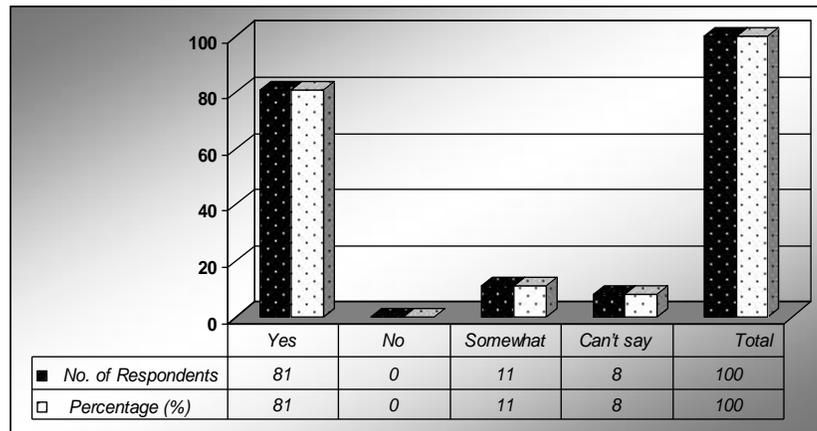


Fig. 3.7.2 depicts the percentage distribution of Users of the relationship between male and female Intravenous Drug Users (IDUs). In the questionnaire, the post users were asked to express their views towards the visibility of female Intravenous Drug Users in the Nagaland. The figures show that the majority of the Users constituting 81.00 percent said 'Yes' that female's intravenous drug users are less visible than male (IDUs) in Nagaland. This gender difference in injecting drugs indicates that female drug use were less disclosed or derecognized in the society. It is probably because of the fact that male respondents enjoy more freedom of movement, more identity disclosed in their drug use in comparison to that of female respondents. Thus, it is evident that female intravenous drug users are less visible than male (IDUs) in the Nagaland. The percentage of respondents who said 'No' was nil while response of 'Somewhat' constituted of 11.00 percent of the Users. The percentage of users who give their opinion as 'Can't say' constituted of 8.00 percent. It can be stated that HIV is spread from Injecting Drug Users (IDUs) to the general population through unprotected sexual contact. The prevalence of injecting among commercial sex workers or prostitutes can be an important factor in the role of IDUs in introducing HIV into the general population of the Naga society.

b. Others:

Inhale and Oral: Inhalants are Dendrite, Polish and Petrol while oral drugs are such substances which include Spasmo-Proxyvon and Relipen.

3.13: Injecting Drug Users and Test of HIV/AIDS

Table 3.28
Injecting Drug Users and Test of HIV

IDUs & HIV Test	No. of Respondents	Percentage (%)
Yes	72	68.00
No	34	32.00
Total	106	100.00

The above table 3.28 depicts the number and percentage of users who have injected drugs and undergone HIV test. The study indicates that among 106 IDUs, 68.00 percent had tested for HIV where as 32.00 percent did not test HIV. HIV transmission among drug users is associated with injecting drug use.

3.14: Behavioural Dimensions of Users

Drug and alcohol users have certain behavioural aspects on their abuse of drugs and alcohol. During the period of addiction, users stay away from parents, make excuses; disobey parents or other members of family, quarrel, fight, lie to parents, cheat, deceive their parents, manipulate them, and family members do not talk to one another. The user tries to avoid family gatherings for eg. discussion, prayer meeting etc. A user creates or disturbs the environment of the family when he or she is drunk/high. A user becomes self-centered, weak physically and mentally. It is identified that on drug and alcohol abuse, an individual becomes lazy, restless, has no respect for others and do not do work at a proper time.

A user steals money or household of the family but whenever he or she does not steal he is blamed for the theft or loss of property.

3.15: Measures initiated by Users' Family

Parents put their children into the jails, send for treatment at Rehabilitation, DICs, Prayer Centers, detox centres etc. No parents or family members want their children to be controlled by drugs or alcohol. There are addicts who do not know their parents love so they live the lives of dependency on drugs and alcohol. They become the black sheep of the family. Parents would do anything for their children if they do not depend on drugs or alcohol.

Users do not realise their wrong in abusing drugs and alcohol even though the parents/family members try every possible means in rescuing him or her from the druggie

and alcoholic culture. There are some users who never listen to the advice given by their parents.

3.16: Brief explanation of Drugs and Alcohol

a. Drugs

1. Cannabis:

It is a hemp plant grown particularly in the hilly regions. This plant has leaves, flowers, Resin, seeds, stems, and roots. All these parts are used in preparation of the drug under different names; Hashish (hash, charas), Ganja, Bhang and Hash Oil (Hashish Oil).

2. Heroin (Diacetylmorphine)

Heroin is the most commonly abused powerful narcotic. Heroin resembles morphine in its general action.

3. Brown Sugar:

Diacetylmorphine is the hydrochloride or Alkaloid obtained by acetylating of Morphine.

4 Barbiturates:

It acts directly on the sleep centre. It causes depression in the central nervous system and causes the cells of the brain to be deprived oxygen, which slowly affects all the cells of the body more on the nerve cells of the tissues.

5. Cough Syrups:

There are different kinds of cough syrups. Some of the Cough Syrups which people abuse in Nagaland are of the followings; Phensedyl, Tossex, Ocilex, Ephedrex, Corex.

6. Avil Expectorant

These are being used because of the Codeine and Promethazine hydrochloride in the cough syrup.

7. Codeine:

It is a much less potent pain killer than that of morphine. It does not produce significant depression of respiration. These are used in a number of commonly used medicines especially as pain relievers and cough syrup.

8. Fortwin:

It is a strong pain killer marketed under the name “Fortwin” “Fortagesic” or “Fortwin Plus”.

9. Diazepam (calmpose, paxum):

These are drugs used as anxiety relieving agents. It causes sedation, hypnosis, decreases anxiety and muscle relaxation.

10. Avil, Avil Expectorant, Phenargen etc.

These antiallergic drugs are also been commonly used. These are abused because of their potent hypnotic and sedative activity.

11. Proxyvon:

It is a pain killer, which is mainly used for relieving deep seated pain. It also causes sedation.

12. Inhalants: Inhalants are the substances such as dendrite, nail polish and petrol.

13. Morphine:

The word morphine comes from the name of Greek God of Dreams - Morpheus. This is the most important among all natural drugs which are capable of producing sedation and relieving pain.

14. Opium:

Opium is the dried juice obtained by incision of the unripe capsules of the white poppy. It may be either in a form of powder or a black tar like gum.

15. Relipen:

It is used for temporary relief of coughs without phlegm that are caused by certain infections of the air passages eg sinusitis common cold.

16. Spasmo-proxyvon

This drug is anti-inflammatory drug just like omeprazole or nimsulide. This drug will reduce pain in the stomach.

There are various other drugs causing sedatives such as nicotine, nitrazepam, mandrax, librium and barbiturates.

b. Alcohol

Different types of alcohol such as whisky, rum, vodka, gin and other beer are used in Nagaland. Some of the brand names of liquor are of the followings;

1. Aristocrats
2. Mc Dowell
3. Royal Stag
4. Signature
5. Vodka
6. Local Country made; rice beer; zutho, thutse and rohi/ rokshi.
7. Others: Romanov (vodka), Carlo rossi (red wine) and bagpiper.

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CHAPTER - 4

CONSEQUENCES AND SOCIAL IMPLICATIONS OF ADDICTIONS

4.1: Introduction

This chapter seeks to furnish the outcome of the socio-economic, health and other drug and alcohol related issues in Nagaland. The study will indicate the scenario of drug and alcohol abuse based in the state of Nagaland. Drug and alcohol abuse use has resulted in many related problems, such as social, health, economic, spiritual and psychological problems in the lives of the past and current drug/alcohol users (during the time of study). It has also affected the cultural aspects of the society. Drug and alcohol- related problems in turn have affected an individual, family and society in the contemporary Naga society.

4.2: Status of Drug Addiction and Alcoholism

4.2.1: Global, National and Regional

a. Statistics of Drug Addiction

An estimated 13.5 million people in the world take opioids (opium-like substances), including 9.2 million who use heroin. In 2007, 93% of the world's opium supply came from Afghanistan. (Opium is the raw material for heroin supply.) Its total export value was about \$4 billion, of which almost three quarters went to traffickers. About a quarter went to Afghan opium farmers. The 2007 National Survey on Drug Use and Health reported 153,000 current heroin users in the US in 2007. Other estimates give figures as high as 900,000. ¹

The population of India has reached over 1 billion people and is rising. The country is growing at an incredible pace. Its culture, social values, demographics and economy is rapidly changing, and these stresses are having an impact on the people. Some evidence suggests that there is an increasing use of illicit drugs and reported numbers point to over 3 million drug addicts in India. However, the World Health Organization does note that there is

significant difficulty in estimating drug usage and addiction rates in the country due to poor bureaucratic processes and census reporting.²

Social activists and NGOs said the government needs to curb drug abuse in the northeast, with a report showing that the number of intravenous drug users (IDUs) in the region has doubled in two years. The number of IDUs in the North East India in 2008 was 120,263, but by April 2010 it stood at 256,968. According to the report, 40 percent of the total population in the northeast falls in the age group of 15 to 30 years.³

b. Statistics of Alcoholism

Alcoholism statistics from the National Institute on Alcohol Abuse and Alcoholism show that the age of a person's first alcoholic drink may determine their likely hood in becoming an alcoholic. It has been found that those who had their first alcoholic drink before they were 15 were much more likely to have a problem with alcohol later in life than those who abstained until a later age. Information from the World Health Organization shows that there are an estimated 140 million alcoholics around the world! Recently, a study conducted in Canada on alcoholism statistics showed that 1 in 25 deaths around the world can be attributed to alcohol in one way or another. On a positive note, experts estimate that around 30% of people who have problems with alcohol (not severe alcoholics) are able to reduce their alcohol consumption or abstain completely from alcohol without receiving professional help.⁴

Alcohol is banned in some parts of India such as Manipur and Gujarat, but it is legally consumed in the majority of states. There are believed to be 62.5 million people in India who at least occasionally drink alcohol. Indians prefer hard liquors and distilled spirits over beers – 80% of consumption involves these stronger beverages. It is suggested that 20% of the population has at least tried alcohol. In the past two decades the number of people who have consumed alcohol has moved from 1 in 300 to 1 in 20. The Lancet reported that more than half of those who consume alcohol in India would fall into the category of hazardous drinking. It has been suggested that there are a worryingly 14 million people in India who would be described as dependent on alcohol and in need of help. Another concern is the increasing tendency to engage in binge drinking where people deliberately become intoxicated.⁵

The accurate number of alcoholic is not available in the North Eastern part of India. However, it is a phenomenon that alcohol abuse exists in all the states of North East. Nagaland, Manipur and Mizoram have banned the manufacture, sale and use of liquor while Mizoram has recently repealed the Act of Prohibition. It is evident that there are large numbers of alcoholics in the North Eastern region of India.

4.2.2: Nagaland

a. Drug Addiction

Nagaland is placed geographically in the vicinity of the Golden Triangle (Myanmar, Laos and Thailand), and the availability and accessibility to illegal drugs in the region adds complex problems in Nagaland. Drug abuse among the youth has now become a major social problem in Nagaland. Drug abuse is a concern because it poses a threat to the users' health. Negative effects of drug abuse vary depending on the type of drug consumed, the doses taken and the frequency of use. All illicit drugs have immediate physical effects, but they can also severely hinder psychological and emotional development, especially among young people. Drug addiction is a disease as indicated by WHO and today it is observed as a major plaguing problem in Nagaland. The existence of drug abuse today is alarming with an ever increasing number of drug users in our state.

Drug addiction and alcoholism are the two social evils in the Nagaland which have to be addressed together by various organizations, associations, govt. and other related agencies. Many concerned associations/organizations and agencies such as government, churches, civil societies and NGOs related organizations have attempted to contain the issue through various strategies but without much success. Many of the recommendations, suggestions and opinions as gathered from the various individuals, groups/organizations, associations, Civil societies, Churches, Government and NGO agencies reveal that they have the concern towards the combat against drugs and alcohol dependence in Naga society. The study indicates that it is through general contribution of the government, NGOs, Churches and Civil societies that working together for the common cause would bring positive responses in curbing drug and alcohol dependency in the state.

Nagaland has a population of 19,80,602 as on March 1, 2011 according to the Provisional Population Totals of Nagaland for Census 2011. The analyses report from 1998

to 2003 shows that the first HIV case in Nagaland was detected in the year 1990 by Indian Council of Medical Research (ICMR) among the IDUs. In the same year ICMR estimated 2,500 IDUs in Nagaland with 50% of HIV prevalence among them.⁶

Nagaland Minister for Health and Family Welfare revealed that there are estimated 40,000 drug users in the state.⁷ Indeed it is shocking to see the alarming increasing rate of drug user in a small state like Nagaland which has a very thin population. If this number breaks down to the district wise then the statistics of drug users in every district would be presumably substantial. It may be stated here that, Dimapur district, according to the available data, has 10,682 addicts, but it is believed to be much more. Of these 5958 drug addicts, some 934 are street children or juveniles and 216 sex workers.⁸ Another report shows the data that there are around 27000 Injecting Drug Users (IDUs) in the state, and this number excludes oral drug users, as per a survey conducted by the Nagaland State AIDS Control Society.

There is no available statistic on alcoholics, but it has been estimated that the number of drug users and alcoholics in Nagaland would cross a minimum of 50,000.⁹ Local news dailies of Nagaland invariably publish almost everyday about seizing of banned drugs, seizer of illicit liquor and haul of ganja from the possession of individuals or trucks and other sources. This indicates that drugs are being transited in and through the state. Illicit liquor seized from different locations in the state is an example of availability of liquor in the state though the state is officially declared a dry state. Availability of drugs in the state has led the youths to the druggie culture which today has become a major concern that cannot be left unattended.

b. Alcohol Abuse

Alcohol abuse is a major social problem in Nagaland today. According to the National Family Health Survey (NFHS-3) of India (2009) during the year 2005-2006, in Nagaland, about two-fifths of men (39%) and 4% of women drink alcohol. Among them, 11% drink alcohol almost everyday. Nagaland has been considered as one of the best performing states in narcotic and alcohol control in the eastern zone of the country. Commissioner of Excise, Nagaland claimed that only 30% of the Naga population consumed

Liquor. He said smugglers and liquor barons engaged in smuggling truck loads of liquor inside the state with an attempt “to kill the Nagas”.¹⁰

The study identifies that the youth throughout Nagaland have become the most vulnerable group and easy victims of drug abuse. They are by far the largest drug abusing section of the population of the state. It is also the youth who shape and influence the living environment of their fellow youth. When questions were asked regarding the factors or causes leading to drug and alcohol abuse with close ended options, the addicts responded the main three causes such as (a) peer pressure (b) Curiosity (c) Frustration.

c. Grand Party

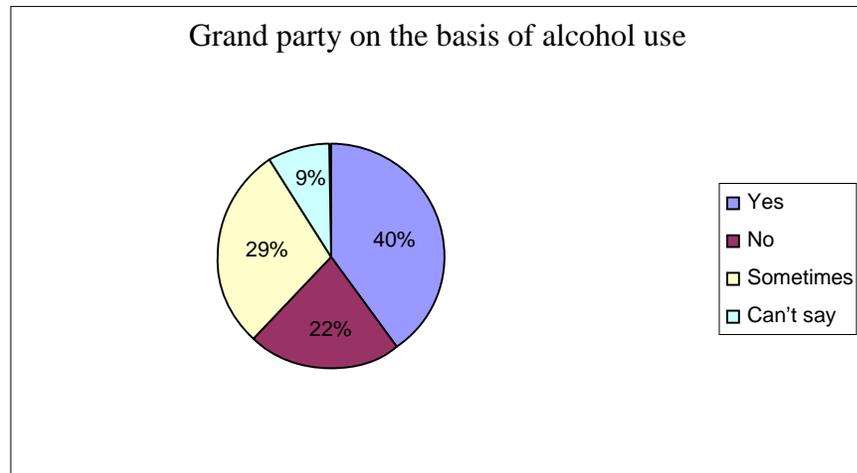
The distribution of the respondents (post users) on the basis of alcohol use shows that no social function or party is considered a grand party unless expensive brands of whisky, scotch and beer flow freely.

Table 4.1
Grand Party on the basis of Alcohol Use

Index of Grand Party	No. of Respondents	Percentage (%)
Yes	40	40.00
No	22	22.00
Sometimes	29	29.00
Can't say	9	9.00
Total	100	100.00

Drinking alcohol connotes fun and enjoyment among many young Naga people without which many parties or get together are bland. The findings based on the responses provided by the 100 post users show that a party/social gathering is considered to be a grand success only when alcohol is served. 40.00 % of post users admitted to have used alcohol during grand parties while 22.00% enjoyed the parties without alcohol. 29 post users used alcohol only sometimes and 9.00% of them can't say whether or, not alcohol was served during grand parties.

Fig. 4.1
(Graphical representation of Table 4.1)



An examination of the above figure shows that social function or party is considered a grand success mostly when brands of alcohol are served. “Drinking is an indispensable part of social life” among young people, occurring at places (booze joints/house, restaurants, picnics, parties, concerts etc).

4.3: Impact of Addictions

4.3.1: Social Impact

Drug addiction and alcoholism has affected the social life of the individuals, the family and the Naga society at large. In this section the problems of drug users and alcoholics are elaborated with specific reference to Nagaland. The followings are the social impact discussed on two areas; impact on the family and impact on the society.

(i) On the Family

a. Domestic Problem

Domestic Violence is a crime that is committed behind closed doors in the privacy of the family. It is a problem that tends to be denied, tolerated or ignored by our society which has viewed abuse within the family as a private matter rather than as a social problem. An effective method for handling the issues of domestic violence on the use of drugs and alcohol is very necessary. The study reveals that frequent quarrel and fights in the family happen due to the abuse of drugs and alcohol. Lots of untold memories have taken place in times of drug and alcohol dependence.

The relationship between alcohol or other substance abuse and domestic violence is complicated. A prevailing myth about domestic violence is that alcohol and drugs are the major causes of domestic abuse. The study on addiction reveals that in the homes of drug dependents and alcoholics, violence such as fear, anger, stress, frustration, poor communication, low self esteem, tension, and quarrel takes place in the Naga society.

b. Family Instability

Drug addiction and alcoholism are the leading causes of a dysfunctional family. In families with untreated drug users and alcoholics, the cumulative effect of the family dysfunction may affect the children's ability to grow in healthy environment. It is evident from the study that the family had become unstable due to unbearable situation, tension, fear, loss of trust and faith in the user. There is no family stability in the homes of drug and alcohol users as the epidemic of drugs and alcohol had broken the family environment. These twin social evils of addiction have changed the family value and family structure. Drug and alcohol abuse has sneaked into many individuals and thus has made its invasion in all walks of life destroying health and the fabric of family life.

c. Parental Relationship

There is no healthy family relationship between the parents and the users as parents oppose the use of drug/alcohol and the users continue their use. The study shows that the users felt stigmatized and discriminated as they began to be disliked by parents. They were denied in meeting their needs/demands, rejected in their family decision making, show hatred, and anger exercises in the family on account of their drug and alcohol dependency. The study proves that parents/family members use such terms for rebuking the users as “You are a Coward”, “You are good for nothing” and “You are worthless”. It indicates that Naga parents, family members of users addicts are depressed, disappointed, frustrated, and feel guilty, sad, ashamed, hopeless and insecure due to their dependency of chemical and alcohol. It also shows that the addicts/alcoholics face stigma and discrimination. They are not received with proper sympathy and warmth by the circles of their family, friends and neighbourhood.

The study identifies that abuse of drugs and alcohol has disturbed the family environment to such extent that there is no peace, love and care in the family of the abusers.

There are users who lie to parents, cheat, deceive and manipulate them; as a result family members do not talk to one another. The parental relationship is bad as there is distance/isolation between the parents and the addicts. Therefore, there are no intimate relations among the parents and family members in the homes of drugs and alcohol use. An alcoholic creates problem in the family. The study proves that a mother who abuses alcohol is even disowned by their children because of her alcoholic dependence syndrome.

Friends of the current users avoided and separated them due to their dependence on substance and alcohol. Drug and alcohol users stated that they were neglected in the family; love and proper care was not provided, decisions were not accepted by the family members. There are instances where the users were afraid to discuss their addiction problem. For example, a mother had stopped talking to her child because of his habit of using drugs and alcohol. Parents and family negligence would not save their children from addiction but proper guidance, love and counseling would take the users back to the main stream of life. Negligence parents or family members never scold or show concern for a change in users' life.

The family members experience feelings and display behaviour patterns similar to the drugs or alcohol dependents. The family members sometimes let their preoccupation with the chemical and alcohol dependents cause pain to them and destroy their lives. The families of the dependents in the Naga society deny the existence of the problem in order to avoid humiliation and embarrassment. What is obvious to others is flatly denied by those who live on intimate terms with the dependent. Parents and family members feel embarrassed, lose trust, feel helpless and hopeless and are fed up of their children. They feel shy in front of others. They don't want to take part/ be in the gathering or events because of the shame that has been brought upon them. They do not feel free to attend any social function. Unfortunately, the family members start blaming one another. Very often, the drug abuser, who is trying to take the focus off him, uses the situation to his advantage and sets one family member off against another. They become frustrated and lose confidence on their children as they struggle to give up their habit of abusing substance and liquor.

The parents/family members experience anger in their homes as their children do not obey them and abuse chemical and liquor. They feel angry on their children for their use of

drugs and alcohol. The suppressed anger does not protect or make the family run more smoothly rather the relationships become more difficult to handle. There are parents who never scold and take no seriousness for the recovery from the addiction. The parents and family members feel angry, afraid but helpless in regard to their children abuse of drugs and alcohol. Living with the chemical and alcohol dependents can be a very lonely existence. As a consequence of the feelings of alienation, of low self-esteem, together with the lack of communication and bitterness in the family, the family members feel deeply lonely, annoyed and also feel discomfort on the abuse of the drugs and alcohol in the family.

Many parents and family members have coped with difficult problems in life, yet the traumatic experience of living with the addicted individual leaves them depressed, disorganised and disillusioned. They find themselves as aggressive and bitter as they struggle to cope with addiction of drugs and alcohol. Y. Ayangla's 1990 publication states that most addicts have families who suffer. These families could be called as "hidden victims of addictions". The families of the addicts experience fear, frustrations and despair. They are burdened with guilt and shame. They suffer in isolation, terrified that, other people will find out and point the finger to them. We see that family members are more disturbed than the addicts. As the addict's illness progresses, so too does the sickness of the family. The study reveals that the parents and family members of the addicts/alcoholics feel ashamed of others, shy of attending social gatherings because of their dear ones abusing drugs and alcohol.

d. Change of family Value and Structure

Table 4.2
Change of Family Value and Structure by Addiction

Index of Family value and change	No. of Respondents	Percentage (%)
Yes	86	86.00
No	3	3.00
Sometimes	9	9.00
Can't say	2	2.00
Total	100	100.00

The above table 4.2 depicts the percentage of post users in response to change of family value and structure due their addiction. The study reveals that an overwhelming majority of the respondents constituting 86.00 percent has agreed that disease of addiction had changed the family value and structure, for eg. Addiction breaks family (divorce and

orphanage). 3.00 percent of them believed there was no such change while 9.00 percent admitted to have felt the change sometimes. 2.00 percent of the post users could not say whether or not there was a change of family value and structure.

As a consequence the family should play a vital role by finding solutions in saving the persons who are addicted to drugs and alcohol. Family can play an important role in bringing back the recovered users into the mainstream of social life. Therefore, it needs hope and confidence on their children, pray, comfort and care them, have better communication and understanding.

e. Role of the Family

Feelings of depression develop as the family cannot tolerate the exiting problems of drugs and alcoholic culture. The family members are depressed and frustrated as they face many problems within the family and the society.

Drug and alcohol use need to be known by the family members. In this study, it examines the family’s knowledge of users whether known or not in regard to their habit of substance or alcohol abuse.

Table 4.3
Family’s Knowledge of Users

Family’s Knowledge	No. of Respondents	Percentage (%)
Yes	161	80.50
No	21	10.50
Sometimes	18	9.00
Total	200	100.00

Table 4.3 shows the distribution of the respondents on the basis of family’s knowledge about their children’s drug or alcohol use as the following that 80.50 percent were known, 10.50 percent were not known and 9.00 percent were sometimes known by the family. The study as based on the above table indicates that an overwhelming majority of the respondents’ families know that their children abuse drugs and alcohol. It is significant to note that 10.50 percent of the users’ families do not know their children were abusing drugs and alcohol. It reveals that the least percentage from the above figure brings to light that as 10.50 percent of the users were not known by family members, the need of recovery from addiction do not ever reach to the addicts.

(ii) On the Society

It is indeed horrifying to observe the darker side of the consequences of drug addiction and alcoholism. Drug/alcohol use related crimes/violence and distress such as deaths, broken families, health complications, drug arrests etc., have become a part of the Naga society. Many youths have lost their precious lives due to their habits. There are so many people imprisoned in different prisons/jails of Nagaland. It is saddening to learn from the study that our loved ones are living in the trap of addiction with utter confusion.

The study conducted on addiction reveals that the frequent use of drugs and alcohol has resulted in the increase of crimes, distress and violence in Nagaland. The study shows that the drug/alcohol users experience problems and struggles from the family and the society. The family environment grows so unhealthy that it results in family issues like quarrelling, cheating, domestic violence, hatred, etc. The study shows that when drug and alcohol users do not abuse chemical and alcohol, they are very good but when they are high or drunk, they become mad and wild.

It is evident from the study that not knowing or unwilling to accept the “disease concept” fuelled by ignorance, drug users are regarded as a sinner, criminal, disobedient or people who lack willpower. Amidst all these chaos, with the detection of the first HIV case in Nagaland among the IDUs community in the year 1990, the social stigma and discrimination started to take another shape. Many started to have pre-conceived misconception, that drug users are the people with the dreaded AIDS virus. These sorts of actions prevail not only in the general community but inside the prisons as well.¹¹

4.3.2: Social Stigma and Discrimination

Stigma is one of the meanest and most difficult aspects of addiction because it makes it harder for individuals and families to deal with their problems and get the help they need. Society imposes stigma - and its damage - on addicts and their families because many of us still believe that addiction is a character flaw or weakness that probably can't be cured. The stigma against people with addictions is so deeply rooted that it continues even in the face of the scientific evidence that addiction is a treatable disease and even when we know people in our families and communities living wonderful lives in long-term recovery.¹² Stigma and discrimination are indeed major issues confronting the pandemic of drug and alcohol abuse. Stigma is a ‘blemish or ugly mark’ and discrimination is ‘treating certain people differently’.

Drug users and alcoholics face different types of stigma and discrimination. Stigma explains why addicts and their families hide the disease. Discrimination always hurts stigmatized groups because they are excluded from the rules that apply to "normal" people. Abandonment by family members, friends and the community or society can deepen social isolation and depression. Drug and alcohol users face different types of stigma and discrimination. The table below shows the social stigma and discrimination of the users in Nagaland.

Table 4.4
Stigmatization and Discrimination of Users

Types of Stigma and Discrimination	Post Users	Current Users	PU & CU Sum	Percentage (%)	Total No. of Respondents
Looked down upon by the society	70	152	222	74.00	300
Restricted from employment	10	32	42	14.00	
Neglected by family members and friends	41	111	152	51.57	
Scolded by parents	43	95	138	46.00	

Note: The sample size is 300. Therefore, sum of respondents in five options should have 300 respondents. However, since all the respondents have marked more than one option the sum total exceeds the sample size.

The Table 4.4 represents the percentage of the distribution of respondents in the drug and alcohol related stigma and discrimination issues in Nagaland. It depicts the percentage of Post and Current Drug/Alcohol Users experiencing stigma and discrimination due to their drug and alcohol dependency. As there is a lot of drug/alcohol related problems, the percentage given in the figure for being stigmatized and discriminated do not add upto 300 (No. of Users referred in the study). The table simply shows the percentage of Users facing a particular stigma and discrimination in the Naga society. Users have responded that they haven't been trusted completely, lost good friends and branded with different names. It is evident from the table that an alarming 74.00 percent of users were looked down upon by the society and 51.57 percent of them were neglected by family members and friends. 46.00 percent of users were rebuked by parents while 14.00 percent were restricted from employment due to addiction.

(i) By the Family

It is apparent from the study that the drug/alcohol users are scolded, beaten and chased out from homes as the families were fed up of their beloved abuse of drugs and alcohol.

There are some users who ran away from home to live the lives on their own. Abandonment by family members of addicts/alcoholics deepens social isolation and depression in their family. Many parents and family members of drug addicts and alcoholics have coped with difficult problems in life, yet the traumatic experience of living with the addicted individual leaves them depressed, disorganized and disillusioned. They find themselves as aggressive and bitter as they struggle to cope with the addicts. It is found from the study that the users are rejected by the family members into the family fold, showing no importance towards the victim and denial in every aspect of life have only deepened their frustration, and led them to realize that drug/alcohol is the ultimate consoler. A counter-product of stigmatization is the fact that not just the drug dependent alone but even the parents and siblings timid themselves from social life in order to avoid their family tittle-tattle and to save face.

(ii) By the Society

Societal rejection towards drug users is an essential issue that occurs in Nagaland. Stigma and discrimination by the community keeps drug users away from services meant for them. There is an invisible stigma attributed to the drug and alcohol users by others in the mainstream population. A feeling of alienation and frustration among the users is again regenerated which ultimately lead them to take recourse to drugs and alcohol again. When they find no alternatives they started to be in the world of drugs and alcohol. Drug and Alcohol Users' should not be stigmatized or discriminated. They have fallen the victims to a set of complexes, attitudes and habits which bind them until the process of self - destruction is inevitable. Drug addiction and alcoholism is to be understood in terms of character and motivations. According to Ahuja (2003), an alcoholic is a sick man. Therefore, addicts are not to be looked down upon with ridicule, condemnation and blame.

Abandonment by friends and the community or society can deepen social isolation and depression. Indeed, people living under the influence of drugs and alcohol are considered as sinners in the Churches circle, criminal in the social circle and disobedient children in the family. Amidst all these chaos, the detection of the first HIV case in Nagaland among the IDUs community in the year 1990, the social stigma and discrimination started to take another shape. Many started to have pre-conceived misconception, that drug users are the people with the dreaded AIDS virus. These sorts of actions prevail not only in the general community but even inside the prisons as well thereby reducing them to almost an out caste

in the society he was born. Often a person arrested with drug charges are deprived of their legal rights.

During the course of users' imprisonment, they are harassed, embarrassed and beaten because of their crime as compared to other crimes. They are left without any medical attention and poor/unhygienic food. In the later days, they are made to work for the senior inmates and the big time criminals. They are confined in the same cell along with the other convicts where they associate with them and become friends.¹³ It is evident from the study findings that stigma and discrimination faced by the addicts was of being looked down upon by the society almost similar to the concept of second class citizen, neglected by family members and friends, scolded by parents. A major finding of the study points to the fact that they have been restricted from employment on account of their substance abuse. There are instances where drug addicts were denied proper funeral rites because of their abuse of drugs.

4.3.3: Economic Impact

Drug and alcohol abuse has affected the economic life of the individuals and the families in Nagaland. Drug use and alcohol drinking destroys both health and wealth. An addict/alcoholic spends his money outside his family. Drinking leaves no room for wealth. It is the root cause of poverty resulting in dropouts in schools and society. Drinking affects business, office efficiency and factory productions.

(i) Economic Life on the Users

A drug and alcohol user, whenever needs to buy his dose of drugs or drink of liquor, demands money from his parents or other family members and on failing to meet his requirement, he disturbs the family. Quarrelling and fighting arise in the family due to the demand of the user. Husband and wife quarrel as the habit of abusing substance and alcohol has broken the family.

(ii) Economic Impact on the Family

Financial bankruptcy of the family is caused by the abuse of drugs and alcohol. The users spend the money on drugs and alcohol so; the economy of the family becomes deteriorated. It is obvious that the family becomes poor due to their dependency on substance

and liquor. The study stresses the poor income of the users and the family that a large amount of money is spent on purchase of substance and liquor.

4.3.4: Health Effects of Drug and Alcohol Abusers

Drug and alcohol abuse affects the health of the people. Excessive drinking both in the form of heavy drinking or binge drinking, is associated with numerous health problems such as cancers, high blood pressure and psychological disorders, Chronic diseases such as liver cirrhosis (damage to liver cells); pancreatitis (inflammation of the pancreas); Cancers like liver, mouth, throat; Kidney failure and T.B causing premature death.

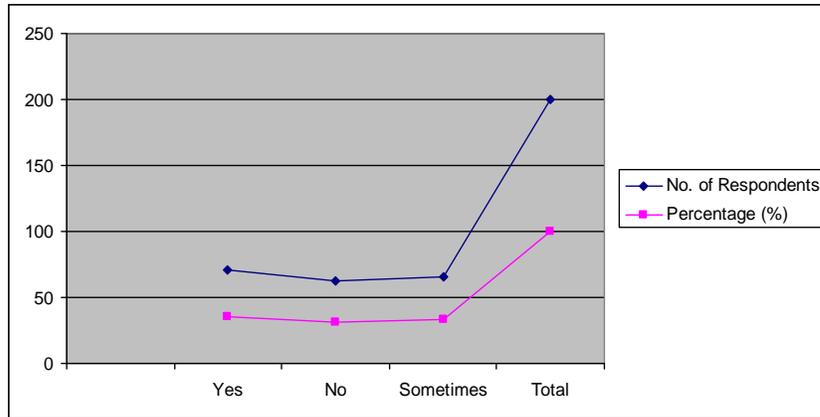
The study reveals that the most common causes of death among the drug addicts (users) are Convulsion C Aspiration Liver failure (liver decompensation), gastrointestinal bleed, HIV infection – AIDS, Apportmistic infection, Septicemia following multi - organ failure or multi organ failure, Tuberculosis and Overdose. It also observed that earlier the most common cause of death among the drug users was overdose but today it is HIV/AIDS.

The study indicates the addicts' nature of treatment at health care centre. The table below shows the distribution of the respondents on the basis of nature of treatment to the drug and alcohol users at health care centers or hospitals. As regards same treatment, table 4.5 shows that 35.50 percent of users were given same treatment to that of non – drug and alcohol users. The proportion of respondents who were not provided same treatment constituted of 31.50 percent and who sometimes received same treatment consists of 33.00 percent. It is evident that drug and alcohol users who go for health treatment were deprived of treatment as provided to non - users.

**Table 4.5
Nature of Treatment at Health Care Centre**

Treatment Status	No. of Respondents	Percentage (%)
Treated alike	71	35.50
Treated different	63	31.50
Both	66	33.00
Total	200	100.00

**Fig. 4.2 Nature of Treatment at Health Care Centre
(Graphical representation of Table 4.5)**



4.4: Drugs/Alcohol and related Issues

The data are responded by different leaders from Students' Body & Mothers' Associations, NGOs/Care Centre and Hospitals on how HIV/AIDS is spread and not spread, and drugs/alcohol-sex and HIV/AIDS. The following are the main four factors of how HIV/AIDS is spread or infected.

1. Blood transfusion (infected)

The sources of information indicate that blood transfusion is rare these days due to blood screening. Infected blood product leads to the HIV infection. Transmission of HIV infection is led by transfusion of blood or blood products, tissues or organs.

2. Mother to child (from infected mother)

The data shows that HIV/AIDS infection is transmitted from infected pregnant mother to her newborn child during pregnancy, during delivery and after birth through breast milk. It is spread by infected mother to her unborn child through blood transmission.

3. Sexual intercourse (with infected person)

HIV infection is transmitted by intimate sexual contact with same or opposite sex (with infected person).

4. Sharing of needles and syringes (hypodermic needles)

HIV/AIDS is spread or transmitted by sharing of needles without proper sterilization. So, exchange of needles and syringes among the drug users is a risk factor of contracting

HIV/AIDS. The surgical instruments, blade and other piercing instruments contaminated with HIV/AIDS blood constitute the factors in spreading the disease. The study reveals that HIV/AIDS could spread or infect by deep kissing where exchange of saliva/fluids takes place. It is stated that tattooing also spread the infection of HIV. The respondents state that the various aspects like sharing injectable syringes, having multiple sex partners, homosexuality and prostitution are the gateways of HIV/AIDS.

NSACS leaflet 'Know the Facts of HIV/AIDS' indicates the routes of HIV transmission as below:

- (i) Unprotected sexual intercourse with an infected partner
- (ii) Sharing of HIV contaminated syringes/needles
- (iii) Transfusion of blood which are infected with HIV
- (iv) From HIV infected mother to child during pregnancy, childbirth or breast feeding.

The following are the factors of how HIV/AIDS is not spread or infected. HIV does not spread by ordinary social interactions like hugging, shaking hands or touching. It is not spread by sharing of food, sharing food utensils such as plate, cup, spoons, using same toilet and bath room. HIV/AIDS does not spread by mosquito bites/bites by other household pests, Use of condom, Sharing and living in the same environment / living in the same room, sharing clothes, telephone, or swimming pools etc. HIV/AIDS is not spread by playing together, sneezing and coughing, shaking hands and kissing, airborne, working/studying together. HIV does not spread by caring or looking after the persons living with HIV and not by working with people who are HIV infected. Committing to only one sex partner (uninfected) and safe sex would help an individual to restrain from HIV infection. The study shows that avoiding drug and alcohol use would help an individual to be free from HIV/AIDS.

The data brings to light on the enquiry whether the alcoholics involve more in sexual immoralities and infected to epidemic disease of HIV/AIDS. It is to indicate if people could protect themselves from HIV by using condom while having sex. It is evident from the study that alcohol use increases the sexual impulse of a person; therefore alcoholics are more involved in sexual immoralities. According to reliable sources, there is an increase in HIV/AIDS among alcoholics compared to drug users which is gradually declining. Alcohol

abuse is one main agent of infecting HIV/AIDS due to their immoral activities under the influence of alcohol.

The study proves that some of the alcohol clients (users) have contacted HIV/AIDS by involving in the sexual immoralities and are under medical treatment. It has been revealed by many organizations such as NGOs; DICs, Rehab centers that alcoholics do indulge in immoral activities and are easy to get infected with HIV/AIDS. People who use alcohol are also one of the factors other than IDUs who get infected with HIV/AIDS because they get drunk and involve in immoral activities with infected persons. The data analysis also reveals that alcoholics involve in immoral activities and are infected with HIV/AIDS and yet no proper assessment or data has been maintained on the issue.

Multi-Partner Sex; Married more than one wife partners are frequent related visit of having some symptoms of CDC and Clinical presentation in the hospital. Nowadays, mostly people who are sexually active and have more partners get infected with HIV/AIDS. A significant part of those infected with HIV/AIDS are alcoholics. But there are also cases where non-alcoholic or non drug users are also infected with HIV/AIDS. The trend is slowing a shift from drug users and alcoholics to the general population.

The users also believed people can protect themselves from HIV by using condom while having sex but not 100% safe. It is not completely safe but reduces the risk and also protect from sexually transmitted infections and unwanted pregnancies. The study highlights that a proper usage of condom can prevent as there is a risk of condom to break. It greatly reduces the risk of HIV infection. People cannot protect themselves from HIV epidemic disease unless quality control of condom is certified. The study proves that it is only safe from HIV/AIDS if and only the condom is used carefully and safely during sexual intercourse. It is by the proper usage of condom, the other sexually transmitted Infections/diseases could be prevented. The general public should be taught the proper way of using condoms, and then only people would be safer from epidemic infection of HIV/AIDS.

4.5: Selected Case Study of Individuals

This section mainly deals with the detailed case studies of three specific drug and alcohol users. The case studies were undertaken because it was felt important that by the help of case studies of some drug and alcohol users, a clear picture of drug addiction and alcoholism in Naga society would emerge.

CASE – I: Alcohol Abuse Due to Family Problem (A Current User)

In Case No.1, the respondent is a forty - three year old lady working as a female sex worker. She is an illiterate. She is a heavy drinker. She has her husband and children. Her husband forces her to go and earn money. As she has no other option, she uses alcohol and involves in prostitution to earn and survive the family. She doesn't want to drink but if she doesn't drink, she cannot get any customer. When she doesn't get any customer, she gets no money to buy rice, vegetables and alcohol. The husband and children have no knowledge about her ways of earning, therefore don't advice her to change her evil practices. Her friends and NGO workers used to advice her not to use alcohol because of the frequent quarrels and fights arising among the women alcoholics when they are drunk.

She started to use alcohol due to anxiety, frustration, depression and family problem. She continues to use alcohol because of family problem, unemployment and no healthy relationship with the family members. She buys alcohol from her own income. She gets alcohol from booze joints and friends. Her first experience with alcohol was enjoyable and felt relieved from problems. She started to use all kinds of liquor like beer, gin, brandy and rum.

Although she was adviced to change her habit of alcohol dependent syndrome by her friends she could not give up. She had not attended any rehab to get rid of her habit. She gets checked up and takes medicines provided by the Government and NGO related agencies. She is of the opinions that love and concern is required. She is also of the view that stigma and discrimination should be reduced.

CASE – II: Drug Abused for Fun (A Post User)

In Case No.II, the respondent is a man of forty two years working as a staff of an NGO. He used all types of drugs, from alcohol, pills, cough syrup, to pot, to hard stuff. He really fell in love with heroin (the chemical of his choice). He was into it for nine years, so he knew and understood what drug addiction is all about. Drugs and alcohol ruined part of his life which can never be mended. Drug suppresses and dulls our ability to function right. But most of all, it kills and destroys.

He started using drugs and alcohol to have fun. He never thought or had any intention of becoming an addict, a drug peddler, or creates trouble at home, society or become an anti – social element but his drug use led him to all these and he became one of the nastiest, malicious and wicked persons. He was involved in many crimes. The panchayat in his home town discussed his case, was locked up, jailed and was in army custody. People say that he was helpless, a gone case, that he would never be able to quit his drugs and live a normal live, that he would die like his friends who died of overdose, drug reaction and some were shot dead, in another words “premature death”.

He tried various methods to give up but failed, finally he found the truth that he couldn't do it on his own. He needed professional help, so with the help and support of his family, got admitted into a treatment centre where things began to change. He learnt that addiction is a disease, which can be treated, that he was not a hopeless case as people thought but just a helpless person. From the treatment centre he learnt so many things about life. He realized that life has lots of good things to offer and so many things we can do. This precious life offers us only a short time in which we can do and achieve so much. A whole new world opened up for him after his drug treatment.

He suggested that to remember that one can make life of what it meant to be there timely access to treatment. He realised that treatment works, and therefore addicts should not hesitate or procrastinate but take the opportunity and live a “Drug free and fuller life”.

CASE – III: Addiction due to Frustration (A Current User)

In Case No.III, the respondent is a thirty four year old divorced woman. She is a Commercial Sex Worker (CSW) by profession. Her income is above Rs. 5000/- per month. She belongs to the Christian community. She has obtained her bachelor degree. Her parents

or grandparents were also drug/alcohol users. She is bound to take prostitute profession to earn money. She was interested in chatting, going around and involving in immoral activity. She started to use drugs and alcohol due to frustration, depression and family problem. She continues to use alcohol because of family problem, unemployment and strained relationship with the family members. She buys alcohol from her own income. She gets alcohol from booze joints and friends. Her first experience with alcohol was enjoyable and felt relieved from problems. She started to use dansberg blue (beer), gin, honey bee, country made alcohol (Zutho, Thutse), Mc Dowell, royal stag, signature and vodka. She is a heavy drinker. She has also tried brown sugar, cough syrups, relipen and spasmo proxyvon.

She reveals that there was a school/college drop out in her family due to drug or alcohol use. Although she was advised to change her habit of alcohol dependent syndrome by her friends she could not give up. Her parents felt sorry for her ways of dependence on drugs and alcohol and so always asked her to repent and fear God. She had attended many rehabilitation centers, NGOs in regard to her alcohol use. She gets checked up and takes medicines provided by the Government and NGO related agencies. She opines that there should be love, care and equal treatment which would reduce stigma and discrimination.

4.6: Assistance sought from Different Sources

The users sought help from both the Government agencies and NGOs in regard to their addiction. There are various drugs and alcohol related working agencies both of government and NGOs providing treatment and rehabilitation services. Some of the agencies in Nagaland are as follows; Kripa Foundation, Youth Mission Rehabilitation and Counseling Center, Family Planning Association of India; Kohima, Prodigals Home, Guardian Angels, Bethesda Youth Welfare Center, Shalom Rehabilitation Center, CAD Foundation in Dimapur and Eureka Life Foundation, Rukizumi Welfare Society, Truth Triumph Mission, Phek. There are also organizations and Treatment Centers, such as Agape Youth Welfare Centre in Wokha, Care Counseling Centre in Mokokchung, Eastern Nagaland Social Service Society in Kiphire, Eleuthorus Christian Society in Tuensang, Evangeline Society in Zunheboto, Walo Organisation in Mon and Yingli Mission Society, Longleng.

These agencies and centers at their best level provide services and help withdraw from such habits, provide counseling so that the person is brought back to normal life. Some of the users have been to other states of India like Kolkata, Mumbai, Assam and Delhi for their

treatment of dependence on chemical and alcohol. Some current users go to the government's civil hospital for detoxification camps or treatment. They receive free detox, free medical check up and medicines, abscess dressing and free blood test. It is not only the male users but also the females who go for treatment in civil hospitals. Some users choose to go to private clinics for treatment. The study shows that majority of the drugs and alcohol users go to the NGOs related drug and alcohol working agencies for help and treatment rather than the government agencies.

a. Medical Treatment

The services/treatment that the addicts/alcoholics receive from various NGOs and Government agencies are as under:

- a. Oral Substitution treatment
- b. Free detoxification
- c. Free counseling
- d. Medical care needs like abscess drilling material or dressing abscess cases,
- e. Free HIV Test
- f. Free Medicines
- g. NSEP/Free syringes needles and condoms, and blood test.

The drugs substitution therapy provides abscencing buprenorphine to the users. It is observed that the choice of drugs (substance) were replaced by a legal drug buprenorphine as prescribed by the doctor at the Oral substitution Therapy/Centre run by different organizations and agencies in different parts of Nagaland. Detoxification camps and Oral substitution therapy/treatment were two main aspects that initiated the users for speedy recovery from their addiction. Some users do not go to any agency for treatment. Though many of the users have been to different organization or agencies for treatment and recovery, some could succeed but many have relapsed and continue struggling for their recovery.

b. Education

Education plays a powerful role in the social upliftment of the people. The seminars, workshops and conferences provide knowledge about the ill effects and prevention of drug dependence and alcoholism. Awareness programs to educate all sections of people about the ill-effects of drug abuse and alcoholism have been organised mostly by the NGOs. Apart from seminars and workshops, home visit, group sessions are also essential in reducing the

drug alcohol problem. The users were provided educational awareness on drug/alcohol related issues and its ill-effects such as HIV/AIDS, STI and other health problems and even free nutrition while conducting de-addiction/Detoxification camps were conducted by the NGOs.

Though there are many NGOs agencies, rehabilitation centres. D.I.Cs etc some users prefer to go to prayer centre/house in order to break free from these shackles of addictions. Loving support from their family members, friends etc also help some addicts to overcome their abuse of drugs and alcohol even though they do not go to rehabs. Alcoholic Anonymous and Narcotic Anonymous meetings has been a good help to the users as it educates them to cope up with their addiction problems.

The study reveals that many of the users have attended different organizations and institutions in Nagaland to overcome their habitual use of substance and alcohol. Some of the users have attended one to three organizations/agencies and some even to the extent of seven and eight organizations/agencies but it is also observed that some users never attended any organization, agency or institution. Partly because they do not know the services/treatment available concerning their addiction problems while some fear of being treated as an out-cast from the society.

4.7: Users on Recovery

In the questionnaire, the users were asked to express whether they were reached out by Government or NGOs agencies and received any aid in regard to their problem of drug dependency and alcoholism. The data stated by the past and current users (300 respondents) from the three districts of Nagaland, identifies the following services/treatment statement on the road to recovery from addiction.

The current drug/alcohol users who attended Government and NGOs related working agencies states that those who felt ashamed, guilty and hatred/discriminated/ stigmatized and other various problems towards their habit of drug and alcohol abuse, came to de-addiction centre/rehab/detox centre and D.I.Cs for seeking treatment. Most of the addicts were recovered from the various centres/programs providing services to the drug and alcohol

addicts. Prayer Centre shows one of the most significant roles in bringing the users to the normal life.

The table 4.6 below represents the percentage of the distribution of respondents (Users) on the basis of drug/alcohol service and treatment for recovery statement in their habit of drug and alcohol use.

**Table 4.6
Treatment and Services for Recovery**

Index of Attending	Post Users	Current Users	Sum	Percentage (%)	Total No. of Respondents
Attended Rehabs,DIC	82	154	236	79.00	300
Not Attended	18	46	64	21.00	
Total	100	200	300	100.00	

An examination of the above figures indicates that an overwhelming majority percentage of users had attended Rehabs, DICs, and various programs/camps on addiction of drugs and alcohol. The figure shows that 79.00 percent had been to/attended Rehabilitation Centres, Drop-In-Centres (DICs) and other Government and NGOs programs/campaigns. The study shows that the majority of the post users were led to the main stream of life through these various services/treatment/programs. The table shows that 21.00 percent of post and current users did not attend or receive any source of services/treatment from Rehabilitation Centres, Drop-In-Centres (DICs) and other Government and NGOs programs/campaigns but attended Prayer Centres, changed through family/friends support, while there are some who are not aware of the services or the facilities available for recovery, especially the female users.

The above table shows that majority of the current users have attended the Organizations, Institutions, Agencies to change their habit. Some of the users neither have acquired nor received any help/treatment as they were ignorant about the de-addiction services/opportunities available for them. Hundreds of users are struggling to lead new lives yet there are very less services and opportunities to encourage and lift up the users so as to reduce the druggie and alcoholic culture in the Naga society.

It is apparent from the study that very few of the current users were advised to go to prayer house while majority of them were counseled and directed to go to rehab centres.

Detoxification camps, D.I.Cs, OST for their recovery from addiction. Recovery from addiction requires leading a healthy lifestyle and making healthy choices that are respectful of body and mind. To make these choices, young people need guidance from role models and need to get the facts about drug use. The reliable source indicates that the treatment facility for drug dependency is still very limited with only 5 funded rehabilitation centres (Kohima and Dimapur District) and 4 non-funded centres (Zunheboto, Peren and Dimapur districts) in Nagaland.¹³

There are instances where some users leave the rehabilitation centres without completing their course. Though they sought different ways for recovery, many have relapsed and are still struggling to do away their habit of addiction and start new lives. Some users wanted to go for treatment in rehabs but they have no money to meet the expenditure and other daily needs. Many parents do not know the reason why their children are being lost into this world of addiction and also ignorant about the availability of treatment and services for the recovery.

Though there are many NGOs agencies dealing with the issues of drugs and alcohol the only help that the users get from the government is through the detoxification centres at the detoxification centres. The 12 Steps program of Alcoholic Anonymous and Narcotic Anonymous have initiated the tools which are necessary for drugs and alcohol recovery. There are addicts who do not complete their course of recovery at the Rehabilitation Centre and ran away. It is apparent that some of the drug users and alcoholics do not know the service/treatments available in regard to their addiction problems. Some of the users have no guts in asking anyone in regard to their addiction problem. They received food and lodging in the rehab centre.

It is observed that some of the users have never attended any organization, agency or institution. Though they sought different ways for recovery, many have relapsed and are still struggling to do away their habit of addiction and start new lives. Some do not know that there are services/programs provided for the users in regard to their dependence in drugs and alcohol. Therefore, they have not received any treatment or other assistance from any source. Though some of the users wanted to go for treatment in Rehabilitation Centers, they have no money to pay their fees and also meet their daily needs.

Many parents who do not know the treatment services available for the drug and alcohol users for their recovery. They don't even know the reason for their children being lost into the world of drugs and alcohol. The majority of the users attended NGOs like Rehabilitation centers, Detoxification camp/centers, Drop-In-Centres (DICs), Oral substitution therapy, Prayer Center, to seek help for their drug and alcoholic problem. It is observed that users get help from the government only from the detoxification centers at the district civil hospitals.

4.8: Outcome of Group Discussion on the Implications of Addiction

The researcher with the NGO workers had a group discussion in the research issues of drug and alcohol abuse in Nagaland. It is examined from the discussion that society and the government need to play vital roles in combat against drug and alcohol abuse in Nagaland. It is identified that the society should pressurize the government to bring about a drug policy in the state. The State Government should come up with policies of drugs and alcohol to reduce the problem. Prevention and treatment avenues should be well provided by the government. The government needs to run treatment centers like DICs, Rehabs and detoxification centers/camps.

It is obvious from the group discussion that the state Government cannot divert the NGOs. It is the NGOs who have made people aware of hazards of addiction in the Naga society. Health has become a state problem. Government should take care of its citizens' health. Drug and alcohol abuse has become a problem in today's Naga society. Society needs to sensitise the educational institutions like schools and colleges and help the people to improve their living.

Drug policy has a significant role that it will guide the people in many ways. The government has important roles and responsibilities in bringing changes in the lives of the addicts and also the non users who would not fall into the trap of addiction when proper remedial measures like awareness programmes are provided. Faith based programmes and collective effort from various NGOs and government agencies would initiate the combat against drugs and alcohol abuse in Nagaland. Demand reduction and supply reduction should go hand in hand. The state government needs to comprehend its role in the eradication of drug and alcohol abuse. Drug and alcohol abuse should not be considered as outdated issue.

It is apparent from the views of the participants of group discussion that lifting prohibition would generate money for the state of Nagaland. Regulating prohibition would also be beneficiary as only the persons who have the license will sell liquor in the state. They would sell only within certain places; hub or booze joints. The discussion has revealed that when there's prohibition of alcohol, a person would go for drugs instead of alcohol. It (drug) has no smell. Today, alcohol is like a gold ring and treasure. A very large number of people are dependent on alcohol in Nagaland. When a person is found using alcohol, he must be penalized like social work. Spurious and adulterated alcohol is dangerous for an alcoholic. Rice beer (alcohol) is served in festivals of Nagaland like hornbill, tribal festivals– Sekrinyie, Tulini, Tokhu, Moatsu etc.

Awareness of drug and alcohol abuse is very important in the control of drugs and alcohol problem in the Naga society. It is also discusses that the gateway drugs are alcohol, tobacco, pan, and hard core. Nagas have addictive personality. Every department and organisation has its own role to play in the society. If drug policy comes, every drug and alcohol issue will be fine. Family has the most important role in shaping the lives of their children from drug and alcohol abuse. Good parenting will protect their dear ones from entering into the world of drugs and alcohol. Primary prevention is one of the best ways that people could be away from druggie and alcoholic culture.

A group discussion (Researcher with 'A', 'B' and 'C') brings to light about the Nagaland Users Network (NUN) that it has been playing a very important role in helping the users to recovery, staying sober and living new drug and alcohol free lives.¹⁴ This a community of drug and alcohol users working for the wellbeing of the people to stay away from drugs and alcohol use. It has its sub-units in various districts of Nagaland working for the welfare of the people.

4.9: Views of Respondents from Different NGOs

The sample size of 34 Organisations (Students' body, Mothers' Associations, NGOs; DICs, Rehabs Centres and others drug/alcohol related issues) have represented and provided their opinions on drugs and alcohol abuse in Nagaland. Leaders from different organizations have stated the category of drug users and alcoholics in Nagaland. It is evident from the study that school/college drop-outs comprise the highest percentage of 79.41 percent showing as the drug and users in the state. The table indicates that educated youth but indiscipline youth of 35.29 percent ranks as the second highest in the abuse of drugs and alcohol in the Naga society. The respondents were of the opinion that the uneducated youth and children of poor people comprising the same percentage of 29.41 percent were the third group of people who abuses drugs and alcohol. 23.52 percent of addicts were the children of affluent family. Delinquent children and 'Others group' comprises of 5.00 percent each.

Table 4.7
Views of Respondents from Different NGOs

Category	Response	Percentage (%)	No. of Respondents
School/ College drop-outs	27	79.41	34
Uneducated youth	10	29.41	
Educated youth but indiscipline youth	12	35.29	
Delinquent children	5	14.70	
Children of poor people	10	29.41	
Children of affluent family	8	23.52	
Others	5	14.70	

4.10: Opinion of Non – Users about Increase School/College Drop-Out

Drug and alcohol abuse causes the increase of school and College Drop-Out The data analysis on the responses provided by the 100 Non Users shows the main causes of increase school and college drop-outs in Nagaland. The study shows majority of non users accounting for 50.00 percent which has viewed that alcohol abuse is the main factor of the school and college drop-outs in Nagaland. The second highest percentage was of those who have abused drugs/chemical comprising 37.00 percent which is followed by Generation gap between the students and parents (24.00 percent). The table also indicates that another 16.00 percent were of the opinion of the school and college drop-outs due to the 'Negligence of School/college Authority', Teacher's responsibility (7.00 percent), Employment problems (7.00 percent) and 'Others' category constituting 3.00 percent. The 'Others' category highlights that (2)

respondents gave no response while 1 respondent said due to negligence of the student themselves.

Table 4.8
Opinion of Non-Users about Increase in School/College Drop-Outs

Reason	Non Users	Percentage (%)	No. of Respondents
Alcohol	50	50.00	100
Drug abuse	37	37.00	
Generation gap between the students and parents	24	24.00	
Negligence of School/college authority	16	16.00	
Teacher's responsibility	7	7.00	
Employment problems	7	7.00	
Others	3	3.00	

4.11: Some Sociological Observations

Nagaland has been burning with the menace of 'Drug Abuse' and 'Alcoholism'. It could be accounted that drug and alcohol abuse are the root causes of many social evils in Nagaland. Drug abuse and alcoholism have led to the increase in crimes and violence such as extortion, killing, suicide, rape, prostitution, kidnapping, cheating and manipulating in Nagaland. Moral lives of the addicts are degraded because of their dependency on the substance. The intangible societal costs of drug and alcohol abuse centre in the effects of drugs on individual family and community life, such costs are borne by both the user and non-user of the drugs/alcohol. Drugs and alcohol using become the substitute for interacting with other people or far the copying mechanism that each individual employs. Thus taking of drugs has significantly altered an individual's way of living and his environment (Uddin, 1997). Smuggling of liquor, drugs and its distribution from illicit distilleries has become a multi-crore black business in Nagaland. In cases of drug and alcohol abuse, the perceived association with crime is such that criminal involvement is generally considered as a part of addict's life-style and way of doing business and the study reveals that there is a strong association between drug/alcohol abuse and crime in the state.

This study indicates the impact of drug addiction and alcoholism on society; indeed it is horrifying to observe the darker side of its consequences. Drug and alcohol use related crimes and distress are such as deaths, broken families, health complications, and drug arrests

etc which have become a part of the Naga society. Many youths have lost their precious life living in drugs and alcohol and many are imprisoned in different prisons/jails of Nagaland. The young populations of the state are worse affected. Indeed young people throughout the world have become the most vulnerable group and easy victims of drug and alcohol abuse. They are by far the largest drug abusing section of the population of any country. And it is also the youth who shape and influence the living environment of their fellow youth. Certainly, the youth emerge as the most risk prone group in whom the illicit-drug-trade makes its deepest impression (Bhagbanprakash, 2000). Different researches have stressed the role of different factors in identifying the causes of drug addiction in Nagaland. This study shows the fact that in the context of Naga society; peer pressure plays a vital role in influencing people. At least 48.67% of the drug/alcohol addicts in Nagaland fall in this category.

According to Bhagbanprakash (2000), curiosity and quest for new experiences motivates the young people also to try the new ‘drug experience’, particularly when it is accessible and available. However in this instant case the case of curiosity comes just short by two percent and placed second by securing 46.33%. Indeed, frustration occupies only 23.00% in this context. Other reasons equally responsible for the cause of drug abuse are frustration, anxiety, low self- esteem, depression, health problem, family problem, and shame; live in fear and so on. One may add to the list of reasons for drug/alcohol taking is to be accepted among their peers group. As a social being everyone wants to be part of a group. The pressure in such cases is tremendous where the youth wants to be accepted by a group, which indulges in drug taking. In such cases, a wrong is made to look right by using pressure tactics as “don’t be chicken”, or “everyone’s doing it”. The whole contentions on drug abuse have been discussed in length and breadth. The research data has led to the conclusion that peer pressures have a serious impact on the youth life.

The family is the primary agency for care, nature and socialization. It also serves as the most important means of social control. When the family fails to discharge its functions towards the individual, the community supplements or assumes the role thereof. In fact, in a traditional society the family and the community complement each other by providing security and socialization for the individual (Prashant, 1993). However, in the modern context, these basic institutions of the Naga society seem to be less effective in managing the

behaviour of the individual. In such situation, State intervention becomes very important, especially in a wellbeing state, but such an intervention should naturally come as the last resort.

4.12: Drugs, Alcohol and Social Problems

Use of drugs and alcohol are the root causes of all social evils in Naga society. Drug dependency may be perceived as a social problem. It has affected the social lives leading to increase in distress, crime, violence and social stigma and discrimination. It is viewed as a widespread condition that has harmful consequences for the society. “Say ‘no’ to drugs and ‘yes’ to life”; “drug abuse is life abuse”; “born free, live free”. These are the messages which are now being relayed by the Ministry of Welfare, Narcotics Control Bureau, and every man of importance to the deluded youth of India. Drug users face social problems such as stigma & discrimination:- restriction from employment, denial of funeral rites, negligence by family members and friends.

Alcoholism is a serious social issue in our culture. Social deviance and social problems emerge from the use of and alcohol. Though the number of annual arrest for public drunkenness is not much in our state, it is a known fact that a large number of alcoholics are not arrested because of the fact that arrest is not considered a good solution to the problem. A good number of persons arrested for crimes like rape, burglary, murder and theft are those who committed them while under the influence of alcohol. Alcohol is a major factor in highway accidents. Besides, it contributes to hundreds of deaths every year. Family violence, family unrest and divorce are caused by alcoholism. Social problems also include stigma and discrimination; restriction from employment, denial of funeral rites, negligence by family members and friends. Drug dependency and alcohol consumption has led to the increase in crimes and violence such as extortion, killing, suicide, rape and prostitution, cheating and manipulating in Nagaland.

4.13: Opinions on Various Aspects

a. Opinions of Non Users and Post Users

The table below depicts the percentage of Non Users and Post Users in response to the increase of crime and violence in the Nagaland due to drug and alcohol abuse. The study proves that the majority of respondents of 68.00 percent had admitted that crimes and

violence has increased due to dependency of drugs and alcohol. 5.00 percent of them responded negatively while 21.00 percent felt that only sometimes crimes and violence increased, and 6.00 percent could not express their view about the same.

Table 4.9
Opinions of Non-Users and Post Users about the Increase in Crimes and Violence

Response	Non Users Response	Post Users Response	Sum of Non and Post Users	Percentage (%)	Total No. of Respondents
Yes	77	59	136	68.00	200
No	4	6	10	5.00	
Sometimes	15	27	42	21.00	
Can't say	4	8	12	6.00	
Total	100	100	200	100.00	

b. Addiction 'a way of life'- An opinion by Non-Users

Table 4.10
Drug Dependency and Alcoholism is 'a way of life'

Response	No. of Respondents	Percentage (%)
Yes	6	6:00
No	59	59:00
Somewhat	24	24:00
Can't say	1	1:00
None of the above	10	10:00
Total	100	100:00

Table 4.10 shows percentage of the response provided by the non users on the 'Drug Dependency and Alcoholism is 'a way of life' of the Naga society' from the non drug and alcohol users (100 respondents). The highest percentage constituting 59.00 percent shows that drug dependency and alcoholism is not 'a way of life' or 'a culture' of the Naga society. 6.00 percent said 'Yes', 24.00 said 'Somewhat', 1.00 percent said 'Can't say' and 10.00 percent as 'None of the above' in response to the statement of drug dependency and alcoholism as the 'way of life' of the Naga society.

c. Behaviour Dimensions on Drug and Alcohol Abuse

The study shows that due to the addiction, an individual skips works and whenever he or she attends the duty, it is not productive because of the influence of drugs/alcohol.

Table 4.11
Behaviour Dimensions on Drug and Alcohol Abuse

Behaviour Pattern	No. of Respondents	Percentage (%)
Negligence of duty	76	76.00
Create problems at office	26	26.00
Misbehaviour	26	26.00
Being unproductive	28	28.00
Becoming a liability	35	35.00
Total	100	100.00

The table 4.11 shows that an overwhelming majority of users constituting 76.00 percent admitted to have either skipped or neglected their duty. 35.00 percent of addicts have become a liability while 28.00 percent have been proved to be unproductive. Misbehaviour of addicts and those creating problems at work place constitute 26.00 percent each.

4.14: Drug and Alcohol Abuse in Villages

The beginning of drug use in the villages of Nagaland was during 1980s which is similar to the towns. Alcohol (local – rice beer) has been used since the time of our ancestors yet the problem has been taken into an account after the American Missionaries in 1875 started to control the abuse of local rice beer in Nagaland. The village leaders represented in this study has believed that the liquor consumption has become a social problem in the Naga society.

a. Availability of Drugs/Alcohol in the Village

The alcoholics in the villages could obtain local rice beer within their villages but the IMFL were brought from the neighbouring districts of Nagaland. The villagers bring liquor from their neighbouring districts and the towns near by. The drug users and alcoholics could get their dose or drinks either from their native places or the neighbouring places. The availability and accessibility has led to the increase of the flow of drugs and alcohol even in the villages. Pharmaceutical drugs are mostly abused drugs where the addicts can easily purchase. The addicts collect drugs from the peddlers and using friends while liquor is available to the users from the bootleggers. Country made liquor (local rice beer) is also been manufactured by some people yet the sale of liquor is restricted in Khonoma. It is manufactured for their personal use only. Users bring IMFL mostly from Kohima town. It is evident from the study that the internal linkage of the flow of liquor among the villages is

mostly transported within the neighbouring towns and districts of Nagaland. People buy drugs from the peddlers and the pharmacies and liquor from hotels/restaurants and even pan shops.

b. Impact of Addiction in the Village

Drug and alcohol abuse has not only affected the lives of the people in the towns but also in villages of Nagaland. The study of addiction conducted on the three districts of Nagaland proves the problems of drug abuse and alcoholism in the villages. The crimes and violence has frequently occurred due to the misuse of substance and liquor. The lives of an individual has been deficiently affected and caused a stress to the family.

There is social impact of addiction in the homes of the addicts' family where broken families, quarrelling and fighting, stealing, divorce and accident case. Moral lives are ruined by the influence of drugs or liquor. The abuse of drugs and alcohol as a result has created problems in the family. There are addicts/alcoholics who threatened their parents, wives asking money for buying their abusable chemical and liquor. Health implications due to drugs/alcohol occur among the villagers leading them to premature death. An economic crisis arises in the families which lie at the risk of leading them to poverty.

It is obvious from the study that the problem of addiction has affected the villagers. The users have disturbed the village environment by disobeying the laws of the village council and shouting cause noise pollution. Law and order is not maintained by the users when they get drunk; quarrel with the village leaders. The study proves that among the six villages selected for the study, Jakhama village has been effective in the control of the use of drugs and liquor. There was no information of the problem of drug abuse (during the time of study) and the contribution of the Drop-In-Centre of Kripa Foundation helping the users has brought many changes in the village. There were problems like accidents, premature death, failure in obtaining education and lazy in doing works. These factors have enlightened the villagers to curb the addiction problem.

c. Suggestion by Village Leaders

The village leaders such as Chairman, VDB Secy, G.Bs and women leaders have presented the following suggestions in order to control the drug addiction and alcoholism in Nagaland. It is opined by the village elders that without the help of the Lord, it is difficult to control the problem of drug and alcohol abuse in Nagaland. The dedicated Christians who go

to Church do not give disturbance to the people. They become good people and do not abuse drugs or alcohol. The government should strengthen the NLTP Act 1989. Frisking of illegal drugs should be strictly performed as to reduce the intake of drugs and consumption of liquor in the state. Clinics and pharmacies need to be stringently checked so that drugs are not sold especially to the young ones without medical prescription.

NGOs and Churches are important in the control of drug and alcohol abuse in Nagaland. They require conducting seminar/educational awareness on the ill – effects of drug use and alcohol consumption. It is understandable that the control of substance abuse and liquor consumption is difficult due to the practice of the bribery. Women bodies, Student bodies and policemen should contribute their vital role to tackle the addiction issues in the villages and towns of Nagaland. It is obvious from the respondents that Rehabilitation Centers and Drop-In-Centres (D.I.C) is essential to be established even in the villages. It is suggested that the government ought to tackle the problem of addiction as the village authority could not handle.

d. Remedial Measures in Control of Liquor by the Village authorities

The study proves that the villages have efficiently taken the measures in reducing the problem of drug abuse and alcoholism. The following steps are taken in controlling the liquor problem in the village.

1. Seize and destroy the liquor
2. Impose fine to the accused
3. Give warning to abuser and bootlegger
4. Conducts awareness program
5. Organise Campaign to different age groups of people
6. Counselling.

4.15: Role of Education in Awareness Generation

Education plays a vital role in molding a person's life. Educating the people about drugs, alcohol, its consequences, prevention and treatment facilities, providing awareness generation, focusing both on the urban and rural areas is the need of the hour. The study of drug addiction and alcoholism should be introduced in the schools and colleges in the state of Nagaland. Drinkers will acquire their drinks from any corner and they will continue to drink. But only through education, we can bring changes in our Naga society. Mass media is one

way in which it could provide educational awareness of drug addiction and alcoholism in the Naga society. It is evident from the study that educational awareness constitutes one of vital role in eradicating drugs and alcohol abuse in Nagaland. Seminars, workshops, campaigns, and advocacy programs are some of the educational programmes in monitoring drugs and alcohol problems in Nagaland.

4.16: Family having drug/alcohol using Problem

Table 4.12
Family having drug/alcohol using Problem

Response	Non Users	Percentage (%)
Yes	20	20.00
No	75	75.00
Can't say	5	5.00
Total	100	100.00

Table 4.12 shows the distribution of the respondents (non users) that 20.00 percent of non users' family have drug and alcohol problem, 75.00 percent said 'No' while 5.00 percent could not say whether they have or not of drug and alcohol problems in their family.

4.17: Relationship of Non-Users and Users

Table 4.13
Relationship of Non-Users and Users

Response	Non Users	Percentage (%)
Yes	59	59.00
No	15	15.00
Sometimes	19	19.00
Can't say	7	7.00
Total	100	100.00

Table 4.13 shows the distribution of the non users that 59.00 percent agree of non-drug/alcohol user keeping less company to the drug/alcohol user, 15.00 percent said 'No', 19.00 percent assumed as 'Sometimes' while who responded as 'Can't say' constitute 7.00 percent. The study shows the overwhelming majority of the non – users that there is a wide gap of relationship between non drug/alcohol users and drug/alcohol users.

4.18: Problems of Drug and Alcohol Current Users

The problems of drug and alcohol abuse that are observed in Nagaland from the responses provided by the Post Users are the followings. The data as provided by the Post Users states that drug and alcohol dependence has evil effects in Nagaland. Drug addiction and alcoholism have emerged as the most important causes of distress, crime and violence in the Nagaland. The study shows that drugs and alcohol use has its negative impact in the Naga society to such extent that it led to the increase of anti-social activities, breakdown of families, loss of economy, accidents etc. It has increased the social evils like killing, prostitution, immorality, extortion and so on.

a. Individual

Drug and alcohol abuse has affected the health, economic, spiritual, psychological, and cultural aspects of the people. The drug and alcohol users experience discrimination and stigmatization like being looked down upon, rejection and negligence and denial of funeral rites. They feel they are not cared for and helped to lead normal lives. An individual under the influence of drug/alcohol commits adultery. When substance and alcohol controls the addict, problems like disobeying parents or family members, ill treatment and disintegration frequently happen. The spiritual growth of a user becomes stagnant when he or she lives in the world of druggie and alcoholic culture.

b. Family

It is evident from this study that substance abuse and alcoholism as a result has changed the family value and structure in the Naga society. The information collected from the post drug and alcohol users identifies the following various problems prevailing in the family such as addiction-break-family (divorce, widow and orphanage), broken family relationship/ties and beating the wife. There is no healthy relationship in the family due to the abuse of chemical and liquor. Family quarrel and fights are seen frequently. It is evident from the study that the influence of substance and liquor has resulted in the increase of divorce, broken family relationship/ breakdown of family ties and misunderstanding.

c. Society

There are various problems observed in Nagaland such as cheating, school drop outs and unemployment, unwanted pregnancy, high rate of premature deaths due to HIV/AIDS,

Cancer and others, accident disturbing and troubles to public and the society, quarrelling and fighting. Social evils like killing, kidnapping, extortion, immorality, rapes, suicide, prostitution, robberies and manipulation and corruption are caused by the abuse of drugs and alcohol in the Naga society. There is no healthy environment in the society because tensions and fears arise in the family. Moral values of users are degraded as they continue to depend on substance and liquor.

The data indicates that drug/alcohol users experience and struggle from the family and the society; and causes problems in varied ways. The sources of information as analysed from the respondents Current Users, reveal that they suffer/struggle from various issues and problems because of their habitual use of drugs and alcohol. The study shows that the current drug/alcohol users are stigmatized and discriminated on the following grounds such as looked down upon by the society, restriction from employment, negligence by family members and friends and scolding by parents. The addicts are victims of stigma and discrimination by parents, family members and the society in general. The current users face different problems like health problems, social problems, economic crisis and failure in spiritual growth during their drug and alcohol abuse. Even though, 6 respondents feel happy and enjoy being addicted to chemical and alcohol, in reality they also face the same consequences as other users due to drug and alcohol abuse in our Naga society.

The study also reveals that the road to recovery addicts were mostly advised/preferred to go were rehabilitations centres, detoxification camp/centres, Oral Substitution Therapy programs, Drop-in-Centres and prayer house/centres. Except a few parents, a majority of them are unaware of their children's indulgence in drugs and alcohol. As their uses were unknown by their parents and family members they only received advice/counselling from their friends to give up their habitual use of drugs and alcohol. According to the respondents stigma and discrimination were the two main aspects in which users face problems in the Naga society.

This social survey is an attempt to elicit the respondents' attitude and feelings, problems and difficulties, parental relations and their responsibilities and suggestions towards the users and the related issues of drug and alcohol dependence. Much of the knowledge of alcoholism has been gathered from various sources of research data to indicate

the substance and liquor abuse in Nagaland. One female alcoholic disclosed that her habit reached such a stage that she faced financial problems. Left with no option to feed her children, she entered into prostitution. As her profession was unknown by the family members she could not get any assistance to change her life.

4.19: Drug and Alcohol Users

Drug addiction and alcoholism have become rampant in Nagaland. Drug and alcohol users in Nagaland have many implications and issues to address to the society. The study reveals the findings on drugs and alcohol abuse/dependence in Naga society under the following perspectives and issues. The data as per the sources of information stated by the respondents highlights that help and care be extended to the drug and alcohol users for saving themselves and provide ways for their better living as wished by them. Drinking alcohol is woven into the social fabric of our culture, and indeed many people enjoy the social and culture connection of sharing a drink together. Drinking is so common in our society these days and having loved ones or friends who have drinking problem can be a challenge.

The study reveals that the government, NGOs, Churches and civil societies must work together so as to curb drug and alcohol dependence and extend aid and support to the past and current users. They need to educate the users, encourage and rescue them from addiction by engaging them in activities using their potential and skills. It is evident from the study that current users, both men and women are struggling to recover from their addiction, therefore instead of neglecting them and leaving them on their own, society needs to give them opportunities and participation in social sphere and their response must be encouraged, appreciated and praised and makes them feel that they are accepted. In this way, society must break the stigma barrier on the drug and alcohol users. The study also shows that female and male users who abuse alcohol are also bootleggers. The government must impose stringent law for drug trafficking, peddling and bootlegging, and enforce it strictly so that the perpetrators must be booked or curbed by law enforcing authorities.

The study indicates that in order to deal with these twin problems of addictions, responsibilities must not be put only to those organizations, agencies, and institutions who are working to put an end to this menace, but society as a whole should come forward and take initiatives to overcome the culture of drugs and alcohol which is plaguing the Naga

society. Non Governmental Organisations like Nagaland Users Network (Drug Users Community), Kripa Foundation, Bethesda Welfare Society are doing a commendable job and have contributed a vital role in combat against the drug/alcohol use in Nagaland. However, there is a need for establishing more NGOs for the treatment and services in order to bring more changes in the lives of the addicts.

The study shows that addicts should seek a professional guidance and help for treatment to their addiction problem of substance and alcohol. The addicts should have the willingness to change without any reservation. Oral Substitution Therapy (OST) is the best way to give up their habitual use of substance or chemical. The OST are provided by various drug related organizations or agencies. Mostly, the users disclose their identities as drugs/alcohol users at D.I.Cs, Rehabilitation Centers, Detoxification Center or Camps and Prayer Center and share their problems because they don't want to disclose their addiction publicly due to fear of undergoing stigma and discrimination. One of the best treatment methods was 12 step program introduced by NGOs; which when practiced daily brought changes in the lives of drug addict and alcoholic. Family rehabilitation facilities could play vital roles if established and function well for helping the current users. The study reveals that users are less cared, less loved and unsupported; and are denied freedom to enjoy their rights and privileges in the society. They ought to be given opportunities and privileges to involve/participate in churches. They also should be encouraged to stay clean and lead sober lives. The recovering/recovered users should be counseled well to remain clean, live sober lives and be provided services/opportunities like employment/job avenues or other opportunities so as to engage them in works. Much of the knowledge of drug dependence and alcoholism has been gathered from various sources of research data.

It was suggested by the users that it is only the decision of users that could lead to the road to recovery and not by force. If the users are being caught by the law, they should be given freedom to choose either jail or being sent to agencies which provide rehabilitation and detoxification under the supervision of a probation officer or supervisor. Where as some of the users are of the view that they would rather be provided D.I.C / Rehabilitation Centers than being sent to jail. Post and Current users have highlighted that to give up their addiction, it lies on the individual, self decision, will and strong determination.

Awareness and preventive measures contribute the vital role in eradicating the social issues of drug addiction and alcoholism. Awareness campaign is the most important aspect as opined by the users in curbing drug and alcohol abuse in Nagaland. Stigma and discrimination attached to the disease of drug dependence and alcoholism can be removed from the society through various awareness programs/advocacy, meetings of NGOs drug/alcohol related, seminar and workshops. The post and current drug/alcohol users have made certain awareness on the ill effects and hazards of the abuse of drugs and alcohol intaking. They put up such slogans as “Do not use illegal drugs and alcohol”, “Better avoid it”, “Think health and not drugs”. “Addiction is a killer”, “Better not to start”, “Say ‘NO’ to Drugs and Alcohol” and say ‘YES’ to Life”.

Post and current users are of the opinion that it will be better if the ‘users’ give up their habitual use of drugs and alcohol at an initial stage. However, again, the best thing that a person can do is, never get into the habit of indulgence in any of the intoxicating substances be it drugs or alcohol in the first place, because of the dangers involved in addiction once a person starts abusing it, and it will be very difficult for him/her to give up once they are hooked to it. Current users also opine that the new services/programs such as rehabilitation centers/ detoxification camps, Oral Substitution Therapy programs, DICs should be established. It is also viewed that tvisiting prayer house/centers is very helpful for users to lead normal life again. There is also a need of organizing public awareness campaigns by the government and NGOs agencies with regard to the disease of drugs and alcohol in our Naga society.

Due to their habitual indulgence in substance abuse and alcohol the addicts are always stigmatized in every way. Hence it has been suggested by the users that since they are in need of acceptance, support, encouragement and help from their family members in particular and society in general as they struggle for recovery, instead of merely subjecting them as an object of ridicule and discrimination, they called upon the public, Church leaders and workers to accept them as they are and treats them equally along with the rest of the society as normal persons and not as anti-social or criminals, when they associate with the non-users, that they also be given equal opportunities or rights despite the stigmatization and discrimination from the society. As stated by the current users, reducing number of addicts would diminish societal problems of chemical and alcohol dependency in Nagaland and our society would experience least number of crimes and violence when drug and alcohol dependence is curbed. They also strongly believe that illegal drugs ought to be banned despite their abuse. This denotes the prohibition of illegal

drugs needs to be adopted effectively so as to reduce drug dependence in our society. It also suggested that in order to control the inflow of illegal drugs in Nagaland, police force should provide strong checking an effective role in combat against drugs and alcohol abuse.

The addicts also want the people to know that since addiction of drugs and alcohol are considered as a disease, they must be treated as sick people and in need of help for their recovery and sustenance. The person and his behaviour must not be termed together because behaviour or action is treated as wrong but not the person. Many users have stated they also should be given equal treatment like the non-users. Avoidance, isolation and negligence create a relationship gap among the users and non-users. Therefore they express that they are in need of love, care, support, physical material and spiritual assistance. They need a platform to share and address their problems and grievances. They urged upon the individuals, families, churches, civil societies, government, NGOs and other responsible organization, institutions and agencies to give them attention.

It has been suggested that every addict must be identified by the Government and NGOs agencies and provided with necessary help; counselling, treatment, awareness. Government should open avenues, opportunities to the drug and alcohol users by giving them employment with the help of the NGOs and other stake holders. Opportunities or avenues like vocational training on toy making, tailoring, hair cutting, basic computer course, handicraft etc. entertainment facilities must be provided for the youths. Since many districts in Nagaland do not have rehabilitation centres and D.I.Cs, the users suggest the Government and NGOs to establish Rehabilitation centers and D.I.Cs in every district of Nagaland. Some users opine to relax and subsidize the fees in the rehabilitation centre due to their financial difficulties.

Some of the strategies and steps that users need to follow are:

- a. Stay focus on one's goal
- b. Set an objective and stay busy.
- c. Take a trip on vacation for environment change and friends.
- d. Engage in some work rather than stay at street.

It is very essential that everyone must come practically to work for the eradication of these two social problems and live in a drug and alcohol free Naga society tomorrow. As responded by the users, rights and policies should be framed be for them so that without any discrimination and stigmatization they should be given the rights and priviledges to enjoy their lives.

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CHAPTER - 5

ROLE OF STATE GOVERNMENT AND NGOs IN ADDRESSING THE PROBLEMS

5.1: Introduction

Drug addiction and alcoholism has become the major social problems since 1980s which needs to be addressed collectively by both government agencies and NGOs. The Nagaland State Government and NGOs have their respective agencies and have contributed their significant role in combat against the twin social evils of drug dependence and alcoholism. The government agencies in fight against the drug and alcohol dependence are Excise, Police departments, Prisons and hospitals for treatment centers. Where as the NGOs and civil bodies like Mothers' associations, Students Body (Union), Rehabilitation and Drop-In-Centers (DICs) and Churches constitute of NGOs in the battle against the drug and alcohol abuse in Nagaland. This chapter attempts to elaborate the role of the state government and NGOs in addressing the twin social problems of drug and alcohol abuse in Nagaland.

5.2: Role of State Government Agencies

The government has an immense role to play in curbing drug and alcohol problem in Nagaland. The excise, prison, police departments, and hospitals for treatment centers are the governmental agencies in curbing the drug and alcohol problem in the Naga society. Excise and police departments are the law enforcing government agencies which work for public welfare. The following are the various roles and contributions made by the government agencies in safeguarding the lives from the evil forces of drug and alcohol abuse in Nagaland.

5.2.1: Excise and Prohibition

The Nagaland State Excise Department was established on 1st Dec. 1963. After the introduction of Total Liquor Prohibition Act, 1989, the nomenclature of the Department has been changed to "Excise and Prohibition Department". The Act, 1989 may be called the

“Nagaland Liquor Total Prohibition Act 1989. “Nagaland was declared ‘Dry State’ in June 1989. The Nagaland Liquor Total Prohibition (NLTP) Act, 1989 came into force with effect from first December 1990. The State Excise and Prohibition Department administers the Nagaland Excise Act of 1967 and the Nagaland Total Liquor Prohibition Act of 1989. The Department also enforced the Narcotic Drugs and Psychotropic Substance Act of 1985 in the state.

The Nagaland State Excise Department is headed by the Minister and Secretary at government and administration level respectively. The Directorate of Excise is headed by one Commissioner with Additional Commissioner-1, Deputy Commissioner-2, Assistant Commissioner-2, Registrar-1, and Account officer-1. The Districts of Excise are headed by the Superintendent of Excise. It is apparent from the study that the overall strength of Excise comprises of Superintendent-10, Deputy Superintendent-4, Inspector-28, Assistant Inspector-25, Head Constable-36, and Constable-225 with handful ministerial staffs in each office. The study shows that the Nagaland State Excise and Prohibition Department has a total sanctioned post of 433 inclusive of officers, ministerial staff and others. The study reveals that the total no. of staff from all units under Dimapur field and ministerial staff is around 170 persons. The Excise and Prohibition Department, Kohima has a total sanctioned post of only 44 inclusive of officers and other staffs. The study provides evidence that Phek district comprises of 33 staff (17 in Phek town, 9 in Meluri and 7 in Pfutsero).

a. Main functions of the Excise and Prohibition Department

Nagaland Excise department implements the following Act and Rules. The Excise department enforces the Narcotics Drugs and Psychotropic Substance Act (NDPS Act) and the Nagaland Liquor total Prohibition Act 1989. Prior to this the Excise Department’s role was to implement the Nagaland Excise Act 1967 and Rules of 1972, which was essentially regulatory and revenue administration for the state. The department regulates import and export of liquor for Army and Paramilitary and realises excise duty there of. The study proves that the department conducts search, seizure, arrest, and prosecutes offenders under a fair stated laws and Acts.

The Department needs sufficient man power and speedy motility in its enforcement activities. The department has only one vehicle each in the districts, some of which could not be covered. Motor vehicles are required in all the Unit Headquarters and check posts for

more effective enforcements. It is becoming very difficult for small group of staffs to walk on foot to confront powerful liquor mafia on everyday basis.

b. Main difficulties to control Drug Addiction and Alcoholism

The data analysis done from the sources of information as stated by the department of Excise and Prohibition shows that the department faces difficulties in controlling the problem of drug addiction and alcoholism in Nagaland. The main difficulties are elaborated as under;

1. Shortage of man power: The enforcement staffs were relatively less.
2. Lack of enforcement infra-structure – equipments.
3. Lack of required public co-operation.

The study is indicative that the best way to check drug trafficking in Nagaland is to destroy ganja cultivation taking place in Myanmar boarder.¹

c. Narcotics and Prohibition

Narcotics and Prohibition Department of the state an immense role in the combat against the drug abuse in Nagaland. The five steps undertaken by the Narcotics and Prohibition, Nagaland are mentioned below.

1. Checking at the interstate border and along the National Highway 29 route.
2. Identifying areas within/inside Nagaland where cannabis and poppy cultivation is done.
3. Procurig gadgets for detection of drugs.
4. Obtaining sources of information
5. Booking traffickers under appropriate section of law.

5.2.2: Police Department

Police Department is one of the Government agencies in curbing drug and alcohol problems in Nagaland. Police Department performs the basic duties and responsibilities which include maintaining law and order, providing community assistance, and investigatinng crimes. The department has the sub-working agencies like Police station, Police Check gates, Traffic Control etc. The total no. of Police Check gates in Nagaland comprises of 19 (Nineteen) and 1(one) Narcotic cell in Nagaland.

The data shows the quantity of drugs and alcohol seized in a year during the period 2005 to 2008. The table below shows that the total quantity of 7,94,206 Tablets (Different types of Drugs) and 1,67,568 Bottles (Different Liquor) were seized from different parts of the state of Nagaland. Here the various types of drugs (substance) and alcohol (liquor) were not separately discussed as it is based on the inputs gathered from the Department of Police as mentioned below.

**Table 5.1
Drugs and Alcohol Seized (2005 - 2008)**

Sl. No	Year	Drugs	Alcohol
1.	2005	1,37,554 Tablets	28,584 Bottles
2.	2006	4,63,372 Tablets	28,207 Bottles
3.	2007	55,235 Tablets	72,495 Bottles
4.	2008	1,38,045 Tablets	38,282 Bottles
	Total	7,94,206 Tablets	1,67,568 Bottles

Source: State Crime Cell Police Station, PHQ, Nagaland Kohima

According to the record, revealed by the police station shows that the average no. of vehicle accident cases over all the state of Nagaland was 178 during the period 2005 -2008. Though the cases could have happen under the influence of drugs and alcohol yet the cases were not registered as drug/alcohol vehicle accident but only as vehicle accident. The drugs/alcohol cases are not established but it could be expected that some of the incidents were likely happened due to high and drunken driving. Some of the vehicle accidents could be because of mechanical failure. The study identifies the number of vehicle accident cases availed from the reliable sources.

The table below shows the average number of vehicle accidents in Nagaland from 2005-2008.

**Table 5.2
Average no. of Vehicle Accident Cases (2005 – 2008)**

Sl. No	Year	No. of Vehicle Accident Cases	Due to Drug Use	Due to Alcohol Use
1.	2005	80 Cases	None	None
2.	2006	60	None	None
3.	2007	20	None	None
4.	2008	18	None	None
	Total	178 Cases	None	None

Source: State Crime Cell Police Station, PHQ, Nagaland Kohima.

Table 5.3
No. of vehicle accident under the influence of alcohol

Sl. No.	District	Year	Due to Drug abuse	Due to Alcohol abuse	No. of Cases
1.	Kohima	2005	NA	1	3
		2006	NA	1	
		2007	NA	1	
		2008	NA	NA	
		Total			
2.	Dimapur	2005	NA	NA	0
		2006	NA	NA	
		2007	NA	NA	
		2008	NA	NA	
		Total			
3.	Phek	2005	NA	NA	1
		2006	NA	1	
		2007	NA	NA	
		2008	NA	NA	
		Total			

Source: Research Field Survey

Note: NA - Not Available

The records of the State Crime Cell police station, Nagaland, Kohima shows that the average no. of killing and rape cases over all the state of Nagaland, that it had recorded were 311 killing cases and 69 rape cases during the period 2005 -2008. Though these cases may have happen under the influence of drugs and alcohol yet they were not registered as drug/alcohol related killing and rape cases. It is evident from the study that the killing and rape cases were established but it could be suspected that some of the incidents were likely happened under the influence of drugs and alcohol. The following table identifies the total number of killing and rape cases gathered from the reliable sources.

Table 5.4
Average no. of Killing and Rape Cases (2005 – 2008)

Sl. No	Index of Social Problem	Year	No. of Cases	Due to Drug use	Due to Alcohol Use
1.	Killing Cases	2005	72	None	None
		2006	70	None	None
		2007	84	None	None
		2008	85	None	None
		Total	311 Cases		
2.	Rape Cases		No. of Cases		
		2005	16	None	None
		2006	22	None	None
		2007	16	None	None
		2008	15	None	None
Total	69 Cases				

Source: State Crime Cell Police Station, PHQ, Nagaland Kohima.

According to the data analysis based on the records of Police department, there were some cases registered on killings and rapes under the influence of drugs/alcohol. The table below indicates the average number of killings and rape cases under the influence of alcohol during the period 2005 to 2008 in Dimapur district. This study shows that alcohol abuse is the high risk factor which leads to the rape cases happening in Naga society. Here the drug cases were not indicated but it is understood that alcohol is the third socially accepted drug.

It is apparent from the study that records of drug related crimes apart from killing and rape continue to be present in the Naga society. Social problems such as theft or robbery, extortion, public nuisance and cheating have widespread are many in Nagaland.

Table 5.5
Drug/Alcohol related Killing and Rape Cases (2005 – 2008)

Sl.No	District	Year	Due to Drug Abuse		Due to Alcohol Abuse		Total No. of Cases
			Killing	Rape	Killing	Rape	
1.	Kohima	2005	NA	NA	-	1	4
		2006	NA	NA	-	1	
		2007	NA	NA	-	1	
		2008	NA	NA	-	1	
		Total					
2.	Dimapur	2005	NA	NA	-	5	14
		2006	NA	NA	-	1	
		2007	NA	NA	1	3	
		2008	NA	na	-	4	
		Total					
3.	Phek	2005	NA	NA	-	-	0
		2006	NA	NA	-	-	
		2007	NA	NA	-	-	
		2008	NA	NA	-	-	
		Total	-	-	1	17	

Source: Field Survey of Kohima, Dimapur and Phek Districts.

Note: NA- Not Available

During the period 2005 to 2008, there were 23 cases of killing/ murder and 7 cases of rape in Phek district but it could be established whether the crimes were committed under the influence of drugs and alcohol or by the other reasons.

The data analysis of the state crime cell police station shows the record of drug related crimes apart from killing and rape cases in Nagaland. Drug related crimes such as trafficking and possession are as under.

Table 5.6
Drug Related Crimes

Year	No. of Cases	Total
2005	216	752 Cases
2006	248	
2007	179	
2008	109	

The total number of persons apprehended in a year with drugs and alcohol, and forwarded to judicial custody, is shown as collected from the reliable source is shown below. The total number as based on the over all state record of Nagaland comprises of 879 persons caught with drugs and alcohol and the cases were forwarded to the judicial custody.

Table 5.7
People apprehended for Drug/Alcohol Cases

Sl.No.	Year	Drugs	Alcohol
1	2005	125 Persons	104 Persons
2	2006	71 Persons	124 Persons
3	2007	91 Persons	117 Persons
4	2008	74 Persons	173 Persons
Total		361 Persons	518 Persons

Source: State Crime Cell Police Station, PHQ, Nagaland Kohima

Table 5.8
Drug Seizure Report: 2005- 2008 (Kohima)

Drugs	Quantity of Drugs in Kgs/Bottles/No. of Capsules						
Sl.No.	Name of the Drug	2005	2006	2007	2008	Total	Accused
1	Ganja	4,363 kg	9,238 kg	7,581 kg	6845 kg	28027 kg	
2	Opium	8 kg	-	-	8 kg	16 kg	
3	Heroin	-	-	-	125 gms	125 gms	
4	Spasmo Proxyvon/ Nitrosen	64,284 Caps	39,308 Caps	-	136147 Caps	2,39,739 Caps	
		9790 Caps	-	-	2600 Caps	12390 Caps	
5	Cocaine	-	-	-	-	-	
6	Codeine	-	-	-	-	-	
7	Others	-	-	-	1 kg of Chemical Powder	1 kg of Chemical Powder	
		-	46 Bottles of Phensedyle	-	20 Bottles of Phensedyle	66 Bottles of Phensedyle	
Accused Persons (Drug Peddlers)							Total
	Naga	50	23	21	14	108	Peddlers 166
	Non-Naga	25	14	08	11	58	
	Tribe or Community						
Male	Naga	48	23	18	4	93	Male 147
	Non-Naga	24	13	8	9	54	
Female	Naga	2	-	3	10	15	Female 19
	Non-Naga	1	1	-	02	4	

Source: Crime Branch, SP Office Kohima

People apprehended for drug/alcohol related cases belong to the following communities such as Poumai, Rongmai, Mao Naga, Angami, Sema, Chakhesang, Ao, Rengma, Behari, Konyak Chang, Khamniungan, and Manipur. The Bangladeshi Miyas and their associates involvement is a problem in related to drug abuse.

Table 5.9
Alcohol Seizure Report: 2005- 2008 (Kohima)

Alcohol	Quantity of Alcohol (in Bottles)						
Sl.No.	Name of the Alcohol	2005	2006	2007	2008	Total	
1.	Whisky	20,901 Bottles of IMFL	4,227 Bottles of IMFL	22,168 Bottles of IMFL	5,272 Bottles of IMFL	52,568 Bottles of IMFL	
2	Rum						
3	Beer-Bottle & Cane						
4							
Accused Persons/ Alcohol Suppliers							Total
	Naga	3	3	8	10	24	Suppliers 35
	Non-Naga	5	4	2	-	11	
	Tribe or Community						
Male	Naga	2	2	8	8	20	Male 31
	Non-Naga	5	4	2	-	11	
Female	Naga	1	1	-	2	4	Female 4
	Non-Naga	-	-	-	-	-	

Source: Crime Branch, SP Office Kohima

The above table indicates the seizure of drugs and alcohol from the Police stations of North, South, Tseminyu, Khuzama, Chiephobozou and Police Check gates of By-Pass, Phesama, Khuzama, Meriema, Tseminyu (Old) and BSF of Kohima district of Nagaland. Drugs and alcohol seized during 2005 – 2008 in regard to drug/alcohol are shown in the above tables.

People apprehended for drug/alcohol related cases belong to the following communities such as Poumai, Rongmai, Mao Naga, Angami, Sema, Chakhesang, Ao, Rengma, Behari, Konyak Chang, Khamniungan, and Manipur.

Though the research authentic data on traffic accident is not available yet it is also expected that many road vehicle accidents had occurred under the influence of drugs and alcohol. It is believed that the accident might have taken place due to mechanical failure or fast and rash driving.

Table 5.10
Drug Seizure Report: 2005- 2008 (Phek)

Drugs		Quantity of Drugs in Kgs/Bottles/No. of Capsules					
Sl.No.	Name of the Drug	2005	2006	2007	2008	Total	Accused
1	Ganja	30 kg	175 kgs	50 kgs		255 kgs	
2	Opium						
3	Heroin						
4	Spasmo Proxylon/ Nitrosen	293 capsules	516 capsules			809 capsules	
5	Cocaine						
6	Codeine						
7	Others				300 Tossex 120 Respinex -CD Cough Syrups		
Accused Persons (Drug Peddlers)							Total
	Naga	03	03	02	-	8	Peddlers 16
	Non-Naga		06	-	02		
	Tribe or Community						
Male	Naga and Non-Naga	03	05	-	02	10	Male 10
Female	Naga and Non-Naga	-	04	02	-	16	Female 6

Source: Crime Branch, SP Office Phek

Table 5.11
Alcohol Seizure Report: 2005- 2008 ((Phek)

Alcohol	Quantity of Alcohol (in Bottles)								
	Sl.No.	Name of the Alcohol	2005	2006	2007	2008	Total		
	1.	Whisky	764 Bottles of IMFL	1193 Bottles of IMFL	3801 Bottles of IMFL	5121 Bottles of IMFL	10879 Bottles of IMFL		
	2.	Rum							
	3.	Beer-Bottle & Cane							
	4.								
	Others				10218 litres of local brew (destroyed on the spot)	2405 litres of local brew (destroyed on the spot)	12623 litres		
	Accused Persons/ Alcohol Suppliers							Total	
		Naga	24	44	58	58		Suppliers	
		Non-Naga		03					
		Tribe or Community							
	Male	Naga and Non-Naga	16	27	25	47		Male	
	Female	Naga and Non-Naga	08	20	22	11		Female	

Source: Crime Branch, SP OfficePhek

The above table indicates the seizure of alcohol from the Police Stations of Pfutsero, Phek, Chile above zami, Chozuba and Meluri and Check gates of Khezhakeno and Lanezho in Phek district of Nagaland. During 2005 – 2008 no drug/alcohol related road accident found in Phek. There were 2 cases of vehicle mishap which killed two persons leading to 3 injuries but the reason is not registered as under the influence of drugs and dalcohol or mechanical failure and fast and rash driving.

Opinions on the role of NGOs

The police personnels have responded that the NGOs and civil societies need to play a variety of role in controlling the drug abuse and alcoholism in Nagaland. The opinions for NGOs are the following:

1. NGOs can better dedicate and specialise themselves on the issues of drug addiction and alcoholism and give more time.
2. They can have better interface with the public.
3. They will be better placed to understand various dynamics within a given society.
4. NGOs are a powerful and influential force in the society.

5. Conduct workshop
6. Visit Sunday school and educational institutions
7. Advertisement in media and distribution of posters and pamphlets.

Difficulties in Arresting and Seizing

The difficulties that the police personnel face in the arrest and seizure of the drug peddlers and alcohol dealers are the following.

(i) It is difficult to obtain independent witnesses while arresting/seizing the drug peddlers and alcohol carriers.

(ii) Heavy vehicular traffic takes place through the state especially in the national highway, and it is a difficult task to check properly each and every vehicle, and despite of best efforts, total control of trafficking is difficult.

Some of the police respondents have stated that they do not have any problem in arresting and seizing the drug peddlers' ands alcohol dealers or bootleggers. It also emphasized that problem does not arise in the arrest and seizure of the substance and liquor dealers. The diverted route has made the work of police personnel complicated in stringent manning of drugs and alcohol.

5.2.3: Prison

The role of prison service is to keep in custody those crimes committed by different sections of people. Prisons have several roles such as locking up people that have committed a crime, so as to protect the community from further crimes that a person might commit. Prison or jail services provide safe and well-ordered establishments in which prisoners are treated humanely, decently and lawfully.

a. Management of Drug Users in the Prison

In the prison, the drug users are given prayer counseling. In Kohima, NGOs like Kripa Foundation comes once in a week to give counseling, and moreover provide first aid/treatment of abscess especially for the prisoners related to drug abuse. Inside the prison, the Christian (Church) prisoners are given counselling, conduct Bible study for these prisoners. It is evident from the study that once substance abusers are lodged in the jail, they have no alternative but to abstain since they have no access to it. Pharmacist looks after such prisoners by helping them cope with the consequences when they suddenly stop taking drugs

i.e. withdrawal symptoms. The data indicates that the drug users are segregated from other prisoners in the prison/jail. The study reveals that the prison provides the following facilities in the prison; medical check-up, spiritual counselling, games and sports and basic training on industrial activities.

b. Management of Drug Peddlers in the Prison

Drug addicts and peddlers often end up committing crimes such as stealing/robbery, assault etc. In the prisons there are tasks to perform in managing the peddlers, so they are provided works as to keep them occupied. As the saying goes; “An Idle mind is a devil’s workshop”, the prisoners are encouraged to engage in physical works such as gardening, tailoring, basket making etc. Since most of the drug peddlers are being women prisoners, they are kept separately in the women ward and are given counseling. They are given knitting and tailoring training with an instructor deputed from the Department of Women Development as a part of Reformation process inside the prison. The data states that the drug users are segregated from other prisoners in the prison/jail. The study reveals that the prison provides the following facilities in the prison; Medical check-up, spiritual counselling, games and sports and basic training on industrial activities.

c. Steps taken by the Law Enforcement Agency to reduce Drug Flow

The study depicts that the law enforcing agencies have set up certain steps to reduce drug flow in Nagaland. The state government has set up narcotic cell, excise and police check gates/points to prevent the inflow of drugs into the state of Nagaland. They have performed continuous monitoring and vigilance at different localities. The Prison department has issued strict orders to all the medical stores and pharmacies not to sell medicines and drugs to unauthorised persons.

d. Types of Punishment to the Drug Users and Alcoholics in the Prison

Imprisonment by itself is a punishment for the drug users and alcoholics. In other words, coming to the prison; it is a punishment for any offender. Prison is a correctional home in modern criminal justice system. Instead of punishment, the custodial staff offers advices and sometimes acts as counsellors for the needy, purely on benevolent nature. Apart from imprisonment, the prison focuses more on retransforming the users’ attitude and

outlook and also as an alternative for punishment; the inmates are made to do social work, clean the garden occasionally.

e. Present System of Imprisonment to Reform and Re-socialise the Users

The present system of imprisonment helps the drug users and alcoholics to reform and re-socialize their lives only in few cases, since prisons in Nagaland do not have infrastructure/facilities to train them in certain vocations/industries and rehabilitation is weak. As learnt from the sources of information it is of the opinion that the present system of imprisonment will not help the drug users and alcoholics to reform and re-socialise their lives as proper medical attention for detoxification or treating the HIV- drug related cases are not available in the prison. Moreover, these prisoners come in contact with prisoners who have committed heinous crimes and sometimes they get influenced by such prisoners and commit serious crimes later on. The imprisonment helps the drug and alcohol users to be secured within walls for a given period of time.

f. The Best Way to tackle Drug Users

The data stated by the respondents from jails reveals that the best way to tackle drug users is to rehabilitate them through various reformation activities, so as to bring about changes in their mental outlook. Once a person is hooked to drugs, a lot of problem occurs for both the user and family. Thus it is opined that the best way to tackle drug dependence is to educate and provide awareness. Adjust mental, environmental, family affiliation and morale is responsible for this endemic problem. It is evident policing or prison sentence is not the answer, rather the best way is to address their psycho-socio problem if any, and then to other levels. The study opines that in order to tackle the drug abuse, government sponsored drug rehabilitation centres should be set up in all the districts of Nagaland where proper detoxification, counselling and vocational training could be imparted during their confinement in such institutions.

5.2.4: Hospital

The Hospitals in Nagaland (both government and private hospitals/clinics) are doing their best in helping the drug and alcohol users by giving medical treatment and care. The Hospitals in Nagaland have their vital role in helping the sick people by giving the medical

treatment and care in respective hospitals and clinics. Hospitals need to help patients successfully fight addiction to drugs and alcohol. Hospitals need to treat every patient with compassion, dignity and excellence. The following are the various health problems as analyzed from the research data conducted on Naga society.

a. The most common physical problems associated to drug and alcohol use

The data from the hospitals reveals that the most common physical problems associated to drug and alcohol use are alcoholic liver failure, tuberculosis, HIV infection, alcoholic cardiomyopathy, recurrent diarrhea, rashes, losing weight, lose of appetite, lung infection or tendency to contract lung infections, bleeding, insomnia and infection, restlessness tremors due to heretic dysfunction debilitation and irreversible body organs /damage failure leading to death. The study also indicates other physical problems such as physical dependency, chronic ill health, prolong medications and untimely death, psychological disturbances, personality change, poor productivity, tendency for infection, Psycetosis, disorientation, unable to concentrate daily work, sleep problem, and irritability. It also shows that the following physical problems are also being contracted by drug and alcohol users such as liver problems like jaundice, cirrhosis, hepatic failure and gastric problems like ulcers, perforation and chronic gastric, skin/muscles problems i.e. abscess, cellulites etc., and Brain problems like in coordination and poor memory.

b. The most common cause of death among drug addicts

The data from the hospitals reveals the most common causes of death among the drug addicts are Convulsion C Aspiration Liver failure (liver decompensation), Gastrointestinal bleed, HIV infection-AIDS, Apportmistic infection, Hypoglycemia and Overdose. The study also shows that the drug and alcohol related most common causes of death among the drug users were Septicemia following multi-organ failure or multi organ failure and tuberculosis. It also highlights that earlier the most common cause of death among the drug users was overdose but today it is also because of HIV/AIDS disease.

c. Basic problems in tackling the Drug/Alcoholic Patients

The data from the hospitals reveals that the drug/alcoholic most of the patients admitted for regard to drug/alcohol abuse cases were poor and therefore not afford to buy medicines. The medics faced problems to tackle the patients as they spend fewer days in the

hospital due to economic constraint. The drug/alcoholic patients relapse or go back to old habit of abusing. Multi-Organ involvement is indicated as another problem in handling the drug/alcoholic patients (hospital reports). It also states the following reasons;

1. Lack of sufficient support staff
2. Lack of knowledge by the patient attendant
3. Miracle fix demanded by patient and their families.
4. Poor rehabilitation avenues
5. Poor follow up
6. Dependency (Chemical & Liquor)
7. Violent behaviour of the patients
8. Non Co-operation of the patients
9. Refusal to accept as users.

The study states that the non co-operation of the patients and the non compliance from relative causes a problem in tackling drug and alcoholic patients in the hospitals. Unwillingness on the part of patients and care givers constitutes a problem in dealing with the drug and alcoholic patients.

d. Services/Facilities provided besides Medicines in Hospital

Besides medicines, the hospital management renders other services to the hospitalized alcoholics and drug users indicated as below:

1. Counselling and psychiatry consultation
2. Psychotherapy, Holistic Medicine and Dietary Care.
3. Prayer Sessions
4. Physical support therapy.

e. Role of the State Government to improve the Hospitals

The Doctors have suggested that in order to improve the hospitals in Nagaland, the following measures are to be taken.

1. Man trained manpower
2. Private - public partnership implementation
3. Grant - in - aid/ financial support; for the treatment of the users
4. Provide basic requirement of medicines / Regular medicine supply
5. Proper posting of trained staffs

6. Adequate facilities; - rehab facilities for detox patients

7. Better infrastructure.

It is suggested that the government must recognise private health centers for reimbursement opportunities. The government should at least provide some free medicines for patients who cannot buy prescribed drugs. It is of the opinion that the private practice should be stopped, and the Nagaland Health Care establishment Act of 1997 should be implemented properly.

The government should extend infrastructure and technical support and building/accommodation for detox patients in the hospitals. The government should share information concerning their comprehensive or co-ordinated strategies between private and government set up in health services or in tackling health problems. The study reveals that the government extends central schemes/projects to help patients treated at private hospitals in Nagaland. The government needs to provide the counseling centres, distribute leaflets in the hospitals about the prevention of drug and alcohol abuse and highlight the service/facilities that are available in the state of Nagaland.

5.3: Role of the Non - Governmental Organisations (NGOs)

The role of Non - Governmental Organizations (NGOs) is of vital importance in the eradication of drug abuse and alcoholism in Naga society. There are various Non - Governmental Organizations in Nagaland working very actively in the prevention of drug addiction and alcoholism. Some of the Non - Governmental Organizations (NGOs) in Nagaland which play their immense role in combating drug and alcohol abuse are of the followings: Prodigals' Home Dimapur, Rukizumi Welfare Society Pfuetero, Shalom Rehabilitation Centre Dimapur, Truth Triumph Mission Chozuba, YARD Kohima, Mon Users Network, Kripa Foundation Kohima, Family Planning Association of India, Naga Mothers Association, Students Union, Nagaland Users Network, Kohima and Nagaland Baptist Churches Council (NBCC). The NGOs and civil bodies mentioned above, work for the common good of our people.

The NGOs of Drug/Alcohol related organizations, Mothers' Associations and Student Bodies have provided various facilities to create awareness in regard to chemical dependency and alcoholism in Nagaland.

Table 5.12
Facilities Provided by NGOs

Facilities	Different NGOs	Percentage (%)	Total No. of Respondent
Training	11	32.35	34
Seminar	17	50.00	
Awareness Generation Programme	21	61.76	
Free Counselling	17	50.00	
Workshop	4	11.76	
Others	6	17.64	

Table 5.12 shows that respondents were of the opinion that training constitutes 32.35 percent, Seminar (50.00 percent), Awareness Generation Programme (61.76 percent), Free Counselling (50.00 percent) and Workshop of 11.76 percent. Others Category comprise of 3.00 percent in giving their opinions on the control of drugs and alcohol in Nagaland. Others Category suggested by representatives of NGOs are advocacy programmes, rehabilitation and follow up programmes, residential treatment centre, family counseling, life coping skills, home visit and Church visitation, income generating activity, intervention programs and regular appropriate deal to users at the appropriate time.

5.3.1: Role of the Rehabilitation/Care Centers and Drop-In-Centres (D.I.C)

The process within which the emotional recovery takes place may be termed as 'Rehabilitation'. It is a process whereby a person restores himself to normal condition. They provide counselling, treatment, spiritual guidance by having fellowship or devotional programmes. There are various Drop-In-Centres (D.I.Cs) in Nagaland. They produce a tremendous help by taking great care of the drug and alcohol abusers and provide them medical treatment for healthy life.

5.3.2: Churches

The Church is one of the most important NGOs which contribute an essential role in the drug and alcohol prevention. The important role of the church is to change unbelievers into believers (evangelism). In the light of the reality of drugs and alcohol, the church has a responsibility to recognize brokenness and to be an instrument of education, healing and restoration. The following are the issues and the various contributions that the Churches perform in the Nagaland.

a. Proper Funeral Rites to the Drug Addicts

The data from the source of information by the Church workers brings to light that drug addicts are not entitled proper funeral rites because almost all of them are not members of the churches; due to their non-attachment to the churches when they put on the evil habits of drug dependency. Some of the Churches have responded that they perform proper funeral rites even to the drug users. If he or she is an active member of the church, proper funeral rites are entitled to him/her.

It is opined by different respondents representing different Churches that the church should perform proper funeral rites to anyone who is a member of the church; irrespective of who and what he or she is. The Church should provide proper funeral rites to the drug users as it is the duty of the church as the church is not to judge but it is God who will give the final verdict.

The responses are from the following Churches. They are Chakhesang Baptist Church MH, Kohima, Kohima, Ao Baptist Church, Cross Wonder Church, Kohima, Christ King Church Kohima Village, Sumi Baptist Church, Sugar Mill, Chümoukedima Village Baptist Church, Christian Rivival Church, Sodzülhou Village, Phek Town Baptist Church, Calvary Baptist Church, Pfitsero and Christian Revival Church, Pfitsero Town. The study indicates that five Churches said 'No proper funeral rites' to drug users.

The study shows that there are Churches which do not perform proper funeral rites to the drug addicts so long as they tend to please men. The data analysis reveals that the proper funeral rites are not performed to drug users because of the following reasons:

1. A person's good times and bad times are taken into consideration during the funeral.

2. Biblically, it is against the will of God, tarnish or spoiling the image of God, it is also against the will of the church as well as the society.
3. Knowing the fact, Church cannot perform the right way, which has to be done to that of other believer's death.

b. Role of the Church and Steps taken on drug addiction and alcoholism

The data from the sources of information by the respondents indicates that the churches have to play vital role of the churches in regard to the control of drug and alcohol abuse. The Churches have to take certain steps in eradicating the disease of drug addiction and alcoholism. The Churches should give proper teaching in the church pulpit and provide proper counselling to the drug addicts/users. The churches have to propagate the gospel of Christ and make them aware that their dependency of drugs and alcohol not only destroys their bodies but also their souls. The study states that the Church should listen to and understand the drug addicts and alcoholics and bring them to Christ. The church needs to conduct campaigns for the users and guide them well to bring about changes in their lives.

The study also reveals that spreading/teaching the word of God and praying to God is the only weapon for diminishing the twin social evils of drugs and alcohol dependency in the Naga society. The Churches should play the following roles accordingly;

1. Encourage the family in coming closer to God.
2. Special importance should be given to the Sunday school to nourish the upcoming generation.
3. Special rehabilitation centre should be established within the church.
4. Special counseling centre and prayer centre should be given importance.

The Churches should play the role of educator in regard to the evil of drug and alcohol abuse. They should show love and extend prayer support to the drug/alcohol users. Church should be the agent of change. It should help members to be aware of the evils of drugs and alcohol; its effects on both health and spirituality. It should lead its members to live a disciplined life, guarded by the Christian principles. Since early days, the Churches have conducted seminars after seminars for awareness and have initiated detox camps, rehabs for short term.

It is evident from the study that for alcoholics, camps are conducted; bible teachings are given out in the Churches. At present the Women Department of NBCC visits the individuals and families for prayer and counselling with the help of women leaders in all the local churches of Nagaland. In some exceptional cases, money is loaned to the wine sellers (bootleggers) to start clean business instead of selling wine and drugs.

Churches deal with spiritual and sometimes with moral behaviour, so the churches have taken-up steps in diminishing the disease of drug addiction and alcoholism in Naga society. The following are the steps undertaken by the Churches.

1. Visitation and counting them (drug/alcohol users) by building moral positive attitudes.
2. Taking them to campaigns for few days to abstain and forget their daily evil behaviour.
3. Helping and building them (drug addicts/alcoholics) through divine word of God and making them learn the purpose in their lives.

It is evident from the study that the Churches have started visiting rehabilitation centers, hospice and hospitals to encourage drug and liquor users. The data indicates that the role of the churches; helping the users by by praying, fasting and conducting Bible study. It states that the churches will continue to help the victims (users) through love and care by the love of Jesus. It is emphasized that unless the users take up various steps such as praying, fasting and Bible study, there will be no solution. In other words, unless the users come to Jesus, there will be no solution in regard to their dependence of drugs and alcohol (liquor). It is said that with Jesus love and care, there is true deliverance. Whoever comes to the Jesus there is healing and prosperity.

c. Specific Methods of the Churches

The following are the specific methods of the churches: as desired by the Church leaders.

- a. Praying to God for this twin social evils in Naga society
- b. Proper teaching (education) and awareness and handling Sunday school children about the awareness of addiction.
- c. Counselling; encouragement and love

- d. Bible Therapy is a good thing in handling the problem of drug dependence and alcoholism. It is said that deduction is just inviting to next addiction.
- e. Bring them to Jesus; introduce the users to the knowledge of salvation. The study shows that 'will power' will make a big difference and above that by putting Jesus Christ first in one's life will make a greater difference for Jesus; for Jesus is the only way, the only truth and the only life.
- f. Keep the users busy and involved.

d. Future plans of the Churches to control Drug Addiction and Alcoholism

The future plans of the Churches in combat against drug dependency and alcoholism in Nagaland as stated by the Church leaders are the following:

1. Drive for intensive awareness programme
2. Counselling Department: advice, encourage the users / provide counseling.
3. Pray, love, care and guide the users

The study shows that the users should be loved, cared, guided well and made them to realise the purpose of existence and encourage them to know the love of God. It opines that unceasing prayer and efforts should be made in bringing changes in the lives of the drugs/alcohol users by the Gospel message; and giving possible means to lead the users to the church or counseling center. It also shows that through divine and human efforts, dependency of chemical and liquor could be reduced in the Naga society. Spiritual guidance constitutes the essential feature in which the church can extend the help in saving the ones who are lost in drugs and alcohol world.

5.3.3: Student Bodies

The 'Student Bodies' are the important organizations which have contributed their essential role for the welfare of the students. Though many of the student bodies do not directly involve in the control of drug and alcohol abuse, there are some who have played significant role in molding and shaping the lives of drug addicts and alcoholics by counseling and organizing awareness programs. Student leaders from the three districts and state level have participated in this study. Leaders from the state level-student organization such as NSF and ANCSU have given their views and suggestions in the control of drug and alcohol abuse in Nagaland.

5.3.4: Mothers Associations

The Mothers Associations have played a vital role in the eradication of drugs and alcohol in Nagaland. Naga Mothers Association is one of the important organizations which had spearheaded the liquor prohibition in Nagaland. There are many mothers' associations/women societies who have played their essential role in curbing the epidemic disease of drug addiction and alcoholism in Nagaland. The role of mothers' societies and women society/union are included in different areas on combination with the other categories like Non-users, Post users and NGOs.

5.4: Collective Issues

a. Views of Post Users on the Role of NGOs

The Role of the NGOs plays the significant role in combat against drug and alcohol abuse in the Nagaland. The respondents' opt not only single role of the NGOs but two or three reasons, so the percentage is shown on the basis of many option. The table below indicates the responses provided by the post users. Drug and alcohol users who have opted awareness generation programme and counselling embrace the majority percentage of 72.00 percent and 45.00 percent as the role to be played by the NGOs. This is followed by seminar (32.00 percent), Training (28.00 percent), Workshop 23.00 and others group comprises of 2.00 percent in response to the role of NGOs curbing addiction problem in Nagaland.

Table 5.13
Role of NGOs

Role of NGOs	Responses	Percentage (%)	No. of Respondent
Training	28	28.00	100
Seminar	32	32.00	
Awareness Generation Programme	72	72.00	
Counselling	45	45.00	
Workshop	23	23.00	
Others	2	2.00	

b. Addicts' involvement in Sex

The data indicates that addicts' involvement in sex is very active that they are at the risk of HIV/AIDS especially when they are drunk or high; not able to use condom properly.

Sex relationship is performed by any body/couple yet here it states that the drug users/alcoholics involved more in sexual immoralities. The responses of 'No' and 'Can't Say' are none in providing view on the addicts' involvement in sex. Sexual intercourse is the main route of HIV/AIDS and other disease especially STI. The response is presented by the Doctors in the hospitals.

Table 5.14
Addicts' involvement in Sex

Immoralities	Respondents	Percentage (%)
Yes	10	100.00
No	0	0.00
Can't say	0	0.00
Total	10	100.00

c. Addicts' Parents Co-operation with Hospital Workers

Table 5.15 shows the distribution of the respondents on the basis of whether the parents of the drug/alcohol patients co-operate with hospital workers while handling the problem.

Table 5.15
Addicts' Parents Co-operation with Hospital Workers

Response	Response	Percentage (%)	No. of Respondents
They are highly co-operative	4	40.00	10
No concern	2	20.00	
Total ignorant	1	10.00	
They don't want to expose their children	2	20.00	
Others	1	10.00	
Total	10	100.00	

d. Role of the Government to control the drug and alcohol abuse

The role of the Government has vital role in the control of drug and alcohol abuse in the Nagaland. The below table indicate the responses provided by the post users. Counselling and awareness generation programme constituting of 50.00 each has been suggested by the

post drug/alcohol users. The post users states the role of the government on seminar (40.00 percent), Training of 29.00 percent and others group constitute 3.00 percent.

Table 5.16
Role of the Government

Role	Responses	Percentage (%)	No. of Respondent
Training	29	29.00	100
Seminar	40	40.00	
Counselling	50	50.00	
Awareness Generation Programme	50	50.00	
Others	3	3.00	

e. Opinion on Laws considered as most serious

The table below represents the information opined by the personnels of Excise and Prohibition, Jails and Police stations comprising of the total number of 20 respondents. The study shows that drug abuse and peddling both lead them to various problems. The major drug laws of India are under one of the provision of the Act, the Narcotic Control Bureau. Indian Penal Code (IPC) prohibits sale of drugs. In this study, 7 respondents (35.00 percent) have opined that drug related abuse is considered more serious while 13 respondents (65.00 percent) say that drug related peddling is more serious according to the law.

Though both drug related abuse and related peddling are considered as serious according to the law, they are unlike to the crime of death penalty for murder under section 302 of IPC. Drug abusers and peddlers are dealt with the cases of crimes and seizure of illegal drugs. In this study, the majority of the respondents were in the opinion of drug related abusing as more serious than drug related abuse.

Table 5.17
Laws considered more serious

Law as serious	Excise and Prohibition	Jail	Police Stations	Sum	Percentage (%)	Total No. of Respondent
Drug related abuse	3	2	2	7	35.00	20
Drug related peddling	0	2	11	13	65.00	
Total	3	4	13	20	100.00	

5.5: Issues and Challenges of NLTP Act of 1989

5.5.1: A Historical Background of Prohibition and the subsequent passing of Prohibition Act

Nagaland, though a tiny state, the epidemic of alcohol abuse has become serious that cannot be left unattended. Nagaland is among the third dry state in the country where consumption and the sale of alcoholic are prohibited as per the Nagaland Liquor Total Prohibition Act in 1989, yet alcoholic drinks are still readily available. Though Nagaland has been declared as a 'Dry State' in 1990, alcohol continues to freely flow in the state. NLTP Act of 1989 has its provisions in curbing the alcohol abuse and had implemented its Acts for the betterment of the Naga society. The following will highlight the provisions, implementation, and today understands of the NLTP Act of 1989. The study focuses on the examination on the implementation of the 'Prohibition Act of 1989'; Implications and effectiveness/success and failure of the Act.

From the very beginning the Baptist Church had resolved to fight out the liquor and its evils with the Biblical teaching as its basis. In 1875 American Missionary Movement Conference adopted a resolution in Kolkata for "Total Abstinence from liquor". This was binding in all the Churches of the Naga Hills. Dr. Clark and Rev. Revenburg made the total abstinence from drinking of local rice-beer a basic condition for Baptism and admission into the Church membership. By that time the Missionaries introduced and popularized the drinking of 'Tea' among the Nagas. Baptist Church movement on prohibition was successful till the independence of India in 1947.

The movement started with the subsequent Naga National Movement by which the government of India started supplying Indian Made Foreign Liquor (IMFL) into the Naga Hills and Tuensang Area. This was ruining the Nagas, which was very alarming and forced the NBCC to start working for prohibition.

1. On February 5, 1962, the NBCC at its session in Mokokchung resolved to appeal to the Governor of Assam to abolish liquor sale in Nagaland and also urged him to divert the fund of the 'Political Rum' to some other welfare projects. The Governor complied with the request and political rum was abolished.

2. Under the leadership of Kenneth Kerhuo, Rev. Ayutemjen Ao and Rev. Longri Ao, the NBCC approached the government of Nagaland to abolish the sale of liquor by 1964. But the government issued more licenses and opened many wine shops in all the districts.

3. In 1966, Oct 11-13 in its annual session, a number of resolutions were passed for liquor prohibition.

4. In 1969, NBCC appointed the Nagaland Central Committee on liquor prohibition.

5. On February 3, 1971 NBCC requested the government to terminate all licenses and close down all liquor shops but instead the government passed the Nagaland Excise Rule in 1974 to regulate and promote wine sale in Nagaland.

6. NBCC became wiser through the past unfaithfulness of the government and went ahead with the hunger strike. The situation turned alarming as those 125 volunteers began to deteriorate their health. Their families were prepared for any eventualities. Many of them refused to drink water even water and their body weights reduced upto 10 kgs. Many collapsed on the third day, but they refused to accept medical treatment as they were determined to sacrifice their lives for the worthy cause. However, against their will, they were hospitalized. After a number of Protests and Hunger strikes on June 26, 1989 at 3:00 pm while 125 volunteers were going through indefinite hunger strike, the Excise Minister withdrew the Bombay Bill with an assurance to introduce Total liquor prohibition bill in the floor of the assembly.

7. On November 28, 1989 NBCC submitted to the Government seven loopholes in the Bill to be rectified and resolved to resume Hunger Strike if Government would not comply to their demand. After much argument, studies and exercises NBCC Action Committee had a meeting with the Cabinet members. It was agreed and promised to that the desired Total Liquor Prohibition Bill will be introduced in the Assembly. For precaution and preparation of any eventualities the loopholes in the Liquor Prohibition Bill was widely distributed to the Churches, NGOs and people in general. At last on March 29, 1990 “The Nagaland Liquor Total Prohibition Act” was passed by the Assembly. By this, Nagaland was finally declared a ‘Dry State’.²

The Nagaland Liquor Total Prohibition initiative was started by the church way back in 1875 and intensified in 1962. The Prohibition movement was launched in 1974 with the

mass involvement spearheaded by the Church and Women and Youth Organisations. As a result, Mon District was declared Dry in 1988, Mokokchung District Dry Declaration was in January 1989, and Nagaland was declared state in June 1989 Dry. After struggling for nearly 28 years under the initiative of the Nagaland Baptist Churches Council (NBCC, the most significant Nagaland Liquor Prohibition Act was passed by the Nagaland Legislative Assembly which was enforced from 1990.

The Bible prohibits alcohol; Constitution of India enshrines prohibition of alcohol (Article 47). Accordingly, during Congress regime NLTP 1989 was enacted under the leadership of Dr.S.C.Jamir, the then Chief Minister of Nagaland. In the recent time a NBCC delegation met Neiphiu Rio, the former Chief Minister of Nagaland, on September 3, 2003 and he assured the Church that “the Government stands for total prohibition of liquor”. It is now twenty five years after the prohibition law is enforced. The Nagaland Liquor Total Prohibition Act has been passed as the provision of the Constitution of India for the interest and welfare of the people in order to safeguard public health, public morality and public peace. Liquor Prohibition is one of the few brakes that is keeping our moral standard and social fabric intact to some extent.³

5.5.2: Implementation of the Prohibition

Nagaland Liquor Total Prohibition Act of 1989 was enacted to totally prohibit possession, sale, consumption and manufacture of liquor in and of import and export thereof in the state. It extends to the entire state of Nagaland. However, it is obvious that NLTP Act 1989 is not fully implemented.

a. Steps taken by the Government

Government has different agencies such as Excise and Prohibition, Prison and Police Department which works in concern with drugs and alcohol issues. Excise Department on October 9, 2014 has constituted the ‘District Prohibition Committee’ in all the districts to ensure strict enforcement of NLTP Act.⁴

It is observed that the followings steps were taken in the control of drug and alcohol inflow in Nagaland. The police department set up check gates/points on vulnerable areas of drugs and alcohol seizure. It has improved intelligence network in order to seize drug peddlers and bootleggers. The police personnels request pharmacies/distributors to co-

operate them in control of illegal drugs in the state. Police department have established check gates for manning the drug traffickers and bootleggers. They deploy police personal at railway stations and bus stations and other vulnerable areas. Deployment of intelligent personals in civil, in and around the border has also been organised to monitor drug and alcohol problems in the state. The department has performed regular frisking of common alcohol joints or suspected places and impose heavy fine to peddlers/offenders. It performs MVCP at town area and also frisks on the illegal trade of drugs and liquor in Nagaland.

b. Steps taken by the NGOs

(i) Churches

It is evident from the NBCC that it stands for the Total Prohibition of Liquor in the state of Nagaland. It states that Nagaland Liquor Total prohibition Act has been passed as per the provision of the Constitution of India for the interest and welfare of the people in order to safeguard public health, public morality and public peace. Liquor Prohibition is one of the few brakes that are keeping our moral standard and social fabric intact to some extent. Lifting of prohibition would amount to complete madness and detrimental to the well being of our society which is already reeling under many social upheavals at present. NBCC as the moral voice of the state had identified that they cannot allow lifting of prohibition which is detrimental for our people; they won't allow it to destroy the already fragile of our society. Most of the root cause of evils, accidents, crimes, lawlessness and corruptions are found in our Naga society. Precious souls, promising youth and the cream of our society will wipe out in no time and our streets will be unsafe by multiplying brawling drunkards and other violent elements of prohibition if we lifted. The NBCC is committed to uphold the prohibition.⁵

The study shows that the implementation of the Act. is the duty of the government of Nagaland. If the Act is a failure, it is the failure of the government. Law makers are the law breakers and that's the saddest part in Nagaland. The following are the various steps taken by the Churches (NBCC):

1. Act of 1989 to be translated into tribal dialects through the Associations.
2. Loop holes in the Act are presented to the government in written for review.
3. Write to the government to strengthen the Excise department.
4. Pressurize the government to implement the Act from time to time.
5. Raids to be conducted with the help of the Hoho leaders and council members in

the villages.

6. Bible teachings to be given from Church pulpit
7. Counselling are conducted for the users (addicts)
8. Fathers' camps, camps for alcoholics are conducted from time time to time.
9. Chain of Prayers is conducted in the Churches throughout the year.

It is evident from this study that the Church will not compromise in any way. It will stand for Total Prohibition till the end because it is biblical and it's for the good of every human being who are created in God's image.

Nagaland Liquor Total Prohibition Act of 1989 was enacted to totally prohibit possession, sale, consumption and manufacture of liquor in and of import and export thereof in the state. It extends to the entire state of Nagaland. However, it is obvious that NLTP Act 1989 is not fully implemented.

5.5.3: Result of the NLTP Act

The Nagaland Liquor Prohibition Act of 1989 as a result has become a quandary whether to continue or repeal prohibition in the state.

Government and the Church have failed to provide demand reduction program. Where there is demand, supply will be there. It is identified that the state government did not provide leadership; has not provided adequate resources, man power and efficient machinery to control program and there is very little political will to implement.

According to NBCC, the NLTP Act has been a partial failure not because it is a wrong Act, but because there is utter lack of political will on the part of the Government and lack of sincerity and co-operation on the part of the implementing agencies. ⁶

The study shows that many times the law makers become law breakers and the implementing agencies are made to be involved in making a mockery of the system. A past example is the incident near Kohima where the Scorpio vehicle of a sitting MLA involved in an accident, was allegedly carrying huge quantity of IMFL.

The NBCC has stated that if it is determined to, the Government can in a short stipulated time see that most bootlegging in the state is stopped. The excise and police know almost every major bootleggers and outlets. What then has it done to stop this trade? The inefficiency of the government agencies and their lack of will to perform their duties almost make them come to conclusion that many in the system benefit from this trade.⁶

Illegal supply, leakages and osmosis loopholes are due to lack of action on the part of the functionaries. Painful, but law makers become law breakers. Regrettably least attempt was given to implementing mechanism.⁷

5.5.4: Failure of the NLTP Act

The Nagaland Liquor Total Prohibition Act is a failure as it could not be fully enforced in truth and spirit. Following are some of the reasons for the failure of the Act.

a. Shortcomings of the Government

The Act was not fully implemented and the law makers became law breakers. Consequently in the implementing process, the implementing agencies as executive officers, judicial officers and the police officers are so lenient before the offenders under the Prohibition Act. Because many of the officers of these categories are also regular consumers of liquor which as a result of they cannot punish the offenders as per the Prohibition Act and were then voicing that Prohibition Act should be lifted. It is evident from the study that the Excise department was in shortage of man power and equipments to effectively implement the Bill of liquor in Nagaland.⁵

b. Shortcomings of the NGOs

There are various Non-Government Organizations functioning in relation to the drug and alcohol pandemic in Nagaland. The NGOs have their short comings in the effective eradication of the addiction problems in the Naga society. There are NGOs such as Mothers Associations, Students Bodies, Civil societies, Drop-In-Centres (D.I.C), Rehabilitation and Counselling Centres and HIV/AIDS related to drugs and alcohol organisations contributing their vital role in combat against the twin social problems of drugs and alcohol dependency. Church is one of the foremost organization in tackling the drug and alcohol abuse in Nagaland yet it has certain limitations in monitoring the evil effects of drugs and alcohol use in the state. The NGOs are not the implementing agencies of the NLTP Act. The disease of substance dependency and alcoholism has become a major social problem leading to crimes, violence and distress in Nagaland. It is found that the Churches are not empowered to execute their role in the control of alcohol in the state.

c. Responses from different Questionnaire Sets

The Nagaland Liquor Prohibition (NLTP) Act of 1989 has not been effective and the various reasons which have caused the ineffectiveness of the Act are the followings:

According to NBCC publication in Nagaland Post dated July 9, 2010, the NLTP Act has been a partial failure not because it is a wrong Act, but because there is utter lack of political will on the part of the Government and lack of sincerity and co-operation on the part of the implementing agencies. In cases of drug abuse, the perceived association with crime is such that criminal involvement is generally considered as a part of addict's life-style and a way of doing business and the study reveals that there is a strong association between drug abuses and crime.

Black Business Marketing; Smuggling of liquor, drugs and its distribution from illicit distilleries has become a multi-crore black business in Nagaland. It is evident that Nagas are after easy money, and especially womenfolk are engaged in the bootlegging business as their main source of income. Manufacturing and selling of liquor (local rice beer - zutho, thutse and rohi etc.); IMFL has become so common in the Naga society. The alcohol suppliers or the bootleggers have made a huge profit in selling liquor by doubling the price. Due to high profit of earning, drug peddlers and bootleggers are attracted to run the business of drugs and alcohol. New bars are seen operating illegally.

The study states that the NLTP Act of 1989 was enacted by pressurizing the Government bodies/agencies but they have contributed less roles towards the effectiveness of the Act. It is identified that; a section of people was totally against the Act in the form of liquor/alcohol sale as they make their living on this business. The women/Mothers Organisations which were very effective at the beginning of the adoption of the NLTP Act couldn't continue to tackle the issue of prohibition. This weakness of Mothers Organisations had caused the failure of the Act. Bureaucrats, law enforcing authority, peer pressure, administrative and managing officials seem to be the main peddlers and bootleggers as they have easy access to check points etc.

Negligent of law and order in the state causes to the ineffectiveness of the Act. It is stated that authorities do not implement seriously. The weakness of the Nagaland government has partial failure of the Act. Illegal supply, leakages and osmosis loopholes are

due to lack of action on part of implementing functionary. Regrettably least attempt was given to implementing mechanism. It is evident from the respondents that the NLTP Act of 1989 is not effective because the law makers are the law breakers. The implementing agencies are made to be involved in making a mockery of the system.

Civil societies, Church officials, stakeholders, targeted population etc were not empowered. The concerned leaders of different organizations, government, Church and civil societies have lacked in taking preventive measures in curbing the inflow of alcohol into the state and making the Act very effective. Government and the Church have failed to provide demand reduction program. Where there is demand, supply will be there. It is identified that the state government did not provide leadership, adequate resources, man power and efficient machinery to control program and there is very little political will to implement. Prohibition Act is a failure because of lack of co-operation between the Church body (NBCC) and the state government. Traditional acceptance of alcohol (locally brewed) has led to the increase of liquor abuse in Nagaland.

Negligence and failure on the part of implementing agencies to check and control the inflow of alcohol is one reason which causes the failure of the Act. The government agencies such as police and excise officials are corrupted as they least care to tackle the issue. It is opined by the respondents that police and excise personnel conducted the check gates only for name sake; instead they earn a lot from the peddlers. They have also become the peddlers and users in the Naga society.

The government machineries did not strictly implement the Act. The government did not check properly because of bribe and the culprit escaped from the scene. The enforcing authority did not play their role effectively in implementing the NLTP Act of 1989; they are doing in the partial manner. It is obvious that there were some like minded people who with the help of the outfits supply alcohol. The Government and the Mothers Associations should work hard in order to strengthen the NLTP Act and contribute their essential role for the progress and prosperity of the state. Mothers Associations should play a vital role in the control of drugs and alcoholic problems in both the rural and urban areas.

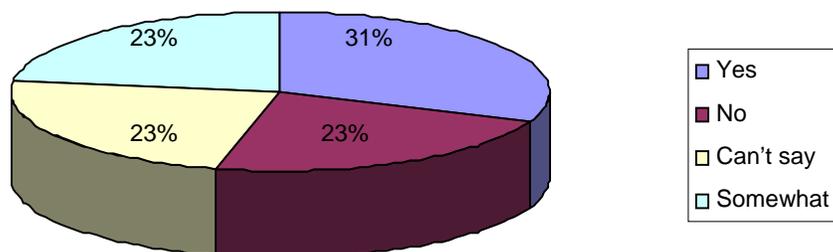
The table below depicts a fragmented picture of drug use during the period of NLTP Act of 1989. The respondents numbering 100 expressed varied views about whether or not they resorted to drugs due to NLTP Act. 31.00 percent of the respondents used drugs because of the non-availability of quality liquor as the Act was in force. 23.00 percent of them responded negatively as the Act was the cause of their addiction. While 23.00 percent of respondents were not aware if the Act was the cause of their introduction to drugs, another 23.00 percent of them partially admitted that they began to use drugs because of the enforcement of the NLTP Act of 1989.

Table 5.18
Drug Use due to Prohibition Act

Response	No. of Respondents	Percentage (%)
Yes	31	31.00
No	23	23.00
Can't say	23	23.00
Somewhat	23	23.00
Total	100	100.00

The figure below indicates a survey conducted by the Morung Express Newspaper “Is Prohibition making Naga youths to turn to drugs?” that the voting result was 40% Yes, 36% No and others 24%.⁸ Here the study reveals that people have abusing drugs due to the NLTP Act of 1989. The alcoholics who cannot find his drink, he would shift his alcohol use to drug use. He easily shifts to pharmaceutical drug use.

Fig. 5.1
Drug Use due to Prohibition



A survey conducted by the Morung Espress Newspaper “Is Prohibition making Naga youths to turn to drugs?” shows that 40 % of the respondents voted in favour while 36 % of them responded negatively, and 24 % gave mixed responses.⁸ Here the study reveals that people in Nagaland have abuse drug due to the NLTP Act of 1989. An alcoholic who cannot find his drink would shift his alcohol use to drug use. He easily shifts to pharmaceutical drug use.

There are some phenomena of liquor prohibition which are ignorable at the present context of the Naga society. If an alcohol baron seeks the license by giving an offer that he would donate money for the elections or party funds, politicians cannot reject it. A person could bootleg and donate a huge amount of money to the Church but people would not be conscious about where he has earned the money from.

Post drug/alcohol users were of the opinion that even though Nagaland is a Christian dominated state, the Churches and the society have ignored the users. They opined that the Churches have to come forward and help as only NGOs, Rehabs, D.I.C.etc would not been able to handle the addiction problem in the Naga society. The state has failed to control drug and alcohol problems. The state does not actively played its role in combat against the drug and alcohol abuse in the Naga society. No state is free from the menace of drug and alcohol addiction. Nagaland is in a deplorable state despite having the dominating religion of Christianity. Nagaland as a Christian dominated state stands in a very bizarre condition. Though it has been declared as a ‘dry state’ alcohol freely flows in the state. Nagaland is a small state but it has a large number of drug users.

The study illustrates that drug/alcohol users are looked down upon in Nagaland. The Users have pointed out that they have been stigmatized and discriminated by the Non Users (who do not abuse drugs/alcohol). There is a gap between drug/alcohol users and non users. It is evident from the study that people live like non- Christians. They are ruined by the evil effects of drugs and alcohol. It is also highlighted by the respondents that Nagaland has set bad examples to the other states, though it is declared as ‘Nagaland for Christ’. Nagaland is facing the greatest challenge in combating against drug and alcohol use. There are many addicts seen in every nook and corner with high euphoria or badly drunk. People have

become nominal Christians because there are no Christian role models. The addicts have opined that they need better services from the Churches, NGOs and Government.

The non-users say that the alarming drugs and alcohol abuse scenario does not speak well of Nagaland as a Christian dominated state. Some of the respondents are of the view that Nagaland can still be of what it has claimed to be state as 'Nagaland for Christ' while others were of the opinion that the state is in total disaster of drug and alcohol abuse, so it can be no longer viewed as a Christian state.. It is a sad thing to see that alcohol freely flows in every corner of the so called Christian state.

The study proves that even though Nagaland is a Christian dominated state, it stands a barren land. Nagaland can be presently seen as an anti-Christian state due to the druggie and alcoholic culture as the use of drugs and alcohol is not decreasing. Drugs and alcohol related crimes are on the rise (almost repeated daily). The Churches have to devote their time to the well being of the drug and alcohol users. Some non users opine that the theologians have become pulpit missionaries rather than missionaries on land.

Non-users identify that Nagaland as a Christian dominated state stands only in name today. They are doing much better, in trying to get more members enrolled in the Church but doing nothing to help the users to get rid of their addiction. Therefore, the Church should play a major role if the name 'Christian state' stands relevant with the so called 'Christian dominated state'. It is a well known accepted fact that many Churches preach the fear of hell and not the compassion and forgiveness of God. Had we understood where our teaching of Christianity has gone wrong, things could have been better today. Unlike other states of India, Nagaland can overcome the menace of addiction if proper measures are taken earnestly at the right time.

Nagaland as a Christian state is much in need of spiritual leaders and not religious leaders who teach people only with sound doctrines; so that addicts can accept Christ and will be delivered. The problems of drug and alcohol users could be delivered only through much prayer and fasting in anointed Churches of the Naga society. The study also shows that conducting programmes such as Camps, Bible studies really revival crusade really helps to solve the problems of drug addicts and alcoholics in Nagaland.

c. The Role of Church towards NLTP Act of 1989

The Churches need to come up with all the possible provisions and reach to the suffering souls of drug and alcohol users. It needs to co-operate with the Council (NBCC) and do the best for the implementation of the Nagaland Liquor Total Prohibition Act of 1989. After the movement of 28th years, the Church has been able to succeed in passing the bill of prohibition. The data depicts the opinion of the 10 Church leaders that abuse of drugs and alcohol has affected the individuals and the Church. Most of them opine that Churches should provide Christian based rehabilitation centre. The 10 respondents' frm 10 Churches opines that lack of bringing children to God will increase the problem of drug abuse and alcoholism in our Naga society. This depicts from the study that the Chirches have a vital role to play in combat against drugs and alcohol problem in Nagaland. It has also been suggested by Church workers from the Non users categories apart from the above respondents that as a spiritual problem, the Bible based Church which is anointed with the Holy Spirit should take it as the main concern to deliver people from the bondage of alcohol addiction.

5.5.5: Views of different Section of People about NLTP Act

The opinions given to the solution on Nagaland Liquor Total Prohibition Act of 1989 is represented by different categories of people such as non users, post users, NGOs workers and Church workers.

Table 5.19
Views of different Section of People about NLTP Act

Views	Non Users	Post Users	NGOs	Churches/ Council	Sum	Percentage (%)	Total No. of Respondents
Continue Prohibition	43	43	14	10	110	44.90	245
Lift Prohibition	41	32	13	0	86	35.10	
Partial Prohibition	13	25	4	1	43	17.55	
Others	3	0	3	0	6	2.45	
Total	100	100	34	11	245	100.00	

Source: Field Survey of Kohima, Dimapur and Phek Districts.

An examination of the figures in the alone table makes it clear that a majority of the respondents constituting 44.90 % want the prohibition Act to continue, 35.10 percent of them feel that the Act should be lifted, 17.55 % respondents prefer partial prohibition while 2.45 %

belong to Others' group where some of the respondents were not interested and some opine as to have regulated prohibition.

a. Opinion about Continuing Prohibition

It is good to retain the liquor prohibition because without which it would be more crimes, violence and distress in Nagaland. There should be laws in the society without which no life would be well disciplined. It is believed that by the enforcement of NLTP Act, there could be fewer family problems, less family disintegration, and fewer accidents and health problems and less social disorder. Nagas are not fully civilized therefore lifting of prohibition would be disastrous.

Though the Act was initiated by NBCC and NMA, they are not the implementing agencies. The bill is not fully implemented therefore it should not be lifted at this juncture. The Act has a provision to appoint Director of Prohibition, Prohibition Officers, Prohibition councils and committee. It was decided that in every police station, there would be a prohibition officer. Government agencies such as Excise and Prohibition Department, Police Department have played a vital role in the enforcement of the Act.

The bill needs to be strengthened and fully implemented for the liquor free Nagaland. It is obvious that domestic violence will be diminished if alcohol is banned, because people who drink have problems with anger management. The study reveals that domestic violence and emotional abuse are caused mainly by liquor consumption. So, this also means a lower divorce rate, since domestic violence and emotional abuse are the causes for divorce. If alcohol is banned effectively in Nagaland, we would definitely see a decrease in alcohol related death. It is opined that Nagaland would undergo a tremendous change if prohibition is implemented effectively, the myriad of negative effects and the influence attributed to it would be eliminated immediately from our society. The prohibition laws were passed in the state but are of less effective.

The various organizations, civil societies, churches, Govt. and NGO working agencies ought to work together for an alcohol-free- Nagaland. One of the big causes for car accidents in Nagaland is drinking and driving. The rate of car accidents would definitely decrease as people would engage less in risky behavior due to heavy drinking.

b. Opinion about Lifting Prohibition

Alcohol abuse is a phenomenon in Nagaland. The study shows the survey carry out by the local paper publication of Nagaland. A survey conducted by the Morung Express Newspaper “Is Prohibition making Naga youths to turn to drugs?” shows that the voting result was 40% ‘Yes.’⁸ Moreover, this study conducted on the 100 drug and alcohol users shows that majority of the respondents constituting 31% opted the use of drugs due to the Prohibition Act of Nagaland. The bill needs to be lifted because people abuse drugs when liquor is not available. The alcoholics, who cannot find their drink, would shift their alcohol use to drug use. they easily shifts to pharmaceutical drug use. If the prohibition of alcohol is not stringent, a person would go for drugs instead of alcohol. It (drug) has no smell. The argument proves that it would be appropriate to lift the prohibition act when the government cannot enforce and implement the act stringently.

It is obvious that by lifting the prohibition the revenue of the state will be generated. The prohibition of liquor is reducing the state income. The ban of liquor confines the users to buy quality liquor and not adulterated one which has harmed so many lives. People have begun to produce their own alcohol (local rice beer) and the black market of alcohol distillery/bars or booze joints are mushrooming in Nagaland. The availability of liquor has led the people to easy access of liquor consumption. The sale of local rice beer and IMFL has increased the economy of the bootleggers and the suppliers. The existence of black market shows the increase of alcohol free flow in Nagaland. Therefore, if the implementing agencies cannot ban the epidemic flow of liquor, the NLTP Act 1989 needs to be repealed.

c. Opinion about Partial Prohibition

The data indicates that out of 245 respondents, 43 of them comprising 17.55 percent were of the opinion that Nagaland Act should be partially lifted. Partial prohibition would have criteria like age of users, few grant of liquor trade and place of liquor use. Respondents have opined the partial prohibiton that this would provide quality and not adulterated liquor as it is prevalent in the present day of the Naga society.

d. Other opinions

The respondents who belong to the ‘Others Opinion’ category about prohibition account for 2.45 percent. Some have viewed to regulate the Act where others were not

interested in giving their views regarding the NLTP Act of 1989. Some said to regulate the liquor prohibition in Nagaland. Some were not interested about liquor prohibition.

5.5.6: Church and Government on Prohibition

a. Church's unwillingness to withdraw the NLTP Act

The Church is not willing to withdraw the NLTP Act of 1989 because it has many positive impact of liquor prohibition in Nagaland. It is evident that the NBCC stands for the Total Prohibition of Liquor in the state of Nagaland. It states that Nagaland Liquor Total prohibition Act has been passed as per the provision of the Constitution of India for the interest and welfare of the people in order to safeguard public health, public morality and public peace. Liquor Prohibition is one of the few brakes that are keeping our moral standard and social fabric intact to some extent. Lifting of prohibition would amount to complete madness and detrimental to the well being of our society which is already reeling under many social upheavals at present. NBCC as the moral voice of the state has resolved that they cannot allow lifting of prohibition which is detrimental for our people; they won't allow it to destroy the already fragile society of ours. Most of the root causes of evils, accidents, crimes, lawlessness and corruptions are found in our Naga society. Precious souls, promising youth and the cream of our society will be wiped out in no time and our streets will be unsafe by multiplying brawling drunkards and other violent elements of prohibition if we lift it. The NBCC is committed to uphold the Prohibition.

b. Government's willingness to withdraw the NLTP Act

The government should solemnly affirm on whether or not it would uphold or review the NLTP Act of 1989. The Act was passed by the government unwillingly because of the pressure from the people. One of the reasons of the state government to withdraw the Act could be to generate the revenue. The state government would earn crores of rupees in a year when the Act is repealed. The state government cannot successfully enforce and implement the bill with the limited force. The Government has enforced the law from 1990 but has not attempted to implement it seriously because they want to lift the law. With the failure of the prohibition, state government wants to repeal the bill and regulate the liquor trade to Nagaland.

It is evident from the Excise department that during the period of NLTP, 11,420 cases were registered. It also states that during the year 2010 -2014, 6043 persons were booked under NLTP Act of 1989.

5.6: Future of the Naga society

The United Nations established in 1946, a Commission on Narcotic drugs as a functional commission of the Economic and Social Council. By the 1946 Protocol, the international community restated its firm commitment to maintain control over addictive drugs. The Single Convention on Narcotic Drugs, 1961 codified all existing multi-lateral treaty laws. This Convention also simplified and streamlined the control machinery. By the end of seventies, the sharp increase in drug abuse and illicit drug trafficking required that more attention be devoted to these problems at the international level. The Commission on Narcotic Drugs formulated an International Drug Control Strategy containing a basic five year (1982-86) programme of action dealing with every aspect of drug control, abuse, trafficking, treatment, rehabilitation and crop substitution. Since then the status of the Drug Abuse Control Strategy has been reviewed every year through reports of the Economic and Social Council. These reports have shown that although the problem is nowhere near containment, yet the world community, through the UN, is strengthening its efforts in the on-going battle against the menace of illegal drug trafficking (UN, 1987).

. The Illicit drug is banned in Nagaland. Like the rest of the world, International day against Drug abuse and Illicit Trafficking is observed on 26th June every year in Nagaland. Alcohol is considered as a drug. Nagaland is declared as ‘a dry state’ yet alcohol flows freely. When the alcoholics do not get the alcohol, there’s a high chance of shifting their use of alcohol to drugs. A person would go for drugs instead of alcohol. Drug has no smell. Drugs are easily available in the state. Therefore, the need of the enactment of ‘Drug Controls Act’ or the ‘Drug Prohibition Act’ arises in order to eradicate drugs and alcohol problems in Nagaland. Nagaland Narcotics is the agency which bans the flow of drugs into the state.

It is observed from the study that many precious lives of addicts are lost, hampered by their dependency of the substance and liquor. The drug and alcohol users experienced discrimination and stigmatization and were not given special attention in leading them to the main stream of normal life. The study brings to light that the drug and alcohol users are also

the same human being like the non users, therefore they should be loved, well cared and given new lives by availing the avenues in them. It is only through the will of the addicts that the road to recovery would succeed.

In Nagaland context, the drug abuse and alcoholism cannot be socially accepted as part of Naga culture. The advent of Christianity has abolished the social problem in Nagaland. With concern to the laws and commands of the Bible, the abuse of drugs and alcohol is counted as a sin, so these twin social problems should be totally eradicated and changes brought in the Naga society. With human this is impossible but with God all things are possible. Therefore, for a Better Nagaland, every individuals, families, Civil Societies, NGOs, Churches and the state government are responsible for curbing the drug dependence and alcohol abuse in the Naga society.

It is evident from the study that the society looked down upon the family of drug and alcohol users for being into the world of drugs and alcohol culture. The society has identified the ill effects of drugs and alcohol abuse that these problems need to be combated. The family and society have seen the problem of drug addiction and alcoholism in Nagaland and therefore have taken the measures in bringing changes especially to those victims of drugs and alcohol.

Drug addiction and alcoholism is a societal problem which is steadily growing in Nagaland. The society needs to cope up with the social evils of drug addiction and alcoholism, and eradicate the problems that arise frequently in varied ways. The state government, Churches, civil societies and NGOs should play a significant role for the betterment of the Naga society by curbing the epidemic disease of drug dependency and alcohol abuse.

References and End Notes

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3. Rev.L.Kari Longchar, on behalf of Liquor Prohibition Committee, NBCC, Kohima, Nagaland Post, July 9, 2010).
4. Nagaland Post, October 11, 2014.
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6. NBCC in Nagaland Post dated July 9, 2010.
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CHAPTER - 6

A COMPARATIVE ANALYSIS OF THREE DISTRICTS IN NAGALAND

6.1: Introduction

This chapter deals with a comparative overview of the three districts namely Kohima, Dimapur and Phek of Nagaland. It discusses the twin social problems of drug addiction and alcoholism. The effort has been made to reveal the comparison and contrast in various perspectives of the issues in three districts of Nagaland. It is comparable that the quandary and pattern of drug and liquor consumption have similar factors in Nagaland. There are also variations of the issue among the three districts of Nagaland. The impact of addiction features the various problems affecting the lives of the individual, family and the Naga society at large. The comparative analyses of drug and alcohol abuse have been examined on the following sub-points.

6.2: Liquor Prohibition

Nagaland was the first North Eastern state to introduce liquor prohibition in the region. It is among the third dry state in the country where consumption and the sale of alcoholic are prohibited as per the Nagaland Liquor Total Prohibition Act in 1989. The Nagaland Liquor Total Prohibition initiative was started by the Church way back in 19th century in 1875 and intensified in 1962. Prohibition in Nagaland covers the whole state while in Manipur only some districts were included in banning the liquor use and sale. Nagaland is compared with other states such as Manipur, Mizoram and Gujarat in regard to liquor prohibition.

1. Nagaland Liquor Total Prohibition Act is extended to the state of Nagaland while prohibition in Manipur in its initial is enforced in 4 of Manipuri's 9 districts. Later the demand of prohibition in Manipur was enforced statewide in 1991.¹ Local brews in Manipur known as ashaba and atingba while in Nagaland, local rice beer known as Zutho (thutse) and Rohi (rokshi) are available in most areas of Kohima, Dimapur and Phek districts. The

authority generally, ignored the local rice beer manufactured by the bootleggers and frequently confiscated branded liquor during raid. It is obvious to examine that the government of Nagaland and Manipur are not stringent of the Act that intended to lift prohibition for generating the revenue if it is not strongly opposed against them. The distinct feature of lifting prohibition among these two is that Manipur government plan to lift prohibition from only five hill districts of Manipur while in Nagaland it would cover the whole state of Nagaland if prohibition is to be repealed.

2. The ban of sale and consumption of liquor in Nagaland was enacted in 1989 while in Mizoram was in 1995. In both the states, the Church played a major role in the enforcement of the Prohibition Act. The local brew of Mizo is called 'zu' which is similar to 'zutho' (tenyidie dialect) of Nagaland. It is contradictory that Nagaland's prohibition still exists while Mizoram has lifted the Act in 2014. Mizoram has passed a bill allowing the setting up of wine shops under strict regulations. In 2007, Mizoram Liquor Total Prohibition (MLTP) Act was amended to legalise the manufacture of wine from guavas and grapes but with strict rules. It also forbids the transport or export of locally manufactured wine outside Mizoram.¹ Nagaland also does not transport the local rice beer like the Mizo outside the state. Mizoram has prohibited liquor for 17 years which it repealed following strict rules where as Nagaland is in the 25th year of prohibition in 2014 and the issue are in quandary whether to continue or lift the bill.

3. The NLTP Act 1989 was enacted in 1989 after the struggle of 28 years of various movements. Nagaland Liquor Total Prohibition Act came to in force On 1st Dec. 1990. The Bombay Prohibition Act, 1949 is still in force in both Gujarat and Maharashtra states. Gujarat is very stringent in the implementation of the prohibition Act. It is the only state in India that has the death penalty for those found guilty of making and selling spurious liquor which causes death.¹ Nagaland is liberal with granting licenses to vendors and traders. The illegal sale of alcoholic beverages has become uncontrollable as the enforcement of the bill is negligent and the free flow of alcohol is increasing in the state.

4. Kerala, India's top consumer of liquor heads for prohibition. Ban on drinking alcohol! However, the Government has not yet confirmed how enforcement of the ban will work. This approach of banning use of alcohol appears to wrongly assume that the substance

of alcohol is the necessary and sufficient cause of all drinking problems and that the availability of alcohol determines the extent to which it will be consumed and abused. The aim is to achieve the target of a liquor-free Kerala in 10 years. The Catholic Church and Muslim organizations also demanded that the government move towards prohibition.²

6.3: Status of Drug and Alcohol Abuse

Drug abuse is prevalent in all the states of India where Nagaland is one of them being deficiently exaggerated. The North Eastern states such as Manipur, Mizoram and Nagaland are affected the epidemic of drug abuse. These three states lie adjacent to the drug trafficking 'Golden Triangle' zone. Nagaland sharing its border with golden triangle has easy access to illegal drugs. In comparison to Manipur and Mizoram, Nagaland has more number of drug addicts as it tops in India, followed by Punjab.

Alcohol abuse is a phenomenon generating problems in lives of young and old. Alcohol abuse Alcohol Abuse is one of the serious social and health issues in Nagaland. Alcoholism is a condition in which the individual has lost control over his alcohol intake in that he is constantly unable to refrain from drinking once he begins. One of the most widespread and burning social problems creating a grave in the social periphery is the problem of alcoholism. Alcohol abuse is prevalent both in men and women in Nagaland. Local liquor was manufactured by Manipur, Nagaland and Mizoram. The local rice beer or wine are not transported or exported to other places.

6.4: Educational Implication

Drug and alcohol abuse has its implications on education of the people. In this study, it discusses the impact of addiction on education which led to many School/College Drop-Outs (in Addicts' Family) in the Naga society. The table below indicates the school/college drop-outs in the family of current users' due to drugs and alcohol abuse responded by 200 Current users ie 150 males and 50 females from three districts of Nagaland. It is evident from the study that out of 200 current users, there were 78 respondents whose families have school/college drop-outs due to drug and alcohol abuse. The proportion of male constituted of 66 members and female 12 members in the three districts of Nagaland.

Table 6.1.a shows that family members of current drug and alcohol users constituting 39.00 % have school/college drop-outs while 61.00 % do not have school/college drop-outs

because of the use of drugs or alcohol in comparison to the three districts of Nagaland. It is evident from the study that men were more in school/college drop-outs than the women due to the habit of using substance and liquor in Nagaland.

Table 6.1.a
School/College Drop-Outs in Addicts' Family

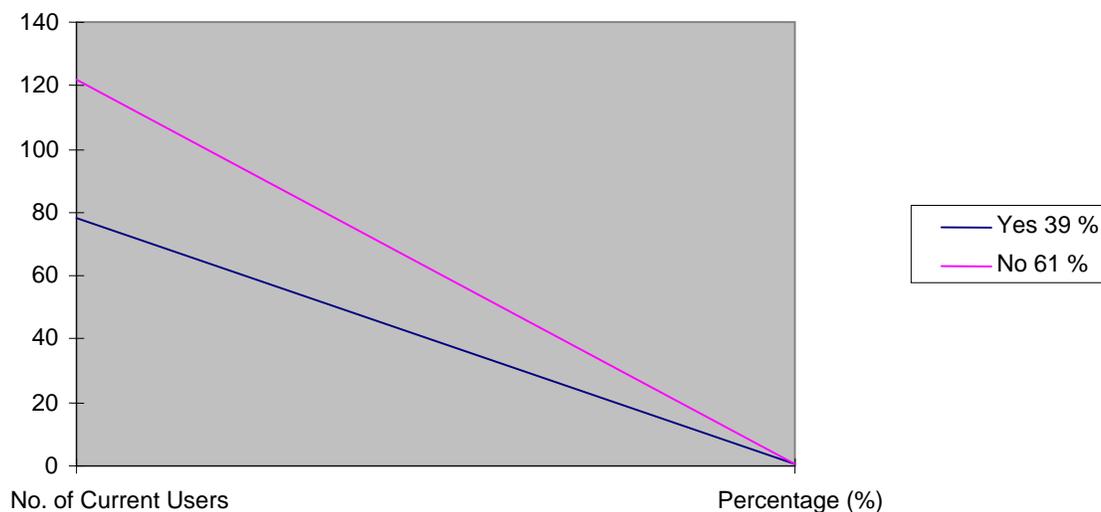
Index of Drop-Outs	No. of Current Users	Percentage (%)
Yes	78	39.00
No	122	61.00
Total	200	100.00

Table 6.1.b
District Wise School/College Drop-Outs in Addicts' Family

Name of District	Respondents		Drop-Outs		Sum of Drop-outs	Percentage (%)	Total No. of Respondents
	Male	Female	Male	Female			
Kohima	60	20	22	5	27	34.61	78 Drop-Outs
Dimapur	50	20	26	6	32	41.03	
Phek	40	10	18	1	19	24.36	
Total	150	50	66	12	78	100.00	200

It is evident from the study that the household level of current users' family comprising of 78 respondents (39.00 percent) out of 200 users agreed to reveal that drug and alcohol abuse has led to the increase of school and college drop outs. The study proves that in the comparative analysis of the three districts, Dimapur has more school/college drop-outs than Kohima and Phek.

Fig. 6.1
School/College Drop-Outs
(Graphical representation of Table 4.8)



6.5: Treatment and Services

The health treatment and services are available in all the three districts of Nagaland. It is evident from the study to highlight the comparable treatment and services that the district hospitals and private clinics and hospitals are insufficient in meeting the health care of the addicts and alcoholics. The reliable source indicates that the treatment facility for drug dependency is still very limited with only 5 funded rehabilitation centres (Kohima and Dimapur District) and 4 non-funded centres (Zunheboto, Peren and Dimapur districts) in Nagaland.³

The study shows that in comparison to seeking treatment or help by attending Rehabilitation Centres, DICs, and other NGOs, male users were overwhelmingly in majority while the female users were only very few in regard to their addiction problem. The study disclosed that more female users in Dimapur district has exposed their use and has been exposed into various organisations/centres seeking for treatment and help to their addiction problem while very few of the female users in Kohima and Phek district came for treatment or help. Some female users of Phek districts do not know the services or the facilities available in regard to their addiction problem as compared to that of Kohima and Dimapur districts. It is evident from the study that there were no rehabilitation centres and Drop-In Centres in the 6 villages of Kohima, Dimapur and Phek districts where as in towns few were operating for the welfare of the drug addicts and alcoholics. The treatment and services available in the villages were only the government primary health centres.

A number of 16 NGOs on drug/alcohol related have represented in this study where as 12 of them are the Rehabilitation Centres/Drop-In-Centres. The sample of organization was selected on the basis of its availability on the services in drug and alcohol field in Nagaland. It is evident from the study that Dimapur district has more sources of Rehabilitation Centres and D.I.Cs which helps the addicts and alcoholics to cope up their lives of addiction and lead to the mainstream of normal life. The Asha Bhawan: Trust of India, Shalom Rehabilitation Centre, Bethesda Youth Welfare Centre and Prodigals Home are the rehabilitation centres providing the treatment and services to the drug addicts and alcoholics in Dimapur. Dimapur Life Challenge and CAD Foundation are D.I.Cs helping the addicts and alcoholics. The two Rehabilitation Centres in Kohima are Kripa Foundation and Youth Counselling cum Rehabilitation; Youth Mission. Family Planning Association of India; Nagaland Branch,

Kohima has also been contributing its essential role in helping the users of substance and alcohol in the state. D.I.Cs such as the Eureka Life Foundation Phek, Truth Triumph Mission Society, Chozuba and Rukizumi Welfare Society, Pfütsero are available but there is no drug rehabilitation centre in Phek district.

The table below indicates the various NGOs/Rehabilitation Centre and Drop-In-Centres in the three districts of Nagaland. They have contributed their essential role in regard to addiction problems in the Naga society.

Table 6.2.a
NGOs/Rehabilitation Centre District wise

Name	Name of NGO/Rehabilitation Centre	No. of NGOs/ Rehabilitation Centre	Total
Kohima	Family Planning Association of India (FPAI) Nagaland Branch, Kohima	1	5
	Kekhrie Foundation	1	
	Kripa Foundation	1	
	Youth Counselling cum Rehabilitation Centre: Youth Mission	1	
	NNP+, Kohima	1	
Dimapur	Asha Bhawan: Trust of India	1	7
	Shalom Rehabilitation Centre	1	
	Bethesda Youth Welfare Centre	1	
	Prodigals Home	1	
	Dimapur Life Challenge	1	
	Guardian Angel	1	
	CAD Foundation (DIC)	1	
Phek	Eureka Life Foundation Phek	1	3
	Truth Triumph Mission Society, Chozuba	1	
	Rukizumi Welfare Society, Pfütsero	1	
State	Nagaland Users Network (NUN)	1	1
Total			16

The table below shows the Rehabilitation Centre and Drop-In-Centres in the three districts of Nagaland. In these places, they are provided various treatment facilities, educational awareness, counseling and spiritual guidance.

Table 6.2.b
Rehabilitation Centre/Drop-In-Centre

Name	Rehabilitation Centre/Drop-In-Centre	No. of Centre	Total
Kohima	Family Planning Association of India (FPAI) Nagaland Branch, Kohima	1	3
	Kripa Foundation	1	
	Youth Counselling cum Rehabilitation Centre: Youth Mission	1	
Dimapur	Asha Bhawan: Trust of India	1	6
	Shalom Rehabilitation Centre	1	
	Bethesda Youth Welfare Centre	1	
	Prodigals Home	1	
	Dimapur Life Challenge	1	
	CAD Foundation (DIC)	1	
Phek	Eureka Life Foundation Phek	1	3
	Truth Triumph Mission Society, Chozuba	1	
	Rukizumi Welfare Society, Pfüterero	1	
Total			12

6.6: Age structure of Users

It is apparent from the study that the age of initiation and age of use were similar to the drug and alcohol users from the three districts, Kohima, Dimapur and Phek of Nagaland as the data analysis was based on the random sampling collected from the available sources. The drug and alcohol users were all in the young age groups not crossing 50 years. This is the period where any will or dreams could be succeeded by the efforts he or she invested.

Table 6.3
Age structure of Users in District Wise

Age (in years)	Kohima	Dimapur	Phek	Sum	Percentage (%)	Total No. of Respondents
Below 20	4	6	10	20	6.67	300
21 - 30	67	53	38	158	52.67	
31 - 40	39	40	30	109	36.33	
41 - 50	5	6	2	13	4.33	
Total	115	105	80	300	100.00	

6.7: Gender Comparison

In the Nagaland context, there is enough evidence surmise that drug dependence and alcoholism is prevalent much more than females. The sample of this study comprising of 300 Users were randomly collected, that out of 300 post and current drug and alcohol users, only 50 female Users represented. The district wise of respondents as specified on the basis of

gender comprises of 115 respondents of Kohima, 105 respondents of Dimapur and 80 respondents of Phek district. The table below indicates that 250 respondents (83.33 percent) are males and 50 respondents (16.67 percent) females of drug/alcohol abusers represented in this study of addiction in Nagaland.

The study proves the phenomena of drug and alcohol abuse that is prevalent with both men and women which today had resulted as social, moral and health problems. The Naga society is still very conservative in its outlook, especially in relation to women, and there is tendency to suppress and hide the unpleasant facts concerning them in drug/alcohol issues. The study shows that drug abuse and alcoholism is prevalent on the women as they are also to be exposed the same influences and suffer from similar aspirations, frustrations and depressions as are relevant to males.

Table 6.4
Gender Specification of Users in District Wise

Sex	Kohima	Dimapur	Phek	Sum	Percentage (%)	Total No. of Respondents
Male	95	85	70	250	83.33	300
Female	20	20	10	50	16.67	
Total	115	105	80	300	100.00	

6.8: Marital Status of Users

The below table 6.5 shows the percentage distribution of the Users on the basis of the marital status. It is apparant from the below table that more than half (53.33 percent) of the Users are not married. The proportion of the married respondents constituted 36.67 percent. The percentage of divorced users indicated 10.00 percent. It can be stated here that unmarried users are freer from the social and economic responsibilities in family maintenance. The study is obvious to show that the unmarried addicts will take drugs/alcohol more frequently than married addicts.

Table 6.5
Marital Status of Abusers in District Wise

Marital Status	Kohima	Dimapur	Phek	Sum	Percentage (%)	Total No. of Respondents
Married	40	36	34	110	36.67	300
Unmarried	69	53	38	160	53.33	
Divorced	6	16	18	30	10.00	
Widow	0	0	0	0	0.00	
Total	115	105	80	300	100.00	

6.9: Religion in District Wise

The table below shows the percentage distribution of the respondents (users) by their religious affiliation. The table shows that the total for 3.33 percent of the users while the proportion of Muslims and other religious groups constituted respectively, 2.00 percent and 2.67 percent. The study indicated that religious differential in drug and alcohol intake may be taken as an account of awareness generation by taking appropriate measures to bring back the addicts into the normal stream of life. The table further indicates the evident outcome that whatever is the reason, drug and alcohol abuse has weakened the social fabric and lessened the control mechanism that religion had traditionally exercised over the Naga society. In this study, Christians are more than respondents from other religion as it has a more attention of why the Nagas are into the habit of drug and alcohol use.

Table 6.6
Religion in District Wise

Religion	Kohima	Dimapur	Phek	Sum	Percentage (%)	Total No. of Respondents
1. Christian	108	94	77	279	93.33	300
2. Hindu	4	5	1	10	3.33	
3. Muslim	0	4	2	6	2.00	
4. Others	3	2	0	5	2.67	
Total	115	105	80	300	100.00	

6.10: Occupational Status

The table below represents the percentage distribution of the respondents (Users during the time of this study) on the basis of their occupational status. Table 6.8 shows that the prevalence rate was highest among those who belong to the category of others (42.00 percent) as Unemployed, Commercial Sex Worker, Driver, Sales man, laymen, Street Children, Scrap Collector, Bootlegger, Daily Wager, Computer Trainee/Operator, Electronics, Nurse, Peer Educator, Farmer/Cultivator, Vocational Instructor, and housewife. The next highest were businessmen (16.00 percent) and followed by the self employed (13.00 percent). Government employees constitute 12.00 percent. Students comprise of 10.00 percent while the NGO employees account for 5.00 percent. A mere 1.00 percent was teachers and was followed by 0.67 percent of police personnel. The lowest percentage of respondents was from the professionals' category that constitutes 0.33 percent.

Table 6.7
Occupational Status of Users

Occupation	No. of Respondents	Percentage (%)
1. Teachers	3	1.00
2. Students	30	10.00
3. Businessmen	48	16.00
4. Police Personnel	2	0.67
5. Professionals	1	0.33
6. Government Employees	36	12.00
7. NGO Employees	15	5.00
8. Self employed	39	13.00
9. Others	126	42.00
Total	300	100.00

The table below indicates the occupational status of the drug/alcohol users in district wise of Kohima, Dimapur and Phek.

Table 6.8
Occupational Status in District Wise

Occupation	Kohima	Dimapur	Phek	Sum	Percentage (%)	Total No. of Respondents
1. Teachers	1	0	2	3	1.00	300
2. Students	11	10	9	30	10.00	
3. Businessmen	24	14	10	48	16.00	
4. Police Personnel	0	2	0	2	0.67	
5. Professionals	1	0	0	1	0.33	
6. Government Employees	16	8	12	36	12.00	
7. NGO Employees	2	3	10	15	5.00	
8. Self employed	27	5	7	39	13.00	
9. Others	31	63	30	126	42.00	
Total	115	105	80	300	100.00	

6.11: Economic Impact

Drug and alcohol abuse has affected the family's economic life. The table below shows the household level of users on average daily expenditure in district wise

Table 6.9
Average Daily Expenditure on Drugs and Alcohol

Average Daily Expenditure	No. of Respondents	Percentage (%)
Below Rs.50	15	7.50
Rs.50 to Rs.100	56	28.00
Rs.150 to Rs.200	67	33.50
Rs.200 and above	62	31.00
Total	200	100.00

The distribution of respondents examines the daily average expenses of the current users in relation to their drug/chemical or alcohol use in district wise. The money spent in a day on drugs and alcohol and index of drug/alcohol abusing, the respondents of 200 current users have been divided into four groups such as; below Rs.50, Rs.50 to 100, Rs.150 to 200 and 200 and above.

The study proves the household level of expenditure from 200 current users by taking highest percentage of average daily expenditure (33.50 percent) by 67 respondents out of 200 current drug/alcohol users; it is apparent that drug/alcohol user spends Rs. 150 to Rs. 200/- on drugs and alcohol. The addicts/alcoholics of Kohima (30 users) has the higher score of the money spend for drugs and alcohol when compared to Dimapur (19 users) and Phek (7 users).

Table 6.10
Average Daily Expenditure on Users in District Wise

Average Daily Expenditure	Kohima	Dimapur	Phek	Sum	Percentage (%)	Total No. of Respondents
Below Rs.50	2	6	7	15	7.50	200
Rs.50 to Rs.100	21	17	18	56	28.00	
Rs.150 to Rs.200	21	28	18	67	33.50	
Rs.200 and above	36	19	7	62	31.00	
Total	80	70	50	200	100.00	

The study is apparent that it has caused poor socio-economic lives of the addicts/alcoholics and the family. Taking the highest percentage of average daily expenditure (33.50 percent) by 67 respondents out of 200 current drug/alcohol users, it is apparent that drug/alcohol user spends Rs. 150 to Rs. 200/- on drugs and alcohol.

Taking Rs. 200/- as base average daily expenditure, a calculation is taken into account on the amount an addict/alcoholic spend in months a year on the maintenance of their drug and alcohol dependence.

$$\text{Rs. } 200 \times 1 = \text{Rs. } 200/- \quad (\text{per day})$$

$$\text{Rs. } 200 \times 30 = \text{Rs. } 6,000/- \quad (\text{days in a month})$$

$$\text{Rs. } 200 \times 365 = \text{Rs. } 73,000/- \quad (\text{days in a year})$$

$$\text{Rs. } 200 \times 365 \times 5 = \text{Rs. } 3,65,000/- \quad (\text{in 5 years}).$$

Therefore, when a drug/alcohol user spends Rs. 200/- daily, he/she will spend Rs.3,65,000/- in 5 years on drugs and alcohol. An examination on this analysis proves that drug and alcohol abuse affects the economy of the users and the family.

6.12: Social Impact

It is evident from the study that there were more alcohol related cases of rape in Dimapur district (14 Cases) than Kohima 4 (Cases) and Phek (Nil) during 2005 – 2008. There were 7 cases of rape during 2005-2008 in Phek district but it is obvious that the cases were not known whether occurred under the influence of drugs and alcohol or by the other reasons.

6.13: Views of Non-Users about NLTP Act

The total number of 100 non-users as categorized in the table below has provided their views regarding the Nagaland Liquor Total Prohibition Act of 1989.

Table 6.11.a
Non-Users (District Wise)

Category	Kohima	Dimapur	Phek	Sum	Percentage (%)	Total No. of Respondents
Nurses	5	5	5	15	15.00	100
Teachers	4	3	3	10	10.00	
Students	5	5	5	15	15.00	
Doctors	4	3	3	10	10.00	
Lawyers	2	2	2	6	6.00	
Businessmen	4	3	3	10	10.00	
Policemen	3	4	3	10	10.00	
Pastors	4	3	3	10	10.00	
Others	4	7	3	14	14.00	
Total	35	35	30	100	100.00	

The table below 6.11.b shows the percentage of the distribution of non-drug/alcohol users in district wise on the views of Nagaland Liquor Total Prohibition Act of 1989. The study examines that Continuation of Prohibition constitutes the highest percentage of 43.00 percent in relation to the Nagaland Liquor Total Prohibition NLTP Act. The percentage of the respondents who were of the opinion of lifting the NLTP Act account for 41.00 percent. The distribution of the respondents who have suggested that the NLTP Act of 1989 should be implemented as Partial Prohibition comprise of 13.00 percent while Others category account for 3.00 percent.

Table 6.11.b
Views of Non-Users about NLTP Act

Views	Kohima	Dimapur	Phek	Sum	Percentage (%)	Total No. of Respondents
Continue Prohibition	12	16	15	43	43.00	100
Lift Prohibition	14	17	10	41	41.00	
Partial Prohibition	6	2	5	13	13.00	
Others	3	0	0	3	3.00	
Total	35	35	30	100	100.00	

6.14: Health Issues

Drugs and alcohol related deaths were sought in ten hospitals of the three districts of Nagaland where as the data states that it was available in the 7 hospitals. The table below indicates the number of people died in the last five years (2004-2008) in different hospitals of Nagaland due to drug and alcohol abuse. The study is apparent that the total no. of drug and alcohol related death rises to 294 in Nagaland during the five years (2004-2008) from 7 hospitals of the three districts of Nagaland. Kohima hospitals constitute 243 deaths while Dimapur and Phek have 30 each no. of death. In district wise comparison of drug/alcohol related death, there were more cases in Kohima rather than Dimapur and Phek. The number of death was higher among men (210 deaths) than women (84 deaths).

Table 6.12
Drug/Alcohol Related Death: 2004 - 2008

Sl. No	Name of the Hospital	Men	Women	Total No. of Death	Over all Total Death
Kohima	Oking Hospital and Research Clinic Kohima	80	73	153	294
	St. Mary's Nursing Home Kohima	8	3	11	
	Naga Hospital Authority Kohima	67	3	70	
Dimapur	Metro Hospital Dimapur	12	0	12	
	Faith Hospital Dimapur	14	4	18	
Phek	Community Health Centre Pfiitsero (Civil Hospital)	10	1	11	
	District Hospital Phek	19	0	19	

Source: Field Study of Kohima, Dimapur and Phek Districts.

The above table highlights that a total number of 284 drug and alcohol related deaths were recorded from 2004-2008 in seven hospitals across three districts of Nagaland.

However, such records could not be found in Bethel Medical centre, Zion Hospitals and Research Centre and Dimapur Hospital

6.15: Government Agencies

The Government agencies which deal on drugs and alcohol related issues are Prison, Police and ‘Excise and Prohibition’ departments.

a. Prison

The table shows the average number of people imprisoned during the year 2005-2008 as data gathered from the source of information by various jails of Kohima, Dimapur and Phek. In comparison to the average number of people imprisoned for different cases constituted 1726; Dimapur comprising the highest number among the four jails in the three districts. The statistics of the average number of the prisoners are District jail Kohima-392 prisoners, Central Jail-3270 prisoners, Sub- jail Dimapur-1060 and sub-jail Phek of 274 prisoners. Genders were not specified appropriately in some jails, so the prisoners on the bases of male/female are not illustrated in detail.

Different jails from the three districts of Nagaland have represented in this study.

Table 6.13.a
Prisons of Three Districts

Name of District	Name of Prison	No. of Prison/Jail	Total
Kohima	District Jail Kohima	1	1
Dimapur	Central Jail Dimapur	1	1
	Sub-Jail Dimapur	1	1
Phek	Sub - Jail Phek	1	1
Total			4

Table 6.13.b
Average number of People Imprisoned (2005 – 2008)

Name	Men	Women	Total
District Jail Kohima	369	23	392
Central Jail Dimapur	3270	None	3270
Sub - Jail Dimapur	GU	GU	1060
Sub – Jail Phek	256	18	274
Total			1726

Note: GU - Gender Unspecified

The data from the four jails of the three districts indicates the percentage of prison inmates from drug related case. It is obvious from the study that the total prison inmates from drug related case is 21.10 percent in District Jail Kohima, around 30.00 percent (approx) in Central Jail Dimapur, 9.00 percent in Sub-Jail Dimapur and 9.13 percent of Sub- Jail Phek. In comparison to three district or sub-jails, Kohima has the highest percentage of prison inmates from drug related issues.

It is evident from the sources of information that Dimapur jails have more drug peddlers in comparing the other two districts of Kohima and Phek. The data shows that drug peddlers are also drug users as well (provided by 2 respondents), 'No' by none and 'Sometimes' by 2 respondents. It is obvious that from the study that drug peddlers not only sell drugs but also abuse drugs.

Table 6.14
Drug Peddlers (2005 – 2008)

Name	Number of Peddlers
District Jail Kohima	230
Central Jail Dimapur	459
Sub - Jail Dimapur	98
Sub – Jail Phek	30
Total	817

The data shows that prisoners were satisfied with the following facilities provided by the jails in regard to fooding, bedding and accommodation where as clothing is not satisfactory in two jails of Kohima jail and sub-jail Dimapur. It states that clothing is adequate in central jail and sub-jail Phek as stated by the respondents. The jails in the three districts provided the response that in regard to reduce the flow of drugs and alcohol, the most applicable agency or organization is the family and NGOs. This is followed by the Narcotic Cell, educational institutions, police and others which is appropriate in control of drugs and alcohol problem in the state. The activities provided to the prisoners who abuses drugs and alcohol are mostly playing games, watch movies and counseling where as it is found that they were shortcomings of productive works, training and spiritual teachings in District Jail Kohima, Sub-Jail Dimapur and Sub-Jail Phek.

b. Police Stations and Check Gates

According to the record gathered from the Crime Branches of the three districts of Nagaland, it is found that the total number of 929 persons was apprehended drug/alcohol related peddling and bootlegging. In comparison to these three districts, Kohima has double number of persons being arrested for carrying illegal drugs and liquor during the year 2005-2008 than that of Dimapur (201 persons) and Phek (203 persons) district. The table below proves that during the year 2005 – 2008, police stations and check gates of Kohima had done better than Dimapur and Phek in apprehending the drug peddlers and bootleggers when compared the data from Crime Branches of respective SP offices.

Table 6.15
People Apprehended according to Crime Branches (2005 – 2008)

Name of Branch	Due to Drugs	Due to IMFL	Total
Crime Branch Kohima	350	175	525
Crime Branch Dimapur	166	35	201
Crime Branch Phek	16	187	203
Total			929

c. Other Crimes

The study reveals that in comparison to vehicle accident under the influence of alcohol, there were more in Kohima constituting of 3 cases, Dimapur none and Phek of 1 case during the period of 2005 – 2008 in Nagaland. The State Crime Cell Police Station has 178 Cases of accident during 2005 – 2008 however the reason of the mishap of the vehicles were not identified.

d. Excise and Prohibition

Excise and Prohibition department from Kohima, Dimapur and Phek were selected to examine their roles and functions in the state of Nagaland.

Table 6.16
Name of Excise and Prohibition Department

Name of District	Name of Department	No. of Excise	Total
Kohima	Excise and Prohibition Kohima	1	1
Dimapur	Excise and Prohibition Dimapur	1	1
Phek	Excise and Prohibition Phek	1	1
Total			3

The table shows that a total number of 9252 persons were apprehended with drugs/IMFL and had been forwarded to judicial custody during 2005-2008 by Excise department. In comparison to these three districts, the Excise and Prohibition Department states that drug/alcohol seized persons were more in Kohima than Dimapur and Phek during 2005-2008. Kohima has higher number of 5084 persons and Dimapur of 4092 persons for carrying illegal drugs and liquor while Phek did not have drug seizure but alcohol seizure of 76 persons who were apprehended during frisking by the Excise and Prohibition personnels.

It is evident from the study that during 2005-2008, total numbers of drug peddlers are more in Dimapur comprising of 379 persons than Kohima of 305 persons while Phek does not have drug peddlers seized. The study also reveals that both Nagas and non- Nagas involve in drug peddling in Nagaland. Men were more than women in peddling of illegal drugs.

Table 6.17
People Apprehended with Drugs/Alcohol (2005 – 2008)

Name	Drugs	Alcohol	Total
Excise and Prohibition Kohima	379	4705	5084
Excise and Prohibition Dimapur	305	3787	4092
Excise and Prohibition Phek	NA	76	76
Total			9252

Note: NA – Not Available

The various types and amount of drugs and alcohol seized by the Excise personnels during the years 2005 – 2008 is shown here according to the available source. The study shows that in Kohima and Dimapur, there were both drug and alcohol seizure where as in Phek district, no report of drugs was available. The drug seized items by Excise personnels are as Ganja 12,507 kgs, 196102 of different capsules from Kohima and Dimapur and Brown sugar of 388 only from Dimapur. Excise personnels of Kohima and Phek has seized 15201 bottles of different brands of liquor during frisking in the year 2005-2008. It also reveals that 585 litres of country liquor was seized from Kohima and Phek while from Dimapur it was not available. The amount of the entire drugs, alcohol and country liquor is not assessed here

due to the complexity of the data collected but the Dimapur district indicates the reports during 2005-2008, which seized items cost the amount of Rs.88,00,000/- lakhs.

6.16: Addiction in Villages

The study of drug addiction and alcoholism has included the six villages from Kohima, Dimapur and Phek districts of Nagaland. The six villages represented for the study are Sodzülhou and Chümoukedima of Dimapur districts, Jakhama and Khonoma of Kohima districts and Pfütsero and Chozuba of Phek districts. It is obvious from the study that drug and alcohol abuse has affected the lives of the individuals, families and the community as a whole. The following highlights the impact of drug and alcohol abuse in the villages of Nagaland.

The villages were distinct in the problems of drug and alcohol use. But they have some common factors of the villages like the educational institutions, Churches, occupations and health care facilities. Most of the villagers were engaged in the terrace and shifting cultivation as their main occupation. The main occupation of the villagers from Sodziilhou and Chumukedima were government jobs and business. There are government and private schools in all these villages. Government health centres were helpful in the villages of the three districts as it provide the health care of the villagers. There are various Churches belonging to different denominations in the villagers. These Churches provide the spiritual growth of the villagers for being the victims of substance and liquor abusers.

Drug addiction and alcoholism had become a concern in both the rural and urban areas of Kohima, Dimapur and Phek districts in Nagaland after it had affected the normal lives. It is apparent from the study that drug addiction had become a menace in Nagaland since 1980s while the use of alcohol – rice beer had been from the ancestral time. Alcohol abuse is not a new thing in Nagaland as it had been used hundred years back since the Naga ancestors which were previously used as part of their stable food.

Rural and urban areas varied in source of treatment referred and the type of treatment received in Nagaland. It is obvious from this study that urban areas have more rehabilitation Centres, DICs and NGOs than the rural areas in seeking the addiction problem. There were only primary health centres in the rural areas in regard to the drug and alcohol problem. In

comparison to drug abuse and alcohol consumption, the evil effects of their use had occurred not only in urban areas but also in rural areas.

Alcohol is a third socially accepted drug but in some cases of the study drugs an alcohol has been separately studied in order to understand it better. Villages from Dimapur and Phek have both drugs and alcohol problems while in Kohima alcohol abuse was more prevalent. It is evident from the study that Jakhama and Khonoma village has alcohol problems yet drug abuse has diminished in the villages. In comparison to the six villages selected for the study, Chozuba village has more number of alcoholics than those other villages of Sodzülhou, Jakhama, Khonoma, Chümoukedima and Pfütseromi.

In comparison to the six villages from three districts, Jakhama village is very strong in curbing drugs and alcohol dependency. Here the role of Jakhama in combat against addiction is indicated in a nutshell. The village has made certain obligations to those who violate by abusing or bootlegging. It is efficient in curbing the flow of liquor that the village authority would not give the electricity and water facilities to those who manufacture and sell liquor within the jurisdiction of their village and town. Their children would be forbidden in admission to any educational institutions under the jurisdiction of their village and town. VDB share will not be given to them for violating the laws of the village. It is apparent that there were few alcoholics in the village (during the time of the study).

References and End Notes

1. http://en.wikipedia.org/wiki/Prohibition_in_India
2. <http://timesofindia.indiatimes.com/india/Kerala-Indias-top-consumer-of-liquor-heads-for-prohibition/articleshow/40631194.cms>)
3. Nagaland Users Network (NUN), 26th June 2011, Nagaland Post.

CHAPTER - 7

SUMMARY AND CONCLUSION

Drug Addiction and alcoholism is a global phenomenon. Their consequences may remain the same everywhere with little variation in the magnitude according to local situation. This study with adequate documented available and collected from the research field about the early reports, opinions, problems and recommendations on 'Drug addiction and Alcoholism' the present study was conducted on "Consequences of Drug addiction and Alcoholism in Naga society with special reference to the three districts (Kohima, Dimapur and Phek) of Nagaland' and this is to generalize the twin social problem as it is similar in all parts of the state. There are various suggestions given by different categories of people for eradicating the situation which would evolve from the outcome of this study. It is therefore essential to comprehend precisely the findings of this study.

Through this research project, it is apparent that drug dependence and alcoholism are not the problem of only a small segment of population of Nagaland. It has its far reaching consequences in almost all the walks of lives like sports field, educational environments, and social institutions, where they are negatively influenced by the harmful effects of drugs and alcohol. Drug and alcohol abuse has affected the lives of young and old, men and women, Nagas and non locals in Nagaland. Drug addiction and alcoholism is a chronic disease, so the government, judiciary, social organization and responsible members of the society should work together to control the menace in Nagaland. It has to earnestly make efforts to eradicate 'drug addiction and alcoholism' and live free from the bondage of addiction in the Naga society.

Substance abuse and alcoholism has become the major social problems in both urban and rural areas of Nagaland. Drug abuse and alcoholism are the root causes of social problems affecting the lives of the individuals, family and the Naga society at large. Substance and alcohol is being abused by both men and women leading to social, health, economic and spiritual problems. Nagaland is liberal with granting licenses to vendors and traders. The illegal sale of alcoholic beverages has become uncontrollable as the enforcement

of the bill is negligent and the free flow of alcohol is increasing in the state. Injecting Drug Use (IDU) is more visible in men than women.

This study is to explore the causes, problems of addiction and working of different government agencies and NGOs as scientifically as possible. The study aims to discuss the social problems related to drugs and alcohol abuse. It seeks to explain the various roles of the state Government and NGOs in the implementation of the Nagaland Liquor Total Prohibition Act of 1989. The status of the NLTP Act is examined in this study in which the Government of Nagaland is in uncertainty about the Act. The study explains the role of education as one of the most important source in awareness generation and proposes suggestive measures on addiction of drugs and alcohol and makes the society aware of its hazards and reduces harms.

The number of drug addicts and alcoholics were taken as samples by following random sampling method. Much of the respondents of drug users and alcoholics were from Kohima and Dimapur districts while lesser number was represented from Phek district. It was represented by more male users rather than female users from the three districts of Nagaland. In the process of data collection, several proceedings were followed such as 'Formulation and Pre- Testing of Questionnaire', 'Areas of Exploration in Data Collection', 'Tools and techniques of Data Collection' and 'Stages of Data Collection'. The respondents belong to the categories of non-users, past users, current users, staffs of NGOs and Government agencies and the village leaders which covers 505 over all respondents but 300 addicts or users is the main attention given in the study.

Data analysis was done after gathering from the field work. Then the data collected were carefully scrutinized, checked and counter-checked, assessed and tabulated. Reading and re-reading the responses of the respondents brought these themes/patterns and the divergences. Different groups of data were separated and interpreted. Group wise master tabulation sheet was prepared with clear coding system. Counter-checking was done before data were entered into respective tables. The research authentic data projects the clear picture of the twin social problems of addiction in Nagaland. All the information was then entered into table forms followed by analysis of the results. The data were manually tabulated in a systematic manner. They were supported by charts, tables and figures wherever necessary. The result of data analysis were plotted to bar diagram and pie charts using Microsoft Excel Software.

It is apparent from the study that the menace of drug addiction and alcoholism specially afflicts the youth, particularly in the age group of 21 to 30 years under different factors. It is evident from the study that the three main causes of drug addiction and alcoholism in Nagaland are the peer pressure, curiosity and frustration. The proportion of respondents who are motivated to enter into the world of drugs and alcohol are also due to the anxiety, family problem, depression, health problem, lack of entertainment, and other reasons as an alternative source of enjoyment, feel good, party sake, failure and drop-out in studies and some due to shyness. People who take drugs and alcohol belong to different professions have their own reason. School and college drop-outs prove to be one of the most affected groups of people who abuse drugs and alcohol in Nagaland.

People who use drugs and alcohol are from different category such as school/college drop-outs, uneducated youth, educated youth but indiscipline youth, unemployed youth, frustrated youth, Ignorant youth delinquent children, children of poor people children of affluent family and others. The study proves that drug/alcohol users are from the occupational status such as Teachers, Students, Nurses, Businessmen, Police Personnel, Professionals, Government Employees, NGO Employees, Self employed and others. It is obvious from the study that the prevalence rate of drugs/alcohol abuse was highest among those who belong to the category of others (42.00 percent) as Unemployed, Commercial Sex Worker, Driver, Sales man, laymen, Street Children, Scrap Collector, Bootlegger, Daily Wager, Computer Trainee/Operator, Electronics, Nurse, Peer Educator, Farmer/Cultivator, Vocational Instructor, and housewife. People abused drugs and alcohol due to their personnel problems such as failure in studies/ jobs, relationships, and family problems. They use it for fun, enjoyment, and as a fashion.

The study is apparent that it has caused poor socio-economic lives of the addicts/alcoholics and the family. Everyday addicts and alcoholics spend their money on intake of drugs and consumption of liquor. Substance and liquor abuse would lead them to poverty and cause poor social lives. Drug users and alcoholics face different types of stigma and discrimination on negligence and rejection, denial of funeral rites and looked down upon by the family and the society.

The study shows that drug abuse and alcoholism has affected the people's health leading to pre-mature death. The number of drug and alcohol related death rate was found more in Kohima when compared to Dimapur and Phek districts during 2004-2008. Earlier the most common cause of death among the drug users was overdose but today it is HIV/AIDS (those who shared needles and syringes to an affected person), Liver failure and gastrointestinal bleed. Alcoholics contacts health problems such as kidney and liver failure, Cancer, T.B, and HIV/AIDS (when drunk and do not use condom in sexual intercourse with an affected person). A significant part of those infected with HIV/AIDS are alcoholics. But there are also cases where non-alcoholic or non drug users are also infected with HIV/AIDS. The trend is slowing a shift from drug users and alcoholics to the general population. The study examines that people can protect themselves from HIV/AIDS by using condom while having sex but not 100% safe. The drug and alcohol abuse affects an individual's individual's health such as Cancer, Kidney failure, Overdose and premature deaths. It also leads to other disease like HIV/AIDS, T.B, High blood pressure and psychological disorders.

With the disagreement by different groups in regard to the liquor prohibition in Nagaland, it is obvious that the NLTP Act 1989 is either to continue or lift. There are advantages that by retaining the bill, many social problems like crimes (stealing, killing), violence and distress, family disorder are reduced in Nagaland. On the contrary, the revenue of the state government would be generated by lifting the prohibition. The prohibition of liquor is reducing the state income. The lift of liquor would led the users procure quality liquor and not adulterated which has harmed so many lives.

The study shows that users sought assistance from different sources in regard to their problem of drug dependency and alcoholism. Yet, the addicts/alcoholics have received treatment and services much help from the NGOs rather than the government in regard to their addiction problem. The study proves that the role of education in awareness generation is the main aspect in curbing drug and alcohol problem in Nagaland. The NGOs, Government agencies, civil societies and Churches need to create more awareness programs through conducting of seminar, workshop, counseling and campaign.

Controlling drug trafficking is not the problem of the law enforcing agencies only. A multi-sectoral approach involving the police, NGOs, village councils, student bodies,

mothers, associations, Churches and other civil societies should join hands and fight the menace of drug and alcohol abuse before it is too late. Societal rejection towards drug users is an essential issue that needs to be tackled in Nagaland. Stigma and discrimination by the community keeps drug users away from services meant for them. The state Government needs to look into the matter seriously and protect the addicts and alcoholics who are being stigmatized and discriminated.

The various individuals, groups/organizations, associations, civil societies, Churches, Government and NGO agencies highlights the various recommendations, suggestions and opinions, roles and contributions in order to curb alcoholism in Naga society. The research as a result indicated that it is through mass contribution of the government, NGOs, Churches and Civil societies that working together for the common cause would bring positive responses in curbing alcoholic dependence syndrome in the state. Government and NGOs, Civil societies should stand firm in eradicating drug addiction and alcoholism. There is a correlation of drugs and alcohol. Alcohol is a third socially accepted drug. The usage of drugs and alcohol has same pattern in some cases like intake of cough syrup or other drug in a liquid form and alcohol consumption.

Suggestions and Recommendations

Education and Awareness Programme

This study indicates that most of the Naga people are ignorant about the negative impact of drug dependence and alcoholism like their composition, effects, uses and abuses. An extensive awareness programmes is needed for all sections of the Naga society, especially for ignorant and unemployed youths. It can be suggested that community based education programme be set up for drug and alcohol problem stating that addiction is a disease and the treatment is possible through medical and psycho-social method.

The inclusion of a subject on “Ill effects of drug and alcohol abuse” in the department of school education would sensitise the students of Schools, colleges and universities of Nagaland. The role of education on the drug abuse and alcoholism is provided to the individuals (based on different categories of people), family and the society as well. Education is a powerful tool in the social upliftment of the people. It is considered as a resource for economic development. It is also an important tool in the fight against social ills.

Seminars/ Workshops and Conferences should be conducted for all sections of the people. Trainings and advocacy programs ought to be conducted should be organised in combat against the evils of drug and alcohol abuse in the Naga society. It can be said that more detoxification and rehabilitation centres, DICs, Prayer Centres be established in changing the lives of the drugs and alcohol users in Nagaland.

Strict Enforcement of the Law

The Government should take immediate steps and measures as to improve the health services and mental services for the treatment of drug and alcohol users in Nagaland. The Government should help the NGOs (dealing on drugs and alcohol) as they are very closely involved in curbing the drug dependency and alcoholism in the Naga society. It should launch different welfare and creative programmes in the Naga society where the people (especially the youth) could participate. The Government needs to establish various rehabilitation and detoxification treatment and counseling centers in every districts of the state of Nagaland. The Government should intervene and take serious steps in combat against the substance abuse and alcoholism in the Naga society. The study opines that in order to tackle the drug abuse, government sponsored drug rehabilitation centres should be set up in all the districts of Nagaland where proper detoxification, counselling and vocational training could be imparted during their confinement in such institutions. The study also opined that that the users should be employed in different offices rather than being restricted from employment. Sufficient police personnel should be provided for patrolling in the towns round the clock for detection and prevention of liquor offences. Role of the state government has played a vital role in the eradication of drugs and alcohol in Nagaland. Government agencies such as Excise and Prohibition, Police, Prison and hospitals have contributed towards the combat against drugs and alcohol in Nagaland.

Suggestions on the Role of the Government

The data states that the respondents from various categories of respondents (Non Users, Responses from Students, Mothers, NGOs, Police Check gate & Narcotic Cell, Prison) for the role of the Government to control drugs and alcohol epidemic problem in Nagaland. The study reveals that the state government needs proper implementation of the Prohibition Act. for the control of drugs and liquor in the Naga society. The government has to launch more training opportunities in combat against the menace of drugs and alcohol dependency. It

ought to provide Orientation to HOD of all the Departments of Nagaland Government. The government can be more proactive through mass media, advertisement, workshops and seminar. It is of the opinion of the respondents (Prison) that the government of Nagaland should set up rehabilitation centres in all the districts so as to keep the drug addicts and alcoholics in confinement where they can be given proper medical care such as detoxification, counselling and vocational training.

Suggestions on the Role of the NGOs to control drug abuse and alcoholism

The data from the source of information stated by the respondents (Non Users, Leaders from Students' Bodies, Mothers' Associations, NGOs, Police Check gate & Narcotic Cell, Prison) for the role of NGOs in regard to the Use of Drugs and Alcohol in Nagaland, The reveals that the NGOs have to generate more awareness programs, mobilise community for promotion of awareness. It also suggested that individuals, family and group counseling activities should be made in curbing drugs and alcohol abuse in Naga society. The NGOs in Nagaland have taken up a big responsibility to fight and control the menace of drug abuse and alcoholism in Naga society. However, the presence of NGOs in such field would be better if the NGOs organize Seminars in schools, colleges, prisons and district head quarters about the menace and problems of drug addiction and alcohol and alcoholism. NGOs should take initiatives and organize advocacy programs and provide tactical information about curbing the twin problems of addiction. Apart from law enforcement agencies that are constraint of time, NGOs can definitely extend help by co-operating with and taking help of the public mass. They could set up of volunteers in different wards to check this menace. The study depicts that public pressure is a potent weapon.

Role of NGOs and Civil Societies

The NGOs and Civil societies like Students body, Mothers associations etc should take the initiatives in the combat against the drug dependence and alcoholism in Nagaland. The organizations ought to set goals to make Nagaland fully secured from the epidemic of drugs and alcohol.

Establishment of More Rehabilitation Centres

The establishment of rehabilitation center of the post users (ex-addicts) is of vital importance in any attempt to check the severity of the drug and alcohol problem. It is evident from the study that under the treatment services provided by different NGOs, many

drug/alcohol users could do away their habit of abusing drugs and alcohol. The addicts suggested that they should be motivated for treatment (in Rehabilitation Centres, DICs, Detox Centre or Prayer Centres). The fees in the Rehabilitation Centres should be of fewer amounts as every user cannot manage for the longer period of their stay for recovery. The study is apparent that Rehab centre is important but God is more important. An individual should have faith in oneself to give up substance and alcohol. There should be strict rules and regulations in the rehab center as some of the users without completing the course of stay for recovery run away.

Role of the Family

It is evident from the study that family support is a must in changing the lives of the drug and alcohol users. The family should take the first steps in bringing changes in the lives of their children. The family wants the drug and alcohol user to cease using drugs and alcohol and therefore uses every trick. Families should not discriminate, stigmatise, neglect the addicts but provide all the possible means in eradicating substance and liquor abuse and lead them to the main stream of normal life. The family is one of the most essential agencies in curbing the drug and alcohol dependence in the Naga society. When an individual uses drugs/alcohol, informed agencies blame not only the society, in general but parents in particular. The drug/alcohol user wants family support to discontinue his habit of addiction. The family also wants the user to cease using drugs/alcohol and therefore uses every trick.

It is evident from the study that family support is a must in changing the live of the drug and alcohol users. Feelings of depression develop as the family could not tolerate the exiting problems of drugs and alcoholic culture. The family members of the chemical and alcohol dependents are depressed as they face so many problems in the family. The family should not be frustrated and lose confidence on their children as they struggle to give up their habit of abusing drugs and alcohol (liquor). Such families should not deny the existence of the problem in order to avoid humiliation and embarrassment.

Role of the Church

The Church has an immense role in helping and saving the lives of the drug and alcohol dependants. The Church need to set up prayer centers to provide counselling and also conduct worship services. The addicts suggest that the Church should play a greater role

instead of discriminating them because of their dependency on chemical and liquor. The Church should preach God's love and save the users who are lost in the world of drugs and alcohol. It also states to put God first and final friend to solve one's problem of drug and alcohol abuse.

These findings have a direct implication on the awareness generation, prevention and treatment of drug and alcohol dependence in the Naga society. Educating the people about alcohol, its consequences, and treatment facilities, focusing especially on the rural areas is the need of the hour. Educating the users on the physiological aspects of drug and alcohol dependence might help them to have a better control over the drug and alcohol abuse problem behavior, by differentiating the symptoms from craving, intoxication, and withdrawal symptoms. Studies with a larger sample size and involving Government, NGOs, communities, civil society's and village leaders/elders samples had shown the broader perspectives in the field of drugs and alcohol in Nagaland.

In a traditional society of Nagaland, a greater effort at finding solutions to the users need to begin within the family and then within the community and the state. The use of local rice beer has been practiced since the period of Naga ancestors, yet era has come where addiction problems has to be tackled and save many suffering souls.

Suggestions from various Sections of People

The following suggestions are provided by Non-Users, Post Users, and Current Users. The drug and alcohol users have made the following suggestions towards the epidemic of substance abuse and alcohol consumption. The NGOs alone cannot find any breakthrough in curbing the drug addiction and alcoholism problem in Nagaland. All the sections of the society; the NGOs, Government, Churches, Insurgent outfits and the general public as well should joint hands to fight the menace of drug addiction and alcoholism in the Nagaland. It has been suggested by the users that the youngsters should be educated on the evil effects of drugs and alcohol. Instead of the prohibition, more focus must be given in providing treatment to those who are already affected by the dreaded disease of drug abuse and alcoholism. It is evident from the study that being nominal Christians has changed the Naga society from bad to worse. Westernization should not dominate the culture of the people in Nagaland.

NGOs should play their role sincerely and truly along with the society so that it would eradicate/reduce the two social evils of addiction. The addicts should be given opportunities, respects and equal treatment in the society. They should not be discriminated and stigmatized because of their use of drugs and alcohol. It is apparent that the addicts be treated with regard and respect so that they could gain and rebuild their low confidence and low self esteem. As suggested by the users, they are addiction is a disease and they should be encouraged, loved, cared and lead them back to the mainstream of normal life. The addicts ought to be helped in many possible ways to let them overcome from their dependency of drugs and alcohol. As a matter of fact, the so called normal people (non drug/alcohol users) should be given awareness and advocated on the hazards and evil effects of drug dependence and alcoholic dependent syndrome. Suggestions were made that alternative income source should be provided to the local brewers in Nagaland.

The following suggestions are also provided by the respondents to control drug and alcohol abuse in Nagaland. The educational awareness programme needs to be made in combat against drugs and alcohol dependency in Nagaland. The state government and NGOs has to initiate more effective roles; establish more Rehabilitation and Detoxification centers, DICs and provide all the essential help in leading the addicts to the normal lives. The study indicates that Churches should establish Prayer Centers and provide Counselling and Worships for youth to make them aware of the ill-effects of drugs and how to escape from it. Family support is very significant and therefore provides all the possible means to rescue the addicts.

The data from the information as stated by the respondents indicates that various individuals, groups/organizations, associations, Civil societies, Churches, Government and NGO agencies highlights the various recommendations, suggestions and opinions, roles and contributions in regard to curb drug dependence and alcoholism in Nagaland. It also reveals that it is through mass contribution of the government, NGOs, Churches and Civil societies for the common cause some positive responses could be brought in curbing alcoholic dependence syndrome in the state.

Suggestions and Opinions of Users

Many of the following recommendations, suggestions and opinions were gathered from a number of current drugs and alcohol users in Nagaland. The study proves that the drugs and alcohol users have been stigmatized and discriminated by the parents/family members and the society at large. Many of them have suggested that awareness generation through education be conducted in rural and urban areas. Preventive awareness programs through media, literatures publications; comics, magazines, videos, radio, plays and so on are provided in relation to drugs and alcohol use. Mass media plays a vital role in combat against drug and alcohol abuse in Nagaland.

It was suggested by the users that it is only the decision of users that could lead to the road to recovery and not by force. Some of the users are of the view that they would rather be provided D.I.C / Rehabilitation Centers than being sent to jail. Past and current users are of the opinion that it will be better if the 'users' give up their habitual use of drugs and alcohol at an initial stage. Current users also opine that the new services/programs such as rehabilitation centers/ detoxification camps, Oral Substitution Therapy programs, DICs should be established. The addicts also want the people to know that since addiction of drugs and alcohol are considered as a disease, they must be treated as sick people and in need of help for their recovery and sustenance.

Suggestions from the Excise Department

The Nagaland State Excise department has suggested the followings in order to control the problem of drug addiction and alcoholism in Nagaland.

1. Strengthen hand of the department
2. Active participation and endeavour of the church in social and spiritual reformation.
3. Strong will of general public to fight the menace of drug dependency and alcoholism in Naga society.

Suggestion by Village Leaders

The village leaders have presented the following suggestions in order to control the drug addiction and alcoholism in Nagaland. It is opined by the village elders that without the help of the Lord, it is difficult to control the problem of drug and alcohol abuse in Nagaland. The dedicated Christians who go to Church do not give disturbance to the people. They

become good people and do not abuse drugs or alcohol. The government should strengthen the NLTP Act 1989. Frisking of illegal drugs should be strictly performed as to reduce the intake of drugs and consumption of liquor in the state. Clinics and pharmacies need to be stringently checked so that drugs are not sold especially to the young ones without medical prescription.

NGOs and Churches are important in the control of drug and alcohol abuse in Nagaland. They require conducting seminar/educational awareness on the ill – effects of drug use and alcohol consumption. It is understandable that the control of substance abuse and liquor consumption is difficult due to the practice of the bribery. Women bodies, Student bodies and policemen should contribute their vital role to tackle the addiction issues in the villages and towns of Nagaland. It is obvious from the respondents that Rehabilitation Centers and Drop-In-Centres (D.I.C) is essential to be established even in the villages. It is suggested that the government ought to tackle the problem of addiction as the village authority could not handle.

Roles/Responsibilities of Drug/Alcohol Users in Drugs and Alcohol Prevention

Some of the addicts in Nagaland have been role model to other addicts. They have shown that it is possible to get out of the clutch of drugs and alcohol. Their responsibility is to stay clean, stay free from drugs and alcohol; also responsible to show that their life is changed from the drug and alcohol dependence.

The following awareness is important to discuss and be free from drugs and alcohol abuse;

1. Tell society, how to stay away from drugs and alcohol
2. Tell society, how to come out of drug and alcohol use
3. Addicts need to know how to be after drug/alcohol recovery.

Drug and alcohol users need a platform (like NUN) where they can come together and address the issue. They need to stick together as addicts, if not they will be perished. The biggest challenge for a drug/alcohol user is how to lead a life after drug/alcohol use. In other words, a user should know after drugs/alcohol what next steps he should follow to remain away from drugs. NA and AA 12 steps program is very essential for the addicts for their

recovery process of drug and alcohol dependency. The users should accept the challenges with accountability for which it will lead them to the mainstream of normal life.

After Recovery the users need to keep the following steps;

1. Be engaged (busy)
2. Take up responsibility
3. Stay connected with the NGOs like NACO, NUN, FPAI, Kripa Foundation etc.
4. Stay connected to one's goals.

It is observed from the study that drug and alcohol abuse has become the problems of the individuals, the family and the society in general. There are many addicts in the Naga society but only very few admit as the addicts. The twin social problems of addiction could be solved when will comes within the person. Nagaland state is in need of drugs and alcohol control to make a better state. It is observed that the Government agencies, NGOs, Civil societies, Churches and the public in general ought to come together in curbing drug and alcohol dependency in Nagaland. It is evident from this study that there are more alcoholic problems in Phek district for it has easy access in alcohol rather than drugs. Drug addiction is more problematic in Dimapur due to commercial and easy access of drugs. It is opined that alcohol is more problematic in Kohima due when compared to the three districts due to work culture and traditional practices.

There is a need to conduct more investigation on drugs and alcohol related issues, therefore the proposal of future scope is indicated as of the following.

1. This addiction problem is likely to be more serious in the future.
2. Re-enforcing agencies need more research back up.
3. More research require due to faster globalization.

The present study in our hand is only a case study covering three districts of Nagaland. A larger area of study is another challenge, not only in the state in the whole region.

The study has enough evidence to surmise that drug and alcohol abuse is prevalent much more among the males than females. The study provides the reason that Naga society is still very conservative in its outlook, especially in relation to women that there is a distinct trend to curb and hide the phenomena of drug and alcohol abuse. It also indicates that female Injecting Drug Users (IDUs) were less visible when compared to men IDUs in Nagaland.

In conclusion, it may be said that drug addiction and alcoholism has become a growing threat to humanity in Nagaland. Drugs and alcohol pose complex problems for law enforcing agencies. Drugs and alcohol users who takes drugs and alcohol seek instant remedies to their fear, family problem, unemployment, loneliness, attention seeking, unhealthy family relationship and other reasons suffer physically, socially, economically, emotionally as well as spiritually. Prevention, treatment and rehabilitation all require a positive and life affirming campaign. Families and voluntary organizations need to play an important role in bringing back the recovered addicts into the mainstream of social life. The problem of drug abuse and alcoholism needs to embrace treatment, social measures, education and awareness programmes. Industrial revolution and technological advancement have help human for better, easier and comfortable living. The manifestation of technological advancement can be seen when human creativity, imaginative minds, and society's image are portrait and released in the form of cinema or movie. They project drug addicts as protagonist who gets reformed by the power of romantic love for instance, Tele-serials, radio plays and stories in print media discuss and dish out so much information about drugs that young and curious minds get tempted to experience the 'real thing' as an exciting adventure with potential and promise of unknown pleasures. It is also identified the poor economic situation in Nagaland and the problem of unemployment is certainly an undeniable factor leading to frustration of educated youth.

Nagaland is passing through a turbulent period in its history, the transition from a traditional community life to a modern complex technological culture. People move out from rural community to urban situation where they directly come in contact with the modern market situations. The influence of secondary culture and exposure to popular culture has a direct bearing on drug abusing situation in Nagaland. It is observed that many families located in urban places have even abandon to a great extend their cultural values, if not seriously rejecting its old values. It may be pointed out that a major reason why people abuse drugs and alcohol is because of the availability and easy accessibility to market environment, on the other hand modern parents whose life routines are pre-scheduled therefore unable to provide quality time to their children affects seriously. It may be mention here that the uncontrolled and free flows of parent's money to their children's pocket also remain an undeniable factor in this study.

APPENDICES

APPENDIX - I: Quotations

1. "Much drinking, little thinking." - Jonathan Swift
2. "What's drinking? A mere pause from thinking." - Lord Byron
3. "They who drink beer think beer." - US Proverb
4. "Abuse is an indirect species of homage." - William Hazlitt
5. "First the man takes a drink, then the drink takes the drink, then the drink takes the Man."
- Japanese Proverb.
6. "Drinking is bad taste but tastes good." - Franklin P. Adams
7. "Candy is dandy but liquor is quicker." - Ogden Nash
8. "What's the use of getting sober; when you're gonna get drunk again?" - Louis Jordan
9. "Better sleep with a sober cannibal than a drunken Christian." - Herman Melville
10. "When you drink the water, remember the spring." - Chinese Proverb
11. "An alcoholic is someone you don't like who drinks as much as you do." - Dylan Thomas
12. "Alcohol drowns more people than water." - Tamil Proverb
13. "Tis not the drinking that is to be blamed but the excess." - John Selden
14. "He that goes to bed thirsty rise up healthy." - George Herbert
15. "There are two reasons for drinking: one is, when you are thirsty, to cure it; the other, when you are not thirsty, to prevent it." - Thomas Love Peacock
16. "As he brews, so shall he drink." - Ben Johnson
17. "Drunkenness is nothing but voluntary madness." - L.A. Seneca
18. "Habitual intoxication is the epitome of every crime." - Jerrols
19. "Drunkenness is the ruin of reason. It is premature old age. It is temporary death." - St. Basil
20. "The greater the power, the more dangerous the abuse." - Edmund Burke
21. "Drink and the devil had done for the rest-Yo-ho-ho, and a bottle of rum!"
- Robert Louis Stevenson
22. "Wine in, secret out." - Hebrew Proverb
23. "Drunkenness....spoils health, dismounts the mind, and unmans men." - William Penn
24. "Drunkenness is never anything but a substitute for happiness." - Andre Gide
25. "It is not I who become addicted, it is my body." Jean Cocteau

APPENDIX - II: Some Terms used by Users

(Drug Addicts and Alcoholics)

Uppers:	Stimulants like amphetamine
Brick:	A slap of Charas
Chasing:	A way of smoking heroin by inhaling the fumes while it is heated.
Clean:	Not using or possessing drugs.
Dope:	Any drug but usually heroin
Drop:	To swallow a drug
Fix:	Injecting a drug as in fixing heroin
High:	Under the influence of a drug
Hooked:	Addicted to a drug
Joint:	This has two meanings; (1) A cigarette containing cannabis or heroin. (2) A place or den where drugs are used in common.
Kick:	The immediate feeling or effect of the drug on the user.
Mainline:	To inject directly into the veins
OD:	Over dose
Popping or Skin Popping:	Injecting the drug under the skin, not into the vein.
Pot:	Slang for cannabis
Pusher:	One who sells drugs.
Score:	To succeed in getting a drug
Smack:	Heroin, sometimes only used for brown sugar.
Stoned:	Intoxicated by a drug
Straight:	Used to describe those who don't use drugs
Trip:	The sensations experienced while under the influence of a drug.
Weed:	Grass/Cannabis leaves
Junkie:	One who is addicted to heroin or morphine
Cutting:	Adulterating a drug, often with a harmless powder.
Zapped:	To kill, to attack, hit, to confront
Zombie:	A Ghost.
Sober:	Not addicted to intoxicating drink or not drunk
Bar:	A room or public establishment where alcoholic beverages are served
Booze Joints:	A place or den where alcohol are used in common.

APPENDIX - III: Addicts Prayer

Pleas for Help:

1. Lord, help me walk another mile
Just one more mile,
I'm tired of walking all alone,
Lord, help me smile another smile,
Just one more smile,
You know I just can't make it on my own.

Ch: You know I just can't make it any more
I thought that I could do things by myself
You know I just can't make it any more
With a humble heart and bended knees
I'm begging you, plead for help.

2. Come down from your golden throne to me to only me,
I need to feel the touch of your tender hands,
Remove the chains of darkness and let me see,
Lord, and let me see,
And just where I fit into your master hand.

3. Lord, help me sing another song,
Just one more song,
I'm tired of singing all alone
Lord, help me pray another prayer
Just one more prayer,
You know I just can't make it on my own.

(Kripa Foundation)

God, bless all the addicts, wherever they may be.
Bless those unfortunates
Who are in most need of sobriety.

Look upon them with compassion and mercy,
And lead them on to this wonderful fellowship,
That only through you, they may help themselves
As you have helped us and thousands of others.

Bless those who are clean today,
Give grace to those who are on the Way,
But God, Please show compassion and mercy
To those who may never come.

Serenity Prayer

God, grant me the serenity
To accept the things I cannot change,
Courage to change the things I can,
And the wisdom to know the difference

APPENDIX - IV: Twelve Steps of Recovery

(Alcoholic Anonymous and Narcotics Anonymous)

1. They (Users) admitted that they were so powerless over their addiction (drugs/alcohol), that their lives had become unmanageable.
2. Came to believe that a Power greater than themselves could restore them to sanity.
3. Made a decision to turn their will and their lives over to the care of God as they understood Him.
4. Made a searching and fearless moral inventory of themselves.
5. Admitted to God, to themselves, and to another human being the exact nature of their wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove their shortcomings.
8. Made a list of all persons they had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when they were wrong promptly admitted it.
11. Sought through prayer and meditation to improve their conscious contact with God as they understood Him, praying only for knowledge of His will for them and the power to carry that out.
12. Having had a spiritual awakening as a result of these steps, they tried to carry this message to addicts and alcoholics, and to practice these principles in all their affairs.

Source: AA and NA Twelve Steps of Recovery.

APPENDIX - V: Questionnaire

The Questionnaire is for the purpose of collecting authentic data as to pursue academic programme of Ph.D Degree on the topic “Consequences of Drug Addiction and Alcoholism in Naga Society: A Case study of Kohima, Dimapur and Phek Districts”. The questionnaire for the research work had been formulated along with the help of Supervisor comprising of 12 (twelve) sets. It indicates the various numbers of respondents from different categories of people and different institutions or organizations. The various sets of questionnaire are the followings:

DIFEERENT SETS OF QUESTIONNAIRE

Investigator
Velhou Koza
Research Scholar

Supervisor
Prof. Lanunungang Ao

Set. No. 01

NON – USER

This Questionnaire is for a **Non-Drug/Alcohol User** (who is not taking/using drugs or alcohol).

I. General Information:

1. Name (Mr/Ms/Mrs/Rev/Dr).....I.D.Code No.....
2. Age 3. Sex: Male Female
4. Education: (a) Illiterate (b) Under Matric (c) Matric
(d) Under graduate (e) Graduate (f) PG
5. Tribe.....
6. Religion.....
7. Occupation/Designation.....
8. District.....

NON - DRUG/ALCOHOL USER

II. Would you please answer the following by giving a tick mark or filling up according to the question:

1. Drug dependency and Alcoholism is ‘a way of life’ of the Naga society.
 - (a) Yes
 - (b) No
 - (c) Somewhat
 - (d) Can’t say
 - (e) None of the above

2. Is there anyone in your family having drug/alcohol using problem?
- (a) Yes
- (b) No
- (c) Can't say
3. Drug dependency and alcohol consumption has led to the increase in crimes and violence (like extortion, killing, suicide, rape and prostitution) in Nagaland.
- (a) Yes
- (b) No
- (c) Sometimes
- (d) Can't say
4. Do you agree that non-drug/alcohol user keep less company to the drug/alcohol user?
- (a) Yes
- (b) No
- (c) Sometimes
- (d) Can't say
5. The main causes of increase in school and college drop-outs in Nagaland are the followings.
- (a) Alcohol
- (b) Drug abuse
- (c) Generation gap between the students and parents
- (d) Negligence of school/college authority
- (e) Teacher's responsibility
- (f) Employment problems
- (g) Others
6. How does alcohol continue to freely flow in our state even though our state is declared to be a 'Dry State'? Give three reasons.
- (1).
- (2).
- (3).
7. What are the three major impacts of westernization on the Naga society today?
- 1.
- 2.
- 3.
8. What are the three main causes of drugs and alcohol use in Nagaland? Suggest three reasons.
- 1.
- 2.
- 3.
9. In regard to Nagaland Liquor Total Prohibition Act. of 1989, what solution would you suggest to the government?
- (a) Continue Prohibition
- (b) Lift Prohibition
- (c) Partial Prohibition

III. Please give your free and frank opinions on the followings:

1. Could you provide frank opinions about the scenario of addiction in Nagaland today?
2. How is a drug user/an alcoholic discriminated in the Naga society?

3. Why are the Naga youth are still initiated into this habit of using drugs and alcohol and what are the problems do you observe in the state ?
4. What is the effect of drug and alcohol addiction?
5. With regard to use of drugs and alcohol where does Nagaland as a Christian dominated state stand today?
6. Suggest the role of NGOs to control use of drugs and alcohol in Nagaland?
7. Suggest the role of the Government to control the use of drugs and alcohol in Nagaland?
8. Would you like to suggest any other in order to control the problem of drug addiction and alcoholism in Naga society?

Set. No. 02

POST - USER

This Questionnaire is for a **Post-Drug/Alcohol User** (who had tried drugs and alcohol earlier but discontinued).

I. General Information:

1. Initial Name (First three letters).....I.D Code No.....
2. Age 3. Sex: Male Female
4. Marital status: (a) Married (b) Unmarried (c) Divorced
(d) Widow
5. Education: (a) Illiterate (b) Under Matric (c) Matric
(d) Under graduate (e) Graduate (f) PG
6. Tribe..... 7. Religion.....
8. Occupation/Designation.....
9. Income (per month): Family..... Self.....
10. District.....

- * Please put a tick mark: 1. Post Drug User
2. Post Alcohol User 3. Both Post Drug and Alcohol User

POST - DRUG/ALCOHOL USER

II. Would you please answer the following by giving a tick mark or filling up according to the question:

1. As a post-user/alcoholic, have you experienced/faced the following discrimination?
 - (a) I was looked down upon by the society
 - (b) I was restricted from employment
 - (c) I was neglected by family members and friends.
 - (d) I was scolded by my parents
 - (e) Any other, Please specify.....
2. Female Intravenous Drug Users (IDUs) are less visible than males (IDUs) in Naga society.
 - (a) Yes
 - (b) No

- (c) Somewhat
 - (d) Can't say
-

3. Drug dependency and alcohol consumption has led to the increase in crimes and violence (like extortion, killing, suicide, rape and prostitution) in Nagaland.

- (a) Yes
 - (b) No
 - (c) Sometimes
 - (d) Can't say
-

4. No social function or party is considered a grand party unless expensive brands of whisky, scotch and beer flow freely.

- (a) Yes
 - (b) No
 - (c) Sometimes
 - (d) Can't say
-

5. The disease of addiction has changed the family value and structure, for eg. Addiction breaks family (divorce and orphanage).

- (a) Yes
 - (b) No
 - (c) Sometimes
 - (d) Can't say
-

6. Due to the addiction, an individual skips works and whenever he or she attends the duty, it is not productive because of the influence of drugs/alcohol.

- (a) Negligence of duty
 - (b) Create problems at office
 - (c) Misbehaviour
 - (d) Being unproductive
 - (e) Becoming a liability
-

7. Which of the following is believed to be the most vulnerable group on addiction of drugs and alcohol? Suggest in order of priorities giving serial no. in the box.

- (a) School/College drop-outs
 - (b) Ignorant youth
 - (c) Frustrated youth
 - (d) Unemployed youth
 - (e) Any others, please specify.....
-

8. When and at what age did you first start using alcohol or drugs and how long it continued?

- | | Drug | Alcohol |
|--|-------------|--------------------------|
| (a) Year | | |
| (b) Age | | |
| (c) Duration of the use of drug/alcohol: | | |
| (i) 1-2 years | | <input type="checkbox"/> |
| (ii) 1-3 years | | <input type="checkbox"/> |
| (iii) 1-4 years | | <input type="checkbox"/> |
| (iv) About 5 years | | <input type="checkbox"/> |
| (v) 5-10 years | | <input type="checkbox"/> |
| (vi) More than 10 years | | <input type="checkbox"/> |

9. Why did you start using drugs/chemical or alcohol?
- (a) Anxiety
- (b) Peer pressure
- (c) Frustration
- (d) Depression
- (e) Health problem
- (f) Curiosity
- (g) Family problem
- (h) Lack of entertainment
- (i) Other reasons, please specify.....
10. Did you use chemical/alcohol alone or with friends and where?
- (a) Used chemical/alcohol alone
- (b) Used chemical/alcohol with friends
- (c) Place of the use of chemical/alcohol.....
11. From where did you get drugs/alcohol? State the sources.
- (a).....
- (b).....
- (c).....
- (d).....
12. As a post-user/alcoholic who have influenced you to take drugs/alcohol?
- (a) My friend
- (b) Started myself
- (c) Learnt from media
- (d) I was deceived by someone
- (e) None of these
13. To which category of drinkers did you belong?
- (a) Rare users (drink once a year)
- (b) Infrequent users (drink once or twice in 2-3 months)
- (c) Light users (drink once or twice a month)
- (d) Moderate drinkers (drink three or four times in a month)
- (e) Heavy drinkers (drink everyday or several drinks in a day)
14. How many times do you take drugs/alcohol in a day?
- (a) Once
- (b) Twice
- (c) Thrice
- (d) More than three times
15. Suggest the role of NGOs to control use of drugs and alcohol in Nagaland?
1. Training
2. Seminar
3. Awareness generation programme
4. Counselling
5. Workshop
6. Any others, please specify.....

16. Suggest the role of the Government to control the use of drugs and alcohol in Nagaland?

- 1. Training
- 2. Seminar
- 3. Counselling
- 4. Awareness generation programme
- 5. Others, Please specify.....

17. In regard to Nagaland Liquor Total Prohibition Act. of 1989, what solution would you suggest to the government?

- (a) Continue Prohibition
- (b) Lift Prohibition
- (c) Partial Prohibition

18. Do you think that uses of drugs have come due to Prohibition Act?

- (a) Yes
- (b) No
- (c) Can't say
- (d) Somewhat

III. Please give your free and frank opinions on the followings:

- 1. How was your relationship with your parents when you were using chemical/drug or alcohol?
- 2. Have you attended/or been to Rehab centers or NGOs Agencies to seek help for your drug or alcohol problem? If so how or how did you discontinue the use of drugs/alcohol?
- 3. What problems do you observe in Nagaland on the twin issues of drug addiction and alcoholism?
- 4. With regard to use of drugs and alcohol where does Nagaland, as Christian dominated state, stand today?
- 5. Would you like to suggest any other in order to control the problem of drug addiction and alcoholism in Naga society?

Set No. 03

CURRENT – USER

This Questionnaire is for a **Current-Drug/Alcohol User** (who is currently using drugs and alcohol).

I. General Information:

- 1. Initial Name (First three letters).....I.D Code No.....
- 2. Age 3. Sex: Male Female
- 4. Marital status: (a) Married (b) Unmarried (c) Divorced
(d) Widow
- 5. Education: (a) Illiterate (b) Under Matric (c) Matric
(d) Under graduate (e) Graduate (f) PG
- 6. Tribe.....
- 7. Religion.....
- 8. Occupation/Designation.....
- 9. Income (per month): Family.....Self.....
- 10. District.....

- * Please put a tick mark: 1. Current Drug User
 2. Current Alcohol User 3. Both Current Drug and Alcohol User

CURRENT DRUG/ALCOHOL USER

II. Would you please answer the following by giving a tick mark or filling up according to the question:

1. When and at what age did you first start using alcohol or drugs?

	Drug	Alcohol
(a) Year
(b) Age

2. Why did you start using drugs/chemical or alcohol?

- | | |
|---------------------------|--------------------------|
| (a) Anxiety | <input type="checkbox"/> |
| (b) Peer pressure | <input type="checkbox"/> |
| (c) Frustration | <input type="checkbox"/> |
| (d) Depression | <input type="checkbox"/> |
| (e) Health problem | <input type="checkbox"/> |
| (f) Curiosity | <input type="checkbox"/> |
| (g) Family problem | <input type="checkbox"/> |
| (h) Lack of entertainment | <input type="checkbox"/> |

(i) Other reasons, please specify.....

3. Do you use chemical/alcohol alone or with friends and where?

- | | |
|---|--------------------------|
| (a) Used chemical/alcohol alone | <input type="checkbox"/> |
| (b) Used chemical/alcohol with friends | <input type="checkbox"/> |
| (c) Place of the use of chemical/alcohol..... | |

4. How do you feel when you first experienced drugs or alcohol?

- | | |
|-------------------------------------|--------------------------|
| (a) Enjoyable | <input type="checkbox"/> |
| (b) Happy | <input type="checkbox"/> |
| (c) Felt relieved from problems | <input type="checkbox"/> |
| (d) Any others, please specify..... | |

5. As a current-user/alcoholic who have influenced you to take drugs/alcohol?

- | | |
|-------------------------------|--------------------------|
| (a) My friend | <input type="checkbox"/> |
| (b) Started myself | <input type="checkbox"/> |
| (c) Learnt from media | <input type="checkbox"/> |
| (d) I was deceived by someone | <input type="checkbox"/> |
| (e) None of these | <input type="checkbox"/> |

6. To which category of drinkers do you belong?

- | | |
|--|--------------------------|
| (a) Rare users (drink once a year) | <input type="checkbox"/> |
| (b) Infrequent users (drink once or twice in 2-3 months) | <input type="checkbox"/> |
| (c) Light users (drink once or twice a month) | <input type="checkbox"/> |
| (d) Moderate drinkers (drink three or four times in a month) | <input type="checkbox"/> |
| (e) Heavy drinkers (drink everyday or several drinks during the day) | <input type="checkbox"/> |

7. How many times do you take drugs/alcohol in a day?

- | | |
|------------|--------------------------|
| (a) Once | <input type="checkbox"/> |
| (b) Twice | <input type="checkbox"/> |
| (c) Thrice | <input type="checkbox"/> |

- (d) More than three times
8. As a current-user/alcoholic, do you face the following discrimination?
- (a) Looked down upon by the society
- (b) Restricted from employment
- (c) Neglected by family members and friends.
- (d) Scolded by my parents
9. What is your daily average expense for your drug/chemical or alcohol use?
- (a) Below Rs.50
- (b) Rs.50 to Rs.100
- (c) Rs.150 to Rs.200
- (d) Rs. 200 and above.
10. Who give you money for buying drugs/alcohol?
- (a) Family members
- (b) Friends
- (c) Self earned
- (d) Any other, please specify.....
11. Why do you continue using drugs/chemical or alcohol?
- (a) Fear
- (b) Family problem
- (c) Unemployment
- (d) Loneliness
- (e) Attention seeking
- (f) Low self esteem
- (g) Aimlessness (No Vision)
- (h) No healthy relationship with family members
- (i) Others reasons, please specify
12. From where do you get drugs/alcohol? State the sources.
- (a).....
- (b).....
- (c).....
- (d).....
- (e).....
13. Does your family know that you are using drugs/alcohol?
- (a) Yes
- (b) No
- (c) Can't say
14. Have you ever been put to shame because of the influence of drugs or alcohol?
- (a) Yes
- (b) No
- (c) Can't remember
15. As a current-user/alcoholic in what activities do you take most interested?
- (a)
- (b)
- (c)

16. Are you treated the same way as other non-drug/alcohol using patients in the government/private health care centre?

- (a) Yes
- (b) No
- (c) Sometimes

17. Has anyone of your family member been dropped out of school/college due to the influence of drugs or alcohol? If yes male or female?

- (a) Yes If Yes; (i) Male
- (b) No (ii) Female

18. What types of drugs/substance or alcohol do you use?

- | <u>Drugs/substance/chemical</u> | <u>Alcohol</u> |
|--|--------------------------------------|
| a. Brown Sugar | a. Aristocrats (AC) |
| b. Codeine | b. Black Dog |
| c. Cough Syrups | c. Country made alcohol (Zutho) etc. |
| d. Ganja | d. Dansberg blue (Beer) |
| e. Heroin | e. Gin |
| f. Inhalants (Dendrite/Polish/Petrol etc.) | f. Honey bee |
| g. Morphine | g. Mc Dowell |
| h. Nicotine | h. Royal Stag |
| i. Opium | i. Signature |
| j. Relipen | j. Vodka |
| k. Sedatives | |
| l. Spasmo-Proxyvon | |

Apart from these, do you use any other drugs/chemical or alcohol? If so, please specify.....

19. Were your parents/grandfathers/grandmothers the drug/substance abusers or alcoholics?

- (a) Yes
- (b) No
- (c) Can't say

20. If you are a drug dependant, have you ever-injected drugs?

- (a) Yes
- (b) No
- (c) Can't remember

21. If "Yes" to question 20, have you ever shared needles and syringes with others?

- (a) Yes
- (b) No
- (c) Can't remember

22. If you are a drug dependant and injected drugs, were you been tested for HIV?

- (a) Yes
- (b) No

III. Please give your free and frank opinions on the followings:

1. How do your parents/family members feel in regard to your drug/alcoholic problem? Do they suggest you to change the habit of addiction?
2. Could you please mention your problems, difficulties and feelings in regard to the use of drugs/alcohol in the Naga society?

3. Have you attended/or being to Rehab centers or NGOs Agencies to seek help for your drug or alcoholic problem? (Or) Have you ever taken treatment for addiction, if so where?
4. What aid did you get from the Government / NGOs Agencies or any organization/institution in regard to your problem of chemical dependency or alcoholism?
5. Would you suggest some measures towards the problem of drug dependency and alcoholism?

Set No. 04

ORGANISATION / INSTITUTION

(Students' Body & Mothers' Associations, NGOs/Care Centre)

This Questionnaire is for the Students Body & Mothers' Association and NGOs/Care Centre contributing their effective and essential roles towards controlling drug addiction and alcoholism.

I. General Information:

1. Name of the Respondent I.D. Code.....
2. Age 3. Sex: Male Female
4. Education: (a) Illiterate (b) Under Matric (c) Matric
(d) Under graduate (e) Graduate (f) PG
5. Tribe..... 6. Religion.....
7. Occupation/Designation.....
8. Name of the Organisation/Institution.....
9. District.....

ORGANISATION / INSTITUTION

(Students' Body & Mothers' Associations, NGOs/Care Centre)

II. Would you please answer the following by giving a tick mark or filling up according to the question:

1. Who do you think are the drugs addicts/users and alcoholics in Nagaland?
 - (a) School/ College drop-outs
 - (b) Uneducated youth
 - (c) Educated youth but indiscipline youth
 - (d) Delinquent children
 - (e) Children of poor people
 - (f) Children of affluent family
 - (g) Any others, please specify.....
2. How does alcohol continue to freely flow in our state even though our state has declared to be a 'Dry State'. Give three reasons.
 - (1)
 - (2)
 - (3)
3. What are the three main causes of drugs and alcohol use in Nagaland today? Suggest three reasons.
 - 1.
 - 2.
 - 3.
4. What are the three main reasons for the availability/flow of drugs which leads to addiction in Nagaland?
 - 1.

- 2.
- 3.

5. What are the followings do you provide to create awareness in regard to chemical dependency and alcoholism in Naga society?

- | | |
|------------------------------------|--------------------------|
| 1. Training | <input type="checkbox"/> |
| 2. Seminar | <input type="checkbox"/> |
| 3. Awareness generation programme | <input type="checkbox"/> |
| 4. Free Counselling | <input type="checkbox"/> |
| 5. Workshop | <input type="checkbox"/> |
| 6. Any others, please specify..... | <input type="checkbox"/> |

6. Suggest three points on the role of NGOs to control use of drugs and alcohol in Naga society?

- 1.....
- 2.....
- 3.....

7. Suggest three points on the role of the Government to control the use of drugs and alcohol in Naga society?

- 1.....
- 2.....
- 3.....

8. What are the followings do you provide to the drug-users/alcoholics in spending their leisure time?

Rearrange in order of priority.

- | | |
|--------------------------------------|--------------------------|
| a. Playing games | <input type="checkbox"/> |
| b. Reading Newspaper/Magazines/Novel | <input type="checkbox"/> |
| c. Watching T.V | <input type="checkbox"/> |
| d. Listening music | <input type="checkbox"/> |
| e. Walking | <input type="checkbox"/> |
| f. Outside exposure | <input type="checkbox"/> |
| g. Training | <input type="checkbox"/> |
| h. Training for income generation | <input type="checkbox"/> |
| i. Any others, please specify..... | <input type="checkbox"/> |

9. In regard to Nagaland Liquor Total Prohibition Act. of 1989, what solution would you suggest to the government?

- | | |
|--------------------------|--------------------------|
| (a) Continue Prohibition | <input type="checkbox"/> |
| (b) Lift Prohibition | <input type="checkbox"/> |
| (c) Partial Prohibition | <input type="checkbox"/> |

III. Please give your free and frank opinions on the followings:

1. Why is the Prohibition Act. of 1989 not effective? Give reasons.

2. Could you provide frank opinion about the scenario of 'Drug addiction and Alcoholism' in Nagaland today?

*** (Question 3 – 7 is for NGOs/Care Centre)**

3. What is the percentage of HIV/AIDS among drug users/Injecting Drug Users (IDUs) in Nagaland?

4. Does the alcoholics involve more in sexual immoralities and infected HIV/AIDS? If so, what is the outcome according to your record?

5. Mention five points on how HIV/AIDS is not spread/infected.
 - 1.....
 - 2.....
 - 3.....
 - 4.....
 - 5.....
6. Mention four points on how HIV/AIDS is spread/infected.
 - 1.....
 - 2.....
 - 3.....
 - 4.....
7. Can people protect themselves from HIV by using condom while having sex?
8. Would you please give your opinion to control HIV/AIDS problem in the Naga society?
9. How do you manage drug-users/alcoholics in your organization? (Or) How do you deal with them?
10. What treatment facilities do you provide to the drugs-users/alcoholics?
11. What are your organization capabilities in tackling the drug-users/alcoholics?
12. What are the weakness/limitations of your organization/management authority?
13. Would you like to suggest anything in order to control the problem of drug addiction and alcoholism in Naga society?

Set No. 05

ORGANISATION / INSTITUTION
(Police Check Gate / Narcotic Cell)

This Questionnaire is for the Police Check Gate & Narcotic Cell contributing their effective and essential roles towards controlling the problem of drug addiction and alcoholism.

I. General Information:

1. Name of the Respondent I.D. Code No.....
2. Age 3. Sex: Male Female
4. Education: (a) Illiterate (b) Under Matric (c) Matric
(d) Under graduate (e) Graduate (f) PG
5. Tribe..... 6. Religion.....
7. Occupation/Designation.....
8. Name of the Police Check Gate/Narcotic Cell.....
9. District.....

ORGANISATION / INSTITUTION
(Police Check Gate / Narcotic Cell)

II. Would you please answer the following by giving a tick mark or filling up according to the question:

1. How does alcohol continue to freely flow in our state even though our state has declared to be a 'Dry State'. Give three reasons.
 - (1).
 - (2).
 - (3).

2. What are the three main reasons for the availability/flow of drugs which leads to addiction in Nagaland?

- 1.
- 2.
- 3.

3. How many people were caught in a year with drugs/IMFL and had been forwarded to judicial custody in a year?

Year	Drugs	Alcohol
1. 2005
2. 2006
3. 2007
4. 2008

4. What types of drugs/alcohol mostly do you seized from the check gate?

Drugs	Alcohol
1.	1.
2.	2.
3.	3.
4.	4.

5. According to your record what is the quantity of drugs/alcohol seized in a year?

Year	Drugs	Alcohol
1. 2005
2. 2006
3. 2007
4. 2008

6. According to your record of drugs/alcohol seized in a year, what amount/money value does it cost in the state?

Year	Drugs	Alcohol	Amount/Money Value
1. 2005
2. 2006
3. 2007
4. 2008

7. Who are more in drug peddling, men or women, Nagas or non-Nagas?

1. Men/Women
2. Nagas/Non-Nagas
3. If not, what community

8. Of the drug peddlers/alcohol suppliers caught, Can you classify men, women, Naga, non-Naga and name of the district?

	Total no.	Name of the district
1. Men
2. Women
3. Naga
4. Non-Naga

9. What are the steps do you take when you arrest the peddlers/bootleggers?

1. Burn the seized drugs/alcohol
2. Arrest them and put in the prison
3. Give them counselling
4. Verbally abuse them
5. Physically torture/beat them

6. Any others, please specify.....

10. Mention the total no. of Police Check gate/ Narcotic Cells in Nagaland.

Police Check Gate

Narcotic Cell

*

*

III. Please give your free and frank opinions on the followings:

1. From where do the people bring the drugs/substance and alcohol?
2. What are the five steps have you taken to reduce the inflow of drugs and alcohol in Nagaland?
Are the steps taken effective?
3. How is the relationship between the police personnel and lawyers in tackling the drug peddlers and alcohol suppliers?
4. What are the difficulties do the police personnel/narcotic personnel faces while arresting/seizing the drug peddlers and alcohol suppliers ?
5. Suggest the role of NGOs to control use of drugs and alcohol in Naga society?
6. Suggest the role of the Government to control the use of drugs and alcohol in Naga society?
7. Would you like to suggest anything in order to control the problem of drug addiction and alcoholism in Naga society?

Set No. 06

ORGANISATION / INSTITUTION

(Prison / Jail)

This Questionnaire is for the Prison or Jail contributing their effective and essential roles towards curbing the twin problem of drug addiction and alcoholism in Nagaland.

I. General Information:

1. Name of the Respondent.....I.D. Code.....
2. Age
3. Sex: Male Female
4. Education: (a) Illiterate (b) Under Matric (c) Matric
(d) Under graduate (e) Graduate (f) PG
5. Tribe.....
6. Religion.....
7. Occupation/Designation.....
8. Name of the Prison/Jail.....
9. District.....

ORGANISATION / INSTITUTION

(Prison / Jail)

II. Would you please answer the following by giving a tick mark or filling up according to the question:

1. Who do you think are the drugs addicts/users and alcoholics in Nagaland? Arrange in order of priority.
 - (a) School/ College drop-outs
 - (b) Uneducated youth

- (c) Educated youth but indisciplined youth
- (d) Delinquent child
- (e) Children of poor people
- (f) Children of affluent family
- (g) Unemployed youth
- (h) Any others, please specify.....

2. Which of the following is considered as most serious under the law?

- (a) Drug related abuse
- (b) Drug related peddling

3. According to your record, what is the average number of people imprisoned in a year?

Year	No. of people	Men	Women
1. 2005
2. 2006
3. 2007
4. 2008

4. What are the following activities do you provide to the prisoners of drug and alcohol users in spending their leisure time?

- (a) Playing games
- (b) Watching movies
- (c) Productive works
- (d) Counselling
- (e) Training
- (f) Any others, please specify.....

5. Are the prisoners satisfied with the following facilities in prison?

- a. Fooding
- b. Bedding
- c. Clothing
- d. Accommodation

6. According to your record, what is the average number of people imprisoned for drug peddling?

Year	Drug/Chemical
1. 2005
2. 2006
3. 2007
4. 2008

7. Do you think that the peddlers are drug users as well?

- a. Yes
- b. No
- c. Sometimes

8. Who are more in drug peddling, men or women, Nagas or non-Nagas?

- 1. Men/Women
- 2. Nagas/Non-Nagas
- 3. If not, what community

9. Of the drug peddlers/alcohol suppliers caught, Can you classify men, women, Naga, non-Naga and name of the district?

	Total no.	Name of the district
1. Men
2. Women
3. Naga
4. Non-Naga

10. Which one of the following is more applicable for the state of Nagaland to reduce the flow of drugs/alcohol?

- (a) Family
- (b) Educational institution
- (c) Churches
- (d) Police
- (e) Narcotic Organisation
- (f) NGOs
- (g) Any others, please specify.....

III. Please give your free and frank opinions on the followings:

1. What do you think is the best way to tackle drug addicts/users?
2. How do you manage drug users in the prison?
3. How do you manage drug peddlers in the prison?
4. What percentage of prison inmates are from drug related case?
5. What steps have been taken by the law enforcement agency to reduce drug flow in Nagaland?
6. What types of punishment do you suggest for the drug users and alcoholics in the prison?
7. Do you think the present system of imprisonment helps the drug-users and alcoholics to reform and re-socialize their lives?
8. Suggest the role of NGOs to control use of drugs and alcohol in Naga society?
9. Suggest the role of the Government to control the use of drugs and alcohol in Naga society?
10. Would you like to suggest anything in order to control the problem of drug addiction and alcoholism in Naga society?

Set No. 07

ORGANISATION / INSTITUTION

(Police Station)

This Questionnaire is for the Police Station dealing their effective and essential roles towards controlling the problem of drug addiction and alcoholism.

I. General Information:

1. Name of the RespondentI.D. Code No.....
2. Age 3. Sex: Male Female
4. Education: (a) Illiterate (b) Under Matric (c) Matric
(d) Under graduate (e) Graduate (f) PG
5. Tribe..... 6. Religion.....
7. Occupation/Designation.....

8. Name of the Police Station.....

9. District.....

**ORGANISATION / INSTITUTION
(Police Station)**

II. Would you please answer the following by giving a tick mark or filling up according to the question:

1. How does alcohol continue to freely flow in our state even though our state has declared to be a 'Dry State'. Give three reasons.

- (1)
- (2)
- (3)

2. Which of the following is considered as most serious under the law?

- (a) Drug related abuse
- (b) Drug related peddling

3. How many people were caught in a year with drugs/IMFL and had been forwarded to judicial custody in a year ?

Year	Drugs	Alcohol
1. 2005
2. 2006
3. 2007
4. 2008

4. State the extent of the role played by the district Magistrate and Lawyers?

	District Magistrate	Lawyer
1. They perform their duties properly	Yes/No <input type="checkbox"/>	Yes/No <input type="checkbox"/>
2. Neglect their duties	Yes/No <input type="checkbox"/>	Yes/No <input type="checkbox"/>
3. They are inefficient	Yes/No <input type="checkbox"/>	Yes/No <input type="checkbox"/>
4. No co-operation between the districts magistrate and the lawyers	Yes/No <input type="checkbox"/>	
5. No co-operation between the lawyers and police officers	Yes/No <input type="checkbox"/>	

5. As a police officer, what are the difficulties do you experience in your police station?

- 1. No strong room/lock-up
- 2. Lack of transportation
- 3. Telephone
- 4. Water connection
- 5. Electrification
- 6. Lack of space (accommodation) for staff members
- 7. Intervention by political parties

6. According to your record, what is the average number of vehicle accident under the influence of drugs/alcohol in a year?

Year	Due to drug use	Due to alcohol use
1. 2005
2. 2006
3. 2007
4. 2008

7. According to your record, what is the average number of killing and rape cases under the influence of drugs/alcohol from the year 2005 – 2008?

Average No. of Killing Cases		
Year	Due to drug use	Due to alcohol use
1. 2005
2. 2006
3. 2007
4. 2008
Total:

Average No. of Rape cases		
Year	Due to drug use	Due to alcohol use
1. 2005
2. 2006
3. 2007
4. 2008
Total:

III. Please give your free and frank opinions on the followings:

1. What is your opinion regarding the role of NGOs in civil societies in controlling the drug abuse and alcoholism under your jurisdiction? Give five reasons.
2. What are the record of drug related crimes apart from killing and rape in Nagaland?
3. What are the difficulties do the police personnel/narcotic personnel faces while arresting/seizing the drug peddlers and alcohol carriers?
4. Would you like to suggest anything in order to control the problem of drug addiction and alcoholism in Naga society?

Set No. 08

ORGANISATION / INSTITUTION
(Excise Department)

This Questionnaire is for the Excise Department dealing their effective and essential roles towards controlling the problem of drug addiction and alcoholism.

I. General Information:

1. Name of the RespondentI.D. Code No.....
2. Age 3. Sex: Male Female
4. Education: (a) Illiterate (b) Under Matric (c) Matric
(d) Under graduate (e) Graduate (f) PG
5. Tribe..... 6. Religion.....
7. Occupation/Designation.....
8. Name of the Department.....
9. District.....
10. Year of establishment of the Department.....
11. Organizational structure
12. Main functions of the Department:
1.

- 2.
- 3.
- 4.

II. Would you please answer the following by giving a tick mark or filling up according to the question:

1. In your opinion, do you think that your department is managing effectively? Give your judgment.

- a. Effectively
- b. Not effective
- c. Poorly managed

2. What are the main factors of flow of drugs and alcohol in Nagaland since recent years?

- a.
- b.
- c.
- d.

3. Which of the following is considered as most serious under the law?

- (a) Drug related abuse
- (b) Drug related peddling

4. Mention the total no. of Excise Dept. Check gate/ Narcotic Cells in Nagaland.

Excise Check Gate

Narcotic Cell

*.....

*

5. How many people were caught in a year with drugs/IMFL and had been forwarded to judicial custody in a year?

Year	Drugs	Alcohol
1. 2005
2. 2006
3. 2007
4. 2008

6. What types of drugs/alcohol mostly do you seized from the check gate?

Drugs

Alcohol

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

7. According to your record what is the quantity of drugs/alcohol seized in a year?

Year	Drugs	Alcohol
1. 2005
2. 2006
3. 2007
4. 2008

8. According to your record of drugs/alcohol seized in a year, what amount/money value does it cost in the state?

Year	Drugs	Alcohol	Amount/Money Value
1. 2005
2. 2006
3. 2007

4. 2008

9. Who are more in drug peddling, men or women, Nagas or non-Nagas?

- 1. Men/Women
- 2. Nagas/Non-Nagas
- 3. If not, what community

10. Of the drug peddlers/alcohol suppliers caught, Can you classify men, women, Naga, non-Naga and name of the district?

	Total no.	Name of the district
1. Men
2. Women
3. Naga
4. Non-Naga
Total:	

11. What are the steps do you take when you arrest the peddlers/bootleggers?

- 1. Burn the seized drugs/alcohol
- 2. Arrest them and put in the prison
- 3. Give them counselling
- 4. Verbally abuse them
- 5. Physically torture/beat them
- 6. Any others, please specify.....

III. Please give your free and frank opinions on the followings:

- 1. From where do the people bring the drugs/substance and alcohol?
- 2. What are the five steps have you taken to reduce the inflow of drugs and alcohol in Nagaland?
Are the steps taken effective?
- 3. What are the main difficulties do you face while arresting/seizing the drug peddlers and alcohol suppliers?
- 4. What are the main difficulties of your department in controlling the problem of drug addiction and alcoholism in Nagaland?
- 5. Would you like to suggest anything in order to control the problem of drug addiction and alcoholism in Naga society?

Set No. 09

ORGANISATION / INSTITUTION

(Hospital)

This Questionnaire is for a Doctor/Nurse contributing their effective and essential roles towards giving treatment to the users.

I. General Information:

- 1. Name of the Respondent.....I.D. Code No.....
- 2. Age 3.Sex: Male Female
- 4. Education: (a) Illiterate (b) Under Matric (c) Matric
(d) Under graduate (e) Graduate (f) PG
- 5. Tribe..... 6. Religion
- 7. Occupation/Designation.....
- 8. Name of the Hospital.....
- 9. District.....

ORGANISATION / INSTITUTION

(Hospital)

II. Would you please answer the following by giving a tick mark or filling up according to the question:

1. A drug user and alcoholic contract more health problems like TB, hepatitis, premature death, HIV/AIDS etc.

- (a) Yes
- (b) No
- (c) Always
- (d) Sometimes
- (e) Never

2. Is addiction/dependency of drugs/substance and alcohol curable?

- (a) Yes
- (b) No
- (c) Can't say

3. Which of the following group admit in the hospital for drug/alcohol treatment?

Age group

- 1. Below 20 yrs
- 2. 21 - 30
- 3. 31 - 40
- 4. 41 - 50
- 5. 51 - 60
- 6. 61 years and above

4. Do you think that the facilities available in your hospital are sufficient in terms of the following?

- 1. Infrastructure - Yes/No
- 2. Technical man power - Yes/No
- 3. Equipments - Yes/No
- 4. Medicine - Yes/No
- 5. Transportation - Yes/No

5. Are the drug users/alcoholics more involved in sexual immoralities?

- 1. Yes
- 2. No
- 3. Can't say

6. Whether the parents of the drug/alcohol patients co-operate with you while handling the problem?

- 1. They are highly co-operative
- 2. No concern
- 3. Total ignorant
- 4. They don't want to expose their children

7. How many people died in the last 5 years in your hospital due to drugs and alcohol problem?
Are they men or women?

Year	Men	Women
1. 2004
2. 2005

3. 2006	
4. 2007	
5. 2008	
Total :	Grand Total

8. Mention five points on how HIV/AIDS is not spread/infected.

- 1.
- 2.
- 3.
- 4.
- 5.

9. Mention four points on how HIV/AIDS is spread/infected.

- 1.
- 2.
- 3.
- 4.

10. What are the most common physical problems associated to drug and alcohol use? Mention any five points.

- 1.
- 2.
- 3.

11. What are the basic problems in tackling the drug/alcoholic patients in your hospital? Give three reasons.

- 1.
- 2.
- 3.

12. What the state government should do to improve your hospital? Suggest three points.

- 1.
- 2.
- 3.

III. Please give your free and frank opinions on the followings:

1. According to your record, what is the percentage of HIV/AIDS among drug users/Intravenous drug users?
2. What is the most common cause of death among drug addicts?
3. Besides medicines, what are the management do you impart in hospitalized alcoholics and drug addicts?
4. Can people protect themselves from HIV by using condom while having sex?
5. According to your record, what is the average number of drug/alcohol using patients admitted in your hospital in a year? Are they mostly men or women?
6. Does the drug-users/alcoholics admitted in your hospital involve more in sexual immoralities and infected HIV/AIDS? If so, what is the outcome according to your record?
7. Would you please give your opinion to control HIV/AIDS problem in Nagaland?
8. Would you like to suggest anything in order to control the problem of drug addiction and alcoholism in Naga society?

Set No. 10

RELIGIOUS ORGANISATION

(Church Leaders/Workers)

This Questionnaire is for a Church leader/worker contributing their effective and essential roles towards controlling drug addiction and alcoholism.

I. General Information:

- 1. Name (Mr/Ms/Mrs/Rev/Dr).....I.D. Code No.....
- 2. Age 3. Sex: Male Female
- 4. Education: (a) Illiterate (b) Under Matric (c) Matric
(d) Under graduate (e) Graduate (f) PG
- 5. Tribe..... 6. Religion.....
- 7. Occupation/Designation.....
- 8. Name of the Institution/Church.....
- 9. District.....

RELIGIOUS ORGANISATION
(Church Leaders/Workers)

II. Would you please answer the following by giving a tick mark:

- 1. Do you think the abuse of drugs and alcohol affecting an individual also affects the church?
 - (a) Yes
 - (b) No
 - (c) May be
 - (d) Can't say

- 2. A church should provide Christian based Rehabilitation centre.
 - (a) Yes
 - (b) No
 - (c) Somehow
 - (d) To some extent

- 3. Lack of bringing children to God will increase the problem of drug abuse and alcoholism in our Naga society.
 - (a) Yes
 - (b) Somewhat
 - (c) No

- 4. Role of church in controlling the problem of drug addiction and alcoholism in Naga society has become an urgent need. Arrange the number in order of merit.
 - a. Church has realized the problem too late.
 - b. It is not the primary role of the church
 - c. Church is not equipped to handle the problem
 - d. Pastors and church leaders shy away to discuss the problem
 - e. Church has concern over this problem but unable to control.

- 5. In your opinion, turning of Naga society into a culture of drug addiction and alcoholism is because of the followings. Give your judgment.
 - a. Modernization and urbanization
 - b. Negligence and ignorance of parents
 - c. Political factors
 - d. Lack of education

e. Family problem

f. Negligence of church

6. In regard to Nagaland Liquor Total Prohibition Act. of 1989, what solution would you suggest to the government?

(a) Continue Prohibition

(b) Lift Prohibition

(c) Partial Prohibition

III. Please give your free and frank opinions on the followings:

1. How does alcohol continue to freely flow in our state even though our state has declared to be a 'Dry State'. Give three reasons.

1.

2.

3.

2. Does the Church perform proper funeral rites to the drug addicts and why?

3. What should be the role of the church and what steps have been taken in diminishing the disease of drug addiction and alcoholism?

4. Do you have a specific method in handling the problem of 'Drug dependency and Alcoholism' in the Naga society?

5. What is your future plan to control the twin problem of 'Drug Addiction and Alcoholism' in Nagaland?

6. Would you like to suggest any other in order to control the problem of drug addiction and alcoholism in Naga society?

Set No. 11

SCHEDULED INTERVIEW (Village Profile)

This Scheduled Interview is to be applied in the villages (rural areas) for collection of information on drug addiction and alcoholism.

I. General Information:

1. Name of the Village:

2. District:

3. Distance from the district Hq. in Km – Nearest Hospital

4. Total no. of household

5. Population at present: Male Female Total

6. Literacy rate

7. Main occupations of the villagers:

1. Terrace and shifting cultivation

2. Business

3. Govt. employees

4. Self employed

5. None of the above

8. No. and Name of Churches

a. No. of Churches :

b. Name of Churches :

- 1.
- 2.
- 3.

9. No. and Name of schools

a. No of schools :

b. Name of **Private Schools:**

- 1.
- 2.
- 3.

Name of **Govt. Schools:**

- 1.
- 2.
- 3.

10. No. and Name of primary health Centre

a. No. of primary health centre :

b. Name of primary health centre: 1.

2.

3.

(OR)

Nearest Hospital for the villagers:.....

11. Nearest drug/alcoholic treatment/Rehab centers

1.

2.

12. Approximate total no. of current alcoholics in the village :

a. Men

b. Women

13. Approximate no. of current drug users in the village:

a. Men

b. Women

14. No. of families who manufacture/produced local wine (Zutho or any other) in the village:

*** Name of the Respondent**

Signature

1.

.....

2.

.....

3.

.....

4.

.....

5.

.....

II. Please fill up the following Profile of the Respondent:

(This section is to be answered by the Village Elders, VCC and VDB Secretary, Gaon Buras and Women/Students/Youth Leaders):

1. Name of the Respondent I.D. Code No.....

2. Age 3.Sex: Male Female

4. Education: (a) Illiterate (b) Under Matric (c) Matric
 (d) Under graduate (e) Graduate (f) PG
5. Tribe..... 6. Religion.....
7. Occupation/Designation.....
8. Name of the village.....

III. Please give your free and frank opinions on the followings

1. From where do the people buy or bring drugs?
2. From where do the people buy or bring alcohol?
3. Since when the problem of drug addiction and alcoholism started in the village?
4. What is the evil effect of drug abuse and alcoholism in the village?
5. Would you like to suggest anything in order to control the problem of drug addiction and alcoholism in Naga society?

Set No. 12

RELIGIOUS ORGANISATION
(Church Council)

This Questionnaire is for the Church Council contributing their effective and essential roles on the NLTP Act of 1989 and vital role in controlling substance abuse.

I. General Information:

1. Name of the Respondent I.D. Code.....
2. Age3. Sex: Male Female
4. Education: (a) Illiterate (b) Under Matric (c) Matric
 (d) Under graduate (e) Graduate (f) PG
5. Tribe..... 6. Religion.....
7. Occupation/Designation.....
8. Name of the Organisation/Institution.....
9. District.....

RELIGIOUS ORGANISATION
(Church Council)

II. Would you please answer the following by giving a tick mark or filling up according to the question:

1. How does alcohol continue to freely flow in our state even though our state has declared to be a 'Dry State'. Give three reasons.
 - 1.

- 2.
- 3.
2. What are the three main causes of drugs and alcohol use in Naga society today? Suggest three reasons.
 - 1.
 - 2.
 - 3.
3. Suggest three points on the role of NGOs to control use of drugs and alcohol in Naga society?
 - 1.....
 - 2.....
 - 3.....
4. Suggest three points on the role of the Government to control the use of drugs and alcohol in Naga society?
 - 1.....
 - 2.....
 - 3.....
5. In regard to Nagaland Liquor Total Prohibition Act. of 1989, what solution would you suggest to the government?

(a) Continue Prohibition	<input type="checkbox"/>
(b) Lift Prohibition	<input type="checkbox"/>
(c) Partial Prohibition	<input type="checkbox"/>

III. Please give your free and frank opinions on the followings:

1. Would you provide frank opinion about the scenario of 'Drug addiction and Alcoholism' in Nagaland today?
2. Does the Church perform proper funeral rites to the drug addicts and why?
3. What should be the role of the Church and what steps have been taken in diminishing the disease of drug addiction and alcoholism?
4. Would you highlight a brief history of Nagaland Liquor Total Prohibition (NLTP) Act of 1989?
(Or)
Would you please give reasons why and how the 'NLTP Act of 1989' came into force?
5. What are the Steps/Strategies in implementing the NLTP Act of 1989?
6. Is the 'NLTP Act of 1989' successful or a failure?
 - (a) If successful, give reasons.
 - (b) If a failure, give reasons. Or why is the NLTP Act of 1989 not effective and had a failure in implementing the Act.? Give reasons.
7. What are the weaknesses/limitations of your organization/management authority in implementing the NLTP Act. of 1989?
8. What are the future plans to strengthen the NLTP Act of 1989?
9. Would you like to suggest anything in order to control the problem of drug addiction and alcoholism in Naga society?

Signature of the Respondent.....

APPENDIX - VI: A Profile of Data Collection

The followings are the total no. of respondents from different category of people, different NGOs/Institutions/police stations, check gate and prisons of which the research data was collected during the period of field work (2008-2014) from Kohima, Dimapur and Phek districts of Nagaland.

a. Non-Users: Non-Drug/Alcohol Users Respondents

Name of District	Nurses	Teachers	Students	Doctors	Lawyers	Business-men	Police-men	Pastors	Others	Total Respondents
Kohima	5	4	5	4	2	4	3	4	14	100
Dimapur	5	3	5	3	2	3	4	3		
Phek	5	3	5	3	2	3	3	3		
TOTAL	15	10	15	10	6	10	10	10	14	

b. Post Users: Post-Drug/Alcohol Users

Name of District	No. of Respondents	Total Respondents
Kohima	35	35 Respondents
Dimapur	35	35 Respondents
Phek	30	30 Respondents
Total	100	100 Respondents

c. Current Users; Current-Drug/Alcohol Users

Name of District	No. of Male Respondents	No. of Female Respondents	Total No. of Respondents
Kohima	60	20	80 Respondents
Dimapur	50	20	70 Respondents
Phek	40	10	50 Respondents
Total	150	50	200 Respondents

d. NGOs

(i) NGOs/Rehabilitation Centre/D.I.C

Name	Name of NGO/Rehabilitation Centre	No. of NGOs/Rehabilitation Centre	Total
Kohima	Family Planning Association of India (FPA) Nagaland Branch, Kohima	1	5
	Kekhrie Foundation	1	
	Kripa Foundation	1	
	Youth Mission	1	
	NNP+, Kohima	1	
Dimapur	Asha Bhawan: Trust of India	1	7
	Shalom Rehabilitation Centere	1	
	Bethesda Youth Welfare Centre	1	
	Prodigals Home	1	
	Dimapur Life Challenge	1	
	Guardian Angel	1	
	CAD Foundation (DIC)	1	
Phek	Eureka Life Foundation Phek	1	3
	Truth Truimph Mission Society, Chozuba	1	
	Rukizumi Welfare Society, Pfütsero	1	
State	Nagaland Users Network (NUN)	1	1
Total			16

(ii) Mothers' Association

Name	Name of Mothers' Association	No. of Mothers' Association	Total
Kohima	Kohima, Watsu Unit (Ao)	1	3
	Jakhama Mothers' Society	1	
	Khonoma Mothers' Union	1	
Dimapur	Chakhesang Mothers' Association, Dimapur	1	3
	Sovima Mothers Society, Dimapur	1	
	Chümoukedima Village Mothers' Association	1	
Phek	Pfütsero Town Mothers Association	1	3
	Phek Area Mothers' Association	1	
	Chozubami Women Society	1	
State	Naga Mothers' Association	1	1
Total			10

(iii) Students Body

Name	Name of Students Body	No. of Students' Body	Total
Kohima	Angami Students Union	1	2
	Kohima, Lotha Students Union	1	
Dimapur	Dimapur Naga Students Union	1	2
	Chakhro Students Union, Dimapur	1	
Phek	Phek Town, Chakhesang Students Union	1	2
	Psütsero Town Students Union	1	
State	All Nagaland Colleges Students' Union (ANCSU)	1	1
	Naga Students Federation (NSF)	1	1
Total			8

(iv) Churches

Name	Name of Church	No. of Church	Total
Kohima	Chakhesang Baptist Church, Ministers' Hill	1	4
	Ao Baptist Church, Kohima	1	
	Cross Wonder Church, Chandmari	1	
	Christ King Church, Kohima Village	1	
Dimapur	Chümoukedima Village Baptist Church	1	3
	Christian Rivival Church, Sodzülhou Village	1	
	Sumi Baptist Church, Sugar Mill	1	
Phek	Phek Town Baptist Church	1	3
	Pfütsero Town Christian Revival Church	1	
	Calvary Baptist Church, Pfütsero	1	
Total			10

e. Government Agencies**(i) Excise and Prohibition**

Name of District	Name of Department	No. of Excise	Total
Kohima	Excise and Prohibition Kohima	1	1
Dimapur	Excise and Prohibition Dimapur	1	1
Phek	Excise and Prohibition Phek	1	1
Total			3

(ii) Police Stations

Name	Name of Police Station	No. of Police Stations	Total
Kohima	Kohima North Police Station	1	5
	Kohima South Police Station	1	
	Khuzama Police Station	1	
	Tseminyu Police Station	1	
	Chiepobozou Police Station	1	
Dimapur	West Police Station	1	6
	East Police Station	1	
	Diphupar Police Station	1	
	Government Police Station	1	
	Sub-Urban Police Station	1	
	Medziphema Police Station	1	
Phek	Phek Police Station	1	6
	Khezhakeno Police Station	1	
	Pfütsero Police Station	1	
	Chozuba Police Station	1	
	Meluri Police Station	1	
	Chizami Police Station	1	
State (In General)	State Crime Cell Police Station PHQ Kohima	1	
State (In General)	Narcotic Cell Police Station PHQ Kohima	1	
Total			19

(iii) Prison

Name of District	Name of Prison	No. of Prison/Jail	Total
Kohima	District Jail Kohima	1	1
Dimapur	Central Jail Dimapur	1	2
	Sub-Jail Dimapur	1	
Phek	Sub - Jail Phek	1	1
Total			4

(iv) Check Gate/Point

Name	Name of Check Gate/ Point	No. of Check Gate/Point	Total
Kohima	By-Pass Police Check Gate	1	7
	Phesama Police Check Gate	1	
	Khuzama Police Check Gate	1	
	Meriema Police Check Gate	1	
	Tseminyu (Old) Police Check Gate	1	
	BSF Check Gate	1	
	Excise and Prohibition Check Gate, Khuzama	1	
	Narcotics and Prohibition Check point Khuzama	1	
Dimapur	Chumukedima Police Check Gate	1	5
	New Field Check Gate	1	
	Dellai Police Check Gate	1	
	Excise and Prohibition Check Gate, New Field	1	
	Excise and Prohibition Check Gate Chumukedima	1	
Phek	Khezhakeno Police Check Gate	1	3
	Lanezho Police Check Gate	1	
	Pfütsero Police Check Gate	1	
Total			15

f. Hospital (Government and Private)

Name of District	Name of Hospital	No. of Hospital	Total
Kohima	Bethel Medical Centre	1	4
	St. Mary's Nursing Home	1	
	Naga Hospital Authority	1	
	Oking Hospital	1	
Dimapur	Faith Hospital	1	4
	Metro Hospital	1	
	Zion Hospital and Research Centre	1	
	Dimapur Hospital	1	
Phek	Civil Hospital Pfütsero	1	2
	District Hospital Phek	1	
Total			10

g. Village Representatives

(i) Kohima: Jakhama and Khonoma Village (ii) Dimapur: Chümoukedima and Sodzüllu Village and (iii)Phek: Pfütseromi Chozuba Village. 15 Respondents.

h. Group Discussion: 3 participants

Case Studies of Individuals was taken from the post and current drug/alcohol users.

i. Church Council: 1 (NBCC).

GLOSSARY

Addiction	: condition of being addicted
Barbiturate	: a kind of sedative drug
Beverage	: a drink other than water
Bootleg	: to manufacture, sell or transport for sale (alcoholic liquor) illegally
Contraband	: trade in smuggled goods
Current Users	: who used drugs/alcohol during the time of the study
Curiosity	: desire to know
Detoxify	: help to stop taking drink or drugs
Dependence	: the state of being dependent
Frisk	: a search for hidden drugs
Hallucination	: go astray in thought
Hooked	: addicted
Illicit	: forbidden by law, rules
Intravenous	: within or into a vein
Morphine	: a drug obtained from opium and used in medicine to relieve pain
Narcotic	: an addictive drug which causes drowsiness or unconsciousness
Naga society	: a reference to Nagaland; Naga society and Nagaland is used simultaneously
Non - Users	: who had never taken drugs and alcohol
Post Users	: who had tried drugs and alcohol earlier but discontinued
Prohibition	: the prevention by law of the manufacture and sale of liquor
Rehabilitate	: Prepare someone who has been ill or in prison to resume normal life by training and therapy
Smuggle	: move goods illegally into or out of the country
Stigma	: a mark or sign of disgrace
Substance	: an intoxicating drug especially an illegal one
Surveillance	: to watch, close watch kept over someone or something
Syndrome	: condition, disorder, sickness
Trafficking	: deal or trade in something illegal
Therapy	: therapeutic treatment especially of bodily, mental or behavioural disorder
User	: One who abuses drugs and alcohol
Vulnerable	: exposed to being harmed
Zutho	: a Naga local rice beer (in Tenyiedie dialect).

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C. WEBLIOGRAPHY

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5. <http://Khokonz.blogspot.com>
6. <http://www.na.org/admin/include/spaw2/uploads/pdf/handbooks/IGG.pdf>
7. <http://www.alcoholics-anonymous.org.uk/About-AA/The-12-Steps-of-AA>

D. PHOTO SECTION

1. Photo Source

The photos were accumulated by the researcher during the period of the field work from the three districts of Nagaland. Some pictures of drugs and alcohol were collected from the websites and other available publications.

2. Picture Layout

The pictures of drug/alcohol related working agencies comprises of Drugs and Alcohol, Hospitals, NGOs and Rehabilitation Centre, Jails, Police Stations and Check Gates and other which shows some of the literature referred in the study.

Follow by the **Photos here... (In the next page)**

PHOTO SECTION

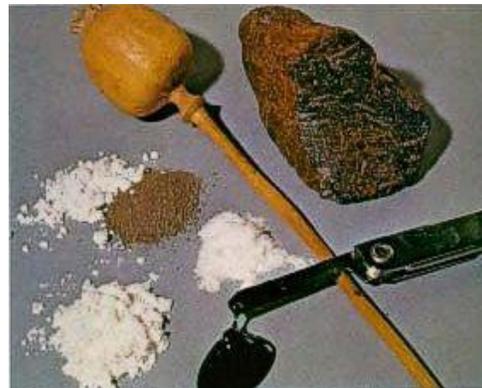
Drugs and Alcohol



Spasmo Proxyvon, Syringe and needle and other drugs



Opium



Opium_opium_pod_derivatives



Brown sugar
(An adulterated form of heroin)



Alcohol

Hospitals



Faith Hospital, Dimapur)



Zion Hospital, Dimapur



Naga Hospital Authority, Kohima



Oking Hospital, Kohima



Community Health Centre, Pftusero



District Hospital, Phek

NGOs and Rehabilitation Centre



Guardian Angel, Dimapur



CAD Foundation, Dimapur



Shalom Rehab Centre, Dimapur



Asha Bhawan, Dimapur



Bethesda Youth Welfare Centre, Dimapur



Prodigals Home, Dimapur



Youth Councelling cum Rehabilitation Centre;
Youth Mission, Kohima



Kripa Foundation D.I.C, Kohima



Truth Triumph Mission, Chozuba



Eureka Life Foundation Phek

Jails



Central Jail



Sub Jail Dimapur



District Jail Kohima



Sub Jail Phek

Police Stations and Check Gates



West Police Station, Dimapur



South Police Station, Kohima



Police Station Khuzama



Khezhakeno Police Station



Police Station Phek



Pfutsero Police Station



Khuzama Check gate



Chumukedima Check gate

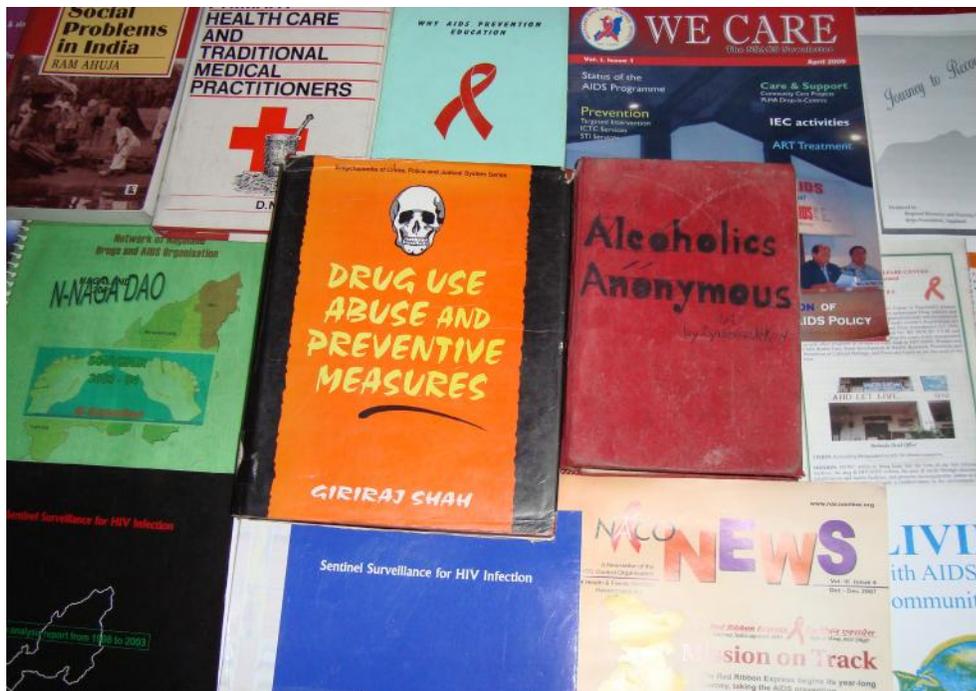


Dellai Check gate Dimapur



Lanezho Check Gate Phek

Others



Some of the Literature referred in the research work.

An Abstract of Ph.D Thesis

**CONSEQUENCES OF DRUG ADDICTION AND ALCOHOLISM IN NAGA
SOCIETY: A CASE STUDY OF KOHIMA, DIMAPUR AND PHEK DISTRICTS**

**A THESIS SUBMITTED TO THE NAGALAND UNIVERSITY
IN FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF THE
DEGREE OF DOCTOR OF PHILOSOPHY IN SOCIOLOGY**

By:

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Ph.D Regd. No. 393/2009

Under the Supervision of

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DEPARTMENT OF SOCIOLOGY
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NAGALAND UNIVERSITY
HQR: LUMAMI
INDIA

(2014)

Introduction

Nagaland is one of the most under developed State of India in the North-East region. It is land-locked by Myanmar on the East, Assam on the West and Manipur in the South. A phenomenon social evil that emerges during the 1980s in the corner of northeast's Nagaland was the problem of drug abuse. Drug abuse thereby causing addiction or dependence is a major social problem which is engulfing today's younger generations of the world of which Nagaland is no exception. Nagaland, a tiny state, is creped with the epidemic of drug abuse and has become a serious social problem that cannot be left unattended. Alcoholism has emerged as the most important causes of distress, crime and violence in present day Naga society.

Drug addiction and alcoholism are the major social problems which are engulfing the young generation all over the state of Nagaland. They are harmful not only for the individual but also for his family and the society at large. Drug abuse and alcoholism is prevalent not only in urban areas but also in the rural areas of Nagaland. The 'International Day against Drug Abuse and Illicit Trafficking' is observed every year on 26 June to create awareness worldwide among drug-abusers as well as those who are engaged in waging war against drugs.

Drug and alcohol abuse has affected the social, personal health, economic, spiritual, psychological, cultural aspect of the people. The most tragic victims are the youths. The evil of drug dependence are sapping the vitality of our socio-economic fabric and particularly the younger generation which forms the most productive section and the future of Naga society. Alcohol is not only abused by men but also women who had experienced social and health problems in Nagaland. Drug dependence and alcoholism has become a major social problem which needs to address collectively by both NGOs and government agencies.

Statement of the Problem

Nagaland, though a tiny state in the North-Eastern part of India, the epidemic of substance abuse and alcoholism has become serious that cannot be ignored. Drug addiction and alcoholism has affected the social, health, economic, spiritual, psychological, cultural aspect of the people. Drug addiction and alcoholism seems to be one of the most dangerous social problems today. The problem of drug abuse has become a matter of serious public concern, since eighties, especially on account of its proliferation among the youth in various

socio-cultural and economic strata in Nagaland. The scourge of drug dependency and alcoholism is eating away the vitals of our Naga Society by spreading its tentacles amongst vulnerable sections of the populations.

Drug and alcohol abuse has resulted to a major cause of tension and distress, crime and violence in present day Naga society. It has changed the traditional family value and structure which Nagas uphold it bright. In the family scenario drug abuse and alcoholism causes family quarrel, wife beating, break-up or even divorce of husband and wife leaving behind the children. There are broken family relationships and the need for money caused stress to the family. On the larger areas of social concern there are killing, extortion, stealing, cheating, prostitution, hatred, jealousy, bribery, corruption etc all these have inflicted the youths of Nagaland. It has further resulted in the escalation of school and college drop-outs. Drug addiction and alcoholism take the lives of hundred innocent and promising young people.

The problems of alcoholism-in terms of personal misery, family budget, family discord, loss of wages, failure of health, accidents and cost in damages claims, cost of hospital treatment, cost in custodial treatment in jail, monetary damage in courts, and inducement to crimes are almost disastrous in Nagaland. Social deviance and social problems emerge from the use and abuse of alcohol. The drugs business related violence and crime in our society is frightening and its influence is alarming. A great number of road accidents are due to the influence of alcohol.

Drug and Alcohol users contact health problems like kidney failure, Liver, T.B, Kidney failure, HIV/AIDS, and Hepatitis B/C, causing premature deaths. Injecting Drug Users constitutes a high vulnerable group for HIV/AIDS transmission in Nagaland. According to the analysis report of 1998-2005 by NSACS, the data shows that the HIV among Injecting Drug Users (IDUs) prevalence median rate in Nagaland is 1.22% in 2006. Stigma and discrimination has been observed on drug and alcohol users. There are instances where drug addicts are not entitle for proper funeral rites because of their past deeds as people dependent on chemicals. The present number around 40,000 ex- and active drug users in Nagaland need to be provided equal treatments and deprive the stigma and discrimination. The problem is that if the addicts are not entitled for proper funeral rites, these 40,000 drug users will face the consequence of discrimination (rejection in employment and participation, looked down

upon, scolding by family members, neglected by family members/friends and society) and premature death.

Relevance and Scope of the Study

This study will provide a wide scope to the individuals, families and the society at large since no sociological investigation have been conducted to monitor or assess the problem of drug addiction and alcoholism in Nagaland. This study also highlights the internal and external linkages of drugs and alcohol in the region. Though the Government and NGOs had contributed their essential role towards controlling drug addiction, yet a comprehensive study of Nagaland in the field of drug related problems and alcohol is of great importance in understanding the causes, problems and awareness of its hazards. This study will enrich the literature for Drug Addiction and Alcoholism with particular reference to Nagaland, which can be used for further reference. This study paved the way for social planners, policy implementers, administrators, institutions and researchers and academicians in managing the problem as well as understanding the issues from a broader perspective. Drug addiction and alcoholism is similar in every district of Nagaland and therefore, it is expected that whatever may be the finding of the study from these three districts, may be applicable to other districts too.

Area of the Study

The area of the study covers the three districts of Nagaland in the first place. The actual area of study comprises of three towns and six villages. It is costly for a social researcher to visit each and every district (including towns and villages) of Nagaland, therefore specific towns and villages are identified as a case study. The three towns of Nagaland selected to represent for the analysis of drug and alcohol dependency were Kohima, Dimapur and Phek while selection of representative villages were Chümoukedima, Sodzülhou, Jakhama, Khonoma, Chozuba and Pfüteromi. Although the universe of the study is the state of Nagaland, the actual study is limited to three districts of Nagaland namely; Dimapur, Kohima and Phek, irrespective of tribe or religion or even gender data were collected from the drug users and alcoholics of these three districts. Apart from Phek town, the researcher has collected data from Pfüteromi town on learning that this place has substantial numbers of drug and alcohol users.

Objectives of the Study

The following are the main objectives/purpose of the study.

1. To study the causes/factors leading to drug addiction and alcoholism and social problems related to it.
2. To examine the implementation of the Nagaland Liquor Total Prohibition Act of 1989 and its effectiveness.
3. To examine the roles of Government agencies and NGOs working to curb the problem.
4. To examine the role of education in awareness generation and propose suggestive measures on addiction and make the society aware of its hazards and reduce harms.

Hypothesis

1. Drug and alcohol abuse are the root causes of social problems in Nagaland.
2. Use of drugs and alcohol is the cause of poor socio-economic lives in Naga society.
3. Drug abuse and alcoholism affect the health leading to premature death.

Methodology

The present study is an empirical, explorative and descriptive work. It depends to a large extent on the methods and techniques that are utilised to design the study; collection of data, analysis of data and interpretation of findings. This study is entirely based on both primary and secondary sources of information collected from the research field. This study attempts to draw some sociological understanding about drug and alcohol abuse among the youths and adults, socio-economic lives and health care on drug and alcohol related issues in Nagaland.

The study comprises of the following methodological framework. They are:

1. Sampling Design

The study design has been prepared in such a way to cover the various perspectives of the research problems of addiction in the Nagaland. The following are the various approaches of sampling applied in this study.

a. Sample Selection

The selection of sample town/district was not easy since the problem of drug dependency and alcoholism is widely spread all over the state of Nagaland. The three towns

of Nagaland such as Kohima, Dimapur and Phek were selected as to represent for the analysis of drug and alcohol dependency. Selections of representative towns were Kohima, Dimapur and Phek towns and village representatives consists of Chümoukedima, Sodzülhou, Jakhama, Khonoma, Chozuba and Pfüteromi.

Stratified random sampling and purposive sampling is applied in this study. The respondents comprises of people on various different professions and also on various organization/institution. The study was conducted with a very purposive method to analyze the related problem of chemical dependency and alcohol consumption. In order to have a standard representation, it is proposed to follow the following steps.

In the first step, the primary respondents are categorized into three components and a sizeable number is carefully selected from each of the category as stated below:

- (1) Non – Drug/Alcohol Users (who had not taken drugs and alcohol) - 100 respondents
- (2) Post – Drug/Alcohol Users (who had tried drugs and alcohol earlier but discontinued)
- 100 respondents
- (3) Current – Drug/Alcohol Users (who are using drugs and alcohol at the time of study)
- 200 respondents.

In the second step, three towns and six villages are identified representing both urban and rural areas. The Urban area consists of Kohima, Dimapur and Phek towns while the rural area of two villages from each of the district. In the third step, various organizations and departments dealing with drugs and alcohol related issues are carefully selected representing organizations.

b. Sample Size

The sample size of 300 drug and alcohol users, 100 non users, 105 respondents representing different NGOs and government agencies, Case studies of individuals and group discussion and village leaders has been drawn for the study. The total sample size of this study is 505 respondents. Although the total sample size of the study is 505 respondents the main concern of the study is about the respondents of 300 post and current drug/alcohol users. In many cases of the study, 300 respondents of addicts are taken into account of addiction in Nagaland.

2. Data Collection

a. Tools and Techniques

Questionnaire technique and Scheduled interview were the two main tools for the collection of research data. The questionnaire (comprise of different sets) for the research work had been formulated along with the help of Supervisor comprising of 12 (twelve) sets. The investigator adopted questionnaire and interview technique in the manner of both structured and unstructured so as to get authentic primary information. The pre-testing of questionnaire had been done in order to see the relevant questions that are to ask in the field. This help the researcher to make certain changes for the new questions to ask, questions modified and irrelevant questions were deleted.

b. Sources of Information

The study followed various sources in collecting the authentic research data. The two main sources of data collection were primary and secondary data.

(i) Primary Source

Primary information was collected from the field through various techniques. Interview and questionnaire technique were used to collect primary data. Interview schedule was applied for rural areas especially for the uneducated group of people. It is impossible for the researcher to meet each and every person therefore; questionnaire had been distributed to various sections of educated people such as doctors, nurses, students, lawyers, police personnel, Church workers, NGO's workers etc. Personal observation and group discussion has also been applied. The researcher has met village elders, leaders from students and mothers associations and collected the information based on the related study data during the period of field work.

(ii) Secondary Source

Secondary information were collected from various sources such as books, published and unpublished materials, journals and magazine, seminar paper presentations, websites, and the articles and write-up published in newspapers related to the problem of study. The researcher visited the libraries, Book stores, NGOs, Civil Societies, Churches and Government Agencies to gather the secondary authentic data on drugs and alcohol problem in Nagaland.

c. Stages of Data Collection

Collection of authentic research data follows the following stages:

Stage-I: The first step was that the researcher visited various Government and NGO's offices engaged in drug and alcohol rehabilitation program and collected all necessary statistics and information related to the study problem.

Stage-II: The second step was that the researcher identified the current and post drug/alcohol users and personally interviewed them in order to understand their reasons for taking it, their personal struggle to overcome it and how society treats them.

Stage-III: The third step was that the researcher interviewed non-users such as family members of users, Church workers, women group, village elders, students, teachers medical staff, businessmen, police personnel etc in order to know how they view the users and the problem created by them and how they deal with it.

Apart from these, Personal Observation and Case Studies of Individuals were applied to highlight the problem of drug and alcohol abuse in Nagaland. Group discussion was organized in discussing the various issues in society related to drug addiction and alcoholic problems. Group discussion was conducted for a section of people to get effective scientific data.

3. Data Analysis

The procedural aspects of data analysis comprises of coding, cross checking, manual tabulation and transferring of data. First of all, data collected from the field were carefully scrutinized, check and counter-check. Secondly, different group of data were separated such as non users, post and current users and the NGOs and Government agencies. Group wise master tabulation sheet were prepared with clear coding system. Counter-checking has been done before entering the data into respective tables. The pieces of information are then entered into table forms followed by analysis of the results. The data were supported by figures and charts wherever necessary. The data are then transferred to the respect chapters and make the necessary corrections and modifications. Manual tabulation method is used in a systematic manner. The review of literature has been thematically done, following the theme wise of information shown in its separate chapter.

Chapterization

The study of drug addiction and alcoholism in Nagaland comprises of 7 (seven Chapters). They are of the following;

Chapter 1: Introduction

This chapter comprises of the concept and definition, statement of the problem, methodological framework such as area of study, universe of the study, objectives of the study, sampling design, strategies of data collection and data analysis.

Chapter 2: Review of Literature

The review of literature indicates the various reprieved sources of information from primary and secondary data, reports, articles, magazines/journals, internet/website data and various write ups on twin problems of dependence on drugs and alcohol. Thematically the literature has been reviewed in this study.

Chapter 3: Nature and Causes of Drug Addiction and Alcoholism

This chapter discusses the various causes/factors of increasing drug addiction and alcoholic problem in Nagaland. It highlights the nature of addiction. It indicates the routes of drugs and alcohol flow in Nagaland. Addiction scene of drugs and alcohol are discussed in this chapter.

Chapter 4: Consequences and Social Implications of Addiction

This chapter highlights the various consequences of drug addiction and alcoholism in relation to social, health and economy of the people. It discusses the social stigma and discrimination of the drug addicts and alcoholics, their rights and privileges and social response. This includes the various treatment and services provided to the users.

Chapter 5: Role of State Government and NGOs in addressing the problems

This chapter includes how the Govt. and NGO agencies are functioning, their effectiveness in tackling the problem and their short comings. It shows the government working agencies like police department – check gate, police stations, jails and hospital. The roles of the NGOs are discussed such as Churches, Students body and Mothers associations.

Chapter 6: A Comparative Analysis of three districts in Nagaland

This chapter constitutes a comparative analysis of drug and alcohol issues in three districts of Nagaland. Comparative analysis are made in relation to problems, workings of government and NGOs agencies, rural-urban comparison and other issues in the field of drugs and alcohol.

Chapter 7: Summary and Conclusion

This Chapter comprises of the summary, suggestion and recommendation in regard to the drug and alcohol use. It discusses the various responses provided by individuals, organizations and departments in a nut shell.

Major Findings

Drug abuse and alcoholism are the root causes of social problems affecting the lives of the individuals, family and the Naga society at large. The study proves that alcoholism has remained a complex and social problem in Nagaland since 1870s when American Baptist Missionaries prohibited the consumption of local rice beer and the problem of drug addiction started in 1980s.

The study shows that the three main causes of drug addiction and alcoholism in Nagaland are the peer pressure, curiosity and frustration. The proportion of respondents who are motivated to enter into the world of drugs and alcohol are also due to the anxiety, family problem, depression, health problem, lack of entertainment, and other reasons as an alternative source of enjoyment, feel good, party sake, failure and drop-out in studies and some due to shyness. It is evident from the study that the menace of drug addiction and alcoholism specially afflicts the youth, particularly in the age group of 21 to 30 years under different factors.

People who use drugs and alcohol are from different category such as school/college drop-outs, uneducated youth, educated youth but indiscipline youth, unemployed youth, frustrated youth, Ignorant youth delinquent children, children of poor people children of affluent family and others. The study proves that drug/alcohol users are from the occupational status such as Teachers, Students, Nurses, Businessmen, Police Personnel, Professionals, Government Employees, NGO Employees, Self employed and others. It is

obvious from the study that the prevalence rate of drugs/alcohol abuse was highest among those who belong to the category of others (42.00 percent) as Unemployed, Commercial Sex Worker, Driver, Sales man, laymen, Street Children, Scrap Collector, Bootlegger, Daily Wager, Computer Trainee/Operator, Electronics, Nurse, Peer Educator, Farmer/Cultivator, Vocational Instructor, and housewife.

It is obvious from the study that on the basis of the marital status, the proportion of unmarried addicts/alcoholics is more than those who were married. The unmarried users are freer from the social and economic responsibilities in family maintenance. The unmarried addicts will take drugs/alcohol more frequently than married addicts.

The alcoholics, who cannot find their drink, would shift their alcohol use to drug use. they easily shifts to pharmaceutical drug use. If the prohibition of alcohol is not stringent, a person would go for drugs instead of alcohol. It (drug) has no smell. The argument proves that it would be appropriate to lift the prohibition act when the government cannot enforce and implement the act stringently. It is observed from the study that many precious lives of addicts are lost, hampered by their dependency of the substance and liquor. The drug and alcohol users experienced discrimination and stigmatization and were not given special attention in leading them to the main stream of normal life. It is believed that by the enforcement of NLTP Act, there could be fewer family problems, less family disintegration, and fewer accidents and health problems and less social disorder. Nagas are not fully civilized therefore lifting of prohibition would be disastrous.

The table below indicates the school/college drop-outs in the family of current users' due to drugs and alcohol abuse responded by 200 Current users ie 150 males and 50 females from three districts of Nagaland. It is evident from the study that out of 200 current users, there were 78 respondents whose families have school/college drop-outs due to drug and alcohol abuse. The proportion of male constituted of 66 members and female 12 members in the three districts of Nagaland.

The study proves that drug abuse and alcoholism has affected the people's health leading to pre- mature death. The number of drug and alcohol related death rate was found more in Kohima when compared to Dimapur and Phek districts during 2004-2008. Earlier the most common cause of death among the drug users was overdose but today it is HIV/AIDS (those who shared needles and syringes to an affected person), Liver failure and

gastrointestinal bleed. Alcoholics contacts health problems such as kidney and liver failure, Cancer, T.B, and HIV/AIDS (when drunk and do not use condom in sexual intercourse with an affected person).

The government has an immense role to play in curbing drug and alcohol problem in Nagaland. The excise, prison, police departments, and hospitals for treatment centers are the governmental agencies in curbing the drug and alcohol problem in the Naga society.

The study proves that the role of education in awareness generation is the main aspect in curbing drug and alcohol problem in Nagaland. The NGOs, Government agencies, civil societies and Churches need to create more awareness programs through conducting of seminar, workshop, counselling and campaign.