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 underdeveloped 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 crepted 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.² 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, loosing 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. 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. 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.
**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”. 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. 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.  

**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 December 1, 1963, and presided over by Dr. S. Radhakhrishnan, 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 colourfull function held at football ground in Kohima on December 1, 1963, and presided over by Dr. S. Radhakhrishnan, 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 25° 6/N and 27° 4/N latitude and between the longitudinal lines 93° 20/E and 95° 15/E. Nagaland is surrounded by Assam in the West, Myanmar (Burma) in the East, Arunachal Pradesh and parts of Assam in the North and Manipur 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 Zunki. 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\(^0\)C to 31\(^0\)C max and during winter (October to February) with min 4\(^0\)C to 24\(^0\)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 underdeveloped 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. 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 stable 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 stable 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)

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

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)
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 Pfütseromi.

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 Pfutsero 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 Chumukedima 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 post 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) Jakham 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. Jakham 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 Karbii 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

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

**Source:** Selected Sample Size of the Study

The general information of over all respondents is here indicated in some aspects such as 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, current 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.
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

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

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 1.5
Age Structure of Respondents

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

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

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

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>
<thead>
<tr>
<th>Occupation</th>
<th>Non Users</th>
<th>Post and Current Users</th>
<th>NGOs, Govt. Agencies, Clinics &amp; Hospitals, Village Elders and Group Discussion</th>
<th>Sum</th>
<th>Percentage (%)</th>
<th>Total No. of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>15</td>
<td>2.97</td>
<td>505</td>
</tr>
<tr>
<td>Teachers</td>
<td>10</td>
<td>3</td>
<td>0</td>
<td>13</td>
<td>2.57</td>
<td></td>
</tr>
<tr>
<td>Students</td>
<td>15</td>
<td>30</td>
<td>0</td>
<td>45</td>
<td>8.91</td>
<td></td>
</tr>
<tr>
<td>Doctors</td>
<td>10</td>
<td>0</td>
<td>10</td>
<td>20</td>
<td>3.96</td>
<td></td>
</tr>
<tr>
<td>Lawyers</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>1.19</td>
<td></td>
</tr>
<tr>
<td>Businessmen</td>
<td>10</td>
<td>48</td>
<td>0</td>
<td>58</td>
<td>11.49</td>
<td></td>
</tr>
<tr>
<td>Policemen</td>
<td>10</td>
<td>2</td>
<td>25</td>
<td>37</td>
<td>7.33</td>
<td></td>
</tr>
<tr>
<td>Pastors</td>
<td>10</td>
<td>0</td>
<td>9</td>
<td>19</td>
<td>3.76</td>
<td></td>
</tr>
<tr>
<td>Other Govt. Employees</td>
<td>5</td>
<td>36</td>
<td>7</td>
<td>48</td>
<td>9.50</td>
<td></td>
</tr>
<tr>
<td>Self Employees</td>
<td>1</td>
<td>39</td>
<td>0</td>
<td>40</td>
<td>7.92</td>
<td></td>
</tr>
<tr>
<td>NGOs Workers</td>
<td>0</td>
<td>15</td>
<td>37</td>
<td>52</td>
<td>10.30</td>
<td></td>
</tr>
<tr>
<td>Journalists</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>1.19</td>
<td></td>
</tr>
<tr>
<td>Other Professional</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0.20</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>2</td>
<td>126</td>
<td>17</td>
<td>145</td>
<td>28.71</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>300</td>
<td>105</td>
<td>505</td>
<td>100.00</td>
<td></td>
</tr>
</tbody>
</table>
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>
<thead>
<tr>
<th>Education</th>
<th>Non Users</th>
<th>Post and Current Users</th>
<th>NGOs, Govt. Agencies, Clinics &amp; Hospitals, Village Elders and Group Discussion</th>
<th>Sum</th>
<th>Percentage (%)</th>
<th>Total No. of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illiterate</td>
<td>0</td>
<td>15</td>
<td>1</td>
<td>16</td>
<td>3.17</td>
<td>505</td>
</tr>
<tr>
<td>Under Matric</td>
<td>1</td>
<td>97</td>
<td>13</td>
<td>111</td>
<td>21.98</td>
<td></td>
</tr>
<tr>
<td>Matric</td>
<td>7</td>
<td>63</td>
<td>9</td>
<td>79</td>
<td>15.64</td>
<td></td>
</tr>
<tr>
<td>Under Graduate</td>
<td>12</td>
<td>75</td>
<td>12</td>
<td>99</td>
<td>19.60</td>
<td></td>
</tr>
<tr>
<td>Graduate</td>
<td>51</td>
<td>45</td>
<td>52</td>
<td>148</td>
<td>29.31</td>
<td></td>
</tr>
<tr>
<td>Post Graduate</td>
<td>29</td>
<td>5</td>
<td>18</td>
<td>52</td>
<td>10.30</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>300</td>
<td>105</td>
<td>505</td>
<td>100.00</td>
<td></td>
</tr>
</tbody>
</table>

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.
References and End Notes


2. Eastern Mirror, dated June 19, 2011,

3. Imchen, Imna (Feb. 1, 2009) Nagaland Post; UMKC, Kansas City, US.


13. The Morung Express, 26 June 2010).


