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 post 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 likelihood 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”.  

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>
<thead>
<tr>
<th>Index of Grand Party</th>
<th>No. of Respondents</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>40</td>
<td>40.00</td>
</tr>
<tr>
<td>No</td>
<td>22</td>
<td>22.00</td>
</tr>
<tr>
<td>Sometimes</td>
<td>29</td>
<td>29.00</td>
</tr>
<tr>
<td>Can’t say</td>
<td>9</td>
<td>9.00</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100.00</td>
</tr>
</tbody>
</table>

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.
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

<table>
<thead>
<tr>
<th>Index of Family value and change</th>
<th>No. of Respondents</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>86</td>
<td>86.00</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>3.00</td>
</tr>
<tr>
<td>Sometimes</td>
<td>9</td>
<td>9.00</td>
</tr>
<tr>
<td>Can’t say</td>
<td>2</td>
<td>2.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

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>
<thead>
<tr>
<th>Family’s Knowledge</th>
<th>No. of Respondents</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>161</td>
<td>80.50</td>
</tr>
<tr>
<td>No</td>
<td>21</td>
<td>10.50</td>
</tr>
<tr>
<td>Sometimes</td>
<td>18</td>
<td>9.00</td>
</tr>
<tr>
<td>Total</td>
<td>200</td>
<td>100.00</td>
</tr>
</tbody>
</table>

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 as10.50 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

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

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. 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>
<thead>
<tr>
<th>Treatment Status</th>
<th>No. of Respondents</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treated alike</td>
<td>71</td>
<td>35.50</td>
</tr>
<tr>
<td>Treated different</td>
<td>63</td>
<td>31.50</td>
</tr>
<tr>
<td>Both</td>
<td>66</td>
<td>33.00</td>
</tr>
<tr>
<td>Total</td>
<td>200</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Table 4.5

**Nature of Treatment at Health Care Centre**
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 advised 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, Elethusrus 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:

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

The drugs substitution therapy provides abscessing 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 post 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>
<thead>
<tr>
<th>Index of Attending</th>
<th>Post Users</th>
<th>Current Users</th>
<th>Sum</th>
<th>Percentage (%)</th>
<th>Total No. of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attended Rehabs, DIC</td>
<td>82</td>
<td>154</td>
<td>236</td>
<td>79.00</td>
<td>300</td>
</tr>
<tr>
<td>Not Attended</td>
<td>18</td>
<td>46</td>
<td>64</td>
<td>21.00</td>
<td>300</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>200</td>
<td>300</td>
<td>100.00</td>
<td></td>
</tr>
</tbody>
</table>

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. 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

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

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

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

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

<table>
<thead>
<tr>
<th>Response</th>
<th>Non Users Response</th>
<th>Post Users Response</th>
<th>Sum of Non and Post Users</th>
<th>Percentage (%)</th>
<th>Total No. of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>77</td>
<td>59</td>
<td>136</td>
<td>68.00</td>
<td>200</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>6</td>
<td>10</td>
<td>5.00</td>
<td></td>
</tr>
<tr>
<td>Sometimes</td>
<td>15</td>
<td>27</td>
<td>42</td>
<td>21.00</td>
<td></td>
</tr>
<tr>
<td>Can’t say</td>
<td>4</td>
<td>8</td>
<td>12</td>
<td>6.00</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>200</td>
<td>100.00</td>
<td></td>
</tr>
</tbody>
</table>

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

Table 4.10
Drug Dependency and Alcoholism is ‘a way of life’

<table>
<thead>
<tr>
<th>Response</th>
<th>No. of Respondents</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>6</td>
<td>6.00</td>
</tr>
<tr>
<td>No</td>
<td>59</td>
<td>59.00</td>
</tr>
<tr>
<td>Somewhat</td>
<td>24</td>
<td>24.00</td>
</tr>
<tr>
<td>Can’t say</td>
<td>1</td>
<td>1.00</td>
</tr>
<tr>
<td>None of the above</td>
<td>10</td>
<td>10.00</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100.00</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Behaviour Pattern</th>
<th>No. of Respondents</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negligence of duty</td>
<td>76</td>
<td>76.00</td>
</tr>
<tr>
<td>Create problems at office</td>
<td>26</td>
<td>26.00</td>
</tr>
<tr>
<td>Misbehaviour</td>
<td>26</td>
<td>26.00</td>
</tr>
<tr>
<td>Being unproductive</td>
<td>28</td>
<td>28.00</td>
</tr>
<tr>
<td>Becoming a liability</td>
<td>35</td>
<td>35.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

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 alcogolism 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

<table>
<thead>
<tr>
<th>Response</th>
<th>Non Users</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>20</td>
<td>20.00</td>
</tr>
<tr>
<td>No</td>
<td>75</td>
<td>75.00</td>
</tr>
<tr>
<td>Can’t say</td>
<td>5</td>
<td>5.00</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100.00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Response</th>
<th>Non Users</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>59</td>
<td>59.00</td>
</tr>
<tr>
<td>No</td>
<td>15</td>
<td>15.00</td>
</tr>
<tr>
<td>Sometimes</td>
<td>19</td>
<td>19.00</td>
</tr>
<tr>
<td>Can’t say</td>
<td>7</td>
<td>7.00</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100.00</td>
</tr>
</tbody>
</table>

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 Nagaland 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 post 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 inorder 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 visiting 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.
References and End Notes