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

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

By:

VELHOU KOZA
Ph.D Regd. No. 393/2009

Under the Supervision of

PROF. A. LANUNUNGSANG AO
Department of Sociology

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

(2014)
Introduction

Nagaland is one of the most underdeveloped States of India in the North-East region. It is land-locked by Myanmar on the East, Assam on the West and Manipur in the South. A phenomenon social evil that emerges during the 1980s in the corner of northeast’s Nagaland was the problem of drug abuse. Drug abuse thereby causing addiction or dependence is a major social problem which is engulfing today’s younger generations of the world of which Nagaland is no exception. Nagaland, a tiny state, is creped with the epidemic of drug abuse and has become a serious social problem that cannot be left unattended. Alcoholism has emerged as the most important causes of distress, crime and violence in present day Naga society.

Drug addiction and alcoholism are the major social problems which are engulfing the young generation all over the state of Nagaland. They are harmful not only for the individual but also for his family and the society at large. Drug abuse and alcoholism is prevalent not only in urban areas but also in the rural areas of Nagaland. The ‘International Day against Drug Abuse and Illicit Trafficking’ is observed every year on 26 June to create awareness worldwide among drug-abusers as well as those who are engaged in waging war against drugs.

Drug and alcohol abuse has affected the social, personal health, economic, spiritual, psychological, cultural aspect of the people. The most tragic victims are the youths. The evil of drug dependence are sapping the vitality of our socio-economic fabric and particularly the younger generation which forms the most productive section and the future of Naga society. Alcohol is not only abused by men but also women who had experienced social and health problems in Nagaland. Drug dependence and alcoholism has become a major social problem which needs to address collectively by both NGOs and government agencies.

Statement of the Problem

Nagaland, though a tiny state in the North-Eastern part of India, the epidemic of substance abuse and alcoholism has become serious that cannot be ignored. Drug addiction and alcoholism has affected the social, health, economic, spiritual, psychological, cultural aspect of the people. Drug addiction and alcoholism seems to be one of the most dangerous social problems today. The problem of drug abuse has become a matter of serious public concern, since eighties, especially on account of its proliferation among the youth in various
socio-cultural and economic strata in Nagaland. The scourge of drug dependency and alcoholism is eating away the vitals of our Naga Society by spreading its tentacles amongst vulnerable sections of the populations.

Drug and alcohol abuse has resulted to a major cause of tension and distress, crime and violence in present day Naga society. It has changed the traditional family value and structure which Nagas uphold it bright. In the family scenario drug abuse and alcoholism causes family quarrel, wife beating, break-up or even divorce of husband and wife leaving behind the children. There are broken family relationships and the need for money caused stress to the family. On the larger areas of social concern there are killing, extortion, stealing, cheating, prostitution, hatred, jealousy, bribery, corruption etc all these have inflicted the youths of Nagaland. It has further resulted in the escalation of school and college drop-outs. Drug addiction and alcoholism take the lives of hundred innocent and promising young people.

The problems of alcoholism-in terms of personal misery, family budget, family discord, loss of wages, failure of health, accidents and cost in damages claims, cost of hospital treatment, cost in custodial treatment in jail, monetary damage in courts, and inducement to crimes are almost disastrous in Nagaland. Social deviance and social problems emerge from the use and abuse of alcohol. The drugs business related violence and crime in our society is frightening and its influence is alarming. A great number of road accidents are due to the influence of alcohol.

Drug and Alcohol users contact health problems like kidney failure, Liver, T.B, Kidney failure, HIV/AIDS, and Hepatitis B/C, causing premature deaths. Injecting Drug Users constitutes a high vulnerable group for HIV/AIDS transmission in Nagaland. According to the analysis report of 1998-2005 by NSACS, the data shows that the HIV among Injecting Drug Users (IDUs) prevalence median rate in Nagaland is 1.22% in 2006. Stigma and discrimination has been observed on drug and alcohol users. There are instances where drug addicts are not entitle for proper funeral rites because of their past deeds as people dependent on chemicals. The present number around 40,000 ex- and active drug users in Nagaland need to be provided equal treatments and deprive the stigma and discrimination. The problem is that if the addicts are not entitled for proper funeral rites, these 40,000 drug users will face the consequence of discrimination (rejection in employment and participation, looked down
upon, scolding by family members, neglected by family members/friends and society) and premature death.

**Relevance and Scope of the Study**

This study will provide a wide scope to the individuals, families and the society at large since no sociological investigation have been conducted to monitor or assess the problem of drug addiction and alcoholism in Nagaland. This study also highlights the internal and external linkages of drugs and alcohol in the region. Though the Government and NGOs had contributed their essential role towards controlling drug addiction, yet a comprehensive study of Nagaland in the field of drug related problems and alcohol is of great importance in understanding the causes, problems and awareness of its hazards. This study will enrich the literature for Drug Addiction and Alcoholism with particular reference to Nagaland, which can be used for further reference. This study pave the ways for social planners, policy implementers, administrators, institutions and researchers and academicians in managing the problem as well as understanding the issues from a broader perspective. Drug addiction and alcoholism is similar in every district of Nagaland and therefore, it is expected that whatever may be the finding of the study from these three districts, may be applicable to other districts too.

**Area of the Study**

The area of the study covers the three districts of Nagaland in the first place. The actual area of study comprises of three towns and six villages. It is costly for a social researcher to visit each and every district (including towns and villages) of Nagaland, therefore specific towns and villages are identified as a case study. The three towns of Nagaland selected to represent for the analysis of drug and alcohol dependency were Kohima, Dimapur and Phek while selection of representative villages were Chümoukedima, Sodzüllhou, Jakhama, Khonoma, Chozuba and Pfütseromi. Although the universe of the study is the state of Nagaland, the actual study is limited to three districts of Nagaland namely; Dimapur, Kohima and Phek, irrespective of tribe or religion or even gender data were collected from the drug users and alcoholics of these three districts. Apart from Phek town, the researcher has collected data from Pfutsero town on learning that this place has substantial numbers of drug and alcohol users.
Objectives of the Study

The following are the main objectives/purpose of the study.

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

Hypothesis

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

Methodology

The present study is an empirical, explorative and descriptive work. It depends to a large extent on the methods and techniques that are utilised to design the study; collection of data, analysis of data and interpretation of findings. This study is entirely based on both primary and secondary sources of information collected from the research field. This study attempts to draw some sociological understanding about drug and alcohol abuse among the youths and adults, socio-economic lives and health care on drug and alcohol related issues in Nagaland.

The study comprises of the following methodological framework. They are:

1. Sampling Design

The study design has been prepared in such a way to cover the various perspectives of the research problems of addiction in the Nagaland. The following are the various approaches of sampling applied in this study.

a. Sample Selection

The selection of sample town/district was not easy since the problem of drug dependency and alcoholism is widely spread all over the state of Nagaland. The three towns
of Nagaland such as Kohima, Dimapur and Phek were selected as to represent for the analysis of drug and alcohol dependency. Selections of representative towns were Kohima, Dimapur and Phek towns and village representatives consists of Chümoukedima, Sodzülhou, Jakhama, Khonoma, Chozuba and Pfütseromi.

Stratified random sampling and purposive sampling is applied in this study. The respondents comprises of people on various different professions and also on various organization/institution. The study was conducted with a very purposive method to analyze the related problem of chemical dependency and alcohol consumption. In order to have a standard representation, it is proposed to follow the following steps.

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

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

In the second step, three towns and six villages are identified representing both urban and rural areas. The Urban area consists of Kohima, Dimapur and Phek towns while the rural area of two villages from each of the district. In the third step, various organizations and departments dealing with drugs and alcohol related issues are carefully selected representing organizations.

**b. Sample Size**

The sample size of 300 drug and alcohol users, 100 non users, 105 respondents representing different NGOs and government agencies, Case studies of individuals and group discussion and village leaders has been drawn for the study. The total sample size of this study is 505 respondents. Although the total sample size of the study is 505 respondents the main concern of the study is about the respondents of 300 post and current drug/alcohol users. In many cases of the study, 300 respondents of addicts are taken into account of addiction in Nagaland.
2. Data Collection
   a. Tools and Techniques

   Questionnaire technique and Scheduled interview were the two main tools for the collection of research data. The questionnaire (comprise of different sets) for the research work had been formulated along with the help of Supervisor comprising of 12 (twelve) sets. The investigator adopted questionnaire and interview technique in the manner of both structured and unstructured so as to get authentic primary information. The pre-testing of questionnaire had been done in order to see the relevant questions that are to ask in the field. This help the researcher to make certain changes for the new questions to ask, questions modified and irrelevant questions were deleted.

b. Sources of Information

   The study followed various sources in collecting the authentic research data. The two main sources of data collection were primary and secondary data.

   (i) Primary Source

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

   (ii) Secondary Source

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

Collection of authentic research data follows the following stages:

Stage-I: The first step was that the researcher visited various Government and NGO’s offices engaged in drug and alcohol rehabilitation program and collected all necessary statistics and information related to the study problem.

Stage-II: The second step was that the researcher identified the current and post drug/alcohol users and personally interviewed them in order to understand their reasons for taking it, their personal struggle to overcome it and how society treats them.

Stage-III: The third step was that the researcher interviewed non-users such as family members of users, Church workers, women group, village elders, students, teachers medical staff, businessmen, police personnel etc in order to know how they view the users and the problem created by them and how they deal with it.

Apart from these, Personal Observation and Case Studies of Individuals were applied to highlight the problem of drug and alcohol abuse in Nagaland. Group discussion was organized in discussing the various issues in society related to drug addiction and alcoholic problems. Group discussion was conducted for a section of people to get effective scientific data.

3. Data Analysis

The procedural aspects of data analysis comprises of coding, cross checking, manual tabulation and transferring of data. First of all, data collected from the field were carefully scrutinized, check and counter-check. Secondly, different group of data were separated such as non users, post and current users and the NGOs and Government agencies. Group wise master tabulation sheet were prepared with clear coding system. Counter-checking has been done before entering the data into respective tables. The pieces of information are then entered into table forms followed by analysis of the results. The data were supported by figures and charts wherever necessary. The data are then transferred to the respect chapters and make the necessary corrections and modifications. Manual tabulation method is used in a systematic manner. The review of literature has been thematically done, following the theme wise of information shown in its separate chapter.


**Chapterization**

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

**Chapter 1: Introduction**

This chapter comprises of the concept and definition, statement of the problem, methodological framework such as area of study, universe of the study, objectives of the study, sampling design, strategies of data collection and data analysis.

**Chapter 2: Review of Literature**

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

**Chapter 3: Nature and Causes of Drug Addiction and Alcoholism**

This chapter discusses the various causes/factors of increasing drug addiction and alcoholic problem in Nagaland. It highlights the nature of addiction. It indicates the routes of drugs and alcohol flow in Nagaland. Addiction scene of drugs and alcohol are discussed in this chapter.

**Chapter 4: Consequences and Social Implications of Addiction**

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

**Chapter 5: Role of State Government and NGOs in addressing the problems**

This chapter includes how the Govt. and NGO agencies are functioning, their effectiveness in tackling the problem and their short comings. It shows the government working agencies like police department – check gate, police stations, jails and hospital. The roles of the NGOs are discussed such as Churches, Students body and Mothers associations.
Chapter 6: A Comparative Analysis of three districts in Nagaland

This chapter constitutes a comparative analysis of drug and alcohol issues in three districts of Nagaland. Comparative analysis are made in relation to problems, workings of government and NGOs agencies, rural-urban comparison and other issues in the field of drugs and alcohol.

Chapter 7: Summary and Conclusion

This Chapter comprises of the summary, suggestion and recommendation in regard to the drug and alcohol use. It discusses the various responses provided by individuals, organizations and departments in a nut shell.

Major Findings

Drug abuse and alcoholism are the root causes of social problems affecting the lives of the individuals, family and the Naga society at large. The study proves that alcoholism has remained a complex and social problem in Nagaland since 1870s when American Baptist Missionaries prohibited the consumption of local rice beer and the problem of drug addiction started in 1980s.

The study shows that the three main causes of drug addiction and alcoholism in Nagaland are the peer pressure, curiosity and frustration. The proportion of respondents who are motivated to enter into the world of drugs and alcohol are also due to the anxiety, family problem, depression, health problem, lack of entertainment, and other reasons as an alternative source of enjoyment, feel good, party sake, failure and drop-out in studies and some due to shyness. It is evident from the study that the menace of drug addiction and alcoholism specially afflicts the youth, particularly in the age group of 21 to 30 years under different factors.

People who use drugs and alcohol are from different category such as school/college drop-outs, uneducated youth, educated youth but indiscipline youth, unemployed youth, frustrated youth, Ignorant youth delinquent children, children of poor people children of affluent family and others. The study proves that drug/alcohol users are from the occupational status such as Teachers, Students, Nurses, Businessmen, Police Personnel, Professionals, Government Employees, NGO Employees, Self employed and others. It is
obvious from the study that the prevalence rate of drugs/alcohol abuse was highest among those who belong to the category of others (42.00 percent) as Unemployed, Commercial Sex Worker, Driver, Sales man, laymen, Street Children, Scrap Collector, Bootlegger, Daily Wager, Computer Trainee/Operator, Electronics, Nurse, Peer Educator, Farmer/Cultivator, Vocational Instructor, and housewife.

It is obvious from the study that on the basis of the marital status, the proportion of unmarried addicts/alcoholics is more than those who were married. The unmarried users are freer from the social and economic responsibilities in family maintenance. The unmarried addicts will take drugs/alcohol more frequently than married addicts.

The alcoholics, who cannot find their drink, would shift their alcohol use to drug use. They easily shifts to pharmaceutical drug use. If the prohibition of alcohol is not stringent, a person would go for drugs instead of alcohol. It (drug) has no smell. The argument proves that it would be appropriate to lift the prohibition act when the government cannot enforce and implement the act stringently. It is observed from the study that many precious lives of addicts are lost, hampered by their dependency of the substance and liquor. The drug and alcohol users experienced discrimination and stigmatization and were not given special attention in leading them to the main stream of normal life. It is believed that by the enforcement of NLTP Act, there could be fewer family problems, less family disintegration, and fewer accidents and health problems and less social disorder. Nagas are not fully civilized therefore lifting of prohibition would be disastrous.

The table below indicates the school/college drop-outs in the family of current users’ due to drugs and alcohol abuse responded by 200 Current users ie 150 males and 50 females from three districts of Nagaland. It is evident from the study that out of 200 current users, there were 78 respondents whose families have school/college drop-outs due to drug and alcohol abuse. The proportion of male constituted of 66 members and female 12 members in the three districts of Nagaland.

The study proves that drug abuse and alcoholism has affected the people’s health leading to pre-mature death. The number of drug and alcohol related death rate was found more in Kohima when compared to Dimapur and Phek districts during 2004-2008. Earlier the most common cause of death among the drug users was overdose but today it is HIV/AIDS (those who shared needles and syringes to an affected person), Liver failure and
gastrointestinal bleed. Alcoholics contacts health problems such as kidney and liver failure, Cancer, T.B, and HIV/AIDS (when drunk and do not use condom in sexual intercourse with an affected person).

The government has an immense role to play in curbing drug and alcohol problem in Nagaland. The excise, prison, police departments, and hospitals for treatment centers are the governmental agencies in curbing the drug and alcohol problem in the Naga society.

The study proves that the role of education in awareness generation is the main aspect in curbing drug and alcohol problem in Nagaland. The NGOs, Government agencies, civil societies and Churches need to create more awareness programs through conducting of seminar, workshop, counselling and campaign.