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### **Drug Addiction and abuses in Mizoram**

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#### **ABSTRACT**

The problem of addiction or drug abuse is on the rise in the state of Mizoram. This state is most vulnerable because of its wide international boundaries and its closeness to the in-famous Golden – Triangle which is noted for production and supply of heroin to the states of North East India. Pander to addictive substances or drug abuse is one of the most rigorous challenges in the present-day societies. It is a problematical trend with combined effects of social, ancestral psychosomatic and social factors. There are many causes which are responsible for the drug abuse such as the psychological causes followed by cultural and social reasons. Curiosity, pleasure seeking, negative motivation towards life, frustration, anxiety and insurgence against parents are identified as psychological causes. Addicted respondents mentioned fashion style, peer pressure, lack of parental affection and care, broken family and media influence as the major social and cultural causes. Indulging in addiction as a fashion is another aspect contributed by addicts in Mizoram. This was conducted with a goal of understanding how the addictive substance influences on youth of the city. This research study identified some important structural and background factors which are responsible for the observable fact. The findings suggest that the addiction of drug mostly among the teenage is increasing at a rapid rate in Mizoram. Besides that, the availability and easy access of drugs and other addictive materials also persuade the young generation to experiment with it.

**KEY WORDS:** Addiction, drug abuse, psychosomatic, social factors.

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## **INTRODUCTION**

Indulging in addictive substances or drug abuse is one of the most rigorous challenges in the present-day societies. It is a complicated phenomenon with combined effects of social, ancestral psychosomatic and social factors. It is an activity or gesture, whose symptoms depends upon the complex drug-individual-society relationship and which are deeply rooted in the socio-economic-cultural structure of the culture or society<sup>1</sup>. The extreme anxiety to belong is universal. When an individual finds himself out-of-the-way for emotional, social, economic or cultural reasons, his aspiration for belonging leads him to search for similar people, who also feel isolated and may have required escape or reinforcement on drugs.

The contemporary techno based modern societies, being complex, do not offer the individual enough scope to sustain a sense of individuality. As societies progress up, the annoyance of the individual also grows at a rapid rate. In this manner, a drug-way of life develops. The drug culture tends to isolate the drug abuser from the general normal life of the society. Every civilization known to us has provided for the use of mind-altering substances. There are medicinal, recreational, religious and social uses for these substances. Each culture develops its own set of norms, customs and practices in order to control the use of these substances and to contain the scope of their abuse. However, in North East Indian (NEI) region, there have been major social changes, which have created cultural shocks, breakdown and disruptions to be devoid of these norms, parameters, etc. These regions or states are very much affected by drug addiction or substance users. The state of Mizoram is most vulnerable and exposed to this problem because of its extensive international borders.

Unfortunately, northeast India sits on the western corner of Burma's infamous Golden Triangle, one of the two largest opium producing regions in the world. The International Narcotics Control Bureau in a global report, has said that more than 70% of the amphetamines available worldwide are produced in countries around the Golden Triangle, particularly Burma Myanmar<sup>2</sup>. The INCB (International Narcotic Control Board) report ranks Myanmar as second to Afghanistan in opium production.

## **MATERIALS AND METHODS**

The word 'Drug' was derived from the Dutch word "Droog" which means "to dry". It possibly came into use as because most of the early drugs were made from dried plant tissues. Drug has been interpreted in different ways. According to World Health Organisation, 1997, "A drug is any substance which when taken into the living organism may modify one or more of its functions."<sup>3</sup> A drug is defined by as any substance introduced into the body to change the way the body systems

work<sup>4</sup>. The survey data shows that there are broadly two major aspects as regards the supply, availability and accessibility of drugs. They are the places from which drugs reach or sneak into Mizoram and the channels through which they reach markets and users. As regards the routes through which drugs enter Mizoram, Mizoram State Excise & Taxation Department has identified seven routes. It is quite clear that Mizoram receives narcotic drugs from places located near the Golden Triangle. Aizawl and its neighbouring areas have become one of the major transit points for trafficking of narcotic drugs and psychotropic substances due to its proximity to the Golden Triangle. Besides places and routes involved, some channels have also been identified which acts as distribution media. Apart from pharmacists and druggists, all other channels are illegal and clandestine. Agents and peddlers have been identified as the most important source of supply. However, the supply of medicinal drugs that is received are from the registered medical stores.

**Methods:** A mixed methods approach has been employed to gather the necessary data for this study. Both quantitative and qualitative methods are used here. Various secondary data was collected from different departments, which is discussed, and analysed in this paper. In addition, an intensive participant observation was carried out to scrutinize the undercurrent of this social trouble while staying in Aizawl in October 2017. The respondents were chosen randomly as well as through snowball sampling during the stay in central part of the city. Help was taken from the local people and the semi structured questionnaire although framed in the English language but use of Hindi while interacting verbally has also been done in a very few cases. Since no one person or persons have been directly and individually identified in this study prior consent from them have not been taken keeping the ethical issue in mind. A general observation has been made based on the key research question framed.

## RESULT AND DISCUSSION

**The State of Mizoram:** The state of Mizoram is situated on the high hills of north eastern transitional border area of India. It is bordered by the international countries of Myanmar (Burma) on the east and south and Bangladesh on the south. It is also bounded by the states of Tripura in the west, Manipur and Assam on the north. It occupies an area of 21,087 sq.km. and has a 710 km international boundary. The total population of the state is 10,97,206 according to 2011 census in which 5,55,339 are male and 5,41,867 are female. The population of Aizawl district accounts for 37.03 percent of the total population of Mizoram. The population density is 113 persons per sq.km. The people of Mizoram belong to various tribes. Each tribe has its own language and culture; however, most of the people speak Mizo language.

The problem of addiction or drug abuse is on the rise in the state of Mizoram. This state is most vulnerable because of its wide international boundaries and its closeness to the in-famous Golden – Triangle which is noted for production and supply of heroin to the states of North East India. Though heroin had been the most abundantly used drugs but recently the trend has changed to excessive use of spasmoproxyvon and other pharmaceutical drugs (People's Chronicle, 2017) <sup>5</sup>. According to the United Nations Office on Drugs and Crime (UNODC, 2013) latest Southeast Asia Opium Survey 2013 registered a 26 percent rise from 2012 in opium cultivation and yield <sup>6</sup>.

***Scenario of Drug abuses in Mizoram:*** According to Central committee of Young Mizo Association (YMA) at least 1456 people including 156 females have died due to drug abuse (in 34 years) since 1984 till July 2017 and presently there are 2080 people affected by drugs, who have been put up at several rehabilitation centres in Mizoram. The recent tendency and trend of drug abuse is on an increase. Recently in Mizoram the pattern of drug use has shifted to the use of medicinal/pharmaceutical drugs. The main cause for this shift may be the easy availability and cheaper price of medicinal/pharmaceutical drugs. The Spasmo-proxyvon has been the most widely and popularly abused drugs followed by heroin in Mizoram. The abusers inject the suspension of water and proxyvon powder onto their other addictive material.

***Causes of drug abuse in Mizoram:*** There are many causes which are responsible for the drug abuse such as the psychological causes followed by cultural and social reasons. Curiosity, pleasure seeking, negative motivation towards life, frustration, anxiety and insurgence against parents are identified as psychological causes. Addicted respondents mentioned fashion style, peer pressure, lack of parental affection and care, broken family and media influence as the major social and cultural causes. Indulging in addiction as a fashion is another aspect contributed by addicts in Mizoram. The cities, towns and urban centres in the state are very modern and fashionable places. Regular adaptation of new styles in music, dance, and dress even in interpersonal relationship has been very common as any other normal activity. Apart from Mizoram society is very much liberal one. Among the economic factors unemployment, easy availability of pocket money and easy source of drugs are the important ones <sup>7</sup>.

***Demographic Characteristics:*** According to the base level survey, average age of drug addict is 27.4 years. Starting age of drug use is from 7 to 14 years. Among all the respondents, 86% are male and 14% are female. Total 36.66% respondents are below 18 years age and 44% are within 18 to 23 years, 13.32% are 24 to 29 years and only 6% are 30 years and above.

**Table-1: Nature and types of drugs used as assessed from Addictive respondents**

Drugs/substances	Number of respondents	Percentage
Spasmo-proxyvon	2133	81.00
Cohol	1711	65.33
Phensidyl, Tossex & Correx	1448	55.33
Heroin	1317	50.00
Calmpose, Pexum & Placidox	1123	42.66
Brown Sugar	1001	38.00
Relipen	895	34.00
Ganja	843	32.00
Amphetamine	632	24.00
Raw Opium	421	16.00
Dendrite (volatile inhalants)	290	11.33
Typewriter correcting fluid, Marking pen (volatile inhalants)	132	5.33
Cocaine	No response	
Total number of people surveyed	2633*	
*Many respondents use more than one substances hence the total number is more than actual		

Source: Baseline primary survey conducted State Welfare Dept. Mizoram Govt., 2017

**Supply, availability and accessibility of drugs:** The state Mizoram's proximity to in-famous Golden-Triangle is mainly responsible for production and supply of heroin, cannabis and other addictive substances to the North East Indian states<sup>8</sup>. The Mizoram State Excise Department has identified seven important routes commonly used by the drug traffickers for crossing the border from Myanmar side to Mizoram. These routes are:

**Table-2: Drug Trafficking Routes of Aizawl (Mizoram)**

Routes of Drug Trafficking	Drug Trafficking Links
A.	Moreh (Manipur)---Chaipui---Aizawl
B.	From Myanmar Champhai—Seling—Aizawl
C.	From Myanmar---Farkawn---Aizawl
D.	From Myanmar—Thinsai---Serchhip---Aizawl
E.	From Myanmar---Lunglei---Aizawl
F.	From Bangladesh-- Lungsen— Lunglei---Aizawl
G.	Imphal (Manipur)--- Kolasib--- Aizawl

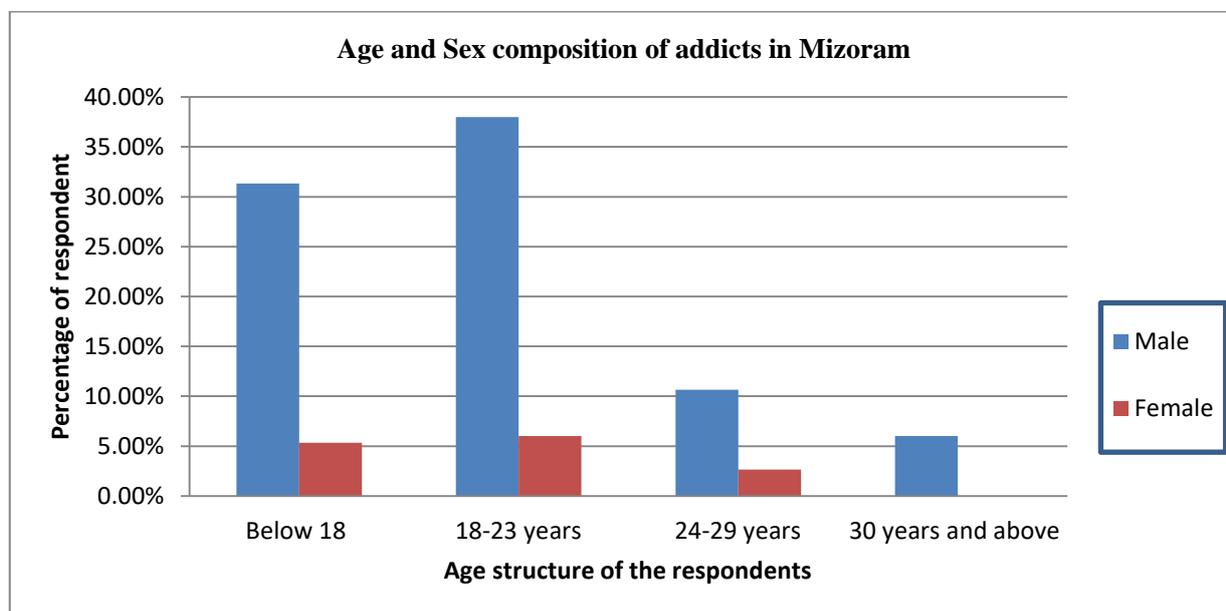
Source: Mizoram State Excise Department, 2018



**Religious status of addicts in Mizoram:** Religion, caste and societal status attribute a lot of anyone’s background of social status in Indian society. As per the base line survey report 84% are from Christian community, 10% from Hindu faith 3.33% from traditional tribal faith, rest of the respondents are from Muslim (1.33%) and Buddhist community (1.34%).

**Occupational profile of addicts:** According to the survey report 81.6%, respondents are jobless, where as 32% male drug users have permanent job. Among the female drug users, 12.9% sold drugs and 33% are commercial sex worker.

Figure-2: Composition of addicts in Mizoram



Source: Baseline primary survey conducted by State Welfare Dept. Mizoram Government, 2019

**Consequence of drug use in Mizoram:** The World Health Organization (WHO,1997) defined substance abuse as “the harmful or hazardous use of psychoactive substance, including alcohol and illicit drugs”<sup>9</sup>.

In the Mizoram state, the consequences of drug abuse are in horrifying situation. It not only affects the health of drug abuser but also is breaking up the morality of the younger generation. Many young people died due to over-dose of drugs. According to the State Welfare Department, the actual number of death is much higher than the reality, because many parents do not want to disclose the actual cause of death on numerous occasions as it can affect the reputation of the family.

## CONCLUSION

Addiction of drug mostly among the teenage is increasing at a rapid rate in Mizoram. Technology has a great effect on the youth. According to the experts media was the main reason for this problem.

Among the media, influence of Korean movies through television have mostly motivated the youth to take drugs as they show beautiful body of actors and actresses with a fair and fresh skin. For getting such fairness and fresh skin youth are addicted to drugs as they are seeing on the screen. Besides that, the availability and easy access of drugs and other addictive materials also persuade the young generation to experiment with it.

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