

INTERNATIONAL JOURNAL OF LAW MANAGEMENT & HUMANITIES

[ISSN 2581-5369]

Volume 7 | Issue 6

2024

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A Comprehensive Analysis of Drug Abuse and Policies in Mizoram

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ABSTRACT

Mizoram's proximity to the notorious Golden Triangle—comprising Thailand, Laos, and Myanmar, known for its production and distribution of heroin—makes it especially vulnerable to drug use. Drug abuse has been on the rise for a long time in Mizoram despite the presence of anti-narcotic policies and task forces aimed at combating the issue. However, since the reasons behind opioid use, particularly among teenagers, are varied and complex, a more nuanced approach might be necessary to address this widespread problem effectively. Substance abuse in Mizoram is driven by a combination of social, ancestral, psychological, and societal factors. The main psychological triggers include curiosity, the pursuit of pleasure, life dissatisfaction, frustration, anxiety, and acts of rebellion against parental authority. Social and cultural influences play a significant role as well; addicts frequently point to peer pressure, trends, media influence, and the lack of parental care or presence, alongside family disruptions, as major contributing factors. Additionally, many see drug use as a fashion statement, further normalizing the habit in certain circles.

Keywords: *Mizoram, Drugs, Policies, Reforms, Analysis.*

I. INTRODUCTION

The term "drug" comes from the Dutch word "Droog," which means "to dry." This likely originated from the fact that many early drugs were made from dried plant materials. As defined by the World Health Organization in 1997, a drug is any substance that, when taken into a living organism, can alter one or more of its functions.² Simply put, a drug is any substance that is introduced into the body to change how the body's systems operate.

Mizoram, located in northeastern India, borders Myanmar and Bangladesh, with internal borders shared with Tripura, Manipur, and Assam. The state covers about 21,000 sq. km and has a significant tribal population with diverse cultures and languages, although most speak Mizo. Aizawl, the largest district, holds a significant portion of the state's population.

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² World Health Organization, *International Programme on Chemical Safety (Environmental Health Criteria 194)* (1997).

This paper seeks to analyze the anti-drug policies of the state of Mizoram with an emphasis on the causes of the extensive drug use in the state along with the kinds of drugs that are being produced and/or sold in the state. Drug abuse is influenced by a blend of social, psychological and cultural factors and therefore, there are various dimensions to an individual person's life which make that person more susceptible to opioid abuse.

Human beings are social animals and thus have an innate need to fit in and to feel a sense of belonging. People who experience isolation due to emotional, social or economic reasons are therefore more likely to turn to drugs as a means of escape or find like-minded peers. Modern societies as more technology driven and hence, also contribute to drug abuse because people suffer in technology-based societies to maintain their sense of identity which leads to personal frustration and drug abuse.

Mind-altering substances have been part of human societies for various uses—medicinal, recreational, religious, and social and every society develops specific customs and controls for managing these substances. NEI region, including Mizoram, has faced significant social changes that have disrupted these traditional norms and controls, leaving communities more vulnerable to substance abuse. Mizoram is more susceptible to these problems because of its international borders.

There are certain geographical factors which exacerbate Mizoram's extensive drug problem. Mizoram has its borders near Burma's Golden triangle, which is a major opium producing area. According to the International Narcotics Bureau it has a high production of amphetamines with Myanmar being only second to Afghanistan in Opium production.³ Therefore, due to these reasons Mizoram is more prone to drug abuse.

II. PATHWAY OF THE DRUGS

Drug supply in Mizoram involves two key elements: the origin points where drugs enter and the channels through which they reach users. The Mizoram State Excise & Taxation Department has mapped out seven main routes for drug entry, most originating near the Golden Triangle. Due to its proximity to this area, Aizawl and its surrounding regions have become significant transit hubs for narcotics and psychotropic substances. While legal medical stores supply regulated medicinal drugs, most other distribution channels, including agents and peddlers, operate illicitly and covertly. The state Mizoram's proximity to in-famous Golden-Triangle is mainly responsible for production and supply of heroin, cannabis and other addictive substances

³ CHARCA, *Co-ordinated HIV/AIDS and STD Response Through Capacity-Building and Awareness: A Review* (2013), <http://www.unodc.org/india/Mizoram/170407/2013>.

to the North East Indian States. ⁴

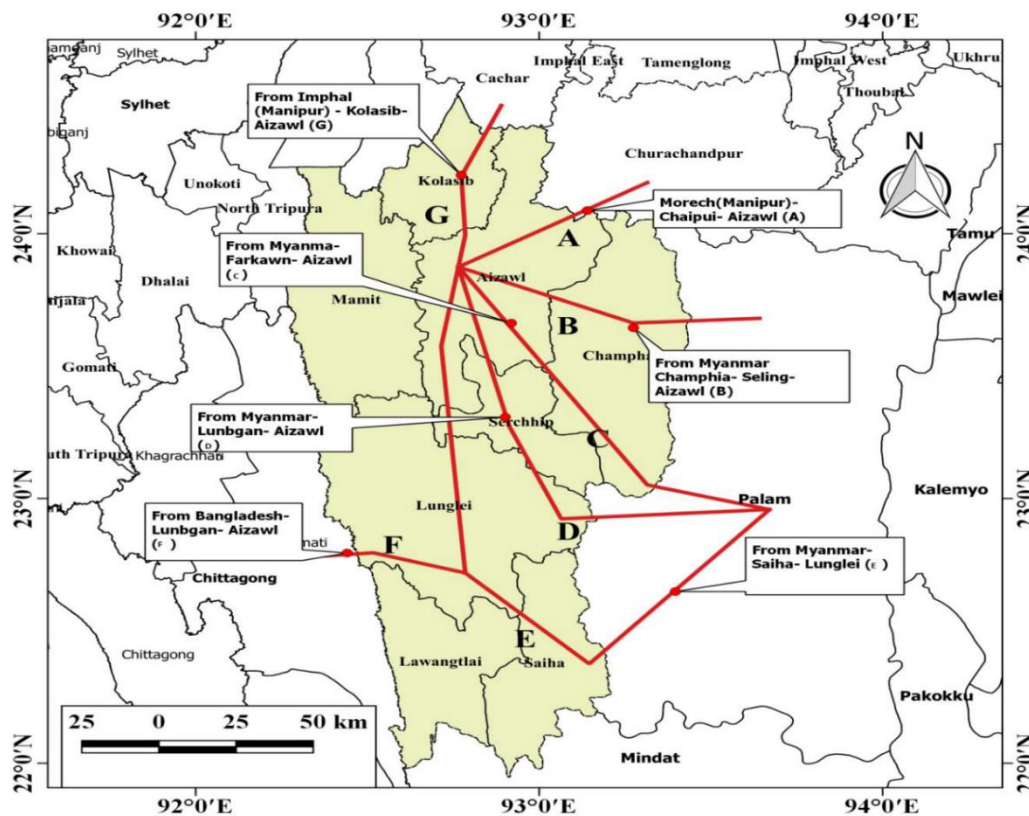
The Mizoram State Excise Department has identified seven important routes commonly used by the drug traffickers for crossing the border from Myanmar side to Mizoram. These routes are:

Table: 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

Figure-1: Drug Trafficking Routes of Aizawl (Mizoram)



Map source: NATMO

⁴ W. Lalrammachhuana, *A Case Study on Drug Addiction Among the Mizo Youth*, 1 Int'l J. Current Humanities & Soc. Sci. Res. 2456-7205 (2017).

III. CURRENT SCENARIO

Since 1984, drug abuse in Mizoram has claimed at least 1,456 lives, including 156 women, according to the Central Committee of the Young Mizo Association (YMA). As of July 2017, 2,080 individuals are undergoing treatment in local rehabilitation centers. Drug abuse is on the rise, with a recent shift toward medicinal and pharmaceutical drugs, likely due to their affordability and easy access. Spasmo-Proxyvon is currently the most commonly abused drug, followed by heroin. Many users mix Proxyvon powder with water for injection, adding to the risk of harm.⁵

In May 2024, Mizoram's Excise and Narcotics Minister, Lalnghinglova Hmar, reported a rise in drug smuggling due to ethnic violence in neighboring Manipur. According to him since January 2024, the Mizoram Excise and Narcotics Department has seized 15 kg of heroin, 96.5 kg of methamphetamine tablets, and 238.6 kg of ganja, with 1,211 arrests in drug-related cases. However, he stated "drug circulation or consumption at the local level" has seen a significant decrease, thanks to a joint crackdown by the government, churches, and civil society. Despite this, 10 more people, including one woman, died from drug abuse till May 2024.⁶

In October 2024, Chief Minister Lalduhoma reiterated his government's commitment to addressing Mizoram's drug crisis, emphasizing stronger collaboration among agencies and NGOs. He advocated reinforcing the Mizoram Liquor Prohibition Act of 2019 and its 2022 rules. In June, Lalduhoma formed a dedicated committee to counter drug issues, while data from the Foundation for Drug-free Mizoram reported 41 drug-related deaths in just five months—putting the state on track for the highest fatalities in two decades. Significant drug seizures also marked the year, with Rs. 982.5 crore worth seized and 581 individuals arrested between January and May.⁷

The recent Baseline Survey on Drug Use in Mizoram, spearheaded by the state's Social Welfare Department (SWD), has shed light on the alarming state of drug abuse across the region, making Mizoram the first state in India to conduct such an exhaustive study. Social welfare secretary P. Lalchhuanga highlighted that the findings underscore an urgent need to combat this crisis at all levels.⁸

⁵ I. Sarkar, *Drug Addiction in Mizoram*, 9 Int'l J. Sci. Res. & Rev. 194-202 (2020).

Mizoram CM Pushes for Enhanced Agency Coordination to Fight Against Drugs, *The Assam Tribune* (Mar. 6, 2022), <https://assamtribune.com/north-east/mizoram-cm-pushes-for-enhanced-agency-coordination-to-fight-against-drugs-1554673>.

⁷ *Ibid.*

⁸ Survey Reveals Shocking Facts About Drug Use in Mizoram, *Matters India* (Mar. 2017), <https://mattersindia.com/2017/03/survey-reveals-shocking-facts-about-drug-use-in-mizoram/>.

Conducted by a team of 32 researchers across all eight districts, the survey captured insights from 2,633 users, averaging around 28 years of age. Of those interviewed, 80% were male, 10% female, and 1% identified as transgender. Most individuals had started using drugs several years into their schooling, often beginning with tobacco before progressing to harder substances. The data painted a stark picture: 81.6% of drug users are unemployed, while 32% of male users reported stable employment. Among female users, 12.9% were reportedly involved in drug sales, and 33% worked in commercial sex.⁹

Pharmaceutical opioids emerged as the most frequently abused substances, followed closely by heroin, sedatives, and inhalants. Of those surveyed, 49.5% were single, 24.2% divorced, and 20.7% married, with three-fourths living with their parents. A majority of injectable drug users (78.6%) were introduced to drugs through friends, with 65.8% admitting to syringe-sharing—a significant risk factor for disease transmission.¹⁰

The survey also showed that nearly half (48%) of respondents were seeking treatment through hospital outpatient departments (OPDs), 39.9% through inpatient departments (IPDs), and 35% through Opioid Substitution Treatment (OST) programs. Heroin overdoses were notably high, with 47% of users reporting incidents, though only a small fraction (3.2%) had access to naloxone, a critical treatment for opioid overdose.¹¹

The findings suggest that addressing unemployment, particularly among female users, could alleviate some of the pressures leading to drug use. Additionally, early education efforts targeting tobacco use could prevent youth from developing substance dependencies. This survey's revelations mark a pressing call to action for Mizoram to tackle drug abuse on all fronts.

IV. CAUSES OF DRUG ABUSE

Drug abuse in Mizoram is driven by a mix of psychological, cultural, social, and economic factors. Psychologically, reasons like curiosity, the desire for pleasure, frustration, anxiety, and rebellion against parents are major contributors. Socially and culturally, factors such as peer pressure, lack of parental affection, broken families, and media influence play a significant role. Many addicts view drug use as a fashion trend, influenced by the modern, stylish environment in Mizoram's cities, towns, and urban centers. Economically, unemployment, easy access to

⁹ *Supra* note 5.

¹⁰ *Ibid.*

¹¹ *Ibid.*

pocket money, and the availability of drugs are key factors fueling addiction.¹²

Table: Family or peer influence on drug uses:

Drug use among the Family member or friends	Number of respondent or proportion (%) Total number of respondent -- 52	Dominating factor/indicator
Family member or friends uses drugs	29 55.76%	
Number of family members or friends using drugs	Total 29 (100%)	41.39% respondents have three or more number of family members or friends using drugs.
One person	0620.68%	
Two persons	11 37.93%	
Three or more persons	13 41.39%	
Persons using drugs with	10 19.23%	59.62% respondents are using drugs with close friends.
Sex partners	11 21.15%	
Family members	31 59.62%	
Close friends		

Source: Primary survey (No of respondents-52)

V. DRUGS PREVALENT IN THE STATE

Table: 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

¹² H.G. Joshi, *Mizoram: Past and Present* 81-89 (Mittal Publ'n 2010).

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 substance hence the total number is more than actual		

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

Greater proportion of respondents from districts with no international borders reported using heroin (86.7%-916/1056), cocaine (3.9%-41/1056) and ATS (2.8%- 30/1056). Districts bordering Myanmar only reported higher proportion of respondents using pharmaceutical opioids (64.4%- 533/827), heroin (63.8%- 89 Baseline Survey on Extent & Pattern of Drug Use in Mizoram Social Welfare Department, Government of Mizoram 96 528/827) and sedatives (44.3%-366/827). Significantly greater proportion reported ever use of cannabis (73.8%- 369/500), opium (34.4%-172/500) and pharmaceutical opioids (87.6%-438/500) from districts bordering both Bangladesh & Myanmar. District having border only with Bangladesh reported higher proportion using sedatives (64.8%-162/250) and volatile solvents (64.8%- 162/250).¹³

VI. DEMOGRAPHICS

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.

¹³ Baseline Primary Survey, State Welfare Dep't, Mizoram Gov't (2017).

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.¹⁴

The religious background of drug addicts in Mizoram, according to the baseline survey, reveals that 84% are from the Christian community, 10% from the Hindu faith, 3.33% from traditional tribal beliefs, and the remaining 3% are from Muslim (1.33%) and Buddhist (1.34%) communities.¹⁵

In terms of occupation, 81.6% of drug users are unemployed. However, 32% of male drug users have permanent jobs. Among female drug users, 12.9% are involved in drug sales, and 33% work as commercial sex workers.¹⁶

VII. STATE POLICIES

Policies are part of a broader effort to address Mizoram's growing drug crisis. With increasing drug seizures, overdose deaths, and a rising number of individuals seeking treatment, these legislative and regulatory measures aim to curb drug abuse, promote rehabilitation, and ensure the availability of essential medicines in a controlled and safe manner.

Here's a detailed summary of the policies:

1. **The Mizoram Drug (Controlled Substances) Act, 2016**¹⁷: This Act was enacted to control the production, sale, and distribution of narcotics and psychotropic substances in Mizoram. It addresses the issue of drug abuse, particularly in the context of Mizoram's proximity to the Golden Triangle (Thailand, Laos, Myanmar), a significant source of heroin and opioids. The Act includes stringent penalties for the illegal trafficking and misuse of drugs. Offenders can face imprisonment of up to 10 years and fines up to Rs. 1 lakh, depending on the severity of the offense. The law also enables the state government to regulate the list of controlled substances, ensuring that their use and distribution are tightly monitored. In recent years, Mizoram has seen an increase in drug seizures, with nearly Rs. 982.5 crore worth of drugs confiscated in the first five months of 2024 alone, demonstrating the need for such legislative measures.
2. **The Mizoram Drug (Controlled Substances) Rules, 2017**¹⁸: These rules provide detailed guidelines to enforce the 2016 Act. They stipulate that pharmacies and drug distributors must obtain proper licenses, and they define the criteria for licensing and

¹⁴ IJSRR, 'Volume 9 Issue 1' (2020).

¹⁵ *Supra* note 5

¹⁶ *Ibid.*

¹⁷ *The Mizoram Drug (Controlled Substances) Act 2016* (Mizoram).

¹⁸ *The Mizoram Drug (Controlled Substances) Rules 2017* (Mizoram).

monitoring the distribution of controlled substances. The rules also mandate strict reporting by pharmaceutical manufacturers and distributors to prevent diversion into illegal markets. Inspections of drug storage and distribution points are to be conducted regularly. Additionally, the rules call for the creation of a state-level Drug Control Committee, tasked with overseeing the implementation of the Act and Rules. In terms of accountability, the rules emphasize the need for regular audits, especially for substances like opioids, which have been identified as major contributors to addiction in Mizoram. The state also tracks and regulates the availability of pharmaceutical opioids like Spasmo-Proxyvon, which is commonly abused.

3. **The Mizoram State Essential Drug Policy**¹⁹: The Essential Drug Policy aims to make essential medications accessible to all, with a focus on providing safe, affordable treatments for both chronic conditions and drug dependence. The policy includes a list of over 300 essential medicines, many of which are vital for managing drug addiction and preventing misuse. The policy also highlights opioid substitution therapy (OST) as a critical tool in addiction treatment. As of recent reports, about 35% of drug users in Mizoram are receiving OST. In addition, the policy advocates for the establishment of rehabilitation centers; currently, several NGOs and government-run facilities offer treatment services. The state has also been working to educate the public on the dangers of drug misuse, and reports from the Foundation for Drug-free Mizoram indicate that 41 people died due to drug abuse in just the first five months of 2024, signaling an urgent need for stronger intervention. The policy's goal is to reduce drug-related fatalities and curb the rise in addiction rates, which have been steadily increasing.

Building on the Governor's call for collaboration, the state has seen increasing participation from various sectors in the battle against drug abuse. Efforts have also expanded through community outreach and educational initiatives, further bolstered by the involvement of local NGOs. These actions reflect a growing recognition of the multifaceted approach required to address the drug crisis, combining prevention, rehabilitation, and public awareness campaigns across Mizoram.

Mizoram Governor Hari Babu Kambhampati launched the 'Nasha Mukta Bharat Abhiyaan' campaign on November 7, 2024, in Aizawl²⁰. He emphasized the need for a united and

¹⁹ *Mizoram State Essential Drug Policy* (2017).

²⁰ Mizoram Governor Launches Campaign for Drug-Free Community, *The Times of India* (Feb. 8, 2023), <https://timesofindia.indiatimes.com/city/guwahati/mizoram-governor-launches-campaign-for-drug-free-community/articleshow/115058855.cms>.

intensified approach to tackle drug abuse, which continues to affect the state's youth. While praising the contributions of the state government, religious bodies, and civil organizations like the Young Mizo Association, Kambhampati urged teachers to integrate anti-drug efforts with the Brahma Kumaris' spirituality-focused programs. Aimed at fostering awareness, the event included presentations on drug abuse prevention and a collective oath-taking ceremony. Times of India

On June 24, 2022, the International Day Against Drug Abuse & Illicit Trafficking was observed in Lawngtlai, Mizoram²¹. The event aimed to raise awareness among youth about the harmful effects of drug abuse. Over 300 students from local high schools participated, engaging in activities such as presentations, speeches, skits, and art competitions under the theme "Say No to Drugs." A pledge-taking and signature campaign were also held on June 23, 2022, encouraging students to commit to staying drug-free. The event received strong support from local NGOs, village councils, and teachers.

VIII. LEGALITY AND CRIMINALITY

The criminal implications of drug trafficking and abuse in Mizoram are severe, with stringent laws under the Narcotic Drugs and Psychotropic Substances Act, 1985, and the Mizoram Drug (Controlled Substances) Act, 2016. Offenders involved in the illegal possession, distribution, or trafficking of drugs can face significant penalties, including imprisonment ranging from 10 years to life, alongside heavy fines. These laws aim to deter illicit drug activities, which have been exacerbated by Mizoram's proximity to the Golden Triangle—a hotspot for heroin and opioid trafficking.

The criminality aspect extends beyond the legal frameworks to include socio-economic factors that drive drug abuse in the region. Issues such as unemployment, poverty, and lack of educational opportunities make young people particularly vulnerable to drug abuse. Moreover, the normalization of drug use as a fashion trend, combined with peer pressure, has further embedded substance abuse within certain segments of society. The region's liberal approach to drugs, alongside cultural factors like family breakdowns and weak community networks, contributes to this crisis.

Criminal networks operating within Mizoram are often part of larger trafficking syndicates linked to Myanmar and other parts of Southeast Asia. These networks exploit the state's

²¹ 'International Day Against Drug Abuse and Illicit Trafficking 2022' *Lawngtlai Police* (2022) <https://lawngtlai.police.nic.in/International%20Day%20Against%20Drug%20Abuse%20&%20Illicit%20trafficking%202022.html> accessed in November 2024.

geographical location, using it as a transit point for the smuggling of drugs into Northeast India and beyond. The high demand for heroin, methamphetamines, and other narcotics in the region, coupled with the large amounts of revenue involved, fuels organized crime and violence. As a result, drug trafficking is not only a public health issue but also a serious security concern in Mizoram and neighboring states.

In criminology, several theories can be applied to understand drug abuse and trafficking, particularly in a state like Mizoram:

1. **Strain Theory (Robert Merton)**²²: This theory suggests that individuals engage in deviant behavior, such as drug abuse, when they are unable to achieve societal goals through accepted means. In Mizoram, unemployment and limited opportunities may drive some individuals to drug trafficking or abuse as an alternative means of coping.
2. **Social Learning Theory (Albert Bandura)**²³: This theory posits that behavior is learned through interactions and influences from peers, family, and media. The normalization of drug use as a "fashion" trend in Mizoram could be explained by the exposure to drugs through social circles and media, leading to increased drug abuse.
3. **Routine Activities Theory (Lawrence Cohen and Marcus Felson)**²⁴: This theory suggests that crime occurs when three elements converge: a motivated offender, a suitable region, combined with economic instability and weak law enforcement in some areas, creates ideal conditions for drug trafficking.
4. **Labeling Theory (Howard Becker)**²⁵: According to this theory, individuals labeled as "deviant" by society may internalize this label and engage in further criminal behavior. In Mizoram, individuals involved in drug abuse may face societal stigma, which could drive them deeper into addiction or trafficking.

IX. CASE LAWS

Some significant case laws in India, particularly relevant to Mizoram's anti-drug policies and challenges, focus on the Narcotic Drugs and Psychotropic Substances Act (NDPS Act) and judicial interpretations addressing the complexities of drug trafficking and distribution. Here are a few key cases that may be relevant:

²² Robert K. Merton, *Social Structure and Anomie*, 3 Am. Socio. Rev. 672 (1938).

²³ Albert Bandura, *Social Learning Theory* (1977).

²⁴ Lawrence E. Cohen & Marcus Felson, *Social Change and Crime Rate Trends: A Routine Activity Approach*, 44 Am. Socio. Rev. 588 (1979).

²⁵ Howard Becker, *Outsiders: Studies in the Sociology of Deviance* (1963).

1. **Tofan Singh v. State of Tamil Nadu (2020)**²⁶: The Supreme Court held that confessions made to NDPS officers are not admissible in court as evidence. This ruling reinforces protections against forced confessions and affects the legal framework for prosecuting drug offenses, especially in cases of trafficking and peddling in border areas.
2. **Gurdev Singh v. State of Punjab (2021)**²⁷: In this case, the Supreme Court ruled that if procedural requirements, such as witness presence during a narcotics seizure, aren't followed, evidence may be inadmissible. This case stresses the importance of strict adherence to NDPS Act protocols for enforcement agencies in states like Mizoram.
3. **Union of India v. Mohanlal & Ors. (2016)**²⁸: This case highlighted the need for proper storage and disposal of seized narcotics to prevent pilferage. Given the transit routes in Mizoram, ensuring safe handling of seized substances is particularly relevant to prevent re-entry into illegal channels.
4. **State of Mizoram v. Lalropuia & Others (2019)**²⁹: A specific case within Mizoram addressing narcotic distribution. It underscores the role of local law enforcement and the judiciary in managing drug issues unique to the region, including cases where cross-border trafficking plays a part.

These cases shape how anti-drug policies are implemented, providing guidelines on enforcement, evidence admissibility, and procedural compliance. They contribute to addressing drug problems by emphasizing stringent adherence to legal protocols, particularly crucial for a state like Mizoram with its strategic geographic location.

X. A COMPARATIVE ANALYSIS OF MIZORAM'S ANTI-DRUG EFFORTS WITH OTHER STATES LIKE PUNJAB AND MANIPUR

A comparative analysis of Mizoram's anti-drug efforts with other states like Punjab and Manipur highlights some similarities and differences in addressing drug abuse.

- **Mizoram**: Focuses heavily on community-based initiatives, religious groups, and NGOs to combat drug abuse. The proximity to the Golden Triangle has led to severe drug trafficking and addiction. There is also a strong emphasis on prevention through education, such as in the International Day events and awareness campaigns. Mizoram

²⁶ *Tofan Singh v. State of Tamil Nadu* [2020] SCC OnLine SC 882.

²⁷ *Gurdev Singh v. State of Punjab* [2021] SCC OnLine SC 946.

²⁸ *Union of India v. Mohanlal & Ors.* AIR 2016 SC 3793.

²⁹ *State of Mizoram v. Lalropuia & Others* (High Court of Gauhati, Aizawl Bench 2019).

has implemented the Mizoram Drug (Controlled Substances) Act, 2016, but faces challenges in effective enforcement³⁰.

- **Punjab:** Punjab, similarly impacted by drug trafficking from Pakistan, has also witnessed a severe drug abuse problem. However, its approach leans more heavily on law enforcement and rehabilitation centers. Punjab's government has made efforts to improve rehabilitation but continues to struggle with high relapse rates due to insufficient long-term support³¹.
- **Manipur:** Like Mizoram, Manipur shares a porous border with Myanmar, contributing to the easy availability of heroin and other opioids. However, Manipur has faced more internal conflicts and political instability, which complicates anti-drug initiatives. The state has made efforts in strengthening enforcement through specialized units like the Narcotics Control Bureau (NCB) but lacks robust community outreach programs similar to those in Mizoram³².

The comparative study suggests that while law enforcement is crucial, community involvement and preventive measures tailored to local socio-economic conditions are equally important. Mizoram's focus on community engagement and public education can serve as a model for other regions facing similar issues.

XI. RECOMMENDATIONS TO CURB DRUGS AND DRUG RELATED CRIMES

To curb drug abuse and related crimes in Mizoram, a multi-faceted approach could significantly reduce the impact of drugs on the community. Here are some strategic recommendations:

1. Strengthening Border Control and Surveillance

Mizoram's proximity to Myanmar and the Golden Triangle makes it vulnerable to drug trafficking. Increasing border security and adopting technology-driven surveillance systems, such as drones and thermal imaging, could help identify and intercept drug shipments before they enter the state. Establishing checkpoints along major trafficking routes within the state, particularly in regions like Champhai, would also improve interception rates.

2. Community-Based Prevention Programs

Community outreach programs that engage youth and local leaders could educate citizens on the risks of drug use. Schools, community centers, and NGOs can play critical roles in

³⁰ Ministry of Social Justice and Empowerment, Government of India. "National Action Plan for Drug Demand Reduction" (2018).

³¹ National Drug Dependence Treatment Centre, *Drug Use in India* (2019).

³² Manipur State Police, 'Report on Drug Seizures and Arrests' (2024).

awareness campaigns, focusing on young people who are most vulnerable to substance abuse. Training community leaders to recognize and address drug issues locally would foster a proactive prevention approach.

3. Enhanced Rehabilitation and Support Services

Rehabilitation centers, particularly those equipped with mental health and addiction specialists, should be expanded to support recovery and prevent relapse. Mizoram could benefit from more accessible opioid substitution therapies (OST) and mental health support, which are essential for sustainable recovery.

4. Economic and Employment Opportunities

Unemployment and poverty are often linked to drug use and trafficking. Investing in skill-development programs and job creation initiatives, particularly for youth and former addicts, could offer alternative pathways. Job training in fields like agriculture, technology, and small-scale industries may provide sustainable incomes that reduce the allure of drug trafficking.

5. Law Enforcement Training and Capacity Building

Training law enforcement in specialized anti-drug protocols and evidence management would ensure better compliance with legal standards. These measures would improve the effectiveness of prosecutions, ensuring that arrests lead to convictions and that judicial processes remain sound.

6. Interagency and Interstate Cooperation

Drug issues are rarely confined to one area. Collaborating with law enforcement from other northeastern states and with central agencies could help dismantle regional drug networks. Shared intelligence, coordinated raids, and cross-border initiatives with neighboring countries would also strengthen enforcement efforts.

7. Review and Strengthen Legislation

Reviewing the existing drug laws and adapting penalties to current drug trends could create a more effective deterrent. Revising the *Mizoram Drug (Controlled Substances) Act, 2016*, to address emerging drugs and adjusting penalties for trafficking and large-scale distribution can act as a deterrent and ensure the law evolves with new drug threats.

8. Research and Data Collection

Consistent research on drug use patterns in Mizoram, including regular surveys and studies, would help track trends and guide policy. This data would assist policymakers in designing

targeted interventions and adapting existing strategies.

9. Engagement with Religious and Cultural Institutions

Since Mizoram's population has a strong cultural and religious foundation, partnering with these institutions to address drug abuse from a values-based perspective could be impactful. Religious and traditional leaders could offer moral guidance and support rehabilitation efforts, making recovery a community effort.

These combined efforts, when consistently applied, could create a robust framework for Mizoram to combat drug abuse and trafficking, reducing the crime rate and supporting long-term health and social stability.

XII. CONCLUSION

The problem of substance abuse in Mizoram, particularly among youth, is alarming. The World Health Organization (1997) defines substance abuse as the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. In Mizoram, drug addiction has reached a crisis point, severely affecting the health of the population, especially the younger generation. This issue is compounded by a lack of transparency in reporting deaths caused by drug overdoses, as many families choose to conceal the true cause of death to avoid damage to their reputations.

The prevalence of addiction among teenagers is growing rapidly, with media, particularly Korean television shows, playing a significant role. These shows portray unrealistic beauty standards, including flawless skin and attractive physiques, which are often linked to drug use. Youth in Mizoram may be led to believe that using drugs can help them achieve these physical ideals. Furthermore, the easy availability of drugs and related substances adds to the temptation for young people to experiment with them.

A survey conducted on the age and gender distribution of drug addicts reveals that a significant portion of addicts are young adults, with the highest percentage in the 18-23 age range, followed by those under 18. This data highlights the urgent need for intervention strategies aimed at this age group to curb the growing drug abuse problem in Mizoram.

In conclusion, tackling drug abuse in Mizoram requires a multifaceted approach that addresses both the direct and underlying causes of addiction. While current policies and enforcement efforts are pivotal in managing the supply of illicit drugs, there is an urgent need for a more proactive stance that emphasizes prevention and rehabilitation. Awareness campaigns tailored for youth, combined with better mental health support and community-based interventions,

could help reduce the allure of substance use. Additionally, improving transparency around drug-related issues and involving community leaders could foster a supportive environment that encourages families to seek help without fear of stigma. By addressing both policy enforcement and societal factors, Mizoram can work towards building a safer, healthier future for its young population.
