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**MENACE OF  
DRUG  
ADDICTION  
IN THE  
NORTH-EASTERN  
STATES  
OF INDIA**

362.29095416

NAG  
002339  
ICSSR

**B.S. NAGI**

**COUNCIL FOR SOCIAL DEVELOPMENT**

The problem of drug abuse is becoming increasingly serious and complex and the current evidence from the world over reveals a continuing upward trend. However, the data available are often of a poor quality and hence the true magnitude of the problem of drug addiction is generally underestimated. The explosive growth of drug abuse apparently exists in almost all the communities the world over and efforts are being made everywhere to prevent or control this grim problem.

Today, it is estimated that there are over 7,50,000 brown sugar addicts in India and specialists in the field expect that there would be an incredible 20 million drug addicts in this country by the turn of this century. In the process of developing preventive, educative and rehabilitative approaches to combat the massive problems arising out of drug abuse, especially in the North-Eastern States of India, there are a series of problems to be attended to on a priority basis. In order to know the intensity of the problem in the North-Eastern States of India, it was decided to study the different patterns of drug addiction prevailing in all these States. Accordingly, 1750 drug addicts were selected from these states for the purpose. It is found that the problem of drug addiction is relatively more in urban areas than in rural areas. It is also found that drug addiction is not confined to any particular religion or caste. The average age of the drug addicts (respondents) varies from 20 to 34 years across the seven States in the North-East of India and the gravity of problem of drug abuse is more among the students. Crime rate is quite high after abusing drugs. The percentage of respondents who take smack is very high in two States, i.e., Manipur and Nagland. Respondents have mentioned seven type of reasons for the initiation to drugs, which are: curiosity, influence of friends, broken homes, depression, influence of bad company, familial taboos, and influence of bad films.

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# **MENACE OF DRUG ADDICTION IN THE NORTH-EASTERN STATES OF INDIA**

**B.S. NAGI**

*Under the auspices of the*  
**COUNCIL FOR SOCIAL DEVELOPMENT**  
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## INTRODUCTION

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The World Health Organization (WHO) defines drug addiction as 'a state of periodic or chronic intoxication detrimental to the individual and society produced by the repeated consumption of a drug (natural or synthetic)'. The characteristics of drug addiction include:

- (1) An over-powering desire or need (compulsion) to continue taking the drug and obtain it by any means.
- (2) A tendency to increase the dose.
- (3) A psychic and sometimes physical dependence on the effects of the drugs.

Recently WHO has referred to Drug Abuse as a serious disease. With this came the realisation that treatment of drug addiction is possible but the problem of drug addiction is enormous. As revealed by current evidence from around the World there is a continuing upward trend in the misuse of psychoactive drugs. However, the data available on the problem are not complete and of poor quality, and hence the true magnitude of the problem is often underestimated. No country in the World is free from the serious problems arising from the abuse of psychoactive drugs. The problem of drug abuse involves illicit, as well as licit, and prescribed substances. In many countries, the use of tobacco products and the abuse of alcohol are associated with serious health problems. As noted by the Conference of Ministers of Health on Narcotic and Psychoactive Drug Misuse held in London from 18-20 March, 1986, the potential for an explosive growth of drug abuse exists in any community; indigenous patterns of drug abuse can be quickly overwhelmed by the epidemic spread of drug abuse by injection, the sudden availability of synthetic drugs or the emergence of multiple drug abuse patterns\*.

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\*World Health Organization. Gossop, M. and M. Grant (Eds.). *Preventing and Controlling Drug Abuse*. Delhi: Oxford University Press, 1990, p.1.

## 1.1 Complexity of Drug Abuse

The prevention of drug problems is complicated by the following facts:

- (i) Drugs vary in effect and in toxicity;
- (ii) Drug habits can create many different types of problems; and
- (iii) Drugs are taken in different ways by people from different societies.

Drug abuse, thus, is a multi-dimensional problem, and it is not possible to design any single prevention strategy that would be applicable to all cases of drug abuse. It is, therefore, important that separate approaches and strategies need to be designed and developed in a manner which should take into account the socio-cultural status of each drug habit addict on the one hand and the specific properties of each drug being abused on the other.

There are many drugs available and there is every likelihood that many more will come into the market. Details of some of the important drugs which are widely abused are given in Table 1.1 under five main headings, namely, Narcotics, Depressants, Stimulants, Hallucinogens, and Cannabis alongwith their trade names, medical uses, dependence and method of administration.

**Table 1.1**  
**Details of Important Drugs being Abused**

Drugs	Trade or other names	Medical uses	Dependence		Usual methods of Administration
			Physical	Psychological	
1	2	3	4	5	6
<b>A. NARCOTICS</b>					
1. Opium	Apheem	Analgesic, antidiarrheal	High	High	Oral, smoked
2. Morphine	Morphine, Morphia	Analgesic, antitussive cardiac cases	High	High	Oral, smoked, injected

*contd..*

1	2	3	4	5	6
3. Codcin	Empirin, Codeine Phosph- ate, Codeine Phensidyl	Analgesic, Antitussive	Moderate	Moderate	Oral, injected
4. Heroin	Diacetylmor- phine, Smack, Brown sugar, Gard	None	High	High	Injected, sniffed, smoked
5. Meperidine	Demerol (Pethidine)	Analgesic	High	High	Oral, injected
6. Methadone	Methadone	Analgesic	High	High-low	Oral, injected
7. Other Narcotics	Lomotil	Analgesic, Anti-diarrheal Anti-tussive	High-low	High-low	Oral, injected

**B. DEPRESSANTS**

1. Barbitu- rates	Amytal, Butisol, Cyclobarbital Barbital Nembutal, Seconal, Tuinal, Phenobarbital Amobarbital	Anaesthetic, anticonvulsant, sedative, hypnotic, veterinary euthanasia agent	High-Mod	High-Mod	Oral
2. Benzodia- zepines	Diazepam, Librium, Paxipam, Calmpose Valium	Antianxiety, anticonvulsant sedative, hypnotic	Low	Low	Oral
3. Methaqua- lone	Mandrax, Prodorm, Nindra	Sedative hypnotic	High	High	Oral
4. Other Depressants	Placidyl	Antianxiety, sedative, hypnotic	Moderate	Moderate	Oral

**C. STIMULANTS**

1. Cocaine	Crack	Local anaesthetic	Possible	High	Sniffed, smoked, injected
2. Ampheta- mines	Dexerine, Dexamohetamina Biphetamine	Attention deficit disorders, Narcolepsy, weight control	Possible	High	Oral, injected

1	2	3	4	5	6
3. Phenmetra- zine	Preludin	Weight Control	Possible	High	Oral, injected
4. Methylph- enidate	Ritalin	Attention deficit disorders, narcolepsy	Possible	Moderate	Oral, injected
5. Other stimulants	Sanorex	Weight Control	Possible	High	Oral, injected
<b>D. HALLUCINOGENS</b>					
1. LSD	Acid	None	None	Unknown	Oral
2. Amphetamine Variants	MDMA, Ecstasy	None	Unknown	Unknown	Oral, injected
3. Phencycli- dine	PCP	None	Unknown	High	Smoked, oral, injected
4. Other Hallu- cinogens	Magic Mushroom Psilocybin Psilocyn	None	None	Unknown	Smoked,Oral, injected, sniffed
<b>E. CANNABIS</b>					
1. Marijuana	Pot,Grass, Bhang,Ganja, Sulfa	None	Unknown	Moderate	Smoked,oral
2. Tetrahy- drocanna- binol	THC	Cancer chemo- therapy, antinauseant	Unknown	Moderate	Smoked,oral
3. Hashish	Hash,Charas	None	Unknown	Moderate	Smoked,oral
4. Hashish Oil	Hash Oil	None	Unknown	Moderate	Smoked,oral

*\*Source: Delhi Police Foundation for C.D.R.*

## 1.2 Drug Abuse in Indian Context

There has been a long tradition of consuming Charas (Hemp) and Ganja (*Cannabis Sativa*) in India. It even has the religious sanction. There has been a cultural practice to offer Bhang to guests at the time of certain festivals and social ceremonies. Such pseudo-religious traditional sanction for the use of cannabis in many parts of the country has existed for centuries. Cannabis products were traditionally available in the country while opium seems to have been introduced by foreign traders during the 19th century. In India, large scale cultivation of

opium was started by the British to offset their trade imbalance with China on whom they depended for their tea imports.

During the last decade or so, Heroin, Pethidine, Morphine, Mandrax, Fortwin, LSD, etc. have been introduced to the Indian drug scenario. These synthetic derivative drugs are now the hardest forms of addiction in India, Heroin being the most popular at present. There are many sources for Heroin trafficking in India but the following three sources are the major ones:

- (i) To Western India and Delhi from the Golden Crescent, a route-shape which cuts across Pakistan and Afghanistan and moves towards the Western nations via Bombay and Delhi.
- (ii) To the North-East, Calcutta and Delhi from the Golden Triangle which includes parts of Thailand, Laos and Burma and goes to western countries via Calcutta, Delhi and Dhaka.
- (iii) To Madras and Bangalore from Sri Lanka.

Now-a-days, an indigenous army of drug chieftains has emerged in Pakistan, Afghanistan, Nepal, Burma, Thailand and India. Lured by the astronomical profits involved in the processing of raw-opium into heroin, they have increasingly eliminated the European middlemen with the result that more and more people are being lured into this trap. The Table 1.2 shows the number of cases of drug trafficking caught and the amount of drugs seized from them. This indicates the intensity and magnitude of drug menace in India.

As long as drug addiction was confined to certain types of individuals or groups and well-contained by an informal social control mechanism, it did not attract much attention. During the last decade or so, in the wake of its proliferation among various socio-cultural and economic strata and a widespread awareness about its disruptive influence on the individual and the society, drug abuse has emerged as an issue of vital public concern at various levels. Illicit trafficking in drugs transcends national boundaries, motivated by a craving for easy money at the cost of human life. It often manifests as the worst form of crime that humanity is facing in the present era.

**Table 1.2**  
**Amount of Drugs Seized from the Drug Trafficking Persons**  
**in Different States and Union Territories during 1989**

(Quantity in kg)

State	Total Cases	Opium	Heroin	Ganja	Hashish
Andhra Pradesh	677	43.000	2.254	3110.564	-
Assam	12	74.939	1.562	-	-
A&N Islands	9	-	-	8.750	0.018
Arunachal Pr.	740	1.750	-	8756.783	-□
Bihar	146	0.800	0.065	15318.290	621.367
Chandigarh	29	21.633	32.777	8.750	3.885
Delhi	464	211.917	199.955	70.090	3308.976
Goa	30	0.066	0.001	0.116	2.091
Gujarat	75	97.887	16.573	26.995	29.283
Haryana	658	1125.585	2.784	57.216	33.655
Himachal Pradesh	41	9.180	-	-	65.485
J&K	47	1.020	76.705	-	243.520
Karnataka	230	2.210	13.252	221.612	-
Kerala	207	25.101	23.348	2248.148	1171.277
MadhyaPradesh	196	1038.740	5.714	147.100	-
Maharashtra	478	128.307	1103.374	1306.375	396.067
Manipur	144	2.646	15.062	8297.775	-
Mizoram	44	-	3.137	8.890	-
Meghalaya	7	-	5.858	262.000	-
Nagaland	15	-	1.816	352.200	-
Orissa	3	0.600	1.000	720.000	0.400
Pondicherry	3	-	0.031	0.026	-
Punjab	166	777.664	758.917	27.340	25.483
Rajasthan	211	886.825	369.248	430.572	1311.085
Tamil Nadu	1276	76.380	30.603	11409.695	1.003
Uttar Pradesh	1218	200.610	33.897	1202.142	901.615
West Bengal	88	58.340	16.200	471.595	5.500

Source: Lather, Anu Singh, *Drug Abuse Among Students*,  
 1993,p.18

In 1977, a Committee, which was appointed to study the problem of drug abuse in India, had warned in its report that the situation in India was likely to worsen and it would get out of hand if adequate measures were not adopted to curb the evil.

Today it is estimated that there are over 7,00,000 brown sugar addicts in India. The specialists in the field expect that there would be an incredible 20 million drug addicts in this country by 2000 AD. The Central Advisory Board on Social Defence at its meeting held on September 8, 1987, discussed the increasing trend of drugs among youths from various socio-cultural and economic strata. It was noted that the number of drug addicts coming to hospitals and Drug De-addiction Centres had been increasing during the past few years with the result that more and more De-addiction Centres have been opened and more wards in the hospitals have been made available for the drug abusers, who are coming for the treatment. It appears to be gaining deeper roots among diverse population groups, including students, youths, industrial workers, transport operators, traders, etc. irrespective of caste, class and religion. The trafficking in drugs has assumed alarming proportions in the North-Eastern States. The smuggling of heroin to these States through Indo-Burma, Indo-Pakistan and Indo-Nepal borders has doubtlessly become a serious matter.

The Government of India have taken several steps through various Ministries to meet the challenges of drug abuse and drug trafficking. The Ministry of Finance is monitoring the enforcement of Narcotic Drugs and Psychotropic Substance Act, 1985, whereas the Ministry of Welfare has been serving as nodal Ministry for drug abuse prevention by way of awareness building, counselling and guidance, treatment, follow-up and rehabilitation of drug-addicts through voluntary organisations. Ministries of Health and Family Welfare, Information and Broadcasting, and several other government organisations are also trying their best to combat the problem of drug abuse in their respective areas/spheres.

In the process of developing preventive, educative and rehabilitative approaches/measures to combat the massive problem arising out of drug abuse, especially in the North-Eastern States, there are series of problems to be attended to on a priority basis. For example, which section of the population is the main consumer of drugs? What are the main drugs prevalent in these States? How easily these drugs are available? What are the main sources of drug supply, especially amongst innocent section of society? What are the major strategies of promoting the consumption of drugs in the community? Keeping these issues, the present study was planned.

### **1.3 Objectives**

North-Eastern States of the Union of India have a special problem of drug abuse which needs special attention and investigation and measures to reduce, if not to eliminate, drug addiction. The present study envisages to study patterns of addiction in these States and to suggest measures to combat drug addiction.

The main objectives of the present study are given below:

- (1) To study the patterns of drug abuse across all the North-Eastern States.
- (2) To investigate patterns of drug abuse in the selected district headquarter towns in each of the NE States.
- (3) To ascertain the patterns of drug addicts among different age groups; professional/occupational groups.
- (4) To study patterns of drug abuse among different educational strata.
- (5) To find out patterns of drug abuse among different economic strata.
- (6) To find out patterns of drug abuse among different tribal groups/castes/religious groups.
- (7) To find out different patterns of drug addiction among males and females.
- (8) To study the family and social problems arising out of drug abuse.
- (9) To study the problems of efficiency and other work related problems as a result of drug abuse.
- (10) Finally, to work out feasible strategies for prevention and control of drug abuse in the North-Eastern States.

### **1.4 General Profile of North-Eastern States**

Figure 1.1 shows the map of all the seven States in the North-East. Three sides of this region are surrounded by China, Burma and Bangladesh. The names of the districts in each State are given on the next page.



Figure 1:1

**ASSAM**

- |                  |                        |
|------------------|------------------------|
| 1. Barpeta       | 13. Darrang            |
| 2. Cachar        | 14. Dhubri             |
| 3. Dhemaji       | 15. Goalpara           |
| 4. Dibrugarh     | 16. Kamrup             |
| 5. Jorhat        | 17. Karimganj          |
| 6. Karbi Anglong | 18. Lakhimpur          |
| 7. Kokrajhar     | 19. Nagaon             |
| 8. Morigaon      | 20. North Cachar Hills |
| 9. Nalbari       | 21. Sonitpur           |
| 10. Sibsagar     | 22. Golaghat           |
| 11. Tinsukia     | 23. Hailakandi         |
| 12. Bongaigaon   |                        |

**ARUNACHAL PRADESH**

- |                    |                   |
|--------------------|-------------------|
| 1. Changlang       | 7. Dibang Valley  |
| 2. East Keming     | 8. East Siang     |
| 3. Lohit           | 9. LowerSubansiri |
| 4. Tawang          | 10. Tirap         |
| 5. Upper Subansiri | 11. West Kameng   |
| 6. West Siang      |                   |

**MANIPUR**

- |                  |             |
|------------------|-------------|
| 1. Bishnupur     | 5. Imphal   |
| 2. Thoubal       | 6. Senapati |
| 3. Churachandpur | 7. Ukhrul   |
| 4. Tamenglong    | 8. Chandel  |

**MEGHALAYA**

- |                     |                     |
|---------------------|---------------------|
| 1. East Garo Hills  | 4. East Khasi Hills |
| 2. Jaintia Hills    | 5. West Garo Hills  |
| 3. West Khasi Hills |                     |

**MIZORAM**

1. Aizawl
2. Lunglei (Lunglei)
3. Chhimituipui

**NAGALAND**

- |              |               |
|--------------|---------------|
| 1. Kohima    | 5. Mokokchung |
| 2. Mon       | 6. Phek       |
| 3. Tuensang  | 7. Wokha      |
| 4. Zunheboto |               |

**TRIPURA**

1. North Tripura
2. West Tripura
3. South Tripura

**1.4.1 Population Parametres**

All the seven States in the North-East constitute only 3.7 per cent population of India. Table 1.3 shows that of all the North-Eastern States, Assam is having about 71 per cent population and in the rest of the six states the population varies from 2.2 per cent to 8.8 per cent, the lowest being in Mizoram and the highest being in Tripura. The Table further shows that the density of population is higher in Assam than the density of population of India in general, whereas the density of population in Tripura is very close to the All India figures. As there is no plain area in Arunachal Pradesh, Meghalaya, Mizoram, and Nagaland and only a little plain area in Manipur, the density of population in these states is quite low, ranging from 10 to 78 persons per square kilometer.

The Table further reveals that male — female ratio is the lowest in Arunachal Pradesh (861) followed by Nagaland (890). It is the highest in Manipur (961), which is even higher than the All India figure (929).

Table 1.3

**Figures of Population, Density of Population, Male and Female Ratio, and total Area in Square Kilometers of the States in North-East**

S. No.	Name of the States	Population	Percentage popul- ation (per Sq.Km.)	Density of Male population Female Ratio (Per 1000)		Area in Sq. Meters		
				Male	Female	Plane Area	Hill Area	Total Area
1.	Assam	22414322	71.1	284	925	15223	63298	78521
2.	Arunachal Pradesh	864558	2.7	10	861		837413	83743
3.	Manipur	1837149	5.8	82	961	1 920	20436	22356
4.	Meghalaya	1774778	5.6	78	947	-	22489	22489
5.	Mizoram	689756	2.2	33	924	-	21684	21684
6.	Nagaland	12095462	3.8	73	890	-	16488	16488
7.	Tripura	2757205	8.8	262	946	4195	6282	10477
Total(N.E.)		31547314	3.7*	123	922	21338	234420	255758
All India		846302688	-	267	929*	-	-	3065027

\* Percentage from All India; Population Source:- Census India,1991; P =Provisional

The population in respect of other parametres of seven States in the North-East, like, Scheduled Tribe, Scheduled Caste, Literacy, Rural/Urban, Male/Female, etc. are given in Table 1.4. It is evident from the Table that the percentage of literate population is the highest in Mizoram (67%) whereas it is around 50 per cent in Manipur as well as in Nagaland, and it is the lowest in Arunachal Pradesh (38.8%).

**Table 1.4**  
**Population at a Glance of North Eastern States, India, 1991**

Sl. Name of No. State	Population			% of S. T. Population			% of S. C. population			% of literacy			
	Total	Rural	Urban	% from total population	Rural	Urban	% from total population	Rural	Urban	% from total population	Rural	Urban	
1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Assam	T	22414322 (100.0)	19926527 (88.9)	2487795 (11.1)	2874441 (12.8)	2777308 (96.6)	97133 (3.4)	1659412 (7.4)	1430131 (86.2)	229281 (13.8)	9516393 (42.5)	7818550 (39.2)	1697843 (68.2)
	M	11657989 (52.0)	10304161 (51.7)	1353828 (54.4)	1461560 (12.5)	1409364 (50.7)	52196 (53.7)	864617 (7.4)	743834 (52.0)	120783 (52.7)	5827649 (50.0)	4836187 (46.9)	991462 (73.2)
	F	10756333 (48.0)	9622366 (48.3)	1133967 (45.6)	1412881 (13.1)	1367944 (49.3)	44937 (46.3)	794795 (7.4)	686297 (48.0)	108498 (47.3)	3688744 (34.3)	2982363 (31.0)	706381 (62.3)
2. Arunachal Pradesh	T	864558 (100.0)	753930 (87.2)	110628 (12.8)	550351 (63.7)	518222 (94.2)	32129 (5.8)	4052 (0.5)	2858 (70.5)	1194 (29.5)	283610 (32.8)	219058 (29.4)	64552 (58.9)
	M	465004 (53.8)	400966 (53.2)	64038 (57.9)	275397 (59.2)	258595 (49.9)	16802 (52.3)	2491 (0.5)	1782 (62.4)	709 (59.4)	191841 (41.3)	150095 (37.4)	41746 (65.2)
	F	399554 (46.2)	352964 (46.8)	46590 (42.1)	274954 (68.8)	259627 (50.1)	15327 (47.7)	1561 (0.4)	1076 (37.6)	485 (40.6)	91769 (23.0)	68963 (19.5)	22806 (48.9)

## Menace of Drug Addiction in the North-Eastern States

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
3. Manipur	T	1837149	1331504	505645	632173	578930	53243	37105	17705	19400	916692	615957	300735	
		(100.0)	(72.5)	(27.5)	(34.4)	(91.6)	(8.4)	(2.0)	(47.7)	(52.3)	(49.9)	(46.3)	(59.5)	
	M	938359	682395	255964	322720	295691	27029	18806	9075	9731	560884	383720	177164	
		(51.1)	(51.2)	(50.6)	(34.4)	(51.1)	(50.8)	(2.0)	(51.3)	(50.2)	(59.8)	(56.2)	(69.2)	
	F	898790	649109	249681	309453	283239	26214	18299	8630	9669	355808	232237	123571	
		(48.9)	(48.8)	(49.4)	(34.4)	(48.9)	(49.2)	(2.0)	(48.7)	(49.8)	(39.6)	(35.8)	(49.5)	
4. Meghalaya	T	1774778	1444731	330047	1517927	1312093	205834	9072	4972	4100	678105	454835	223270	
		(100.0)	(81.4)	(18.6)	(85.5)	(86.4)	(13.6)	(0.5)	(54.8)	(45.2)	(38.2)	(31.5)	(67.6)	
	M	907687	734865	172822	760234	659859	100375	4981	2697	2284	376870	253522	123348	
		(51.1)	(50.9)	(52.4)	(83.8)	(50.3)	(48.8)	(0.5)	(54.2)	(55.7)	(41.5)	(34.5)	(71.4)	
	F	867091	709866	157225	757693	652234	105459	4091	2275	1816	301235	201313	99922	
		(48.9)	(49.1)	(47.6)	(87.4)	(49.7)	(51.2)	(0.5)	(45.8)	(44.3)	(34.7)	(28.4)	(63.6)	
5. Mizoram	T	689756	371810	317946	653265	358113	295452	691	456	235	461930	216867	245063	
		(100.0)	(53.9)	(46.1)	(94.7)	(54.8)	(45.2)	(0.1)	(66.0)	(34.0)	(67.0)	(58.3)	(77.1)	
	M	358978	194414	164564	329819	182212	147607	597	399	198	251551	121942	129609	
		(52.0)	(52.3)	(51.8)	(91.9)	(50.9)	(50.9)	(0.2)	(87.5)	(84.3)	(70.0)	(62.7)	(78.8)	
	F	330778	177396	153382	323746	175901	147845	94	57	37	210379	94925	115454	
		(48.0)	(47.7)	(48.2)	(97.9)	(49.1)	(50.0)	(0.1)	(12.5)	(15.7)	(63.6)	(53.5)	(75.3)	

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	1	2	3	4	5	6	7	8	9	10	11	12	13	14
6. Nagaland	T	1209546 (100.0)	1001323 (82.8)	208223 (17.2)	1060822 (87.7)	933145 (88.0)	127677 (12.0)	0 (0.0)	0 (0.0)	617736 (0.0)	475566 (51.1)	142170 (47.5)		
	M	641282 (53.0)	522235 (52.2)	119047 (57.2)	545156 (85.0)	478579 (51.3)	66577 (52.1)	0 (0.0)	0 (0.0)	363229 (56.6)	277210 (53.1)	86019 (72.3)		
	F	568264 (47.0)	479088 (47.8)	89176 (42.8)	515666 (90.7)	454566 (48.7)	61100 (47.9)	0 (0.0)	0 (0.0)	254507 (44.8)	198356 (41.4)	56151 (63.0)		
7. Tripura	T	2757205 (100.0)	2334484 (84.7)	421721 (15.3)	853345 (30.9)	839264 (98.4)	14081 (1.6)	451116 (16.4)	379664 (84.2)	71452 (15.8)	1365980 (49.5)	1062635 (45.5)	303345 (71.9)	
	M	1417930 (51.4)	1202529 (51.5)	215401 (51.1)	434225 (30.6)	426741 (50.8)	7484 (53.1)	231516 (16.3)	195079 (51.4)	36437 (51.0)	822402 (58.0)	656440 (54.6)	165962 (77.0)	
	F	1339275 (48.6)	1132955 (48.5)	206320 (48.9)	419120 (31.3)	412523 (49.2)	6597 (46.9)	219600 (16.4)	184585 (48.6)	35015 (49.0)	543578 (40.6)	406195 (35.9)	137383 (66.6)	

contd .....

## Menace of Drug Addiction in the North-Eastern States

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
All India	T	846302688	628691676	217611012	67758380	62751026	5007354	138223277	112343797	25879480	359279730	226139400	133140330	
		(100.0)	(74.3)	(25.7)	(80.1)	(92.6)	(7.4)	(16.3)	(81.3)	(18.7)	(42.5)	(36.0)	(61.2)	
	M	439230458	324321614	114908844	34363271	31755930	2607341	71928960	58342419	13586541	229532248	151216892	78315356	
		(51.9)	(51.6)	(52.8)	(78.2)	(50.6)	(52.1)	(16.4)	(51.9)	(52.5)	(52.3)	(46.6)	(68.2)	
	F	407072230	304370062	102702168	33395109	30995096	2400013	66294317	54001378	12292939	129747482	74922508	54824974	
		(48.1)	(48.4)	(47.2)	(82.0)	(49.4)	(47.9)	(16.3)	(48.1)	(47.5)	(31.9)	(24.6)	(53.4)	

Source: Primary Census Abstract 1991  
T - Total, M - Male, F - Female

Note: Figures in Parenthesis are the percentages.