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Drug Abuse among Mizo Youth: Causes, Patterns, And Social Consequences

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Abstract:

Background: The study examines the causes, patterns, and social consequences among Mizo youth, focusing on its effects on individuals, families, and the larger Mizo community. The study examines the causes, patterns, and social consequences of drug abuse among Mizo youth.

Methods: The study adopts a qualitative approach, supported by secondary data. Primary data were collected through interviews, and field observations. While secondary data were collected through articles, news, press releases, other government data, and hard copies of data from Central Young Mizo Association (C.Y.M.A). Interviews were used as the main source of data collection, by interviewing 14 substance users from various locations.

Results: The abuse of substances has profound negative implications for Mizo youth, families, and the larger Mizo community. The issue is also reflected in wider social concern surrounding substance use, including physical violence and theft, at the same time, there is a significant lack of awareness and a limited number of studies. Furthermore, the illegal acts of a few cause Mizo society to mistrust and stigmatize all substance users through overgeneralization, because everyone is labeled the same; it negatively affects even those who never engage in illegal activities such as physical violence and larceny. By interviewing 14 substance users, the study reveals that peer pressure, curiosity, lack of awareness, and easy availability of drugs are the main causes, most respondents did not report involvement in theft.

Conclusions: Most respondents were unaware of the specific effects of drugs and lack access to appropriate recovery facilities. This emphasizes the need for improved and efficient awareness, including appropriate rehabilitation centers.

Keywords: Drug abuse, Mizo youth, Awareness, Peer Influence, Rehabilitation Center, Stigma.

1. Introduction

In terms of geographical areas Mizoram is situated in the northeastern part of India, sharing international borders with Myanmar on the east and south and Bangladesh to the west. Because of this, Mizoram has a high risk of becoming a route for drug trafficking, especially from the Myanmar side, which is strictly monitored by the state government. Despite these efforts, illicit substances continued to be smuggled through various routes.

The substance use has had a serious impact on Mizo society over the past three decades, particularly affecting males. According to data from the Directorate of Economics and Statistics, as reported in The India Today NE (2026), and supported by news published in The Times of India (Vanlalruata, 2023) and (Northeast Live, 2023), indicate a higher proportion of male mortality, contributing to a population imbalance in Mizo society. At the same time, reports from the Mizoram Excise and Narcotics Department

and the Mizoram State Aids Control Society (MSACS, 2025), show a high prevalence of substance misuse, which may be associated with this trend. However, a direct causal relationship requires further investigation. Substance use not only affects individuals but also has significant consequences for families and the larger Mizo community. This study is important because it provides a more profound understanding of how the drug becomes so addictive, including its effects, causes, and patterns of drug abuse among Mizo youth. It also highlights how it affects society, families, and the larger Mizo community.

The importance of this study lies in how it can help policymakers create effective awareness, which will be very important for families and the larger Mizo community for prevention. One strong point of this study lies in the easy word structure that could be read by everyone. This study also adds to sociological knowledge and awareness by combining both real-life experiences of substance users with reliable and official data from various departments and NGOs. This study offers practical insights that will be helpful for the whole Mizo society to be aware of and educated on this substance, which will prevent most Mizo youth in the future.

This study highlights how dangerous substance misuse can be and its long-term effects on individuals' lives and futures. This is evidenced by the real-life experiences of interview respondents and other reliable data from various government departments, articles, research and associations.

Despite the increasing reports of drugs and substances misuse, research and awareness remain limited. Understanding this issue is crucial for developing effective awareness among every Mizo youth, which is considered most effective when it begins within the family.

2. Review of Literature

Aadhya Khaana (2024), in her article 'A Comprehensive Analysis of Drug Abuse and Policies in Mizoram' published in the International Journal of Law Management and Humanities, explains that drug abuse in Mizoram is driven by multiple factors such as peer pressure, unemployment, and psychological issues. The author also highlights that Mizoram geographical location near the Golden Triangle plays a major role in increasing drug trafficking and substance misuse. The study focuses on causes, impacts, and government responses, making it relevant for understanding the situation in the state of Mizoram. The author also talks about how geographical factors, social factors, and psychological factors play a huge role in Mizoram in terms of influencing drug abuse. She also explains that drug abuse leads to increased crime rates, health problems (addiction, HIV, etc.) and social disintegration (family breakdown, stigma). She also discusses several measures taken by the government, such as implementation of drug control laws, awareness programs, and rehabilitation centres. However, she also argues that these policies are not fully effective in terms of poor implementation and lack of coordination. Additionally, this article provides a clear understanding of drug abuse in Mizoram by connecting social, legal, and geographical factors which become extremely useful for policy analysis. However, in terms of weaknesses this article lacks detailed field data and primary research, looks more theoretical than practical, and there is a limited discussion on local community perspective. Lastly, this article is very useful for my studies because it helps explain the causes of substance abuse and supports my arguments on drug availability and trafficking. It also provides background on government efforts and limitations. (Aadhya Khaana, 2024)

Sibnath Sarkar Department of Geography, Rammohan College, University of Calcutta. In his article 'Drug Addiction and Abuses in Mizoram' published in International Journey of Scientific Research and Reviews also says that peer pressure, unemployment, stress and mental health issues, and easy availability

of drugs are the main causes of substance misuse. Which has a serious impact on health, crime, family breakdown, and social stigma, and points out that it has a negative impact on Mizo youth. (Sibnath Sarkar, 2020).

According to the **Baseline Survey on Extent and Pattern of Drug Use in Mizoram**, which was conducted by the **Social Welfare Department, Government of Mizoram published in the year 2017**, covers the entire Mizoram District and is based on large-scale field data. From the report drug use is high and widespread in Mizoram and highlights youths are the most effected group. Types of drugs like heroin, pharmaceutical drugs, and alcohols are widely consumed. In terms of causes of drug abuse, report Easy availability of drugs, border location near the Golden Triangle (Drug Trafficking Area), peer pressure, unemployment, curiosity and lifestyle influenced. It also has a serious social impact such as increased crime, health issues, family problems, and social stigma. From this report we can see that drug use is also found among prison inmates, different districts with variation. The strength of this report is that it is based on primary data (field survey) and covers the entire state including community and prison population which was conducted by government authority and provides detailed statistical data. Apart from strength, it also has several weaknesses like the data may become outdated over time; some findings are descriptive, not deeply analytical, and may not fully explain individual psychological factors. (Social Welfare Department, Government of Mizoram, 2017).

3. Research Objective

1. To study the causes of drug abuse among Mizo youth.
2. To examine the patterns and types of substances use among Mizo youth.
3. To analyze the impact of drug abuse on individuals, families, and society.
4. To suggest effective measures for awareness and prevention of drug abuse.
5. To examine the role of family and social environment in drug abuse.

4. Research Methodology

The study adopts a qualitative approach, supported by secondary data. Primary data were collected through interviews, and field observations, while secondary data were obtained from government record, journals, articles, baseline surveys, MSACS, CYMA, press release, and news reports records.

The study was conducted in three locations in Aizawl, Mizoram: K-Ward Synod Hospital, Thutak Nunpuitu Team (TNT), and Tawngtai Bethel Camping Centre (TBCC). Purposive sampling was used with 14 substance users selected, consisting of 13 males and 1 female.

Primary data were collected from March 19-21, 2026, using semi-structured, open-ended interviews and observations. Secondary data were collected from government departments, MSACS, CYMA, articles, newspapers, and official press releases.

The collected data were analyzed to identify the common causes, patterns, effects, and impacts of substance use on families, careers, and communities among Mizo youth. Primary and secondary data were compared to identify common patterns and differences and to support the findings with verifies information.

DRUG ABUSE IN MIZORAM: SOURCES, TREND, SEIZURES, AND USAGE PATTERNS

Popular Drugs Used and Their Impact

The following section presents commonly used drugs in Mizoram and their impact, based on available

data and observation.

Heroin

Heroin, popularly known as "No. 4," is an illegal, very addictive opioid drug. It is made from morphine, which comes from the seedpod of opium poppy plants. These plants grow in Southeast and Southwest Asia, Mexico, and Colombia. Heroin can be a white or brown powder or a black sticky substance known as black tar heroin.

Heroin is considered a highly addictive substance because it reaches the brain very quickly, it can be injected, smoked, or snorted. This method allows the drug to enter the bloodstream fast, and it quickly affects the brain. When heroin reaches the brain, users experience a sudden rush of pleasure, feeling a warmth and relaxation. After the initial rush, heroin slows breathing, causes drowsiness, and reduces pain. These calming effects make users feel relief from stress or emotional pain, which makes them easily depend on the drug for comfort. Eventually this creates a psychological addiction because the brain starts to associate heroin with pleasure, and users feel a strong desire to repeat the experience, and over time this becomes a habit. This rapid action is a key reason why heroin is more addictive than many other drugs. (Medline Plus, 2025).

The findings of the study show that with repeated use the body becomes used to heroin, and the same dose no longer produces the same effect. As use continues, the body becomes dependent on heroin, and can no longer function normally without it. If the person stops using, withdrawal symptoms occur, such as pain, vomiting, restlessness, and chills. These symptoms make it increasingly difficult for individuals to quit, which often leads to relapse. In cases of heroin use disorder (chronic addiction), the individual continues using heroin despite its harmful consequences, which affects the ability to control use, leads to the neglect of responsibilities, and causes the drug to becomes the central focus of their life.

Additional point, Heroin addiction is also reinforced by unpredictable drug strength and mixing with other substances. This increases the risk of overdose and repeated use due to dependency.

Methamphetamine

- **Origin of Methamphetamine**

Methamphetamine started as medicine; meth is not always a street drug. It actually started as a plant-based medicine used to treat breathing problems like asthma. Back in **1885** a Japanese scientist discovered that a plant called ephedra contained a powerful chemical stimulant. A few years later that same chemical was turned into what we now call methamphetamine. One of the most shocking parts is that soldiers from countries like Japanese, German, Britain, and America were given meth by the government during World War II. They used it to keep soldiers awake, fearless and willing to take risks in battle. Now imagine that the same drug that destroys families and communities today was once given out by governments like a vitamin tablet.

After the World War ends, it did not disappear. Instead, it quietly moved into everyday life. Housewives used it to lose weight, and truck drivers also used it to stay awake on long journeys. Apart from this, athletics also used it to boost their performance. Meth is even sold in pharmacies all over the country. Addiction risk was mostly ignored.

In the **1980s**, the government restricted key ingredients, illegal producers turned to **pseudoephedrine,** which was found in cold medicines, and many toxic and harmful substances were added such as battery acid, drain cleaner, antifreeze, and ammonia, to continue making methamphetamine. This clearly shows that meth is not pure it is a dangerous chemical mixture. This allows small-scale production in homes, leading to its rapid spread. With the rise of the internet, methods become widely known, which increases

substance misuse. Later, large-scale production by drug cartels made meth stronger, cheaper, and more widely available. (Arkansas Department of Human Services, n.d.)

- **How Methamphetamine Becomes So Addictive**

According to **The National Institute on Drug Abuse (NIDA**), Methamphetamine increases a chemical in the brain called **dopamine**. Dopamine is responsible for pleasure, motivation, and reward feelings. When a person takes meth it releases a high level of dopamine very quickly, which creates intense happiness (euphoria) and a strong feel-good sensation. If a person takes meth, the brain remembers the intense pleasure caused by meth. Because of this the person wants to experience it again and again. Meth strongly reinforces drug-taking behavior, which makes users feel the need to repeat use. After taking it for a while, the brain changes due to repeated dopamine release, natural happiness becomes weaker, and the person cannot feel normal without meth. So, it is no longer just a "want"; it becomes a need an "addiction" (NIDA, n.d.)

- **The Difference Between Short-Term Effect and Long-Term Effect Explanations.**

According to NIDA. The effects of methamphetamine may be felt immediately or within 20 minutes, depending on how it is used. When smoked or injected, it enters the bloodstream and brain rapidly produces an immediate and intense "rush" or euphoria. Other immediate effects include increased wakefulness, confidence, energy, and sex drive, as well as decreased appetite. The euphoria wears off quickly, leading to a **"crash."** Some people tried to avoid this and extend the euphoria by repeatedly taking the drug in a **binge pattern** (meaning taking the drugs over and over again for many hours or days without stopping). This happens because the person wants to feel the same "high" again. In this pattern the person keeps taking the drug without sleeping and eating properly. And when they stop, they feel very tired, sad or depressed and sleep for a very long time; this is called a **"crash."** Methamphetamine can have immediate negative health effects, including paranoia, anxiety, rapid heart rate, irregular heartbeat, stroke, increased blood pressure, kidney damage, nonfatal overdose (also called **"overamping"**), or fatal overdose.

Meth is highly addictive, repeated use leads to strong dependence and loss of control over drug use. This condition is called **methamphetamine use disorder**. Long-term use also effects the mind and emotions, common issues are. Anxiety, confusion, trouble sleeping (insomnia), and mood swings. Apart from this, it also has effects on cognition (thinking); some studies have found decreased cognitive function mainly associated with long-term methamphetamine use. Where users experience slow thinking and reaction time, including poor memory, and have difficulty in learning.

Meth has also affected the heart and blood system, which can lead to stroke and heart failure. It can also cause tooth decay and loss and can also decrease sexual function in men. (NIDA, n.d.).

Overall, from the study Methamphetamine use among the respondents was very limited, with only a few used meth for short-term use. Those who used meth described effects such as increased energy, temporary confidence, and feelings of happiness, which they reported as somewhat similar to heroin but not identical. However, most respondents had not dependent on methamphetamine and had not used it for a very long duration.

- **Codeine (Syrup)**

What is Codeine? What are the effects, and why does it become so addictive?

Codeine is an opioid medicine commonly used in both tablet and liquid (cough syrup) to relieve pain and suppress cough. It affects the central nervous system (CNS) and can produce relaxation and euphoria; this is the main reason why people misuse it.

There are several symptoms of codeine abuse, both physical and behavior. On the physical side the symptoms are drowsiness, small (pinpoint) pupils, slurred speech, nausea and vomiting, constipation, low blood pressure, and breathing problems. And behavioral symptoms include isolation, poor hygiene, poor academic and work performance, craving, and secretive behavior.

Apart from this, let's highlight the effects. When a person takes codeine in the short term the person will experience euphoria, sleepiness, confusion, and poor coordination. Despite this, it also has a serious risk such as respiratory depression (slows breathing), overdose (especially with alcohol), liver damage (due to paracetamol), seizures, coma, or death. If a person continues taking it for a long-term, it can cause addiction and dependency, brain changes (reward system damage), chronic constipation, liver failure (common), mental health issues (anxiety, depression), and lastly, social and occupational problems. Additional points: if a person suddenly stops taking codeine, withdrawal symptoms happen, like vomiting, diarrhea, muscle pain, anxiety, and high blood pressure.

Codeine can become addictive because it binds to opioid receptors in the brain, releasing dopamine, which creates a feel-good effect. Because of this the brain starts craving that feeling. Over time, it leads to tolerance developing (need more dose), dependence forming (body needs it), and eventually leads to addiction. (Alpha Healing Centre, 2026).

The findings of the study show that the majority of the respondents use codeine as their entry point into drugs. The main reason is easy access, as most drug stores sell it since it is not illegal. Data taken from the respondent, along with information taken from the Mizoram Government and Central Young Mizo Association, show that codeine seizures were high in Mizoram. Most respondents stated that they first started with codeine use, and later gradually moved to other types of drugs such as heroin.

- **Detailed Drug Trends and Seizures within the State**

Drug Trends from 1984 to 2026

Mizoram recorded its first death related to drug abuse in 1984, which is also considered to be the first official record of drug-related issues in Mizoram. Therefore, Mizoram has been facing problems related to drug abuse since 1984.

The very first individual who died from drug abuse was a male, and the type of drugs he used was heroin, which is popularly known as No.4, a substance that continues to effect Mizoram to this day. The first female death related to drug abuse in Mizoram was recorded in 1989, from the same substance used by the first person who died in 1984.

From the years 1984 to 1989, heroin is considered to have been the only substance people used, as there were no records of other substance used, or related death till 1989. Between 1984 and 1989, the total number of deaths due to drug abuse was 16 males and 1 female. From 1990 onwards, new drugs such as Spasmo Proxyvon were introduced into Mizoram. After 1990, with the entry of Proxyvon in Mizoram, the numbers of users increased rapidly, and this trend continued until 2016.

From 1990, Proxyvon can be said to have dominated and becomes a major cause of drug-related death in Mizoram over the following decades. The numbers of death due to drug abuse from the year 1990 to 2016 is considered to be significant, as this period marks the peak influenced of Spasmo Proxyvon as a major contributing factor to mortality in the state.

As we can see from the above para, Spasmo-Proxyvon (Parvon Spas) became a major contributor to drug-related deaths in Mizoram. According to excise and narcotics department data, the total numbers of male death is shockingly high, the numbers of male death is 1237, while female deaths are only 149, making a grand total of 1386 deaths. In percentage terms, male account for about 89.25% of the deaths, whereas

females make up only 10.75%. In simple terms, out of every 100 deaths, about 89 were males and only about 11 were females.

The period of death, especially from the year 1995 to 2005, shows that Spasmo Proxyvon (Parvon Spas) caused a lot of death in Mizoram, affecting individuals aged between 14 and 54 years, with youth (14-36) being the most affected group. During this period alone, a total of 990 people were dead, and among them, 889 were males and 101 were females. Out of 990 people, 940 are related to Spasmo Proxyvon (Parvon Spas), and only 50 are related to heroin and other substances. This clearly shows the dangerousness of Spamo Proxyvon and how it can easily lead to fatality if used or addicted. Lucikly, as of the year 2017 till today, there is no death from spasmo proxyvon alone, even though some limited numbers still show death related to spasmo proxyvon, but these deaths are caused by mixing proxyvon with other substances.

Aa per the report taken from the Mizoram Excise and Narcotics Department, heroin has remained the most consistent drug from the very beginning, from 1984 till 2026. According to the abuser's, heroin is not the same as in previous years; it has become weaker and less pure, which makes people increase their dosage to get high. From the year 2017 to 2026, the total number of drug-related deaths is 606 people, of which 510 are males and only 96 are females. From this total, heroin alone claims 166 lives, while the rest are due to the mixing of other substances.

One of the most devastating findings is that Mizoram recorded 118 drug-related deaths in 2025, the highest numbers of drug-related deaths recorded in the state in the past two decades. Officials stated that the victims included 100 males and 18 females, aged between 14-57 years. Most of the death were linked to the consumption of mix drugs, while heroin alone claimed around 35 lives.

However, the dangerous substances Spasmo Proxyvon has completely disappeared from Mizoram after 2019. The last death related to Proxyvon alone was recorded in the year 2016. Even so, Proxyvon did not vanish immediately after the last recorded death; it remained in Mizoram for 3 more years - 2017, 2018 and 2019. It is important to note that from 2017 onward, people started mixing it with other substances, they did not rely only on Proxyvon as they did before 2016.

Additional points as per the latest information taken from the Mizoram Excise and Narcotics Department. In the current year 2026 up to march, 12 people have already lost their lives related to drug use, of which 10 are males and 2 are females. From all the stats and trends, we can confidently say that males are the most effected, which is also believed to be contribute to the decline of the male population in Mizoram. If this continues and no proper and effective awareness is taken up by the Mizoram Government, it is feared that the growth rate of the Mizo population may not increase significantly.

Table 1. Year-wise numbers of people who died from illicit substances especially Spasmo Proxyvon or Parvon Spas

YEAR	MALE	FEMALE	TOTAL	DRUG USED		
				Heroin	S/Proxyvon or Parvon Spas	OTHERS
1990	7	NIL	0	3	4	NIL
1991	7	1	8	1	7	NIL
1992	10	2	12	2	10	NIL
1993	17	1	18	NIL	18	NIL
1994	24	3	27	NIL	27	NIL
1995	49	6	55	NIL	55	NIL
1996	45	6	51	1	50	NIL
1997	56	1	57	1	56	NIL
1998	76	8	84	1	83	NIL
1999	77	12	89	5	83	(Dendrite)= 1
2000	128	11	139	5	131	(Dendrite)= 3
2001	92	9	101	2	98	(Diazepam)= 1
2002	85	8	93	7	85	(Dendrite)= 1
2003	124	12	136	1	133	(Diazepam+ Ganja) =1 (Peptica+ Spasmo Proxyvon) = 1
2004	122	21	143	6	132	(Cough Syrup) = 3 (Dendrite) = 1 (Ganja) = 1
2005	35	7	42	5	34	(Cough Syrup) = 1 (Dendrite) = 1 (Ganja) = 1
2006	21	1	22	1	20	(Dendrite + Ganja) = 1
2007	25	4	29	7	22	NIL
2008	9	2	11	4	7	NIL
2009	25	3	28	11	17	NIL
2010	13	3	16	4	12	NIL
2011	12	NIL	12	1	11	NIL
2012	39	6	45	3	37	(Nitrosun + Spasmo Proxyvon) = 1 (Alprzolam + Nitrosun + Spasmo Proxyvon) = 2 (Heroin + Spasmo Proxyvon) = 1 (Unknown) = 1
2013	29	8	37	4	6	(Alprazolam) = 1, (Cataspa + Any types of drugs) =1, (Caugh Syrup + NItrosun) = 1, (Alprazolam + Parvon Spas) = 1, (Alprazolam + Nitrosun + Parvon Spas) =1, (Dendrite + Ganja + Nitrosun + Parvon Spas) = 1, (Nitrosun + Parvon Spas) = 2, (Ganja + Parvon Spas) = 1, (Alprazolam + Pacitane (pepe) + Respira + Any types of drugs) = 1, (Aplrazolam +Corazepam + Any types of drugs) = 1, (Caugh Syrup + Pacitane) =1, (Heroin + Parvon Spas + Spasmo Proxyvon) = 1, (Parvon + Any types of drugs) = 2, (Alprazolam + Parvon Spas + Any types of drugs) = 1, (Heroin + Any types of drugs) = 1, (Peptica + Liquor) = 1, (Cataspa + Parvon Spas + Codeine) = 1, (Cough Syrup + Parvon Spas) = 1, (Cough Syrup + Pacitane (pepe) + Any types of drugs) = 1 ,(Heroin + Parvon Spas) = 1, (Unknown) = 5
2014	36	2	38	6	17	(Alprazolam + Diazepam + Ganja + Parvon Spas) = 1, (Heroin + Parvon Spas + Spasmo Proxyvon) = 1, (Diazepam + Parvon Spas) = 1, (Heroin + Parvon Spas) = 2, (Unknown) = 4, (Alprazolam) = 1, (Alprazolam + Parvon Spas) = 1, (Parvon Spas + Spasmo Proxyvon + unknown) = 4
2015	24	3	27	9	4	(Heroin + Spasmo Proxyvon) = 2 ; (Any types of drugs) = 1 ; (Unknown) = 5 (Heroin + Any types of drugs) = 2 ; (Dendrite + Parvon Spas) = 1 ; (Spasmo Proxyvon) = 2 ; (Parvon Spas + Spasmo Proxyvon + Liquor) = 1 ; (Spasmo Proxyvon + Any types of drugs) = 1 ; (Parvon Spas + Spasmo Proxyvon + Unknown) = 1 ; (Parvon Spas + Nitrosun) = 1
2016	50	9	59	36	2	(Alprazolam) = 1 ; (Heroin + Parvon Spas) = 1 ; (Ganja) = 1 ; (Heroin + Any types of drugs) = 9 ; (Parvon Spas + Caugh Syrup) = 1 ; (Parvon Spas + Any types of drugs) = 1 ; (Heroin + Parvon Spas + Any types of drugs) = 1 ; (Any types of drugs) = 1 ; (Alprazolam + Any types of drugs) = 3 ; (Unknown) = 2

Source: Mizoram Excise & Narcotics Department

Drug Seized in Mizoram in the past years and recent years by the Mizoram Excise and Narcotics Department and Central Young Mizo Association (CYMA)

In recent years, many drugs have been seized in Mizoram, both at the borders and within the state, and it is very important to understand year-wise drug seizures to help people understand drug movement and trends in Mizoram. In a business term, if there is a demand, there is a supply, which means that if the quantity of seized drugs is large and increased every year, we can assume that the users are many and the demand is high. Mizoram Excise and Narcotics Department had formal reports since 1995. The data on seizure of drugs in Mizoram during the year 1995 to 2025 are not mere statistics but help highlight the gradual changes in the nature of drug abuse and trafficking over the years. (Mizoram Excise and Narcotics Department, 1995–2025)

However, to explain in detailed about year wise seizure is a little bit hard and consume time, because of that we will try to highlight from 1995 to 2025 seizure to understand trend.

- **Heroin**

Heroin is the most consistent thread in these records, but the volume has exploded. At the early phase which means from the year 1995 to 2000 drugs seizures were relatively lower compared to later years. In the year 1995, 0.21 kg was seized by the department, it stays very low for years, finally crossing the 1 kg mark in 1999, and hitting 2.11 kg in 2000.

During the year 2001 to 2013 seizures were stable usually staying between 0.5 kg and 2.5 kg. It didn't look like it would explode, but the groundwork for the current crisis was being laid.

2014 to 2018 is the turning point because it is where we see the steady climb begin. Seized drugs of heroin between 2014 to 2018 are as follows;

- 2014: 3.12 kg
- 2015: 4.08 kg
- 2016: 4.03 kg
- 2017: 6.18 kg
- 2018: 8.13 kg

From the report we can see how heroin slowly but steadily increases in Mizoram, especially in the year 2019 to 2025 this is where heroin explodes in Mizoram, by 2019, the numbers jumped to double digits 12.59 kg and never back down from this year, it reached a massive peak in 2024 at 46.48 kg, and as of late 2025 the department had already confiscated 35.28 kg. (Mizoram Excise and Narcotics Department, 1995–2025)

- **Ganja**

Ganja has always been one of the most commonly seized substances in Mizoram. From the early years, the quantity was already higher compared to many other drugs, and this trend continues till today. However, one important thing to understand is that the data usually records two different types of ganja seizures, which are ganja (processed form) and ganja plants. In simple explanation for better understanding, the first type of ganja refers to the dried and processed form that is ready to be used. The second type, ganja plants, refers to cannabis plants, which cannot be used instantly. These plants still need to be processed before use.

Looking at the numbers from the report, cannabis seizures have remained high throughout the years. Starting from around **35 kg in 1995**, the quantities increased over time, especially in the year 2024, when the highest seizures were made by the Mizoram Excise and Narcotics, around **578.592 kg** was seized. Apart from this, ganja plants are also seized, which are not seized as frequently as processed ganja. Yet in the year **2013,** the highest number of ganja plants were also seized around **1100 in number, not in kg.**

The consistent presence of both processed ganja and ganja plants being seized, shows that cannabis is widely used and also easily available. (Mizoram Excise and Narcotics Department, 1995–2025)

- **Methamphetamine (Ice/ Crystal Meth)**

As per the information taken from the Mizoram Excise and Narcotics Department, there is no official record of any seizure related to methamphetamine. In the early years from 1995 to 2000, which means it is either not present or not detected at the time.

As we analyze the report carefully, we can see that meth made an appearance in the early 2000s. In 2001, 0.074 kg and in 2002, 0.107 kg were seized. These were very small quantities, showing that meth was not common yet in Mizoram.

Meth was not seized for 8 years in Mizoram since 2002, after 8 years had passed, only small amounts were

found in 2011 (0.032 kg) and in 2013 (0.067 kg). So, during this time meth was still present but not in large amounts.

A gradual change started from 2014 onwards. In 2014 (6.930 kg) and in 2015 (5.984 kg) were seized. After that, in 2016 (1.650 kg) and 2017 (1.474 kg) was also seized, we can see an increase compared to the previous years. This shows that meth started spreading more during this period.

The biggest increase happened after 2019. In the year 2019, 146.129 kg was seized, which is a very big jump. Even though it dropped in 2020 (45.547 kg) and 2021 (12.268 kg), the increase continued in 2022 (115.007 kg), 2023 (99.506 kg), and 2024 (140.839 kg) were seized in Mizoram. However, the biggest and highest seizure occurred in 2025, where 293.850 kg was seized. This shows that meth has increased in recent years, which is became a rising concern in Mizoram. (Mizoram Excise and Narcotics Department, 1995–2025)

- **Spasmo Proxyvon (Dextropropoxyphene)**

Spasmo Proxyvon is a pharmaceutical drug, which had once dominated Mizoram especially between 1990 and 2013.

Starting from 2.632 kg in 1995, seizures increased rapidly to 80.996 kg by 2000 and further peaked at 202.276 kg in 2012 and apart from this the highest seized made on proxyvon was in the year 2012 where 242.460 kg were seized.

The abuse of Spasmo Proxyvon represents a different kind of drug problems in Mizoram where legal medicine was diverted into illegal use and became one of the most dangerous substances during its peak period.

However, after 2016 its presence decline significantly, it has almost disappeared as a primary drug, even though occasional case still appears when mix with other substances. (Mizoram Excise and Narcotics Department, 1995–2025)

- **Codeine (Cough Syrup)**

Cough Syrup abuse has become a serious issue in Mizoram, particularly in recent years. Unlike hard drugs it is often perceived and less dangerous.

Starting from 48.500 kg in 1995. Large quantities appearing in seizure records after 2007, but the situation became alarming in later years. In 2019 nearly 2784.800 kg of cough syrup was seized which is an extreme high figure. Even in recent years, the numbers remain concerning with 615.130 kg seized in 2024. (Mizoram Excise and Narcotics Department, 1995–2025)

This trend indicates that a widespread availability and lower cost make it especially dangerous among youth.

- **Alprazolam**

Alprazolam which commonly known as AP is actually a medicine which was used to treat anxiety and sleep problems. This medicine can be bought in any medical store with doctor's prescription. In Mizoram it is being diverted from medical use and use it in the wrong way. Many people take it without a doctor's advice or mix it with other drugs, which makes it dangerous.

In the early years, there were a few or no records of Alprazolam being seized. However, after 2000s Alprazolam started appearing in seizure records. This indicates that people slowly began to misuse it, even though it is a legal medicine when used properly. And in recent years, alprazolam has become more noticeable in drug reports. Even though the quantities are not as high as drugs like heroin or meth.

As from the report of Mizoram Excise and Narcotics Department, the seized of alprazolam is less this can be because the drug is not illegal it is a legal medicine. But from the drug abusers we find out that they

did take alprazolam for a side drug long before 1995. (Mizoram Excise and Narcotics Department, 1995–2025)

For clarification, apart from all this drugs, there are several more drugs seized in Mizoram. The drugs mentioned above are the most commonly misused, which is why we are providing a detailed report on this specific drugs only.

- **Central Young Mizo Association (CYMA)**

Origin of Y.M.A

"On **June 15, 1935**, a group of visionary Mizo and Welsh leaders gathered in Aizawl with a singular purpose: to guide the youth toward constructive use of their leisure time and foster moral development rooted in Christian values. What began as the **Young Lushai Association (YLA)** was a modest yet ambitious initiative to address the challenges facing Mizo youth in a rapidly changing society. The founders understood that meaningful engagement during free time was essential for building character, discipline, and community spirit. Following India's Independence in 1947, the organization evolved into the **Young Mizo Association (YMA)**, reflecting the broader identity and aspirations of the Mizo people. This transformation marked not just a change in name, but a deepening of our commitment to serve as the moral compass and guiding force for the community." (Central Young Mizo Association, n.d.)

For better understanding Central Young Mizo Association is like the main body of all YMA groups. Every village and community has its own YMA, but all these YMA units are connected to the Central YMA. The Central YMA is like the head, the guides, coordinates, and support all the local YMA Branches. Through this structure, all the YMA units work together under one system, which helps maintain unity, discipline, and effective functioning in the Mizo Community

Young Mizo Association has always played a crucial role in the Mizo Community. They are like the backbone of the society. If anything like death, natural disaster, or even drugs related problems occur, YMA is the main one that acts out and helps the society.

For a very long time CYMA and the Mizoram Government always support each other and help each other to maintain peace and to have a stable society.

From the report taken from the CYMA, they have a recorded seized drug from 17.12.2005 till today. However, we will only show the recent years of seizures starting from 2018 to know recent trend of drugs in Mizoram.

Table 2. Drug Seized during 7.7.2018 to 15.10.2019

Sl. No	ITEMS	QUANTITY	AMOUNT
1	No. 4 (Heroin)	584.5 Box, 4,356 Can, 643,468 Cap	
2	Methamphetamine	102,424 Tablets	
3	Codeine (Cough Syrup)	22,247 Bottles	
4	Ganja	19.01545 kg, 1104 Pack	
5	Morphine	985 Amp	
6	IMLF	94.5 Bottles	
7	Liquor (Local)	1,466 Bottles	
8	Alprazolam, Tramadol, Cyclopum, Addnok, Nitrazepam, Nap 10 etc.	371,406 Tablets	

9	**Fake Note**		**408,250**
10	**Beer**	**1197 Can**	
	TOTAL		**73,573,640**

Source of the Table: Central Young Mizo Association, official seizure records (hard copy data, 2005 to 2025.

Table 3. Drug Seized During 9.9.2022 to 9.9.2024

Sl. No	ITEMS	QUANTITY	AMOUNT
1	**No. 4 (Heroin)**	**2,598 Box, 4123 Can, 3649 Cap**	
2	**Methamphetamine**	**122,188 Tablets**	
3	**Codeine (Cough Syrup)**	**59,706 Bottles**	
4	**Ganja**	**159.41 Kg, 64 Pack**	
5	**Proxyvon**	**10 Tablets**	
6	**Dicflar - MR, Heptico - MV**	**5 Boxes**	
7	**Alprazolam, Tramadol, Cyclopum, Addnok, Nitrazepam, Nap 10, Torridol, Clonazepam, Zolpidem, Temi (Anti Spas), Pregabalin, Xotam CD, Tumipas etc.**	**77,140 Tablets**	
8	**Pseudoephedrine**	**182 Tablet**	
	TOTAL		**398,175,776**

Source of the Table: Central Young Mizo Association, official seizure records (hard copy data, 2005 to 2025.

Table 4. Drug Seized During 27.3.2024 to 2.10.2025

Sl. No	ITEMS	QUANTITY	AMOUNT
1	**No. 4 (Heroin)**	**1,869 Box, 5,099 Can, 3649 Cap**	
2	**Methamphetamine**	**112000 Tablets, 17 Kg**	
3	**Cough Syrup**	**65,257 Bottles**	
4	**Ganja**	**238.41 Kg, 39 Pack**	
5	**IMFL**	**145 Bottles**	
6	**Liquor (Local)**	**380 Bottles**	
7	**Alprazolam, Tramadol etc.**	**75,970 Tablets**	
8	**Beer**	**54 Can**	
	TOTAL		**11,79,09,690**

Source of the Table: Central Young Mizo Association, official seizure records (hard copy data, 2005 to 2025.

The above tables show that drug seizures in Mizoram remains consistently high over the years. The data also includes Indian Made Foreign Liquor (IMFL) and Local Liquor. This is because, Mizoram is a dry state where sell and consumption of liquor is strictly prohibited by the state government. The Central Y.M.A mainly conducts drugs seizures within the state rather than at the border areas. This reflects its active role in controlling drug related activities at the community level. Additionally, CYMA works in close coordination with the Government of Mizoram, contributing significantly to maintaining peace, social order, and stability in the state.

- **Drug Abuse and HIV Transmission**

Mizoram has a strong and good HIV/AIDS awareness across all states in India, awareness is taken up by the Mizoram State AIDS Control Society (MSACS) in different institutions, media, and in the society and community, despite this the state still has a high prevalence of infection.

As of the report taken from the Mizoram State Aids Control Society (MSACS) website. Mizoram has recorded a total number of **32,544 HIV** positive cases since the first detection in October 1990. (Mizoram State AIDS Control Society, 2025). Which is the highest number of HIV positive cases across India according to the HIV estimate and Sentinel Surveillance report which was released by the National AIDS Control Organization in 2024. Though the number of fresh cases has dropped during the 2023 to 2024 period, the state remains the highest in HIV prevalence said by the officials. People age between 15 to 49 are the highest infected with a percentage of 91,23 %. (Vanlalruata, 2024).

From the press release made by the Directorate of Information and Public Relations, Government of Mizoram. Dated 12 august 2025, it clearly shows that from the year 2024 to 2025, health workers reported that **68.13%** of new HIV cases were due to sexual transmission, while **29.25%** were caused by **sharing needles** among injecting drug users. Around **97.38%** of HIV infection are linked to sex and injecting drug use. Furthermore, in the year 2024 to 2025, 2,471 new cases were detected from which **1,602** are males and **869** are females and the remaining 140 were pregnant woman. It was highlighted that 97% of people living with HIV in the State are preventable. Mizoram continues to rank among the top five states in India in terms of effective HIV/AIDS prevention and care programmes. (DIPR Mizoram, 2025).

Throughout the year Mizoram has a very good amount of people testing HIV. From the information taken from the Mizoram State AIDS Control Society (MSACS), In general clients from the beginning 2009 to 2025, **736,934** people were tested and from which **26,743 were positive** which comes to the overall positive rate of 3.63 % (Avg). There are **341,875** pregnant woman test HIV, and from which **2,161** got positive. Which comes to the overall positive rate of 0.63% (Avg). (MSACS, 2025)

From the above details, drug abusers indeed effect or increased HIV in Mizoram, even though the highest transmission are from unprotected sex, drug used also caused a significant number, because of needles sharing. As the reports taken from the respondents of the users, due to the strong and good awareness they are indeed aware about sharing needles, but still some shared needles, this is due to be because of financial problems and urgency.

Additional points, according to the Mizoram State AIDS Control Society (MSACS). Mizoram has recorded a staggering number of **5,623** AIDS deaths since the first HIV case was detected in October 1990. And the number of **27,239** people registered to ART from which **24,382** started taking ART. (MSACS, 2025).

5. Data Analysis and Result

Drug abuse creates a serious effect on a person's health, as discussed in detail in the above section**.** Apart

from this, it also has a negative impact on the family and the larger Mizo society. From the interview conducted, the majority of the respondents shared similar experiences. They distanced themselves from their families due to guilt and insecurity. Drug abuse created mistrust within the family, and in many homes, family members became more aware of their valuable belongings, keeping them hidden and locked. Such behavior leads to a weakening of family relationships and the living environment.

However, it is important to note that all the respondents were undergoing treatment at the time of study, with the goal of quitting drugs. During this period, respondents were emotionally vulnerable and needed strong support from both family and friends. The majority of the respondents reported that they did receive strong family support during their recovery, which was an encouraging finding.

Drug abuse does not only affect the family; it also affects the community and society. Many people see drug users as useless, dangerous, and untrustworthy. They do not see them as normal people. They are viewed as below others; this kind of social judgement negatively affects drug abusers by creating anxiety, depression, insecurity, and shyness in society. Despite this, many respondents still took part in social activities like grave digging and other community work. However, the majority of respondents said that they feel distant even though no one said anything directly to them. This proved that the stigma was felt even in silence. This does not prove all the people are bad; this proved how it affects a person's mental health and confidence because of the community views on drug abusers.

In some cases, NGOs removed drug users from the streets by force and sent them to rehabilitation centres without their consent, especially in TBCC. This approach had the opposite effect of what was intended. Instead of helping users quit, many users increase their doses out of anger. This is very serious concern because drug users already carry deep feelings of regret and insecurity. Treating them without dignity and consent is not only ineffective, it is harmful. Because recovery requires compassion, proper medical care and genuine support, not force.

From the interview findings, most of the respondents began using drugs between the ages of **13 and 14**, during their school years. This clearly highlights that the age group of **13 to 19** is a vulnerable period. The main reasons for their drug use largely depend on peer pressure, curiosity, and an unhealthy living environment. Most respondents dropped out of schools or college as a result of their drug use. This prevented them from achieving their potential, damaged their future opportunities, and harmed their relationships with their families and communities. While personal choice plays a key role, one of the most important underlying causes identified in this study is the lack of awareness. Out of the 14 people interviewed, only one or two had a proper understanding of drugs - what they are, what they do, and why they are dangerous. The rest of the respondents had received limited or no awareness about drugs and did not fully understand how drugs affect the body, mind, and its addictiveness. This lack of awareness has directly contributed to the rising number of drug users in Mizoram. However, despite these increasing numbers of drug users, deaths, and seizures every year, the state government has focused its awareness efforts mainly on HIV and AIDS, while not giving enough attention to proper and effective drug awareness. This is a serious gap that needs to be addressed urgently by the state government.

Out of the 14 respondents, 13 were male and 1 was female. This studies also found that 3 out of the 14 respondents were infected with HIV, although they did not know whether it was due to unprotected sex or sharing syringes. For the female respondent, the cause of drug use was similar to that of the male respondents, even for the female respondent, the use of substance is mainly from peer pressure (specifically from her boyfriend), including unhealthy living environment, curiosity, and lack of awareness. The female respondent also does alcohol and ganja before doing drugs.

From the respondents interviewed, most of them did not use hard drugs at first; instead, they mainly used codeine as their first drug. According to their responses, it gave them pleasure, a feel-good sensation, euphoria, and stress relief, which is similar to the explanation of codeine in the uppers section. However, these effects did not last very long, and the dosage of their drugs intake gradually increased. From the respondent's answers, most of them increased their drug use weekly. Initially, half a bottle of codeine was enough to get high for at least a day, but after a week they needed a full bottle to get the same effect. Most of them used codeine along with AP (Alprazolam). Over time, most of the users shifted from liquid and pills to injecting drugs such as heroin, usually after 4 to 5 months. while some shifted after about one year, although these were fewer. Out of the 14 respondents, one individual reported using injecting drugs from the beginning. All of the respondents expressed deep regret and had enter different rehabilitation centres and hospitals in an attempt to quit. However, the withdrawal and urge to return to drugs were very strong, which made it difficult for them to stop, because of this many of them relapsed.

One interesting finding of this study is that despite the high seizures of methamphetamine, its use among drug users in Mizoram was very rare. This may be due to the lack of proper studies specifically on methamphetamine. From the interviews, only two respondents reported using methamphetamine, and that too for a very short period. They described it as somewhat similar to heroin, but not exactly the same.

From the interviewed respondents, most of them used tobacco and other substances such as alcohol and cannabis before moving on to harder drugs. All the respondents said that heroin is their main used drug due to easy access and availability. The majority of the respondents also pointed out that codeine (cough syrup) was the first drug they ever used. As discussed in Chapter 3, sub-section 3.3, codeine is a legal cough medicine that can be misused as a drug. One important and surprising finding is that despite the very high number of methamphetamine seizures recorded in Mizoram, almost none of the respondent's used methamphetamine. Only one respondent had used it only for a very short period of time. This finding points out the needs for further studies and investigations.

As thievery rises in Mizoram, drug users often become prime suspects and are blamed unreasonably by the public. To better understand this issue, respondents were directly asked about their experiences. The findings show that only a small number had stolen from outside their homes. Most of the respondent's steal valuable things from within their own homes, mostly from their parents, or steal their own valuable things such as laptops, phones, and watches to fund their drug use. Most respondents faced serious financial difficulties because of their addiction. One interesting finding from the respondents is that drug users can be easily tempted to steal when the opportunity arises. However, it is very important to know that not all drug users steal or engage in criminal activities. Suspecting and judging all drug users as criminals is wrong and causes real harm because it can easily lead to depression, anxiety, and damage self-respect among people who are already struggling.

At the time of financial difficulty, most of the respondents dealt with the situation in similar ways-by selling their belongings, reselling drugs, pawning valuable items to the dealers in exchange for drugs, and in some cases a few of them received financial support from their parents.

Apart from this, most of the respondents are in the age group of **18 to 35**, and almost all of them are unemployed and single; this shows drug use creates unemployment. The most common used drugs were heroin, alprazolam, and codeine. Field observations also revealed a serious lack of proper rehabilitation facilities in Mizoram. There is no properly equipped rehabilitation centre within Aizawl city itself. Most existing centres are privately run, which are located on the outskirt of the city, and lacks proper medical care and medication, and are funded mainly by NGOs, the Young Mizo Association, and individual

donors. The only centre found to be well managed with proper care, good management, and a suitable environment for patients was TNT.

6. Discussion and Suggestions

Mizoram is famous and known for its serene beauty, landscapes, steep roads, and unique cultures. The people of Mizoram are generous, kind, and friendly. They are famous for their "Tlawmngaihna," which refers to a moral code of conduct passed down from their ancestors, where people help each other without any expectation of reward or recognition. It reflects a spirit of selfless service, placing "we" before "I," especially during times of crisis such as landslides, forest fires, or funerals.

However, despite their unique cultures and hospitality, Mizoram, which has been living in the front yard of the Golden Triangle, is vulnerable to drugs. Every year, the number of drugs seized inside the state and within its borders has increased. Because of their strong relationship and shared history with Myanmar, many refugees and illegal immigrants have come into Mizoram; this is believed to have significantly increased drug movement, usage, and crime in the state, even though proper studies do not exist. From the perspective of living in the state, I have noticed that many drug-related cases, such as thievery and physical violence, are related to refugees and illegal immigrants from Myanmar. However, even before Myanmar was in a civil war, drugs existed in Mizoram. Despite the long period of drug existence in Mizoram, there was no proper awareness, and proper rehabilitation centres were not created. The state government did not take effective responsibility, focusing only on HIV/AIDS awareness, which is also crucial for the people, but drug awareness is also as important as HIV/AIDS awareness.

Many young Mizo people engage in drugs due to peer pressure, curiosity, and their harsh living environment, all because of a lack of awareness and knowledge. Mizoram is a small state with a population of only 1,097,206 according to the 2011 census. Mizoram stands in a critical situation, fearing a rapid decline in morality rather than an increase in fertility, because the majority of drug users are males.

However, despite all the seriousness of the issue, there is still a huge gap in research, and the existing research is limited. This clearly shows why the state government, along with experts in academia, should focus and invest their time in addressing drug misuse, because the users are youth who are the future of the state itself.

From the research that has been carried out in various locations with different people, the most effective way to prevent this issue is to have good and effective awareness, not only once but every year. On how to create awareness, the existing awareness initiatives taken up by the Mizoram State AIDS Control Society are believed to be the best example. If awareness is regularly promoted through TV commercials, advertisements, and social institutions such as schools, churches, and community gatherings, most of the youth, along with their families, will become aware, which is believed to be the most effective. With the state government taking responsibility and being strongly supported by the community, this approach can be more effective.

On the awareness, some awareness is taken in institutions such as colleges and universities, which is good, but this awareness only happens occasionally, and it doesn't reach everyone, only selected candidates, which is not good. We should give awareness not occasionally but regularly by explaining the causes, effects, and how it can easily become addictive in detail. The parents and society should be the first to receive awareness, the best and most effective prevention can be started from their own house. To make this happen, awareness needs to be active, like someone whispers in our ears every day. If this can happen, the escalation is strongly believed to be slowed down by preventing possible new users.

Lastly, despite a huge number of substance users, there are limited rehabilitation centres, and the existing rehab centres are run by private organizations. From the inspection of rehabilitation centres, it is found out that there is poor infrastructure; they are isolated and far from the city, with poor roads; and they do not even have proper medical treatment. There are no nurses or doctors, and even nearby hospitals are far from the location. There is also no proper security and good administration. The admitted number of patients is very high, which makes the living environment poor for the patients.

In addition, there is a single, well-run rehabilitation centre in the heart of Aizawl. Hospitals are nearby, and it has good infrastructure and a good living environment. Proper medical care exists, and it has strong administration, including proper security. It also maintains a fixed number of patients under its administration.

The two rehabilitation centres inspected are the largest and well-known rehab centres in Aizawl.

A strong suggestion for the state government is that at least one proper rehabilitation is needed. There should be good infrastructure, along with a stable and good living environment, where doctors and nurses are available with proper medical care. There should also be good transportation to reach hospitals in case of emergencies, along with strict and proper administration, a fixed number of patients for admission, and formal security. Along with this, to prevent the increasing numbers of drug users, a good and effective awareness should also be strictly and properly taken up by the government.

7. Conclusion

Drug abuse is a serious and growing issue in Mizoram. This study is taken up to examine the causes and impact of drug abuse among Mizo youth, to understand the pattern of substance use, and to highlights the urgent needs for awareness and prevention. The findings of this study, which was taken from the interviewed of 14 substance users and supported by secondary sources such as government official data, articles, existing research including data from Central Young Mizo Association paint a clear and deeply concerning picture of the reality of drug abuse in Mizo society.

The study found that most of the respondents started using drug at the age of 13 to 18, during their school years. Peer pressure, curiosity, and unhealthy living environment were the primary reasons for their drug use. Codeine based cough syrup was the most common entry point drug, with the majority of respondents gradually shifting to heroin (no.4) within 3 to 4 months. Apart from this, cannabis also a very common entry point to drugs by shifting to codeine-based cough syrup and then eventually heroin. Spasmo Proxyvon caused the most deaths in Mizoram; at its peak year, 133 individual's deaths were recorded in the year 2003. However, a recent report indicates that Proxyvon has vanished from the scene.

Heroin (no.4) remains the most dominant drug use, consistent with the seizure data spanning over three decades. One of the most important and original findings of this study is that despite the very high volume of methamphetamine seizures recorded in Mizoram, including 293.850 kg seized in 2025 alone, almost none of the respondents had used methamphetamine. This significant gap between seizure patterns and actual user experiences point to the urgent need for further research on Methamphetamine in Mizoram.

One of the most critical findings of this study is that there are limited and lack of awareness on drugs despite its seriousness. Out of 14 people interviewed, only one or two had a proper understanding of what drugs are, what they do to the body and mind, and why they are so dangerous and can become easily addictive. The remaining respondents had received little or no meaningful awareness about drugs before they began using them. The findings strongly suggest that lack of awareness is not merely a contributing factor to drug abuse in Mizoram it is one of its root causes. Young people who do not understand what

drug does cannot make an informed choice about whether to try it. And when peer pressure and curiosity fill the space that awareness should occupy, the consequences are devastating.

It is also deeply concerning that despite the increasing number of drug users, deaths, and seizures every year, the state government has continuous to focus its awareness efforts predominantly on HIV/AIDS. This study does not suggest that HIV awareness should be reduced, instead what this study firmly argues is that drug awareness must be given the same level of priority, consistency, and reach. These two issues are deeply connected from the press release made by (DIPR Mizoram, 2025). Shows that 29.25% of new HIV cases in Mizoram in the year 2024 to 2025 were caused by needle sharing among injecting drug users. Additionally, the study also shows that drug abuse in Mizoram is not only a public health issue but also a serious sociological problem affecting families and society. It leads to mistrust, emotional distance, stigma, and social isolation among users and their families.

The study also found serious problems with how forced rehabilitation is being practiced in some cases especially in Aizawl by NGO's, by removing drug users from the streets and sent them to rehabilitation centres by force and without their consent, whenever they forced them to rehab centre after care are not given which is why it becomes so ineffective, recovery requires compassion, proper medical care and genuine support.

There are limited numbers of rehabilitation centres in Mizoram, most of them lacks sufficient infrastructure and professional care, showing the need for stronger government involvement.

The study concludes that effective control of drug requires awareness, community participation, and compassionate rehabilitation centre guided by the Mizo value of "Tlawmngaihna". Strengthening awareness at all levels of society is essential to prevent future generations from being affected

From the responses of all the substance users interviewed, non-users are advised to stay away from drugs and other substances, as there is no turning back once addiction begins. They also point out how harmful even a single attempt can be. They further express deep regrets, stating how drug use destroys their lives and futures. It also made them become distant from their loved ones.

They also suggest that early users should avoid their drug-using friends by spending more time in church and engaging in other community service activities in order to quit drugs.

The strength of Mizoram lies not on its borders or its policies, but in its people, and its people are worth fighting for.

8. Limitation of the Study

The study has limitations, including the **small sample size of 14 respondents**, selected study locations, short data-collection period, possibility of incomplete responses, and limited previous research and reliable data on the topic in Mizoram.

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