

**Alcohol and its symbolic value in Arunachal Pradesh: How the culture of support is impacting the contemporary health indexes among women**

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**ABSTRACT**

*Various recent government surveys show that Arunachal Pradesh in India has the highest rate of alcohol consumption. According to the latest National Family and Health Survey-5 (2019-21) data, the state has the highest number of alcohol consumers, both males and females. Although the consumption of alcohol has significant symbolic value among many tribes in the state, it also affects the health of the consumer in negative ways. Against this backdrop, it is essential to evaluate the role of alcohol consumption as a determining factor of contemporary health indexes in Arunachal Pradesh. This research paper is taking women as its unit of analysis in understanding the prevalence of alcohol consumption and health-related concerns. Placing alcohol consumption in the theoretical context of symbolic interactionism, this paper evaluates factors of alcohol consumption that influence the health indexes related to women. This article argues that both cultural and personal factors cause the prevalence of alcohol consumption in Arunachal Pradesh. The article uses primary evidence collected from the Papum Pare district of Arunachal Pradesh through structured interviews of 400 samples. This research paper has found that the primary reasons for alcohol consumption are embedded in both cultural and personal aspects, which ultimately negatively impacts women's health in the state.*

**Keywords:** alcohol, culture, women, Arunachal Pradesh, Maternal Mortality Rate, cancer

**INTRODUCTION**

At present, Arunachal Pradesh (AP) is the state with the highest number of alcohol consumers and Maternal Mortality Rate (MMR). The state is also experiencing higher cases of different types of cancer among its inhabitants. The Ministry of Social Justice and Empowerment's Survey in 2019 shows that Arunachal Pradesh has significant substance abusers. It has 28% alcohol (India 14.6%), 7.36% cannabis (India 2.86%), 22.18% opioids (India 2.06%), 5.64% sedatives (India 1.08%), and 3.01% cocaine users (India 0.10%). According to the NFHS-5 (2019-21), 18.8% of women (India 8.9 %) and 50.3% of men (India 38%) aged 15 or above in AP use tobacco. Meanwhile, 24.2% of women (India 1.3%) and 52.7% of men (India 18.8%) aged 15 or above consume alcohol, making AP the top alcohol-consuming state. According to the PLOS Global Public Health Study, AP has the highest Maternal Mortality Rate at 284. The Profile of Cancer and Related Health Indicators in the North East Region of India 2021 report mentioned that Papum Pare district of AP has the most liver, cervix uteri and ovary cancers in India. Despite the cultural importance of alcohol in many tribes, excessive consumption of it has negative health consequences, which is evident in the contemporary health indexes concerning the state. However, there are fewer academic works addressing the

factors of the prevalence of alcohol consumption and how it is hampering the health status of inhabitants of the state. The paper's findings can be a valuable insight into understanding the influential causes of women's alcohol consumption and the negative role it plays on their health. Contextualising it in the setting of culture and symbolic value, the paper investigates the factors of alcohol consumption amongst the women in the Papum Pare district of AP and how it negatively impacts women's health.

Substance abuse is a serious problem worldwide (Ordean, A. et al. 2017). It is estimated that 39.5 million people worldwide suffer from a substance use disorder (UNODC, 2023). According to the United Nations, third-world countries are more prone to these substance abuse cases (Economic & Social Council, 1996). India also faces various substance abuse disorders. According to the Ministry of Social Justice and Empowerment (MSJE) Survey 2019 data, 14.6% of India consumes alcohol, 2.86% of India consumes cannabis, 2.06% of India consumes opioids, 1.08% of India consumes tranquillisers and 0.01% of cocaine (MSJE, 2019). According to the National Family and Health Survey (NFHS)-5 (2019-21), 8.9% of women in India use tobacco, while 50.3% of men use the same (MFHW, 2019-21). When we come to the northeastern part of India, almost all the states in northeast India (NE) have higher rates of tobacco use, both among men and women. As far as alcohol consumption is concerned, except Manipur, Mizoram and Nagaland (where women's alcohol consumption is below the national average), all other northeastern states have higher alcohol consumption rates among men and women compared to the national average. One reason for prevalent substance abuse in northeast India is the availability of various illicit products, loose administrative regulation, weak social control, and sociocultural conditioning (Kermode, M. et al. 2009). The region's proximity to the Golden Triangle and the presence of various insurgent groups make it more vulnerable to substance abuse (Wiant, 1985). Socioeconomic instability, unemployment, corruption, and lack of development are some other reasons for the same. Among the various substance abuse in NE India, Alcohol consumption may be associated with the traditional cultural way of life in the region (Chakrabarti A. et al., 2015 & Rose A. et al., 2015). Nevertheless, in recent times, the influence of television and social media, which include the promotion of alcohol through constant advertisement, has been successfully increasing the consumption of alcohol among people (Paredes et al., 2013; Jernigan D. et al., 2017 & Barker A. et al., 2019). This paper evaluates two critical dimensions of the prevalence of alcohol consumption among women in the state, namely the "cultural aspects" and "personal aspects", along with its negative impact on their health.

The cultural value of alcohol and alcohol consumption in Arunachal Pradesh can be contextualised in the theoretical framework of symbolic Interactionalism. Symbolic interactionism is a theoretical approach that tries to understand people's behaviour in the context of symbols and everyday interactions. Mead (2015) mentions that our whole idea of understanding ourselves is socially constructed. Society is the balancing ground where our impulsive behaviours are shaped in a socially accepted way. For him, it is the interaction between "I" (impulsive aspect of Self) and "me" (socialised aspect of Self). Many alcoholic people are often driven by their impulsive desire to drink it, but society often restricts them from doing so. However, in the case of Arunachal Pradesh, the cultural importance of alcohol gives a flexible ground for alcohol consumption. Blumer (1986), on the other hand, focuses on associating meanings with particular

social actions concerning symbolic interactionism. In the case of Arunachalee society, offering good quality traditional alcoholic beverages is a matter of pride and respect. It symbolised the generosity of the giver. Cooley's idea of the Looking Glass Self also helps in understanding women's alcohol consumption. Cooley mentions that our image of ourselves is reflected through the perception of how others view us (Siljanovska et al., 2018). As there is little stigma concerning the alcohol consumption of women in Arunachal Pradesh, it does not reflect any negative “Self” for any women who drink alcohol.

## METHODOLOGY

### Sample

To comprehend the influencing factors of women's alcohol consumption, data were collected from a sample size of 400 (N=400) women respondents in the Papum Pare district of Arunachal Pradesh. The selection of the sample is done randomly. Considering the age group, all the respondents are above 18. The rationale behind selecting 400 (N=400) samples is to give them statistical validity. According to the 2011 census, the female population of the Papum Pare district is 87391. If we calculate this population's preferred sample size at a 95% confidence level, 5% margin of error, and 50 % population proportion, it becomes 383 (382.47). However, we took the round figure 400 (N=400), adding 17 more samples. A period of two months (September and October 2023) was invested in the data collection process.

### Tools Used for Data Collection

The data collection for this research is done through an interview schedule. There were 14 brief questions in the interview schedule; 11 were close-ended, and three were open-ended. Close-ended questions were filled out during the interview, while open-ended questions were recorded with the help of a Sony voice recorder, which was transcribed later. For the quantitative data analysis, we used Microsoft Excel.

### Procedure

The data for this research is collected through random face-to-face interviews. The reason behind selecting the interview method is to keep a balance between the literate and illiterate respondents. Women's literacy rate in the state is only 57.70, just above Bihar and Rajasthan (Census, 2011). The data analysis for this research is organised in the following steps. Step One: As the data are collected in numerical and qualitative form, the numerical data are fed to a Microsoft Excel Sheet, and qualitative data are jotted down in a diary. Step Two: The next step calculates the average and percentage of numerical data using Microsoft Excel. At the same time, simple editing is done on qualitative data, where grammatical corrections and more fluency are added to the data. Step Three: In the third stage, the collected data were organised into relevant themes (categories) considering the objectives of the research paper.

### Ethical Consideration

The researchers have tried to ensure ‘no harm’ for both the respondents and the researchers. The researcher considered any adverse cultural insensitivity the study could initiate during the data collection. Respondents were informed properly about the research's aim and objective before data collection. The Researchers also consider how they will ensure the privacy and confidentiality of the participants. It is ensured that anyone

taking part in a study can expect a certain level of anonymity. It was considered that the qualitative data is not over-interpret or misinterpreted.

## RESULTS AND DISCUSSION

The findings from the collected data show that two main aspects impacted the prevalence of significant alcohol consumption in Arunachal Pradesh. While the one aspect of consumption of alcohol can contribute to the tribal culture of the state, the other aspect is personal. Besides, several other causes like modernisation, westernisation, and lack of stringent administration also contribute to the increasing alcohol consumption in the state.

### **The Patterns of Alcohol Consumption among the Women of Arunachal Pradesh**

From the field data, it comes to notice that 83 % of respondents consume alcohol, whereas 17 % are teetotaler. Considering the first age of alcohol consumption, 16 % of the respondents consume alcohol below the age of 15 years, and 41% consume between the ages of 15 and 21 years. 43% of women consume alcohol after attaining 21 years of age, which is also the legal age of alcohol consumption in India. This data shows that more than half (57%) of the women population have tasted any alcohol before attaining the legal age of alcohol consumption. Regarding the variety of alcohol, 62% of the respondents consume *Apong* (traditional alcoholic beverage), 29% consume alcohol available at wine shops, and 9% mention consuming other kinds of alcohol which do not come within the above two categories.

Considering the introduction to alcohol, it comes to notice that 30 % of respondents were introduced to alcohol by families, 30 % by friend circle, 25 % have first tasted alcohol on special occasions, and 15 % have tasted it during festivals. The data shows that family and friend circles are the largest contributors to introducing women to alcohol consumption in the state. Considering the frequency of consumption of alcohol, 89% mentioned that they consume it on selected occasions, 6 % consume it in a month, 2% consume it in two weeks, and 3% consume alcohol every week. This shows that occasional celebration is a major platform for alcohol consumption among women.

Concerning the consumption of alcohol at one go, 65% of women go for limited consumption. In contrast, 19% mention drinking until they handle it, 11% say there is no certain limit, and 5% mention consuming a lot. Concerning the difficulty related to alcohol consumption, 58% said that they had some difficulties after drinking alcohol, while 42 % refuted any difficulty after consuming alcohol. 57% have mentioned suffering from hangovers after drinking alcohol, 26% mentioned experiencing nausea, 15% experienced mood swings and 2 initiated pointless arguments with others. On average, 71% of respondents mentioned that alcohol hurts them, while 29% mentioned a positive impact of alcohol consumption on them. 96% mentioned that they will never encourage others to consume alcohol, while 4 % are willing to encourage others to consume alcohol.

**Table 1: The Patterns of Alcohol Consumption among the Women of Arunachal Pradesh**

Category	Details	Percentage
Overall Consumption	Consumers of alcohol	83%
	Teetotalers	17%
Age of First Consumption	Below 15 years	16%
	Between 15 and 21 years	41%
	After 21 years	43%
Introduction to Alcohol	Introduced by family	30%
	Introduced by friend circle	30%
	First tasted on special occasions	25%
	Tasted during festivals	15%
Type of Alcohol Consumed	Apong	62%
	Alcohol from wine shops	29%
	Other types	9%
Frequency of Consumption	On selected occasions	89%
	Monthly	6%
	Bi-weekly	2%
	Weekly	3%
Quantity of Consumption	Limited consumption	65%
	Until manageable	19%
	No certain limit	11%
	Consumes a lot	5%
Difficulties After Consumption	Experienced difficulties	58%
	No difficulties	42%
Specific Difficulties Experienced	Hangovers	57%
	Nausea	26%
	Mood swings	15%
	Initiated pointless arguments	2%
Impact of Alcohol	Negative impact	71%
	Positive impact	29%
Encouragement to Others	Will not encourage	96%
	Will encourage	4%

Source: Field Data

**Selective Reasons for Alcohol Consumption among Women of Arunachal Pradesh**

From the data, it comes to notice that respondents have various reasons to consume alcohol. However, these reasons can be further classified into two categories: one can be socio-cultural, and the other can be personal. On the socio-cultural ground, alcohol is an integral part of any festival and inevitable to various rituals among the tribal groups of Arunachal Pradesh. For instance, the *Myoko* and *Murung* celebration in the Apatani tribe *Apong* is sprinkled upon sacrificial animals as a symbol of offering it to benevolent spirits. During the Nyishi *Nyeda* (a marriage system), *Apong* is offered along with *Mithun* (*Bos Frontalis*) and other ceremonial exchanges from the groom's side. *Apong* is also considered a welcome drink among many tribes in Arunachal Pradesh. Friends and peer groups are another reason which encourage alcohol consumption among the women of Arunachal Pradesh. Friends and family gatherings and get-togethers often create a conducive environment favourable for party and alcohol consumption. The lack of social stigma associated with women consuming alcohol in the state is also an encouraging factor for increasing women's consumption of alcohol. Some respondents also mentioned that, traditionally, women prepare *Apong*, so it is

natural for them to consume it to validate the taste of the *Apong*. Moreover, many times, women also consume alcohol to pose challenges to their male partner or husband or to avoid any pain and abuse. Some respondents have even mentioned the superstitious belief that consuming alcohol increases blood to compensate for menstruate blood loss.

Considering personal issues, depression, stress, anger, and tension are common. Relationship issues such as affairs and breakups are another reason for women consuming alcohol. According to some respondents, sometimes particular moods and surroundings encourage them to drink alcohol. Family problems such as broken families, domestic violence, divorce, and abusive parents and partners also encourage them to consume alcohol. Many women start consuming alcohol because of curiosity and a tendency to explore something new. Many respondents also mention that the influence of popular culture, like Western and Korean culture, has significantly encouraged them to drink alcohol. Recent trends in popular culture influenced by Westernization and Koreanisation also contributed to the change in the pattern of alcohol consumption. For instance, *Soju* and *Pona* are popular Korean liquors that are famous in Arunachal Pradesh. Fear of exclusion among peer groups is another major reason to indulge in drinking.

The cultural and symbolic factors of alcohol consumption in Arunachal Pradesh can be understood from the Symbolic Interactionist perspective. Alcohol is given a great amount of symbolic meaning and is embedded in cultural practice amongst various tribes as regards identity, social status, and bonding within a community. These symbolic meanings are, in turn, closely connected to women's alcohol consumption, which is constituted by their interactions with the cultural contexts that ritualise, celebrate, and bond socially. Besides such cultural parameters, personal factors like individual experiences and strategising for coping also become significant factors in determining alcohol use patterns. Although consumption is culturally significant, various survey concerning women's health underlines negative health effects related to alcohol use among women. Given this, there is an urgent need to adopt nuanced approaches that will reconcile the symbolic meanings that alcohol takes with its broader health implications in order to address these health disparities within the local cultural framework effectively.

In Arunachal Pradesh, alcohol consumption represents a dynamic interaction between cultural tradition and changing social relations. It has been ritually and congenially inbuilt within community congregations as a gesture of hospitality and social bonding amongst various tribal communities. However, the influence of contemporary shifts with urbanisation, economic development, and gender roles continues to reshape attitudes and behaviours toward this alcohol over time. Increasingly, women join in alcohol consumption, not only as part of culture but also in modern Westernized and Koreanised culture. It is part of the broader societal changes where modern influence and economic opportunities contribute to altered perceptions of alcohol as a social status symbol. Coupled with these changes, an increased awareness of the health and social consequences of harmful alcohol use and reactionary attempts at harmonising cultural tradition with public health measures have also grown for harm reduction. Understanding these complex dynamics is key to developing strategies to encourage responsible drinking, respect cultural values, and address emerging health challenges.

## Women's Health and Alcohol

A study published in PLOS Global Public Health shows that the maternal mortality rate in Arunachal Pradesh is the highest (284) in India (Goli et al., 2022). This study was based on an analysis of 61,982,623 (61.9 million) live births and 61,169 maternal deaths recorded in the Health Management Information System (HMIS) between 2017-19. As India's Sample Registration System (SRS) does not monitor MMR in all its states, the country lacks accurate routine information on maternal mortality in smaller states like Arunachal Pradesh. This has been a significant barrier to local-level health policy and planning to reduce maternal fatalities. Another health concern associated with alcohol consumption in Arunachal Pradesh is the rising cancer rate in the state. It is well-established that alcohol consumption increases the risk of developing certain cancers. According to the American Cancer Society, alcohol use has been linked to cancers of the mouth, throat (pharynx), voice box (larynx), oesophagus, liver, colon, rectum, and breast (American Cancer Society, 2020). According to the Monitoring Survey of Cancer Risk Factors and Health System Response in Northeast Region Report-2022, "Cancer is among the top five leading causes of death in the state" (ICMR, 2022, p. 1). As mentioned in Profile of Cancer and Related Health Indicators in the North East Region of India 2021, the Age-Adjusted Incidence Rate (AAR) for all cancer sites in Papum Pare district in Arunachal Pradesh is the highest among females (219.8 per 100,000 population) (ICMR, 2022). Papum Pare also has the highest AAR rates for cancers of the liver (both genders), cervix uteri and ovary. (refer to Table 2)

**Table 2: Alcohol Use Patterns among the Respondents**

Types of Cancer	Number of Cancer Patients per 100000 Population	Rank in India
Age-Adjusted Incidence Rate for Cancer among Women of Papum Pare	219.8	1
Stomach Cancer in Papum Pare	27.1	1
Stomach Cancer in Pasighat	12.5	5
Stomach Cancer in West Arunachal Pradesh	15.8	4
Liver Cancer in Papum Pare	14.4	1
Liver Cancer in Pasighat	5.2	4
Liver Cancer in West Arunachal Pradesh	8	2
Ovary Cancer in Papum Pare	13.7	1
Ovary Cancer in Pasighat	7.8	8
Ovary Cancer in West Arunachal Pradesh	6.1	15

Source: Profile of Cancer and Related Health Indicators in the North East Region of India 2021

## Conclusion

Arunachal Pradesh currently has the highest alcohol consumption in India. Although traditional alcohol like *Apong* plays a significant role in the culture of Arunachal Pradesh, its negative consequences on health cannot be ignored. The state has the highest women alcohol consumer, along with the highest number of maternal mortality rate and a significantly higher rate of cancer. This paper evaluates the primary causes of women's alcohol consumption in the state and its relation with the deteriorating health indexes of women. The research unravels the complex interplay of socio-cultural and personal factors contributing to women's alcohol consumption.

While traditional cultural practices and the symbolic value of *Apong* contribute to alcohol consumption, other factors such as the low cost of alcohol, the influence of family and peer groups, curiosity, stress and depression, anger, superstition, and problems in interpersonal relationships influence the respondent's rhythm of alcohol consumption. Television, social media, and the impact of Western and Korean culture have also influenced the alcohol consumption trends in recent times. This nuance dimension of alcohol consumption can help scholars understand the ground of alcohol consumption in the state. The findings of this paper can help understand the problem of alcohol consumption and contextualise it in the larger context of culture. Harmonising culture and health dimensions can also help craft relevant policy interventions. Further research and targeted policy measures are essential to mitigate the adverse effects and promote the well-being of women in Arunachal Pradesh. Further research can be done by selecting purposive samples or cases particularly related to women's alcohol consumption and health-related ramifications to get a deeper understanding of the situation. Future research can also be conducted at a larger sample size, considering the geographical diversity of the state, to get a more extensive picture of the issue.

**Conflict of interests**

The authors declare that no competing interests exist.

**Author's contributions**

All the authors contributed equally to the manuscript's theoretical development, analysis, interpretation and writing.

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