

**REPORT**

**OF**

**STUDY GROUP OF**  
**THE MIZORAM LIQUOR**  
**TOTAL PROHIBITION**  
**ACT, 1995**

## **REPORT OF STUDY GROUP OF THE MIZORAM LIQUOR TOTAL PROHIBITION ACT, 1995**

Assam Excise Act, 1910 chu Mizo District-ah khan Mizo District Council-in a adopt loh vangin hman a ni lo a.

January 21, 1972 a Mizoram U.T. a lo nih hnua Legislative Assembly hmasa ber chuan Mizoram Excise Act 1973 (ME Act '73) chu a siam a. Chu ME Act '73 chu a Rules te nen 10<sup>th</sup> October, 1984 ah hman tan a ni. He dan hnuaiah hian Aizawlah Sorkar phalnain zu dawr 10(sawm) leh Bar 4(pali) a awm a. Lungleiah zu dawr 4(pali) a awm baw. Tin, Aizawl ah zu wholesaler 2(pahnih) a awm baw.

Mizoram chu February 20, 1987 ah State puitling a lo ni ta a. ME Act, 1973 chu tha taw. Lova hriat a nih vangin zu avanga harsatna awmte sukiang turin Legislative Assembly chuan dan khauh zawk Mizoram Excise Act 1992 chu a siam a. Amaherawhchu, he ME Act, 1992 hi hman a ni ta lova.

Mizoram Excise Act, 1973 leh Mizoram Excise Rules, 1983 hnuaiah khan dân lova zu siam, kaw. Zuar leh phurte chu kum 2(hnih) thlang tân leh pawisa chawitira hrem theih a ni a. Zu in leh ruite hremna a awm lo.

Heti chung hian Aizawl leh khawpui lian deuh deuhah phalna nei lova zu zuar leh sâ an tam hle a. Excise Department chuan indaih lo takin heng phalna nei lova zu sâ leh zuarte man hna hi a thawk a. MLTP Act '95 hman hma kum 2, 1995 leh 1996 a Excise Department-in ME Act, '73 hmanga zû leh a kaihnhawiha a man chu *Annexure – A* ah dah a ni.

### **2. Mizoram Liquor Total Prohibition Act, 1995 :**

Zu hman sualna do tula hriatna a lo zual zel a. Mizoram Excise Act 1992 chu hmang ta lem lovin Zu khap burna dan, The Mizoram Liquor Total Prohibition Act 1995 leh Mizoram Liquor Total Prohibition Rules, 1996 chu February 20, 1997 khan hman a ni ta zawk a. He dan hi Autonomous District Council pathumah hman a ni ve lo.

Chutia Mizoram Liquor Total Prohibition Act, 1995 chu February 20, 1997 a hman tan a lo nih takah chuan, Excise Department pawh tih len niin, Aizawl, Lunglei leh Chhimtuipui (Saiha) District a awmsa bâkah Champhai, Kolasib leh Serchhip ah te District office hawn a ni a. MLTP Act '95 hnuaiah hian Zu sâ, phur, zuar, hralh etc. te chu kum 5 (nga) thlang tân leh pawisa Rs. 10,000/- (Sing khat) thlang chawia hrem theih a ni a. Tân chung hi thla 3(thum) aia tlem lo leh pawisa

chawi hi Rs. 1,000/- aia tlem lo a ni tur a ni. Zu in pawh mana hrem theih a ni ve ta bawk a; zu in chu a tlem berah darkar 24 tan leh thla 1(khat) thleng tan theih a ni. Pawisa chawi pawh Rs. 500/- a tlem berah, a tam lam Rs. 1,000/- thleng. Vantlang hmun (public place) a rui phei chu ni 7(sarih)a tlem bera tan leh a rei lam chu thla 3(thum) chhung a ni bawk. Pawisa chawi pawh a tlem berah Rs. 500/- a tam lam Rs. 1,000/- thleng a ni bawk. Salient features of MLTP Act chu **Annexure 'B'**-ah dah a ni. Prohibition Act hman hnua Excise & Narcotics Department-in zu leh a kaihnnawih a man te chu **Annexure 'C'**-ah dah a ni.

### 3. Licence & Permit :

MLTP Act hmangin Security Force te hnenah Liquor Licence pek a ni a. Tuna Licence nei mek te chu – **Aizawl District-ah** (1) 457 Field Ambulance (2) 26<sup>th</sup> A.R. (3) Hqrs. C.E. Project Pushpak (4) Hqrs. 24 BRTF, Seling Tlangnuam (5) D.I.G. SHQ BSF, Durtlang (6) 173 Bn. B.S.F. (7) Hqrs. Mizoram Range, A.R. Khatla; **Lunglei District-ah** (1) 40<sup>th</sup> A.R. (2) 96 Bn. B.S.F. (3) 142 Bn. B.S.F.; **Serchhip District-ah** 4<sup>th</sup> A.R. leh **Kolasib District-ah** C.I.J.W. School, Vairengte. A vaiin 12 (sawmpahnih) an ni.

MLTP Act hmangin Doctor-in damdawi atan zu a chawh thei a. Chutiang prescription hmanga Liquor permit nei te chu Civilian 178 leh Ex-servicemen 2231 an ni. Civilian te hian confiscated liquor dahna, Departmental Store atangin an lei a. Ex-Servicemen te chuan Sipai Canteen Store atangin an lei ve thung a ni.

Prohibition chu a tir lamah hlawhtling viau in lang mahse thawktu indaih loh vangte, mi man te an tan rei loh vang te leh jail indaih loh vangte in hun an rei deuh chuan zu chu a lo tam leh ta hle a. Excise & Narcotics leh Police department te zu man chu a tam tual tual a. (Seizure report Annexure-‘C’ & ‘D’ ah thil tel a ni.)

### 4. Wine:

Champhai District hmun thenkhatah khian kum 2000 vel atang khan Grape an ching nasa hle a. An Grape chin chu thei ei a ei ani meuh lo, a thur em avangin hralh zawh rual a nih si loh vangin a chingtute chuan Wine atan an bilh mai a. Chung wine te chu man theih vek a ni a, mahse a chingtute’n an tawrh ai chuan haider a ni ta mai a. Dan anga licence pek a that zawk dawn avangin Section 2 of MLTP Act chu siam thain The Mizoram Excise & Narcotics (Wine) Rules, 2008 siam a ni a. Chumi hnuaiah chuan Champhai Grape Growers Society leh Hnahlan Grape Growers Society te chu Winery Licence pek an ni a; 2010 atangin Wine pawh an siam chhuak tawh a. Heng bakah hian Blu’ Gem Winery, Sesawng leh R.K. Winery, Chite te pawh Winery licence pek an ni tawh bawk.

**5. Prohibition Council & Prohibition Committee :**

Rule 16 of MLTP Rules, 1996 hnuaiah hian State Prohibition Council leh District Prohibition Committee te din a ni a. Council leh Committee te hna leh tihtur chu henge hi a ni -

- (1) Prohibition dan kenkawh chungchang a sorkar thurawn pek.
- (2) Total Prohibition rah chhuah chik taka zir a State Sorkar a chak zawk a hmalak dan tur thurawn pek.
- (3) Thla thum dan ah thu khawm in phalna nei lo a zu sa, kawl, hralh, in leh tawlh ru leh zu rui tam leh tam loh te sawi hovin sorkar lo en zui atan an thehlut ve leh ang.
- (4) Prohibition Committee chu Prohibition Council hnuaiah a thawk ang a, Council hian a tul chuan Committee hi tih tur a tuk thei ang.

**6. Excise & Narcotics Department :**

MLTP Nodal department – Excise & Narcotics department dinhmun, thawktu awmzat leh hmun ruak awm zat te chu a hnuaia tar lan ang hi a ni a. Mizoram pum a hna chak taka thawk tur chuan an beitham hle a ni. Sanctioned post ruak te tal hi chu tunah pawh hnawh khah a tul hle a ni. Tin, Jail awm lohna District te pawh a la awm nen, tang escort na tur lirthei leh travelling expenses (T.E) te an neih that hle a ngai a. Tunah hian harsatna an tawk nasa hle a ni.

Excise & Narcotics Department hian Commissionerate hran, Commissioner of Excise & Narcotics office leh District office 7(pasarih), Superintendent of Excise & Narcotics hovin Aizawl, Lunglei, Saiha, Kolasib, Champhai, Serchhip leh Mamit ah te hian a nei bawk a. District office tin te hian Excise & Narcotics Station pakhat theuh an nei a, Kolasib ah chuan Station pahnih Kolasib ah leh Vairengte ah a awm a. District Court tinah te hian Prosecution Branch awm theuhin Aizawl Prosecution Branch hi a branch lian ber a ni a, Superintendent of Excise & Narcotics in a awp a ni.

Excise & Narcotics Department pum pui ah hian post 626 a awm a, chung zinga 91 chu tunah hian hnawhkhah lovin a awm a ni. Post hrang hrang dinhmun chipchiar chu a hnuaiah hian tar lan a ni-

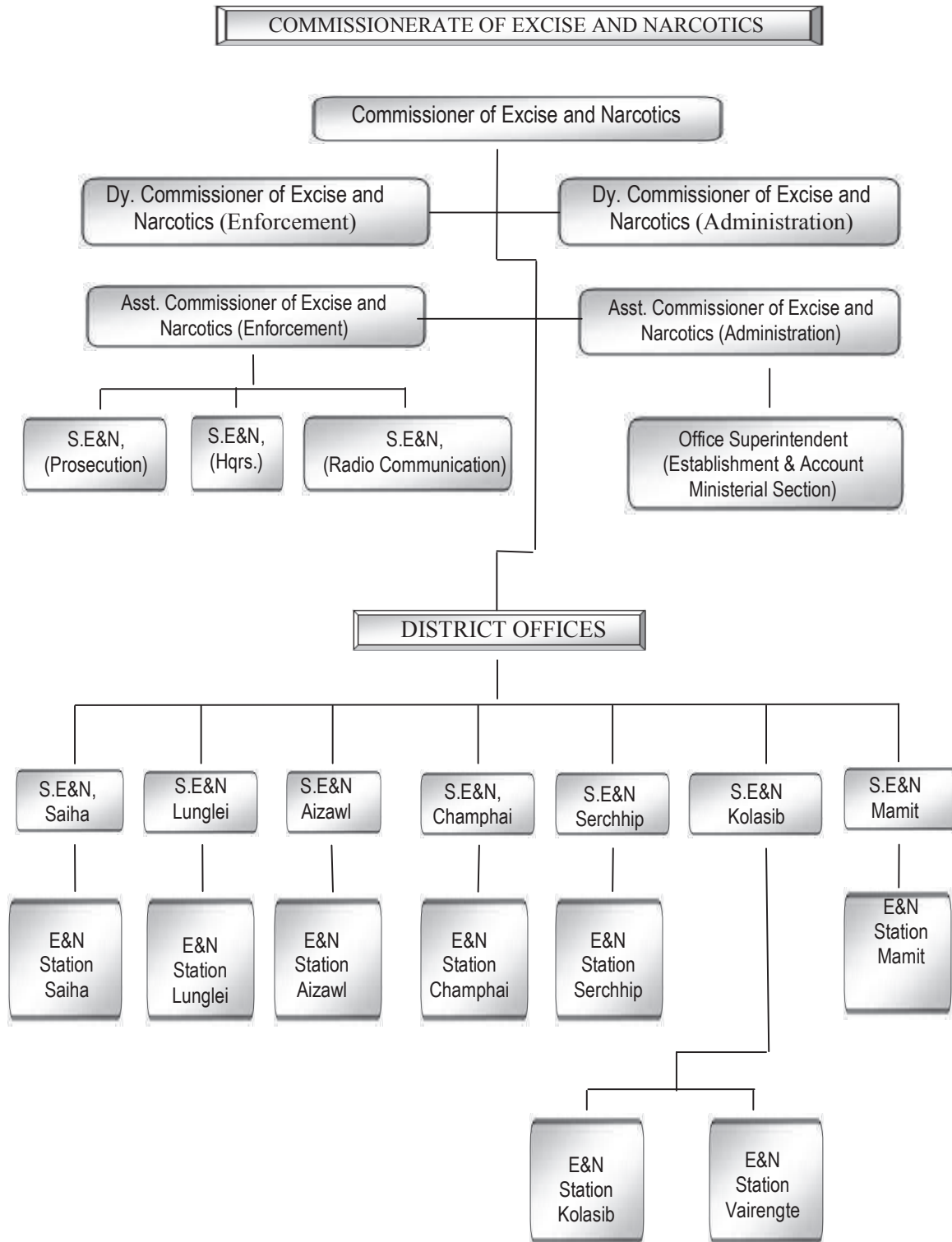


SL/NO	NAME OF POST	NO.OF SANCTIONED POST	NO OF POST FILLED UP	NO. OF POST LYING VACANT
<b>A.</b>	<b>Enforcement</b>			
1	Commissioner of Excise & Narcotics	1	1	-
2	Deputy Commissioner of Excise & Narcotics	2	2	-
3	Assistant Commissioner of Excise & Narcotics	2	2	-
4	Superintendent of Excise & Narcotics	10	10	-
5	Inspector of Excise & Narcotics	24	19	5
6	Sub-Inspector of Excise & Narcotics	53	45	8
7	Asstt. Sub-Inspector of Excise & Narcotics	18	14	4
8	Head Excise & Narcotics Constable	38	35	3
9	Wireless Operator	24	22	2
10	Driver	35	23	12
11	Excise & Narcotics Constable	344	302	42
	<b>Total</b>	<b>551</b>	<b>475</b>	<b>76</b>
<b>B.</b>	<b>Ministerial</b>			
1	Office Superintenden	1	1	-
2	Head Assistant / Assistant	10	9	1
3	Upper Division Clerk	17	16	1
4	Lower Division Clerk	20	14	6
5	Stenographer-II	1	1	-
6	Stenographer-III	1	-	1
7	Gesterner Operator	1	1	-
8	IV-Grade	24	18	6
	<b>Total</b>	<b>75</b>	<b>60</b>	<b>15</b>

**Summary**

Enforcement	551	475	76
Ministerial	75	60	15
<b>Grand Total</b>	<b>626</b>	<b>535</b>	<b>91</b>

**Organisation chart of the Excise & Narcotics Department is given below:-**



**7. Study Group of MLTP Act, 1995 :**

Kum 14 lai Prohibition dan hman a lo ni ta a. Prohibition a hlawhtlin leh tlin loh mipui in he dan hi engtin nge an la ngaih zel, a nghawng te leh hman zui zel chi a ni em tih te zir chian State Prohibition Council Meeting September 7, 2011 a neih chuan tulin a hria a. Study Group report a zirin MLTP Act kal zel dan tur chu sorkar in rel se tha in a hria a, chutiang taka chuan thurawn a pe ta a ni.

Prohibition Council thurawn angin sorkar chuan Study Group of MLTP Act, 1995 chu Notification No. J.23015/1/2009-EXC dated 24<sup>th</sup> January, 2011 chhuah a din a lo ni ta a ni. Member te chu hengte hi an ni -

- |   |   |                  |
|---|---|------------------|
| 1. Pu H. Raltawna, I.A.S (Rtd.)                           | - | Chairman         |
| 2. Commissioner of Excise & Narcotics<br>Mizoram, Aizawl. | - | Member-Secretary |

**OFFICIALS**

- |   |   |        |
|---|---|--------|
| 1. Secretary ,<br>Excise & Narcotics Department.                                      | - | Member |
| 2. Pu Zahmingthanga Ralte,<br>Deputy Secretary<br>Law & Judicial Department           | - | Member |
| 3. Prof. Laltluangliana Khiantge,<br>Dean, School of Education, M.Z.U.                | - | Member |
| 4. Pu Lalbiakthanga Khiantge, MPS<br>S.P., Aizawl District,<br>Treasy Square, Aizawl. | - | Member |
| 5. Dr. H.K. Laldinpuii<br>Head of Department of Psychology, M.Z.U.                    | - | Member |

**NON –OFFICIALS**

- |  |   |        |
|--|---|--------|
| 1. Lalbiakzuala,<br>General Secretary, C.Y.M.A.  | - | Member |
| 2. Pi Ngurmawii Sailo,<br>W/o Dr. R. Lalthangliana,<br>Sr. Vice President, M.H.I.P.<br>Gen. Hqrs., Aizawl. | - | Member |
| 3. Pu H. Zosangliana<br>President, M.J.A., Zotlang, Aizawl.  | - | Member |

**REPRESENTATIVE OF POLITICAL PARTIES**

- |  |   |        |
|--|---|--------|
| 1. Pu C. Chawngkunga,<br>General Secretary, MPCC<br>Dawrpui Vengthar | - | Member |
|--|---|--------|

- |    |  |   |        |
|----|--|---|--------|
| 2. | Pu H. Rammawi, Ex-Minister<br>Tuikual south, Aizawl<br>( Representative from MNF Party)                    | - | Member |
| 3. | Dr. Kenneth Chawngliana, Vaivakawn<br>7 <sup>th</sup> Day Tlang, Aizawl<br>(Representative from MPC Party) | - | Member |
| 4. | Pu H. Laltanpuia, General Secretary, Z.N.P.  | - | Member |

**PROMINENT CITIZENS**

- |    |  |   |        |
|----|--|---|--------|
| 1. | Pu Thanseia, McDonald Hill<br>Zarkawt, Aizawl.   | - | Member |
| 2. | Dr. C. Lalhrekima, Psychiatrist,<br>Mission Veng, Aizawl.                              | - | Member |
| 3. | Executive Secretary,<br>i/c Synod Social Front,<br>Synod Office, Mission Veng, Aizawl. | - | Member |

**8. Study Group hma lakna :**

Study Group Meeting hmasa ber chu Information & Public Relations Conference Hall ah ni 23.2.2011, 11:00 Am ah neih a ni a. Pu H. Raltawna Chairman-in a kaihruai a. Member ten uluk taka ngaihtuah leh sawi hovin MLTP Act, 1995 thatna leh that lohna te; a hlawhtlin leh hlawhtlin lohna te; he dan kenkawhna ah harsatna enge awm tih te leh a hlawhtlin nana thawk Enforcement lam leh Magistrate te leh Medical lam te an thawhhona a tha em tih te hriat a tul thu te sawi chhuah a ni a. Zu in Mizo thalai te nun a khawih pawl dan leh hmeichhia te tawrhna a thlen dan pawl zir chian a tul thu sawi zau a ni baw. Prohibition hi TOTAL ni lovin PARTIAL ni mai a a lan dan, ex-servicemen ten permit hmanga zu an lak an hralh leh mai thin tih te, doctor prescription chhuanlam a zu civil miin an neih theih mai thu te pawl sawi lan a ni baw. Sorkar hian NGO leh Kohhran te rawn lo hian tha a tih chuan Zu chungchangah department/expert rawnin Policy siam ngam mai se tih ngaihdan pawl a awm. Wine leh thil dang thlawr loh pawl 'Zu' kan ti vek mai hi tha taw loah ngaihdante pawl sawi lan a ni.

Zau taka thil hrang hrang sawi a nih hnuahe meeting hmasa ber hian a hnuaia mite hi a rel ta a ni :-

1. Facts and figures – zu leh mihring man zat te leh hrem an nih dan, Excise & Narcotics leh Police department atangin neih ni se.
2. Zu-in khawtlang nun leh ei leh bar lam a nghawng dan zir chian ni se.
3. Zu khap burna dan hman hi a hlawhtlin leh hlawhtlin loh chungchanga YMA hmuhdan lak nise.
4. MLTP Act merits & demerits : Law & Judicial department in zir chian se.

5. Influence of alcohol on Mizo youth & women – MZU in lo zir chiang se.
6. Zu in avanga hriselna chhiat phah : Medical Superintendent, Aizawl Civil Hospital leh Dr.C. Lalhrekima, Psychiatry Department Head hnen atanga report neih nise.

A chung a point 2-na zir chiangtu turte chu Study Group hruaitute hian lo ruat mai se. He mi atan hian Sub-Group hetiang hian din a ni.

- |   |   |          |
|---|---|----------|
| 1. Pu H. Zosangliana, President, MJA        | - | Convener |
| 2. Pu Lalbiakthanga Khiangte, S.P., Aizawl. | - | Member   |
| 3. Pu Lalbiakzuala, Gen. Secretary, CYMA    | - | Member   |

**8.2** Study Group meeting vawi 2-na chu Information & Public Relations Conference Hall ah April 29, 2011, 11:00 Am ah neih a ni a. Meeting hmasa a tlawmngai pawl hrang hrang Medical, Excise & Narcotics leh Police department atang te a ngaihdan, hmuhdan leh report dawn te hetiang hian Pu Lalbiakmawia Khiangte, Commissioner of Excise & Narcotics in report a pek chu sawi zui nghal a ni, hetiangin -

- 1) **Zu leh mihring man zat leh hrem an nih dan:**  
Excise & Narcotics Department-in kum 5 kal ta, 2006 – 2010 chhunga zu leh a kaihhnawih an man zat te, mihring man zat leh Court-in a lo hrem dan, etc. Statement chu thlir hoin sawi zui a ni a. Heta tanga a landan chuan zu hluar lai deuh emaw a tlakhniam deuh lai emaw a awm tak tak chuang lova. Ngai awh deuh reng ni maiin a sawi theih a ni.
- 2) **Zuin khawtlang nun leh ei leh bar lam a nghawng dan te leh MLTP Act hman zui zel a that leh that loh chungchang:**  
Zuin khawtlang nun leh ei leh bar lam a nghawng dan te leh MLTP Act hman zui zel a that leh that loh chungchang zirchiang turin Sub-Group din a ni a, vide No. C.18015/5/2010 – COMEX Dated 21<sup>st</sup> March, 2011. Member te chu Pu H. Zosangliana, Convener; Pu Lalbiakthanga Khiangte, member leh Pu Lalbiakzuala, member te an ni a. Hma an la lak thui loh thu leh zirchian an tum dan tlangpui Convener hian meeting min hriattir a. He thu hi sawi zui a ni a. Meeting leh hunah chuan engemaw chen report an pek theih beisei a ni.
- 3) **Zu khap burna dan hman hi a hlawhtlin leh hlawhtlin loh chungchang:**  
Zu khap burna dan hman hi a hlawhtlin leh hlawhtlin loh chungchanga an ngaihdan hriattir turin Central YMA chu lehkha No. C.18015/5/2010 – COMEX dated 25<sup>th</sup> February, 2011 hmanga ngen an ni a. An ngaihdan chuan Zu khap burna dan hman hi a hlawhtling lo a ni vide No. CYMA 51/2010-2011/9 of 23.3.2011. He thu hi sawi zui a ni a. Heti hi a lo nih

takah chuan Central YMA hnenah hian Zu khap burna dan hi hman zui zel tul an ti nge ti lo tih te leh engtia tih tur nge ni ang tiin an ngaihdan lak tha tih a ni a. Chutiang bawkin, NGO lian leh pawl pawimawh dang heng, MHIP, MUP, MJA, Mizo Academy of Letters, Mizoram College Teachers Association, ZDU, ZTOA leh Bar Association hnenah te pawh an ngaihdan leh engtia kalpui zel nge tha an tih te pawh zawh ni se tih a ni bawk.

4) **MLTP Act – merits & demerits:**

MLTP Act – merits & demerits chungchang Law & Judicial Department-in a thlir dan leh ngaihdan te ziaka dil a ni a, vide No. C.18015/5/2010 – COMEX dated 25<sup>th</sup> February, 2011. Chhanna hmuh mai a nih loh avangin ni 31 March, 2011 khan *reminder* pawh thawn leh a ni a. Hemi chungchang hi sawi zui nghal a ni a. Pu Zahmingthanga Ralte, Deputy Secretary, Law & Judicial department chuan Law & Judicial Department atanga chhanna hmuh thuai a beiseiawm thu te sawiin MLTP Act hi a dan hrim hrim chu a that lohna em em a awm hran loh thu te a sawi a. Meeting chuan Law & Judicial Department chhanna chu la beisei tho nise tha a ti a ni.

5) **Influence of Alcohol on Mizo Youth and Women:**

“Influence of Alcohol on Mizo Youth and Women hi MZU-in lo zirchiang se”, ti a Meeting hmasa in a rel angin MZU thuneitute chu ngen an ni a. Head of Psychology Department, Dr. H.K. Laldinpuii hnen atangin Mizoram University Psychology Department chuan hemi chungchang zirchiang tura thutlukna an lo siam tawh thu ziakin Study Group hi a hriattir a, vide No. 4/14-3/PSY/13 dated 8<sup>th</sup> April, 2011. Meeting hian Mizoram University chungah lawmthu a sawi a, a rang lama hma la zui turin a ngen nghal bawk a ni.

6) **Zuin avanga hriselna chhiat phah chungchang:**

Medical Superintendent leh Dr. C. Lalhrekima te hnen atang a report dawn chu para 10 ah dah a ni. Meeting chuan report rawn petute hnenah hian lawmthu a sawi a. Zu khap burna dan February 20, 1997 a hman a nih hmaa record hmuh theih ang ang hmangin Medical Superintendent leh Psychiatrist te hian report pe tura ngen leh an ni.

8.3 Study Group meeting vawi 3-na chu Information & Public Relations Conference Hall ah May 31, 2011, 11:00 Am ah neih a ni a. NGO leh Medical lam ten Study Group thu hriat duh an rawn theh lut vek tawh a, hetiangin –

- (1) Bar Association
- (a) MLTP Act hnuaia Zu khap burna kal pui mek hi a hlawhtling lo.
  - (b) MLTP Act, 1995 hian Mizo Society-ah a tha zawng leh tha lo zawngin nghawng tam tak a nei.
  - (c) Zu khap burna dan hi kan zo lo deuh niin a lang a, zu ruih avanga buaina siam leh thilsual tite erawh chu hremna na tak siam ni se.
  - (d) MLTP Act hian Mizo te hi mahni in veng zo lo leh mahni chhia leh tha hriatna pawh hman thei lo nia min ngai hi a tha lo a ni.
  - (e) India rama ziaik leh chhiar thiam tamna State kan ni chung pawha naupang chhia anga kan in enkawl chhung chuan kan hnam hian ngaihtuahna puitling neiin hmalam kan pan thei dawnin a lang lo. Chuvangin, Zu khap burna dan hi tih danglam chu a ngai tawh hrim hrim a ni.
- (2) M.A.L.
- (a) MLTP Act hi a hlawhtling thawkhat.
  - (b) MLTP Act hi kalpui zel ni rawh se.
  - (c) Kan sorkar hotuten zu khapna dan chungchang hi sawi tam se; a thawktu Department hi he dan a hlawhtlin deuh deuh theih nan thuam chak leh zual ni rawh se.
- (3) M.C.T.A.
- (a) He dan hman hi sawtna tam tak awm baw mahse a hlawhtling taw lo.
  - (b) a hman zui zel chungchangah pawh sawrkarin Mizoram tana tha ber tura an rel ang apiang chu a tha a, eng thu tlukna pawh siam se dan ken kawhna lamah tun ai a tan lak a tul.
- (4) M.J.A.
- (a) Zu khap burna dan, MLTP Act hman mek hi a hlawhtling lo.
  - (b) Dan hlawhtlinglo chu hman zui zel a tul lo.
  - (c) Dan fel tak hnuaiah zu leh zu in te regulate ni se.
- (5) Z.T.O.A.
- (a) Zu khap burna dan sawrkarin a hman mek hi a hlawhtlinna leh hlawhtlin lohna hi a in buk taw vel viau.
  - (b) Zu khap burna dan hi kum 5 vel tal chu la hman nise. Amaherawh chu a Dan kengkawhtute hi in enfiah deuh a, rui ve mai mai lo leh rual khai deuh hleka mite chung a dan lek kawh nise.
- (6) C.Y.M.A.
- (a) Zu khap burna dan hman mek hi a hlawhtling lo.
  - (b) Sorkar-in he dan hi hman zui zel a tum a nih chuan hlawhtling leh khauh taka ken kawh theih dan siam ngei rawh se.
- (7) M.H.I.P
- (a) MLTP Act, 1995 hnuaia zu khap burna dan hman mek hi a

hlawhtling taw lo.

(b) MLTP Act, 1995 hmang zel tur kan nih chuan hei aia khauh      zawk      a dan leh thupek hi hman nise.

- (8) M.U.P.      (a) Zu khap burna dan hman mek hi a hlawhtling thawkhat.
- (b) He dan hi uluk taka siamthat ngai apiang siamtha a hman zel ni se.
- (c) Zu leh a intute hi tun aia nasa zawka khuahkhirh ni rawh se.
- (9) Z.D.U.      (a) MLTP Act, 1995 (Zu khap burna dan) chu 100% (za a za) chuan a hlawhtling lova.
- (b) Zu khap burna dan erawh hi chu hman zui zel a tha.
- (c) Zu rui buaina siam leh zu zuarte hremna dan hi tun aia khauh zawkin sorkarin kengkawh se.

(j)      **MLTP Act merits & demerits:**

Study Group ngenna ti hlawhtlingin Law & Judicial Department chuan MLTP Act *merits & demerits* chungchang a, ngaihdan an siam chu hetiang hi a ni.

- (a) Section 8(1) of MLTP Act, 1995 a minimum penalty hi thla khat lungin tan ni se. A chhan chu minimum penalty hi crime lian pawngsual, tualthah etc. ah te chauh hman a ni si a.
- (b) Section 39 hi paih nise, a theih loh chuan Section 39-A hi paih ngei nise. Hei hian natural justice, dan dinglaite leh misual siamthat tumna kawng te a dal a ni.

Law & Judicial Department in MLTP Act siam that ngai lai ni a an hriat Sections 8(1), 39 leh 39-A te chu meeting ah hian sawifiah a ni a, hetiangin -

**Section 8(1)** – He Dan section 7(a), bawhchhetu chu thiam loh chantir a nih chuan kum 5 thleng lungin tantir theih a ni a, a tlem berah thla 3 tal a tang tur a ni. Chubakah, Rs. 10,000/- thlenga chawitir theih a ni bawk a, a tlem berah Rs. 1,000/- tal chawitir tur a ni bawk ang.

Amaherawhchu, mi kum 21 aia naupang, tun hma lama thiam loh la chantir loh a ni tih finfiah a nih chuan, a kum zat, mizia leh a tun hma nun dante ngaihtuahin, tha leh phu nia Court-in a hriat chuan, thla thum aia tlem lung in tantir leh Rs. 1,000/- aia tlem chawitira hrem theih a ni ang. Amaherawhchu chutianga ngaihhnathiam a nih chuan, a chhan leh vang thuremnaah chuan a tar lang tur a ni.

**Section 39** – Code of Criminal Procedure, 1973 (2 of 1974) emaw, eng dan hman laiah pawh eng pawh ziak ni mah sela, he Dan anga thiam loh chantir tawh reng



reng chu hremna pek thulh rih emaw, tihhniam emaw, tihnep emaw theih a ni lo vang.

**Section 39-A** – He dan hnuaia tang tura rel tawhte dam lo emaw kum upa emaw kum 18 hnuai lampang an nih loh chuan Court in 360 Cr.P.C. hmangin zilnhau ringawt in emaw in tiamkamna ringawt in emaw a chhuah tur a ni lo.

**9. Research:**

Dr. H.K. Laldinpuii, Head of Department, Psychology Department, Mizoram University chuan zu in thalai leh hmeichhia te a nghawng dan leh thil dang tam tak hre tura empirical study neih a tul dan a sawifiah a. Thil tam tak nghawng tur nei a nih avang a zirchiang hmasa lova thil tih mai mai chi a nih loh thu a sawi a. Huam zau taka zir tur chuan thla li tal leh Rs. 1,00,000/-vel a ngaih tur thu a sawi bawh a. Mizoram University in senso atan 60% an tum theih tur thu meeting a hriattir bawh.

Mizoram University chungah Study Group a lawm hle a. Influence of alcohol on Mizo youth and women chauh ni lovin zu leh MLTP Act in khawtlang nun a nghawng dan te pawh zir tel nise. An sum mamawh Mizoram University in a tum theih bak chu Mizoram sorkar-in tum sela. Tin, a theih chen chenah Sub-Group nen pawh thawktlang sela tiin meeting chuan a rel.

**10. Zu in avanga hriselna chhiatphah chungchang:**

Dr. C. Lalhrekima chuan Prohibition hman hma a zu in avanga hriselna chhiat phah chungchang record an hai chhuah chungchang sawiin Prohibition hnuah chhiat phah an tam zawk thu a sawi a. Prohibition hma leh hnu a an record neih chu hetiang hi a ni.

**No. of alcohol related liver diseases cases received from Medical Superintendent, Civil Hospital, Aizawl.**

Prohibition hma	
YEAR	TOTAL
1992	57
1993	55
1994	56
1995	77
1996	37
<b>Grand Total</b>	<b>282</b>

Prohibition hnu	
YEAR	TOTAL
2007	97
2008	107
2009	119
2010	109
2011	88
<b>Grand Total</b>	<b>520</b>

**No. of alcoholics treated at Department of Psychiatry, Kulikawn/Civil Hospital, Aizawl received from Dr. C. Lalhrekima**

Prohibition hma		
SI No	YEAR	No. of cases admitted
1	1988	25
2	1989	56
3	1990	Record hmuh a ni lo
4	1991	77
5	1992	30
6	1993	64
7	1994	61
8	1995	76
9	1996	93
	<b>Total</b>	<b>482</b>

Prohibition hnu		
SI No	YEAR (March to April)	No. of cases
1	2002-2003	161
2	2003-2004	167
3	2004-2005	151
4	2005-2006	114
5	2006-2007	143
6	2007-2008	149
7	2008-2009	205
8	2009-2010	306
9	2010-2011	290
10	<b>Total</b>	<b>1686</b>

**11. Socio-economic impact of liquor in Mizoram :**

Excise & Narcotics Department in kum 3(thum) chhung a Rakzu, zu senchi (IMFL) an man leh zu bilhlai an tihchhiat te hlutna chu kum tin average a lakin ₹ 3,91,78,333/- a ni a. An man reng chung hian rakzu leh IMFL hi a awm reng tho a. Chutianga man loh zu man a tangka luangral hi a let ai a tam daih tur a ngaih a ni. Zu-in hriselna a nghawng a inenkawlna te nen pheih chuan zu avanga senso tam dan tur hi hriat thiam mai chi pawh a ni lo a ni.

**12. Research Reports :**

Psychology department, Mizoram University chuan “*Impact of alcohol on the Mizo*” tih zir zovin ni 4.1.2012 ah Study Group ah Research Report chu an thehlut a. Hemi senso atan hian Mizoram University chuan Rs. 75,000/- a tum a, Excise & Narcotics department in Rs. 40,000/- a tum bawk. Sub-Group zir tur a tuk kha he Research ah hian telh nghal a ni.

Study Group meeting wawi 4-na Information & Public Relations Conference Hall a January 30, 2012 11:00Am a neih ah chuan Dr. C. Lalfamkima Varte, Associate Professor, Psychology Department, Mizoram University, Faculty-in-charge of the Research chuan Power-Point Presentation hmangin an Research Report chu a sawifiah a. Research an beihna a hmanrua (tools) hrang hrang, khawihmun ah te nge an kal a, engang mi ah te nge an neih tih te a sawifiah hmasa a. He research ah hian zu avanga psychological problem awmte pawh an khawih tel bawk. **An zir chianna in a hmuh dan chuan hmeichhia, kohhran a in hmang leh kum upa lam in Prohibition hi hlawhtling lo mahse la hman zel an**

**duh a; a pumpui a lak chuan MLTP Act, 1995 hi hlih an la duh lova, her danglam erawh chu tul an ti a ni.** Research report Annexure ‘E’ ah dah a ni a; a tlangpui chu a hnuaiah hian tarlan a ni.

### **Brief note on a study of the impact of alcohol on the Mizo**

Impact of Alcohol on the Mizo hi 1<sup>st</sup> September, 2011 atanga 31<sup>st</sup> December, 2011 chhunga zir a ni a. MLTP Act’95 hmanna district pahnih Mamit leh Aizawl a Khua leh veng 29 a neih ani a. Kum 14 chin chunglam, ni khaw hre chin tawh mipa leh hmeichia; zu in leh in lo; zu awm tamna leh tam lohna; sum lakluh in ang lo ; zir san zawng in ang lo; sakhua leh khawtlang a in hmang leh hmanglo te hnenah zir chianna hi neih ani a. Ruahman lawkna leh ruahman lawkna pawh awm chuang lo(structured and unstructured) interview te pawh neih ani.

Kum upa lam, thalai hmeichhia leh sakhua inhmang ten MLTP Act’95 hman zel hi tha an ti a. Zir chianna a hman tam zawk in Zu khap burna dan hi tak ram chang thei ah an ngai lo(impracticable). Zir chianna hman nate hian Zu hmansual/diklo(alcohol abuse) avanga harsatna awm te hi an an hre chiang hle. Hetichung pawh hian, thangkhat lian zet zu khap bur ani chung pawh in, zu in hi a la hluar hle ani. Zu khap burna dan hi hman zel tur pawh nise, a nghawng, zu in mi tan damdawi a in enkawl(diagnosis and treatment) te leh awmze nei a zu in(?)(responsible drinking) te ngaihtuah tel a tul hle ang.

### **Zir chian dan**

#### **Ruahman lawkna(Structured interview result)**

- (1) “Thil tih sual na chhanah te, thil engmah tih thei lohna chhanah te leh hlawhtling tura thiamna(skill) neih lohna chhanah te zu hi chhuanlam ah hman ani” tih ah hmeichhia ho in dik ti an tam zawk laiin mipa lamah chuan dik ti leh tilo an in zat thuak ani.
- (2) ‘Sorkar hian Total Prohibition hlawhtlin nan hian theihna/chakna a nei’ tih hi dik ti tu an tam hle.
- (3) ‘Khua leh vengte hi zu khapna ah an tangrual’ tih hi Mamit ah chuan dik lo ti an tam hle lai in Aizawl ah chuan dik ti leh dik lo ti hi an inzat vel.
- (4) ‘Kan class mates, batch mates leh hna thawhpui te zu rui leh hmang sual te hi kan dawhthei, enliam tih ah Mamit ah chuan dik ti an tam zawk lain Aizawl ah chuan dik ti leh ti lo an in zat vel.
- (5) Mipui vantlang leh Kohhran hrulaitu te hnen a zawhna ‘Mizo te hi zu leh ruihhlo dangte chin tawh nei lo hmang nasa tih ah chuan – Kohhran hrulaitu ten a dik lo an tih laiin mipui vantlang in dik an ti thung.

- (6) ‘Khua leh vengte zu khapna ah an tangrual’ tih ah chuan mi vantlang ten diklo ti an tam zawk laiin Kohhran hrulaitu te dik ti leh dik lo ti an inzat ani.
- (7) “Thil tih soal na chhanah te, thil engmah tih thei lohna chhanah te leh hlawhtling tura thiamna(skill) neih lohna chhanah te zu hi chhuanlam ah hman ani” ti ah chuan a dik ti Kohhran hrulaitu ah an tam laiin mi vantlang ah chuan dik ti leh ti lo an in zat thuak.
- (8) “Sorkar hian Zu khap tur hian theihna/Chakna a nei ani” tih ah chuan Kohhran hrulaitu ah dik ti an tam zawk lain vantlang lam chu dik ti leh ti lo an in zat thuak.
- (9) “Mipui tam zawk in Alcoholic Anonymous te hnathawh hi an hmelhriat” tih ah chuan Kohhran hrulaitu ah leh mi vantlang ah dik ti an tam zawk.

**Sum la lut tam leh tam lo atangte a ngaihdan:-**

- (1) “Zu khap hma leh khap hnu in Zu avanga harsatna a la ngai”- Income hniam (very low) ah dik lo ti an tam zawk, tlema lakluh zia awm ah dikti an tam zawk, lakluh vantlang ah dik lo ti an tam zawk a, lakluh sang ah diko ti an tam zawk baw.
- (2) “Mizo te hian zu leh ruihhlo dang te hi insumna nei lovin kan ti nasa”- Income hniam(very low) ah dik lo ti an tam a, lakluh zia awm leh chunglam ah dik ti an tam zawk.
- (3) “Kan fate soal ah midang kan mawhpui” Lalut tlem leh sangah diklo ti an tam zawk laiin, lakluh ziaawm ah leh lakluh vantlangah dik ti an tam zawk.
- (4) “Khua leh vengte zu khapna ah an tangrual” – Lakluh hniam ah leh ziaawm ah dik ti leh ti lo an inzat thuak a; lalut vantlang leh sang ah diklo ti an tam zawk hle.
- (5) “Kan Class mates, batch mates leh thawhpui te zu rui/hmangsual kan enliam/dawhthei”-Lalut tlem ah diklo ti an tam, lakluh ziaawm ah leh sang ah dik ti leh ti lo an in zat thuak a, lakluh vantlang ah dik ti an tam zawk hle.
- (6) “Thil tih soal na chhanah te, thil engmah tih thei lohna chhanah te leh hlawhtling tura thiamna(skill) neih lohna chhanah te zu hi chhuanlam ah hman ani” – Lakluh vantlang ah tih loh chuan group dang ah dikti an tam zawk hle.

- (7) “Sorkar hian zu khap bur tur hian theihna a nei”-Lakluh vantlang tih loh, group dang ah chuan dik ti an tam zawk hle. Lakluh vantlang ah chuan dik ti leh tilo an in zat thuak.
- (8) “ Mipui vantlangin zu ngawl vei te an chawh thin damdawi an hria”-Lakluh vantlang ah dik ti an tam deuh zawk a. Group dang zawngah chuan dik lo ti an tam zawk hle.

**Zirsang leh zir sang lo te ngaihdan:-**

- (1) Zu khap hma leh khap rei hnu ah Zu kaihhnawih harsatna te a la awm reng/ngai reng tih ah chuan Zir sang lamah ‘dik lo’ ti an pun lai in a zir hniam lamah ‘dik’ ti an pung zel.
- (2) “ Mizo te hi zu leh ruihhlo dangte insum lo a hmang nasa” tih ah chuan Zir sang lam ah dik lo ti an pun laiin zir hniam lamah dik ti an pung zel.
- (3) “ Kan class mates, batch mates leh thawhpui te zu hmangsual leh rui te kan ngaithei/enliam mai mai’ tih ah pawh hian zir sang lam ah diklo ti an pun zel laiin zir hniam lam ah dik ti an pung thung.
- (4) “ Hmasang ata zu hi thil dik lo tih thup nan(chhuanlam ah) kan hmang tih ah Zir hniam lamah dik lo ti an pun lain zir sang lam ah dik ti an pung thung.
- (5) “ Mipui tam zawk in **Alcoholic Anonymous** hnathawh dan tlangpui an hria” tih ah zir sang lam ah ‘dik’ lo ti an pun laiin Zir hniam lam ah dik ti an pung thung.
- (6) “ Mipui vantlang in Zu ngawlvei te an chawh thin damdawi an hria” tih ah chuan Zir hniam lamah dik lo ti an tam lain post graduate lam ah chuan ‘dik lo’ an ti hulhual a ni.

**Sakhua a in hman dan a zir a ngaihdan thenkhat te:-**

- (1) “ Hmasang (hriat theih hma) ata zu hi hman(in) a ni tawh. Kan ti rem thak lo ang”- Sakhua a in hmang ten dik an ti a, diklo ti an tlem a, dik lo ti pawh hi inhman nasat dan zel in an zuih ral (fades out) a ni.
- (2) “ Mizo ho hian zu leh ruihhlo dang hi insum kar na tel lo in kan ti nasa” tih pawh hi a chung a mi ang tho hian ngaihdan lak a ni.
- (3) “ Kan fate sual ah mi dangte kan mawhpuih “ tih ah hian sakhua inhmang nasa ten dik an ti a pung a, chutiang zel in dik lo ti pawh hi an tlem chho ani.

- (4) “ Khua leh veng tin te zu khapna ah an tangrual” tih hi sakhua a inhman nasat dan a zir in dik lo ti an pung.
- (5) “ Sorkar hian zu khap remna tan theihna a nei” tih ah hian sakhua a in hman nasat dan a zir in dik lo ti an pung.
- (6) “ Hmasang ata zu hi thil soal tih thup nan(chhuanlamah ) pawh hman a ni thin” tih hi a chung a mi ang bawkhian sakhua inhman nasa ten ngaihdan an nei.
- (7) “ Mipui tam zawk in Alcoholic Anonymous hnathawh dan tlangpui an hria” tih pawh khi a chung a mi ang tho hi an ngaihdan a ni.
- (8) “ Mipui vantlang hian zu ngawlvei te enkawl na damdawi hi an hre tlangpui” tih pawh hi a chung a mi ang tho khi an ngaihdan ani.

**Khawtlang tana inhman te ngaihdan:-**

- (1) “ Mizo te hian zu leh ruihhlo te hi insumkar lo in tih kan ching” tih ah hian Khawtlang tana inhman nasat dan a zir in dik ti an pung a, dik lo ti pawh inhman nasa tak tak zingah a zuih ral.
- (2) “ Chhungtin in zu ngawlvei te an tanpui lo” tih hi a tam zawk in dik an ti.
- (3) “ Fate soal ah midang puh kan ching” khawtlang tana in hman nasat dan a zir in dik ti an pung, chutiang zelin dik lo ti an hniam.
- (4) “ Khua leh vengtin te hi Zu khapna ah hian an tangrual”, tih ah hian vantlang tana in hman nasat dan a zir in a dik lo ti an pung.
- (5) “Thil tih soalna chhanah te, thil engmah tih thei lohna chhanah te leh hlawhtling tura thiamna (skill) neih lohna chhanah te zu hi chhuanlam ah hman ani” tih hi in hmang vak lo ah dik ti an tam a, in hmang leh in hmang nasa ah diklo ti an tam.
- (6) “ Mi tam zawkin Alcoholic Anonymous hanthawh dan hi an hria” tih hi vantlang tan in hman nasat dan a zir in dik ti an tam.

**Zu ngawlvei awmna chhungkua leh awm lohna atanga zir chianna:-**

- (1) “ Hmasang atangin zu hi hman(in) a ni a, kan ti rem lo ang” tih ah hian Zu ngawlvei awmna chhungkua chuan dik an ti tawp a, zu ngawlvei awm lohna a mi tlem te in tih rem theih an in ring.

- (2) “ Mizo te hian Zu leh ruihhlo dang te hi insum na nei lo in kan ti/hmang” tih ah hian Zu ngawlvei awmna chhungkua in dik an ti hle a, diklo ti tlem an awm. Zu ngawlvei awm lohna chhungkua ah ngaihndan a inang lo hle.
- (3) “ Zu hmangsual tute tanpui leh siamthat ah an chhungten an thawk taw lo” tih ah Zu ngawlvei awmna ten dik an ti hle a, hnial an tlem a. Ngawlvei awm lohna chhungkua ah ngaihndan a inang lo hle.
- (4) “ Zu rui leh hmangsual class mates, batch mates leh hnathawhpui te chungah kan dawhthei” tih pawh a chung a mi ang hi ngaihndan tho ani.
- (5) “Thil tih sual na chhanah te, thil engmah tih thei lohna chhanah te leh hlawhtling tura thiamna(skill) neih lohna chhanah te zu hi chhuanlam ah hman ani” tih ah hian Zu ngawlvei awmna te chuan an pawm lo a, Zu ngawlvei awm lohna ten an pawm thung.
- (6) “ Sorkar hi Zu khap turin a tling taw lo” tih ah pawh a chung a mi ang hi an ngaihndan a ni.
- (7) “ Mi tam zawk in Alcoholic Anonymous te hnathawh dan hi an hria” tih awh hian Zu ngawlvei awmna chhungkua ten dik an ti hle a, awm lohna te ngaihndan a in ang lo hle.

**Ruahman lawkna nei lem lo a(Unstructured interview result) MLTP Act’95  
chungchang a interview result (in percentage):-**

- (1) MLTP Act’ 95 hnuaia hremna te duhthu a sam lo hle.  

Duhthu sam lo	=	33.33
Duhthu sam	=	1.39
Ngaihndan nei lo	=	65.28
- (2) MLTP Act’95 ken kenkawh chungchang ah Sorkar hmalakna a duhawm lo(duhthusamlo).  

Duhkhawp awm lo	=	37.50
Duhkhawp awm	=	5.56
Ngaihndan nei lo	=	56.94
- (3) NGO leh pawl dang ten MLTP Act’95 tana tha an thawh tlem hle.  

Thawh tam	=	6.94
Thawh tlem	=	18.06
Ngaihndan nei lo	=	75.00
- (4) MLTP Act hman chungchang a Kohhran ho tha thawh hlawk leh hlawk lo chungchang.  

Thawh hlawk lo	=	11.11
Thawh hlawk	=	11.11

- |  |                |   |       |
|--|----------------|---|-------|
|  | Ngaihda nei lo | = | 77.78 |
|--|----------------|---|-------|
- (5) MLTP Act'95 hman hi a hlawhtling lo.
- |  |                |   |       |
|--|----------------|---|-------|
|  | Hlawhtling lo  | = | 43.06 |
|  | Hlawhtling     | = | 16.67 |
|  | Ngaihda nei lo | = | 40.28 |
- (6) Total Prohibition hi tih hlawhtlin theih a ni lo.
- |  |                          |   |       |
|--|--------------------------|---|-------|
|  | Tihhlawhtlin theih ni lo | = | 45.83 |
|  | Tihhlawhtlin theih       | = | 2.78  |
|  | Ngaihda nei lo           | = | 51.39 |
- (7) MLTP Act hlih tha ti lo.
- |  |                |   |       |
|--|----------------|---|-------|
|  | Hlih tha ti lo | = | 66.67 |
|  | Hlih tha ti    | = | 30.56 |
|  | Ngaihda nei lo | = | 2.78  |
- (8) MLTP Act siamthat tul ti.
- |  |                    |   |       |
|--|--------------------|---|-------|
|  | Siamthat tul ti    | = | 66.67 |
|  | Siamthat tul ti lo | = | 2.78  |
|  | Ngaihda nei lo     | = | 30.57 |
- (9) Mizo te hi Zu in thiamlo tak kan ni.
- |  |                           |   |       |
|--|---------------------------|---|-------|
|  | Zu in thiam lo tak kan ni | = | 61.11 |
|  | Zu in thiam kan ni        | = | 6.94  |
|  | Ngaihda nei lo            | = | 31.94 |

**13. MLTP Act, 1995 zir chianna atanga thil hmuhchhuah te :**

- (1) MLTP Act, 1995 hi dan tha tak a ni a, hremna hrang hrang pawh a na tawk. Amaherawhchu, Law Department chuan firfiak deuh a a hriat section 360 CrPC hman theih lohna hi chu paih nise a ti.
- (2) MLTP Act, 1995 hi zu khap rem tumna leh a kaihnawih sualna tihbona tur a dan siam a ni ber a. Chulam en chuan a hlawhtling lo a ni.
- (3) Health Department record atanga a lan danin MLTP Act, 1995 hman hnuah Zu avanga thin tha lo a pung zel tho a, zu ngawl vei an pung zel tho.
- (4) Mizoram University research result ah chuan MLTP Act, 1995 hi a hlawhtling lo titu an tam zawk na-in hlih duh erawh chu an tlem zawk a ni.
- (5) Mizoram University zirchianna atang vêka a lan dan chuan zu hian Mizo khawtlang nun, chungkua leh mimal nun a tibuai a. Zu in mi leh ngawlvei leh an chungte ah **depression**, **anxiety** leh **stress** te a sang bik a ni.
- (6) Zu vanga sum khawhral hi a namen lo a ni.



- (7) NGO lian leh tam zawk in MLTP Act, 1995 hi a hlawhtling lo an ti a. Chuti chung a MLTP Act, 1995 hi hman zui zel a nih dawn chuan a hlawhtlin ngei na turin sorkar in hma la ngei rawh se.

Zu khap bur hlawhtlin harsatna chhan ber chu **demand** san em vang a ni a. Dan kengkawhtu te leh Tlawngai Pawl ten theihtawp chhuah a an man hnem hle chung pawhin zu hi **demand** a san em vangin, to hle mahse a awm reng a. Chuvang chuan **demand** tlemna tur a hmalak a tul hle a ni.

Zu khap burna dan hi hman zel a nih dawn chuan Excise & Narcotics Department hi tih chak a ngai a ni. Tlawngai Pawl te tih phur reng a tul a. Tin, Mizoram Liquor Total Prohibition Act, 1995 hi tlem a zawng siam that ngai lai a awm bawh a ni.

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**Annexure – ‘A’**

**SEIZURE & ARREST MADE BY MIZORAM EXCISE & NARCOTICS DEPARTMENT  
UNDER THE MIZORAM EXCISE ACT 1973**

			<b>1995</b>	<b>1996</b>
<b>1</b>	<b>Liquor Seized:</b>			
	a)	Zu/Country Liquor (in litre)	33902	46945
	b)	Zu bilhlai/Fermented Rice (in tin)	19773	14273
	c)	Dawidim/Yeast (in kilogram)	46590	11445
	d)	IMFL:		
		750 ml. (in bottle)	2112	865
		375 ml. (in bottle)	23939	17635
	(e)	Beer 650 ml (in bottle)	1118	1308
	(g)	Foreign (imported)Liquor (in bottle)	-	6512
<b>2</b>	No. of persons arrested under ME Act, '73		4108	5051
<b>3</b>	No. of Case registered under ME Act, '73		3995	4826

## MLTP ACT, 1995

### LIQUOR

#### Constitutional background

*Article 246 :*      **Subject-matter of Laws made by Parliament and by the Legislatures of States.**

- Lists of the subject matters are in the Seventh Schedule.

*Clause (2) List I is Union List*

*Clause (4) List II is State List*

*Clause (3) List III is concurrent List.*

*entry no. 84 of :* Duties of excise on tobacco and other goods manufactured  
*List I (Union List)*      or produced in India except -

*(a) alcoholic liquors for human consumption*

*(b) opium, Indian hemp and other narcotic drugs and narcotics, but including medicinal and toilet preparations containing alcohol or any substance included in sub -paragraph (b) of this entry.*

*entry no.8 of List:* Intoxicating liquors, that is to say, the production,manufacture, possession, transport, purchase and sale of intoxicating liquors.  
*II(State List)*

*entry no. 51 of:* Duties of excise on the following goods manufactured or  
*List II(state list)*      produced in the State and countervailing duties at the same or lower rates on similar goods manufactured or produced elsewhere in India :-

*(a) alcoholic liquors for human consumption;*

*(b) Opium, Indian hemp and other narcotic drugs and narcotics, but not including medicinal and toilet preparations containing alcohol or any substance included in sub-paragraph (b) of this entry.*

### **Excise Law in Mizoram**

- \* The Assam Excise Act, 1910 was not extended to erstwhile Mizo District of Assam since it was not adapted by the then Mizo District Council.
- \* The Mizo District became a Union Territory on the 21st January 1972 as Mizoram.
- The Mizoram Excise Bill, 1973 was passed by the Mizoram Legislative Assembly in 1973. The same was assented to by the President of India on 17th April, 1974. The Mizoram Excise Act, 1973 was, therefore, an Act No.7 of 1974 which was published in the Mizoram Gazette (Extraordinary) dated 22nd May, 1974.
- Rules were framed under the Mizoram Excise Act, 1973 and was laid in the Mizoram Legislative Assembly in 1983 thus the Mizoram Excise Rules, 1983 came into existence.
- Both the Mizoram Excise Act, 1973 and the Mizoram Excise Rules, 1983 came into force with effect from 10th October, 1984.
- \* Mizoram attained statehood on 20th February 1987.
- Government felt necessary to enact new Excise Law which may repeal the Mizoram Excise Act, 1973.

The Mizoram Excise Bill, 1992 was, therefore, passed by the Legislative Assembly which received the assent of Governor of Mizoram on 18th November 1992.

The Mizoram Excise Act, 1992 (Act no. 10 of 1992) was published in the Mizoram Gazette (Extra ordinary) dated 03 Dec' 1992.

## **MIZORAM LIQUOR TOTAL PROHIBITION ACT, 1995**

\*

Government had a new policy on excise.

- Mizoram Legislative Assembly passed the Mizoram Liquor Total Prohibition Bill, 1995 on 14th Dec, 1995. This was assented to by the Governor of Mizoram on the 31st Jan, 1996 and was published in the Mizoram Gazette (Extra ordinary ) vide Notification No.H. 12018/67/96-LJD dated 09 Feb,1996. Hence the Mizoram Liquor Total Prohibition Act, 1995 (Act No. 10 of 1995).
- u/s 70 of MLTP Act, 1995, Rules were framed and laid on the table of Legislative Assembly in 1996. The Mizoram Liquor Total Prohibition Rules, 1996 was, therefore, came into existence.
- The MLTP Act, 1995 and MLTP Rules, 1996 came into force w.e.f. 20th Feb, 1997 in the whole undivided Aizawl District and Lunglei District.
- The 3(three) District Councils in the erstwhile Chhimtuipui-District did not adapt the MLTP Act for which it is not extended to these areas.

***Preamble:*** An Act to provide for total prohibition of import, transport, manufacture, possession, sale and consumption of Liquor in the State of Mizoram.

- The Act is originally divided into 6 Chapters with 71 sections.
- The MLTP (Amendment) Act, 1999 added 3 sections viz., 39-A, 55-A and 58-A
- The MLTP (Amendment) Act, 2007 added another 2 sections viz., 26-A and 26-B.

- Salient Features of the Act**
1. Special Law- a procedural law
  2. Minimum penalty prescribed
  3. All offences are cognizable - 58-A(a) (arrest without warrant )

Note: CrPC's classification of offences against Other Laws is that the offence is non-cognizable if punishable with imprisonment for less than 3 years.

4. Bar of application of section 360 of CrPC unless the convict is an infirm, oldaged or under 18 yrs of age - 39-A.
5. Arrest by private person and procedure on such arrest - 55-A

Note: 3,4&5 above came into existence in the MLTP (Amendment ) Act, 1999 (Act No. 3 of 1999 ).

6. Provisions for grant of Licences and Permits.

*Sec.30 read with Rule 6* : Permission for import of liquor by Armed Forces (Duty @ Rs 52/- per PL of IMFL and Rs 8/- per BL of Beer.

*Sec.27 read with Rule 5,7 & Rule 10 for exservicemen* : Health prescription and permit on health ground.

*Sec.29 read with Rule 8&9* : Special permit to Foreign dignitaries, foreiner, tourist.

*Section 2(1)(j)* : MLTP (Amendment) Act, 2007 inserted the proviso, namely- 'Provided that it (liquor) shall not include wine made from grapes and guavas under a licence from the Government, ...'

*Section 26-A:* Licence for manufacture, etc of wine

*Section 26-B:* Manufacture, possession, sale, consumption, etc of wine - ME Act, 1973 will apply

<u>Prohibition Section</u>	<u>Prohibited/Offences</u>	<u>Penal Section</u>	<u>Penalties</u>
7(a)	transport, import, export, possession, sale, purchase, manufacture, keeping and use of any material, utensil etc for manufacture of liquor	8(1)	Extend to 5 yrs and Rs 10,000 But not less than 3 months with Rs 1,000/- (may be less penalty to below 21 yrs with no previous conviction).
7(b)	consumption of liquor	8(2)	extend to 1 month and Rs, 1000/- But not less than 24 hrs with Rs 500/-
		8(3)	extend to 3 months and Rs 1,000/- But not less than 7 days with Rs 500/-
-	allowing premises for commission of offence	24	extend to 3 yrs and Rs, 5,000/ But not less than 2 months with Rs 1,000/-
9	publication of advertisement of liquor	10	extend to 6 months and Rs, 1,000/-
-	false prescription, etc	16	extend to 6 months and Rs 1,000/-
-	Attempt to commit offence	44	liable to punishment provided for such offence
-	Enhanced punishment after previous conviction	43	twice the punishment which might be imposed on a first conviction.
-	for 3rd and consequent offence	43	Not less than 1 year with Rs 2,000/-.
-	Punishment for offence for which no punishment is provided.	38	extend to 6 months and Rs 1,000/-

### **Powers, etc**

50	<i>Power of entry, search, seizure and arrest,</i>	Amendment runs : not below such rank as may be prescribed by the Government. (ASI and above )
54	<i>Power of investigation and prosecution</i>	Amendment runs : not below such rank as may be prescribed by the Government.
52.	<i>Magistrate to try offences</i>	Judicial Magistrate of the First Class
47	<i>Confiscations by Court</i>	Confiscated articles be placed at the disposal of the Commissioner.
61	<i>Departmental Store</i>	for stock of confiscated FL and Beer for supply to the permit holders.
59(1)	<i>Prohibition Council</i>	Government to Constitute State Prohibition Council.
(2)	<i>Prohibition Committees</i>	Amendment runs - for every District, Sub-Division, Block, Village or Area..... as may be prescribed by the Government .

**SEIZURE & ARRESTED MADE BY MIZORAM EXCISE & NARCOTICS DEPARTMENT  
UNDER THE MIZORAM LIQUOR TOTAL PROHIBITION ACT 1995 SINCE 20.2.1997.**

		1997	1998	1999	2000	2001	2002	2003	2004
1	<b>LIQUOR SEIZED:</b>								
	a) Zu/Country Liquor (in litre)	40378	32327.463	29288	33342	30229.625	32388.542	31120.073	49520.645
	b) Zu bilhlai/Fermented Rice (in tin)	18362	15981	73010	78513	55613	86615	79354 ½	115752
	c) Dawidim/Yeast (in kg)	18846	12231	30524	44888	5976	898.53	1064.996	1169.528
	d) IMFL:								
	750 ml. (in bottle)	3506	3274	11365	9530	4118	3980	4157	4561
	375 ml. (in bottle)	4172	2360	10410	4482	17692	3872	3131	8561
	350 ml. (in bottle)	-	-	-	-	-	-	-	-
	300 ml. (in bottle)	-	-	-	-	-	-	-	-
	180 ml. (in bottle)	202	-	128	13	4883	179	192	152
	150 ml. (in bottle)	-	-	-	-	-	-	-	-
	(e) Beer 650 ml (in bottle)	28	105	251	170	82	347	446	205
	(f) Beer 500 ml (in bottle)	-	-	-	-	-	-	-	-
	(g) Beer 330 ml (in bottle)	-	-	-	-	-	-	-	-
	(h) Foreign (imported)Liquor (in bottle)	n.a.	n.a.	1816	1229	2147	3350	1215	4519
	(i) Foreign (imported) Beer (in bottle)	n.a.	n.a.	nil	nil	33	696	247	416
	(j) Foreign (imported)Canned Beer (in can)	n.a.	n.a.	nil	nil	208	1708	-	76
	(k) Grape Wine	n.a.	n.a.	nil	3	nil	60	-	-
	(l) Apple Juice (in litre)	n.a.	n.a.	nil	nil	nil	nil	-	-
2	<b>UTENSIL</b>								
	a) Pot (in number)	n.a.	n.a.	nil	1500	971	1512	1187	1453
	b) Plastic Can (in number)	n.a.	n.a.	nil	nil	nil	13	83	312
	c) Others : (in number)	n.a.	n.a.	nil	nil	Nil	Suitcase-1, Dekchi-1, Bag-1, Cooker-1	Dekchi-2, Bucket-1, Brite Bucket-1, bags-2, Bowl-2, Jug-1, Sound Boxes-2	Steel Trunk -1
3	<b>VEHICLES SEIZED</b>								
	a) Two Wheeler (in number)	n.a.	n.a.	1	2	2	10	48	40
	b) Three Wheeler (in number)	-	-	-	-	-	-	-	-
	c) L.M.V. (in number)	n.a.	n.a.	30	71	79	121	82	70
	d) M.M.V. (in number)	n.a.	n.a.	-	-	-	-	-	-
	e) H.M.V. (in number)	n.a.	n.a.	1	-	-	2	2	1
4	No. of persons arrested under MLTP/ME Act, '95	3379	3642	4850	2657	2609	2670	2662	2699
5	No. of Case registered under MLTP/ME Act, '95	2967	3075	3547	2114	2469	2657	2680	2788



**Annexure 'C'**  
(Page 2)

		2005	2006	2007	2008	2009	2010	2011
1	<b>LIQUOR SEIZED:</b>							
	a) Zu/Country Liquor (in litre)	31368.373	27207.970	26764.745	33184.470	53887.290	46181.780	52828.475
	b) Zu bilhlai/Fermented Rice (in tin)	72870	84184	50223	120340 ½	130163 ½	97823	110659 ½
	c) Dawidim/Yeast (in kg)	1017.715	659.129	602.463 & 6 tins (liquid)	715.731	439.787	503.605	310.262
	d) IMFL:							
	750 ml. (in bottle)	5692	6265	7412	11578 & 1 loose bot (200 ml)	22342 & 250ml(loose), 1 loose bot.	38079 & 20 loose bottle & 700ml loose	64396 & 29 loose bottles
	375 ml. (in bottle)	1006	2465	885	747	349	263	222
	350 ml. (in bottle)	-	-	-	-	34	1	3
	300 ml. (in bottle)	-	-	-	-	34	113	-
	180 ml. (in bottle)	242	353	308	306	1321 & 150 ml (loose)	871	285 & 1 loose bottle
	150 ml. (in bottle)	-	-	-	-	34	1	-
	(e) Beer 650 ml (in bottle)	452	153	445	133 & 1 bot of 500ml	228	194	99
	(f) Beer 500 ml (in bottle)	-	-	-	-	-	33	67
	(g) Beer 330 ml (in bottle)	-	-	-	-	-	-	2
	(h) Foreign (imported)Liquor (in bottle)	235	472	3 & 1 bot(350ml), 8 bots(365ml), 3bots (700ml)	1063	139	426 & 192 packs of BEDC	2
	(i) Foreign (imported) Beer (in bottle)	371	8	216	947	193	477	342
	(j) Foreign (imported)Canned Beer (in can)	3	10	4	5	980	115	328
	(k) Grape Wine	2963 bots., 1 250 tins & 27096.201 litres	8 bottles & 535 litres	-	-	-	-	-
	(l) Apple Juice (in litre)	800	0	-	-	-	-	-
2	<b>UTENSIL</b>							
	a) Pot (in number)	1829	2261	686	678	1731	1038	850
	b) Plastic Can (in number)	215	198	207	327	384	89	34
	c) Others : (in number)	-	Suitcase-2, LPG-2, Syringe-2, Sugar-54 kgs, Charcoal-4 bags, Rice-10 kgs, Dekchi-2, plastic bucket-1	-	7 nos. of AK-47 with 10 nos of ammunitions, 1(one) RPG with live shell & boosters, 12 rounds of 9mm.ammunition, 1 no. of M-20 ammunition, 1 vehicle ML-05/D-1186.(Handed over to Vairengte P/S)			1500 litres of juice containing alcohol
3	<b>VEHICLES SEIZED</b>							
	a) Two Wheeler (in number)	23	35	16	6	20	56	72
	b) Three Wheeler (in number)	-	-	-	-	3	15	8
	c) L.M.V. (in number)	87	78	69	75	120	145	113
	d) M.M.V. (in number)	-	-	-	-	1	0	-
	e) H.M.V. (in number)	2	6	1	6	6	4	6
4	No. of persons arrested under MLTP/ME Act, '95	3556	3317	3001	2546	2653	2995	3199
5	No. of Case registered under MLTP/ME Act, '95	3491	2952	2600	2254	2392	2565	3055

**ANNEXURE – D**

**YEARWISE MLTP ACT 1995 CASES w.e.f. 2006 – 2010 UNDER POLICE DEPARTMENT, MIZORAM**

Sl. No	Year	No. of Case Registered	No. of Items Seized							Yeast	No. of Cases Convicted	No. of acquitted	Penalties imposed under MLTP Act, 1995
			No. of persons Arrested	IMFL	Beer (India)	Beer (Foreign)	Country Liquor	Fermented Rice	Foreign Liquor				
1	2	3	4	5	6	7	8	9	10	11	12	13	14
1.	2006	1609	1745	280 btl.	146 btl.	1 ½ btl	4626 ltrs.	281 tins, 154 Kgs., 7 barrels, 2 pots	300 ml. bulk ltrs., M. Rum 72 btl.	21 Kgs., 700 grms., 90 pieces & 4 bags.	655	-	655
2.	2007	875	1202	74 btl. 200 ml	50 (Whisky) pockets	-	12263.5 ltrs.	58 Kgs., 7 barrels, 3 pots, 2 plastic container	14 pkts. Bulk ltrs. 83.5 ltrs. Of BEDC	10.5 Kgs., 150 pieces & 50 grms.	462	8	462
3.	2008	813	1217	876 ½ btl.	4 btl.	-	4767.5 ltrs.	5 Qtls., 36 Kgs., 4 tins & 2 pots	23 pkts. Bulk ltrs.	173 Kgs., 9 pkts., 7 nos.	514	6	514
4.	2009	966	1364	1997 ltrs.	62 btl.	-	5736 ½ ltrs., 2 tins & 74 pkts.	13 Kgs., 7 ½ tins	-	3 ½ Kgs.	477	2	477
5.	2010	798	1293	3304 btl	-	5 btl.	5479 ½ ltrs.	10 Kgs., & 12 ½ tins.	9207 ltrs BEDC	346 pkts	373	3	373

**A Research Project Report**

**A Study of the Impact of Alcohol on the Mizo**

**Submitted to:**

**‘The Study Group’ of MLTP Act, 1995  
Aizawl, Mizoram**

**Submitted by :**

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**3<sup>rd</sup> January, 2012**

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# **A Study of the Impact of Alcohol on the Mizo**

C. Lalfamkima Varte, C. Zothanmawia and Albert Vanlalruata

## **Abstract**

**Aim:** The main study objective was to determine the impact of alcohol on the abuser and their family members among the Mizo.

**Methodology:** The study period was from 1 September 2011 to 31 December 2011. Two districts among the areas where MLTP Act, 1995 is enforced were selected. Random selection resulted in 29 locality and villages within the districts selected. Following the table of random numbers the houses within each of the locality and villages are selected wherein individuals above 14 years of age with consent completed the quantitative measurement tools. Structured interview was conducted with careful representation of gender, age-group, alcoholic and non-alcoholic, easy availability of alcohol, income, education religious and societal involvement. Finally, unstructured interview was conducted wherein participants openly shared their feelings and emotion towards the impact of alcohol and its prohibition. Precautionary measures are taken in development of measurement tools, data entry and screening, selection of statistical methods and testing of assumption.

**Results and Discussion:** The random sample data revealed significant variation on Age-group, Gender, District, Availability and Income for Alcoholism Indexes, Attitudes towards MLTP, Depression, Anxiety, Stress, and Hopelessness. The random sample data and Structured Interview revealed: increasing Age-group to be indicative of decreasing Alcoholism Indexes and increasing Religious Involvement, Positive Attitudes towards MLTP, Depression and Hopelessness; Males as compared to females indicated higher Societal Involvement, Alcoholism Indexes, Negative Attitudes towards MLTP and lower levels of Positive Attitudes towards MLTP, Stress and Depression. Religious Involvement emerged to be positively related with Positive Attitudes towards MLTP and negatively with Depression; Increasing Income indicated increasing Negative Attitudes towards MLTP. The higher Alcoholism Indexes revealed significant negative impact of Alcohol the evidence emerging in all nine problem areas pertaining to alcoholism. Finally, The Structured and Unstructured Interviews revealed that concerted effort from the individual, family, local non-governmental organizations, religious institution and the Government level remains wanting for Total Prohibition. The respondents remain highly in favour of changing MLTP Acts and Rules without repealing, reflected with the unawareness pertaining to the support and treatment of Alcoholics.

**Conclusion:** The older generation, the female youth and religious involvement favours Negative Attitudes towards MLTP. The population under study in general indicated Total Prohibition to be impracticable. The respondents clearly experienced and witnesses' problems related to Alcohol Abuse. The outcomes clearly revealed the impact of alcohol for the group showing higher indices on Alcoholism Indexes. Regardless of the knowledge of the impact, consumption of Alcohol emerged to be popular more than a decade after Prohibition. The change in the implementation of Prohibition deserves to consider the impact, awareness pertaining to diagnosis and treatment and orientation to responsible drinking behavior.

**Key words:** Alcoholism Indexes, Problem areas, Attitudes towards MLTP, Responsible Drinking Behaviour.

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## **CHAPTER I**

### **INTRODUCTION**

**1.1 Alcoholic Beverage:** An alcoholic beverage is a drink containing ethanol, commonly known as alcohol. Alcoholic beverages are divided into three general classes: beers, wines, and spirits. They are legally consumed in most countries, and over 100 countries have laws regulating their production, sale, and consumption (International Center for Alcohol Policies, 2009). In particular, such laws specify the minimum age at which a person may legally buy or drink them. This minimum age varies between 16 and 25 years, depending upon the country and the type of drink. Most nations set it at 18 years of age.

The production and consumption of alcohol occurs in most cultures of the world, from hunter-gatherer peoples to nation-states (Arnold, 2005). Alcoholic beverages are often an important part of social events in these cultures. In many cultures, drinking plays a significant role in social interaction mainly because of alcohol's neurological effects. Alcohol is a psychoactive drug that has a depressant effect. High blood alcohol content is usually considered to be legal drunkenness because it reduces attention and slows reaction speed. Alcohol can be addictive, and the state of addiction to alcohol is known as alcoholism.

**1.2 Alcohol Abuse:** As described in the DSM-IV (American Psychiatric Association, 2000), 'Abuse' is a psychiatric diagnosis describing the recurring use of alcoholic beverages despite negative consequences (National Institute on Alcohol Abuse and Alcoholism, 1995). Alcohol abuse is sometimes referred to by the less specific term alcoholism. However, many definitions of alcoholism exist, and only some are compatible with alcohol abuse. Binge drinking is another form of alcohol abuse. Frequent binge drinking or getting severely drunk more than twice is classed as alcohol misuse (Michaud, 2007).

Alcohol abuse is a pattern of drinking that resulted in harm to one's health, interpersonal relationships, or ability to work. Certain manifestations of alcohol abuse include failure to fulfill responsibilities at work, school or home; drinking in dangerous situations, such as while driving; legal problems associated with alcohol use; and

continued drinking despite problems that are caused or worsened by drinking. Alcohol abuse can lead to alcohol dependence (American Psychiatric Association, 2000).

Alcohol abuse has both short-term and long-term risks. If a person has driven while drunk or regularly binge drinks (more than 5 standard drinks in one drinking session), they are considered to have been involved in alcohol abuse. Short-term abuses of alcohol include, but are not limited to, violence, injuries, unprotected sexual activities and additionally social and financial problems (Michaud, 2007).

Peer pressure influences individuals to abuse alcohol; however most of the influence of peers is due to inaccurate perceptions of the risks of alcohol abuse (Moreira, Smith, Foxcroft, & Moreira, 2009). Preventing or reducing the harm has been called for via increased taxation of alcohol, stricter regulation of alcohol advertising and the provision of brief Interventions. Brief Interventions for alcohol abuse reduce the incidence of unsafe sex, sexual violence, unplanned pregnancy and, likely, STD transmission (Chersich, & Rees, 2010). Information and education on social norms and the harms associated with alcohol abuse delivered either via the internet or face to face have been found to result in a decrease in harmful drinking behaviours in young people. Alcohol abuse is said to be most common in people aged between 15 and 24 years (Moreira, et. al., 2009).

Alcohol abuse is associated with many accidents, fights, driving offenses and unprotected sex. Alcohol is responsible in the world for 1.8 million deaths and results in disability in approximately 58.3 million people. Approximately 40 percent of the 58.3 million people disabled through alcohol abuse are disabled due to alcohol related neuropsychiatric disorders (Moreira, et. al., 2009).

**1.3 Prohibition:** Prohibition of alcohol, often referred to simply as prohibition, is the practice of prohibiting the manufacture, transportation, import, export, sale, and consumption of alcohol and alcoholic beverages. The earliest record of prohibition of alcohol dates back to the Xia Dynasty (ca. 2070 BC–ca. 1600 BC) in China. Yu the Great, the first ruler of the Xia Dynasty, prohibited alcohol throughout the kingdom. It was legalized again after his death, during the reign of his son Qi (<http://en.m.wikipedia.org/wiki/Prohibition>. Accessed: 12/11/2011 22:10).

Prohibition legislation is more or less consistent in its mandate across states and over time. There are three main types of prohibition policy:

- Complete prohibition of production and consumption;
- Partial prohibition where one or more type of liquor (usually arrack) is prohibited; and
- Dry days where consumption is prohibited for certain days of the week or month.

Prohibitions reduce demand by creating legal penalties for possession and by increasing uncertainty about product quality. Prohibitions also reduce demand if consumers exhibit "respect for the law. Prohibitions potentially increase violent and non-violent crime. Participants in an illegal trade cannot use the legal and judicial system to resolve disputes, so they seek other methods such as violence. Two other effects of prohibitions are the effects on overdoses and accidental poisonings. Because suppliers in a prohibited market must hide their activities from the authorities, in the most concentrated and hence most easily concealed form. This implies that prohibitions help make the potent forms of a good more readily available or even help create more potent forms of a prohibited substance. By itself this effect does not necessarily change the manner in which consumption takes place; consumers can potentially redilute the commodity in question to achieve their desired degree of potency. But in practice such redilution is imperfect, suggesting increased overdoses under prohibitions (Jeffrey, 2001).

**1.4 Alcohol and Mizo Society:** The emergence of alcohol amongst the Mizo remains enshrined in mystery. Prior to the cultivation of paddy it was believed alcoholic beverages are prepared from other cereals. Societal festivities mainly were accompanied by alcohol. Thus, alcoholic beverage occupies a major role in the early Mizo society (Lalthangliana, 1998). The male youth drink alcohol only on special occasion and festivals, whereas, female youth rarely drink and even when forced by males on special occasion and festivals they would only take a sip (Dokhuma, 1992).

Every household keeps alcohol to be offered to visitors like tea is used today. The intensity of use varies between different families. Alcohol is used on social occasions like -festivals, celebrations of success in hunting, marriage and condolence meeting



(Sangkhuma, 1995). The present Mizo generation can greatly learn from the history of the use of alcohol in the early Mizo society. The youth drink only on special occasion and to get drunk was considered highly shameful. Social leaders usually reprimanded youth found to be drunken. The use of alcohol was reserved to the elderly and alcohol related problems are found to be of rare occurrence (Lalthangliana, 1998).

J. Needham, Sub-Divisional Officer of Lungleh, Lushai Hills, Assam had written in his letter to the Superintendent, Lushai Hills, Aijal on May 31, 1915, stating that, “... *Among them it is generally brewed for home consumption, though a small amount is sold amongst villagers in the same village.*” He furthermore cited that, “*Amongst the Lakhers and Pois it appears to be a general practice to distill liquor, whenever rice is available in sufficient quantities. This also is brewed as a general rule for home consumption.*”

J. Hezlett, the Superintendent of Lushai Hills in his letter to the Commissioner of Excise, Shillong on June 26, 1915 wrote down that, “*I think then we may include that distillation is very uncommon among the hill population. **Zu** or rice beer which is a very mild intoxicant is the national drink of the Lushais, and there is little demand for **Rakzu** or distilled liquor among them. I have little doubt that the men whom Mr. Savidge found intoxicated were drunk from **zu** and not from **rakzu**.... **Rakzu** is a fiery and dangerous spirit and one of the reasons why I have always been convinced that its consumption is not common among Lushais is almost entire absence of crimes of violence. Did Lushais get drunk on **Rakzu** there would certainly be more heads broken, and more cases in Court. Since I joined the district over 2<sup>1</sup>/<sub>2</sub> years ago, there has been only one such crime.*”

The letters quoted above can lead to the conclusion that, the Mizo as a society use alcoholic beverages in the local meetings, social and religious ceremonies. To commemorate the capable and the brave, pay hospitality to the guests and even 'Sawn man' was accompanied by alcoholic beverage. Though the use of alcoholic beverage was common in the families prior to the advent of the Christian missionaries, alcohol was rarely taken in the form of food. While alcohol was used with purpose, the early Mizo in general are rarely responsible drinkers (Sangkhuma, 1995).

**1.5 Impact of Alcohol on Health:** Alcohol used in excessive quantities for a long-term is capable of damaging nearly every organ and system in the body (Caan, & Belleruche, 2002). The developing adolescent brain is particularly vulnerable to the toxic effects of



alcohol (Mellon, Simone, & Rappaport, 2007). There is a strong correlation between 'high levels' of alcohol consumption and an increased risk of developing alcoholism, cardiovascular disease, malabsorption, chronic pancreatitis, alcoholic liver disease, and cancer. Damage to the central nervous system and peripheral nervous system can also occur from chronic alcohol abuse (Müller, Koch, von Specht, Völker, & Münch, 1985; Testino, 2008).

Against the proven traditional methods such as exercise and proper nutrition alcohol should be regarded as a recreational drug with potentially serious adverse effects on health and it is not recommended for cardio-protection (Sellman, Connor, Robinson, & Jackson, 2009; Sinkiewicz, & Weglarz, 2009). Experts argue that the benefits of moderate alcohol consumption may be outweighed by other increased risks, including those of injuries, violence, fetal damage, certain forms of cancer, liver disease and hypertension (Andréasson, & Allebeck, 2005).

Excessive alcohol intake is associated with impaired prospective memory. The higher the volume of alcohol consumed and the longer consumed, the more severe the impairments (Heffernan, 2008). Alcohol related brain damage is due not only to the direct toxic effects of alcohol; alcohol withdrawal, nutritional deficiency, electrolyte disturbances, and liver damage are also believed to contribute to alcohol related brain damage (Neiman, 1998).

## CHAPTER II

### LITERATURE REVIEW

**2.1 Alcohol Prohibition in Mizoram:** The prohibition of Zu among Mizo society was considered an influence from the missionaries. However, Zairema states that it was not the missionaries who prohibited Zu drinking, rather it were the early Mizo Christians who were responsible for its prohibition. But the missionaries did influenced Mizo Christian leaders to build up a negative attitude towards Zu, which Mizo Christians took up to the extreme by prohibiting drinking. The missionary's influence was so strong that the Mizo Christians observed their own cultures more than the missionaries' themselves (Lalrinawma, 2005).

When a new social set up in the form of British rule and Christianity entered the Mizo society in the last decade of the nineteenth century, slowly Zu became rejected by the larger society and specifically by Mizo Christians. The idea of drinking in moderation was impractical as it was dangerous in a community, which has been so accustomed to uninhabited drinking. D.E. Jones and Edwin Rowlands prohibited Zu within the Mission Veng and around it. The missionaries took steps for social reformation of the Mizo society. One such step was their activity of condemnation of the practice of Zu having as a common drink. Due to the teachings of the missionaries Zu was rejected and not accepted by the church. People anonymously followed the teachings of the Bible (Lalrinawma, 2005).

In contrast, the early Mizo are reported to be humble and they led a simple life. They are careful and responsible in the use of alcoholic beverages with the main tender with minimal drinks. John Shakespear, was quoted to state that, "Mizote hian zu in an thiam em em a ni," indicating the manner in which the early Mizo society led their life and their use of alcoholic beverages (Lalthangliana, 1998).

Young Mizo Association (YMA) had been one of the most active social organizations in fighting against Zu. In 1950 it issued a message to the general public in which it described Zu as the source of all evils. It was through the request of the YMA that K.G. Iyer, Deputy Commissioner of the Mizo District issued prohibition order in 1954. After the 1970's the underground forces as well as the general public joined hands

with the churches and imposed a policy of prohibition and executed it with strong disciplinary actions, but this policy was not successful (Lalrinawma, 2005).

During the period from 1973 to 1976 temporary permits for selling foreign wine were issued to 26 persons. In 1976 the Presbyterian Church Synod resolved to submit an application to the Government of Mizoram requesting that 'Zu' be prohibited. The churches in Mizoram prohibited the traditional 'Zu' in 1984. Though attempts to drive away Zu from Mizoram were made from different angles, the number of drinkers increased. This increase finally brought the Government to experiment with a new policy on Zu in 1984. In 1995, the State legislature passed the Mizoram Liquor Total Prohibition Act. This Act was applied from 20th February, 1997 (Lalrinawma, 2005).

**2.2 Global scenario of Alcohol Prohibition:** All the States in India observe partial prohibition. National holidays such as Independence Day and *Gandhi Jayanti* are meant to be *dry days* nationally. However, in some states of India alcoholic drinks are banned, for example the states of Gujarat and Mizoram. Andhra Pradesh had imposed Prohibition under the Chief Ministership of N. T. Rama Rao but this was thereafter lifted. Prohibition was also observed from 1996 to 1998 in Haryana.

In Australia, prohibition was shepherded to address unruly behaviour in 1910. The temperance movement drove suburban councils to hold polls for the creation of a dry area. And the first consignment of liquor for Canberra, the Australian national capital, following the repeal of prohibition laws in 1928. In New Zealand, the Protestant evangelical and Nonconformist churches and the Woman's Christian Temperance Union started movement for national prohibition in the 1880s. It was a middle-class movement which accepted the existing economic and social order and the movement kept trying till the 1920s leading to partial prohibition. Capitalism becomes more of a major issue with depression and war effectively ending the movement (Greg, 2010; Richard, 1975).

The anti-alcohol, or temperance, movement was created in the early nineteenth century in the United States by physicians, ministers, and large employers concerned about the drunkenness of workers and servants. By the mid- 1830s temperance had become a mass movement of the middle class. Temperance was not, as is sometimes thought, the campaign of rural backwaters; rather, temperance was on the cutting edge of social reform (Levine, & Reinerman, 1991). The temperance campaign was devoted to

convincing people that alcoholic drink in any form was evil, dangerous, and destructive. Through-out the nineteenth century, temperance supporters insisted that alcohol slowly but inevitably destroyed the moral character and the physical and mental health of all who drank it. Moderate consumption of alcohol, they maintained, naturally led to compulsive use-to addiction (Levine, & Reinerman, 1991).

Zapatista Communities in Mexico ban alcohol as part of a collective decision to decrease domestic violence and has generally been favored by women. However, this is not recognized by federal Mexican law. All the Nordic countries (with the exception of Denmark) continue to strictly control the sale of alcohol since the early 1800s. In Russia, low level of a Dry Law was introduced in 1914 (Vvedensky, 1915) that ended in 1925. In UK, the Inland Revenue Act of 1880 in the United Kingdom, required home-brewers to obtain a licence at a price of 5 shillings (Muttuqun OnLine, 2010). And the residents of Bournville won a court battle in March 2007 to prevent it selling alcohol in its local outlet (Hansard 1803–2005, 2009).

Amongst the neighbouring countries of India, in Pakistan only members of non-Muslim minorities are allowed to apply for permits for alcohol since 1977. Members of religious minorities often sell their liquor permits to Muslims and a black market trade in alcohol continues (theage.com.au, 2003). In Bangladesh, foreign passport holders of non-Muslim nations can drink and purchase imported alcohol. Illegal homemade liquor is widely consumed in rural areas. Finally, the Maldives ban the import of alcohol and alcoholic beverages are available only to foreign tourists on resort islands and may not be taken off the resort. In other Asian countries, the Muslim countries introduced permits only to non-Muslim members.

It was maintained that, the Local or even State prohibition could not deprive people entirely of alcohol, when they could import it from the neighbouring 'wet' areas. The implication was obvious, and, intoxicated with nothing stronger than its own success (Mennell, 1969). It was stated that, "Prohibitionism was not, as is sometimes implied, a public health campaign to reduce mortality from cirrhosis of the liver or alcoholic admissions to state hospitals. As Joseph Gusfield (1968) has pointed out, prohibitionists were utopian moralists; they believed that eliminating the legal manufacture and sale of alcoholic drink would solve the major social and economic problems of American

society" (Mennell, 1969) that should highly be considered for the project population, the Mizo.

**2.3 Psychological Impact of Alcohol Abuse:** The educational needs of professional service providers regarding the unique aspects of alcoholism and alcohol abuse in the older population are clearly highlighted (Constance, Nancy, & Iris, 2000). Relative ethanol insensitivity is found to be high during adolescence including ethanol-induced motor impairment (Silveri, & Spear, 2001), suppression of locomotion (Little et al, 1996), social impairment and anxiolysis (Varlinskaya, & Spear, 2002), analgesia (Hernandez & Spear, 2003), sedation (Silveri & Spear, 1998) and lethality (Hollstedt & Rydberg, 1977).

The adolescent years are characterized by an increased willingness to engage in behaviors considered by society to be risky, harmful, or even antisocial (Elliott et al., 1985; Moffitt, 1993; Johnston et al., 2002). For the majority of individuals, the likelihood of engaging in many forms of misbehavior, including alcohol and other drug use, reaches its lifetime peak roughly during the decade following the start of high school. The high prevalence of alcohol use suggests that it is a normative behavior which is not necessarily ideal. Fortunately, however, for the majority of individuals, heavy alcohol use tends to subside with the acquisition of adult roles, particularly the roles of spouse, parent, and being worker (Bachman et al., 1997; Gotham et al., 2003). Family conflict in the context of parental socialization of antisocial behavior with parental alcoholism and co-occurring is linked to child externalizing behavior problems and parent depression (Alexandra, Hiram, Robert, & Alexander, 2001).

Friends with benefits relationships (FWB) are a blend of friendship and physical intimacy outside of a committed romantic relationship. A study reported that FWB relationships were associated with more positive emotional reactions than negative ones although this difference was larger for men. Greater alcohol use was related to engaging in a FWB relationship and this relationship was stronger for women. Further, thoughtfulness about relationship decisions moderated the relationship between alcohol use and engaging in FWB relationships was stronger for women than men. Young adults with more psychological distress and who felt constrained in the FWB relationship were more likely to report negative emotional reactions (Jesse, & Frank, 2011).

Men and women differ in their use of alcohol, in their rates of chronic illnesses and psychological symptoms, and in the social support they receive. Men with fewer role limits due to physical health drank more, while women with better psychological well-being drank less. Poor psychological well-being may be a modifiable risk factor for increased alcohol use among women; practitioners should be alert for greater consumption among men with few functional limitations and good health (Carla, Donald, & Michael, 2001).

Alcoholism is associated with dampened activation in brain networks responsible for emotional processing such as the amygdala and hippocampus (Marinkovic, Oscar-Berman, Urban, O'Reilly, Howard, Sawyer, & Harris, 2009). High rates of major depressive disorder occur in heavy drinkers and those who abuse alcohol. Whether it is more true that major depressive disorder causes self-medicating alcohol abuse, or the increased incidence of the disorder in alcohol abusers is caused by the drinking, is not known though some evidence suggests drinking causes the disorder (Fergusson, Boden, & Horwood, 2009).

Studies revealed that alcohol dependence relates directly to cravings and irritability (Jasova, Bob, & Fedor-Freybergh, 2007). Findings also revealed that alcohol use is a significant predisposing factor towards antisocial behavior in children (Young, Sweeting, & West, 2008). Alcohol initially helps social phobia or panic symptoms, with longer term alcohol misuse can often worsen social phobia symptoms and can cause panic disorder to develop or worsen (Terra, Figueira, & Barros, (2004). Large number of patients attending mental health services for anxiety disorders such as panic disorder or social phobia is the result of alcohol (Cohen, 1995).

**2.4 Study Justification:** Many studies internationally have shown the rise and fall of alcohol prohibition among various religions and cultures. The prevalence of alcohol and its related problems show decline immediately following prohibition, which tends to approximate the pre-prohibition level after decades.

Although consumption of alcohol fell at the beginning of Prohibition, it subsequently increased. Alcohol became more dangerous to consume; crime increased and became "organized"; the court and prison systems were stretched to the breaking point; and corruption of public officials was rampant. No measurable gains were made in

productivity or reduced absenteeism. Prohibition removed a significant source of tax revenue and greatly increased government spending. It led many drinkers to switch to opium, marijuana, patent medicines, cocaine, and other dangerous substances that they would have been unlikely to encounter in the absence of Prohibition. Those results are documented from a variety of sources, most of which, ironically, are the work of supporters of Prohibition--most economists and social scientists supported it. Their findings make the case against Prohibition that much stronger (Mark, 1991).

The presenting situation of MLTP witnesses the same pictures as relevant around globally. The attitudes towards MLTP deserve closer study whereas the impact that alcohol exerted on individual, family, society and the state cannot be unaccounted.

**2.5 Study Objectives:** The main study objective was to determine the impact of alcohol on the Mizo and the differing level of attitudes towards MLTP in the districts of Mizoram where the MLTP Act, 1995 and its amended Acts and MLTP Rules, 1996.

The specific study objectives are:

2.5.1 To ascertain variation due to demographic variables (Age, Gender, District, Availability, Income, Religious Involvement, Societal Involvement, and Alcoholism) on Attitudes towards MLTP, Depression, Anxiety Stress, Hopelessness.

2.5.2 To determine the impact of Alcohol based on the Alcoholic Indexes and the problems experienced by the Abusers and Alcoholics.

2.5.3 To review the attitudes of the population where the MLTP Act, 1995 and its amended Acts and MLTP Rules, 1996 are enforced.

### CHAPTER III

### METHODOLOGY

**3.1 Study Area:** The districts of Mizoram where the MLTP Act, 1995 and its amended Acts and MLTP Rules, 1996 are enforced is the main population of the study. The study was conducted in three pronged manner. Firstly, the Attitudes towards MLTP and Alcoholism Index developed for the study along with Depression, Anxiety and Stress Survey (DASS; Lovibond & Lovibond 1995) and Beck Hopelessness Scale (BHS; Beck et al. 1974) are completed by the randomly selected population. Secondly, structured interview was conducted to individuals selected based upon the sampling frame, Religious Involvement, Societal Involvement, reported alcoholism and members with alcoholic in the family. Finally, unstructured interview was conducted to volunteers mentioning their interest towards the study.

**3.2 Sample Selection:** Following the Fish Bowl technique of random selection, Aizawl and Mamit district are firstly identified. The next phase of stratified random sampling employ random number generator to identify 29 localities and villages (Aizawl Venglai, Bawngkawn Chhim Veng, Chaltlang, Dawrpui Vengthar, Electric Veng, Govt. Complex, Khatla, Lawipu, Muanna Veng, Nursery Veng, Aibawk, Darlawn, Lamherh, North Lungpher, Phullen, Sawleng, Thiak, Vaitin, Melthum, South Hlimen, Melriat, Mamit Venghlun, Mamit Chhim Veng, Khawrihnim, Lengte, Lungphun, New West Phaileng, Ailawng, Tuidam). Finally, all the localities and villages are divided into two axes and following table of random numbers generated every household along the axes are individually approached and consent obtained to serve as participants for the study following the following sample frame:

Gender = Male and Female

Age Group = 14-29, 30-49, and 50 above

The researchers also identified the localities and villages where Alcohol is not easily available and where it is easily available.



**3.3 Study Periods:** The collection, development and refinement of measurement tools begin following recruitment of prospective Research Assistants on the 4<sup>th</sup> September, 2011. Printing of measurement tools and data collection started in October, 2011. Data entry follows data collection, and data analyses commenced on the 5th December, 2011. Final write up and submission was scheduled in the first week of January, 2012.

### **3.4 Measurement tools:**

3.4.1 Consent based written responses from random sample incorporates:

- a) Demographic profiles (Age, Gender, Locality/Village, Educational Qualification, Bread earner(s) in the family, Monthly income, Number of family members, Religious Involvement, Societal Involvement and Number of Siblings). Please refer Appendix-I.
- b) The Attitude towards MLTP Scale developed for the study initially involves 60 items generated based on focus group discussion and relevant literature. Based on Differential Item Function, Item-total coefficients of correlation and the Reliability Indexes of the Individual Items and Scales the final scale include Positive Attitudes towards MLTP (11 items) and Negative Attitudes towards MLTP (11 items). Cronbach's Alphas for Positive Attitudes towards MLTP and Negative Attitudes towards MLTP are .74 and .75 respectively. Please refer Appendix-II.
- c) Alcoholism Index for individuals developed for the purpose of the study include 25 items to cover alcohol withdrawal symptoms, impaired control over drinking, awareness of a compulsion to drink, increased tolerance to alcohol, and salience of drink-seeking behavior that shows Cronbach's alphas of .93. Depending upon the severity of alcohol dependence symptoms participants are classified into: 'Never' - participant who reported to have never tested alcohol; 'A sip' - participants with Alcoholism Index below Mean-1; 'Abusers' - participants with Alcoholism Index between Mean $\pm$ 1; and 'Alcoholic' - participants with Alcoholism Index above Mean+1. Please refer Appendix-III.

- d) The perceived Alcoholism Index for Family members developed for the study include 25 items to cover alcohol withdrawal symptoms, impaired control over drinking, awareness of a compulsion to drink, increased tolerance to alcohol, and salience of drink-seeking behavior that shows Cronbach's alphas of .90. Please refer Appendix-VI.
- d) Depression, Anxiety and Stress Survey (DASS; Lovibond & Lovibond 1995) consists of 42 statements that measure symptoms of depression, anxiety and stress experienced in the past week (14 statements per scale) that shows Cronbach's alphas of .90, .83 and .87 respectively. Please refer Appendix-V.
- e) Beck Hopelessness Scale (BHS; Beck et al. 1974) comprises 20 true-false items that reflect the general hopelessness construct. In the current study, Cronbach's alpha for the scale was .72, indicating acceptable reliability for the measure. Please refer Appendix-VI.

3.4.2 Purposive selection based Structured Interview incorporates:

- a) Demographic profiles (Age, Gender, Locality/Village, Educational Qualification, Bread earner(s) in the family, Monthly income, Number of family members, Religious Involvement, Societal Involvement and Number of Siblings). Please refer Appendix-I.
- b) Attitude towards MLTP that encompasses: general perception of alcohol; successes and failures of MLTP; role of the individual, family, locality, religious institutions, societal institutions, government and non-governmental institutions. Please refer Appendix-VII.
- c) Alcoholism Index and the problems experienced thereof in the area of Medical, Financial, Abuse of alcohol and related drugs, Legal, Family, Psychological, Relational, Absenteeism from duty, and Resistance to alcohol. Please refer Appendix-VIII.

3.4.3 Voluntary Unstructured Interview involves the tape recorded interview data from individuals within the sampling frame.

**3.5 Data Entry and Screening:** The responses from the three pronged measures are coded and entered after screening for missing responses, outliers and inconsistency. Then

the processed data are screened with computer based software's for missing responses, outliers and inconsistency.

3.5.1 Consent based written responses from random sample are again subjected to assumption tests. Failing to fulfill the assumptions of Normality: Depression, Anxiety Stress, and Hopelessness are suitably transformed to ascertain normality as follows:

Depression -  $\text{Log}(X_i+5) - Z\text{-Scores}$

Anxiety -  $\text{Log}(X_i+1) - Z\text{-Scores}$

Stress -  $\sqrt{X_i+1} - Z\text{-Scores}$

Hopelessness -  $\text{Log}(X_i+1) - Z\text{-Scores}$

Finally, all the scale/sub-scale measures of Positive Attitude towards MLTP, Negative Attitude towards MLTP, Depression, Anxiety, Stress, and Hopelessness are converted into Z-Scores to ascertain comparability.

3.5.2 Purposive selection based Structured Interview scores are coded for non-parametric statistical analyses.

3.5.3 Voluntary Unstructured Interview data are coded for content analyses.

**3.6 General Description of Sample:** The final sample for analyses are described as detailed below:

3.6.1 Consent based written responses from random sample: The total sample screened, coded and transformed comprised of 470 Mizo (267 males and 203 females) between 14 to 87 years of age are presented in Table-1 and Figures-1 to 3.

Table-1: Sample characteristic table of the randomly selected participants.

	14-29 years	30-49 years	50-87 years	Total
Male	115	98	54	267
Female	107	63	33	203
Total	222	161	87	470

The distribution of the total sample based on 'district x availability', educational qualification, income, religious involvement and societal involvement are presented in Figures 4-8. In view of the very little representation for the post-graduate (less than 5%), Educational Qualification was not included in further analyses.

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Figure-1: Age-group wise distribution of randomly selected participants.

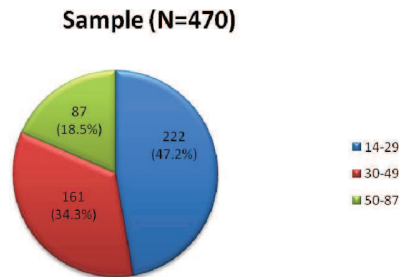


Figure-2: Age-group wise distribution of randomly selected male participants.

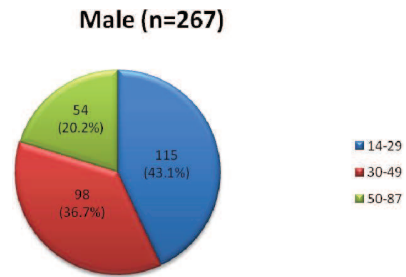


Figure-3: Age-group wise distribution of randomly selected female participants.

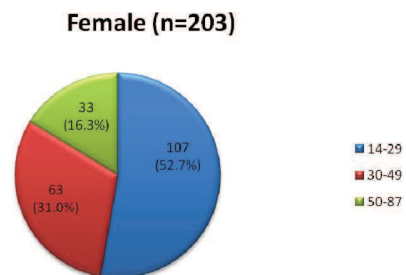


Figure-4: 'District x availability' wise distribution of randomly selected participants.

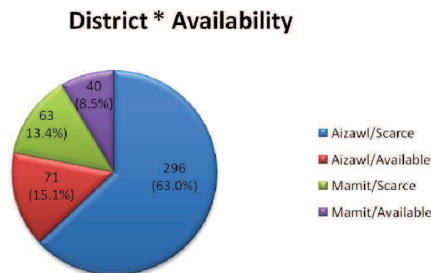


Figure-5: Distribution of randomly selected participants based on Educational Qualification.

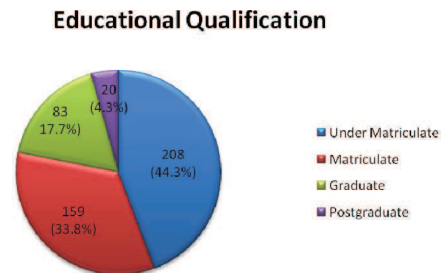


Figure-6: Distribution of randomly selected participants based on Income.

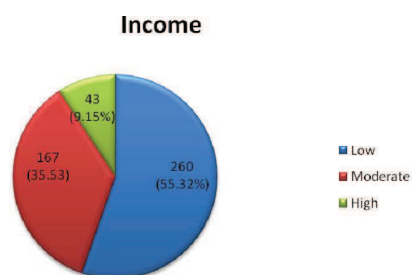


Figure-7: Distribution of randomly selected participants based on Religious Involvement.

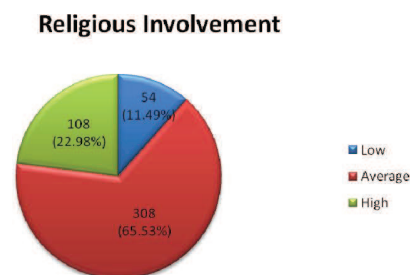
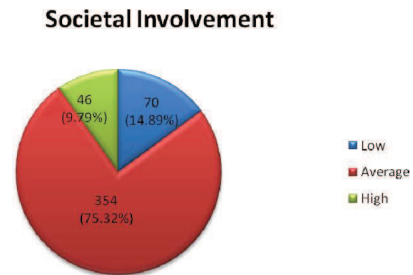


Figure-8: Distribution of randomly selected participants based on Societal Involvement.



3.6.2 Purposive selection based Structured Interview sample characteristic table comprised of 141 participants based on 'gender x age-group' (Table-2) is presented below:

Table-2: Sample characteristic table of the purposively selected participants.

	Male	Female	Total
14-29 years	7	6	13
30-49 years	64	8	72
50-75 years	47	9	56
Total	118	23	141

The sample is comprised of 29 participants from Aizawl from area where alcohol is available and 85 from where it is scarce, as well as 7 participants from Mamit from area where alcohol is available and 20 from where it is scarce. Among the participants 56 are under-matriculate, 44 are matriculate, 21 are graduate and 20 are post-graduate. 12 participants belongs to very-low income group, 30 to low income group, 40 to average income group, 53 to high income group and 6 to very-high income group.

In terms of religious involvement 51.8% reported high involvement, 29.8% reported moderate involvement and 18.4% reported low involvement. In similar manner, towards societal involvement: 58.9% reported high, 26.2% reported moderate and 14.9% reported low involvement in the society. In contrast, 24.8% are alcoholic as indicated by the Alcoholism Index and 36.2% according to the Alcoholism Index reported having alcoholic member in the family.

3.6.3 Voluntary Unstructured Interview comprised of 72 recordings form 53 males and 19 females within the sampling frame.

### **3.7 Reliability and Validity:**

#### **3.7.1 Consent based written responses:**

The Item-total coefficients of correlation for the differential item function analyzed items emerged above the conventional criterion of .10 for all the measurement scale/sub-scale items. The lowest individual Cronbach's alpha emerging to be healthy at .72 for measurement scale/sub-scales warranted reliability of the measurement tools.

The estimation of validity index of the measurement tools based on square root of Cronbach's alphas indicated validity index not less than .85 for all the measurement tools. The developmental processes and estimation of validity index of the measurement tools warranted trustworthiness.

3.7.2/3 Purposive selection based Structured Interviews and Voluntary Unstructured Interviews were conducted by the researchers recording each individual response. Reliability and validity can be ascertained with the knowledge that responses with specific schema and under altered conditions are not included.

### **3.8 Statistical Analyses:**

3.8.1 Consent based written responses for random samples: Non-Parametric, Descriptive, Univariate, Bivariate and Multivariate statistics were employed ascertaining assumptions wherein required.

3.8.2 Purposive selection based Structured Interview: Non-Parametric statistics was employed.

3.8.3 Voluntary Unstructured Interview: The conventional method of content analysis was employed.

## CHAPTER IV

### RESULTS

**4.1 Random Sample Data:** Firstly, descriptive statistics and bivariate correlation coefficients were employed to describe the general nature of the data processed for analyses. Secondly, non-parametric cross tabulation with Chi-square test of significance was employed to highlight the nature of differences on Alcoholism Index for demographic variables. Thirdly, Pair-wise comparison was employed to illustrate Attitudes towards MLTP and Univariate ANOVA was employed to highlight variation due to Age-group, Gender, Individual Alcoholism Index and Alcoholism Index for Family member on the dependent measures of Positive Attitudes towards MLTP, Negative Attitudes towards MLTP, Depression, Anxiety, Stress and Hopelessness as Univariate Analyses. Fourthly, Bivariate ANOVA and ANCOVA with other demographic variables as the covariate on the dependent measures were employed to elucidate the role of the Age-group and Gender. Finally, Multiple regression analysis was employed to show the predictability of the dependent measures and discriminant function analysis was employed to reversely classify participants along Individual Alcoholism Index and Alcoholism Index for Family member from the dependent measures.

**4.1.1 Preliminary Analyses:** The descriptive statistics for the scale/sub-scale measures of the tools employed are highlighted in Table-3. The means and standard deviations are the outcomes of the raw scores and the transformed and standardized scores statistics for Skewness and Kurtosis indicated non-violation of normality assumption. The bivariate correlation coefficients for the demographic profiles and dependent measures are presented in Table-4. Results (Table-4) revealed that: Higher Age-group indicated higher Religious Involvement and Positive Attitude towards MLTP as well as lower Depression, Stress and Alcoholism Index for Family member; Being female indicated higher Stress low Societal Involvement, Individual Alcoholism Index and Negative Attitudes towards MLTP; Alcohol to be more easily Available in Aizawl compared to Mamit district; High Religious and Societal Involvement indicated lower Depression; High Individual Alcoholism Index indicated higher Alcoholism Index for Family member, Negative Attitudes towards MLTP, Depression and Anxiety; Higher Alcoholism Index for Family

member indicated higher Depression, Anxiety and Stress; Positive Attitudes towards MLTP indicating Negative Attitudes towards MLTP show higher Hopelessness, whereas, the reverse was observed for Negative Attitudes towards MLTP on Depression and Anxiety; and Depression, Anxiety, Stress and Hopelessness shows positive correlations in all possible combinations.

Table-3: Descriptive statistics for the scale/sub-scale measures for randomly selected sample.

	Mean	SD	Skewness (Error=.113)	Kurtosis (Error=.225)
Positive towards MLTP	31.734	6.847	-0.318	0.295
Negative towards MLTP	33.285	6.584	-0.192	-0.084
Depression	7.043	6.787	0.338	-0.675
Anxiety	6.457	5.401	-0.254	-0.472
Stress	10.081	6.763	0.154	-0.309
Hopelessness	3.996	2.934	-0.230	-0.085
Alcoholism Index	3.996	2.934	-0.230	-0.085
Alcoholism Index for Family member	3.996	2.934	-0.230	-0.085

Table-4: Bivariate correlation coefficients between the demographic profiles and dependent measures.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Age Group – 1	-														
Gender – 2	-.09	-													
District – 3	.04	-.06	-												
Availability – 4	.03	-.08	.19**	-											
Income – 5	.02	.01	.04	.05	-										
R I – 6	.14**	-.02	.07	-.02	-.06	-									
S I – 7	.06	-.14**	.05	.01	-.05	.35**	-								
IAI – 8	-.03	-.30**	-.05	.07	.00	-.05	.07	-							
AIFM – 9	-.11*	.08	-.04	.05	-.04	-.08	.01	.25**	-						
+ve to MLTP – 10	.16**	.08	.04	-.08	-.07	.16**	.03	-.01	-.05	-					
-ve to MLTP – 11	-.01	-.12**	-.08	.07	.11*	-.08	-.01	.10*	-.03	-.35**	-				
Depression – 12	-.18**	.05	.01	.00	-.02	-.13**	-.09*	.15**	.19**	.00	.10*	-			
Anxiety – 13	-.06	.06	.03	.02	-.05	-.01	-.01	.16**	.19**	-.03	.12**	.74**	-		
Stress – 14	-.11*	.17**	-.01	.03	-.02	-.04	-.06	.08	.16**	-.01	.08	.76**	.72**	-	
Hopelessness – 15	.07	.04	.04	-.06	-.10	-.05	-.05	.07	.03	.10**	.04	.27**	.18**	.15**	-

\*\* significant at 0.01 level      \* significant at 0.05 level

[Note: RI=Religious Involvement; SI=Societal Involvement; IAI=Alcoholism Index for Individual; AIFM=Alcoholism Index for Family members; +ve= Positive Attitude; -ve= Negative Attitude]

**4.1.2 Non-Parametric Analyses:** Cross tabulation employing Chi-square was employed to highlight the distribution along the Alcoholism Index for Gender, Age-group, Income, Religious and Societal Involvement.



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The cross tabulation with Chi-square test of significant differences for Gender on Individual Alcoholism Index (Table-5 & Figure-9) revealed that males are more inclined to alcoholism and females to absenteeism.

Table-5: The % outcomes Cross tabulation for Gender variation along Alcoholism Index.

	Never	A Sip	Abuser	Alcoholic
Male	.21	.15	.48	.16
Female	.57	.17	.22	.04

Figure-9: Histogram highlighting significant ( $X^2=75.676^{**}$ ) Gender variation along Alcoholism Index.

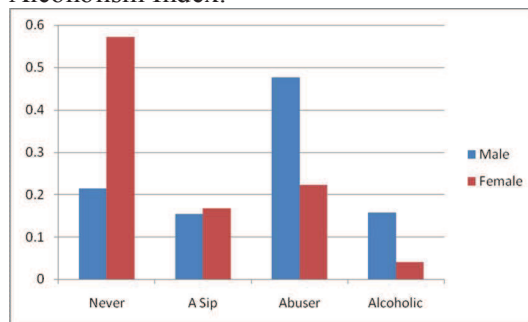
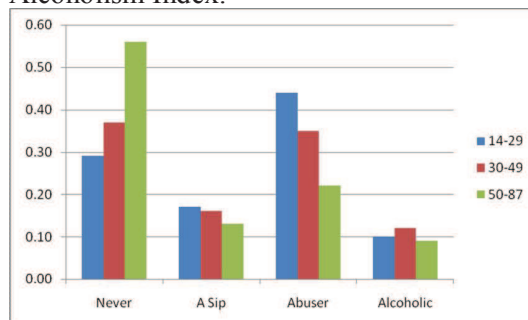


Table-6: The % outcomes Cross tabulation for Age-group variation along Alcoholism Index.

	Never	A Sip	Abuser	Alcoholic
14-29 years	.29	.17	.44	.10
30-49 years	.37	.16	.35	.12
50-87 years	.56	.13	.22	.09

Figure-10: Histogram highlighting significant ( $X^2=22.408^{**}$ ) Age-group variation along Alcoholism Index.



The cross tabulation with Chi-square test of significant differences on Age-group on Individual Alcoholism Index (Table-6 & Figure-10) revealed that equality of absenteeism for all Age-group, whereas, higher indexes of Alcoholism emerged to be

more pronounced for the Youths. In contrast, the generated Income based on gross monthly income and number of family members revealed no differences on Individual Alcoholism Index (Table-7 & Figure-11).

Table-7: The % outcomes Cross tabulation for Income variation along Alcoholism Index.

	Never	A Sip	Abuser	Alcoholic
Low	.38	.17	.35	.11
Moderate	.37	.13	.38	.11
High	.30	.23	.42	.05

Figure-11: Histogram highlighting non-significant ( $X^2=5.206$ ) Income variation along Alcoholism Index.

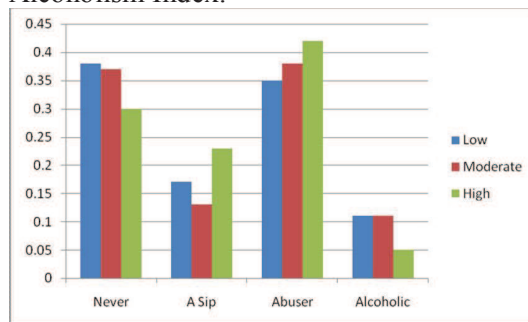
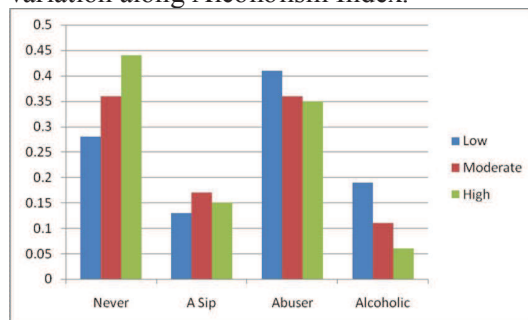


Table-8: The % outcomes Cross tabulation for Religious Involvement variation along Alcoholism Index.

	Never	A Sip	Abuser	Alcoholic
Low	.28	.13	.41	.19
Moderate	.36	.17	.36	.11
High	.44	.15	.35	.06

Figure-12: Histogram highlighting non-significant ( $X^2=8.349$ ) Religious Involvement variation along Alcoholism Index.



There emerged no significant differences on Individual Alcoholism Index based Religious Involvement (Table-8 & Figure-11) as well as Societal Involvement (Table-9 & Figure-12) as indicated by the cross tabulation with the Chi-square Test of differences.

Table-9: The % outcomes Cross tabulation for Societal Involvement variation along Alcoholism Index.

	Never	A Sip	Abuser	Alcoholic
Low	.47	.11	.34	.07
Moderate	.34	.18	.36	.12
High	.43	.07	.43	.07

Figure-13: Histogram highlighting non-significant ( $X^2=10.619$ ) Societal Involvement variation along Alcoholism Index.

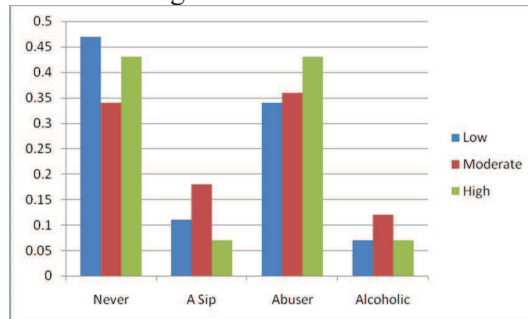


Table-10: The percentage distribution of participants on Alcoholism Index along Gender and Age-Group.

	Male/ Youth	Female/ Youth	Male/ Adult	Female/ Adult	Male/ Aged	Female/ Aged
Never	11	28	13	21	15	13
A Sip	35	26	23	09	08	00
Abuser	45	15	29	02	09	00
Alcoholic	40	08	42	03	07	00

**4.1.2 Univariate Analyses:** Pair-wise comparison was employed to illustrate Attitudes towards MLTP and Univariate ANOVA was employed to highlight variation due to Age-group, Gender, Individual Alcoholism Index and Alcoholism Index for Family member on the dependent measures of Positive Attitudes towards MLTP, Negative Attitudes towards MLTP, Depression, Anxiety, Stress and Hopelessness as Univariate Analyses. The pair-wise Comparison analysis (Table-11 & Figure-14) revealed higher mean score on Negative Attitudes towards MLTP as compared to Positive Attitudes towards MLTP for the randomly selected sample for the study.

Table-11: The pair-wise comparison (t-test) between the Positive and Negative Attitude towards MLTP.

	Mean	SD	Mean Difference	<i>t</i>	Sig.
Positive Attitudes towards MLTP	31.734	6.847	-1.551	-3.043	.002
Negative Attitudes towards MLTP	33.285	6.584			

Figure-14: Histogram highlighting differences between the Positive and Negative Attitude towards MLTP.

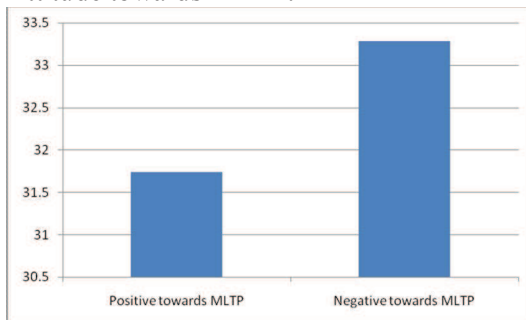
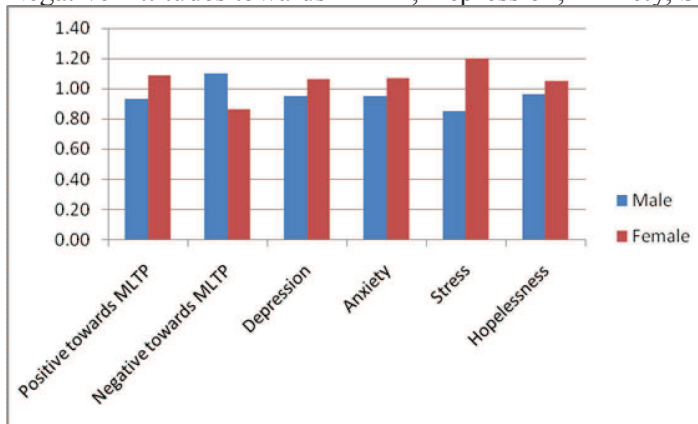


Table-12: Gender differences (t-test) with Levene's Test of Equality of Error Variances on Positive Attitudes towards MLTP, Negative Attitudes towards MLTP, Depression, Anxiety, Stress and Hopelessness.

Dependent Measures	Levene's Test		t-test for Equality of Means		
	F	Sig.	Difference	<i>t</i>	Sig.
Positive Attitudes towards MLTP	.453	.501	-.166	-1.786	.075
Negative Attitudes towards MLTP	.335	.563	.238	2.574	.010
Depression	.515	.473	-.105	-1.131	.259
Anxiety	.808	.369	-.116	-1.249	.212
Stress	.486	.486	-.348	-3.791	.000
Hopelessness	.837	.093	-.084	-.904	.367

Figure-15: Histogram depicting Gender differences on Positive Attitudes towards MLTP, Negative Attitudes towards MLTP, Depression, Anxiety, Stress and Hopelessness.



The non-significant instances on all the Levene's Test of Equality of Error Variances indicated interpretability of Gender based differences on Positive Attitudes towards MLTP, Negative Attitudes towards MLTP, Depression, Anxiety, Stress and Hopelessness (Table-12). Males indicated higher level on Negative Attitudes towards MLTP as compared to females, and the reverse was observed on Stress (Figure-15).

Table-13: Levene's Test of Equality of Error Variances for the effect of (K=6) 'Age-group x Gender' (AGxG) on Positive Attitudes towards MLTP, Negative Attitudes towards MLTP, Depression, Anxiety, Stress and Hopelessness.

Dependent Measures	F	df1	df2	Sig.
Positive Attitudes towards MLTP	1.65	5	464	.14
Negative Attitudes towards MLTP	0.54	5	464	.74
Depression	0.44	5	464	.82
Anxiety	1.70	5	464	.13
Stress	0.29	5	464	.92
Hopelessness	2.24	5	464	.05

Table-14: The outcome of K=6 One-way ANOVA for 'Age-group x Gender' (AGxG) on Positive Attitudes towards MLTP, Negative Attitudes towards MLTP, Depression, Anxiety, Stress and Hopelessness.

Dependent Variable	Source	Sum of Squares	df	Mean Square	F	Sig.	Eta Squared
Positive Attitudes towards MLTP	AGxG	21.05	5	4.21	4.36	.00	.04
	Error	447.95	464	0.97			
	Total	469.00	469				
Negative Attitudes towards MLTP	AGxG	10.68	5	2.14	2.16	.06	.02
	Error	458.32	464	0.99			
	Total	469.00	469				
Depression	AGxG	16.05	5	3.21	3.29	.01	.03
	Error	452.95	464	0.98			
	Total	469.00	469				
Anxiety	AGxG	4.13	5	0.83	0.82	.53	.01
	Error	464.87	464	1.00			
	Total	469.00	469				
Stress	AGxG	24.23	5	4.85	5.06	.00	.05
	Error	444.77	464	0.96			
	Total	469.00	469				
Hopelessness	AGxG	5.37	5	1.07	1.08	.37	.01
	Error	464.87	464	1.00			
	Total	469.00	469				

The participants are divided into 6 (six) groups based on 3 Age-group and 2 Gender. The variation based on K=6 Age-group and Gender was subjected to One-way analysis of variance. Levene's Test of Equality of Error Variances (Table-13) for the effect of (K=6) 'Age-group x Gender' (AGxG) on Positive Attitudes towards MLTP, Negative Attitudes towards MLTP, Depression, Anxiety, Stress and Hopelessness warranted interpretability of the ANOVA except for Hopelessness.

The One-way ANOVA (K=6) for 'Age-group x Gender' on (Table-14) revealed significant differences on Positive Attitudes towards MLTP, Depression and Stress. Post-hoc multiple mean comparison employing Tukey Test (Figures-16 to 18) revealed that: Female who are aged indicated significantly greater mean score as compared to male and female youth and the adult male as well as male who are aged as compared to adult males on Positive Attitudes towards MLTP; Female youth indicated significantly greater mean score as compared to aged male on Depression; and Female youth indicated significantly greater mean score as compared to adult and aged male on Stress, wherein, aged female indicated significantly greater mean score as compared to aged male.

Figure-16: Histogram depicting the significant K=6 'Age-group x Gender' difference on Positive Attitudes towards MLTP.

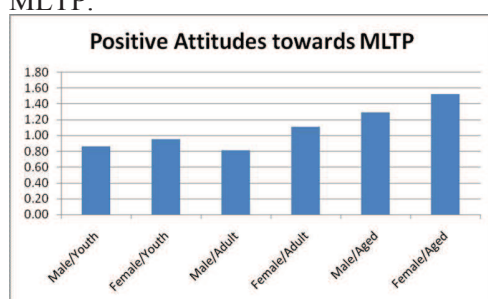


Figure-17: Histogram depicting the significant K=6 'Age-group x Gender' difference on Depression.

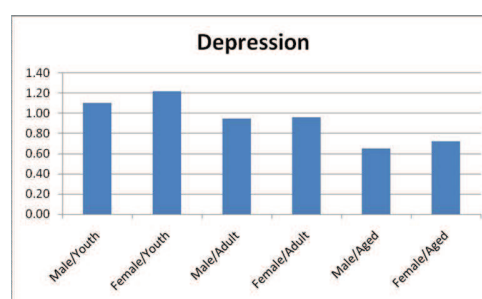
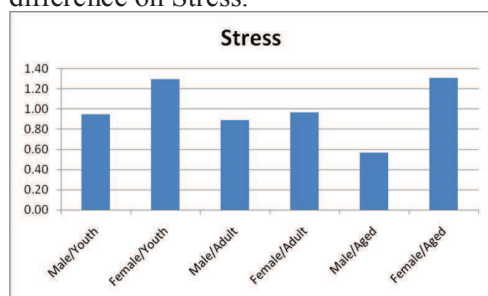


Figure-18: Histogram depicting the significant K=6 'Age-group x Gender' difference on Stress.



The Levene's Test of Equality of Error Variances on Positive Attitudes towards MLTP, Negative Attitudes towards MLTP, Depression, Anxiety, Stress and Hopelessness that indicated interpretability of the effect of (K=4) Individual Alcoholism Index (IAI) except for Negative Attitudes towards MLTP and Anxiety is presented in Table-15. The significant effect of Individual Alcoholism Index (IAI) on Positive Attitudes towards MLTP, Negative Attitudes towards MLTP, Depression, Anxiety, Stress and Hopelessness is presented in Table-16.

Table-15: Levene's Test of Equality of Error Variances for the effect of (K=4) Individual Alcoholism Index (IAI) on Positive Attitudes towards MLTP, Negative Attitudes towards MLTP, Depression, Anxiety, Stress and Hopelessness.

Dependent Measures	F	df1	df2	Sig.
Positive Attitudes towards MLTP	1.01	3	466	.39
Negative Attitudes towards MLTP	3.26	3	466	.02
Depression	1.07	3	466	.36
Anxiety	3.50	3	466	.02
Stress	0.18	3	466	.91
Hopelessness	0.28	3	466	.84

Table-16: The outcome of K=4 One-way ANOVA for Individual Alcoholism Index (IAI) on Positive Attitudes towards MLTP, Negative Attitudes towards MLTP, Depression, Anxiety, Stress and Hopelessness.

Dependent Variable	Source	Sum of Squares	df	Mean Square	F	Sig.	Eta Squared
Positive Attitudes towards MLTP	IAI	11.15	3	3.72	3.78	.01	.02
	Error	457.85	466	0.98			
	Total	469	469				
Negative Attitudes towards MLTP	IAI	10.97	3	3.66	3.72	.01	.02
	Error	458.03	466	0.98			
	Total	469	469				
Depression	IAI	29.23	3	9.74	10.32	.00	.06
	Error	439.77	466	0.94			
	Total	469	469				
Anxiety	IAI	32.85	3	10.95	11.70	.00	.07
	Error	436.15	466	0.94			
	Total	469	469				
Stress	IAI	19.41	3	6.47	6.71	.00	.04
	Error	449.59	466	0.96			
	Total	469	469				
Hopelessness	IAI	9.92	3	3.31	3.36	.02	.02
	Error	459.08	466	0.99			
	Total	469	469				

Post-hoc multiple mean comparison employing Tukey Test (Figures-19 to 21) for the significant effect of Individual Alcoholism Index revealed that: 'Never' as compared to 'Tried A sip' indicated significantly greater mean scores on Positive Attitudes towards MLTP; 'Alcoholic' as compared to all other comparable groups indicated significantly greater mean scores on Depression and Stress.

Figure-19: Histogram depicting the significant K=4 Individual Alcoholism Index difference on Positive Attitudes towards MLTP.

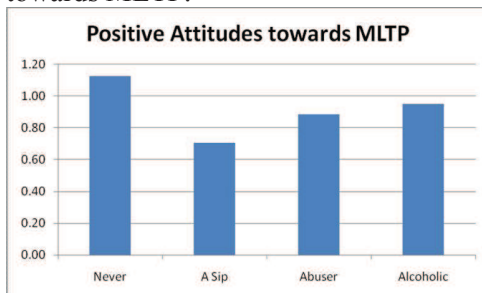


Figure-20: Histogram depicting the significant K=4 Individual Alcoholism Index difference on Depression.

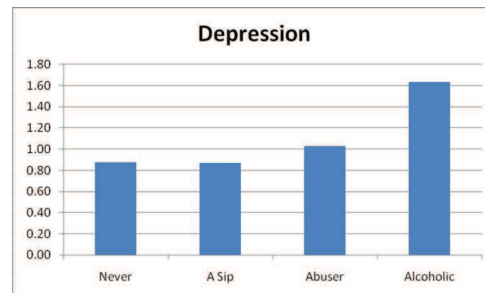


Figure-21: Histogram depicting the significant K=4 Individual Alcoholism Index difference on Stress.

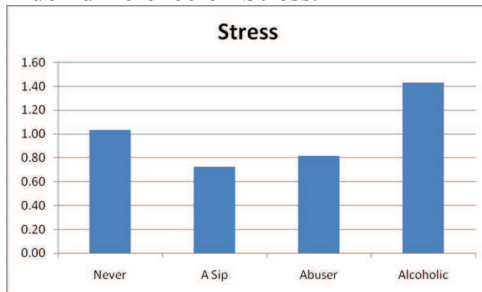


Table-17: Levene's Test of Equality of Error Variances for the effect of (K=4) Alcoholism Index for Family member (AIFM) on Positive Attitudes towards MLTP, Negative Attitudes towards MLTP, Depression, Anxiety, Stress and Hopelessness.

Dependent Measures	F	df1	df2	Sig.
Positive Attitudes towards MLTP	1.08	3	466	.36
Negative Attitudes towards MLTP	1.07	3	466	.36
Depression	0.22	3	466	.88
Anxiety	1.50	3	466	.21
Stress	0.17	3	466	.92
Hopelessness	0.75	3	466	.52



The Levene's Test of Equality of Error Variances on Positive Attitudes towards MLTP, Negative Attitudes towards MLTP, Depression, Anxiety, Stress and Hopelessness that indicated predictability of the effect of (K=4) Alcoholism Index for Family member (AIFM) is presented in Table-15. The significant effect of Alcoholism Index for Family member (AIFM) on Positive Attitudes towards MLTP, Negative Attitudes towards MLTP, Depression, Anxiety and Stress is presented in Table-16.

Table-18: The outcome of K=4 One-way ANOVA for Alcoholism Index for Family member (AIFM) on Positive Attitudes towards MLTP, Negative Attitudes towards MLTP, Depression, Anxiety, Stress and Hopelessness.

Dependent Variable	Source	Sum of Squares	df	Mean Square	F	Sig.	Eta Squared
Positive Attitudes towards MLTP	AIFM	12.05	3	4.02	4.10	.01	.03
	Error	456.95	466	0.98			
	Total	469	469				
Negative Attitudes towards MLTP	AIFM	9.54	3	3.18	3.22	.02	.02
	Error	459.46	466	0.99			
	Total	469	469				
Depression	AIFM	16.22	3	5.41	5.57	.00	.03
	Error	452.78	466	0.97			
	Total	469	469				
Anxiety	AIFM	18.59	3	6.20	6.41	.00	.04
	Error	450.41	466	0.97			
	Total	469	469				
Stress	AIFM	12.80	3	4.27	4.36	.00	.03
	Error	456.20	466	0.98			
	Total	469	469				
Hopelessness	AIFM	1.99	3	0.66	0.66	.58	.00
	Error	467.01	466	1.00			
	Total	469	469				

Post-hoc multiple mean comparison employing Tukey Test (Figures-22 to 25) for the significant effect of Alcoholism Index for Family member revealed that: 'Never' as compared to 'Abuser' indicated significantly greater mean scores on Positive Attitudes towards MLTP; 'Abuser' and 'Alcoholic' as compared 'Never' to indicated significantly greater mean scores on Depression; 'Abuser' and 'Alcoholic' as compared 'Never' and 'Tried A Sip' to indicated significantly greater mean scores on Anxiety; and 'Abuser' as compared 'Never' and 'Tried A Sip' to indicated significantly greater mean scores on Stress.

Figure-22: Histogram depicting the significant K=4 Alcoholism Index for Family member difference on Positive Attitudes towards MLTP.

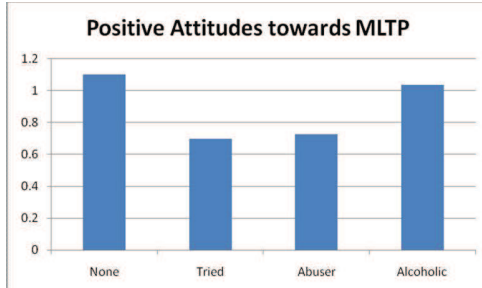


Figure-23: Histogram depicting the significant K=4 Alcoholism Index for Family member difference on Depression.

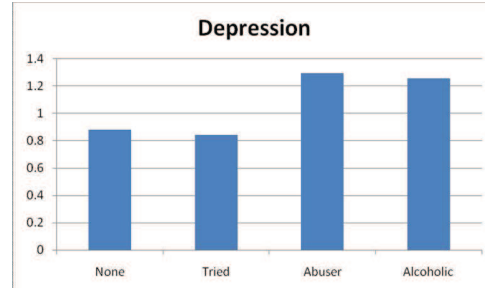


Figure-26: Histogram depicting the significant K=4 Alcoholism Index for Family member difference on Anxiety.

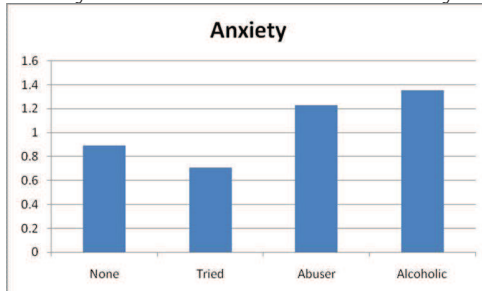
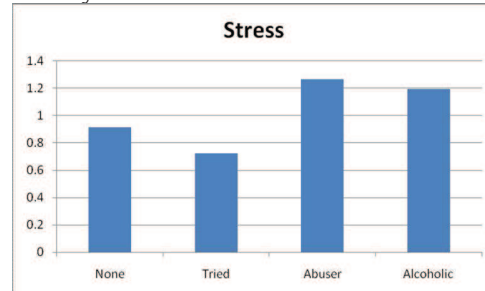


Figure-25: Histogram depicting the significant K=4 Alcoholism Index for Family member difference on Stress.



**4.1.3 Bivariate Analyses:** Bivariate ANOVA and ANCOVA with other demographic variables as the covariate on the dependent measures to elucidate the role of the Age-group and Gender.

The non-significant Levene's Test of Equality of Error Variances (Table-19) on Positive Attitudes towards MLTP, Negative Attitudes towards MLTP, Depression, Anxiety, Stress and Hopelessness permits for the effect of 'Age-group x Gender'.

Table-19: Levene's Test of Equality of Error Variances for the effect of 'Age-group x Gender' on Positive Attitudes towards MLTP, Negative Attitudes towards MLTP, Depression, Anxiety, Stress and Hopelessness.

Dependent Measures	F	df1	df2	Sig.
Positive Attitudes towards MLTP	1.65	5	464	.14
Negative Attitudes towards MLTP	0.54	5	464	.74
Depression	0.44	5	464	.82
Anxiety	1.70	5	464	.13
Stress	0.29	5	464	.92
Hopelessness	2.24	5	464	.05

The Two-way ANOVA for Age-group (AG) and Gender (G) revealing significant independent effect of: Age-group on Positive Attitudes towards MLTP and Depression; and Gender on Positive Attitudes towards MLTP, Negative Attitudes towards MLTP, and Stress is presented in Table-20.

Table-20: The outcome of Two-way ANOVA for Age-group (AG) and Gender (G) on Positive Attitudes towards MLTP, Negative Attitudes towards MLTP, Depression, Anxiety, Stress and Hopelessness.

Dependent Variable	Source	Sum of Squares	df	Mean Square	F	Sig.	Eta Squared
Positive Attitudes towards MLTP	AG	16.24	2	8.12	8.41	.00	.03
	G	4.33	1	4.33	4.48	.03	.01
	AG*G	1.14	2	0.57	0.59	.55	.00
	Error	447.95	464	0.97			
Negative Attitudes towards MLTP	AG	2.50	2	1.25	1.26	.28	.01
	G	5.19	1	5.19	5.26	.02	.01
	AG*G	2.38	2	1.19	1.21	.30	.01
	Error	458.32	464	0.99			
Depression	AG	14.27	2	7.14	7.31	.00	.03
	G	0.44	1	0.44	0.45	.50	.00
	AG*G	0.25	2	0.13	0.13	.88	.00
	Error	452.95	464	0.98			
Anxiety	AG	1.73	2	0.86	0.86	.42	.00
	G	1.02	1	1.02	1.01	.31	.00
	AG*G	0.63	2	0.31	0.31	.73	.00
	Error	464.87	464	1.00			
Stress	AG	4.22	2	2.11	2.20	.11	.01
	G	14.75	1	14.75	15.39	.00	.03
	AG*G	5.75	2	2.88	3.00	.05	.01
	Error	444.77	464	0.96			
Hopelessness	AG	3.01	2	1.51	1.51	.22	.01
	G	2.12	1	2.12	2.12	.15	.00
	AG*G	2.16	2	1.08	1.08	.34	.00
	Error	463.63	464	1.00			

Post-hoc multiple mean comparison employing Tukey Test (Figures-26 to 30) for the significant effect of Age-group with 50-87 years as compared to 14-49 years indicated significantly greater mean scores on Positive Attitudes towards MLTP and the reverse was observed between 50-87 Years as compared to 14-29 years on Depression. Mean comparison Gender with female indicating greater mean scores as compared to males on Positive Attitudes towards MLTP and Stress, and the reverse observed on Negative Attitudes towards MLTP.

Figure-26: Histogram depicting the significant independent Age-group effect for 'Age-group x Gender' ANOVA on Negative Attitudes towards MLTP.

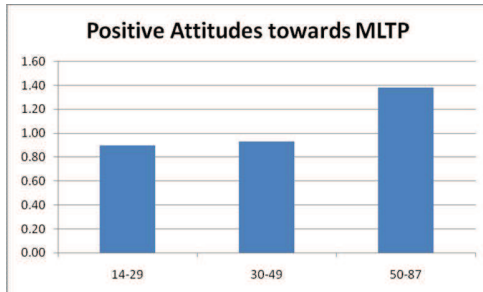


Figure-27: Histogram depicting the significant independent Age-group effect for 'Age-group x Gender' ANOVA on Depression.

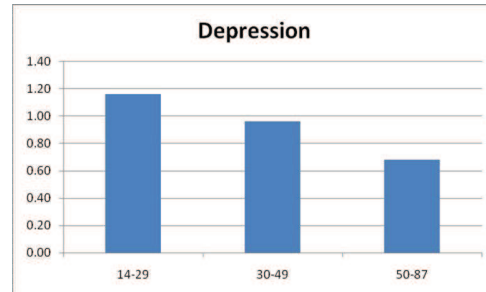


Figure-28: Histogram depicting the significant independent Gender effect for 'Age-group x Gender' ANOVA on Positive Attitudes towards MLTP.

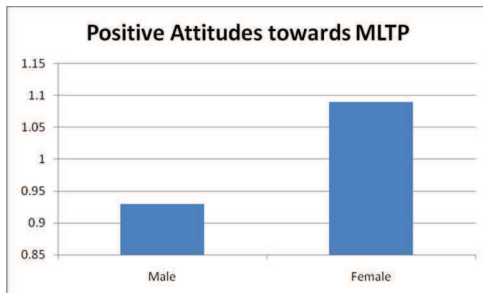


Figure-29: Histogram depicting the significant independent Gender effect for "Age-group x Gender" ' ANOVA on Negative Attitudes towards MLTP.

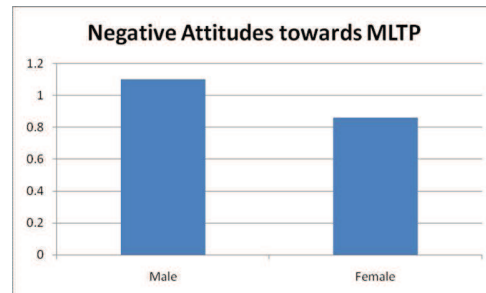
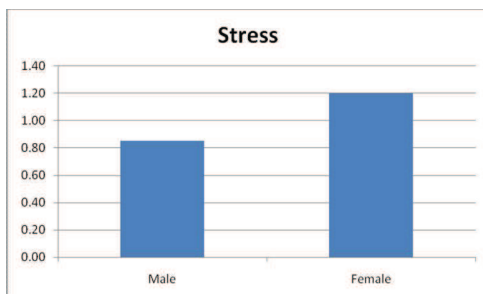


Figure-30: Histogram depicting the significant independent Gender effect for "Age-group x Gender" ' ANOVA on Stress.



The low bivariate correlation coefficients for Age-group and Gender with that of Availability, District, Income, Religious Involvement, Societal Involvement, Alcoholism Index and Alcoholism Index for Family member observed in Table-4 warranted the non-violation of the assumptions of Covariance Analyses in including the later group of variables as the 'Covariate'. Fulfilling the desired assumptions was the Levene's Test of Equality of Error Variances in the ANCOVA for 'Age-group x Gender' with Availability, District, Income, Religious Involvement, Societal Involvement, Alcoholism Index and Alcoholism Index for Family member as the Covariates on Positive Attitudes towards MLTP, Negative Attitudes towards MLTP, Depression, Stress and Hopelessness, except for Anxiety presented in Table-21.

Table-21: Levene's Test of Equality of Error Variances in the ANCOVA for 'Age-group x Gender' with Availability, District, Income, Religious Involvement, Societal Involvement, Alcoholism Index and Alcoholism Index for Family member as the Covariates on Positive Attitudes towards MLTP, Negative Attitudes towards MLTP, Depression, Anxiety, Stress and Hopelessness.

Dependent Measures	F	df1	df2	Sig.
Positive Attitudes towards MLTP	2.02	5	464	.07
Negative Attitudes towards MLTP	0.47	5	464	.80
Depression	0.61	5	464	.69
Anxiety	2.54	5	464	.03
Stress	0.19	5	464	.97
Hopelessness	1.69	5	464	.14

The result (Table-22) of the covariates in the ANCOVA for 'Age-group x Gender' with Availability, District, Income, Religious Involvement, Societal Involvement, Alcoholism Index and Alcoholism Index for Family member as the Covariates on Positive Attitudes towards MLTP, Negative Attitudes towards MLTP, Depression, Anxiety, Stress and Hopelessness revealed significant variation due to: District on Negative Attitudes towards MLTP with Mamit indicating greater mean scores as compared to Aizawl; Religious Involvement with more involvement to indicate Positive Attitudes towards MLTP; and Alcoholism Index for Family member with lower indexes indicating higher Anxiety.

Table-22: The effect of the covariates in the ANCOVA for 'Age-group x Gender' with Availability, District, Income, Religious Involvement, Societal Involvement, Alcoholism Index and Alcoholism Index for Family member as the Covariates on Positive Attitudes towards MLTP, Negative Attitudes towards MLTP, Depression, Anxiety, Stress and Hopelessness.

Sources of Variation	Dependent Variable	Mean Square	F	Sig.	Eta Squared
Availability	Positive Attitudes towards MLTP	2.54	2.67	.10	.01
	Negative Attitudes towards MLTP	2.29	2.38	.12	.01
	Depression	0.06	0.06	.80	.00
	Anxiety	0.00	0.00	.98	.00
	Stress	0.51	0.53	.47	.00
	Hopelessness	2.09	2.13	.15	.00
District	Positive Attitudes towards MLTP	1.47	1.55	.21	.00
	Negative Attitudes towards MLTP	4.32	4.49	.03	.01
	Depression	0.34	0.37	.54	.00
	Anxiety	0.78	0.82	.37	.00
	Stress	0.00	0.00	.96	.00
	Hopelessness	2.25	2.29	.13	.00
Income	Positive Attitudes towards MLTP	1.94	2.04	.15	.00
	Negative Attitudes towards MLTP	4.90	5.09	.02	.01
	Depression	0.28	0.30	.59	.00
	Anxiety	1.41	1.48	.22	.00
	Stress	0.32	0.34	.56	.00
	Hopelessness	5.81	5.91	.02	.01
Religious Involvement	Positive Attitudes towards MLTP	5.12	5.39	.02	.01
	Negative Attitudes towards MLTP	1.82	1.89	.17	.00
	Depression	1.19	1.29	.26	.00
	Anxiety	0.51	0.54	.46	.00
	Stress	0.01	0.01	.94	.00
	Hopelessness	0.81	0.83	.36	.00
Societal Involvement	Positive Attitudes towards MLTP	0.07	0.08	.78	.00
	Negative Attitudes towards MLTP	0.05	0.05	.82	.00
	Depression	1.36	1.48	.22	.00
	Anxiety	0.07	0.08	.78	.00
	Stress	0.17	0.18	.67	.00
	Hopelessness	0.75	0.77	.38	.00
Alcoholism Index	Positive Attitudes towards MLTP	0.17	0.18	.67	.00
	Negative Attitudes towards MLTP	3.98	4.14	.04	.01
	Depression	16.77	18.17	.00	.04
	Anxiety	16.47	17.37	.00	.04
	Stress	3.47	3.65	.06	.01
	Hopelessness	3.05	3.11	.08	.01
Alcoholism Index for Family member	Positive Attitudes towards MLTP	1.33	1.39	.24	.00
	Negative Attitudes towards MLTP	0.04	0.04	.85	.00
	Depression	3.95	4.28	.04	.01
	Anxiety	7.12	7.51	.01	.02
	Stress	3.66	3.86	.05	.01
	Hopelessness	0.17	0.17	.68	.00

**4.1.4 Multivariate Analyses:** To justify the outcomes of the foregoing analyses, multistage regression model was employed to predict the dependent measures of Positive Attitudes towards MLTP, Negative Attitudes towards MLTP, Depression, Anxiety, Stress and Hopelessness from the demographic profiles as the criterion as well as discriminant function analysis to classify participants on Individual Alcoholism Index and Alcoholism Index for Family member from Positive Attitudes towards MLTP, Negative Attitudes towards MLTP, Depression, Anxiety, Stress and Hopelessness.

In the Multiple Regression analyses Age-group and Gender are first entered followed by District and Availability, then Religious and Societal Involvement and the Individual Alcoholism Index, and Alcoholism Index for Family member entered in the last model in the prediction of Positive Attitudes towards MLTP, Negative Attitudes towards MLTP, Depression, Anxiety, Stress and Hopelessness.

The Beta-values and collinearity diagnostics in the Multiple Regression analyses to predict Positive Attitudes towards MLTP are presented in Table-23. Results (Table-23) revealed healthy Tolerance and Variance Inflation Factor ascertaining independence from multicollinearity. The result indicated that Age-group, Gender and Religious Involvement emerged the significant predictors of Positive Attitudes towards MLTP, wherein, increase in the Age-group and Religious Involvement as well as being female indicated increase in the Positive Attitudes towards MLTP.

Table-23: The Beta-values and collinearity diagnostics in the Multiple Regression analyses to predict Positive Attitudes towards MLTP.

	1	2	3	4	5	Tolerance	VIF
Age Group	.16**	.16**	.17**	.15*	.14**	.90	1.11
Gender	.10*	.09*	.09*	.09*	.10*	.75	1.33
District		.06	.06	.05	.05	.95	1.05
Availability		-.09	-.09	-.08	-.08	.94	1.06
Income			-.07	-.06	-.06	.99	1.01
Religious Involvement				.13*	.13**	.84	1.20
Societal Involvement				-.01	-.01	.86	1.17
Individual Alcoholism Index					.02	.72	1.39
Alcoholism Index for Family member					-.06	.91	1.10

\*\* significant at 0.01 level \* significant at 0.05 level

[Note: There is cumulative inclusion of 'Age-group and Gender', 'District and Availability', 'Income', 'Religious and Societal Involvement', and 'Individual Alcoholism Index and Alcoholism Index for Family member' form Model-1 to Model-5]

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Table-24: The Beta-values and collinearity diagnostics in the Multiple Regression analyses to predict Negative Attitudes towards MLTP.

	1	2	3	4	5	Tolerance	VIF
Age Group	-.02	-.02	-.02	-.01	.01	.90	1.11
Gender	-.12**	-.12**	-.12**	-.12**	-.07	.75	1.33
District		-.10*	-.11*	-.10*	-.10*	.95	1.05
Availability		.08	.08	.08	.07	.94	1.06
Income			.11**	.11*	.11*	.99	1.01
Religious Involvement				-.07	-.05	.84	1.20
Societal Involvement				.01	.01	.86	1.17
Individual Alcoholism Index					.11*	.72	1.39
Alcoholism Index for Family member					-.01	.91	1.10

\*\* significant at 0.01 level    \* significant at 0.05 level

[Note: There is cumulative inclusion of 'Age-group and Gender', 'District and Availability', 'Income', 'Religious and Societal Involvement', and 'Individual Alcoholism Index and Alcoholism Index for Family member' form Model-1 to Model-5]

The Beta-values and collinearity diagnostics in the Multiple Regression analyses to predict Negative Attitudes towards MLTP are presented in Table-24. Results (Table-24) revealed healthy Tolerance and Variance Inflation Factor ascertaining independence from multicollinearity. The result indicated predictability from Gender to be reduced in the final Model; Increase in the Income and Individual Alcoholism Index predicted increase in Negative Attitudes towards MLTP; and being in Aizawl as compared to Mamit indicated increase in Negative Attitudes towards MLTP.

Table-25: The Beta-values and collinearity diagnostics in the Multiple Regression analyses to predict Depression.

	1	2	3	4	5	Tolerance	VIF
Age Group	-.18**	-.18**	-.18**	-.16**	-.10*	.90	1.11
Gender	.04	.04	.04	.03	.12*	.75	1.33
District		.01	.01	.02	.03	.95	1.05
Availability		.01	.01	.01	-.01	.94	1.06
Income			-.01	-.02	-.03	.99	1.01
Religious Involvement				-.09	-.05	.84	1.20
Societal Involvement				-.05	-.06	.86	1.17
Individual Alcoholism Index					.22**	.72	1.39
Alcoholism Index for Family member					.10*	.91	1.10

\*\* significant at 0.01 level    \* significant at 0.05 level

[Note: There is cumulative inclusion of 'Age-group and Gender', 'District and Availability', 'Income', 'Religious and Societal Involvement', and 'Individual Alcoholism Index and Alcoholism Index for Family member' form Model-1 to Model-5]



The Beta-values and collinearity diagnostics in the Multiple Regression analyses to predict Negative Attitudes towards MLTP are presented in Table-26. Results (Table-26) revealed healthy Tolerance and Variance Inflation Factor ascertaining independence from multicollinearity. The result indicated that increase in Age-group indicated decrease in Depression; the increase in Alcoholism Index for Individual and Family member indicated increase in Anxiety when included in the model also revealed higher level of Anxiety in females as compared to males.

**Table-26: The Beta-values and collinearity diagnostics in the Multiple Regression analyses to predict Anxiety.**

	1	2	3	4	5	Tolerance	VIF
Age Group	-.05	-.05	-.05	-.05	.02	.90	1.11
Gender	.05	.06	.06	.06	.15**	.75	1.33
District		.03	.04	.04	.04	.95	1.05
Availability		.02	.02	.02	.00	.94	1.06
Income			-.05	-.05	-.05	.99	1.01
Religious Involvement				-.01	.03	.84	1.20
Societal Involvement				-.01	-.02	.86	1.17
Individual Alcoholism Index					.23**	.72	1.39
Alcoholism Index for Family member					.13**	.91	1.10

\*\* significant at 0.01 level \* significant at 0.05 level

[Note: There is cumulative inclusion of 'Age-group and Gender', 'District and Availability', 'Income', 'Religious and Societal Involvement', and 'Individual Alcoholism Index and Alcoholism Index for Family member' form Model-1 to Model-5]

**Table-27: The Beta-values and collinearity diagnostics in the Multiple Regression analyses to predict Stress.**

	1	2	3	4	5	Tolerance	VIF
Age Group	-.10*	-.10*	-.10*	-.09*	-.06	.90	1.11
Gender	.16**	.17**	.17**	.16**	.21**	.75	1.33
District		-.01	-.01	-.01	0	.95	1.05
Availability		.05	.05	.05	.04	.94	1.06
Income			-.02	-.02	-.02	.99	1.01
Religious Involvement				-.01	.01	.84	1.20
Societal Involvement				-.03	-.03	.86	1.17
Individual Alcoholism Index					.11*	.72	1.39
Alcoholism Index for Family member					.08	.91	1.10

\*\* significant at 0.01 level \* significant at 0.05 level

[Note: There is cumulative inclusion of 'Age-group and Gender', 'District and Availability', 'Income', 'Religious and Societal Involvement', and 'Individual Alcoholism Index and Alcoholism Index for Family member' form Model-1 to Model-5]

The Beta-values and collinearity diagnostics in the Multiple Regression analyses to predict Negative Attitudes towards MLTP are presented in Table-27. Results (Table-27) revealed healthy Tolerance and Variance Inflation Factor ascertaining independence from multicollinearity. The result indicated that being female indicated increase in Stress and increase in Individual Alcoholism Index indicated increase in Stress; and that increase in age group indicating decrease in Stress becomes reduced to non-significance with the inclusion of Alcoholism Indexes.

Finally, the Beta-values and collinearity diagnostics in the Multiple Regression analyses to predict Negative Attitudes towards MLTP are presented in Table-28. Results (Table-28) revealed healthy Tolerance and Variance Inflation Factor ascertaining independence from multicollinearity. The result clearly indicated higher income to predict less Hopelessness; and that increase in age group indicating increase in Hopelessness.

Table-28: The Beta-values and collinearity diagnostics in the Multiple Regression analyses to predict Hopelessness.

	1	2	3	4	5	Tolerance	VIF
Age Group	.07	.07	.07	.08	.11*	.90	1.11
Gender	.05	.05	.05	.04	.08	.75	1.33
District		.05	.06	.06	.07	.95	1.05
Availability		-.07	-.06	-.07	-.07	.94	1.06
Income			-.10*	-.11*	-.11*	.99	1.01
Religious Involvement				-.06	-.04	.84	1.20
Societal Involvement				-.04	-.04	.86	1.17
Individual Alcoholism Index					.10	.72	1.39
Alcoholism Index for Family member					.02	.91	1.10

\*\* significant at 0.01 level \* significant at 0.05 level

[Note: There is cumulative inclusion of 'Age-group and Gender', 'District and Availability', 'Income', 'Religious and Societal Involvement', and 'Individual Alcoholism Index and Alcoholism Index for Family member' form Model-1 to Model-5]

Finally, Discriminant Function Analyses are employed to reversely classify participants based on their Individual Alcoholism Index and the Alcoholism Index for Family member from Positive Attitudes towards MLTP, Negative Attitudes towards MLTP, Depression, Anxiety, Stress and Hopelessness.

The Box's Test for the classification based on Individual Alcoholism Index resulted in Box's M=75.99 (F=1.17; p<.17) indicating the equality of the group covariance matrices with minimal departures from multivariate normality. The first three discriminant functions are used in the analyses. The structure matrix (Table-29) shows the correlation of each predictor variable with the discriminant function. Depression and Negative Attitudes towards MLTP best describes Low Individual Alcoholism Index; Anxiety, Stress and Negative Attitudes towards MLTP moderate Individual Alcoholism Index; and Hopelessness high Individual Alcoholism Index.

Table-29: The structure matrix indicating the correlation of each predictor variable with the discriminant function for Individual Alcoholism Index.

	Function		
	1	2	3
Depression	.647*	.438	.419
Negative Attitudes towards MLTP	.450*	-.102	.015
Anxiety	.539	.747*	.245
Stress	.151	.682*	.513
Positive Attitudes towards MLTP	-.288	.447*	-.114
Hopelessness	.134	-.094	.853*

\*\* significant at 0.01 level \* significant at 0.05 level

The high values of Wilks' lambda (Table-30) indicate lower discriminatory ability of the function. However, significant value indicates that the discriminant function does better than chance at separating the groups. Thus, the results of the classification revealed that 36.50% of 'Never', 40.90% of 'Tried A Sip', 27% of 'Abusers' and 48.30% of 'Alcoholic' are correctly classified. In sum, 36.80% of the group of cross validated cases are correctly classified.

Table-30: The Wilks' Lambda with Chi-square test of significance for Individual Alcoholism Index.

Test of Function(s)	Wilks' Lambda	Chi-square	df	Sig.
1 through 3	.815	94.765	18	.000
2 through 3	.909	44.408	10	.000
3	.975	11.900	4	.018

The Box's Test for the classification based on Individual Alcoholism Index resulted in Box's M=81.06 (F=1.23;  $p<.10$ ) indicating the equality of the group covariance matrices with minimal departures from multivariate normality. The first three discriminant functions are used in the analyses. The structure matrix (Table-31) shows the correlation of each predictor variable with the discriminant function. Anxiety, Depression and Stress best describes Low Alcoholism Index for Family member; Positive and Negative Attitudes towards MLTP moderate Alcoholism Index for Family member; and Hopelessness high Alcoholism Index for Family member.

Table-31: The structure matrix indicating the correlation of each predictor variable with the discriminant function for Alcoholism Index for Family member.

	Function		
	1	2	3
Anxiety	.851 <sup>*</sup>	-.271	.001
Depression	.824 <sup>*</sup>	.011	.114
Stress	.700 <sup>*</sup>	-.102	.611
Negative Attitudes towards MLTP	.042	.695 <sup>*</sup>	-.135
Positive Attitudes towards MLTP	-.386	-.658 <sup>*</sup>	.137
Hopelessness	.149	.247	.318 <sup>*</sup>

*\*\* significant at 0.01 level \* significant at 0.05 level*

The high values of Wilks' lambda (Table-32) indicate lower discriminatory ability of the function. However, significant value indicates that the discriminant function does better than chance at separating the groups. Thus, the results of the classification revealed that 26.70% of 'Never', 35.30% of 'Tried A Sip', 23.80% of 'Abusers' and 35.90% of 'Alcoholic' are correctly classified. In sum, 28.10% of the group of cross validated cases are correctly classified.

Table-32: The Wilks' Lambda with Chi-square test of significance for Alcoholism Index for Family member.

Test of Function(s)	Wilks' Lambda	Chi-square	df	Sig.
1 through 3	.907	45.451	18	.000
2 through 3	.954	21.628	10	.017
3	.995	2.266	4	.687

**4.2 Structured Interview Data:** From the main 25 statements presented to the 141 participants pertaining to Attitude towards MLTP that encompasses: general perception of alcohol; successes and failures of MLTP; role of the individual, family, locality, religious institutions, societal institutions, government and non-governmental institutions the significantly differing responses based on Chi-square Test of difference are presented in Table-33. The statements in italics indicated no differences along demographic variables.

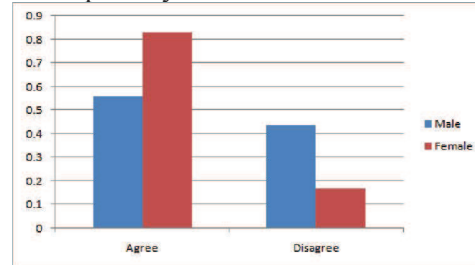
Table-33: The percentage Agreement (A) and Disagreement (DA) with Chi-square for the statements presented to the participants.

Item No.	Statements	% A	% DA	X <sup>2</sup>
1	<i>Family, society and the religious institution maintain separation tendency towards Alcoholic and Abusers.</i>	81.60	18.40	56.18**
2	We are experiencing Alcohol related problems among the prevalent in the Pre-prohibition period after prolonged prohibition.	62.40	37.60	8.69**
3	Alcoholics and Abusers can never be spiritual according to the teachings of the Christian missionaries.	88.70	11.30	84.26**
4	Alcohol is used from time immemorial and we can never succeed in total prohibition.	92.90	7.10	103.84**
5	We the Mizo extensively consume Alcohol and related substances without control.	78.70	21.30	46.53**
6	Every family failed to support and help out Abusers.	90.80	9.20	93.79**
7	We point at others and adjudged others as the culprit for the fault of our own sons and daughters.	69.50	30.50	21.45**
8	Every village and locality work concertedly for prohibition.	39.70	60.30	5.97*
9	<i>We are tolerant to drinking and alcohol related problems in our adjacent neighbour.</i>	78.70	21.30	46.53**
10	We are tolerant to Abusers and drunken class mates, batch mates and co-workers.	60.30	39.70	5.97*
11	<i>The church besides prayers and gospel camping/campaign actively participates to help Abusers.</i>	28.40	71.60	26.39**
12	We use Alcohol to conceal our wrong doings, inefficacy and incompetency.	60.30	39.70	5.97*
13	Government possesses the potential for total prohibition of liquor.	61.70	38.30	7.72*
14	From time immemorial people use alcohol to conceal their wrong doings.	73.00	27.00	29.97**
15	<i>We should abide by the advocacy maintained by the religious leaders.</i>	84.40	15.60	66.73**
16	<i>We have sufficient doctors and services available to help Abusers and Alcoholics.</i>	71.60	28.40	26.39**
17	The majority of the population is aware of the general functions of the Alcoholic Anonymous.	70.90	29.10	24.69**
18	People became aware of the medications prescribed to the Alcoholics for detoxification.	25.50	74.50	33.77**

\*\* significant at 0.01 level \* significant at 0.05 level

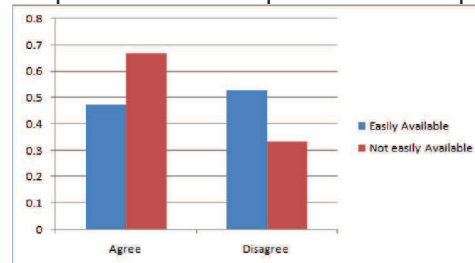
The significant Gender differences (**Chi-Square = 5.72\***) on 'We use Alcohol to conceal our wrong doings, inefficacy and incompetency' is presented in Figure-31. Females indicated high agreement with low disagreement, while males are more or less equal.

Figure-31. Histogram depicting differences for Gender on 'We use Alcohol to conceal our wrong doings, inefficacy and incompetency'.



The significant Availability differences (**Chi-Square=4.29\***) on 'Government possesses the potential for total prohibition of liquor' is presented in Figure-32. Not easily Available indicated high agreement with low disagreement, while easily Available are more or less equal.

Figure-32. Histogram depicting differences for Availability on 'Government possesses the potential for total prohibition of liquor'.



The significant District differences (**Chi-Square=4.27\***) on 'Every village and locality work concertedly for prohibition' is presented in Figure-33. Mamit indicated low agreement with high disagreement, while Aizawl are more or less equal. The significant District differences (**Chi-Square=4.27\***) on 'We are tolerant to Abusers and drunken class mates, batch mates and co-workers' is presented in Figure-34. Mamit indicated high agreement with low disagreement, while Aizawl are more or less equal.

Figure-33. Histogram depicting differences for District on 'Every village and locality work concertedly for prohibition'.

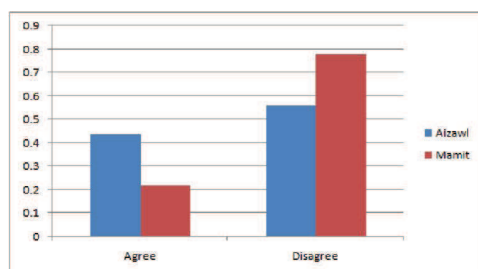


Figure-34. Histogram depicting differences for District on 'We are tolerant to Abusers and drunken class mates, batch mates and co-workers'.

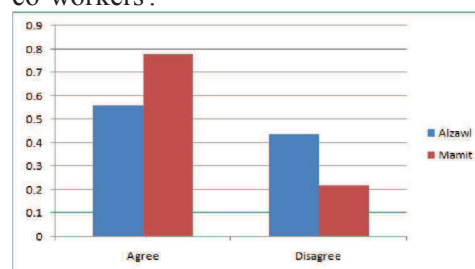


Figure-35. Histogram depicting differences for Social and Religious Leaders on 'We the Mizo extensively consume Alcohol and related substances without control'.

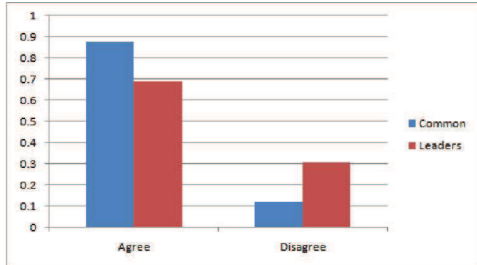


Figure-36. Histogram depicting differences for Social and Religious Leaders on 'Every village and locality work concertedly for prohibition'.

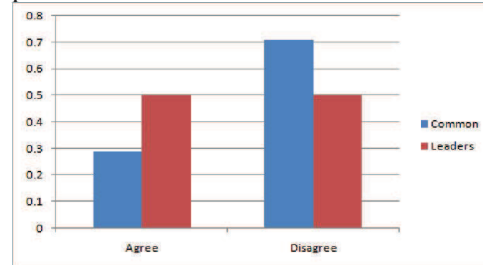


Figure-37. Histogram depicting differences for Social and Religious Leaders on 'We use Alcohol to conceal our wrong doings, inefficacy and incompetency'.

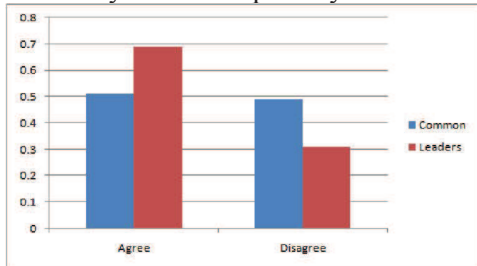


Figure-38. Histogram depicting differences for Social and Religious Leaders on 'Government possesses the potential for total prohibition of liquor'.

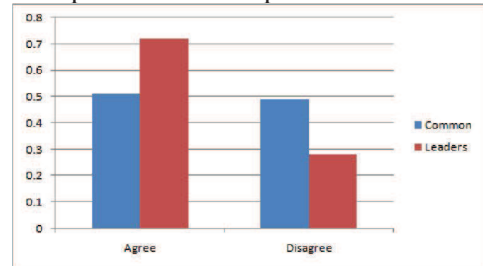


Figure-39. Histogram depicting differences for Social and Religious Leaders on 'The majority of the population is aware of the general functions of the Alcoholic Anonymous'.

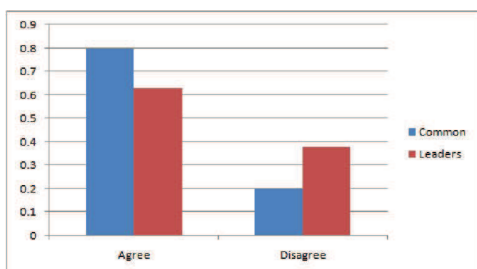
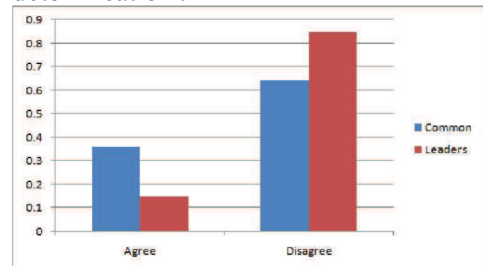


Figure-40. Histogram depicting differences for Social and Religious Leaders on 'People became aware of the medications prescribed to the Alcoholics for detoxification'.



The significant Social and Religious Leaders differences (**Chi-Square=7.56\*\***) on 'We the Mizo extensively consume Alcohol and related substances without control' is presented in Figure-35. The main pattern follows that of the main Sample for the present study. The Social and Religious Leaders differences (**Chi-Square=6.45\***) on 'Every village and locality work concertedly for prohibition' is presented in Figure-36. The main pattern follows that of the main Sample for the present study. The significant Social and

Religious Leaders differences (**Chi-Square=5.16\***) on 'We use Alcohol to conceal our wrong doings, inefficacy and incompetency' is presented in Figure-37. The Leaders are high on agreement and low on disagreement, while the Common are more or less equal. The Social and Religious Leaders differences (**Chi-Square=6.89\*\***) on 'Government possesses the potential for total prohibition of liquor' is presented in Figure-38. The Leaders are high on agreement and low on disagreement, while the Common are more or less equal. The significant Social and Religious Leaders differences (**Chi-Square=5.06\***) on 'The majority of the population is aware of the general functions of the Alcoholic Anonymous' is presented in Figure-39. The Leaders high on agreement and low on disagreement indicated more discrepancy than the Common. The Social and Religious Leaders differences (**Chi-Square=8.14\*\***) on 'People became aware of the medications prescribed to the Alcoholics for detoxification' is presented in Figure-40. The Leaders low on agreement and high on disagreement indicated more discrepancy than the Common.

The significant Educational Qualification differences (**Chi-Square=15.23\*\***) on 'We are experiencing Alcohol related problems among the prevalent in the Pre-prohibition period after prolonged prohibition' is presented in Figure-41. The higher Educational Qualification indicated increase in disagreement and the lower Educational Qualification indicated increase in agreement. The Educational Qualification differences (**Chi-Square=40.34\*\***) on 'We the Mizo extensively consume Alcohol and related substances without control' is presented in Figure-42. The higher Educational Qualification indicated increase in disagreement and the lower Educational Qualification indicated increase in agreement. The significant Educational Qualification differences (**Chi-Square=14.82\*\***) on 'We are tolerant to Abusers and drunken class mates, batch mates and co-workers' is presented in Figure-43. The higher Educational Qualification indicated increase in disagreement and the lower Educational Qualification indicated increase in agreement. The Educational Qualification differences (**Chi-Square=9.82\*\***) on 'From time immemorial people use alcohol to conceal their wrong doings' is presented in Figure-44. The lower Educational Qualification indicated increase in disagreement and the higher Educational Qualification indicated increase in agreement. The significant Educational Qualification differences (**Chi-Square=15.29\*\***) on 'The majority of the population is aware of the general functions of the Alcoholic Anonymous' is presented in Figure-45. The higher Educational Qualification indicated increase in disagreement and the lower Educational Qualification indicated increase in agreement. The Educational



Qualification differences (**Chi-Square=8.82\*\***) on 'People became aware of the medications prescribed to the Alcoholics for detoxification' is presented in Figure-46. The disagreement present in the main sample for the study remains at lower level of Educational Qualification, but total disagreement emerged at post-graduate level.

Figure-41. Histogram depicting differences for Educational Qualification on 'We are experiencing Alcohol related problems among the prevalent in the Pre-prohibition period after prolonged prohibition'.

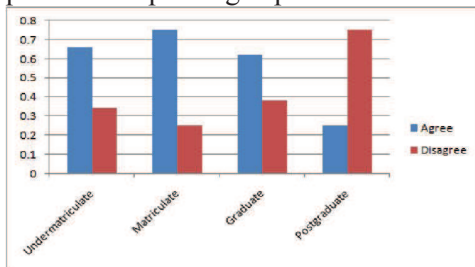


Figure-42. Histogram depicting differences for Educational Qualification on 'We the Mizo extensively consume Alcohol and related substances without control'.

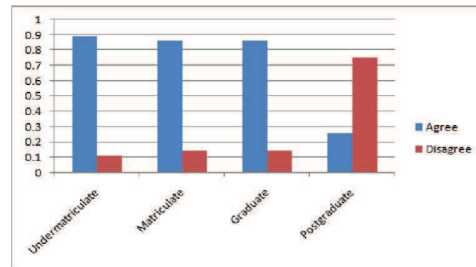


Figure-43. Histogram depicting differences for Educational Qualification on 'We are tolerant to Abusers and drunken class mates, batch mates and co-workers'.

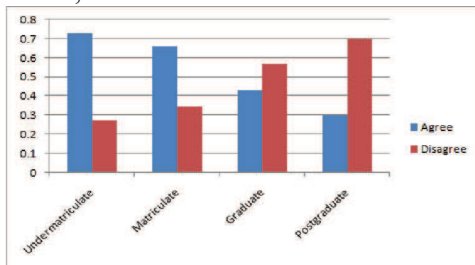


Figure-44. Histogram depicting differences for Educational Qualification on 'From time immemorial people use alcohol to conceal their wrong doings'.

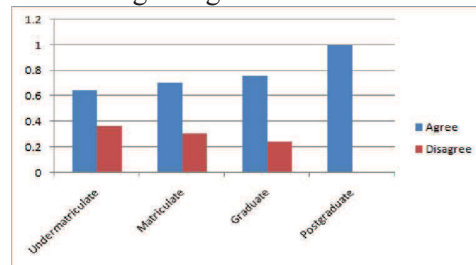


Figure-45. Histogram depicting differences for Educational Qualification on 'The majority of the population is aware of the general functions of the Alcoholic Anonymous'.

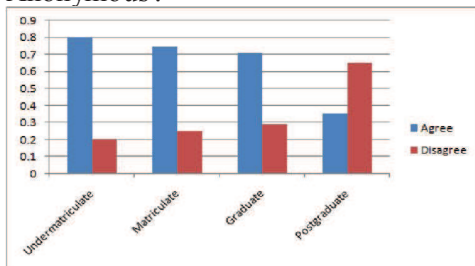
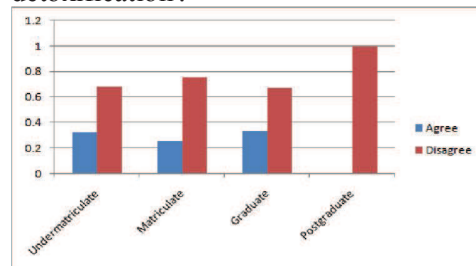


Figure-46. Histogram depicting differences for Educational Qualification on 'People became aware of the medications prescribed to the Alcoholics for detoxification'.



The significant Income differences (**Chi-Square=9.86\*\***) on 'We are experiencing Alcohol related problems among the prevalent in the Pre-prohibition period after prolonged prohibition' is presented in Figure-47. The higher Income indicated decrease in disagreement and the increase in agreement from very low to moderate income suddenly reversing in the high income group. The Income differences (**Chi-Square=22.09\*\***) on 'We the Mizo extensively consume Alcohol and related substances without control' is presented in Figure-48. The higher Income indicated decrease in disagreement and the increase in agreement from very low to moderate income suddenly reversing in the high income group. The significant Income differences (**Chi-Square=13.37\*\***) on 'We point at others and adjudged others as the culprit for the fault of our own sons and daughters' is presented in Figure-49. The higher Income indicated decrease in disagreement and the increase in agreement from very low to moderate income suddenly reversing in the high income group. The Income differences (**Chi-Square=10.06\***) on 'Every village and locality work concertedly for prohibition' is presented in Figure-50.

The higher Income indicated increase in disagreement and the decrease in agreement from very low to moderate income suddenly reversing in the high income group. The significant Income differences (**Chi-Square=12.58\*\***) on 'We are tolerant to Abusers and drunken class mates, batch mates and co-workers' is presented in Figure-51. The higher Income indicated decrease in disagreement and the increase in agreement from very low to moderate income suddenly reversing in the high income group. The Income differences (**Chi-Square=8.15\***) on 'We use Alcohol to conceal our wrong doings, inefficacy and incompetency' is presented in Figure-52. The higher Income indicated increase in disagreement and the decrease in agreement from very low to moderate income suddenly reversing in the high income group. The significant Income differences (**Chi-Square=10.64\***) on 'Government possesses the potential for total prohibition of liquor' is presented in Figure-53. The higher Income indicated increase in disagreement and the decrease in agreement from very low to moderate income suddenly reversing in the high income group. The Income differences (**Chi-Square=12.75\*\***) on 'People became aware of the medications prescribed to the Alcoholics for detoxification' is presented in Figure-54. The higher Income indicated decrease in disagreement and the increase in agreement from very low to moderate income suddenly reversing in the high income group.

Figure-47. Histogram depicting differences for Income on 'We are experiencing Alcohol related problems among the prevalent in the Pre-prohibition period after prolonged prohibition'.

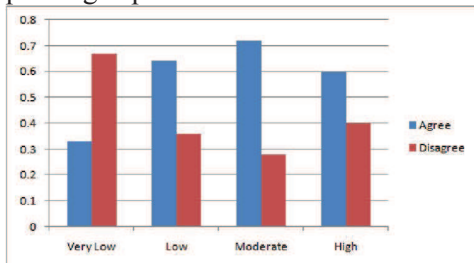


Figure-48. Histogram depicting differences for Income on 'We the Mizo extensively consume Alcohol and related substances without control'.

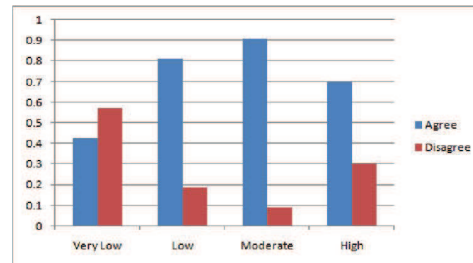


Figure-49. Histogram depicting differences for Income on 'We point at others and adjudged others as the culprit for the fault of our own sons and daughters'.

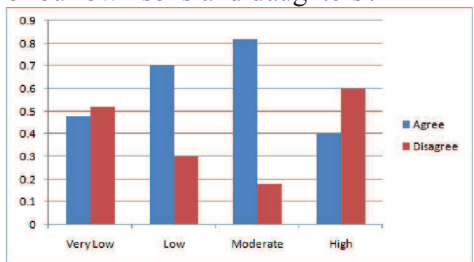


Figure-50. Histogram depicting differences for Income on 'Every village and locality work concertedly for prohibition'.

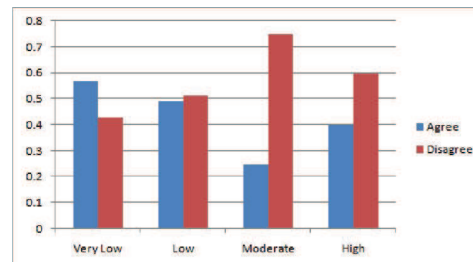


Figure-51. Histogram depicting differences for Income on 'We are tolerant to Abusers and drunken class mates, batch mates and co-workers'.

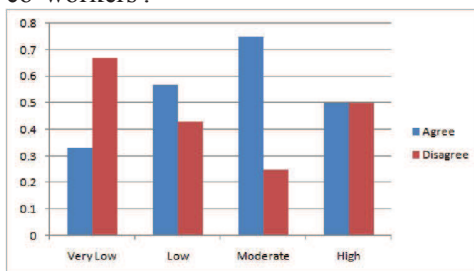


Figure-52. Histogram depicting differences for Income on 'We use Alcohol to conceal our wrong doings, inefficacy and incompetency'.

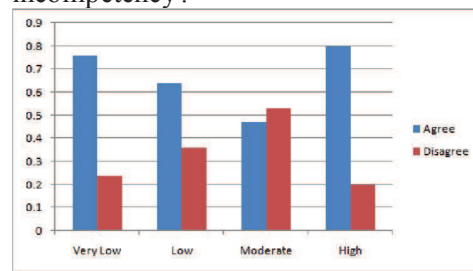


Figure-53. Histogram depicting differences for Income on 'Government possesses the potential for total prohibition of liquor'.

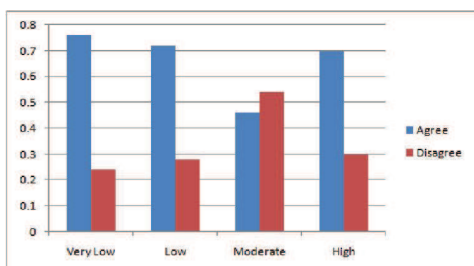
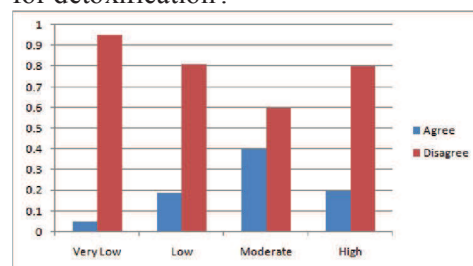


Figure-54. Histogram depicting differences for Income on 'People became aware of the medications prescribed to the Alcoholics for detoxification'.



The significant Religious Involvement differences (**Chi-Square=6.44\***) on 'Alcohol is used from time immemorial and we can never succeed in total prohibition' is presented in Figure-55. The increase in Religious Involvement indicated increase in agreement and decrease in disagreement, and the small proportion of decreasing disagreement fades out with high Religious Involvement. The Religious Involvement differences (**Chi-Square=8.82\***) on 'We the Mizo extensively consume Alcohol and related substances without control' is presented in Figure-56. The increase in Religious Involvement indicated increase in agreement and decrease in disagreement, and the small proportion of decreasing disagreement fades out with high Religious Involvement.

The significant Religious Involvement differences (**Chi-Square=6.61\***) on 'We point at others and adjudged others as the culprit for the fault of our own sons and daughters' is presented in Figure-57. The increase in Religious Involvement indicated increase in agreement and decrease in disagreement. The Religious Involvement differences (**Chi-Square=9.28\***) on 'Every village and locality work concertedly for prohibition' is presented in Figure-58. The increase in Religious Involvement indicated decrease in agreement and increase in disagreement.

The significant Religious Involvement differences (**Chi-Square=10.33\*\***) on 'Government possesses the potential for total prohibition of liquor' is presented in Figure-59. The increase in Religious Involvement indicated decrease in agreement and increase in disagreement. The Religious Involvement differences (**Chi-Square=8.75\***) on 'From time immemorial people use alcohol to conceal their wrong doings' is presented in Figure-60. The increase in Religious Involvement indicated decrease in agreement and increase in disagreement.

The significant Religious Involvement differences (**Chi-Square=7.08\***) on 'The majority of the population is aware of the general functions of the Alcoholic Anonymous' is presented in Figure-61. The increase in Religious Involvement indicated increase in agreement and decrease in disagreement. The Religious Involvement differences (**Chi-Square=10.54\*\***) on 'People became aware of the medications prescribed to the Alcoholics for detoxification' is presented in Figure-62. The increase in Religious Involvement indicated increase in agreement and decrease in disagreement.

Figure-55. Histogram depicting differences for Religious Involvement on 'Alcohol is used from time immemorial and we can never succeed in total prohibition'.

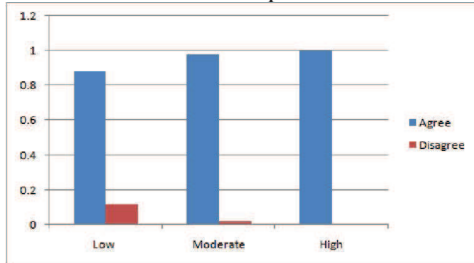


Figure-56. Histogram depicting differences for Religious Involvement on 'We the Mizo extensively consume Alcohol and related substances without control'.

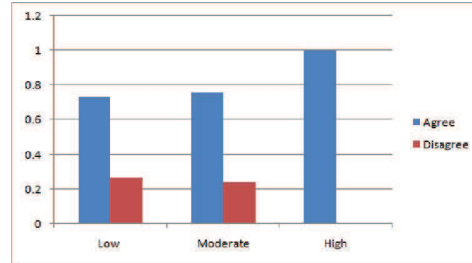


Figure-57. Histogram depicting differences for Religious Involvement on 'We point at others and adjudged others as the culprit for the fault of our own sons and daughters'.

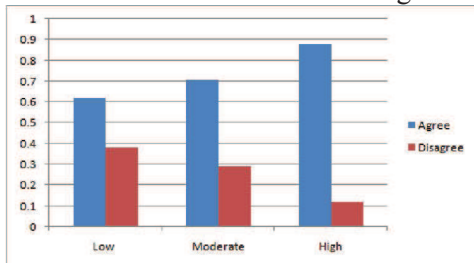


Figure-58. Histogram depicting differences for Religious Involvement on 'Every village and locality work concertedly for prohibition'.

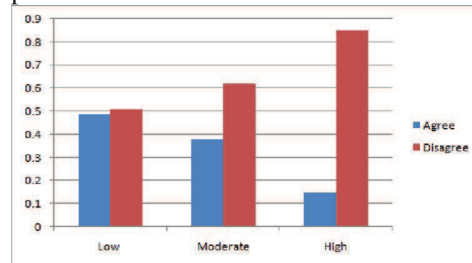


Figure-59. Histogram depicting differences for Religious Involvement on 'Government possesses the potential for total prohibition of liquor'.

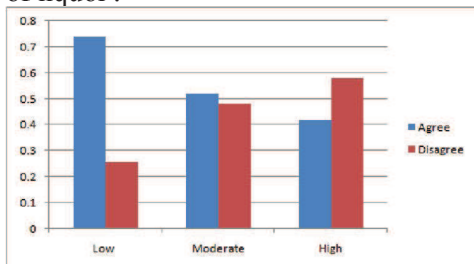


Figure-60. Histogram depicting differences for Religious Involvement on 'From time immemorial people use alcohol to conceal their wrong doings'.

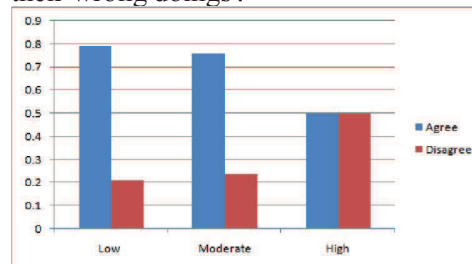


Figure-61. Histogram depicting differences for Religious Involvement on 'The majority of the population is aware of the general functions of the Alcoholic Anonymous'.

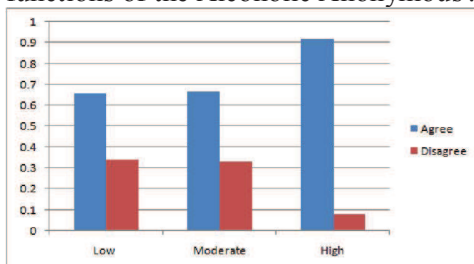
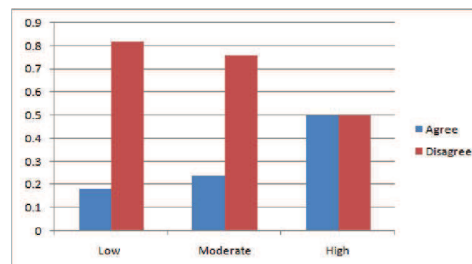


Figure-62. Histogram depicting differences for Religious Involvement on 'People became aware of the medications prescribed to the Alcoholics for detoxification'.



The significant Societal Involvement differences (**Chi-Square=13.10\*\***) on 'We the Mizo extensively consume Alcohol and related substances without control' is presented in Figure-63. The increase in Societal Involvement indicated increase in agreement and decrease in disagreement, and the small proportion of decreasing disagreement fades out with high Societal Involvement. The Societal Involvement differences (**Chi-Square=9.12\*\***) on 'Every family failed to support and help out Abusers' is presented in Figure-64. The pattern of high agreement present in the main sample for the study remains with small proportion of decreasing disagreement.

The significant Societal Involvement differences (**Chi-Square=9.09\***) on 'We point at others and adjudged others as the culprit for the fault of our own sons and daughters' is presented in Figure-65. The increase in Societal Involvement indicated increase in agreement and decrease in disagreement. The Societal Involvement differences (**Chi-Square=9.74\*\***) on 'Every village and locality work concertedly for prohibition' is presented in Figure-66. The increase in Societal Involvement indicated decrease in agreement and increase in disagreement.

The significant Societal Involvement differences (**Chi-Square=12.43\*\***) on 'We use Alcohol to conceal our wrong doings, inefficacy and incompetency' is presented in Figure-67. There emerge decrease in agreement and increase in disagreement from low to moderate Societal Involvement reversing with high Societal Involvement. The Societal Involvement differences (**Chi-Square=11.63\*\***) on 'From time immemorial people use alcohol to conceal their wrong doings' is presented in Figure-68. The high agreement and low disagreement for low and moderate Societal Involvement converges at high Societal Involvement.

The significant Societal Involvement differences (**Chi-Square=12.63\*\***) on 'The majority of the population is aware of the general functions of the Alcoholic Anonymous' is presented in Figure-69. The increase in Societal Involvement indicated increase in agreement and decrease in disagreement, and the small proportion of decreasing disagreement fades out with high Societal Involvement. The Societal Involvement differences (**Chi-Square=8.33\***) on 'People became aware of the medications prescribed to the Alcoholics for detoxification' is presented in Figure-70. The increase in agreement and decrease in disagreement from low to moderate Societal Involvement emerged to be reversed from moderate to high Societal Involvement.

Figure-63. Histogram depicting differences for Societal Involvement on 'We the Mizo extensively consume Alcohol and related substances without control'.

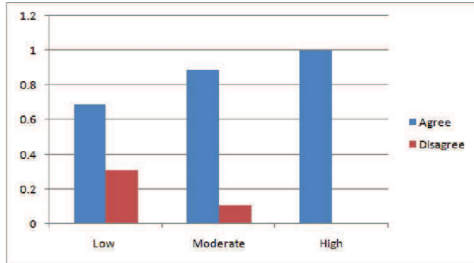


Figure-64. Histogram depicting differences for Societal Involvement on 'Every family failed to support and help out Abusers'.

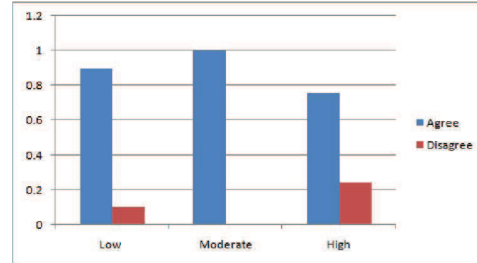


Figure-65. Histogram depicting differences for Societal Involvement on 'We point at others and adjudged others as the culprit for the fault of our own sons and daughters'.

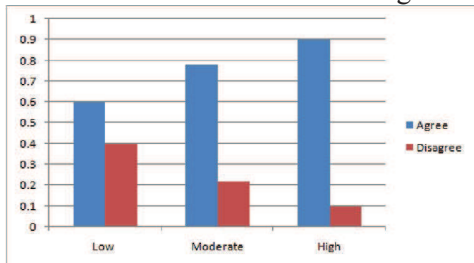


Figure-66. Histogram depicting differences for Societal Involvement on 'Every village and locality work concertedly for prohibition'.

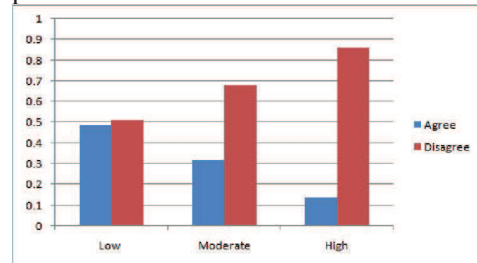


Figure-67. Histogram depicting differences for Societal Involvement on 'We use Alcohol to conceal our wrong doings, inefficacy and incompetency'.

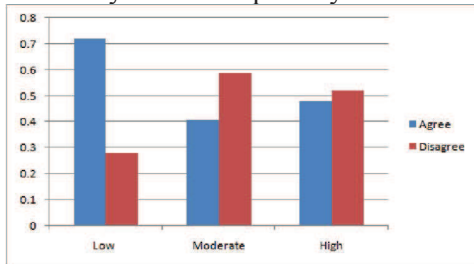


Figure-68. Histogram depicting differences for Societal Involvement on 'From time immemorial people use alcohol to conceal their wrong doings'.

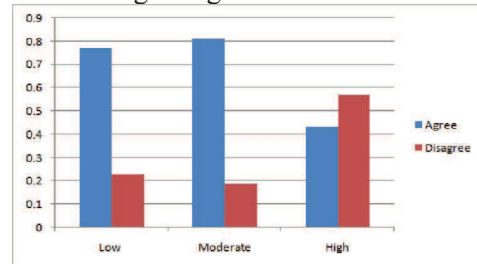


Figure-69. Histogram depicting differences for Societal Involvement on 'The majority of the population is aware of the general functions of the Alcoholic Anonymous'.

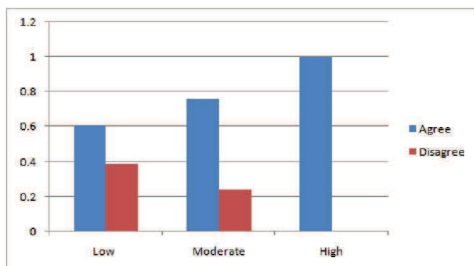
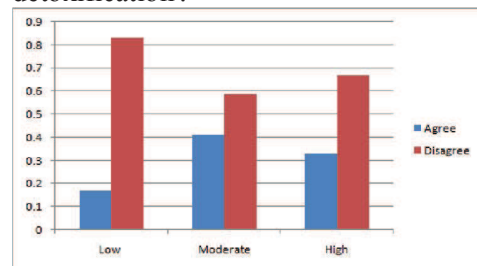


Figure-70. Histogram depicting differences for Societal Involvement on 'People became aware of the medications prescribed to the Alcoholics for detoxification'.





The significant Alcoholic in the Family differences (**Chi-Square=6.10\***) on 'Alcohol is used from time immemorial and we can never succeed in total prohibition' is presented in Figure-71. Participants with Alcoholic in the Family are in complete agreement and small proportion of participants without Alcoholic in the Family indicated disagreement. The Alcoholic in the Family differences (**Chi-Square=8.61\*\***) on 'We the Mizo extensively consume Alcohol and related substances without control' is presented in Figure-72. Participants with Alcoholic in the Family indicated high agreement with low disagreement and the high discrepancy moderates among participants without Alcoholic in the Family. The significant Alcoholic in the Family differences (**Chi-Square=8.27\*\***) on 'Every family failed to support and help out Abusers' is presented in Figure-73. Participants with Alcoholic in the Family indicated high agreement with low disagreement and the high discrepancy moderates among participants without Alcoholic in the Family. The Alcoholic in the Family differences (**Chi-Square=5.02\***) on 'Every village and locality work concertedly for prohibition' is presented in Figure-74. Participants with Alcoholic in the Family indicated high disagreement with low agreement that emerged reversely moderated among participants without Alcoholic in the Family. The significant Alcoholic in the Family differences (**Chi-Square=6.75\*\***) on 'We are tolerant to Abusers and drunken class mates, batch mates and co-workers' is presented in Figure-75. Participants with Alcoholic in the Family indicated high agreement with low disagreement and the high discrepancy moderates among participants without Alcoholic in the Family. The Alcoholic in the Family differences (**Chi-Square=9.81\*\***) on 'We use Alcohol to conceal our wrong doings, inefficacy and incompetency' is presented in Figure-76. Participants with Alcoholic in the Family indicated higher disagreement with lower agreement that emerged reversed among participants without Alcoholic in the Family. The Alcoholic in the Family differences (**Chi-Square=9.32\*\***) on 'Government possesses the potential for total prohibition of liquor' is presented in Figure-77. Participants with Alcoholic in the Family indicated higher disagreement with lower agreement that emerged reversed among participants without Alcoholic in the Family. The significant Alcoholic in the Family differences (**Chi-Square=6.95\*\***) on 'The majority of the population is aware of the general functions of the Alcoholic Anonymous' is presented in Figure-78. Participants with Alcoholic in the Family indicated high agreement with low disagreement and the high discrepancy moderates among participants without Alcoholic in the Family.



Figure-71. Histogram depicting differences for Alcoholic in the Family on 'Alcohol is used from time immemorial and we can never succeed in total prohibition'.

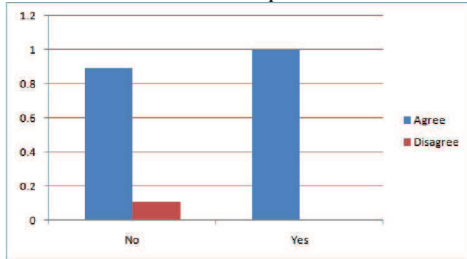


Figure-72. Histogram depicting differences for Alcoholic in the Family on 'We the Mizo extensively consume Alcohol and related substances without control'.

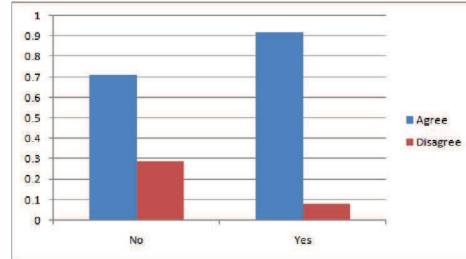


Figure-73. Histogram depicting differences for Alcoholic in the Family on 'Every family failed to support and help out Abusers'.

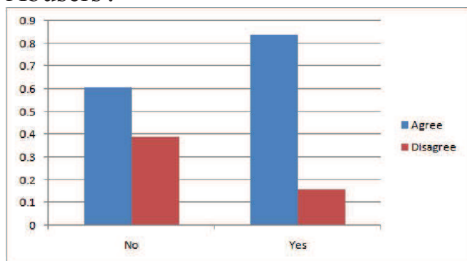


Figure-74. Histogram depicting differences for Alcoholic in the Family on 'Every village and locality work concertedly for prohibition'.

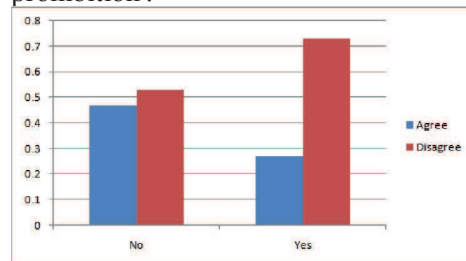


Figure-75. Histogram depicting differences for Alcoholic in the Family on 'We are tolerant to Abusers and drunken class mates, batch mates and co-workers'.

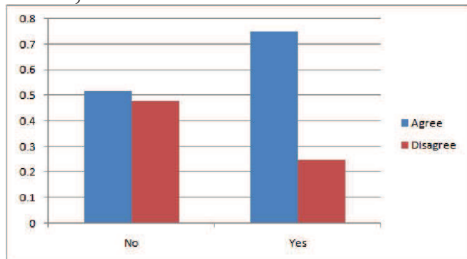


Figure-76. Histogram depicting differences for Alcoholic in the Family on 'We use Alcohol to conceal our wrong doings, inefficacy and incompetency'.

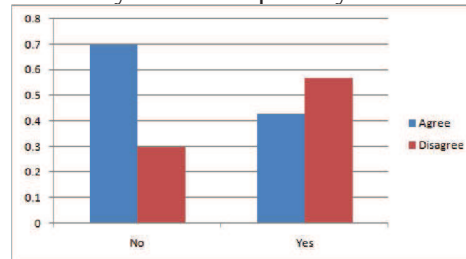


Figure-77. Histogram depicting differences for Alcoholic in the Family on 'Government possesses the potential for total prohibition of liquor'.

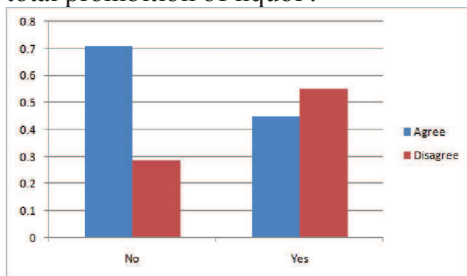
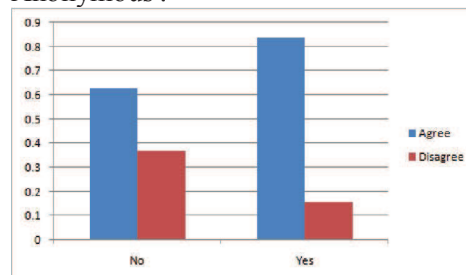
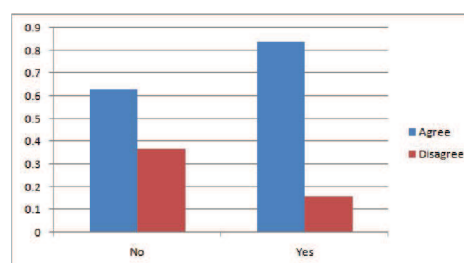


Figure-78. Histogram depicting differences for Alcoholic in the Family on 'The majority of the population is aware of the general functions of the Alcoholic Anonymous'.



The Alcoholic in the Family differences (**Chi-Square=5.76\***) on 'People became aware of the medications prescribed to the Alcoholics for detoxification' is presented in Figure-79. Participants with Alcoholic in the Family indicated high agreement with low disagreement and the high discrepancy moderates among participants without Alcoholic in the Family.

Figure-79. Histogram depicting differences for Alcoholic in the Family on 'People became aware of the medications prescribed to the Alcoholics for detoxification'.



The thirty five Alcoholics – 8% of 14-29 years, 29% of 30-49 years and 23% of 50-75 years identified based on their Alcoholism Index are further subjected to questions pertaining to Alcoholism related problems. Organized along the different problem areas pertaining to Alcoholism, the numbers of participants along the different problem areas are described below:

Medical	–	5/35
Financial	–	5/35
Substance Abuse	–	7/35
Legal	–	8/35
Family	–	8/35
Psychological	–	10/35
Relational	–	5/35
Absenteeism	–	15/35
Resistance	–	18/35

In addition, the participants with one or more problem(s) are identified based on the problem areas pertaining to Alcoholism. There are 5 participants identified to indicate that they experienced no problem pertaining to Alcoholism. There are 9 participants identified with at least one problem, 9 participants with any two problems, 3 participants in three areas, 1 participant in four areas, 4 participants in five areas, 3 participants in six areas and 1 participant in seven out of the nine problems pertaining to Alcoholism.

### **4.3 Unstructured Interview Data:**

The outcomes of the content analyses conducted for the recorded Unstructured Interviews conducted are presented in Figures - 82 to 90. Histogram depicting the opinion of the participants (Figure-80) showed that 33.33% responded 'No' and 1.39% responded 'Yes' with 65.28 remaining 'Undecided' indicating the Punishment of offenders of MLTP Act, 1995 and its amended Acts and MLTP Rules, 1996 remains unsatisfactory. Results (Figure-81) showed that 37.50% responded 'No' and 5.56% responded 'Yes' with 56.94 remaining 'Undecided'. This indicated that the role and activities of the Government towards implementation of MLTP remains wanting.

Towards the role and activities of the Non-Governmental Organizations and Institutions Results (Figure-82) showed that 6.94% responded 'No' and 18.06% responded 'Yes' with 75% remaining 'Undecided'. This indicated that the role and activities of the Non-Governmental Organizations and Institutions contribute very less towards implementation of MLTP. Results (Figure-83) showed that 11.11% responded 'No' and 11.11% responded 'Yes' with 77.78% remaining 'Undecided'. This indicated that the respondents remain totally undecided towards the role played by the church in the implementation of MLTP.

Towards the successfulness of MLTP, results (Figure-84) showed that 43.06% responded 'No' and 16.67% responded 'Yes' with 40.28% remaining 'Undecided'. This indicated the unsuccessfulness of the implementation of MLTP. Results (Figure-85) showed that 45.83% responded 'No' and 2.78% responded 'Yes' with 51.39% remaining 'Undecided'. This indicated that the respondents consider Total Prohibition to be impracticable.

Results (Figure-86) showed that 66.67% responded 'No' and 30.56% responded 'Yes' with 2.78% remaining 'Undecided'. This indicated that the respondents remain highly negative towards the removal of Total Prohibition. Similarly, results (Figure-87) showed that 66.67% responded 'No' and 30.56% responded 'Yes' with 2.78% remaining 'Undecided'. This indicated that the respondents remain highly favourable towards changing MLTP Act, 1995 and its amended Acts and MLTP Rules, 1996. Results (Figure-88) showed that 61.11% responded 'No' and 6.94% responded 'Yes' with 31.94% remaining 'Undecided' revealing that Mizo are not responsible drinkers.

Figure-80: Histogram depicting attitudes towards Punishment of offenders of MLTP Act, 1995 and its amended Acts and MLTP Rules, 1996 as enforced ( $X^2=44.08^{**}$ ).

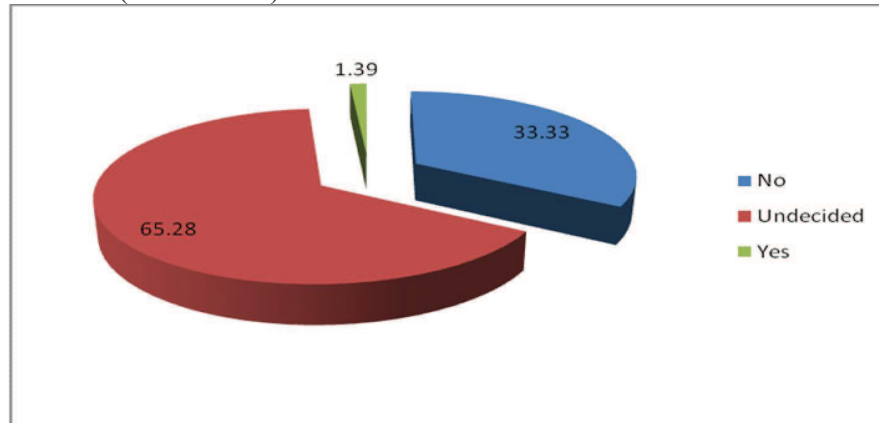


Figure-81: Histogram depicting attitudes towards the role and activities of the Government ( $X^2=29.08^{**}$ ).

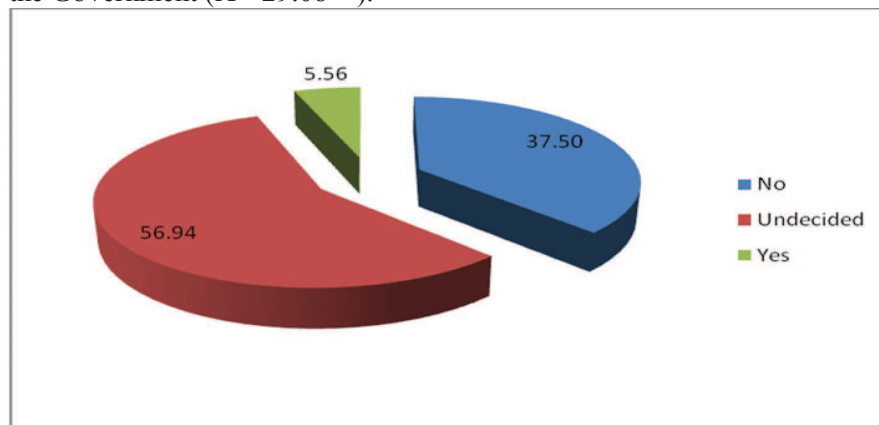


Figure-82: Histogram depicting attitudes towards the role and activities of the Non-Governmental Organizations and Institutions ( $X^2=57.58^{**}$ ).

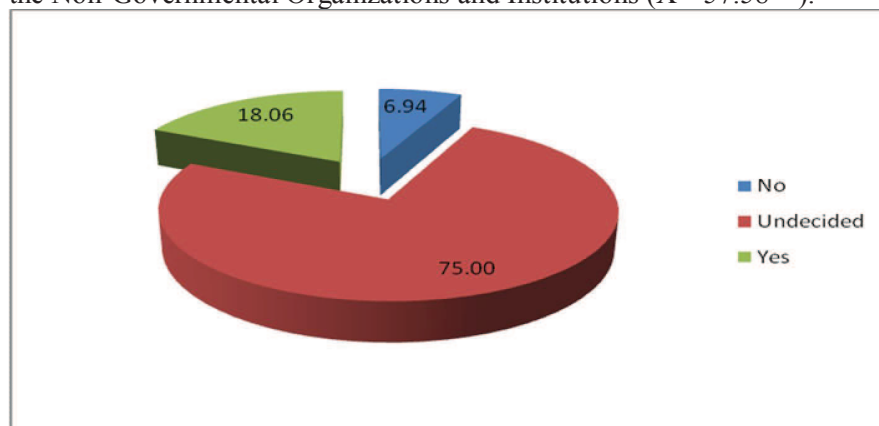


Figure-83: Histogram depicting attitudes towards the role played by the church ( $X^2=64.00^{**}$ ).

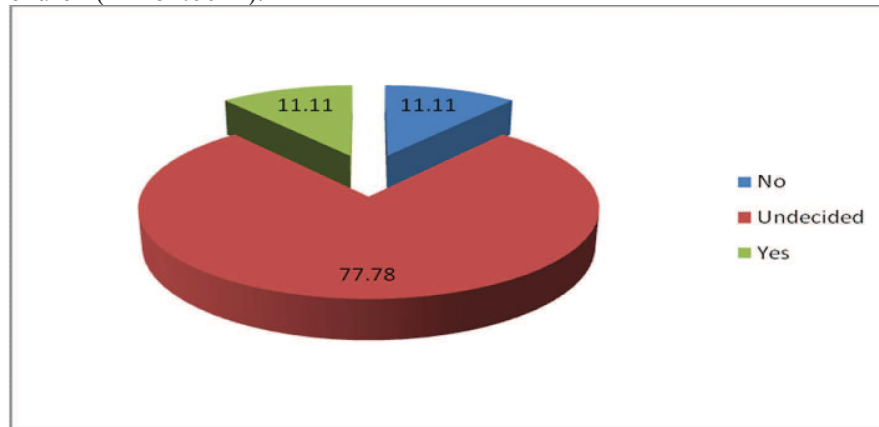


Figure-84: Histogram depicting attitudes towards the successfulness of MLTP ( $X^2=9.08^*$ ).

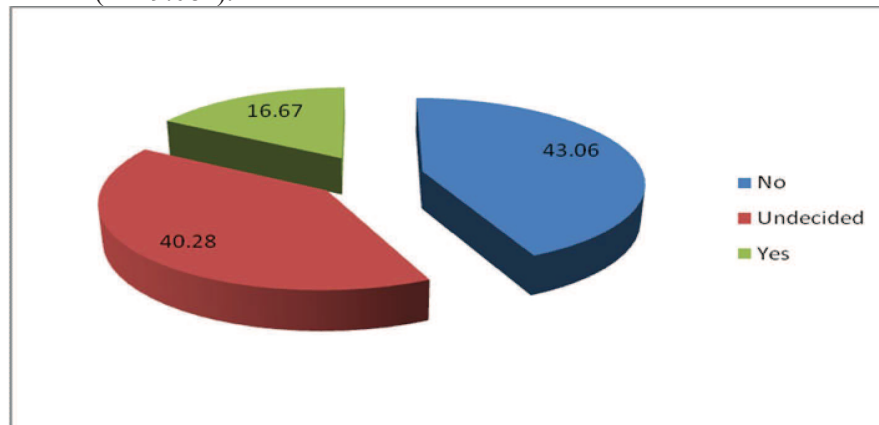


Figure-85: Histogram depicting attitudes towards the belief that Total Prohibition is really possible ( $X^2=30.58^{**}$ ).

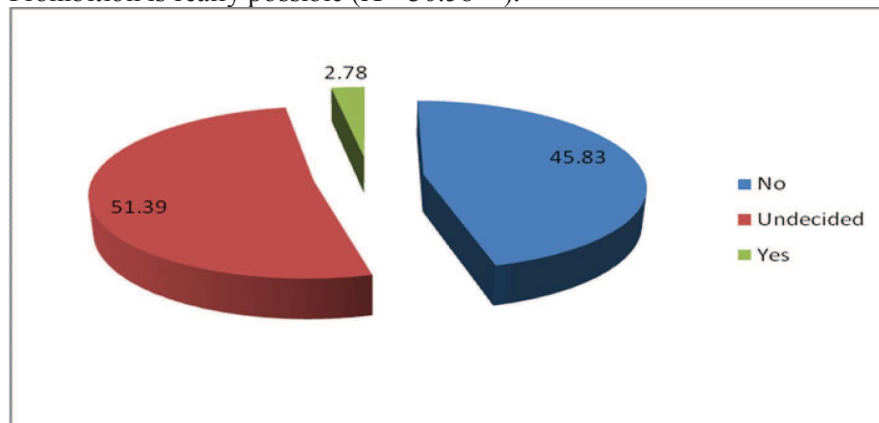


Figure-86: Histogram depicting attitudes towards the removal of Total Prohibition ( $X^2=44.33^{**}$ ).

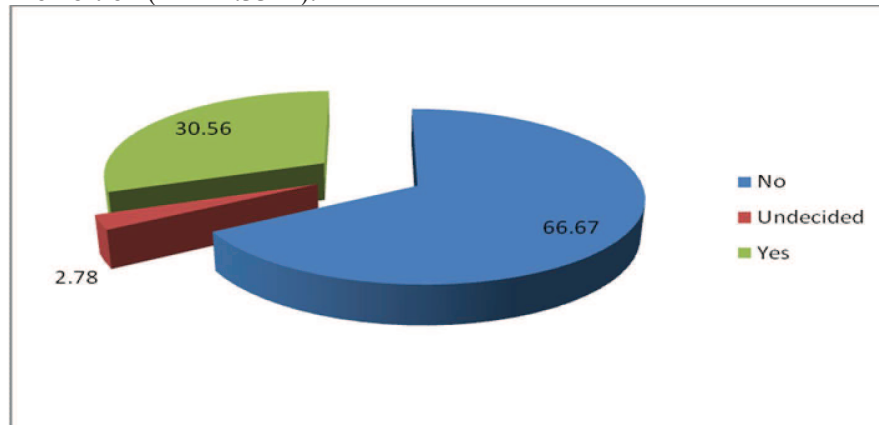


Figure-87: Histogram depicting attitudes towards changing MLTP Act, 1995 and its amended Acts and MLTP Rules, 1996 ( $X^2=44.33^{**}$ ).

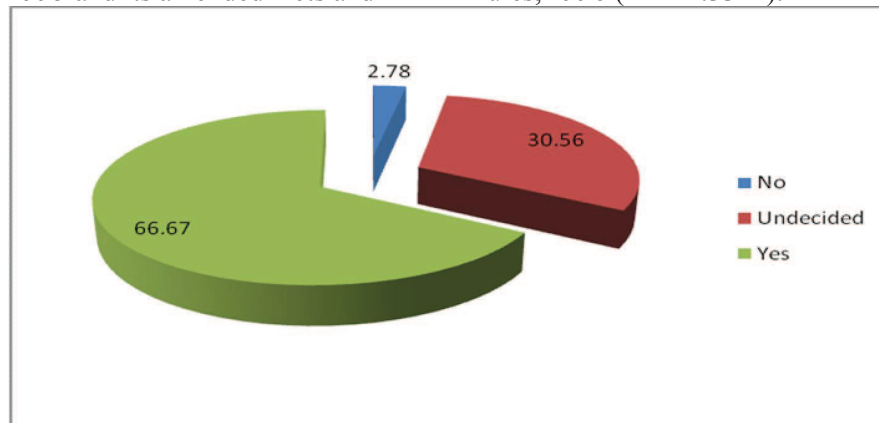
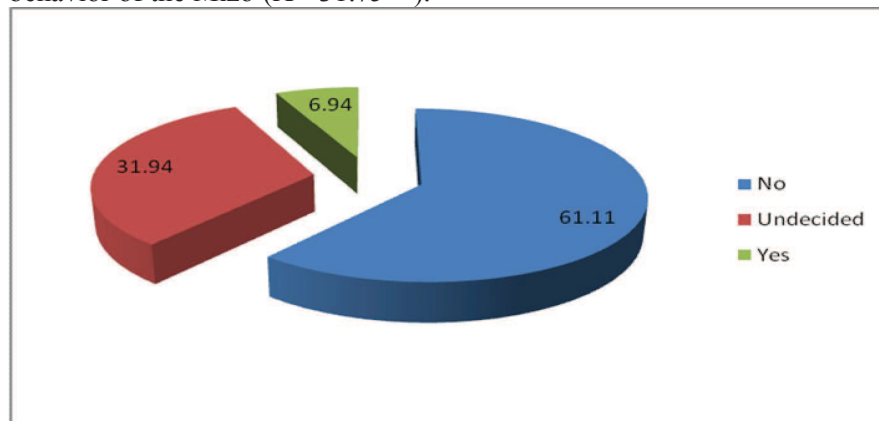


Figure-88: Histogram depicting attitudes towards the responsible drinking behavior of the Mizo ( $X^2=31.75^{**}$ ).



## CHAPTER V

### DISCUSSION

**5.1 Comparison on Demographics:** The K=6 One-way ANOVA for 'Age-group x Gender' (Table-14) revealed significant effect on Depression. Post-hoc multiple mean comparison (Figure-16) revealed Female youth indicated significantly greater mean score as compared to aged male on Depression. Similarly, Two-way ANOVA for Age-group and Gender (Table-20) also show significant effect on Depression. The post-hoc comparison (Figure-27) indicated significantly greater mean score for 14-29 years as compared to 50-87 Years on Depression. Finally, result of multiple regression (Table-25) show predictability of Depression from Age-group.

The adolescent years are characterized by an increased willingness to engage in behaviors considered by society to be risky, harmful, or even antisocial (Moffitt, 1993; Johnston *et al.*, 2002). However, for the majority of individuals, heavy alcohol use tends to subside with the acquisition of adult roles, particularly the roles of spouse, parent, and worker (Bachman *et al.*, 1997; Gotham *et al.*, 2003). Finding revealed that, though fronto-subcortical circuitry development is notable during adolescence, asynchronous maturation of prefrontal and limbic systems may render youth more vulnerable to risky behaviors such as substance use. Indeed, binge-pattern alcohol consumption and comorbid marijuana use are common among adolescents, and are associated with neural consequences (Sunita, & Susan, 2010).

In addition, research has linked youth depression to external locus of control and control beliefs (Herman-Stahl, & Peterson, 1999), low perceived competence (Cole, et. al., 1999), low perceived contingency between actions and outcomes (Weisz, et, al., 1993), perceived helplessness (Kazdin, et. al., 1985), attributions of failure to internal, stable, and global causes (Cole, et. al., 2008), and low levels of perceived competence, contingency of outcomes, and ability to achieve desired outcomes (Muris, et. al., 2003).

The results (Table-28) indicated significant predictability of Hopelessness from increasing Age-group. The multiple regression partial out the influence of all other variables entered in the model and depicted the independent influence of Age-group on Hopelessness. Research findings identified the elderly as a “special” population at increased risk for alcoholism (Constance, Nancy, & Iris, 2000). Alcohol abuse, the most

common form of substance abuse among the elderly, is associated with depression and the high suicide rate in older populations (Osgood & Manetta, 1998; Osgood, Wood, & Parham, 1995).

The results (Table-5 & Figure-9) revealed males to be more inclined to Alcoholism as compared to females. Men with fewer role limits due to physical health drank more, while women with better psychological well-being drank less. Poor psychological well-being may be a modifiable risk factor for increased alcohol use among women; practitioners should be alert for greater consumption among men with few functional limitations and good health (Carla, Donald, & Michael, 2001).

Similarly, the t-test (Table-12) and two-way ANOVA (Table-20) show Gender differences on Stress and mean comparison (Figures-15&32) revealed females as compared to males indicated significantly greater mean score. The results (Table-4) show Gender to indicate negative relationship with Stress and Individual Alcoholism Index. Complementarily, multiple regression (Table-23) show predictability of Stress and Individual Alcoholism Index from Gender. A study to examine longitudinal associations between drinking, alcohol problems and male-to-female (MFPV) and female-to-male partner violence (FMPV) in a national sample of White and Hispanic couples in the United States revealed that once a behavior is present, it tends to be a strong predictor of that same behavior in the future (Raul, Suhasini, & Robert, 2008). Further, Cross-sectional data revealed stress-related factors are only marginally associated with a heavy alcohol intake (Jeanne, Marja, Jantine, Hans, Paul, & Johan, 2004). Beside the conventional findings that females are more prone to stress than males, findings remains wanting in the context of Alcoholism.

In the multiple regression analyses, Gender as a criterion also revealed predictability of Depression (Table-25) and Anxiety (Table-27). Thus, with all other demographic variable excluded females show higher tendency for Depression and Anxiety. Female adolescents' lower levels of positive thinking and higher scores on negative problem orientation, need for approval and success, and self-focused negative cognitions partially mediated gender differences in depressive symptoms (Esther, & Olga, 2005). Research revealed women with negative inferential styles and life events were independent predictors of depressive symptoms (Lindsey, Brandon, & Meredith, 2010).



The conventional findings reported in literature provided corroborative evidences pertaining to Anxiety.

The results (Table-4) revealed significant positive relationship between District and Availability. Thus, being away from the capital city indicated more easy access to Alcohol. This can be attributed to the more easily availability of enforcement and regulations and can be considered in line with the residents of Bournville winning a court battle in March 2007 to prevent it selling alcohol in its local outlet (Hansard 1803–2005, 2009).

The results (Table-4) also revealed significant positive relationship between Income and Negative Attitudes towards MLTP. This finds support from the multiple regression analyses (Table-24) wherein higher Income predicted Negative Attitudes towards MLTP. This can be attributed to the higher Income group with more access to varieties of Alcoholic brands consumed at high cost leading to the Negative Attitudes towards MLTP. Income based variation was also observed in ANVOCA (Table-22) multiple regression analysis (Table-28), wherein lower Income indicated Hopelessness described in terms of economic deficiency.

Religious Involvement that indicated positive relationship with Societal Involvement, show positive relation with Positive Attitudes towards MLTP and negative relationship with Depression (Table-4). Complementarily, ANCOVA (Table-22) revealed the role of increasing Religious Involvement on Positive Attitudes towards MLTP (Table-23) and predictability of decreasing Depression (Table-25) from Religious involvement. Temperance was not, as is sometimes thought, the campaign of rural backwaters; rather, temperance was on the cutting edge of social reform instigated by the religious involvement (Levine, & Reinerman, 1991). Affiliation and involvement to religion and societal institution can never be of doubt to reduce life stresses.

## **5.2 Alcoholism Indexes:**

The One-way ANOVA for Individual Alcoholism Index (Table-16) and ANCOVA (Table-22) revealed significant variation due to Individual Alcoholism Index on Depression. Post-hoc comparison (Figure-20) revealed 'Alcoholic' as compared to all other comparable groups indicated significantly greater mean scores on Depression. Multiple regression analysis (Table-25) revealed significant predictability of Depression

from Individual Alcoholism Index and discriminant function analysis (Table-29) revealed that Individual Alcoholism Index can serve to significantly classify Depression.

Similarly, the One-way ANOVA for Alcoholism Index for Family member (Table-1) and ANCOVA (Table-22) revealed significant variation due to Alcoholism Index for Family member on Depression. Post-hoc comparison (Figure-23) revealed 'Abuser' as compared to 'Never' indicated significantly greater mean scores on Depression. Multiple regression analysis (Table-25) revealed significant predictability of Depression from Alcoholism Index for Family member and discriminant function analysis (Table-21) revealed that Individual Alcoholism Index can serve to significantly classify Depression.

Empirical finding reported depression to be associated with alcohol problems. These results suggest that negative affect is a key risk factor for alcohol problems and the inability to tolerate negative emotions and to organize their behavior around future outcomes may also be especially relevant risk factors (Dennhardt, & Murphy, 2011). Alcohol use is particularly problematic for individual with elevated depression, and this is partly attributable to depression's association with negative urgency, in addition to its association with drinking to cope. The findings suggest that individuals who suffer from depression may engage in problematic drinking behavior in part because negative affect is detrimental to their short-term impulse control and decision making, independent of maladaptive attempts to regulate affect through drinking to cope (Gonzalez, Reynolds, & Skewes, 2011).

The ANCOVA (Table-22) revealed the contribution of Individual Alcoholism Index on Anxiety. Multiple regression (Table-26) revealed the predictability of Anxiety from Individual Alcoholism Index and discriminant function analysis (Table-29) revealed that Individual Alcoholism Index can serve to significantly classify Anxiety.

In support to the above findings, The One-way ANOVA for Alcoholism Index for Family member (Table-18) and the ANCOVA (Table-22) revealed the contribution of Alcoholism Index for Family member on Anxiety. 'Abuser' as compared to 'Never' indicated significantly greater mean scores on Anxiety (Figure-26). Multiple regression (Table-26) revealed the predictability of Anxiety from Alcoholism Index for Family member and discriminant function analysis (Table-31) revealed that Individual Alcoholism Index can serve to significantly classify Anxiety.

Researches has shown that anxiety sensitivity (AS) is positively associated with alcohol use, and that individuals with high AS use alcohol to avoid or escape negative affect associated with aversive stimuli. Findings revealed that AS emerged to be moderately associated with drinking behavior and the interaction of AS with severity of PTSD symptoms to be associated with frequency of drinking (Gillihan, Farris, & Foa, 2011). Despite substantial comorbidity between generalized anxiety disorder (GAD) and alcohol use disorders (AUD), generalized anxiety level interacted with both tension-reduction alcohol expectancies and drinking refusal self-efficacy to predict alcohol consumption and alcohol-related consequences (Goldsmith, Thompson, Black, Tran, & Smith, 2011).

The Univariate analysis of variance for Individual Alcoholism Index (Table-16) and post-hoc comparison (Figure-21) revealed 'Alcoholic' as compared to 'Abuser' indicated significantly greater mean scores on Stress. Multiple regression (Table-27) revealed the predictability of Anxiety from Individual Alcoholism Index and discriminant function analysis (Table-29) revealed that Individual Alcoholism Index can serve to significantly classify Stress.

Alcoholism can be stressful to other family member was highlighted by the Univariate analysis of variance for Alcoholism Index for Family member (Table-18) and post-hoc comparison (Figure-25) revealed and 'Abuser' as compared 'Never' and 'Tried A Sip' to indicated significantly greater mean scores on Stress. Discriminant function analysis (Table-31) revealed that Alcoholism Index for Family member can serve to significantly classify Stress.

Avoidance coping (AVC) has been found to be common among individuals with posttraumatic stress disorder (PTSD) and in individuals with alcohol use disorder (AUD). AUD history and avoidance coping aid in detecting those at elevated risk for PTSD, and intervening to reduce AVC soon after trauma may help buffer the development of PTSD + AUD comorbidity (Hruska, Fallon, Spoonster, Sledjeski, Delahanty, 2011). Alcohol directly reduced self-reported anxiety and skin conductance levels in response to the stressor. Alcohol's effect on reducing heart rate response, in contrast, emerged indirect and mediated by effects on pre-stress baseline (Sher, Bartholow, Peuser, Erickson, & Wood, 2007).

In addition, the discriminant function analysis (Table-29) revealed that Individual Alcoholism Index can highly significantly classify Hopelessness based on Individual Alcoholism Index. The discriminant function analysis (Table-31) also revealed that Individual Alcoholism Index for Family member can significantly classify Hopelessness based on Alcoholism Index for Family member.

Empirical finding showed that hopelessness and sensation seeking were indicative of ever used alcohol, tobacco or cannabis and for the use of more than one substance. Furthermore, individuals with higher levels of hopelessness had a higher chance of starting to use alcohol or cannabis at an earlier age, but highly anxiety sensitive individuals were less likely to start using alcohol use at a younger age. Conclusively, early adolescents who report higher levels of hopelessness and sensation seeking seem to be at higher risk for an early onset of substance use and poly substance use (Monique, Geertjan, Karin, Jeroen, Wilma, & Rutger, 2010). Both anxiety sensitivity and hopelessness relate to increased levels of drinking and problem drinking (Stewart, et. al., 1995; Conrod, et. al., 1998).

Hopelessness is associated with self-harm and suicide behavior (O'Connor et al. 2008). Girls are shown to reported higher scores on anxiety sensitivity and hopelessness than boys, and boys reported higher levels of sensation seeking than girls and that significant association between hopelessness and age of onset of alcohol use. In addition, more feelings of hopelessness and being a sensation seeker were related to the use of more than one substance (Monique, et. al., 2010).

**5.3 Psychological Impact of Alcohol:** The results (Table-5 & Figure-9) revealed higher indexes of Alcoholism emerged to be more pronounced for the Youths and Individual Alcoholism Index decreasing as the Age increases. Besides, results (Table-29&31) revealed that Depression, Anxiety, Stress and Hopeless serve as classification criterion for Alcoholism Index. The results (Table-25) revealed the decreasing Age-group and Increasing Individual Alcoholism Index significantly predicted Depression. The results (Table-28) also indicated increasing Age-group and decreasing Income predicted Hopelessness.

The results (Table-6 & Figure-10) revealed that males are more inclined to alcoholism as compared to females. As indicated, results (Table-29&31) revealed that

Depression, Anxiety, Stress and Hopeless serve as classification criterion for Alcoholism Index. Females as compared to males and increasing Individual Alcoholism Index and Alcoholism Index for Family member indicated increase in Depression (Table-25), Anxiety (Table-26) as well as females as compared to males and increasing Individual Alcoholism Index indicated increase in Stress (Table-27). The thirty five Alcoholics – 8% of 14-29 years, 29% of 30-49 years and 23% of 50-75 years identified based on their Alcoholism Index revealed different problems in areas of Medical, Finance, Substance Abuse, Legal, Family, Psychological, Relational, Absenteeism, and Resistance.

Finding indicated that social (but not tension reduction, sexual enhancement, positive cognitive changes, or negative affective changes) alcohol outcome expectancies partially mediated the association between social anxiety and hazardous drinking; however, social anxiety had a negative direct effect on hazardous drinking (Lindsay, 2009). Alcoholics reported significantly more CNS and musculoskeletal symptoms compared to both cocaine and opiate patients and as well as significantly more GI and urinary symptoms than the cocaine and opiate patients (Ashwin, Robert, Edward, & Stephen, 1999). Research also suggests that the meaning of public drinking is to express a form of masculinity. Gendered descriptions of their own and peers' drinking behavior and alcohol use was found to symbolize the embodiment of hegemonic masculinity. Masculinities were constructed via drinking stories, the body's ability to tolerate alcohol, and the relevance of drinking too little or not at all, which symbolized weakness or femininity (Robert, 2007).

Relationships between mental health and alcohol behaviour are more decisive. Clear links between poor mental health and alcohol problems have been established (Grant et al. 2004; Koopman et al. 2003). Links between psychological well-being and lower levels of alcohol consumption have also been found (Epstein et al. 2004; Griffin et al. 2002). This suggests that people who are heavier drinkers are more likely to have poor mental health. Finding also revealed drug use to be associated with an increased likelihood of heavy drinking which, in turn, increased the risk of drug use and depression (Luis, Mary, & Robert, 1998). Higher levels of depressive symptoms strengthen the help-negating effect of suicidal ideation for seeking help. The results indicate that, even at subclinical levels, suicidal ideation impedes the cognitive help-seeking process at the decision making stage (Coralie, & Frank, 2010).

#### **5.4 Attitudes towards MLTP:**

The pair-wise comparison (t-test) between the Positive and Negative Attitude towards MLTP (Table-11 & Figure-14) revealed that the population under study indicated significantly higher Negative Attitudes towards MLTP as compared to Positive Attitudes towards MLTP.

Jeffrey and Jeffrey (1991) estimated the consumption of Alcohol during Prohibition in the United States by employing mortality, mental health and crime statistics. It was reported that alcohol consumption falls sharply and the beginning of Prohibition, to approximately 30% of its Pre-Prohibition level. However, during the next several years, Alcohol consumption increases sharply, to 60-70% of Pre-Prohibition level. The level of consumption becomes more or less the same after Prohibition as during the later part of Prohibition. The level of consumption approximates the Pre-Prohibition level with one decade of Prohibition.

Since 1954, attempts have been made for Prohibition and in 1995 the State legislature passed the Mizoram Liquor Total Prohibition Act. This Act was applied from 20th February, 1997 (Lalrinawma, 2005). At first glance, the evidence seems to suggest that the quantity consumed did indeed decrease. That would be no surprise to an economist: making a product more difficult to supply will increase its price and the quantity consumed will be less than it would have been otherwise. However, spending on alcohol during Prohibition was greater than it had been before Prohibition (Mark, 1989). Prohibition fell far short of eliminating the consumption of alcohol. Illicit production and distribution continued to expand throughout Prohibition despite ever-increasing resources devoted to enforcement (Clark, 1932).

The K=6 One-way ANOVA for 'Age-group x Gender' (Table-14) revealed significant effect on Positive Attitudes towards MLTP. Post-hoc multiple mean comparison (Figure-16) revealed female who are aged indicated significantly greater mean score as compared to male and female youth and the adult male on Positive Attitudes towards MLTP. Similarly, Two-way ANOVA for Age-group and Gender (Table-20) also show significant effect on Positive Attitudes towards MLTP. However, post-hoc comparison failed to indicate significant variation. Finally, result of multiple regression (Table-23) show predictability of Positive Attitudes towards MLTP from Age-group and Religious Involvement and none of the statements pertaining to MLTP in the

structured interview emerge significant. The results (Table-4) revealed Age-group to show positive relationship with Religious Involvement and Positive Attitudes towards MLTP as well as negative relationship with Alcoholism Index for Family member. Thus, the compounding influence of the older participants indicating more Religious involvement can be ascribed to the significant effect of Age-group on Positive Attitudes towards MLTP.

The results employing t-test (Table-12) and two-way ANOVA (Table-20) show Gender differences on Negative Attitudes towards MLTP and mean comparison (Figures-15&31) revealed males as compared to females indicated significantly greater mean score. The Structured Interview output pertaining to the statement on MLTP provided complementary support. The results (Table-4) show Gender to indicate negative relationship with Societal Involvement and Individual Alcoholism Index. Researches revealed higher heritabilities for females without a religious upbringing compared to females with a religious upbringing. Genetic influences accounted alcohol use initiation in nonreligious females, compared to religiously raised females. Shared environmental influences accounted less of the variance for nonreligious females and than in religious females. For males, the genetic variance was also higher in the nonreligious group compared to the religious group, but this difference was not statistically significant. Whether or not they were raised religiously, the liability to alcohol use initiation in males was moderately influenced by genetic factors and substantially influenced by shared environmental factors (Judith, Wendy, Caroline, & Dorret, 1999). Researches also revealed that religious commitment and dispositional religious coping are protective against alcohol use (Feyza, Zaje, & Lee, 2008).

The results (Table-20) revealed significant independent effect of Gender on Positive Attitudes towards MLTP. The post-hoc multiple comparison (Figure-26) revealed female indicating greater mean scores as compared to males. The two-way analysis of variance partitioned the influence of Age-group and its interaction with gender. The Structured Interview on 'We use Alcohol to conceal our wrong doings, inefficacy and incompetency' presented in (Figure-31) revealed females to indicate high agreement with low disagreement, while males are more or less equal.

Thus, Age-group with Religious Involvement having significant influence on Positive Attitudes towards MLTP and females as compared to males are indicating more



Positive Attitudes towards MLTP can be justified based on the fact that, male youth drink alcohol only on special occasion and festivals, whereas, female youth rarely drink and even when forced by males on special occasion and festivals they would only take a sip (Dokhuma, 1992). In New Zealand, the Protestant evangelical and Nonconformist churches and the Woman's Christian Temperance Union started movement for national prohibition in the 1880s. It was a middle-class movement which accepted the existing economic and social order and the movement kept trying till the 1920s leading to partial prohibition. Capitalism becomes more of a major issue with depression and war effectively ending the movement (Greg, 2010; Richard, 1975).

The anti-alcohol, or temperance, movement was created in the early nineteenth century in the United States by physicians, ministers, and large employers concerned about the drunkenness of workers and servants. By the mid- 1830s temperance had become a mass movement of the middle class. Temperance was not, as is sometimes thought, the campaign of rural backwaters; rather, temperance was on the cutting edge of social reform (Levine, & Reinerman, 1991). It was also reported that, Family conflict in the context of parental socialization of antisocial behavior with parental alcoholism and co-occurring is linked to child externalizing behavior problems and parent depression (Alexandra, Hiram, Robert, & Alexander, 2001).

The high prevalence of alcohol use suggests that it is a normative behavior which is not necessarily ideal. Fortunately, however, for the majority of individuals, heavy alcohol use tends to subside with the acquisition of adult roles, particularly the roles of spouse, parent, and being worker (Bachman et al., 1997; Gotham et al., 2003). The adolescent years are characterized by an increased willingness to engage in behaviors considered by society to be risky, harmful, or even antisocial (Elliott et al., 1985; Moffitt, 1993; Johnston et al., 2002).

The One-way ANOVA for Individual Alcoholism (Table-16) and post-hoc multiple mean comparison (Figure-19) revealed 'Never' as compared to 'Tried A sip' and 'Abuser' indicated significantly greater mean scores on Positive Attitudes towards MLTP. Complementarily, lower level on the Individual Alcoholism Index emerged to be better classified in the discriminant function analysis (Table-29). Consequently, the variation along Individual Alcoholism Index is also observed from results (Table-24) wherein, Individual Alcoholism Index significantly predicted increase in the Negative Attitudes



towards MLTP. Complementarily, the discriminant function analysis (Table-29) revealed that Individual Alcoholism Index can serve to significantly classify Negative Attitudes towards MLTP. Research demonstrates a negative relationship between attitude toward alcohol and religiosity. The findings demonstrate that a more prohibitive attitude toward alcohol was correlated more positive attitude toward Christianity. The multiple regression analyses confirm the importance of attitude toward religion in predicting individual differences in attitude toward alcohol (Leslie, Michael, & Christopher, 2005).

The findings revealed that ‘Alcohol is used from time immemorial and we can never succeed in total prohibition’ (Table-33). The finding was supported by Religious Involvement (Figure-55), and Alcoholic in the Family (Figure-71), and objected by the Societal Involvement (Figure-68). According to the finding, results (Table-33) revealed that ‘We are experiencing Alcohol related problems among the prevalent in the Pre-prohibition period after prolonged prohibition’ supported by Income (Figure-41) and objected by Educational Qualification (Figure-41).

The results (Table-33) revealed that ‘We point at others and adjudged others as the culprit for the fault of our own sons and daughters’. The indirect attempts to control the youth was also supported by the different Income group (Figure-49), Religious Involvement (Figure-57) and the Societal Involvement (Figure-65). Besides, the results (Table-33) indicated agreement on ‘We are tolerant to Abusers and drunken class mates, batch mates and co-workers’. The finding was supported by District (Figure-34), Income (Figure-51), and Alcoholic in the Family (Figure-34), but objected by the Educational Qualification (Figure-43).

The findings revealed that the ‘Government possesses the potential for total prohibition of liquor’ (Table-33). This was supported by the Availability (Figure-32), Social and Religious Leaders (Figure-38), and Income (Figure-53) but objected by the Religious Involvement (Figure-59), and Alcoholic in the Family (Figure-32). In contrast, (Figure-80) depicted that Punishment of offenders of MLTP Act, 1995 and its amended Acts and MLTP Rules, 1996 as enforced emerged unsatisfactory and Figure-81 revealed negative attitudes towards the role and activities of the Government.

Following the previous outcome, results (Table-33) indicated disagreement on ‘Every village and locality work concertedly for prohibition’. The disagreement was also observed for District (Figure-33), Income (Figure-50), Religious Involvement (Figure-

58), Societal Involvement (Figure-66), and Alcoholic in the Family (Figure-33) but objected by Social and Religious Leaders (Figure-36). Results (Figure-82) depicted the wanting role and activities of the Non-Governmental Organizations and Institutions.

The clear cut indecisive opinion of the majority of the population towards the religious institution emerged in the result (Figure-83). The results (Table-33) revealed that ‘We the Mizo extensively consume Alcohol and related substances without control’. Supporting evidences can be observed from Social and Religious leaders (Figure-35), Educational Qualification (Figure-42), Income (Figure-48), Religious Involvement (Figure-56), Societal Involvement (Figure-63), and Alcoholic in the Family (Figure-42). It was also observed that ‘We use Alcohol to conceal our wrong doings, inefficacy and incompetency’ (Table-33). In support, the agreement to the statement emerges for Social and Religious Leaders (Figure-37), Educational Qualification (Figure-44), Income (Figure-52), Societal Involvement (Figure-67), Alcoholic in the Family (Figure-76). Supplementing the above statement, results (Table-33) revealed agreement on ‘From time immemorial people use alcohol to conceal their wrong doings’ with support from the Societal Involvement (Figure-68).

The results (Table-33) indicated agreement on ‘Every family failed to support and help out Abusers’, that finds supportive evidences from Societal Involvement (Figure-64) and Alcoholic in the Family (Figure-73). The results (Figure-84) depicted attitudes towards the unsuccessfulness of MLTP and that Total Prohibition emerged impracticable (Figure-85). Regardless of the findings, unfavourable attitudes towards the removal of Total Prohibition were observed (Figure-86). Results (Figure-87) favour change of MLTP Act, 1995 and its amended Acts and MLTP Rules, 1996 which could be attributed to the irresponsible drinking behavior of the Mizo (Figure-88).

The ‘Family, society and the religious institution maintain separation tendency towards Alcoholic and Abusers’ and ‘Every family failed to support and help out Abusers’ (Table-33). The findings were supported by Societal Involvement (Figure-64) and Alcoholic in the Family (Figure-73). In addition, disagreement on ‘People became aware of the medications prescribed to the Alcoholics for detoxification’ (Table-33) and supporting decision of Social and Religious Leaders (Figure-40), Income (Figure-54), Societal Involvement (Figure-40), and Alcoholic in the Family (Figure-40), and objection from Educational Qualification (Figure-46) Religious Involvement (Figure-62) was

observed. However, findings revealed agreement on 'The majority of the population is aware of the general functions of the Alcoholic Anonymous' (Table-33), that gain support from Educational Qualification (Figure-45), Religious Involvement (Figure-61), Societal Involvement (Figure-69), and Alcoholic in the Family (Figure-39), but objected by the Social and Religious Leaders (Figure-39).

When drugs or alcoholic beverages are prohibited, they will become more potent, will have greater variability in potency, will be adulterated with unknown or dangerous substances, and will not be produced and consumed under normal market constraints (Mark, 1989). Prohibition also led many people to drink more "legitimate" alcohol, such as patent medicines (which contained high concentrations of alcohol), medicinal alcohol, and sacramental alcohol (Clarence, & Victor, 1927). Those products were potentially more dangerous and addictive than alcohol, and procuring them often brought users into contact with a more dangerous, criminal element (Wayne, 1974).

There appear to have been no health benefits from Prohibition (Clark, 1932). "There exists no scientifically sound fact which demonstrates evil effects from a temperate use of alcohol by normal adult men (Hugo, 1969). The number of violations of Prohibition laws and violent crimes against persons and property continued to increase throughout Prohibition. However, the rising trend was reversed by the repeal of Prohibition in 1933, and the rate continued to decline throughout the 1930s and early 1940s (Ostrowski, 1989).

It was concluded that "the fruitless efforts at enforcement are creating public disregard not only for this law but for all laws. Public corruption through the purchase of official protection for this illegal traffic is widespread and notorious. "The courts are cluttered with prohibition cases to an extent which seriously affects the entire administration of justice" (National Commission on Law Observance and Enforcement, 1931). That utopian outlook was shattered by the stock market crash of 1929. Prohibition did not improve productivity or reduce absenteeism (Clark, 1932). In contrast, private regulation of employees' drinking improved productivity, reduced absenteeism, and reduced industrial accidents wherever it was tried before, during, and after Prohibition (Mark, 1989). The foregoing issues provided supportive justification to the Negative Attitudes towards MLTP for the population under study.

### **5.5 Conclusion:**

Peer pressure influences individuals to abuse alcohol; however most of the influence of peers is due to inaccurate perceptions of the risks of alcohol abuse (Moreira, Smith, Foxcroft, & Moreira, 2009). The study revealed that the younger generation indicated higher level of Depression. Besides, females as compared to males indicated higher level of Depression. Closer observation of the findings revealed that the female youth indicated higher level of Depression than aged males. The increase in age indicated increasing hopelessness. The adolescent years are characterized by an increased willingness to engage in behaviors considered by society to be risky, harmful, or even antisocial (Moffitt, 1993; Johnston *et al.*, 2002). Research revealed women with negative inferential styles and life events were independent predictors of depressive symptoms (Lindsey, Brandon, & Meredith, 2010). However, for the majority of individuals, heavy alcohol use tends to subside with the acquisition of adult roles, particularly the roles of spouse, parent, and worker (Bachman *et al.*, 1997; Gotham *et al.*, 2003).

Research also suggests that the meaning of public drinking is to express a form of masculinity. Gendered descriptions of their own and peers' drinking behavior and alcohol use was found to symbolize the embodiment of hegemonic masculinity. Masculinities were constructed via drinking stories, the body's ability to tolerate alcohol, and the relevance of drinking too little or not at all, which symbolized weakness or femininity (Robert, 2007). Alcohol directly reduced self-reported anxiety and skin conductance levels in response to the stressor. Alcohol's effect on reducing heart rate response, in contrast, emerged indirect and mediated by effects on pre-stress baseline (Sher, Bartholow, Peuser, Erickson, & Wood, 2007) in males provided corroborative evidences. Males as compared to females indicated higher level of Individual Alcoholism Indexes, whereas, females as compared to males indicated higher level of Stress and lower level of Societal Involvement.

The findings also revealed more easy Availability in Mamit district as compared to Aizawl district. The increasing Religious Involvement indicated decrease in Depression. The increase in age indicated decrease in Alcoholism Index for Family member. The increasing Individual Alcoholism Index indicated increasing Depression, Anxiety, Stress and Hopelessness. Similarly, increasing Alcoholism Index for Family member indicated for increasing Depression, Anxiety, Stress and Hopelessness.

Supporting the finding the Structured Interview revealed all the nine problem areas to be observable for higher level of Individual Alcoholism Index.

Females were less likely than males to drink in a hazardous manner. Findings revealed no significant Gender variations. In a study, the relationships between the three alcohol variables and Male-Female Problem Behavior and Female-Male Problem Behavior are not static, changing across ethnic groups over time. Findings suggest that once a behavior is present, it tends to be a strong predictor of that same behavior in the future. The residents of Bournville winning a court battle in March 2007 to prevent selling alcohol in its local outlet (Hansard 1803–2005, 2009) provided scanty but reasonable evidences. The weaker section of the society at the receiving end can never be of doubt to advocate Negative Attitudes towards Prohibition.

The study revealed higher mean score for the overall population on Negative Attitudes towards MLTP as compared to Positive Attitudes towards MLTP. Males favours Negative Attitudes towards MLTP, whereas, females favours Positive Attitudes towards MLTP. Religious Involvement indicating positive relationship with Societal Involvement indicated positive relationship with Positive Attitudes towards MLTP. Thus, Positive Attitudes towards MLTP emerged predictable from increasing Age-group and Religious Involvement. The increase in Individual Alcoholism Index indicated increase in Negative Attitudes towards MLTP and decrease in Positive Attitudes towards MLTP

The findings revealed that with prohibition, they will become more potent, will have greater variability in potency, will be adulterated with unknown or dangerous substances, and will not be produced and consumed under normal market constraints (Mark, 1989). Prohibition also led many people to drink more "legitimate" alcohol, such as patent medicines (which contained high concentrations of alcohol), medicinal alcohol, and sacramental alcohol (Clarence, & Victor, 1927). Those products were potentially more dangerous and addictive than alcohol, and procuring them often brought users into contact with a more dangerous, criminal element (Wayne, 1974).

Complementary to the foregoing, the findings with Structured Interviews revealed that Family, society and the religious institution maintain separation tendency towards Alcoholic and Abusers and that family members failed to support and help out alcoholics and Abusers. We the Mizo extensively consume Alcohol and related substances without control as maintain that Alcohol is used from time immemorial and we can never succeed

in total prohibition. Though convinced that, Alcohol is often used to conceal our wrong doings, inefficacy and incompetency and that people use alcohol from time immemorial to conceal their wrong doings, others remains the as the culprit for the fault of our own sons and daughters.

There appear to have been no health benefits from Prohibition (Clark, 1932). "There exists no scientifically sound fact which demonstrates evil effects from a temperate use of alcohol by normal adult men (Hugo, 1969). The number of violations of Prohibition laws and violent crimes against persons and property continued to increase throughout Prohibition. However, the rising trend was reversed by the repeal of Prohibition in 1933, and the rate continued to decline throughout the 1930s and early 1940s (Ostrowski, 1989).

The findings revealed the Mizo as a community develop tolerance to Abusers and drunken class mates, batch mates and co-workers and individual in different villages and localities does not cooperate for prohibition. The general population remains convinced that the Government possesses the potential for total prohibition of liquor; however, due to lack of efforts from all corners today we are experiencing Alcohol related problems prevalent in the Pre-prohibition period after prolonged prohibition.

There remains indecision towards awareness of the Alcoholic Anonymous to help Alcoholics and it was strongly advocated about unawareness of the medical procedures and methods for detoxification. The outcomes of the content analyses conducted for the recorded Unstructured Interviews conducted indicated that the Punishment of offenders of MLTP Act, 1995 and its amended Acts and MLTP Rules, 1996 remains unsatisfactory and the role and activities of the Government towards implementation of MLTP wanting.

It can be concluded that "the fruitless efforts at enforcement are creating public disregard not only for this law but for all laws. Public corruption through the purchase of official protection for this illegal traffic is widespread and notorious (National Commission on Law Observance and Enforcement, 1931). Prohibition did not improve productivity or reduce absenteeism (Clark, 1932). In contrast, private regulation of employees' drinking improved productivity, reduced absenteeism, and reduced industrial accidents wherever it was tried before, during, and after Prohibition (Mark, 1989).

The Non-Governmental Organizations and Institutions contribute very less towards implementation of MLTP, and the respondents remain totally undecided towards

the role played by the church in the implementation of MLTP. The respondents consider Total Prohibition to be impracticable and the implementation of MLTP not successful. However, the respondents remain highly negative towards the removal of Total Prohibition and remain highly favourable towards changing MLTP Act, 1995 and its amended Acts and MLTP and indicated that Mizo are not responsible drinkers.

Therefore the need of the hour deserves deep thinking and consideration of the rise and fall of Prohibition. The Main finding of the study cannot remain hidden to the population under study in that, the undesirable impact of alcohol prevails. In contrast, the opposing force amidst the attempts from all corners remains wanting for Prohibition. The present scenario revealed that rationale behind the thought of Prohibition deserves manifold considerations, and that the population under study remains highly aware of the impact that Alcohol has in the Mizo population, but remains lacking in the identification, diagnosis, treatment and prognosis of the Abusers and Alcoholics.



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## APPENDIX-I

### DEMOGRAPHICS SHEET

**KAIHHRUAINA:** A hnuai ami te hi uluk takin chhang la, hmaih neih loh hram tum ang che. Mahni-a ngaihdan leh thil thlirdan nei theuh kan nih avangin chhana dik leh dik lo a awm lo. I rilru mil ber leh i dinhmun nena inmil tur chhanna pakhat thlang mai ang che.

I chhan lain a hnuaia thil pali te hi hre reng ang che:

1. I rilrua chhanna dik ber nia i hriat thlang mai ang che. Channa ngaihtuah nan hun hmang rei lutuk suh ang che.
2. Ngaihdan bik i nei ngang lo anih loh chuan, 'Ngaihdan nei lo' ah chhan tum lo hram la, chhanna tawn tawna a tawp lam engnge maw zawk zawk thlan tum ang che.
3. Engmah chhan hmaih nei lo la, a theih ang angin zawhna tin hi chhang ang che.
4. I rilru chhana dik ber nia i hriat kha thlang mai la. Miten an chhan dan tur nia i hriat ang kher a chhan tum suh ang che.

1. Kum zat : \_\_\_\_\_
2. Mipa ☐ Hmeichhia ☐
3. Veng : \_\_\_\_\_
4. Khua : \_\_\_\_\_
5. Zir san lam : a) Under Matric b) Matric c) B.A  
d) M.A leh a chunglam
6. Chhungkuaa eizawng ber : a) Pa ber b) Nu ber c) Midang
7. Thlatina sum lakluh zat : .....  
(chawhrualin)
8. Chhungkua a cheng ho zat : .....
9. Kohhran-a inhman dan: a) Inhmang nasa b) Vantlang c) Inhmang lo
10. Khawtlanga inhman dan: a) Inhmang nasa b) Vantlang c) Inhmang lo
11. a) Unau pianpui zat : \_\_\_\_\_ b) Engzahna nge i nih : \_\_\_\_\_



APPENDIX-II

<b>Kaihhruaina:</b> A hnuaiah hian <b>Mizoram Liquor Total Prohibition (MLTP) hman chung chang</b> a zawhna chi hrang hrang a awm a. Chhanna dik ber awm lo mahse, i ngaihndan mil ber hi i thaibial dawn nia.		Pawm miah lo	Pawm lo	Ngaihndan nei lo	Pawm	Pawm lutuk
1	Duh hun huna intur a awm chuan mahni in thunun a har thin.	1	2	3	4	5
2	Zawrh ruk a hlawk em avangin, hna thawk peihlo zu zuar an tam phah a ni.	1	2	3	4	5
3	MLTP vangin zu chhia a tam.	1	2	3	4	5
4	Khuahkhirhna a nih vang hian in ngailo ten an chak a, an in phah a ni.	1	2	3	4	5
5	Zu a ti tlem a, a in pawhin a ruk chauhin an in ngam a ni.	1	2	3	4	5
6	Hlih a nih chuan zu a thain a thianghlim ang a, a in te pawh an hrisel ang.	1	2	3	4	5
7	MLTP vangin, zu leh a kaihhnawih buaina a tlem phah hle.	1	2	3	4	5
8	Zu khuahkhirhna hlawhtling lo lutuk hian hnam angin min timualpho a ni.	1	2	3	4	5
9	Rui chung a motor khalh leh lirthei chesual a tlem phah hle.	1	2	3	4	5
10	A tluantling theih si lova, zu a ti hlu a intur nei ten an intih theih phah a ni.	1	2	3	4	5
11	Khuahkhirh tluantling thei si lova, MLTP neih reng hi a tul lo.	1	2	3	4	5
12	Khuahkhirh ni chung si a zuar ru an tam em avangin a ruka sual tih kan hreh loh phah a ni.	1	2	3	4	5
13	MLTP vangin, zu kaihhnawih ni lemlo sualna dang pawh a tlem phah a ni.	1	2	3	4	5
14	Zu in leh rui buai an tlem phahna ka hrelo.	1	2	3	4	5
15	Zanah, naupang leh hmeichhia te tan thil tul tia pawn chhuah a hreawm lo.	1	2	3	4	5
16	Ruihtheih thil dang tam tak mi ten an buaipui phah a ni.	1	2	3	4	5
17	Mahni inthunun theilo te pui turin ala tul ani.	1	2	3	4	5
18	Thil engpawh kan nekchep hian buaina a tam mai mai a ni. Zu hi awmze nei tak a zawrh ni se, kan hmang thiam mai ang.	1	2	3	4	5
19	MLTP vanga buai buai lovin, hlip ila sawrkarin chhiah tam tak a hmu thei ang.	1	2	3	4	5
20	A duhtu an awm chhung chuan chhungkua, kohhran, khawtlang leh sawrkar tangruah mah ila kan hlawhchham ang.	1	2	3	4	5
21	In ngailo te tan, khuahkhirh loh chuan chakna leh in na hun remchang a siamsak a ni.	1	2	3	4	5
22	Khuahkhirhna dan hnuaiah pawh zu in leh rui te an zalen em em tho a ni.	1	2	3	4	5

# APPENDIX-III

<b>Kaihhruaina:</b> A hnuai a zawhna chi hrang hrang te hian chhanna pathum an keng theuh a, i tana chhanna dik ber pakhat thai (tick) rawh.				
Zu i in/tem tawh em?		Aw		Aih
<b>I in/tem tawh chuan kum khat liam ta chhungah, hetiang hi i nei in/i awm em?</b>				
1	I in hnuhnun ber a, i in tam lam	Kai	Rui hle	Chat thla
2	Chatthla ni si lova thil tih hriat loh	Nei ngailo	Rei lote atanga darkar eng emaw chen	Ni khat emaw a aia tam
3	Nghei tum a, hlawhchham	Aih	Vawi khat	Nei fo
4	Pentawng	Aih	A chang chang in	Nei fo
5	Kut leh taksa khur	Aih	A chang chang in	Nei fo
6	Zu in vanga pum nuamlo leh luak	Aih	A chang chang in	Nei fo
7	Awm hle hle theihloh/phili	Aih	A chang chang in	Nei fo
8	In chhuih palh emaw kal dan diklo	Aih	A chang chang in	Nei fo
9	Zu in a lum tih up up, thlanthla emaw thlansa	Aih	A chang chang in	Nei fo
10	Thil awmlo hmuh	Aih	A chang chang in	Nei fo
11	Zu in tur neih loh hlauh vanga buai/phili	Aih	A chang chang in	Nei fo
12	Chatthla ni silo a, thiltih hriatloh chang	Aih	A chang chang in	Nei fo
13	Pai reng emaw remchang leh hnai takah zu dah reng	Aih	A chang chang in	Nei fo
14	Eng emaw chen nghei hnu a nasa taka in	Aih	A chang chang in	Nei fo
15	Chahthlak	Aih	A chang chang in	Nei fo
16	Kaih	Aih	A chang chang in	Nei fo
17	Chhumlo chat lovin emaw nilenga in	Aih	A chang chang in	Nei fo
18	In teuh hnu a ngaihtuahna chianloh deuh chang	Aih	A chang chang in	Nei fo
19	Lungphu rang emaw mumal lo	Aih	A chang chang in	Nei fo
20	Zu ngaihtuah reng/zawn reng	Aih	A chang chang in	Nei fo
21	Thawm awm miah silo a ri hriat	Aih	A chang chang in	Nei fo
22	Thil danglam leh hlauhawm tak hriat	Aih	A chang chang in	Nei fo
23	Taksa an rannung vak awm tlata inhriat	Aih	A chang chang in	Nei fo
24	Tlak pawp pawp	Aih	A chang chang in	Nei fo
25	Tem hlek tawha tawp theihloh	Aih	A chang chang in	Nei fo



APPENDIX-IV

Kaihhruaina: A hnuai a zawhna chi hrang hrang te hian chhanna pathum an keng theuh a, i tana chhanna dik ber pakhat thai (tick) rawh.				
I chenpui chhungte zingah zu in an awm em?		Aw		Aih
In an awm chuan kum khat liam ta chhungah, hetiang hi a nei/a awm em?				
1	A in hnahnun ber a, a in tam lam	Kai	Rui hle	Chat thla
2	Chatthla ni si lova thil tih hriat loh	Nei ngailo	Rei lote atanga darkar eng emaw chen	Ni khat emaw a aia tam
3	Nghei tum a, hlawhchham	Aih	Vawi khat	Nei fo
4	Pentawng	Aih	A chang chang in	Nei fo
5	Kut leh taksa khur	Aih	A chang chang in	Nei fo
6	Zu in vanga pum nuamlo leh luak	Aih	A chang chang in	Nei fo
7	Awm hle hle theihloh/phili	Aih	A chang chang in	Nei fo
8	In chhuih palh emaw kal dan diklo	Aih	A chang chang in	Nei fo
9	Zu in a lum tih up up, thlanthla emaw thlansa	Aih	A chang chang in	Nei fo
10	Thil awmlo hmuh	Aih	A chang chang in	Nei fo
11	Zu in tur neih loh hlauh vanga buai/phili	Aih	A chang chang in	Nei fo
12	Chatthla ni silo a, thiltih hriatloh chang	Aih	A chang chang in	Nei fo
13	Pai reng emaw remchang leh hnai takah zu dah reng	Aih	A chang chang in	Nei fo
14	Eng emaw chen nghei hnu a nasa taka in	Aih	A chang chang in	Nei fo
15	Chahthlak	Aih	A chang chang in	Nei fo
16	Kaih	Aih	A chang chang in	Nei fo
17	Chhumlo chat lovin emaw nilenga in	Aih	A chang chang in	Nei fo
18	In teuh hnu a ngaihtuahna chianloh deuh chang	Aih	A chang chang in	Nei fo
19	Lungphu rang emaw mumal lo	Aih	A chang chang in	Nei fo
20	Zu ngaihtuah reng/zawn reng	Aih	A chang chang in	Nei fo
21	Thawm awm miah silo a ri hriat	Aih	A chang chang in	Nei fo
22	Thil danglam leh hlauhawm tak hriat	Aih	A chang chang in	Nei fo
23	Taksa an rannung vak awm tlata inhriat	Aih	A chang chang in	Nei fo
24	Tlak pawp pawp	Aih	A chang chang in	Nei fo
25	Tem hlek tawha tawp theihloh	Aih	A chang chang in	Nei fo

APPENDIX-V

	A hnuiaia thu hi uluk takin chhiar la, kar kal taa nangmaha a nihna dik ber tilang turin chhanna pakhat thaibial rawh. Chhanna dik ber a awm chuang lo. Zawhna pakhatat hun hmang rei lutuk suh ang che.	Keimahah hian a thleng ngailo hrim hrim	Engemaw chang chuan ka ni ve thin	Ka ni deuh reng a ni mai	Ka nihna chiah a ni
1	Thil te thamte ah pawh ka mangang.	0	1	2	3
2	Dang ro taka ka awm thin ka hria.	0	1	2	3
3	Rilru nuam takin ka awm theilo hrim hrim.	0	1	2	3
4	Thawk lamah harsatna ka nei (entirna: taksa hah loh lai pawn ka thaw huam huam zel).	0	1	2	3
5	Tih tur tul hi ka ti mai thei lo thin.	0	1	2	3
6	Thil lo thleng hi a nihna bakin ka dawngsawng thin.	0	1	2	3
7	Ka tha hi a khur thin (entirna: ke inphet thut thut te).	0	1	2	3
8	Hahdam takin ka awm theilo.	0	1	2	3
9	Dinhmun thenkhat, rilru nuam lo deuha min siamtu, a zawh hnua thawven tak huaina ang hi ka tawng thing.	0	1	2	3
10	Beisei tur nei lo hian ka inhre thin.	0	1	2	3
11	Thil ho te te-ah ka buai hma hle.	0	1	2	3
12	Zam tak chungin thil ka ti nasa thin a ni.	0	1	2	3
13	Ka hlim lo va, ka ngui ngawih ngawih bawk.	0	1	2	3
14	Thil nghah ngaiah te hian dawhtheihna ka tlachham sawt riau. (entirna: traffic jam, mi tu emaw lo nghah).	0	1	2	3
15	Kulcho riauva inhriatna ka nei.	0	1	2	3
16	Engah mah hian tuina ka nei lo.	0	1	2	3
17	Hlutna nei lo riau hian ka inhre thin.	0	1	2	3
18	Thil ho te te ah ka thinrimin ka rilru a na hma.	0	1	2	3
19	Khaw lum vang emaw, insawizawi vang emaw pawh ni chuang si lo, ka awm mai mai lai hian ka thlan leh ringawt thin (entirna: kut thlan, etc.).	0	1	2	3
20	Chhan leh vang engmah awm miah lo hian ka hlau leh ringawt thin.	0	1	2	3
21	Nun hian awmzia tak tak nei lo ni te hian ka hre thin.	0	1	2	3

APPENDIX-V (Cont..)

	A hnuiaia thu hi uluk takin chhiar la, chhanna pakhat thaibial in nangmaha nghawng a neih dan han tilang teh. Chhanna dik ber a awm chuang lo.Chuvangin zawhna pakhatat hun hmang rei lutuk suh ang che.	Keimahah hian a thleng ngailo hrim hrim	Engemaw chang chuan ka ni ve thin	Ka ni deuh reng a ni mai	Ka nihna chiah a ni
22	In bengdaih harsa ka ti thin.	0	1	2	3
23	Ei leh in lem kawngah harsatna ka nei.	0	1	2	3
24	Ka thil tihah lungawina ka hmu lo.	0	1	2	3
25	Ka awm mai mai lai pawh hian ka lung phu hi ka lo ngaihven leh reng thin (entirna: thin phu rang, thin phu muang).	0	1	2	3
26	Beidawn leh nguai chang ka nei thin.	0	1	2	3
27	Mi huatthlala tak niin ka in hre thin.	0	1	2	3
28	Chi-ai leh buai mai tur niin ka inhre thin.	0	1	2	3
29	Ka thinur chang emaw lungawi lohna ka neih hnu hian in bengdaih harsa ka ti thin.	0	1	2	3
30	Thil eng emaw holam tak, mahse dangdai tak si hian min tihbuai ka hlau thin.	0	1	2	3
31	Eng kawngah mah hian thathona ka nei ngailo.	0	1	2	3
32	Ka thil tih laklawh lai tih khaihlaka a awm hi ka ngai theilo thin.	0	1	2	3
33	Zam riauna ka nei thin.	0	1	2	3
34	Tlaktlaina neilo riau hian ka inhre thin.	0	1	2	3
35	Ka thil tihlai mek chhunzawm kawngah khaihlakna a awmin ka ngaitheilo hle thin.	0	1	2	3
36	Ka hlauthawng thin.	0	1	2	3
37	Ka hmalam hunah hian engmah beisei tur awmin ka hrelo.	0	1	2	3
38	Nun hian awmzia a nei lovin ka hre thin.	0	1	2	3
39	Engemaw rilru kaptu nei tlat hian ka inhre thin.	0	1	2	3
40	Mualpho tak leh zak taka awm hi ka hlau thin.	0	1	2	3
41	Khurh chang ka nei thin (entirna: kut khur).	0	1	2	3
42	Thil ti tura bultan mai hi harsa ka ti.	0	1	2	3

APPENDIX-VI

<b>Zawhna te hi chhiar la, a dik i tih zawk number hi thai bial ang che.</b>		<b>Dik lo</b>	<b>Dik</b>
1	Beisei leh nghakhlel takin hmalam hun ka thlir.	0	1
2	Ka dinhmun ka siam that theih chuan loh avangin ka tum tawh lo law law zawk mai ang.	0	1
3	Thil a kal tluan loh pawhin a ngai reng a ni dawn lo a ni tih ka hriatna hian min pui	0	1
4	Kum sawm hnu lama ka nun dan tur ka suangtuah thei lo	0	1
5	Ka duh ti hlawhtlingturin hun ka nei tawh a ni	0	1
6	Ka tana tha ber turah chuan ka la hlawhtlin ngei ka beisei	0	1
7	Ka hma lam hun hi thim hlein ka hria	0	1
8	Mi nawlpui te nuna thil thleng aia tha ka dawn ka beisei	0	1
9	Remchanna ka nei ngai lova, tun hnuah pawh ka neihna chhan tur ka hre lo	0	1
10	Ka tawn hriatte hian ka hmalam hun atan min buatsaih tha tawh a ni	0	1
11	Ka hmalam hunah hian nawmna nilovin hreawmna hlir hmabakin ka inhria	0	1
12	Ka duh tak hi ka hmuh ka inbeisei lo	0	1
13	Ka hma lam hun ka thlirin tun aia hlim ka inbeisei	0	1
14	Ka duh ang takin thil hi a thleng thei ngai lo	0	1
15	Ka hma lam hun hi beiseiawm takah ka ngai	0	1
16	Ka duhzawng hi ka nei ngai chuang lova, chuvangin duhzawng neih pawh hi thil atthlak mai a ni	0	1
17	Hun lo awm zel turah pawh, lungawina tak tak ka neih chuan ka ringlo.	0	1
18	Ka hma lam hun tur hi a chiang lovin a derthawng a ni	0	1
19	Hun tha lo aiin hun lawmawm ka hmabak tam zawkin ka hria	0	1
20	Ka nei thei dawn chuang si lova, chuvangin ka duh zawng nei tura theihtawp chhuah hi a tulna ka hre lo	0	1

# APPENDIX-VII

## INTERVIEW SCHEDULE

1	Zirna leh hmasawna hi khawvel thangzel vanga kan neih ani a, Missionary te hmalakna vang ani lo.	Pawm	Pawm lo
2	Chhungkua, khawtlang leh kohhran hian zu in mi te kan thliar hrang fo thin.	Pawm	Pawm lo
3	Zu khuahkhir hmaa thalai ten an chin, rui chung a huhova intihbui/insual ang kha MLTP thlahdul deuh anih hian kan hre leh tan ta.	Pawm	Pawm lo
4	Zu ngawl vei te kan ngaihsak em em a, chhungkuain kan tawnrawn thin.	Pawm	Pawm lo
5	Mizote hian sual tih duhlohna leh dona kan thinlung chhungril tak ah hian kan nei.	Pawm	Pawm lo
6	A in leh zuar hremna hi MLTP dan angin khauh takin sawrkarin a kalpui thin.	Pawm	Pawm lo
7	Missionary te min zirtirna ah chuan, zu in mi chu ringtu tha a ni thei lo.	Pawm	Pawm lo
8	Hmasang ata zu hi mihring ten kan hmang tawh a, tih rem chi a ni lo.	Pawm	Pawm lo
9	Mizo te hian zu lo pawh (sahdah, kuhva, tuibur leh a dangte) hi inthununna nei lek lova tih/hman kan ching hrim hrim.	Pawm	Pawm lo
10	Chhungkua, khawtlang, Kohhran leh sawrkar tanrualna a tha a ni.	Pawm	Pawm lo
11	Chhungtin hian zu in leh a ngawlvei pui turin hma kan la tha taw lo a ni.	Pawm	Pawm lo
12	Midangte dem kan ching a, fate sualna pawh thiante vang kan ti.	Pawm	Pawm lo
13	Veng tin ten kan veng chhung zu zalen lo turin kan tangrual a ni.	Pawm	Pawm lo
14	Khuahkhirhna a nih angin, mimal taka duhlohna kan tilang thin a ni.	Pawm	Pawm lo
15	Khawtlang hruaitute (VC leh YMA te) hian zu khuahkhirh kawngah hma an la tha em em a ni.	Pawm	Pawm lo
16	Thenawm a zu in leh rui buai te hi kan ngaizam in kan ngawihsan mai mai thin.	Pawm	Pawm lo
17	Kan zirlaipuite leh thawhpui zu in leh rui te kan thliar liam mai mai thin.	Pawm	Pawm lo
18	Kohhran hian camping leh tawngtaina piah lam thlengin, zu in leh rui te a ngaihven tha hle.	Pawm	Pawm lo
19	Kan harsatna, tlinlohna leh diklohna te thup nan zu kan in thin.	Pawm	Pawm lo
20	Kan sawrkar hian khuahkhirh pumhlum turin theihna/chakna a nei a ni.	Pawm	Pawm lo
21	Hmanlai atang tawhin zu hi miten sual tih thup nan an hmang nasa em em a ni.	Pawm	Pawm lo
22	Kohhran in a mite tan a duhpui loh chu zawm mai tur a ni.	Pawm	Pawm lo
23	Zu in leh a ngawl veite enkawl turin doctor leh mi thiam kan nei thain an tam tawk ani.	Pawm	Pawm lo
24	Zu nghei tura tangrual pawl (Alcoholic Anonymous) kalphung hi vantlangin kan hrethiam tan ta.	Pawm	Pawm lo
25	Zu nghei tura min pui theitu damdawi chi hrang hrang te hi vantlang pawhin kan hre bel ta viau mai.	Pawm	Pawm lo

# APPENDIX-VIII

M1	Damdawiin a enkawl ngai khawpin i na tawh em?	Aw	Aih
M2	Eng tik nge a hnahnun ber?		
M3	Natna benvawn mi ti hreawm khawp i nei em?	Aw	Aih
M4	Damdawi hun rei tawh chhung ei ngai an chawh tawh che em?	Aw	Aih
M5	A thlawn a enkawl/na/tanpuina i dawng tawh em?	Aw	Aih
M6	Thlakhat kalta chhungin ni engzat nge i nawm sam loh?		
M7	Thlakhat kal ta chhung khan nawmsak lohna in a tibuai che em?	Aw	Aih
M8	I in enkawl/na hi i ngaipawimawh em?	Aw	Aih

- E1. Zir san lam \_\_\_\_\_
- E2. Zirna peng dang (Training, tech etc) \_\_\_\_\_
- E3. Eizawna \_\_\_\_\_
- E4. Tanpuitu thian leh laina hnai i nei em \_\_\_\_\_
- E5. Kum thum liam ta chhunga i thiltih/hna thawh: \_\_\_\_\_
- a. Hna nget d. Zirlai
- b. Hna nget lo e. Hna thawh nei lo
- c. A chang chang f. Tang emaw damdawiin a awm
- E6. Thla khat kalta chhunga a sum lak loh/dawn zawng zawng: \_\_\_\_\_
- a. Hlawh (Hna nget) \_\_\_\_\_
- b. Hlawh (Hna ngetlo) \_\_\_\_\_
- c. Chhungte pek/dawn \_\_\_\_\_
- d. Ruk \_\_\_\_\_
- e. Thildang \_\_\_\_\_
- E7. Nitin ei leh bar atana i kut a in nget chhungte engzat nge? \_\_\_\_\_
- E8. Tun thlakhat kalta chhung in eizawna lamah ni engzat nge harsatna i tawh? \_\_\_\_\_
- E9. Tun thlakhat kal ta chhung khan eizawna lama harsatna in a ti buai viau che em? \_\_\_\_\_  
Aw/Aih
- D1. Hengte hi i hmang em? \_\_\_\_\_
- a. Vaihlo leh a kaihnhawih (Cigarette, sahda, vaihlo, tiranga etc.)
- b. Zu leh a kaihnhawih (Beer, wine etc.)
- c. Ganza (Marijuana, charas, grass, hash bis etc.)
- d. Damdawi (doctor chawh chi)
- e. Cocaine/Opium (No. 4, brown sugar etc.)
- f. Hnim chi (Dendrite, correcting fluid, paint thinner etc.)
- g. Na chhawka lam (Valium, Proxyvon, Diazepam etc.)
- h. A dang \_\_\_\_\_
- D2. A chunga damdawi khaw ber khi nge i khawih/tih ber? \_\_\_\_\_
- D3. I chawhpawlh thin em? \_\_\_\_\_  
Aw/ Aih
- D4. Hman dan – \_\_\_\_\_
- a. In d. Zuk
- b. Ei e. Tihrawl-a in chiu
- c. Hmuam f. Thisenzama in chiu
- D5. Mahni duhthlanna ngei a ngei a, i tihloh rei ber eng chen nge? \_\_\_\_\_
- D6. Piantirh atangin zu/drugs vangin vaw engzat nge damdawi a enkawl na i dawn tawh? \_\_\_\_\_
- D7. I chin than hian tun kum khat kalta chhunga khan a tu buai viau che em? \_\_\_\_\_  
Aw/Aih
- D8. Enkawlna (zu/drugs vanga) I dawnte hi i ngaipawimawh em? \_\_\_\_\_  
Aw/Aih

APPENDIX-VIII (Cont..)

- L1. Zu vangin heng hi i tawh tawh em?  
a. Chhungte zilhhauih e. Thawhpuite/zirlaipuite zilh leh hauh  
b. Vengchung mite zilh leh hauh f. Man (Lockup etc.)  
c. Khawtlang hruiute zilh leh hauh g. Jail tan  
d. Kohhran hruiute zilh leh fuih
- L2. Zu vangin hengte hi vaw engzat nge I tawh tawh?  
a. Nunphung ti buai khawp a ruih vanga zilh leh hauh  
b. Rui chungang midangte tihbuai vanga zilh leh hauh  
c. Rui chungang insual buai  
d. Zu in theilo tura khuahkhirh  
e. Rui chungang lirthei khalh vanga chetsual  
f. Thianghlum leh fel fai lem lova in tur neih theih.
- F1. Kawppui:  
a. Neilo d. Pahnihna/Pathumna  
b. Nei e. Inthen  
c. Sun tawh
- F2. Tuna in nupa chungchanga i dinhmunah hian i lungawi tawh em? Aw/Aih  
F3. Hetiang hian engtianga rei nge in chen tawh?  
F4. I chenpui midang zu in an awm em?  
F5. I chenpui midang damdawi ti an awm em? Aw/Aih  
F6. I hun awl tute nen nge i hman ber thin?  
a. Chenpui chhungte  
b. Thiante  
c. Mimalin
- F7. Hetianga, hun awl hman hi nuam leh tha i ti em? Aw/Aih  
F8. I mamawh huna pui tu tur thian tha engzat nge neih?
- F9. Hengte nen hian in in ngaina in, in inpawh em?  
a. Nu e. Nupui/pasal  
b. Pa f. Fate  
c. Fa g. Thiante  
d. Pianpui unaute
- F10. Hengte nen hian inhmuh/inhriat thiamlohna nasa tak in nei tawh thin em?  
a. Nu g. Thiante  
b. Pa h. Thenawmte  
c. Pianpui unaute i. Thawhpuite  
d. Nupui/pasal j. Khawtlang hruiute  
e. Fate k. Midangte  
f. Chhung dangte
- F11. I rilru an ti na viau tawh em? Aw/Aih  
F12. Kut an thlak tawh che em? Aw/Aih  
F13. Thlakhat kal ta chhung khan i chenpui chhungte nen vaw engzat  
nge in hriat thiamloh in neih?  
F14. Thlakhat kal ta chhung khan midang (chenpui chhungte nilo)  
nen ni engzat nge in hriat thiamloh in neih?

APPENDIX-VIII (Cont..)

P1.	Hengte hi i nei tawh thin em?	
a.	Nguina leh hniam riau a in hriatna	
b.	Rilru buai leh hlauthawng a awm	
c.	Thil hmuh sual	
d.	Thil kal phung hriat thiam theih miah lohna	
e.	A tul huna rilru pek theih thlawt lohna	
f.	Thil chhinchhiah theih thlawt lohna	
g.	Mahni inthunun theihlo khawpa midang kutthlak duhna	
h.	Mahni in thah chungchang ngaihtuahna	
i.	Mahni in thah tumna	
j.	Rilru lam doctor damdawi chawh ei	
P2.	Heng a chung a harsatna te hian tun thlakhat kalta chhung khan ni engzat nge a tihbuai che?	
G1.	Nu leh pa, pi leh pute zingah, zu in an awm em?	Aw/Aih
G2.	Nguina leh hniam riau a in hriatna i nei thin em?	Aw/Aih
G3.	Zahawm lo leh ngaihsan awm lo tak a in hriatna I nei thin em?	Aw/Aih
G4.	I thian kawm ngeih bik tak zu in an awm em?	Aw/Aih
G5.	Kum engzat I nih in nge zu i in tan?	
G6.	Ni tin no khat emaw no hnih emaw chauh i in thin em?	
G7.	Zu in mah la, a ngawl vei i tum lo hrim hrim em?	
Ab1.	Zu vangin tih tur tilovin tih loh tur i ti tawh em?	Aw/Aih
Ab2.	A hun leh hmuh thliar hrang lem lovin zu I in tawh em?	Aw/Aih
Ab3.	Zu vangin buaina/zahna i tawng zeuh zeuh tawh em?	Aw/Aih
Ab4.	I ngaihtuahna thiang leh taksa in a tawrh tawh hnu pawh i in chhunzawm zel thin em?	Aw/Aih
Ab5.	Chhungte leh midangte ngaih theihloh khawpin i in thin em?	Aw/Aih
Al1.	Tlema ruih deuh tawh hnuah pawh in teuh mahla buai i buai phah ngailo em?	Aw/Aih
Al2.	I in loh deuhin chiri emaw tha khur emaw i nei taw hem?	Aw/Aih
Al3.	Hun rei tak chhhung, i duh leh tum aia tam i in thin em?	Aw/Aih
Al4.	Nghei duhin I tum tawh thin em?	Aw/Aih
Al5.	Zu in vangin i chhungte , eizawna leh khawtlang tul pawimawh i thulh phah tawh em?	Aw/Aih