



Pathways Of Dependence: An Aetiological Study Of Opioid Addiction Among Women In Tezu Administrative Centre

Mr. Nihal Marap¹ and Mr. Limi Kamgo²

¹Guest Faculty, Department of History, Government College Seppa

²Guest Faculty, Department of Political Science, Government College Seppa

Abstract

This study investigates the aetiology of opioid dependence among the female demographic in the Tezu Administrative Centre. Moving beyond individual pathology, the research identifies a confluence of socio-cultural, environmental, and biomedical determinants that precipitate addiction. Key findings isolate seven primary variables: (1) seasonal exposure and labour during the opium lancing and latex extraction period, (2) analgesic substitution for chronic morbidity, (3) recreational peer reinforcement, (4) ritualistic cultural sanctioning, (5) dyadic influence within domestic partnerships, (6) geographical location within a high-yield cultivation belt encompassing Lohit and Anjaw, and (7) high social acceptability. The study argues that addiction in this region is a structural outcome of these intersecting factors.

Keywords: Opioid Dependence, Mishmi Tribe, Tezu, Agrarian Labour, Social Aetiology, Kaanang, Gwak

1. Introduction

Opioid dependence is frequently analysed through a clinical or criminal justice lens; however, in the Tezu Administrative Centre of Arunachal Pradesh, the phenomenon requires a sociological interpretation. The rising incidence of addiction among women in this region is not merely a deviation but a behaviour reinforced by the local ecological and cultural milieu. According to national data, Arunachal Pradesh ranks among the top states for opioid use, with prevalence rates significantly higher than the national average (Ministry of Social Justice and Empowerment, 2019). This paper aims to deconstruct the aetiology of this dependence, categorising the causative factors into three distinct domains: Socio-Cultural determinants, Environmental/Economic drivers, and Biomedical triggers.

1.1. Study Profile

The observations for this study were conducted within the Tezu Administrative Centre and its peripheral agrarian belts in the Lohit district. The study focuses on women aged 30 to 70 years, a demographic selected to represent the active agrarian workforce as well as older individuals managing chronic health conditions. Crucially, the author, being a native resident of Tezu, utilised indigenous cultural knowledge and linguistic familiarity to navigate sensitive clan-based interactions and access domestic spaces often closed to external observers.

2. Socio-Cultural Determinants

The cultural fabric of the Tezu region provides a unique context in which opioid consumption is both normalised and ritually integrated.

2.1. Ritualistic Integration and Cultural Sanctioning

The cultural fabric of the Tezu region provides a unique context in which opioid consumption is normalised. This mirrors broader regional trends where, in Arunachal Pradesh, opium has been traditionally used medically among the tribal community for insomnia, pain, diarrhea, physical and mental stress, etc. It is also used socially on various celebratory occasions, such as births, marriages, and festivals (Chaturvedi et al., 2013).

While these general practices are observed state-wide, field investigations specific to the Tezu Administrative Centre reveal a distinct local evolution. Unlike standard ritual offerings, opium is not directly offered to the deity; rather, it serves as a critical social lubricant during religious gatherings. It is routinely consumed by the Gwak (priest), kin, and guests as a customary engagement or “time-pass” during the prolonged proceedings.

This deep-seated integration is further validated by local Mishmi folklore. According to indigenous accounts, the poppy plant emerged from the ashes of a queen who, after accidentally breaching a royal custom, died and instructed her kin to search her ashes for a “precious object”—a hard lump that grew into the first poppy plant (Tayeng, 2007). Such narratives serve to domesticate the substance, framing its use as an ancestral legacy.

2.2. Recreational Consumption and Peer Reinforcement

The widespread consumption of opium in Tezu is not a recent phenomenon but has deep historical roots. In the old days of clan fights, when physical fitness was important, opium addicts were few, but the habit eventually became almost universal. It was extensively grown and the crop appeared to receive more attention than any other (Mills, 1952).

This historical ubiquity paved the way for social consumption, a mechanism driven largely by peer reinforcement. Early ethnographers captured this dynamic, noting how the habit spread through communal interaction:

“A group would sit around the fire, and one or two of the older men would have their pipes. It was only natural that the younger men should have a try, and having tried, be seduced by the pleasurable effect” (Elwin, 1959).

The present study observes that this trajectory has culminated in the modern practice of “evening hour timepass”. In the absence of diverse recreational infrastructure, the social lubricant function described by Elwin has persisted but shifted across gender lines. Women now occupy these communal spaces, sharing pipes within kinship networks as a form of collective respite from domestic and agrarian toil.

3. Environmental and Economic Drivers

3.1. Seasonal Availability: The Lancing and Extraction Phenomenon

A critical aetiological factor is the heightened exposure to the substance during the specific agricultural window of opium lancing (latex extraction). Field observations confirm that initiation and increased consumption patterns correlate directly with the harvest season.

During this period, the physical demand for labour intensifies as the poppy pods reach maturity. Women, who are central to the extraction process, utilize opium as a functional stimulant to mitigate the exhaustion of the lancing cycle. Because the *Kaanang* is at its most potent and accessible state—freshly scraped from the pods—the barrier to entry is at its lowest. The immediate availability of the raw latex during this labour-intensive period transforms the harvest site into a primary site of initiation.

3.2. Geo-Spatial Proximity and Indigenous Production

Arunachal Pradesh's proximity to Myanmar—a nodal hub for opium distribution—creates a regional climate of availability (Chaturvedi et al., 2013). However, the primary driver for dependence in Tezu remains the mass-scale indigenous cultivation within the Lohit and Anjaw belts. Primary sourcing remains indigenous to Anjaw and Lohit, though neighboring districts, particularly Namsai and Changlang serve as significant supplementary contributors

4. Psychosocial and Biomedical Variables

4.1. Biomedical Drivers: Chronic Morbidity and Analgesic Substitution

A substantial proportion of the female demographic suffers from untreated chronic health conditions, notably nephrolithiasis (kidney stones). In the 40–70 age bracket, where access to specialised healthcare is limited, opium is frequently adopted as a primary self-prescribed analgesic to manage long-term physical pain.

4.2. Dyadic Influence and Domestic Exposure

Intimate partner dynamics play a pivotal role in initiation. Qualitative accounts suggest a demonstrable correlation between male consumption patterns and female addiction, where domestic exposure often leads to shared dependence.

5. Recommendations: Strategic Interventions and Policy Framework

To move beyond mitigation toward systemic eradication, the following multi-pronged strategy is proposed. These recommendations emphasize that because strict legal action alone would cause economic collapse and place a massive section of the population under criminal radar, an alternative social and economic mechanism is mandatory.

- **Proactive Leadership of CALSOM (Cultural and Literary Society of Mishmi):** As the apex body of the Mishmi community in Lohit and Anjaw, CALSOM must spearhead the cultural reform. This involves a formal de-linking of opium from Mishmi identity through "Social Edicts." CALSOM should provide the institutional authority required to rewrite ceremonial conventions and lead the transition toward a drug-free cultural heritage.
- **Active Enforcement by AMSU (All Mishmi Students' Union):** AMSU must serve as the vanguard for grassroots enforcement. Their role involves village-level monitoring during the lancing season, leading youth-centric awareness campaigns, and acting as a proactive pressure group to ensure government departments fulfill their commitments toward economic and medical infrastructure.

- **Total Ritualistic and Non-Ritualistic Ban:** A total prohibition is necessary. A joint mandate must be established between CALSOM, AMSU, and the *Gwak* (priest) association to formally ban the use of *Kaanang* in both secular social settings and during religious ceremonies. There is a need to reform ritual conventions by substituting opium with non-narcotic alternatives in both household ritual gatherings and village-level Namsiang rituals
- **Economic Transition via "Cash-Crop Swap":** To prevent economic collapse, the state must implement a transition to high-value alternative crops (e.g., Large Cardamom, Ginger, or Saffron).
 - **Guaranteed Buy-Back:** The government or private entities must establish a Minimum Support Price (MSP) and a guaranteed buy-back mechanism at a fixed rate, ensuring that the shift away from opium does not result in a loss of household income.
- **Women-Exclusive De-addiction Camps:** Specialized, semi-residential recovery units must be established in Tezu specifically for women. These camps should offer privacy to reduce social stigma and integrate specialized non-opioid pain management for chronic conditions like kidney stones.
- **Clan-Based Mandates:** Empower clan elders, under the guidance of CALSOM, to issue binding "social mandates" and financial penalties against cultivation and consumption, shifting the burden of enforcement from the state to the internal communal structure.

6. Conclusion

The aetiology of opioid addiction among women in Tezu is sustained by a triad of cultural validation, economic necessity during the lancing season, and medical gaps. Effective remediation cannot rely solely on prohibitionist policies but must address the underlying structural causes—specifically the need for pain management, the arduous nature of manual latex extraction, and the reform of cultural practices. By mobilizing the All Mishmi Students' Union and the Cultural and Literary Society of Mishmi (CALSOM), implementing a complete ban during rituals, and guaranteeing a secure economic alternative through fixed-rate cash crop buy-backs, the region can move toward a sustainable, drug-free future.

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