

The Grey behind the Golden: A Case Study of Sikkim's Development Paradox

Dr. Upma Gautam¹, Dr Deeksha Bajpai Tewari²

Abstract – When one's living place is not able to generate conducive environment for the fulfilment of the aims and aspirations of its people, it generates disharmony. People are the ones which make a place alive; unfortunately, in case of Sikkim what is falling apart is its people. Topping the ladder in terms of development indicators does not always show the ground reality. Sikkim is dangerously juxtaposed between “highs” and “lows” of development. The state has a literacy rate of 81.42% (Census of India, 2011) which is markedly higher than national average literacy rate of 74.04% (Census of India, 2011), a young favouring demographic profile where almost 47.9% are below the age of 25 years, dubious distinction of ranking second (after Tripura) in unemployment rate, increasing trend of fresh HIV cases, ranking first in the country in suicides committed, a higher rate of suicides among young people. Finally, there is an imbalance between the high economic development witnessed by the state and the jobs creation, the aspirations of the people. The gap in this mismatch is the last leg of development dilemma that the state most urgently needs to bridge. Understanding the pernicious triad of unemployment, suicide, drug abuse is thus essential in Sikkim. Through this study a comprehensive document can be generated which is able to highlight the lacunas and strength of the State's approach towards a comprehensive resolution of the problem in Sikkim and the information further can be used for devising a working model to deal with the state's agony.

Keywords – Human development, Suicide, drug abuse, unemployment.

I. INTRODUCTION AND BACKGROUND

“The purpose of development is to enrich human lives, not richness of economy which is only a part of it.”[1]

This dilemma of development of putting “people first” or putting “social-economic” parameters as paramount for “achieving” development goals is the research question of the present paper. This paradox is glaringly visible in the state of Sikkim in India. The question that hovers one's mind when one looks at the beautiful Indian state Sikkim is – Is paradox inherent to development?

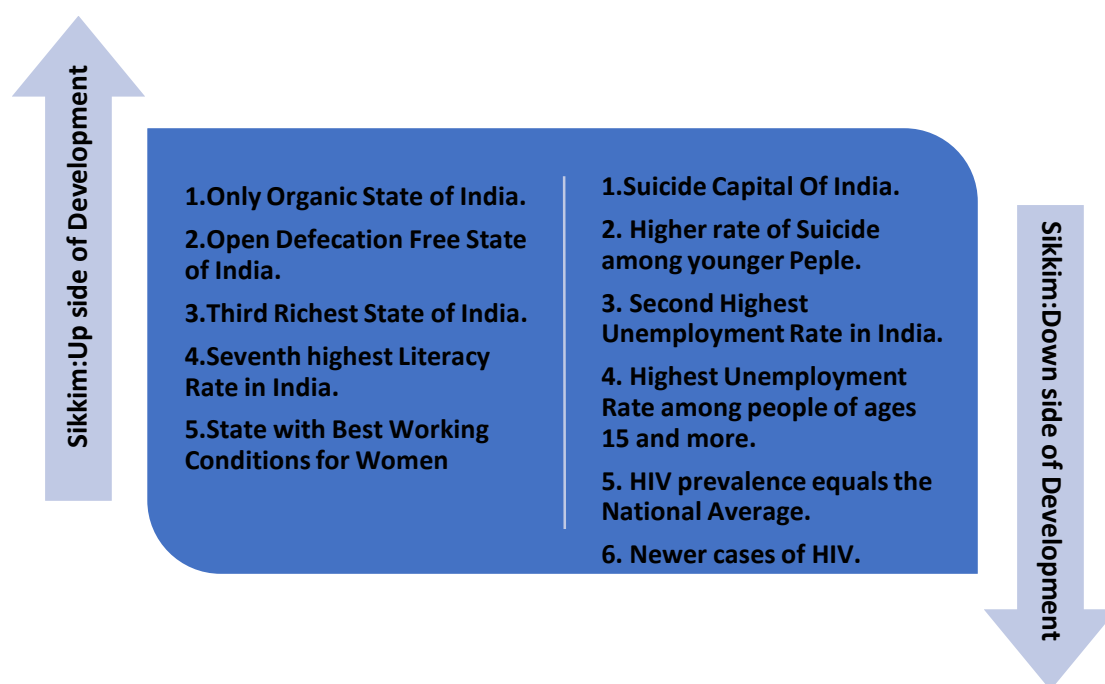
In terms of area, amongst all the states of India, Sikkim is the second smallest. It is a non-coastal state and joined the Indian union on 16th May 1975. Today on one side one can see that Sikkim has climbed its way to become the first organic state of India in 2016. It has also become the first state to be open defecation free in the year 2008. In terms of per capita income, Sikkim is the third richest state after Delhi and Chandigarh. Sikkim ranks

¹ Assistant Professor, University School of Law and Legal Studies (USLLS), Guru Gobind Singh Indraprastha University, Sector 16 C, Dwarka, New Delhi-110078.1,

² Assistant Professor, Department of Geography, Dyal Singh College, University of Delhi, Lodhi Road, New Delhi-110003.2, deekshabteewari@gmail.com

seventh in terms of literacy rate. It also stood first in a nationwide survey on states about working conditions for women conducted in the year 2016. It is also one of the most popular tourist destination not only among domestic tourists but also it successfully lures International tourists. These “achievements” paint a progressive, cheerful picture of Sikkim but there is a dark, intriguing and not possible to hide “grey” side of this wonderful state too. The contemporary scenario of Sikkim is quite intriguing and forces one to ponder about a lot of threatening issues. Sikkim is also the suicide capital of India. In 2015, Sikkim’s rate of suicide was 37.5 per lakh of people. The national average figure of suicide rate is 10.6 per lakh of people. Sikkim’s suicide rate is thus more than three times the national average. It is also much higher than the global average of 11.4 per lakh of people. In terms of unemployment rate, Sikkim ranks second amongst all the states, following Tripura. The average unemployment rate at the national level is five percent whereas in Sikkim it is more than three times the national average. According to the latest Annual Employment and Unemployment Survey conducted by union ministry of labour and employment, the unemployment rate per 1,000 people in the age group of above 15 years was highest in Sikkim at 136. According to India HIV Estimation Report 2015-17[2], National adult HIV prevalence in the age 15–49 years is estimated at 0.26% (0.22%–0.32%) in 2015 and Sikkim scores around the national average mark. But, a rising trend of identification of new infections among adults during the period 2007-15 has been detected in certain other states including Sikkim. There are various reports delineating widespread drug abuse in the State.

Figure 1: Development Paradox of Sikkim



The paper is designed to understand this paradox of development whereby, a definite demographic dividend of young population is doomed to become liability due to a detach between people, their aspirations and governmental non/action.

II. OBJECTIVES OF THE STUDY

Sikkim is dangerously juxtaposed between “highs” and “lows” of development. The state has a literacy rate of 81.42% (Census of India, 2011) which is markedly higher than national average literacy rate of 74.04% (Census of India, 2011), a young favouring demographic profile where almost 47.9% are below the age of 25 years, dubious distinction of ranking second (after Tripura) in unemployment rate, increasing trend of fresh HIV cases, ranking first in the country in suicides committed, a higher rate of suicides among young people (about 47% of which was in the age group between fifteen to twenty nine years). There exists a variance between the increased economic development attained by the state and the pace at which jobs are created and the aspirations of the people. The gap in this mismatch is the last leg of development dilemma that the state most urgently needs to bridge. Understanding the pernicious triad of unemployment, suicide, drug abuse is thus essential.

In this context, the following core objectives are aimed:

- To comprehend the correlation between unemployment rate and suicide rate.
- To identify the most vulnerable section of the population of Sikkim as far as suicide is concerned.
- To understand the State Actions in controlling drug abuse and suicide.
- To map the intensity of suicide in Sikkim.
- To highlight the trend of suicide rate in the state.

III. SUICIDES IN INDIA

As per The World Health Organization (WHO) [3] there are approximately 900,000 people worldwide who commit suicide every year. Interestingly out of this approximately 200,000 suicides were committed in China, 170,000 were from India and 140,000 were from high-income countries. However, as per the National Crime Records Bureau (NCRB) which has collected the data on suicides has reported a fewer number of suicide deaths i.e. about 135 000 suicide deaths in 2010 than is estimated by WHO. There is a dearth of research on the age and sex specific suicides, rates, risks, underlying causes, as well as the mode of suicide in India’s diverse socio demographic populations [4].

Worldwide, about 2% of deaths are attributed to suicide [5]. In comparison to developed and developing nations, the rate of suicide is found to be extremely high in Estonia, Lithuania, Belarus, and the Russian Federation [6]. Among the young adults of the world, suicide attains the distinction of being the third leading cause of death. There is an increasing acknowledgment that deterrence approach towards suicide needs to be in consonance with the specific region demographics of a country and needs to be put into action in a culturally oriented sensitive fashion [6].

The suicide rate of India, Australia and USA are comparable. The global trend of an increasing growth rate is also witnessed in India. The data on suicides in India is collected by The National Crime Records Bureau (NCRB, Ministry of Home Affairs) in India. In 1980, the suicide rate in India was 6.3 per lakh of people and it rose to 8.9 per lakh of population in 1990. From 1980-1990, this showed an increase of 41.3% and a resultant cumulative

growth rate of 4.1% per year [7]. During 2009, the rate of suicide committed was 10.9 per lakh of population [8]. This denotes an increase of 1.7% in suicides since 2008 [9]. In the NCRB report 2010, it was stated that the suicide rate in India rose to 11.4 per lakh of population representing an increase of 5.9% in the number of suicides from the year 2009 [10].

More than eleven lakh people have died due to suicide in India as per the report of the National Crime Report Bureau (NCRB) in the year 2015[11]. The rate of suicide is defined as the number of suicides per one lakh population. This definition is widely accepted as a measure for comparison. In the year 2015, all India rate of suicides was 10.6. Also, the suicide rates vary extensively across the various states of India, ranging from as high as 43.2 in Puducherry to as low as 0.5 in Bihar. Puducherry reported the highest suicide rate (43.2) in India which was followed by Sikkim (suicide rate-37.5), Andaman and Nicobar Islands (suicide rate-28.9), Telangana (suicide rate-27.7), Chhattisgarh (suicide rate-27.7) and Dadar and Nagar Haveli (suicide rate-25.4). From 2014 to 2015, the following States and UTs reported considerable increase in suicide rate – Uttarakhand (suicide rate-129.5%), Meghalaya (suicide rate-73.7%), Lakshadweep (suicide rate-66.7%), Nagaland (suicide rate-61.5%) and Jammu and Kashmir (suicide rate-44.2%). The States which reported the highest decrease in the rate of suicide were- Jharkhand (suicide rate-35.8%), Bihar (suicide rate-28.2%), Manipur (suicide rate-26.0), Rajasthan (suicide rate-22.5%) and Himachal Pradesh (suicide rate-15.7%) [11].

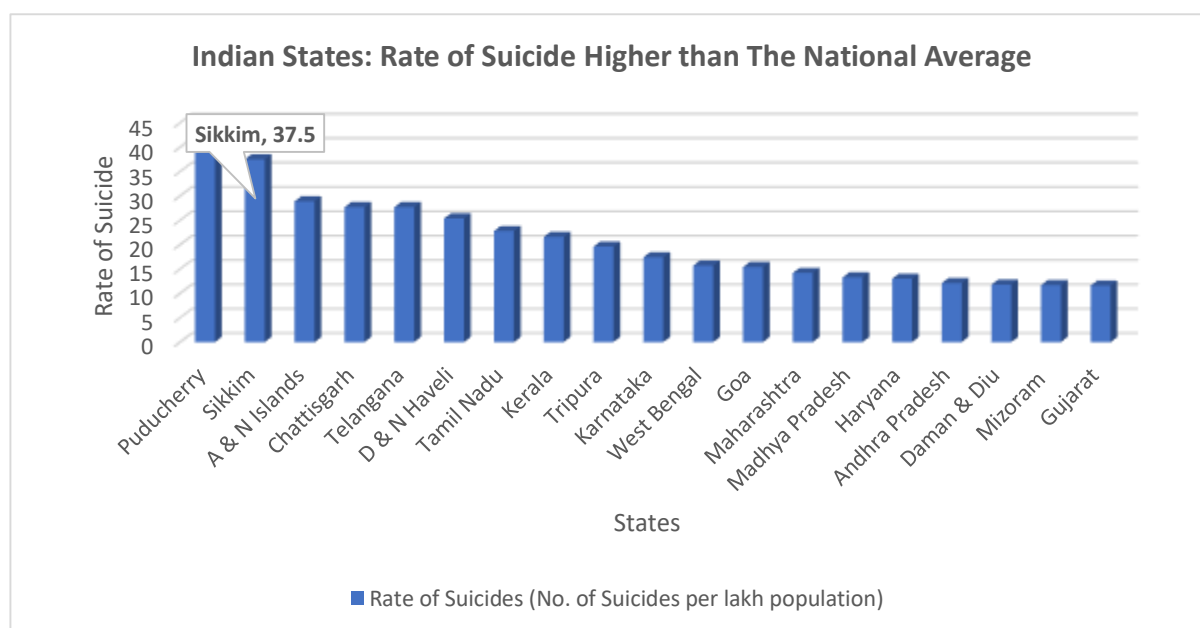


Fig.2: Indian States: Rate of Suicide above the National Average.

4.0 Suicides in Sikkim: The Suicide Capital of the Country

Sikkim is the second smallest state of India. It is a landlocked state, is least populated (only 600,000 persons) and joined the Indian union on 16th May 1975. Today on one side one can see that Sikkim has climbed its way to become the first organic state of India in 2016. It has also become the first state to be totally free from open defecation in the year 2008. In terms of per capita income, Sikkim is the third richest state following only the UTs of Delhi and Chandigarh. It has the seventh highest literacy rate in India. Sikkim has the best working conditions for women as was revealed through a 2016 nationwide survey on Indian states. It is also one of the most popular

tourist destinations not only among domestic tourists but also it successfully lures International tourists. These “achievements” paint a progressive, cheerful picture of Sikkim but there is a dark, intriguing, and not possible to hide “grey” side of this wonderful state too. The contemporary scenario of Sikkim is quite intriguing and forces one to ponder about a lot of threatening issues. Undoubtedly because of all these reasons Sikkim is also considered the suicide capital of India. In the year 2015 the rate of suicide in Sikkim was 37.5 per one lakh people. This is not only three times more than the national average figure of 10.6 but is evidently a marked higher than the global average of 11.4.

Table 1: Sikkim: Status of Suicides, 2015

State	Number of suicides	Percentage share in total suicides	Projected Mid-Year population(in lakh)	Rate of suicides
Sikkim	241	0.2	6.4	37.5

Source: NCRB Report 2015

***Though the total number of suicides in Sikkim in 2015 is given as 241 in NCRB Report 2015 but if we calculate number given in each cause wise category the total comes down to 265. There is a difference of 21 persons.**

Even though Sikkim has one of the highest suicide rates in the nation, earning a dubious distinction of being the suicide capital of the country, very few studies have been undertaken to understand and analyse the underlying causes of this grave problem of the state [12]. Moreover, previous studies had relied heavily on the NCRB data which do not have enough information about region-specific factors for suicide.

Table 2: Sikkim: Incidence of Suicides during 2014 and 2015 and their percentage variation

State	No of suicide 2014	Number of Suicide 2015	Percentage variation in 2015 over 2014
Sikkim	244	241	-1.2

Source: NCRB Report 2015

***Though the total number of suicides in Sikkim in 2015 is given as 241 in NCRB Report 2015 but if we calculate number given in each cause wise category the total comes down to 265. There is a difference of 21 persons.**

In addition, the NCRB data do not give insight into the causes of suicide for specific population. Nonetheless, the regional information may provide a valuable input to understand the factors associated with suicide which, in turn, will help to formulate an effective prevention program [13]. Therefore, the present study was conducted to statistically analyze suicidal data from Sikkim with the focus on throwing light on the vulnerable groups.

5.0 Sikkim: Spatial and Regional Pattern of Suicide

Chhetri, Gurung and Singh (2016) [14] conducted an exhaustive 10-year retrospective study of suicide in Sikkim, elaborating the socio demographic profile of population and analyzing the risk assessment. They extracted Ten-year suicide data (2006–2015) from Police Headquarters, Crime Branch, Gangtok, Sikkim, which included name,

age, caste, place of suicide, and method of suicide. The district-wise suicidal rate in Sikkim shows that almost half of the suicidal cases reported in Sikkim are attributed to eastern district (50.6%) followed by western (25.3%), southern (21.9%), and northern district (2.2%). According to Census 2011, the total population of eastern districts was highest (281293, i.e., 46.3%) compared to western (136299, i.e., 22.4%), northern (43354, i.e., 7.1%), and southern district (146742, i.e., 24.2%). Therefore, the over-representation of eastern district for suicide cases may be due to the larger population size of eastern district. Still, there appears to be an over-representation of suicides in the east district because it contributes about 46 percent of the population and about 51 percent of the total suicides in the state.

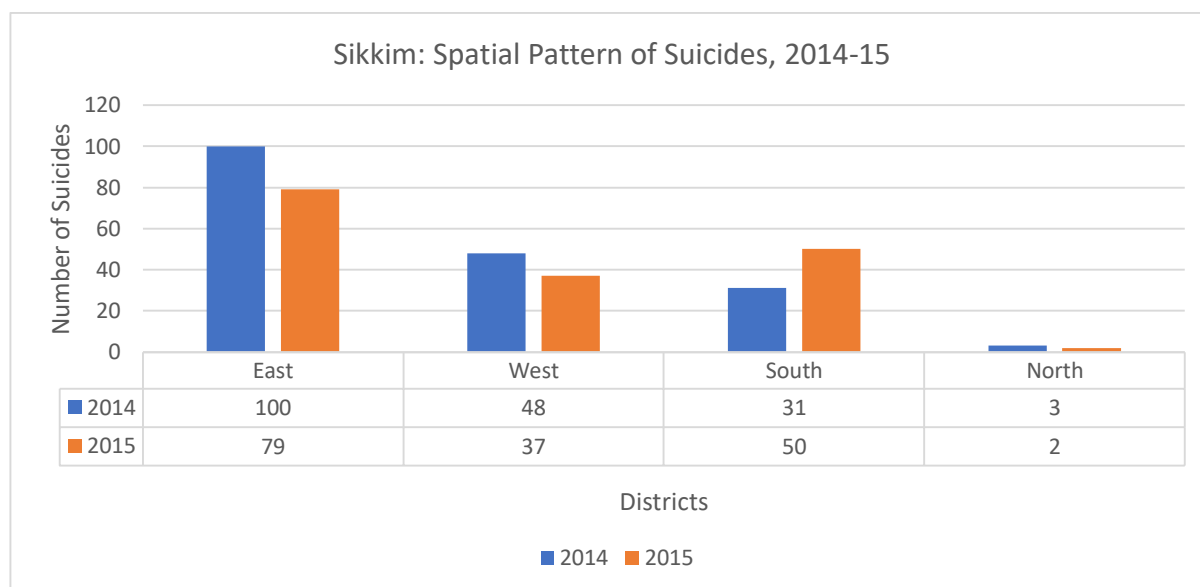


Fig.3: Sikkim: Pattern of Suicides, 2014-15

To undertake an in-depth regional analysis of suicide in Sikkim, population data for last three census were studied closely. To understand the spatial dimension of suicide in Sikkim, a district wise contribution in suicide and the population proportion to the total population was undertaken. A striking feature of the distribution of suicide is the overwhelmingly larger contribution of the South district in the total number of suicides in the State. It is much higher than the district's contribution to the total population of the state. A further collaborative role of other factors would be analysed later in the report. Nonetheless, the South district appears to be a high concentration area of suicide in the state.

6.0. Sikkim: Trend of Suicide, 2006-2015

An analysis of the trend of suicides in Sikkim was undertaken. A close look at the trend shows that over a period of ten years (2006-2015) consistently the east district has contributed overwhelmingly to the total suicides committed in the State, ranging from 52.13 percent in 2006 to 47.0percent in 2015. This district has contributed just over half to the total population of the State in the above-mentioned time period. Thus, the contribution of the East district in suicides in the state is commensurate to its contribution to the total population of the state.

Table 3: Sikkim: District-wise Number of Suicides, 2006-2015

Years	East	Percent to Total	West	Percent to Total	South	Percent to Total	North	Percent to Total	TotalN o.of Suicides
2006	61	52.13	32	27.35	22	18.80	2	1.70	117
2007	56	44.44	36	28.57	26	20.63	8	6.34	126
2008	85	54.83	41	26.45	27	17.41	2	1.29	155
2009	67	44.07	35	23.02	44	28.94	6	3.94	152
2010	88	51.46	38	22.22	40	23.39	5	2.92	171
2011	64	41.55	39	25.32	49	31.81	2	1.29	154
2012	92	51.39	57	31.84	28	15.64	2	1.11	179
2013	120	60	43	21.5	34	17	3	1.5	200
2014	100	54.94	48	26.37	31	17.03	3	1.64	182
2015	79	47.02	37	22.02	50	29.76	2	1.19	168

Source: Calculated from raw data; Author's calculations.

Data Source: Chhetri, Gurung and Singh, Indian J Psychiatry. 2016 Oct-Dec; 58(4): 448–

453.doi: [10.4103/0019-5545.196712](https://doi.org/10.4103/0019-5545.196712)

Out of all the districts, West and South districts contribute a higher proportion of suicides to the total number than the proportion of population. West Sikkim district accounts for about 30% of the state's poor population [15] and this is one of the most populous districts as it has 22% of the total state's population. Even-though a huge number of people in this district are dependent on agriculture and other similar activities but a large part of the land is unproductive because of the rocky slopes and precipitous nature of the region. Moreover, poor road conditions due to frequent landslides have further restricted the economic growth of this area. In the West district, poverty may be an attributing factor to suicide. In South district, the development of social infrastructure and overheads like, improved transport and communication, educational and health services have not been able to create a conducive environment and has not fulfilled people's employment and other aspirations, often leading to suicides.

7.0. Sikkim: Correlation between Suicides and Unemployment

Economic downturns [16] always result in the recurrence of the debate on the impact the economy has on suicide. Recessions leading to decrease in the gross domestic product (GDP), exhibit strong reductions in macroeconomic aggregates such as investment, consumption, employment, industrial production, exports, and imports [17]. In 2008, economic crisis saw a 2% decline in world per capita GDP in 2009 [17] and worldwide 31.8 million more people lost their jobs and were rendered unemployed in 2013 than in 2007[18]. Evidences suggest that during recession, all other causes of mortality decline but there is no decline in suicide [19]. As with previous economic

crisis, the current data also imply an association between the 2008 economic crisis, increasing rate of unemployment, and increase in rates of death by suicide [20]. It is not particularly difficult to understand this correlation as men and women of working age groups are predominantly impacted [21]. The correlation of unemployment and suicide emanates from direct impacts on an individual such as increase in pecuniary distress, decrease in affordability of mental health, increase in depression and other such illness, disruption in present treatment etc [22]. Therefore, governments should proactively play a crucial role in keeping and reintegrating people in jobs.

Table 4: Sikkim: Working Population, 1981-2011				
	1981	1991	2001	2011
Population	3,16,385	4,06,457	5,40,851	6,10,577
Total Workers	1,52,814	1,68,721	2,63,043	3,08,138
Main Workers	1,47,436	1,64,392	2,12,904	2,30,397
Cultivators	88,610	97,834	1,01,200	82,707
Agricultural Labourers	4,887	13,793	9,081	11,582
Worker in Household Industry	1,586	1,309	3,168	2,888
Other Workers	52,353	55,785	99,455	1,33,220
Marginal Workers	5,378	4,329	50,139	77,741
Non Workers	1,63,571	2,37,736	2,77,808	3,02,439
Percent of Non-workers to Population	51.69	58.43	51.36	49.53

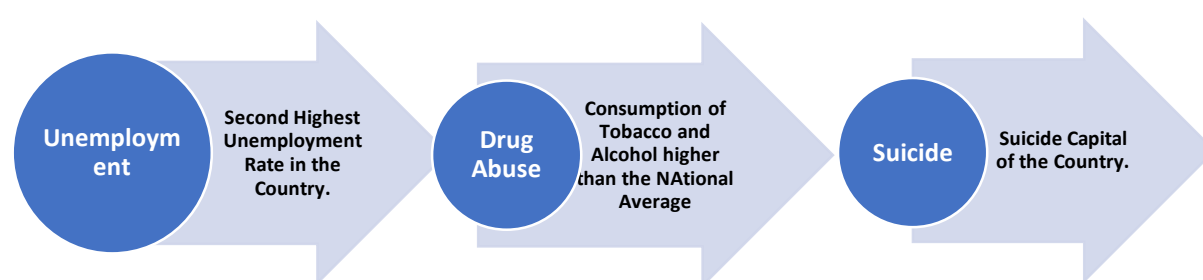
Non-workers include students, unemployed and other non-workers. In Sikkim, over last forty years, this category has not declined significantly. In 2011, about half of the population was in the category of non-workers. It also depicts that about half of the population was not economically active and thus would not have been contributing anything to the GDP of the State. (See Table 4)

In the year 2006, The State Socio-Economic Survey [23] reported that, only around 36.3 per cent of the population of Sikkim constituted the working population. They were gainfully employed in various activities like private, government, household etc. The total number of unemployed persons was approximately 26,811. Out of which, 17,620 (65.71 percent) belonged to the age group of 15–34 years. Rural areas of Sikkim accounted for nearly 88 percent of the unemployed youth. Out of the total unemployed population, almost half belonged to the east district. More than 75% of these unemployed youth had secondary or lower levels of education. There were approximately 21,000 number of youths who were unemployed in Sikkim as per the recent estimates of the Government. In the year 2010, the Government of Sikkim conducted a Baseline Survey of the Border Areas [24], an astounding 67.08%

of the total population of border areas were not engaged in any economic activity and were categorized as student, unemployed, and house wife.

A multitude of factors make Sikkim vulnerable towards such high Suicidal Rate. But one of the most striking one is Unemployment. One of the major apprehensions and source of uncertainty among the youth in Sikkim were unemployment and under-employment [25]. A close look at world figures, offers a distressing trend of about 40 percent of the total suicides in the world were associated with unemployment. After the global economic crisis of 2008, there has been a nine-fold increase in the number of suicides in the world. According to this 2015 study, there appears to be an unambiguous connect between unemployment and suicides in Sikkim. In 2014, according to the NCRB report 67 of 244 (27.45 percent) persons who committed Suicides were unemployed. In 2015 NCRB report, 53 of 241 Suicides (22 percent) were committed by unemployed persons. For both the years, these figures are higher than the world average of about 20 percent. Thus, there seems to be a high correlation between unemployment and suicides in the State.

8.0. Sikkim: Vicious Circle of Unemployment, Drug Abuse and Suicide



Sikkim has achieved complete (100%) sanitation coverage and hence it is completely (100%) free from open defecation. It is therefore, not only the first but also the only State in India which is to be termed as *NirmalRajya*'. From 1996 to 2006 Sikkim was one of the top five states in India which had witnessed the greatest stepping up in the pursuit of attainment of Human Development Index (HDI) that had increased from 0.582 to 0.665. This increase was made possible because of a notable increase in income levels in Sikkim over the last two decades. Between 1993-2000, the net state domestic product (NSDP) of Sikkim, on an average, increased by 5.75 per cent per annum. But, significantly between 2001 - 2012, Sikkim's NSDP grew at an accelerating pace, on an average of 17 per cent annually. Amongst all the Indian states, this was the highest. It exceeded the national average of 10 per cent significantly. A large proportion of the growth was a direct result of a remarkable growth shown in the industry and manufacturing sectors, which was concomitantly supported by the services sector. By 2011, Sikkim had only 8% of the total population which was below the line of poverty and this made Sikkim as one of the lowest percentages of population below the poverty line in India. In the year 2019, Niti Aayog released Sustainable Development Goal Index for Indian states. Only two states- Andhra Pradesh and Sikkim have improved their percent of poor people to total population figures. Sikkim shows a near universal coverage in terms of school

enrolment at primary and upper primary levels. Around 93 per cent of households have electricity connection. All the households in their premise have a latrine facility in Sikkim. Such impressive indicators indeed fortify the State's claim of being the *Golden State* of India.

Table 6: India's Highest Suicide and Unemployment Rates in Sikkim

Sikkim: India's Highest Suicide And Unemployment Rates			
Indicator	Sikkim	National Average	Position
Suicide Rate (Suicides per 100,000 population, 2015)	37.5	10.6	1st
Unemployment Rate (Population aged 15 years and older available for work but did not get it, 2015-16)	18.1%	5%	2nd
Shift in HIV prevalence (Adult population that is HIV positive) from 2007 to 2015	+130%	-24%	29th (highest increase)

Source: National Crime Records Bureau; 5th Annual Employment-Unemployment Survey Report 2015-16; National AIDS Control Organisation, India HIV estimations 2015

But, the dark side lurking in the background of this golden State also cannot be denied. The paradox of *“development”* is most glaringly visible in Sikkim. (Refer to Table 6) The question to be answered is: *Can Development exist independent of people? Can development of economy devoid or ignore people's aspirations?* After its merger to India, Sikkim opened to the rest of the world, but it has focused on rapid economic development. This fast-paced movement towards growth has many a times obliterated the necessary fulfilment of people's aspirations. The social aspects have been neglected by the state in the process.

The rationale of development is to put people and their aspirations at the centre stage. This includes their security, their hope, their needs, their rights. Human development is thus defined—as a path of development involving escalating choices, expanding people's capabilities, provision of rights and freedoms. People are thus both, the recipient of the advantages of such development trajectory and are also the instrument of progress and change that bring such a development.

This paradox of development or a disconnect between a State's understanding of development and people's aspirations both from the State as well as from the increased achievements of a State is glaringly visible in Sikkim. As the fast-paced society traverses into the era of social media and connectivity, the signals of change and expectations are conspicuous. With projections of attaining an access to a valuable and civilized livelihood becoming distant, young people are taking recourse to protest. Adding fuel to fire is the issue of outsiders having an advantage in gaining whatever small number of jobs is being created. Sikkim is traversing on a two-sided sword of a mounting disappointment of unfulfilled aspirations and readily available drugs which is resulting in high rate of drug addiction among the young population. Many lives are lost to suicides in Sikkim. The heightened expectation of the educated youth in an environment of fast paced infrastructural development in the State and non-fulfilment of such expectations and aspirations is the root cause of growing frustration amongst the educated youth of the State.

Chhetri, Gurung and Singh (2016) [14] study on a ten-year socio-demographic profiling of Suicide in Sikkim. It provides an insight into the Suicide crisis in Sikkim. In the State, between the years 2006 and 2015, suicide was established to be most prevalent in the population of age group 21-30 years. The population born after the

merger of Sikkim with India had very high expectations and consequently became prey to their vulnerabilities. This has increased their propensity to turn towards drugs and suicide. People of this age-group (21-30 years) are all born after the merger of Sikkim to India. They were witness to rapid infrastructural development in the State. Consequently, this is the generation with heightened expectations and aspirations. But, their expectation of good employment opportunities and expansion of their capabilities have not been fulfilled by a state which has only lately identified employment and lack of skill development as basic issues of the State.

According to The Hindustan Times Report, between the years 2004 and 2014, in India, drug abuse became the first and leading cause of suicide followed by dowry, poverty and financial issues. Over this period, at least 25,426 people in India committed suicide due to drug and other addiction-related issues.

In the year 1985, Narcotic Drugs and Psychotropic Substances (NDPS) Act criminalised the use of drugs. However, in the year 2014 an amendment was passed which gave the provisions of pharmacological options for management and treatment of dependence on drugs. A distinction was created between users, smugglers and peddlers of drugs and differential sentencing depending on the type and amount of drug seized was introduced. Moreover, this Act also allowed the states to constitute a policy on drugs for their state. Sikkim took a lead and was one of the first State to draw up a drug policy. But the Act prepared by the state referred to as the Sikkim Anti-Drugs Act (SADA), 2006, made no distinction between drug peddlers and users. It criminalised drug use, imprisoned drug users for petty crimes and made no provision for their rehabilitation or assimilation in the society. The public health system of the state too is apathetic towards the health concerns of the drug addicts. It is more a war against the drug users rather than the drug abuse. Sikkim's has attained a progressive attitude regarding the societal and community reforms, but such a sensitized approach does not extend to and encompass their approach while dealing with drug abuse. The problem is dealt purely as a law and order issue.

9.0. Care of Drug Users: A forgotten Priority

According to all International UN Conventions on Drug Control, the State has to undertake steps for improving health conditions and safeguarding human rights of the drug users. But, in SADA 2006, no such provision is made, and drug users, smugglers and mafia are being treated at par in the eyes of law.

An RTI was filed by HepCos seeking information about the treatment, rehabilitation, availability of Government funds for education, social reintegration of addicts and aftercare. The State Healthcare Department replied that no Government fund is earmarked for the same. Under SADA, there are provisions for the running of these programmes. The state has thus completely absolved their duties by criminalising the drug usage and users. It is pertinent to note that the State has not handled this issue with the required sensitivity and therefore, there exists a lack of awareness amongst people and discrimination towards the drug users which has more than often forced them towards sex work, to the streets, and for some suicide.

Long Imprisonment, Government apathy towards rehabilitation and reinstatement of drug users in the Society often push these people to the shadows. The chances of rehabilitation are particularly slim for the poor and the uneducated. They are often doubly victimized. First, by falling into the trap of drug abuse then by not getting a chance to fall out of it and the last stroke of misfortune when their existence is stigmatised in the society and their chances of reintegration are abysmally low. The provisions of the Anti-Drug Act 2006 do not help them in any way rather its implementation makes their road to amalgamation more difficult if not impossible.

10.0 Conclusions: The Way Forward for the Golden State

Sikkim has provided priority to expand educational avenues, health facility, sanitation and the delivery of essential services. These are the critical socio-economic overheads that are essential goalposts for improving the standards of living. But, the challenge for the state of Sikkim is to cover the “last mile” distance to step up reforms in the arena of human development. Creating job opportunities for the people is an identified challenge that the Government should focus on. There is an imbalance between the soaring economic growth rates attained by the state and job creation required for people. This imbalance is revealed through the existing gaps between the kind of jobs being created and the aspirations of young population of the state. A large proportion of the jobs being created are of unskilled nature and which the young and educated population do not aspire for. One of the major attributes of anguish amongst the youth is the dearth of employment opportunities in skilled professions in the state. Having identified this, the Sikkim Government has taken steps to provide requisite training for attaining livelihood skills to its younger population. The first state to introduce capacity building courses and include livelihood generation in schools curriculum was Sikkim. Expanding livelihood opportunities and elimination of drug abuse are two cornerstones on which Sikkim’s future development trajectory needs to move. Only, then can the Golden State’s claim of development would be people-centric and would create conditions for their participation and empowerment.

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