

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Drug abuse, as a social problem, is increasing rapidly among the youths of Kathmandu (Recovering Nepal, 2010). The abuse of drug and its illicit trafficking has become a global phenomenon covering all the developed as well as developing nations throughout the world. The abuse of drug problem exists among the teenagers and young population which has a deep impact both on social and economic lives of the people.

The simple meaning of drug is a chemical compound used for the treatment of a disease. But, in this context, a drug is that chemical substance which is used by certain persons, intentionally, to experience floating sensations, feeling of ease and relaxation, exhilaration as well as to escape from pain, grief and frustration.

In Nepali term drug is said as *Aushadhi* and abuse as *Durupayog*, i.e., drug abuse means '*Aushadhi ko Durupayog*' and addict stands for *Durbyasani* (Shah, 2002). In medical terms, "A drug is any substance that when taken into a living organism may modify one or more of its functions". The term "drug addiction" is a habitual practice of using chemical substances (natural and synthetic) in spite of harmful consequences to the individual and society, or the both (David, 1972). Drugs can provide temporary relief from unhealthy symptoms or permanently supply the body with a necessary substance the body can no longer make. Some drugs produce unwanted side effects. In large enough doses, all drugs are toxic. Some drugs lead to an unhealthy dependency that has both physiological and behavioral roots. The International Classification of Disease –ICD-9- defines drug addiction as a "State psychic and sometimes also physical, resulting in taking a drug, characterized by behavioral and other responses that always include a compulsion to take a drug on a continuous and periodic basis in order to experience its psychic effect and sometimes to avoid the discomfort of its absence. Tolerance may or may not be present."

The history of the human race proves that herbs, roots, barks, leaves & plants have been used to relieve pain & help to control diseases. The use of drug doesn't constitute only evil; drugs properly administered have been a medical blessing.

Various research findings in many countries concluded that the 'Hippie-Culture' of the early

1960's popularized the abuse of drugs as a way of life among the youth of the 15-30 years age bracket.

Health according to the WHO is defined as a: "State of complete physical, mental and social well-being and not merely the absence of disease or infirmity". This is a fundamental human right and this right to health applies as much to drug users as to any other population. As such, health care should include a broad range of services required to meet the multiple health needs of DUs.

World Health Organization (1978) defines, Drug addiction is a state of periodic or chronic intoxication detrimental to the individual and to society produced by the repeated consumption of a drug (natural and synthetic).

Abel has defined in his book 'A Dictionary of Drug Abuse Terms and Terminology (1984:93), "Drug Abuse is the most non-therapeutic use of drugs to the point where it affects the health of an individual or impacts adversely".

Substance dependence (Drug Use) as defined by World Health Organization (WHO) is a disorder of the brain like any other neurological or psychiatric illness. Dependence is a chronic and relapsing disorder often co-occurring with other physical and mental disorders. (2nd National Harm Reduction Conference, 2009)

Narcotic Drugs (Control) Act, 2033-Defines Addiction as: Consumption of narcotic drugs more than the dosage and quantity prescribed by authorized medical practitioner or without prescription of such medical practitioner.

The abuse of drugs is an international problem that affects almost every country in the world, both developed and developing. *Drug abuse is regarded as a regular use of drugs knowingly or unknowingly without any medical purpose.* The habitual use of drugs is drug addiction. Drug dependence is the result of drug abuse, which produces physical as well as psychological or both dependency conditions which occurs from the continuous use of hard as well as soft drugs.

Drugs can be classified into Stimulant, Depressant, Hallucinogen and Narcotics. Stimulant is a kind of drug which stimulates (make more active) the central nervous system of a person. e.g. Cocaine, Amphetamines etc. Major symptoms are hyperactivity, irritability, excitability, talkativeness, aggressiveness, restlessness etc. These are taken orally or used intravenously.

Depressant is a kind of drug (substance) which relaxes the central nervous system of a person. e.g. Barbiturates, Tranquilizers etc. Major symptoms are slurred speech, quick temper, slow responses and reactions, appearance of drunkenness without an alcoholic breath. It is extremely difficult to be used. These are taken orally or intravenously or both. Hallucinogen affects the mind causing changes in perception & consciousness. Also called 'mind benders'. e.g. L.S.D., Mescaline, Psilocybin, Marijuana, Hashish etc. L.S.D is chemically manufactured whereas Mescaline, Psilocybin, Marijuana, Hashish are derived from plants. Symptoms are; reduced co-ordination & reflexes, distortion of time & distance, difficulty in thinking & remembering clearly & get lost in illusions. Mostly taken orally and smoked. Excess, sometime go to the extent of committing suicide. Narcotics are substances that make drug user's senses dull. E.g. Heroin, Codeine, Morphine. May be sniffed or taken orally or used intravenously. Symptoms are like slurred speech, euphoria, impairment of co-ordination, depressed reflexes, flushed face etc.

Drugs can either be classified into hard drugs and soft drugs. Hard drugs are strong in nature and produce physical dependence in drug users, e.g Morphine, Heroin etc whereas soft drugs are mild in type and produces psychological dependence in drug users. e.g. Ganja, Hashish etc.

UNDCP categorized types of drugs as follows:

Cannabis: Ganja, Hashish, Bhang

Heroin: Smack, Brown Sugar

Opium & Opiates: Codeine, Methadone, Morphine, Pethidine, Buprenorphine etc.

Tranquilizers (Sedatives & Hypnotic): Valium, Nitrazepam, Diazepam, Alprazolam, Ativan, Buscalm etc.

Others: Glue, Boot polis, Iodex, Kerosene, Petrol etc.

Latest statistics of Recovering Nepal shows that there are approximately 1, 50,000 drug users in Nepal. Currently, there are altogether 46,309 hard drug users in Nepal. Among them, 42,954 (92.8%) accounted to male and 3,356 (7.2%) accounted to female. The highest proportion of the hard drug users are found in Kathmandu valley (17,458) followed by Kaski: 5112, Jhapa: 3523, Sunsari: 3186, Rupandehi: 2588, Chitwan: 2071, Morang: 1316, Parsa: 1301 and Makwanpur: 481 (Recovering Nepal, 2010).

Hard Drugs are strong in nature and produce physical dependence in drug users. It includes all forms of synthetic opiates and chemical substances that are treated illicit drugs by the government. For e.g., Morphine, Heroine etc.

Drug abusers are one of the Most at Risk Population (MARPS) in the country and the prevalence of HIV among them is higher than other MARPS. The percentage of IDUs injecting drugs more than once in a day was 37 percent in Kathmandu, 31 percent in Pokhara, 48 percent in Eastern Terai, 20 percent in Western to Far Western Terai respectively in 2009 (IBBS 2009).

There is estimation that if this ratio is growing, the number of drug abusers in the country will be 2.25 million reached in 2020 A.D.

1.2 Statement of the Problem

Drug abuse, a universal problem, has emerged as a problem in Nepal as well. In Nepal, consumption of liquor, tobacco-related substances, cannabis and hemp is on the rise. Use of drugs such as heroin and opium has further aggravated this problem. The problem is getting further complicated with the use of injecting drugs and synthesized chemicals as narcotic drugs.

Use of drugs is especially more common amongst adolescents. The mounting problem of drug addiction in younger generation is posing a serious threat to our family integration, social and economic stability and the progress of our society is degenerating. According to the available statistics, three fourth of total drug users belong to the age group of less than 20 years of age. Similarly, it is found that about 61 percent of them inject drugs out of whom, 29 percent consume such drugs through the needle exchange. (Drug Control Strategy, 2010)

As mentioned in the Drug Control Strategy (2010), Illicit trafficking and dealing of drugs is regarded to be the second largest organized crime after the trafficking of weapons. Though the law enforcement agencies have been engaged in controlling the illicit trafficking and dealing, its prevention and control is challenging due to the involvement of internationally organized and active criminal syndicate. Since Nepal is close to the golden triangle and golden crescent for producing and trafficking in drugs, the land of Nepal is being used as an easy route for its trafficking and dealing.

In-fact, drug addiction is treatable and recovery is possible. There are many treatments and rehabilitation centre for drug addict which work with drug addict and drug related field, especially in Kathmandu valley. This study aims to identify the various problems of drug abusers and also the problems confronted by Youth Vision to implement its treatment and rehabilitation activities.

1.3 Objectives of the Study

The overall objective of the study is to understand the situation of drug abusers.

-) To present the situation of drug abusers,
-) To analyze the causes behind their involvement into drugs, and
-) To assess treatment procedure and rehabilitation of drug abusers.

CHAPTER TWO

LITERATURE REVIEW

A collective body of works done by earlier scientists is technically called the literature. Reviews are short articles that give brief information regarding the work done in a particular area over a period of time. Reviews are commonly published in journals, yearbooks, handbooks, and encyclopedias (Singh, 1997).

Literature Review plays a very crucial role in developing research proposal. When the researcher makes a careful review of the literature, s/he becomes aware of the important and unimportant variables in the concerned area of research. It also helps the researcher in avoiding any duplication of work done earlier. A careful review always aims at interpreting prior studies and indicating their usefulness for the study to be undertaken. It enables the researcher to collect and synthesize prior studies related to the present study and enable the researcher in discovering important variables relevant to the area of the present research (Singh, 1997).

2.1 Theories of Crime and Deviance

Deviants are those who refuse to live by the norms and values of society that the majority of people follow. They don't fit in with what most people would define as normal standards of acceptability. And Crime is an offence that is against the law of land. The extreme form of deviance is crime. Deviance may be defined as non-conformity to a given set of norms that are accepted by a significant number of people in a community or society. Where there are norms and laws, there are also crimes which can most simply be defined as any type of behavior that breaks a law (Giddens, 1997). All crimes are deviance but all deviances are not a crime.

One of the most important approaches to the understanding of criminality is called labelling theory. Labelling theorist (Giddens), interpret deviance not as a set of characteristics of individuals or groups, but as process of interaction between deviants and non-deviants. In every society, definition of morality, discipline, deviances etc. are established by wealthy for the poor, by men for women, by powerful people for the powerless people, by educated for the uneducated, by older people for younger people and by ethnic majority groups to the minorities. For instance, many children wonder into other people's garden or steal fruits. In

an affluent neighbourhood, these might be regarded by parents, teachers and police as innocent pastimes of childhood but in poor areas, they might be seen as an evidence of tendencies towards juvenile delinquency. Giddens further writes that once a child is labelled a delinquent, he or she is stigmatized as a criminal and is likely to be considered untrustworthy by others, and then relapses into further criminal behaviours.

Charles Reardon (1974) argues that, since the inception of sociology, much of the discipline's attention has been directed towards phenomena identified as social problems. The major theoretical perspectives found in social problems texts are theories attempting to account for the existence, maintenance, and increase of certain phenomena identified as social problems, e.g. drug addiction, rather than explain why and how certain phenomena become labelled social problems. It is my contention that such theories, e.g., social change, social disorganization and cultural lag are inadequate as general theories of social problems. While they may provide explanations of certain phenomena, they fail to include the essential ingredient of a social problem, i.e. social reaction. Merely looking at the phenomena identified as social problems at different times or in different societies should indicate that there is nothing inherent in phenomena which make it a social problem. Therefore as Blumer has noted (1971:300), "It would seem logical that students of social problems ought to study the process by which a society comes to recognize its social problems."

This theory supports to analyze the case of drug addicts because they are also one of the minority groups. Drug abusers are deviants who refuse to live by the rules that the majority of people follow. Hence, through this theory it helps to identify how this juvenile delinquency turns to be a criminal in future. At present, most of the parents are so busy that they don't have time for their children, so children also find them so free that they start to go here and there even learn to smoke a cigarette. As their parents didn't catch them red-handed they slowly start to take soft drugs and then to hard drugs. As hard drugs are very expensive they start to steal small stuffs from their own house to fulfil their wants of drugs. However, parents are also so busy that they won't notice it, even if they notice they start to tell lie which motivate them to the further criminal activities. Once the people entered into the drugs world they turns out to be a deviance and later they turned out as a criminal.

2.2 Social Network Analysis

Mark Fraser and J. David Hawkins (1984), regard that social network analysis is the study of the web of human interactions that influence behaviours. In Mitchell's (1969) words, a social network is a special set of linkage among a set of persons with the property that the characteristics of those linkages as a whole may be used to interpret the social behaviour of the persons involved. "From this perspective, relationship across and within many different spheres of interaction may be examined and correlated with criterion behaviours like drug abuse, crime, child maltreatment, and mental illness.

Though still in its infancy, network analysis has taken two forms. The first defines a focal person or "ego" and identifies peripheral persons or "alters" who are network members- usually work associates, friends, family members, and neighbours. The second defines a distinct group of persons and maps their patterns of interaction within prescribed boundaries. Such an approach might be used to depict network relationships occurring in a classroom, a residential treatment centres, or a group home. Social network analysis in either form is a logical extension of researchers' efforts to specify the causes of social problems. It emphases are upon both the pattern and quality of interaction in a variety of social settings.

As Social Network Analysis is the study of the web of human interactions, most of the drug abusers are influenced by their friends or peer groups. So, this theory helps to analyze the influence of peer pressure on drug addiction. We are losing our nation developer i.e. adolescents as they are also entered into this world through the society and environment. This theory is very specific because most of the drug abusers are influenced by their friends and their pressure. Approximately 90 percent of the respondents are influenced by their friends. This theory helps to analyse how unfiltered social network can ruin the society? Through the powerful social network the whole world is destroying by the drugs.

CHAPTER THREE

METHODOLOGY

3.1 Rationale of the Site Selection

The Kathmandu valley is selected as a study area, as it is the most affected area from drug addiction. The data from Recovering Nepal, (2010) shows that there are altogether 17,458 drug users in Kathmandu valley. Hence, it is selected as a rationale of the study area. Drug use behaviour and their vulnerability of STDs and HIV/AIDS have brought a fearful situation among the people of the society. Also it has made the immeasurable loss to society and productive lives.

Though the government works as chief policy maker, executor and facilitator for controlling drug problem, NGO working in this area, especially from 1990 have been emerging rapidly. This study comprises only 40 male drug abusers of Youth Vision for an interview. This study's main concentration was to reveal the micro level causes behind their involvement, current situation of drug abusers, and to assess the treatment procedures. All drug abusers accepted interviews well and gave factual information. All data were scrutinized carefully and presented using simple statistical tools. Tables and figures are also presented to facilitate the findings.

3.2 Research Design

Research design is the outline, the scheme, and the paradigm of the operation of the variables. It is the frame of the plan on the basis of which the researcher performs his research work. It provides a guideline for the researcher to enable him/her to keep track of his/her actions and to know that he/she is moving in the right direction in order to achieve his/her goal.

As Kerlinger says (1998), "Research Design is devised to plan, structure and strategy of investigation conceived so as to obtain answers to research questions and to control variance."

This study involves the systematic collection, analysis and presentation of data to give clear picture on drug abuse problem in Nepal. So, the study adopts both the Exploratory and Descriptive Research Design.

The main purpose of an exploratory study is to formulate a problem for more precise investigation or for developing hypothesis. Hence, this design focuses on to investigate the problems of drug addiction in Nepal and its impact on the nation development process.

Likewise, Descriptive design is a process of accumulating the facts. Its main objective is to acquire the knowledge and to diagnose the problem, to accurately specify the characteristics, to determine the frequencies of significant variables and to find out whether certain variables are associated (Jha and Bhattarai, 2005). Hence, this design will describe about the main problem of drug users, family, society and nation.

3.3 Nature and Sources of Data

This study adopts both the qualitative and quantitative nature of data. Qualitative data comes in various forms but most commonly comprise verbatim transcripts of interviews or discussions, observational notes or written documents of other kinds. Whatever form they take, the material is likely to be highly rich in detail but unwieldy and intertwined in content. For e.g., skills, attitude, the level of satisfaction, merit and demerit of a person, intelligence or dull character of a person cannot be expressed numerically, where we use a qualitative nature of data, whereas quantitative data are collected and various diagrams and graphs are prepared to explain the sampling data.

The present study is based on primary as well as secondary information in order to meet the stated objectives. The primary data is collected to present and analyse the present status of drug abusers, conducting questionnaire and focus group discussion. The primary data is collected from 40 drug addicts admitted in the residential centre of YV. The executive members, employees/volunteers, counsellors of YV are extensively interviewed about the activities of YV, problems and prospects of the centre.

Secondary sources is collected through related literature, journals, office records of YV, articles, organizational profile, dissertations, CBS records, and also other research documents.

3.4 Sampling Procedure and Sample Size

The method consisting of the selecting for study, a portion of the 'universe' with a view to drawing conclusions about the 'universe' or 'population' is known as sampling (Compendium, Research Methods in Sociology and Anthropology, Vol. 4). Drug use is

considered as an illicit activity in the society. Drug abusers do not want to be exposed and known as drug abusers. As a result, drug abusers are underground and isolated in the society. On the other hand, there are no proper documented survey results on drug abusers' population. So, it is impossible to draw the representative sample size of the population through the probable sampling method. Hence, a purposive or judgement sampling procedures of the non-probability sampling procedure is adopted in this study.

In judgement or purposive sampling, I decided the purpose that an informant need to serve and I went out and find one. Moreover, in judgement sampling it's not even necessary to decide up front what kinds of units of analysis to study. Purposive samples emerge from one's experience in ethnographic research. I learned in the field, as I go along, to select the units of analysis (people, court records, whatever) that provides the required information. Sample size is limited to the drug abusers of YV i.e. 40 male respondents and drug users who are from age group 15-40 are considered as sampling population as they are the most vulnerable group to drugs.

3.5 Tools and Techniques of Data Collection

The primary tool of data collection is direct interviews with drug abusers using schedule questionnaire, focus group discussion among drug abusers at rehabilitation centre. Individual drug abusers are consulted for information collection. The researcher also verifies information obtained from various sources through personal observation during the field visit and interaction during discussion. The data for the present study are generated from the following techniques:

3.5.1 Questionnaire

Questionnaire method is the method in social research, in which information is obtained with the help of questionnaire, which is prepared exclusively for the purpose. In other words with the help of a set of questions all the required data is collected.

By questionnaire is meant a set of questions developed in an organized and ordered manner for gaining information from the people in relation to a given problem (Thakur, 1998).

According to Goode and Hatt (1952), "In general the word questionnaire refers to a device for securing answers to questions by using a form which respondents fills in himself."

Structured Questionnaire, which poses definite, concrete and prepared questions, used for the collection of personal experiences, social attitudes, behaviour pattern, and habits. Additional questions may be used only when need arises to clarify vague or inadequate replies by informants.

3.5.2 Key Informants Interview

Interview is a face-to-face situation between the interviewer and the respondent, which tends to obtain some desired information from the latter. In simple words interview can be called as the process of talking on more purposive and more systematic manner than our day to day gossiping with each other.

According to Kerlinger, (1998), “The interview is face-to-face inter-personal situation in which one person, the interviewer asks a person being interviewed, the respondent, questions designed to obtain answers pertinent to the purposes of the research problems.”

Interview with the social workers, volunteers, program co-ordinator of the concerned organization are done to obtain the desired information readily and quickly. Check list is used where answer is provided to fixed alternative questions the researcher checks the answer which comes closest to the response.

3.5.3 Focus Group Discussion

Focus group Discussion is an informal discussion which involves a particular area of interest based upon the hypotheses developed by the researcher (Thakur, 1998).

Focus Group Discussion is an informal discussion or complete openness, but guided by a check list/directional approach, which is normally conducted to investigate certain socio-economic behaviours of the population under study.

Focus Group Discussion is very important in this research work to discuss the problems that drug users are facing and solution to lift up their life. The informal discussion is held with the certain number of drug users which helps to provide the required data and recommendations.

3.6 Data Analysis

After the data is collected from field survey, all the data are thoroughly scrutinized before editing. During an interview and focus group discussion, different information which might

not be useful for the research is obtained. Hence, all the data collected is scrutinized and edited and only the useful data is included in the research.

The systematic analysis is done using quantitative techniques. The data that are collected in the numerical forms are analysed through appropriate statistical tools such as percentage, average, and ratio. Tables, charts, diagrams are used for the presentation of findings. A descriptive method is used for qualitative data. The qualitative description is obtained with the help of historical method which look into the origin and the processes of development of any culture and their parts.

3.7 Limitations of the Study

There are many rehabilitation centres which could have more understanding on the issue of drug problem particularly for treatment and rehabilitation, but this study is limited on making detail study of Youth Vision and the respondents were limited to the forty male drug abusers of it.

CHAPTER FOUR

ORGANIZATIONAL PROFILE AND IDENTIFICATION OF DATA

4.1 Organizational Profile

Youth vision (YV), established in 1988 AD is a non-governmental, non profitable, non political organization dedicated in serving people living with HIV/AIDS (PLHA) and people who use drugs. YV is providing care and support facility to PLHAs which started from 2004 A.D with facilities such as ART observation, nutritional support, and psychosocial counselling and OI management all the year around. In addition to this Youth Vision launched another program for the drug user titled as Buprenorphine pharmacotherapy under harm reduction strategy targeted towards preventing HIV/AIDS transmission and escaping harms originating from the injecting drug use.

"Youth Vision aims to increase the quality of life of drug users and PLHA by empowering them with positive attitude and providing a care and supportive environment where they can live with dignity and pride and to prevent HIV/AIDS transmission among the youth, society and community people".

4.2 Organizational Chart

Youth Vision Other Services and Facilities

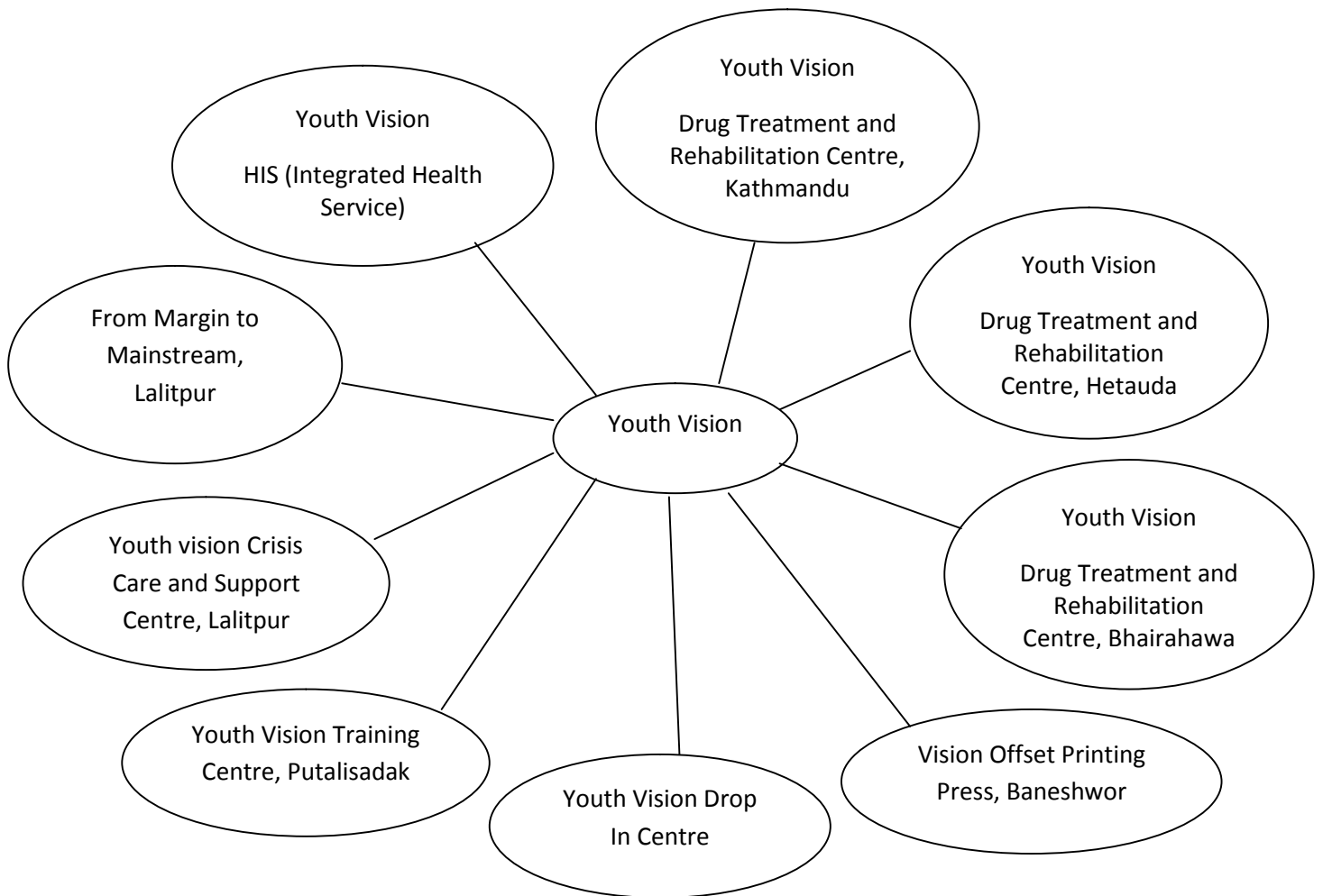


Fig. 1 Organizational Chart of Youth Vision

4.3 Treatment Procedure

In an interview with the Program Co-ordinator, they are serving three months/90 days package program for drug abusers. For the first 10 days, they are serving medication where they provide a medicine that is prescribed by a doctor. They named this period as a detoxification or withdrawal management.

After 10 days, they discontinue medication and have a different schedule.

-) At early 6 o'clock all the abusers have to wake up,
-) 7:00 a.m. is for Yoga class where they will practice yoga,
-) 8:00 a.m. breakfast,
-) 9:00 a.m. Work Therapy; where they have to work in their respective department assigned by an instructor,
-) 10:00 a.m. there will be a Family Meeting; where they have to talk about their family members in absence of them,
-) 11:00 a.m. is for Educative class; during this period they provide education regarding HIV/AIDS, Drugs and its consequences, Hepatitis, STD etc.,
-) 12:00 p.m. there will be lunch,
-) 1:00 p.m. Group Counselling, Medical Check-up; where the instructor will counsel the abusers in a group as well as they will have a medical check-up,
-) 2:00 p.m. Relationship Building; where the instructor will guide the abusers to build the relations,
-) 3:00 p.m. is for Snacks time,
-) 4:00 p.m. Natural meeting/ Share class; where they will share their feelings with their friends in an absence of an instructor,
-) 6:00 p.m. Inventory; where they have to write their whole day feelings,
-) 7:00 p.m. they will have a Dinner,
-) 8:00 p.m. Feelings Check-up; at this time an instructor will suggest the abusers regarding their feelings,
-) 10:00 p.m. Sleep; at this time all the abusers have to sleep.

The above mentioned schedule is disclosed by the Program Co-ordinator but unfortunately I didn't get a chance to observe it.

4.4 Socio Economic Background of the Respondent

The findings are concerned more towards demographic as well as socio-economic characteristics of drug dependents such as age, education and so on.

4.4.1 Age group

Age of respondents is an important factor of any research study. So the research study is initiated to determine the age of drug dependent at the time of study. Fig. 1 displays the age group of drug abusers revealed from the study.

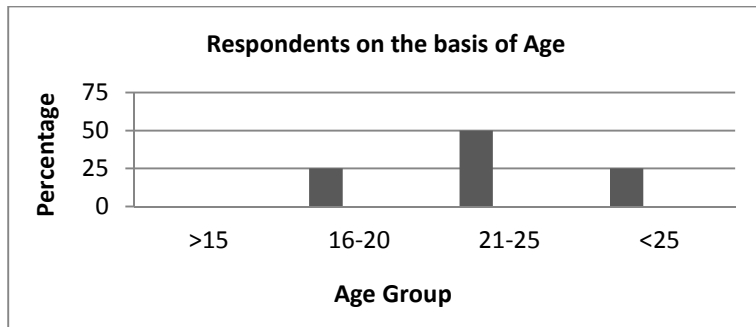


Fig. 2 Respondents on the basis of Age

In this research, out of 40 respondents, 20 were in the age group 21-25, followed by 10, 10 in the age group 15-20, and above 25 respectively. This shows that most of the drug abusers were between the age group 21-25. Most of the drug abusers were between the age group 21-25 yrs. This is the age group where parents need to keep an eye on each and every activity of their children. However, it is easy for the children to cheat their parents as most of the parents today are jobholders. As most of the abusers were students, it is easy for them to cheat their parents in the name of combine study, have college and get together.

4.4.2 Marital Status of Respondent

Marriage is one of the universal social institutions which allow a man and woman for sexual relations in the society.

According to Ember and Ember, "Marriage is a socially approved sexual and economic union between a man and a woman that is presumed to be more or less permanent, and that subsums reciprocal rights and obligations between two spouses and between the spouses and their children".

Unfortunately, drug abusers in one of the spouse may devastate their family life, poison their household and destabilize the society as a whole. Fig. 2 shows the marital status of drug abusers.

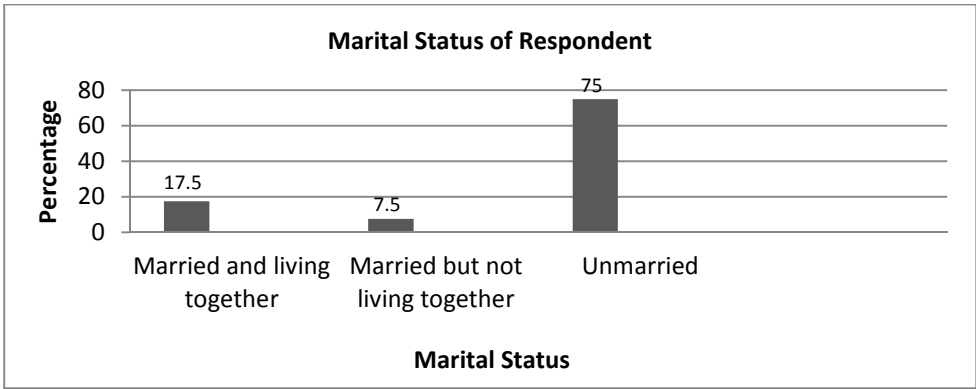


Fig. 3 Marital Status of Respondent

In this research, out of 40 respondents 30 were unmarried, 7 were married and living together and 3 were married but divorced. Most of the respondents are unmarried and are entered into the drugs world when are having their education. And after they entered into this world they want to live alone and even can't imagine their life with responsibilities. What they think is, as soon as they get married they have to live in society and will be bounded by responsibilities, which is not acceptable to them.

4.4.3 Types of Family of Respondents

Family is an important social institution where people get security, love, affection and care. According to MacIver and Page, "The family is a group defined by a sex relationship sufficiently precise and enduring to provide for the procreation and upbringing of children".

Figure 3 indicates the types of family of respondent.

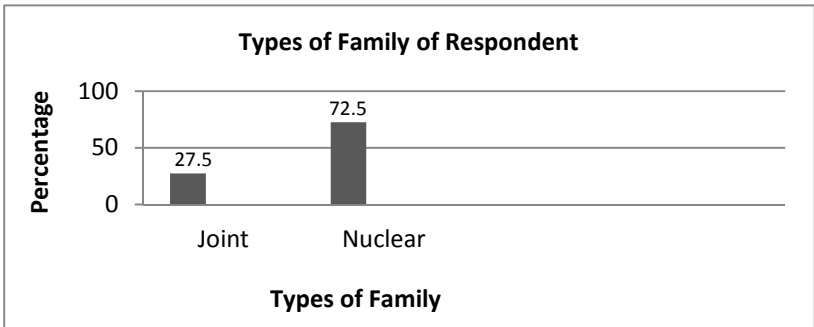


Fig. 4 Types of Family of Respondent

In this research, out of 40 respondents, 11 respondents were staying in the joint family where as 29 were staying in the nuclear family. As per research, most of the respondents who were staying with nuclear family were involved into drugs rather than those respondents who were

staying with joint family. Parents of nuclear family are jobholders and can't manage time for their children. So, respondents find them free and are easily involved into drugs.

4.4.4 Educational Status of Respondents

Education is one of the factors, which may determine and change behaviour of human being. It is considered as an indicator of development and as a lamp of intelligence of human life. Therefore, the study revealed schooling of drug abusers.

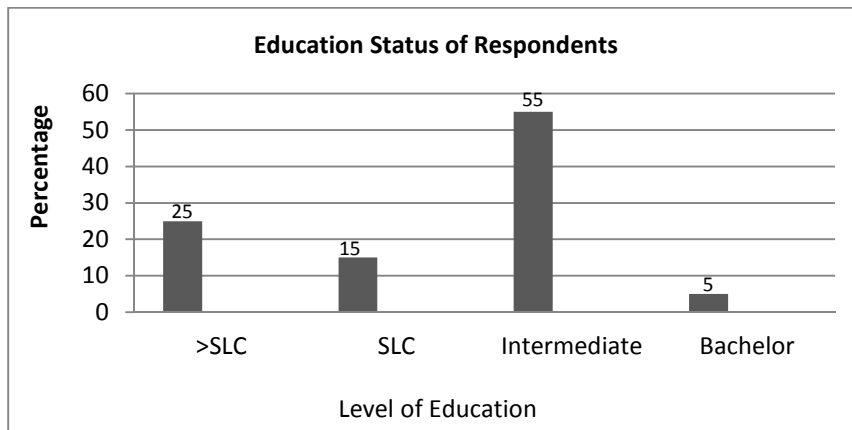


Fig. 5 Educational Status of Respondents

Above figure shows that all the respondents were literate. Out of 40 respondents, 10 respondents are having only schooling level education, 6 have cleared their School Level Certificate, maximum 22 respondents have cleared their Intermediate whereas only 2 respondents were doing their bachelor level education. Above analysis focuses that highest percent of respondents indulged in drug abusers at the time of Intermediate Level.

4.4.5 Occupational Status of Respondents

In the present study, occupation has been defined as profession, trades and other works that drug abusers apply to earn money. Occupation is an important factor which determines the living standard and social status of a person in a society.

Although drug use behaviour is considered as an illicit activity, drug abusers are the members of a society. Therefore, their occupation should be identified as a member of a society.

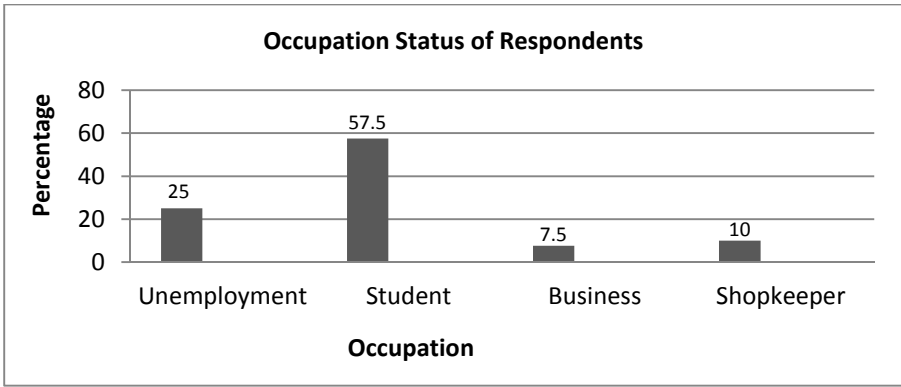


Fig. 6 Occupational Status of Respondents

Figure 6 shows that out of 40 respondents, 57.5 highest percent of the respondents are students, followed by 25 percent who have no occupation or unemployment, 10 percent of the respondents are shopkeeper and finally 7.5 percent of them have their own business.

4.4.6 Occupational Status of Parents of Respondents

Most of the drug abusers were from nuclear family, where family plays a key role to care, support and look after their offspring. Occupational status of parents determined the economic environment of home. If parents are unemployed, the economic status in homes becomes worse, and children cannot get proper as well as other cares and support from their family. As a result, children may catch wrong path in their life.

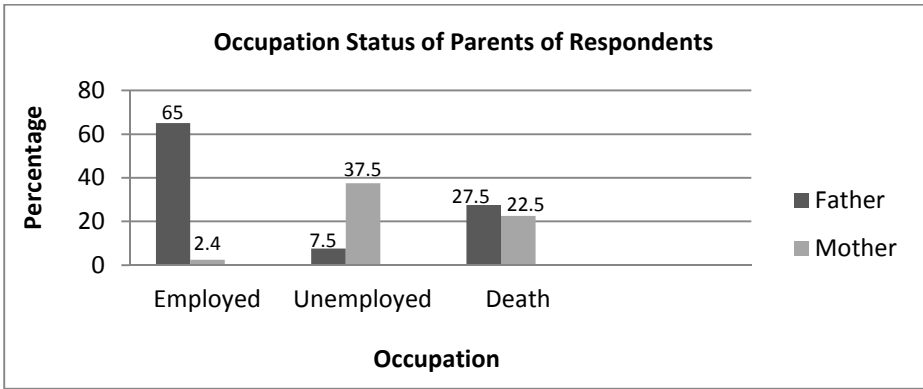


Fig. 7 Occupation Status of Parents of Respondents

Fig. 7 shows the occupation status of parents of drug dependents. Out of 40 respondents, highest 65 percent father and 40 percent mother were employed. Similarly, 7.5 fathers and 37.5 percent mother were unemployed, where as 27.5 father and 22.5 percent mother had died.

4.4.7 Literacy Status of Parents of Respondents

Education status of parents determines the behaviour of children, their growth and even their education.

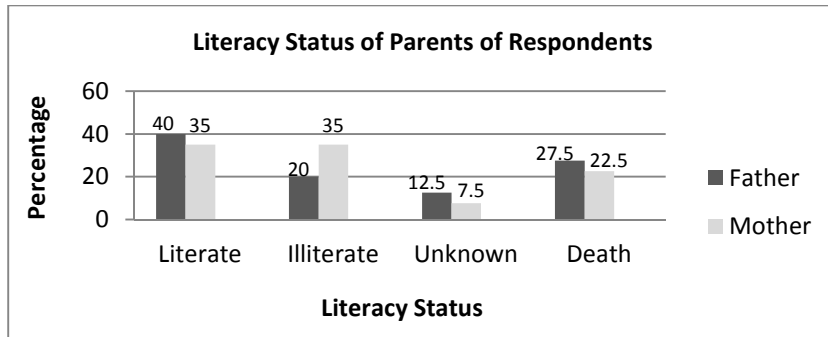


Fig. 8 Literacy Status of Parents of Respondents

Fig. 8 shows the literacy status of parents of respondents. Out of 40 respondents, 40 percent father and 35 percent mother were literate, followed by 20 percent father and 35 percent mother were illiterate. Likewise, 12.5 percent father and 7.5 mothers whether they were literate or illiterate were unknown and 27.5 percent father and 22.55 percent mother were already dead.

4.5 Drug Use Behaviours of Respondents

4.5.1 Name of Drug Abused for the First Time

It is important to find out the drug abuse for the first time by drug abusers. Through this, it can be generalized that what type of drug is commonly abused at the beginning of drug addiction and that also give the gesture of their falling into prey of addiction. This study found different drugs were abused by the drug abusers for the first time.

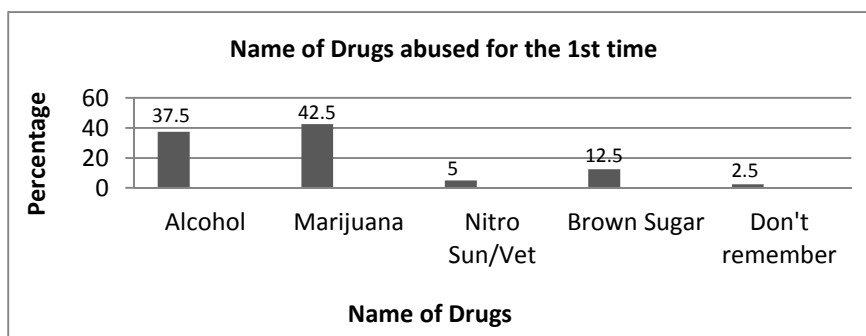


Fig. 9 Name of Drugs Abused for the First Time by Respondent

Fig. 9 shows the Name of Drug Abused for the first time by the drug abusers. Through this research, highest 42.5 percent respondents abused Gaanja /Marijuana at the first time. Likewise, 37.5 percent respondents abused alcohol at the first time, followed by 12.5 percent brown sugar, 5 percent Nitro Sun/Vet and only 2.5 percent don't remember the name of drug abused for the first time.

4.5.2 Respondents age when intake of Drug for the First Time

It is important to know the age when intake of drug for the first time by the respondents. Through this research we could know at which age boy can fall into as a drug addict.

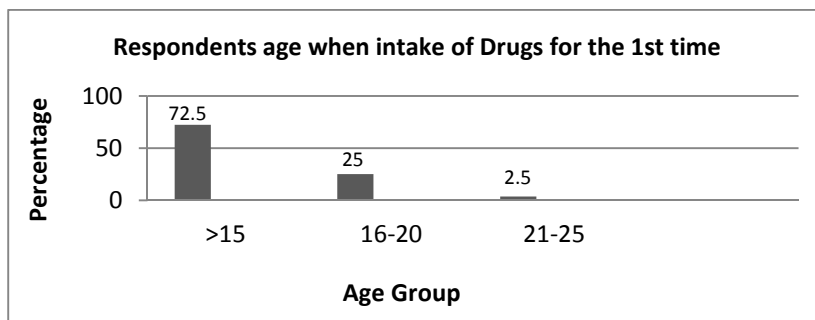


Fig. 10 Respondents Age when intake of Drugs for the 1st time

Above figure shows the age of respondents when intake of drug for the first time. Highest 72.5 percent start to intake a drug below 15 years i.e. Most of the parents need to be conscious about their child's behaviour at the starting of their teenage. Likewise, 25 percent respondents start to intake drugs around 16-20 years, and 2.5 percent respondent start at the age group 21-25 years.

4.5.3 Reason of Drug Abuse for the first time by the Respondent

Abuse of drug is considered as a problem in the society. Through this research we can find the cause that leads a person towards addiction.

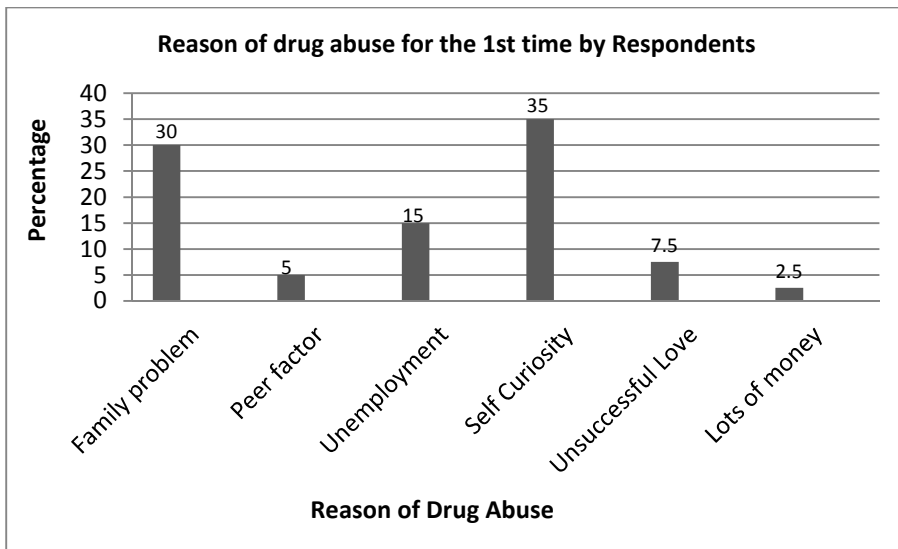


Fig. 11 Reason of Drug Abuse for the first time by the Respondent

The above data shows that the self curiosity was the main reason, where 35 percent of the drug abusers abused drug for the first time just because of their curiosity. This is followed by family problem where 30 percent started because of their family problem, 15 percent started because of unemployment, 7.5 percent due to unsuccessful love, 5 percent due to peer factor and others reason like demonstration effect, accidental effect etc. and finally 2.5 percent because of lot of money. The above figure shows that self curiosity is the top most cause of taking drug for the first time; however, this curiosity was supported by their lack of knowledge.

As per my study most of the respondents entered into the drugs due to their own curiosity. They have an illusion that once they intake drugs they'll feel relax. They just want to try it for first time but once they try they again want it for second time, third time and finally into an addict. They may feel relax for some days but once they are addict they can't quit it even if they want to. Family Problem is also another reason that the respondents turned into an addict. Children feel frustrate while they have to face the family problem which forced them to go out to get relax.

4.5.4 Method/Mode of Drug Abuse

There are various mode of drug abuse. It can be administered through smoking, drinking, swallowing, sniffing, chasing, and injecting. It is also essential to find out the drug abuse modes used by drug abusers in the first time.

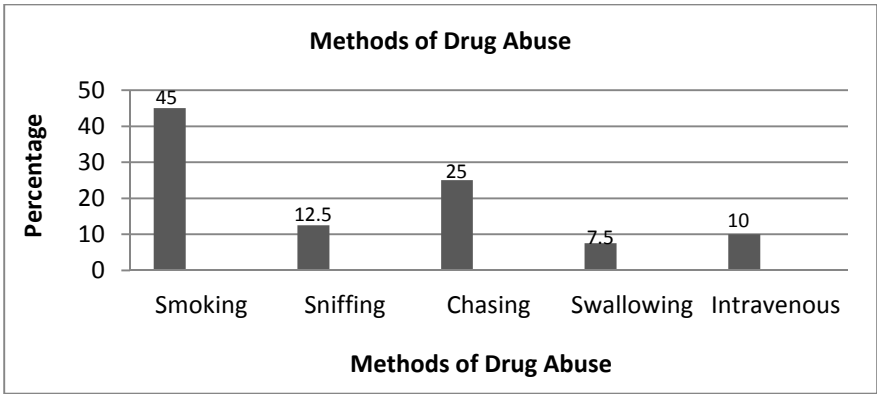


Fig. 12 Methods/Mode of Drug Abuse

Fig. 12 shows that highest 45 percent respondents abused drug through smoking, likewise, 25 percent used drug through chasing, followed by 12.5 percent abused through sniffing, 10 percent through intravenous, and 7.5 percent through swallowing.

4.5.5 Source of Drug Introduction for the First Time

There is always key role of an agent or means of transferring of any new things/idea from one community to another community, or one culture to another culture.

Although abuse of drug is not a new concept, but the abuse of drug for non-medicinal purpose may be new at the time of beginning of drug addiction. It is important to find out the sources of introducer for the beginners of addiction for the first time.

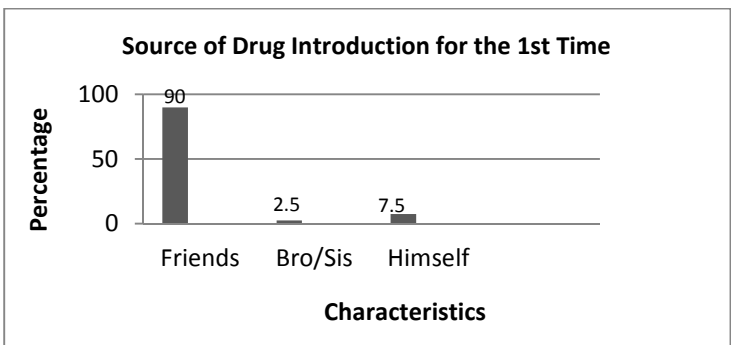


Fig. 13 Source of Drug Introduction for the 1st time

Through the above figure, it is clear that highest 90 percent of the beginners were introduced by their friends, followed by 7.5 percent were introduced through himself, and 2.5 percent were introduced by their brother/sister. Hence, it is clear that most of the drug abusers were entered into the drugs world through their friends. As the parents can't give time to their children they obviously try to find some other friends with whom they can share their

happenings and their feelings as well. While finding friends they can meet good friends as well as drug dealers because drug dealers are always one step forward to find a person to whom they can sell their drugs. They can easily act with the teenagers and made them dependent towards drugs.

One of the drug abusers said that his first entry was Marijuana with his close school friend, when he was at 9th grade. Soon he started feeling very cool, everything jolly and a bit distinct with other non-users. Once, including him some of his friends were caught by his school staffs and took them in front of an official people. They were bitten a lot and took them into rustication stage. For a moment, he felt very down and remembered his parents but felt safe. Personally he call himself semi-junky. As per him, 'Circle' of the friend is the vital thing.

But later while he was in Bachelor 1st year he tested Brown Sugar (BS) with his junior brothers, who were in 12th grade. At first he didn't felt any good trip. Soon he was very curious and started to have Brown Sugar. He and his friends collect some money, when 500/- per packet and pulled. Soon he became able to have BS at any time, if he got money. Slowly when crave for drug increases then it will be very hard to manage money and to kill crave. His few months in it taught him a lot. He saw his many good friends fighting for this thing. In his opinion youths are using drugs mainly for Fun & curiosity. So its better say no to drugs.

4.5.6 Regular Use of Drugs by Respondents

Almost all the drugs abusers do not use the drugs regularly so it is important to know whether the respondents use the drugs regularly or not.

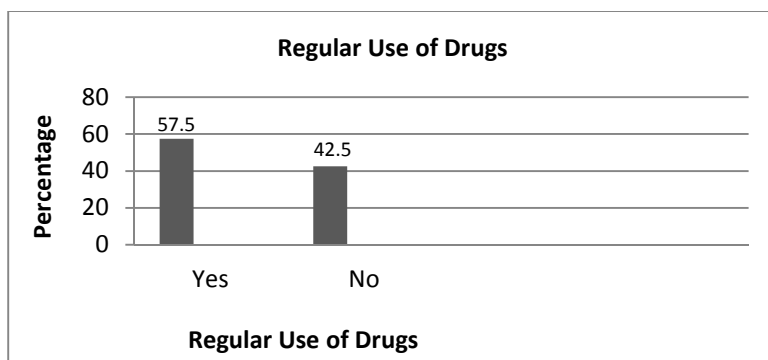


Fig. 14 Regular Use of Drugs by Respondents

Figure 14 shows the regular use of drugs by respondents, highest 57.5 percent of the respondents do not use the drugs regularly whereas 42.5 percent respondents use it regularly.

Most of the drug abusers do not use the drugs regularly because they have the habit of taking soft drugs, when they do not meet their friends they won't use it but while they meet their friends they can't stop themselves and they use it. Most of the drug abusers know that it is harmful to health but once they meet their friends they can't stop themselves and use it. Some of the drug abusers are having a financial problem which led them into a criminal.

4.5.7 Financially Dependent on Parents of Respondents

It is important to know whether drug abusers are financially dependents on parents or not.

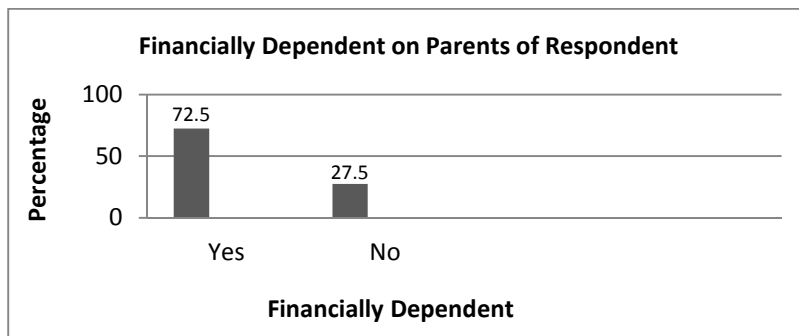


Fig. 15 Financially Dependent on Parents of Respondent

Figure 15 shows the financial dependent on parents of respondent, 72.5 percent of the respondents are financially dependent on their parents, whereas 27.5 percent of the respondents have their own source of income. As most of the drug abusers are students they don't have any income source so they are financially dependent towards their parent. So, they save their pocket money for the drugs.

4.5.8 Care and Support from Family members of Respondents

Care and Support from the family members of the drug abuser is very important to be recovered, without the care and support from family member drug abusers can never get rid off from drug abuse. Therefore, it is very important to know whether drug abusers get support from their family members or not.

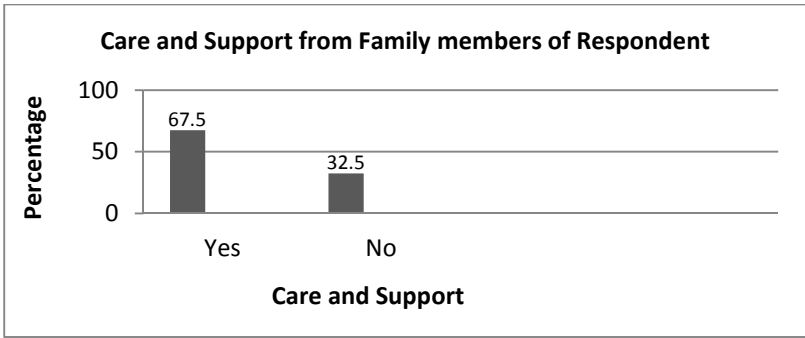


Fig. 16 Care and Support from Family members of Respondents

Above figure shows that highest 67.5 percent of the respondent got the care and support from their family, whereas only 32.5 percent of the respondent are not supported by their family members.

4.5.9 Involved in Drug Trafficking/Dealing

One can't always afford Hard core drugs like Brown Sugar, Cocaine etc though abusers are rich or poor. So, this topic helps to know how far they have gone while they are using drugs.

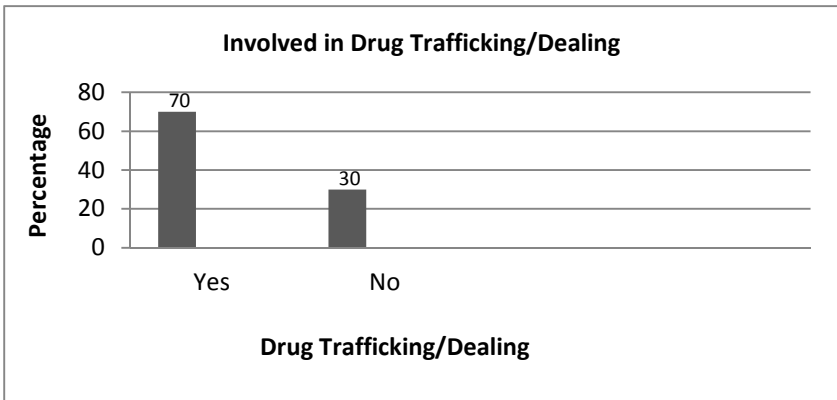


Fig.17 Involved in Drug Trafficking/Dealing

Above figure shows that more than half of the respondents have been involved in drug trafficking/dealing. 70 percent of the respondents have involved in drug trafficking/dealing and rest of the 30 percent have just abused drugs. Hard core drugs like brown sugar, cocaine are very expensive which is not easily affordable to abusers so they have to sell drugs through which they will get money to fulfil their desires. Sometimes even they have to involve in import and export of drugs from other countries as well. In this process, they have bitter experiences caught red handed by a police and have to stay in jail as well. Other 30 percent are not involved in drug trafficking as their pocket money is sufficient to buy their drugs, and

some of them involved in stealing jewellery and other things from their own house as well as from relatives but not involved in drug trafficking.

4.5.10 Main Problems with Drug Addiction

Drug addiction arises various kinds of problems. It is important to know the main problems with the drug addiction.

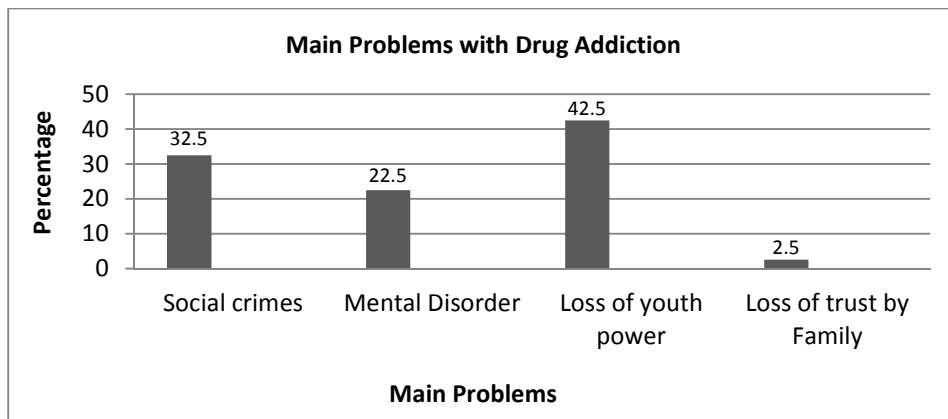


Fig. 18 Main Problems with Drug Addiction

Above Figure 18 shows the main problems with drug addiction, most of the respondent i.e. 42.5 percent of the respondent thinks that Loss of Youth Power is the main problem with the drug addiction, followed by social crimes 32.5 percent, mental disorder 22.5 percent and loss of trust by family 2.5 percent. According to them, loss of youth power is the main problem created by the drug addiction because most of the drug abusers are adolescent and are the man power for the development of the country. Most of the abusers are having their education and have knowledge of drugs but also because of their curiousness, peer groups they are involved into it. If educated teenagers are addicted to drugs then there will be the loss of youth power for the development of the country. Those abusers who are involved in crimes said that social crimes are the main problems with drug addiction. Social crimes include drug trafficking, drug dealing, stealing, robbery; pick pocketing etc. 22.5 of the respondent think that mental disorder is the main problem with drug addiction. Mental disorder includes loss of memory power, depression, and loss of their speaking quality; behave like a mad people etc. And only 2.5 of the respondent think that they lost the trust of their family. They are realizing the importance of the family after they are addicted.

One of the drug abusers said that there was a time that he was clean and clear, he mean drugs were not his necessity, but now it has began his daily routine. When he wake up in the late

morning thinking about how he can get today's dose? From where, he could manage money to buy his pain killing chemical or coming good night's sleep. At teenage it is general that anyone might fall in love though it might be one-sided or both-sided. And he was also in love for six years then dramatically he got a tearful tragic isolation, which is his main reason to enter drugs world. He started to take alternate chemicals with the chaos of marijuana. Again he got another stroke that he failed his exam; he was also cut out from Basketball training team too. Then his frustrated life entices day by day with same types of friends. He was also having a financial crisis which jailed him; and changed him into the 'Junky'. And every junky has similar harassment from Police, and crisis of money which makes them to be a criminal; a spike in the eyes of society.

4.5.11 Most responsible for Drug Addiction According to the Respondent

This topic helps to know the factors that are the most responsible for drug addiction as per the drug abusers.

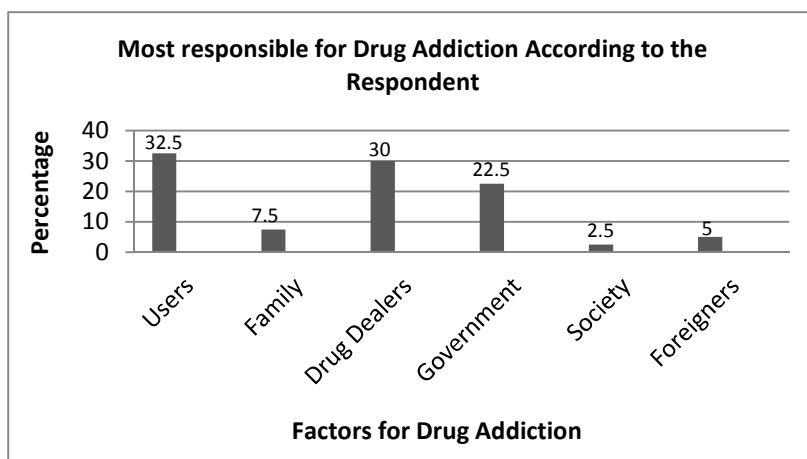


Fig. 19 Most responsible for Drug Addiction according to the Respondent

Figure 19 shows the most responsible factors for drug addiction. Multiple responses were given by the respondents. Majority of them 32.5 percent of the respondent thinks that users themselves are the most responsible factor for drug addiction. Following this 30 percent of the respondent thinks that drug dealers are most responsible, 22.5 percent government, 7.5 percent family, 5 percent foreigners, and 2.5 percent society.

Most of the respondent thinks that users themselves are the most responsible for drug addiction. Though most of the abusers are educated they are involved into it just because of their curiosity and peer groups.

Family crisis is also another reason that the abusers are involved into it. Family crisis includes divorce of the parents, conflict between the parents, drinking habit of the parents, lack of monitoring by the parents.

Drug dealers are also most responsible factor for drug addiction. Drug dealers are very sharp to find teenagers who are very depressed. They are very intelligent to motivate the teenagers to involve them into drugs.

22.5% of the respondent thinks that the Government are the most responsible factor for drug addiction as they can't stop the drug dealers and their activities. Even if they are arrested they are freed easily after getting the money they demand.

Only one of the respondent think that Society is the main factor for drug addiction as the abusers once they get failed in any they are teased and dominated by the society which made them frustrated and are looking for something to get rid of such frustration which forced to be an addicted.

5 percent of the respondent thinks that foreigners are also the responsible factor for drug addiction as foreigners also forced them to take the drugs for the fun and relax feeling. Once they forced them they can't deny them and they turn out to be an addict.

4.5.12 First Step after the Treatment and back from Rehabilitation Centre

This topic helps to know the plans of the drug abuser after they get treated from the rehabilitation centre. This helps to know the outcome of rehabilitation centre, whether they are able to treat them or not.

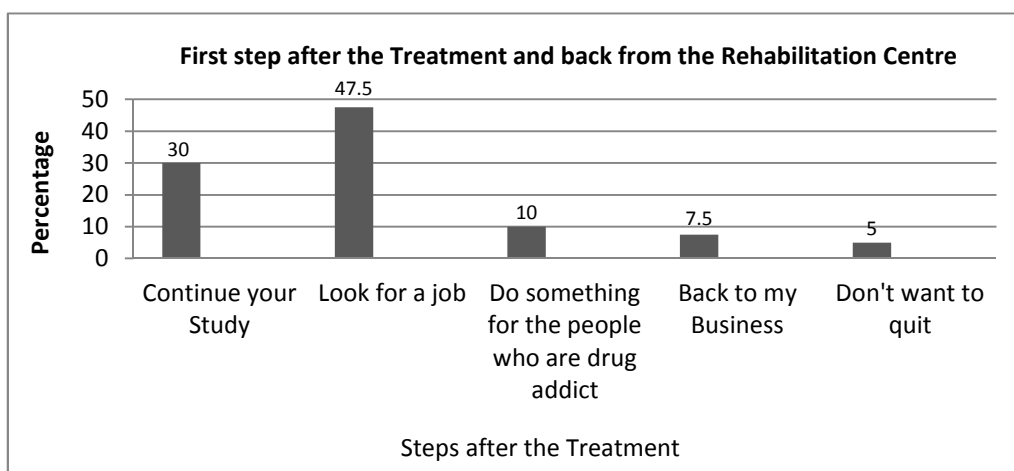


Fig. 20 First step after the Treatment and back from the Rehabilitation Centre

Figure 20 shows that maximum percent i.e. 47.5 of the respondent want to look for a job after they are treated and back from the rehabilitation centre. Likewise, 30 percent want to continue their study, 10 percent want to do something for the people who are drug dependent, 5 percent want to go back to their own business and 5 percent don't want to quit drug.

One of the drug abusers has his story that he started drinking at 14 years old, and started smoking at 15. Then he started cocaine at 17. He was introduced as crack and became hooked. He soon dropped out of high school. He really didn't care about life. Then his family introduced to Youth Vision and he decided that he definitely needed help. So he agreed to come there. And after he came there, he learned so much more than just about staying away from drugs. He has learned to be patience. After a month there his cravings for all drugs disappeared. He has hope for his future. And he has dreams that he hope to accomplish one day. He wants to continue his study and look for a job. He realizes that the world will work with him if he work with it and will be happy again to make his family proud of him.

10 percent of the respondent wants to do something for the people who are drug addicted as they know how they have to live when they are addicted. They also want to help them to get rid of from such a dark stage.

75% of the respondents want to go back to their own business after they are treated from rehabilitation centre. They want to go continue their business and live a normal life.

5 percent of the respondent don't want to quit drug as they are very much frustrated and even don't want to share why they don't want to quit it. They don't have any hope from this world.

4.5.13 Present Situation of Drug Abusers

After the drug abusers are admitted to a rehabilitation centre, it is crucial to know their current situation whether they are in progressive situation or not.

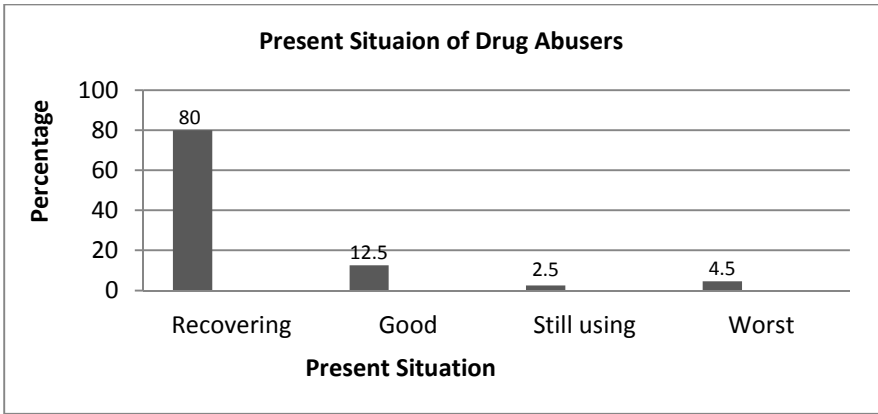


Fig. 21 Present Situation of Drug Abuser

Above Figure 21 shows the Present Situation of Drug Abusers. 80 percent of the respondent feels that they are recovering, followed by 12.5 percent feels good, 4.5 percent worst and 2.5 percent of the respondent is still using it.

A 27-year-old drug addict said that he is trying to give up his habit: “He want to look for a job and want to get married and be a parent, like everybody else. Life is hard. But if a drug addict doesn't long for life, then the end will be either jail or death. He doesn't want to die for nothing. And one more thing: Of all the drug addicts, only 10 percent are able to give it up. The rest are not able to do so. Those 10 percent are truly sticking to life, really intending to survive. He is doing his best to become one of those 10 percent.”

CHAPTER FIVE

SUMMARY AND CONCLUSION

5.1 Summary

“Drug addiction is the state of periodic or chronic intoxication produced by the repeated consumption of a drug, natural or synthetic.”

Use of drugs is especially more common amongst adolescents. The mounting problem of drug addiction in younger generation is posing a serious threat to our family integration, social and economic stability and the progress of our society is degenerating. According to the available statistics, three fourth of total drug users belong to the age group of less than 20 years of age. Similarly, it is found that about 61 percent of them inject drugs out of whom, 29 percent consume such drugs through the needle exchange. (Drug Control Strategy, 2010)

The study shows that 50% of respondents first tested drugs at the age between 21-25 years and are unmarried and youths. 72.5% of the drug abusers are from nuclear family and 27.5% are from joint family. The respondents are from lower education to higher education i.e. from below SLC to Bachelor, but more than half of the respondents are having their intermediate level education. Most of the Nepalese are unemployed but as per study; 57.5% of the respondents are student, 10% shopkeeper and 7.5% of the respondents are having their own business. Most of the parents i.e. both father and mother of the respondents are literate and are employed, few are illiterate and are unemployed and some of the respondents don't have parents. *Alcohol* and *Marijuana* are the main drugs that most of the respondents test for the 1st time when they are at their teenage. So, it is sure that these are the strong gateway to enter drugs world. *Self-Curiosity* and *Family problem* is the main reason to enter the drugs world through their friends. *Smoking* is the main mode of drug abuse and most of the respondent abuse drugs regularly. Almost one third of the respondents are financially dependent on their parents. 67.5% of the respondents are getting good care and support from their family members to get rid of from drugs world. Nevertheless, users themselves and drug dealers are the most responsible for drug addiction according to the respondent. Almost all the respondents want to quit the drug and look for a job, continue their study, do something for the people who are into it and some want to go back to their business.

Users themselves think that they are the most responsible factor to enter drugs world, then the credit also goes to drug dealers, government, family, society and even foreigners. Normally the relationship between drug abusers with their Family/Society won't be good. So, far as interview concern respondents felt the relationship is OK. Though almost all respondents want to quit drugs; due to old/conservative feelings of Society and Family and easily availability of drugs makes them difficult to quit drugs. Loss of Youth Power, Social crimes, Mental disorder and even loss of trust from the family are the main problems from drug addiction. 80 percent of the respondents feel they are recovering, some feel good and few of them feel worst. One can't always afford Hard core drugs like Brown Sugar, Cocaine etc whether users are rich or poor. So, willingly or unwillingly he needs to involve in drug dealing/trafficking from where he gets money. It is a fact that Marijuana and Alcohol are the gateway to enter Drug World. Most of the respondents think that they should be treated equally. Either both should be banned or both should be legalized systematically. In an interview with Mr. Deepak Baruwa Chhetri, Program Co-ordinator of YV, they are serving three months package programme. First 10 days they have a programme called detoxification i.e. withdraw management in which they use a prescribed medicine. After 10 days they are not using any medication and a normal schedule is applied which includes Yoga, work therapy in respective department, family meeting, educative class regarding drugs and its consequences, HIV, Hepatitis etc., group/individual counselling, check-up, interpersonal relationship, building relationship, natural meeting where drug abusers share their feelings with their friends, Inventory where they have to write their feeling or changes after they are admitted, feeling check-up and suggestions by their Instructor.

5.2 Conclusion

The abuse of drugs is an international problem that affects almost every country in the world, both developed and developing. Drug abuse is regarded as a regular use of drugs knowingly or unknowingly without any medical purpose. The habitual use of drugs is drug addiction. Drug dependence is the result of drug abuse, which produces physical as well as psychological or both dependency conditions which occurs from the continuous use of hard as well as soft drugs.

The overall study shows that alcohol and marijuana are the main gateway to enter drugs world when they are at their teenage as they can't control themselves. Users themselves think

that they are the most responsible factor to enter into it as they are unaware of drugs and its consequences which led them into the drugs world. Moreover, peer pressure plays a very important role to motivate them into it. Through my study what I came to know is that friends circle is a very important factor to stimulate abusers to use drugs for the first time as abusers are also feeling frustrated due their family problem, unsuccessful love, unemployment etc. So, parents should always keep an eye on their children during their teenage to keep their children far from drugs world. During my study 80 percent of the respondent feels that they are recovering, followed by 12.5 percent feels good, 4.5 percent worst and 2.5 percent of the respondent is still using it. That means after are admitted into the rehabilitation centre those 80% seems positive about their life and after their recovery they want to look for a job, students want to continue their studies, do something for the people who are drug addicts and few wants to go back to their business. In my opinion it is very essential to create an unawareness regarding drugs and its consequences to the teenagers.

And finally in an assessment to treatment procedure of drug abusers; rehabilitation is serving three months package programme. First 10 days, they have a programme called detoxification i.e. withdraw management in which they use a prescribed medicine. After 10 days they are not using any medication and a normal schedule is applied which includes Yoga, work therapy in respective department, family meeting, educative class regarding drugs and its consequences, HIV, Hepatitis etc., group/individual counselling, check-up, interpersonal relationship, building relationship, natural meeting where drug abusers share their feelings with their friends, Inventory where they have to write their feeling or changes after they are admitted, feeling check-up and suggestions by their Instructor.

REFERENCES

- Bhandari, B. 1988. Drug Abuse in Nepal; A Case Study of Kathmandu Valley. Kathmandu, Nepal: DAPAN.
- Ernest, L. A. 1984. A Dictionary of Drug Abuse Terms and Terminology. Michigan: Greenwood Press.
- Fraser, M and D. J. Hawkins. March 1984. Social Network Analysis and Drug Misuse. Social Service Review. The University of Chicago Press. Vol. 58, pp.81-97.
- Gafney, S. J and F. Thomas. 1991. Unpublished Drug Abuse: The influence of Economic Factors, Social Values, and Ethical Norms, A Paper submitted to the Combat International Conference on Drug Abuse, Calcutta.
- Giddens, A. 1997. Sociology. 3rd Edition, Sociology. Cambridge: Polity Press, U.S.A.
- Ministry of Home Affairs. 2010. Government of Nepal. Drug Control Strategy, Kathmandu: Ministry of Home Affairs.
- Jha, P. K. and S. Bhattarai. 2005. Research Methodology in Sociology /Anthropology. Kathmandu: National Book Centre.
- Kerlinger, F. N. 1998. Foundation of Behavioural Research, New York: Holt Rinehart and Winston, Inc.
- Mishra, M. 2009. Prevention and Rehabilitation Programme on Drug Addicts: An Effectiveness of Asara Sudhar Kendra. Kathmandu: Asara Sudhar Kendra.
- Mitchell, J. C. 1969. The Conceptual use of Networks, in Social Networks in Urban Situations. J.C. Mitchell. (ed.) 1971, Social Networks in Urban Situation. Manchester: Manchester Press, pp. 36-44.
- Narcotic Drugs Control. 2033. Narcotic Drugs Control Act: Nepal Law Commission.
- Reasons, C. 1974. The Politics of Drug: An Inquiry in the Sociology of Social Problems, The Sociological Quarterly, Vol.15 (3), 381-404.
- Recovering Nepal. 2010. Report 2nd National Harm Reduction Conference. Kathmandu: Recovering Nepal.

- Shah, A. S. 2002. Drug Abuse Problem in Nepal (An experience from ASARA). Kathmandu, Nepal: Kishor Offset Press.
- Sharma, N. P. 2000, Relative Incidence of Mental Disorder and Drug Addiction. Kirtipur: Thesis submitted to Central Department of Psychology.
- Sills, D. L. (ed.) 1972. International Encyclopaedia of the Social Sciences. Vol. 3 & 4: pp. 447-455. New York: Collier Macmillan Publishers.
- Singh, A. K. 1997. Tests, Measurements and Research Methods in Behavioural Sciences. Patna, India: Shree Mudran Press.
- Thakur, D. 1998. Research Methodology in Social Sciences. New Delhi, India: Deep and Deep Publications.
- World Health Organization. 1978. Primary Health Care. Geneva: Declaration of Alma-Ata.
- Young, P. V. 1956. Scientific, Social Survey and Research. New York: Prentice Hall.
- Youth Vision Drug Treatment and Rehabilitation Centre. 1988. Organizational Profile. Kathmandu, Nepal: Youth Vision.

Questionnaire for Drug Users

1. Name:
2. Age:
3. Sex:
4. Marital Status:
5. Education:
6. Family:
7. About Yourself and your family

S. No.	Kinship Relation to the respondent	Age	Education	Occupation	Marital Status	Duration of staying together	Income

8. Hobby:

Music:

Travelling:

Social work:

Sports:

Others:

9. How is your relation with your family members?

Mother and father:

Brother and sister:

Wife:

Children:

Grandparents:

10. Which drug do you took for the first time?
- i. Alcohol ii. Marijuana (gaanja) iii. Nitro sun/vet iv. Brown sugar
v. Others vi. Don't remember
11. At which age you took the drug for the first time?
- i. Below 15 yrs ii. 16-20 yrs iii. 21-25 yrs iv. Above 25 yrs
12. What is the reason you took it for the first time?
- i. Family problem ii. Peer factor iii. Unemployment iv. Self Curiosity
v. Unsuccessful Love vi. Others
13. With whom you took for the first time?
- i. Friend ii. Brother/sister iii. Alone iv. Others
14. Do you use drug regularly?
- i. Yes ii. No
15. Which drug you take regularly?
- i. Alcohol ii. Marijuana (gaanja) iii. Nitro sun/vet iv. Brown Sugar
16. What is your method of drug use?
- i. Smoking ii. Sniffing iii. Chasing iv. Swallowing
17. Do you want to quit drugs? If not, why?
- i. Yes ii. No
18. Who do you think is the most responsible for drug addiction?
- i. Users ii. Family iii. Drug dealers iv. Government v. Society
vi. Foreigners vii. Others.....

19. Have you been involved in drug trafficking (dealing)?
 i. Yes ii. No
20. What are the main problems with drug addiction?
 i. Social crimes ii. Mental disarrangement iii. Loss of Youth power
 iv. Others.....
21. What is your present situation?
 i. Recovering ii. Good iii. Still using iv. Worst
22. Do your family members care and support you?
 i. Yes ii. No
23. What will be your first step after you are treated and go back from the rehabilitation centre?
 i. continue your study
 ii. look for a job
 iii. do something for the people who are drug addict
 iv. if other.....
24. Are you financially dependent on parents?
 i. Yes ii. No
25. View about:
 i. Anti-Drug Bureaus (Government's)
 a. Good b. OK c. Bad d. Very bad
 ii. Rehabilitation centres
 a. Good b. Some are very good c. Profit-oriented d. OK
26. Tick or Give some suggestions to:
 i. Society:
 a. Fight against drug addiction, not against drug users

- b. If you help us, we will help you to make society peaceful
- c. If other.....

ii. Government:

- a. Fight against drug addiction, not against drug users
- b. If you help us, we will help you to make country peace and developed
- c. If other.....

iii. NGOs/INGOs:

- a. Fight against drug addiction, not for dollars
- b. Treat drug users as their child, not like an agent for earning money
- c. If other.....

27. Are they (Anti-Drug Bureaus/ Rehabilitation centres) really performing their jobs to fight against drug addiction?

- i. Yes. Some are really fighting against drug addiction.
- ii. Yes. But they are not giving their full effort.
- iii. No. They are only after dollars.
- iv. No. They are fighting against drug users not against drug addiction.
- v. Others.....

28. Give one or two important suggestions to fight against drug addiction.

- i. From government & NGO sectors try to enrol the youths in creative work.
- ii. If a drug dealer is arrested, then s/he will be released from jail if they give money to Police/Government. This should be ceased.
- iii. Mostly the head drug dealers are quite safe & small dealers are only arrested. This is due to close relationship between Main dealers & Security/Government side. This should not happen.
- iv. Stopping Global Drug trafficking is likely impossible, but if relationship between drug users, Society, Government is Smooth & understanding, then of course Drug trafficking/addiction can be minimized up to certain extent.
- v. Others.....

29. It is a fact that Marijuana & Alcohol are the gateway to enter Drugs World. So, what might be done for their systematization as they are religious & cultural drugs of Nepal? (Tick your choice).
- i. Alcohol & Marijuana should be treated equally. Either both should be banned or both should be legalized systematically.
 - ii. If local weed (marijuana) & local Butch (alcohol) are prioritized highly systematically under strict rules & regulations then it is quite sure that foreign hard drugs will be no longer wanted.
 - iii. Due to higher trips (euphoric stage) by hard drugs, youths are not interested a lot with alcohol & marijuana. So, availability of such hard drugs should be banned.
 - iv. Our religious & cultural drugs are far better than foreign hard drugs. So, local drugs should be systematized by age category, quantity/quality category and Area category so as to save our lot of Youths who has gone deep down into black hole of Drug Addiction.