

# CHAPTER I

## INTRODUCTION

### 1.1. Background of the Study

Drug is considered as “Any substance that affects our nervous system through intoxication produced by its repeated or chronic use which changes our mood, perception and sensation” (WHO, 2001).

Most of the medicines are used to cure or reduce symptom of an illness or medical condition and to improve health condition. Drugs may protect against attacking organism, substance for a missing or defective substance in the body on interrupt and abnormal process. Drugs approved for human use are available only with a prescription of the doctors and can be bought easily over the general drug store. The availability of drugs for medical use is regulated by law, which is a legal drug. Drugs produce harmful as well as beneficial effect, and decision about when and how to use them therapeutically always involve the balancing of benefits and risks. Use of drugs without prescription of Doctor is illegal drug or abuse of drug. People have always used drugs to change their mood, perception or thought. Societies have developed social rituals cultural norms and more recently laws and policies to control people’s use of drugs. This is partly to prevent drug abuse or misuse. Drug abuse is not the same as drug use. Drug mean; the fact of using drugs in a way that creates problems. These problems are often described as addiction- in other words, the problem of a person losing control and becoming addicted to drugs. It is important to remember that drug use is not the same as drug addiction and every drug user is not a drug addict. Many people use many different kinds of drugs in different purpose, using some substances in some situations; do develop a problem with addiction.

Any natural or chemical substances which can alter the mind and internal chemical structure of the body are called ‘Drugs’. In other term a set of chemical substances

which have physical as well as psychological effect in the body are drugs. The person who can't stop taking drugs he/she is a drug dependent. The definition of 'drug' is different regarding professional prospective. Medical professionals accept 'drug' as healing agents but general people think 'drug' as a epidemic of addiction or a social problem. Psychologists believe that the use of substances without prescription of physicians which has physical or psychological effects that are drugs. Police and lawyer think 'drug' as illegal properties against the law. Misuse or illegal use of drugs as a risky manner is 'Drug abuse' (Dhital, 2006).

The problem of drug use is not entirely a new problem in the country. However, the type and magnitude of the problem that we face in the country today is much different from it was before. Drug addiction has been considered to be the "number one" problem faced by many countries of the world, growing in the form of epidemic all over the world. Drug addiction has been causing not only a serious health hazards hindering the socio-economic developments but has also been posing a serious menace to national security, stability and resilience of a nation. It has been successful in disrupting the social order and in encouraging violence, crime and corruption. As a result the integration of the nation is jeopardized. The problem of such drug abuse has caused millions of people to bear immeasurable costs associated with health hazards, human sufferings, loss of life, hindrance to the pace of economic development, disruption of the social order, anti-social behavior, insecurity, violence, crime and numerous other drug related problems.

Drug addiction is one of the burning and rapidly increasing problems of the world. In the past, it was confined in the developed countries only. But now it is widespread even in the developing countries of the world when one falls into its influence, it becomes impossible from his/her part to give up this bad habit.

### **1.1.1 Defining “Drug”**

“Any substance that affects our nervous system through intoxication produced by its repeated or chronic use which change our mood, perception and sensation” (WHO, 2001).

Narcotic drug as cannabis, opium, cocaine and its herbal and any other substances developed from opium. Similarly, psychotropic substances are also categorized as illicit drug (NDCA, 2033).

Drug is defined as chemical and natural substance, which affects our physical and central nervous system through intoxication. It is a biological substance, which could be synthetic or non-synthetic. It is a substance which is not food and it is taken as non-dietary needs and when ingested affects the functioning of the body and brain. In medical terminology, it is a chemically mixed substance created in the laboratory which can also be obtained from many natural resources.

Any natural or chemical substances which can alter the mind and internal chemical structure of the body are called ‘Drugs’. In other term a set of chemical substances which have physical as well as psychological effect in the body are drugs. The person who can’t stop taking drugs he/she is a drug dependent. The definition of ‘drug’ is different regarding professional prospective. Medical professionals accept ‘drug’ as healing agents but general people think ‘drug’ as a epidemic of addiction or a social problem. Psychologists believe that the use of substances without prescription of physicians which has physical or psychological effects that are drugs. Police and lawyer think ‘drug’ as illegal properties against the law. Misuse or illegal use of drugs as a risky manner is ‘Drug abuse’ (Dhital, 2006).

One common definition of the word “drug” is any substance that in small amounts produces significant changes in the body, mood or both. Drug policies and laws usually focus on “psychoactive drugs- in other words drugs that affect a person’s mood, perception and/or thought, producing changes in both mind and body (IA, 2001).

### 1.1.2 Types of Drugs

There are innumerable types of drugs but mainly drugs can be classified into four groups by their effects (Lama, 2007).

**Stimulants:** stimulants are the drugs that stimulate central nervous system. Substances that increase physical/mental activities, cause extreme excitement and short-lasting psychoactive illness are categorized in this group. Stimulants produce a sense of exhilaration and decrease feelings of fatigue and hunger. Cocaine, the psychoactive ingredient of the coca leaf, synthetic substances like amphetamine and substances including phenmetrazine, Cocaine/ Crack, Caffeine and various other drug entities are included in this category.

**Depressants:** The substances that act on the central nervous system. Substance that reduces or depresses physical and mental activities or cause drowsiness, sedation, relaxation and induces changes in the nervous system is called depressants. Alcohol, tranquilizers, hypnotics (sleeping tablets), narcotics (Brown Sugar, White powder, Methadone, Codeine, Pethidine, and Opium), Barbiturates (downers), Marijuana and a variety of other synthetic substances are categorized in this group.

**Hallucinogens:** Hallucinogens are that drugs that affect the user's perception of five senses. Substances that do not induce physical dependence but cause psychological effects including transcendental experiences of "other – worldliness", hallucinations and perceptual distortions are known as hallucinogens. Lysergic Acid, Diethylamide Acid (LSD), Phencyclidine (PCP), Psilocybin (Magic mushrooms); Mescaline, Peyote (Cactus) and certain other plant derived or synthetic substances are categorized in this group. Depressants, stimulants and hallucinogens are also popularly known as downers, uppers and sidewayasers respectively.

**Analgesics:** Analgesics are substances that have a pain killing effects and provide relief from pain. Analgesics drug abuse is far stronger than all powerful painkillers. Mild analgesics, such as the many brands named Aspirin or Paracetamol are relatively harmless. Some are refined from an extract obtained from Opium Poppies and are classified as Opiates and some are produced by chemical synthesis Opiates include Opium itself, which is the resin obtained from the seed pod of the Opium poppy, along with Morphine, Heroin and Codeine.

By international conventions (Single Convention on Narcotic Drugs 1961, as amended by the 1972 protocol, and Convention on Psychotropic Substances, 1971) these drugs are classified in to two groups which are Narcotics and Psychotropic (Acharya 2007).Cannabis and cannabis derivatives, opium and opium derivatives, coca-leaves and cocaine are considered to be narcotic drugs. Pharmaceutical drugs that affect the central nervous system are categorized as psychotropic drugs (UN, 1987).

### **1.1.3 Symptoms of Drug Addiction**

There are many indicators that the person may have a problem of substances abuse. However, the mood swing and unpredictable behavior often make it hard to tell if he/she is using drugs. Moreover, here are some warning signs;

- Hanging around with new group of friends.
- Loss of weight, drastic loss/gain.
- More frequent physical injuries, bruises or cuts.
- Carelessness, wears same clothes repeatedly.
- Often seems hostile, uncooperative and frequently breaks rules.
- Stays in the toilet for a long time.
- Only eats liquid food and likes sweets things.
- Financial management erratic, spending more or needs more.

- Uses strange objects like rolling paper, silver foils, pipes, eye drops, lighters, small medicine bottles, injecting needles, candles etc.
- ) Academic failure, sudden drop of grades and achievement level.
- ) Sudden change in behavior
- ) Mood swings; irritable and grumpy and then suddenly happy and bright
- ) Withdrawal from family members
- ) Changed sleeping pattern; up at night and sleeps during the day
- ) Red or glassy eyes, Sniffly or runny nose
- ) Writes drug slang and phrases on school notebook and year book.

#### **1.1.4 History of Drug Abuse in Nepal**

Drug Abuse is not entirely new phenomenon in Nepal. However, the type and magnitude of the problem in the country today is much different from what it was before like other countries, Nepal also has been seriously affected by the problem of drug abuse. Drugs such as ganja (Marijuana or cannabis), bhang, charesh (Hashish) have been widely used in Nepal for centuries. Some drugs like alcohol and cannabis, which are accepted socially and culturally. Cannabis use in the form of 'bhang', 'ganja' and 'charesh' has been traditionally associated with religious festivals like 'Mahashivaratri' and 'Holi' (Lama, 2007).

Cannabis preparations are considered as holy 'Prasad' of 'Lord Shiva'. Until recently, cannabis was freely distributed every year by government to all 'Sadhus' (Saints, Yogis and Hermits) on the occasion of 'mahashivaratri', the night when 'Lord Shiva' was born. Similarly, it is also taken in groups at the time of 'Holi', the festival that is celebrated every year to rejoice over the death of 'Holika'. Opium has also been used in various ailments and for many purposes in Nepal for many years. However, the problem of drug dependence began only around mid-sixties and early seventies. Cannabis was found readily and cheaply available in Nepal. The ease of free availability of cannabis attracted foreign tourists so called 'Hippies' (Tripathi, 2007).

It is believed that the abuse of drug of various kinds among Nepalese people was introduced by tourists and hippies in early 1960s. After the political change of 1950s, Nepalese government opened its doors to foreigners. Nepal was exposed to the western world since then. As a result, tourists and hippies started to pour into the country. They, no doubt, brought the western fashion and hippie culture associated with drug use (Tripathi, 2007). The Hippie of the early 1960s and accelerated pace of social change caused by the forces of modernization which have not been compatible with attitudinal change, economic progress and social opportunities paved a way for illegal use of drugs at an alarming rate over the past 20 years. Hence the emergence of drug abuse in Nepal is mostly attributed to the tourists and hippies of mid 60s, and it slowly spread among Nepalese youths who came in touch with them. After wide spread of drug abuse among these youths, people started to perceive it as a horrible social disease. This problem of social disease rose up to epidemic levels by the early 80s (Sharma, 2007).

These hippies first started smoking 'ganja' and 'hashish' which was till then limited to a few elderly people, saints and hermits. Imitating these hippies, youth also started smoking these stuffs. However, very soon this stuff was replaced by opiates, mainly the heroin. In the mid 1960s, the hippies introduced hard drugs such as heroin in Nepal, which was mainly smoked and doped. Heroin was first abused in 1976. Since hippies were mainly confined to Kathmandu and Pokhara, these places had more than 90% of drug abusers in the country. However, later it spread into an epidemic in other main cities of Nepal such as Dharan, Birgunj, and Biratnagar etc. Then the vicious cycle of drug use, drug dependency, drug withdrawals and withdrawal symptoms started (Dhital, 2006).

In 1976 A.D., His Majesty Government of Nepal formulated the Narcotic Drug Control Act, which was amended three times. It has prohibited all activities including the consumption, possession, production, cultivation, distribution, trafficking, sale, import/export and dealing of drugs. In 1990 A.D onwards, the introduction of Buprenorphine (Tidijesic) painkiller injection changed the whole

drug use culture and by 1991 A.D., it had replaced Heroin as the drug of choice among opiate-dependents. Buprenorphine has been increasingly dealt out by injection, given the availability of injectable form and in cheaper rate. Since then, opiates especially the Buprenorphine and Heroin are the most feared drugs in the country at present. Codeine based cough syrups (Phensidyle/Corex), opiates (Nitrozen/ Diazepam), Minor tranquilizers (mainly the Nitrozepam), Buprenorphine (Tidijesic), Cannabis etc are being used among drug abusers in Nepal (Pathak, 2007).

Although Nepal is neither a significant producer of, nor a major transit route for, narcotic drugs, domestically produced cannabis, hashish and heroin are trafficked to and through Nepal every year. An increase in the number of Nepalese couriers apprehended by the police suggests that Nepalese are becoming more involved in trafficking. Moreover, Nepal's Narcotics Drug Control Law Enforcement Unit (NDCLEU) reports that more Nepalese citizens are investing in and taking a larger role in running trafficking operations. Customs and border controls remain weak, but international cooperation has resulted in increased narcotics-related indictments in Nepal and abroad. The ongoing Maoist insurgency has hindered interdiction and monitoring efforts in many parts of the country. New in 2006, the Government of Nepal adopted a Narcotics Control National Policy. Legislative efforts are also underway to increase control over the trafficking of precursor chemicals between India and China. Nepal is a party to the 1988 UN Drug Convention.

## **1.2 Statement of the Problem**

Drug abuse has become one of the major problems in the world. Virtually no nation, state or social class remains untouched by this problem, since it has spread over the entire planet (UN, 1988).

The problem of such drug abuse has caused millions of people to bear immeasurable costs associated with health hazards, human sufferings, loss of life, hindrance to the pace of economic development, disruption of the social order, anti-social behavior, insecurity, violence, crime and numerous other drug related problems. Like other developed and underdeveloped countries, Nepal is experiencing tremendous problems of drug addiction and drug offences.

Drug addiction is one of the burning and rapidly increasing problems of the world. In the past, it was confined in the developed countries only. But now it is widespread even in the developing and under developed countries of the world when one falls into its influence, it becomes impossible from his/her part to give up this bad habit.

Sudden withdrawal of drug from the drug-addicted person often leads them to commit suicide, murder, robbery and other crimes in the society. Drug addiction is really a public health problem symptomatic of individual, family as well as social problem, which has endangered the society of a nation. It has been proved as a curse to the young generation who must be protected from its ill effects. Otherwise the society will suffer a great loss there by a glowing rise to a multiple and complicated social problems in the country. It is also associated with various types of crime because addiction is a costly business. It is a multidimensional problem of human development. It is a public health problem asking for effective prevention, early intervention and treatment, problem of law enforcement asking for effective control of supplies, problem of social crime and unrest as well as law and order problem. More than this, it is the humanitarian problem causing serious threat to the violation of human's rights and child rights due to increase in domestic violence, family breakdown, and lack of child protection.

Indeed narcotic drugs such as ganja, chareesh, hashish, and bhang have been used in Nepalese society from time immemorial. The practice of smoking ganja, bhang and hashish has been taken as parcel of Nepalese culture and is grounded in Hinduism. In the early days such drugs were used by the hermits, Sadhus, santas,

babas, jogis and fakirs known as the devotees of the lord Shiva. They used these types of drugs to assist concentration in meditation, as a part of process of renouncing worldly life, and for other therapeutic reasons (Adhikari, 2007).

With the invention, discovery and advancement in the field of chemistry and pharmacology, stronger and highly addictive substances such as cocaine and heroin were synthesized. Today, the chemically refined drugs such as Ecstasy, LSD, Barbiturates, Crack, and Amphetamines etc. are the most abused drugs.

These drugs are ingested, inhaled, smoked, injected or snored. The invention and introduction of hypodermic syringes initiated new culture of injecting drugs, making their effects more powerful and the risk of addiction more serious.

In our country, upper hilly region and mountainous belts are very popular for natural (uncultivated) marijuana products. The local inhabitants do not use cannabis products though they manufacture ganja and chares. The purpose of production is to sell for clothing. Major cities like Kathmandu, Pokhara, Dharan and other semi-urban areas and boarder cities are being victim of drugs. Damak, Birtamod, Biratnagar, Birgunj, Bharatpur, Butwal, Nepalgunj, Surkhet and Mahendranagar are the major cities located nearby open Indian boarder, which is fertile land for drug smuggling.

Now, Marijuana, Hashish, Phensedyl, Heroin (Brown Sugar, White Sugar, and Smack), Opium, Diazepam, Nitrosome/T.D., Lorazepal, Morphine, Alprazolam, Bupronorphine/Proxivan, ICE and numbers of other natural and synthetic mind altering drugs or psychotropic substances are found to be in common use among both young and adult Nepalese people. Such drugs act on person's central nervous system to produce changes in sensation, mood and perception.

These drugs induce a mental pleasure, which is unlike anything else. The continued use of these drugs for non-medical purpose gives an experience of euphoria. The cost of such pleasure-seeking behavior is not limited to the users and can effects on individual families and on society in general. Indeed, indulgence in these experiences ultimately leads to drug dependence (a state of

compulsion to use drugs). Drugs may be taken into the body through different methods, they may be swallowed (eaten or drunk), chewed, sniffed/smelled, inhaled and injected.

Different methods of getting drugs into the body have important implications for drug effects. The method used influences not only the risk of drug dependence but also the effects on health. It has been reported that large numbers of injecting drug users have been found to have Acquired Immune Deficiency Syndrome (AIDS). AIDS causes among intravenous drug abusers have been emerging as a serious health problem in the world. More than 10 to 15 percents of AIDS patients are intravenous drug abusers (UN, 1987).

Detailed information of drug use is limited. Data that examines gender and race-ethnicity and age are rarely published. The 1997 National Household Survey on Drug Abuse found that 34.3% of white, 19.2% of Latinas, and 24.9% of African-American reported using an illegal drug in their lifetime. This survey, presents an incomplete assessment of total drug use since it did not include who were homeless, in colleges and universities, or in institutionalized populations. We do know that drug addiction has increased steadily among girls and woman, in the case of certain drugs, more rapidly than among boys and men. From 1992 to 1997, for example, regular use of cocaine increased for women while men's cocaine use declined slightly. Addiction to legally prescribed drugs is also a more serious problem for women than men. Emergency room visits by women because of drug-related problems rose 35% between 1990 and 1996 ([www.csdp.org/edcs/page20.htm](http://www.csdp.org/edcs/page20.htm)).

In Nepal, the first HIV case was detected in 1988. After two decades of its detection HIV infection has reached to about 70,000, whereas the total cumulative detection is only 10,260. About 14 percent of the total infected and around 86% of infected are not detected. As of now, the epidemic status in Nepal is categorized as “Concentrated” one, which means that it is confined to some vulnerable population like sex workers, intravenous drug users and homosexuals. In recent

years, another emerging vulnerable sub-population is the migrant and mobile population which includes trafficked women and girls. Studies show that about 10 percent of returnee migrants from India and other countries are infected with the HIV and potential threat for their spouses. Among the returnee Nepali Sex-trafficked girls and women and foreign employers, 38 percent were tested positive for HIV (Shrestha, 2007). HIV infection in Nepal, have been transmitted through contaminated needle sharing among addicts and through sexual contact with sex-workers.

There are four important links between HIV and drug use. First, the sharing of contaminated drug injection equipment (needles, syringe, cotton, and water glass) is one of the most important causes of HIV transmission in Asia. Second, lack of condom use is frequently associated with the use of drugs before or during sexual activity. Alcohol has perhaps, of all drugs, the biggest impact on unsafe sex. Third, drug use and sex work sometimes linked. People may enter or stay in sex work in order to earn enough money to pay for their use. Some sex worker use drugs 'occupationally', to make their work less traumatic. Pimps sometimes provide sex workers with drugs in order to entice them into or keep them in the sex trade. Drugs and sex may be sold from the same locations, as in the case of some crack 'house' in cities in the USA and Northern Europe. Fourth, certain drugs (for example, alcohol, cocaine and amphetamines) can damage the immune system, making users more susceptible to HIV infection if exposed. Drug user lifestyles often result in poor self-care and poor nutrition. Additionally, many, if not most, heavy drug users often have no access to medical care (IA, 2001).

There is every 4 male equals to 1 female drug users in the world and the current estimated number of drug abusers in the world is 200 million (Lama 2007). There are 72954 are male and 13355 are female drug users in Nepal. They are 13-40 age groups (GN/ MHA 2007). Many drug users heighten their risk of HIV/AIDS and other infection by engaging in risky behavior such as needle sharing and engaging in unsafe sex. Anyone can contract HIV/AIDS. Females are just as vulnerable as

males. Drug use is rising at an alarming rate, but is largely unnoticed by our communities and government.

Now the rising problem of the abuse of various types of drugs including Tidigesies, tranquilizers, sedatives and volatiles with their dubious legal status poses a grave and persistent threat to the health and well-being of the people in the country. Many drug addicts have lost their lives, and many others have physical and mental troubles. Hundreds of people have been affected economically and current situation poses threats to both social and national security. Hence, drug abuse is now a serious problem in Nepal.

Problem of drug abuse and drug offences are concentrated in the urban centers of Nepal particularly Kathmandu. The record of drug offences (GN, 2005), articles (Acharya, 2007, Adhikary, 2007) and research book (Dhital, 2006) reveal that the people of Nepal are suffering from the insidious problems of drug abuse and its offences. Surkhet is one of the main centres for the drug trade in Nepal. The occurrence of drug offence cases seems to be a common incidence in Surkhet, which is not the biggest city in the country but the fastest growing urban center and transit point being the nearest border on India, Rupehidia. Most of the other urban centers of Nepal lie relatively close to the Indian border. India itself is an opium producing and consuming country and opium derivatives in both refined and crude form easily find their way from the Indian towns to Nepal. The opium derivatives are smuggled into Nepal for export to other parts of the world and for local use. The export of drugs from Surkhet has been facilitated by the well transportation and open border, which is reported to be used as a transit point for smuggling drugs to India. Therefore, Surkhet is not only a busy and the fastest growing urban center of Nepal but also a place where drugs are available and drug offences are common.

With Surkhet being regional headquarter and one of the main center in Nepal as well as a transit point for smuggling drugs to other parts of country, the easy availability of drugs has pushed the urban community here into a burning pit of an

abuse problem. Health compromising behavior, gang fighting, street fighting, prostitution, cannabis and heroin use for non-medical purpose are common occurrences among the youths and adult citizens. Large numbers of injecting drug users have been found to have Acquired Immune Deficiency Syndrome (AIDS). HIV/AIDS causes among intravenous drug abusers have been emerging as a serious health problem in the world. Numbers of addicts have more than one sexual partner and most of the female sex-workers are drug users. The numbers of female drug users are increasing rapidly along with the male.

Females are just as vulnerable as males. Drug use among females is rising at an alarming rate, but is largely unnoticed by our communities and government. Female drug users face double discrimination in being a woman as well as a drug user. This is compounded by the associated links between drug use, sex work, and HIV. It is likely that if a woman is a member of any of these three groups, it is assumed that she belongs to the other two groups as well, and is treated accordingly. As a result, female drug users are not as likely to have a vested interest in coming out as drug users. If they do, their chances of gaining respect among the members of their family and society, let alone among those in positions of authority, are slim. Women who abuse drugs often face a greater social stigma than men because they fail to fulfill our society's standard for female morality as well as their traditional role as the stabilizing force in the family. The extent of drug use among women, the causes of addiction, and its effect on women's lives and bodies are not fully understood because addiction has traditionally been treated as a male disease. However, the problem of drug addiction cannot be separated from other aspects of their social conditioning. Studies of men/women who seek treatment for alcohol and other drug problems have revealed a dramatic connection between domestic violence, childhood abuse, and substance abuse. Substance abusers have high levels of depression, anxiety, and feelings of powerlessness, and low levels of self-esteem and self-confidence. Punishing strips

them of control over their lives, exacerbates underlying problems, and fails to provide any strategy for long-term prevention.

Against this background, some research questions appear to be anthropologically interesting and worth studying in order to answers some following research problems:

What are the conditions that lead people to be a drug addicted?

What are the effects of drug addiction?

What is present socio-economic condition of drug addiction? Why it is socially stigmatized?

Taking into account the enormous costs paid by our urban communities, a study has been conducted to fathom the depth of the problem focusing on drug users of Surkhet valley.

### **1.3 Objectives of the study**

#### **i) General objective:**

To find out the causes and consequences of drug addiction as well as the contributing factors leading to relapse of drug abuse among the drug addiction.

#### **ii) Specific objectives:**

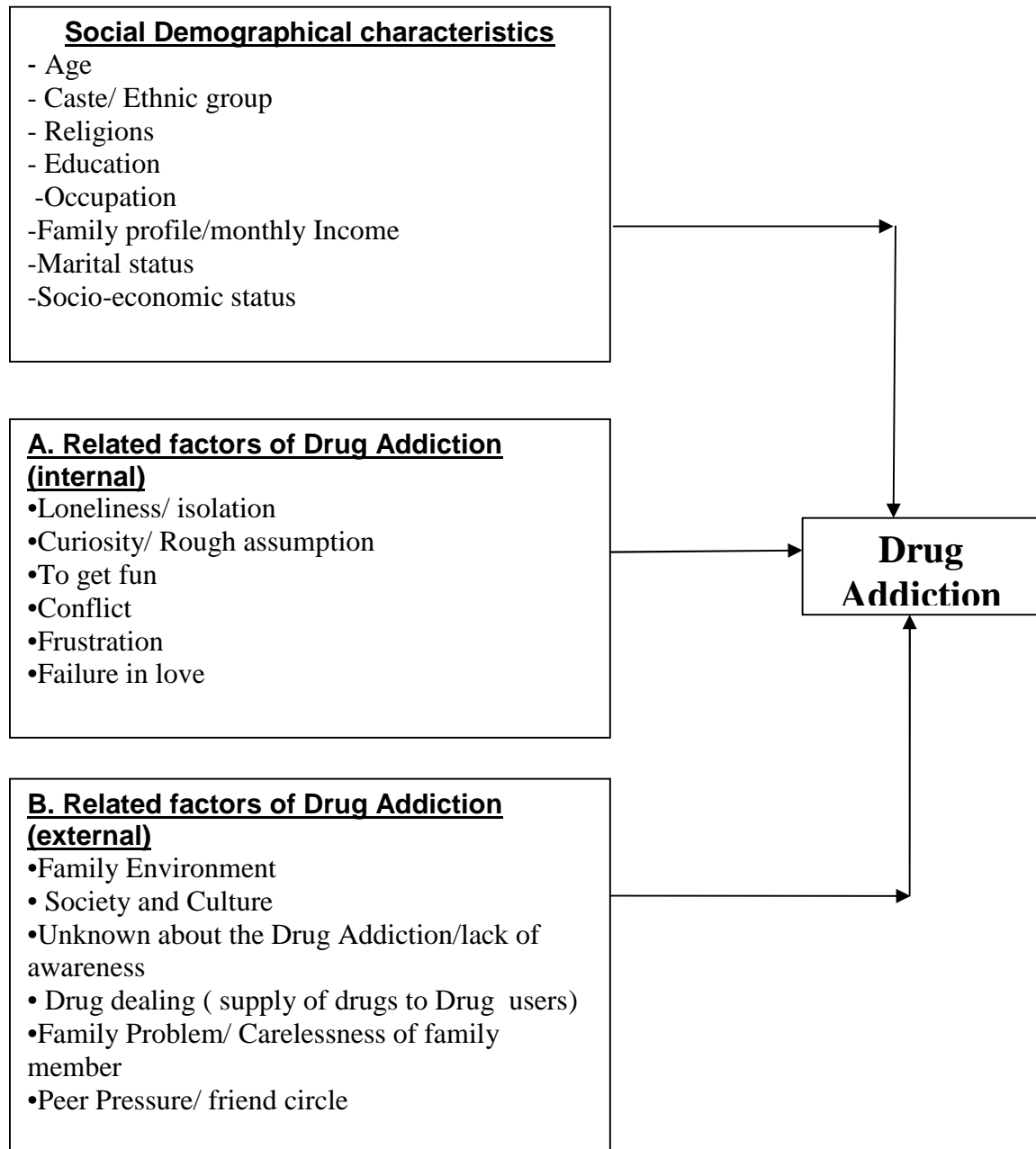
- i. To find out the causes that lead people to be a drug addicted.
- ii. To explore the factors contributing to relapse of drug abuse.
- iii. To find out the social, economic, health and psychological impact of drug on drug users.

## 1.4 Conceptual framework

Figure 1

Independent variables

Dependent variables



In Order to fulfill the Objectives of the study, the basic concept of conceptual framework were adopted. This framework was mainly focus such as Social Demographical characteristics & related factor of Drug Addiction (internal & External).

The conceptual framework is emphasizing the most important factor related to Drug addiction in Surkhet valley. The study mainly focus on related factor of Drug Addiction (internal) that are Loneliness/ isolation, Curiosity/ Rough assumption, To get fun, Frustration( personal & Society), Stress/Poor physical state. Related factor of Drug Addiction (external) that are Family Environment, society and Culture, Unknown about the Drug Addiction/lack of awareness, dealing with drugs (supply of drugs to Drug users), Family Problem/ Carelessness of family member financial problem and peer pressure.

The study on related factor of Drug Addiction (internal & External) in Drug Addicts of Surkhet valley. The study aimed to make valid analysis of Drug addiction in surkhet valley.

### **1.5 Rationale of the study**

Researchers and practitioners alike also need to acknowledge that who abuse drugs are not a homogeneous group, noted several conference participants. Adolescents, pregnant women, homemakers, laborer, youth and adult men and women from different caste and ethnic groups, and lesbians may all experience significant variations in the factors that lead to drug abuse and addiction. The present study is important as it explores the public perception regarding the drug addiction. It gives information on causes that led people to be addicted, health impact, economic impacts, psychological impacts and relationship of drug users with their family and society as well. This study also helps to solve the present problem of drug users and it is also intended that this study should form a useful basis for future work by researchers, planners and program designers.

The result of the study will be beneficial for the local administration, NGO/INGO's, Hospital manager, social care provider & Policy maker so that they can do better improvement for drug addict.

The result of the study also helps to find out the present scenarios of the Drug Addict of Surkhet valley & it helps to suggested volurnable group of people.

The study can help for further Researcher and other related field.

The result of the study also helps for Drug control policy maker, Government of Nepal, Rehabilitation Centers, Drug Related Organization, Society & General Public.

### **1.6 Definition of terms used in the study**

Drug: - any substance that affects the structures or functioning of a living Organism.

Drug abuse: - Use of drug regularly knowingly or unknowingly without any medical purpose by the point of view of earning or any other in a massive scale, strength, amount and frequently.

Drug addiction: - drug addiction is defined as a habitual use of drugs, which creates drug dependency.

Illicit Drugs:- these drugs are illegal and are not available in the legal marker production, processing, trafficking, buying, selling and use of these drugs is illegal and is prosecuted if found involved in these activates eg. Heroin, cocaine, Buprenorphine, cannabis etc.

Bhang: - Beverage or substance made by crushing and rubbing of the leaves and seeds of cannabis plant.

Cannabis: - A drug obtained from the hemp plant.

Detoxification: - Treatment given to people to help them stop drinking alcohol or taking drugs in the supervised way so that withdrawal symptoms and the risks related to the withdrawal are minimized.

Rehabilitation: - Restoration of an optimal state of health of a drug user by making him lives a healthy useful or active life again by providing him biological psychological and social support.

### **1.7 Organization of the Study**

The study was organized into six chapters, Chapter one introduces introduction, background of the study, statement of problem, Objectives, theoretical / conceptual framework, rational of the study, definition of terms, and organization of the paper. Chapter Two contains review of literature, Drug control policies and legal provisions. Chapter Three presents Research Methodology employed during the study. Chapter Four is about the study area. Main findings of Socio- economic and demographic characteristic are included in chapter five, Causes of Drug addiction in chapter six and chapter seven contains Consequences of Drug Addiction. Finally, chapter eight was focused on summary of main findings and conclusions.

## Chapter II

### REVIEW OF LITERATURE

Academics from many nations have taken the problem of drug addiction and illicit drug trafficking as the subject matter of their concern, since it has devastated almost all the societies of the world. Workshops, seminars and conferences have been held at both national and international levels. Additionally, a number of other programs such as mass campaigns, harm reduction programs, rehabilitation services and awareness activities have been launched to combat drug abuse. A series of studies has been carried out by numerous scholars and agencies all over the world and as a result, there is an extensive literature concerning the problem of drug abuse.

The primary concern of this literature is to address the various aspects of drug abuse and clarify the concepts on which the study is based.

#### **2.1 Drug and Drug Addiction**

Drug is defined as a chemical or natural substance, which affects our physical and central nervous system through intoxication. It is a biological substance, which could be synthetic or non synthetic. It is substance which is not the food and it is taken as non-dietary needs and when ingested affects the functioning of the body and brain.(lama, 2007)

“In medical terminology, it is a chemically mixed substance created in the laboratory which can also be obtained from many natural resources.”

“Any substance that affects our nervous system through intoxication produced by its repeated or chronic use which changes our mood, perception and sensation” (WHO, 2001).

Drug addiction is a condition characterized by compulsive drug intake, craving and seeking, despite negative consequences associated with drug use. There is a

misunderstanding that addiction refers to a state of physical dependence on a drug where as discontinuing drug intake produces a withdrawal syndrome consisting of various somatic disturbances (Pant, 2007).

Addiction is better defined as a behavioral syndrome where drug procurement and use seem to dominate the individual's motivation and where the normal constraints on behavior are largely ineffective (Lama, 2007).

It can also be defined as chronic, illness, psychic, somatic or psychosomatic in which drug taking behavior gets much higher priority than other behaviors. It is a dependency, where the users loses over the drug and has a sense of compulsion and a need to use the drug repeatedly. In addition, it becomes partially difficult for him/her to stop taking it.

Physical dependence is when the body needs a drug to function normally. If it is not taken, unpleasant withdrawal symptoms occur. The only way to avoid this is to take more drugs.

Psychological dependence is when an individual rely on drug to take good feelings such as relaxation, self- confidence, self- esteem, freedom from anxiety etc. this is not just casual desire, and is a powerful compulsion.

### **2.1.1 Causes of Drug Addiction**

Many factors influence a person's initial drug use. Personality characteristics boredom, curiosity, peer pressure and psychological stress can all contribute to early stage of drug abuse. Social pain, emotional pain in addition to relief seeking medications foe such pain becomes regular signals to resort to drug use. This way, the drug use behavior is reinforced. These above factors are less important as drug use continues and the person repeatedly experiences the potent pharmacological effects of the drug. This chemical action, which stimulates certain brain system, produces the addiction, while other psychological and social factors become less and less important in influencing the individual's behavior.

Many adults think young people use drug only if they are having problems. This is usually not. This may be attracted to other drug for similar reasons as they are to alcohol, perhaps because:

- ) They are curious about the effects.
- ) They want to avoid boredom or loneliness.
- ) They want to fit in with peer group.
- ) They enjoy the short term effects.
- ) They want to have more self-confidence.
- ) Their friends use them.
- ) They want to belong to a special group.
- ) They want to forget about the problems.
- ) They want to feel good and to be relaxed.
- ) Most of the youths assume drugs as a part of the local youth culture.
- ) They feel like they do not fit in or are out of the mainstream.

Including this causes, a genetic components may be involved, an individual's family and social environment may also play as a part.

**Biological factors:**

**Genetic factors:** 3-5 times as frequent in the first degree relatives of drug dependence as in the general population. Twin studies have shown that higher rate of drug dependence in monozygotic twins than that of diazygotic twins (Goodwin, 1998).

**Biochemical factors:** it has been seen that about half of the mongoloid population have a completely inactive aldehyde dehydrogenase-2(ALDH-2). In these population with inactive ALDH-2, conception of alcohol leads to accumulation of acetaldehyde in the blood because this enzymes is needed for the oxidation of acetaldehyde leads to "alcohol flush reaction". Because of this alcohol dependence in these people with inactive ALDH-2 is significantly; lower than in people with

active ALGH-2. Gamma-amino butyric acid (GABA) is the main inhibitory neurotransmitter in the brain. Benzodiazepines and benzodiazepine antagonists have powerful anxiolytic effects as they enhance the action of GABA and reduce the action of GABA and increase the level of anxiety it has been thought that some people have higher anxiety level because of endogenous inverse antagonists and this may have a role in the acquisition of dependence (cloninger, 1998).

**Psychological factors:**

**Psycho-analytic views:** The child usually develops from a stage of narcissism to a more mature stage as he grows up. The ego learns to delay the gratification and cope with environment. But some people fail to develop to the mature stage and the original narcissistic stage continues. Because of this they cannot cope up with the environment and get constant tension therefore they start taking drugs and due to positive reinforcement, the use is continued. It has been found that the drug dependence is seeing in the person with personality disorders (Kaplan, 1980).

**Behavioral views:** both classical and operant conditioning are involved in the acquisition of drug using behavior (wilker, 1980)

**Social factors:**

Reasons for drug abuse among Nepalese youth and students are peer pressure, escaping problem and sub-cultural acceptance, a sense of self esteems. In economic poverty, broken homes, broken marriage as well as environmental shatter by drink death, divorce, social tragedies and inadequate parental love (Dhital, 2006).

There are many reasons that Nepalese youths have been attracted towards drug abuse. Some want to be 'hero' before their friends. Some are led into it by their friends, some have a lot of money without any occupation and negligible opportunities for recreation, and some begin by reading adventurous books and

end up with trying to be smart. Some peer people become the victim of drug addiction due to tension produced by their poverty. Because they have nothing to do or because they do not find the affection they require. These and similar frustrations lead out youth into drugs (NCB 2005). It is also caused by the greed and selfishness of those who want to money easily even by destroying fellow human beings.

People like drugs to enjoy and experience euphoria or to exhibit their sense of self confidence in or dependence to groups, to appease curiosity to show rebelliousness against the convention of adult society, to take pleasure of secrecy, or take it under the influence of group members or to escape from problems and worries. Drugs are taken by people for two reasons, first to treat diseases and second to alter his body and mind. Biological, psychological and sociological factors affect the mood towards drug use. Reason of drug addiction are due to peer pressure, lack of family affection feeling of alone as well as frustration, negligible of rich parents, failure in examination, behavior of step mother in family and easy availability of drugs (Acharya, 2007). Some youth may be using drugs to escape from family and society's responsibilities and some are also compelled by drug pushers.

“Some youth have been using drugs to over restriction of their parents” (Lama, 2007).

### **2.1.2 Consequences of Drug Addiction**

Drug abuse and addiction are viewed as both health and social problems. The impact of addiction can be far reaching. Although initial drug use might be voluntary, drug abuse have been shown to alter gene expression and brain circuitry, which in turn affects human behavior. Once addiction develops the brain changes and interferes with an individual's ability to make voluntary decisions, leading to compulsive drug craving, seeking and use. Addiction is considered as a chronic and relapsing disorder, characterized by the compulsion to seek drugs and use them despite of its negative consequences (Acharya, 2007).

Youth who abuse drugs persistently face an array of possible consequences.

**Health consequences:**

Accidental injuries, physical disabilities, diseases, and possible overdose are among the risks for drug using youths. Drug-related suicides, murders, accidents and illness may result in death for some youths. Drugs abuse weakens every system due to malnutrition, irregular eating and sleeping pattern. This weakens physical state and rendered to be incompetent in normal daily activities. Cardiovascular disease, stroke, cancer, cirrhosis, hepatitis, brain damage and lung disease can all be affected by drug abuse. Some of these effects occur when drugs are used at high doses or after prolonged use; however, some may occur just one use. Use of drugs increases the risk that youth will contract HIV or other sexually transmitted diseases. Injection of psychoactive substances with Ulsterite needles and other equipment is strongly associated with transmission of HIV (Lama, 2007).

There are four important links between HIV and drug use. First, the sharing of contaminated drug injection equipment (needles, syringe, cotton, and water glass) is one of the most important causes of HIV transmission in Asia. Second, lack of condom use is frequently associated with the use of drugs before or during sexual activity. Alcohol has perhaps, of all drugs, the biggest impact on unsafe sex. Third, drug use and sex work sometimes linked. People may enter or stay in sex work in order to earn enough money to pay for their use. Some sex worker use drugs 'occupationally', to make their work less traumatic. Pimps sometimes provide sex workers with drugs in order to entice them into or keep them in the sex trade. Drugs and sex may be sold from the same locations, as in the case of some crack 'house' in cities in the USA and Northern Europe. Fourth, certain drugs (for example, alcohol, cocaine and amphetamines) can damage the immune system, making users more susceptible to HIV infection if exposed. Drug user lifestyles

often result in poor self care and poor nutrition. Additionally, many, if not most, heavy drug users often have no access to medical care (IA, 2001).

Just as with the emergence of HIV, which was spread in part by the sharing of needles, a newly recognized strain of Hepatitis, known as Hepatitis-C Virus (HCV) is rapidly emerging as a major blood-borne disease. According to the Centers for Disease Control and Prevention, “HCV infection is a major cause of chronic liver disease in the United States and worldwide. At least 85% of persons with HCV infection become chronically infected and chronic liver disease with persistently elevated enzymes develops in approximately 70% of all HCV infected persons.” Unlike the inexpensive intervention of decriminalizing needle possession, the CDC says “the estimated cost for each [infected] person for a 6-month course of therapy is \$200,000.” In 1998, it was estimated that approximately 4,000,000 Americans were infected with Hepatitis-C. The cost and devastation that will be caused by this epidemic can be greatly reduced through a strong and effective education campaign, combined with outreach to at-risk populations and access to sterile syringes. There is also a need for drug users to have access to medical care, accurate information about the possibility of disease progression once infected, an all out effort for a cure and for drug users to be included in development ([www.csdp.org/edcs/page20.htm](http://www.csdp.org/edcs/page20.htm)).

### **Social Consequences:**

Youth who have alcohol and other drugs often experience depression, developmental lags, apathy, withdrawal and other psychological disorders. People who are addicted to drug have difficulties to relate to social norms. Due to the social stigma to look upon them, drug addict has to face many troubles and they start doing things they could never have imagined like stealing, cheating, robbing, lying etc. As a result, it becomes a social crime. Therefore, substance abusing youth are at higher risk for conducting problems, depression, suicidal thoughts, attempted suicide and personality disorders (Sharma, 2007).

Women who abuse drugs often face a greater social stigma because they fail to fulfill our society's standard for morality as well as their traditional role as the stabilizing force in the family.

The extent of drug use among female drug users, the causes of addiction, and its effect on user's lives and bodies are not fully understood because addiction has traditionally been treated as a male disease. However, the problem of drug addiction among users cannot be separated from other aspects of their social conditioning. Studies of user who seek treatment for alcohol and other drug problems have revealed a dramatic connection between domestic violence and substance abuse. Substance abusers have high levels of depression, anxiety, and feelings of powerlessness, and low levels of self-esteem and self-confidence. Punishing users strips them of control over their lives, exacerbates underlying problems, and fails to provide any strategy for long-term prevention.

### **Economic Consequences:**

Addiction is an expensive habit and to support it addicts spend a lot of money and resources that they could otherwise use it productively. Monetary expenditures and emotional distress related to alcohol and drug-related crimes by youth affect many others in the community. Often, there is an additional burden for adolescents and young adults who are not able to support themselves. Further, substance-abusing youth increases the overall demand for treatment of substance abuse and medical condition (Dhital, 2006).

### **Family, peer group and school problem**

Substance abuse also jeopardizes many aspects of family life and both may lead to and result from dysfunctional families. Siblings and parents are affected profoundly by youth involved in drug use. Drug use and its consequences may drain family financial and emotional resources. If the family member becomes a drug user, the basic foundations of the happy family life, trust, love, respect and

cooperation will be ruined. The family damaged emotionally, financially, and becomes dishonored in the society. It creates the guilt, grief, anger, shame, loneliness, fear, hopelessness and hurt kind of feeling among the family members. Their losses are innumerable, loss of prestige, loss of family, personal dignity, loss of security in total loss of each and every area of their life (Pant, 2007).

Who use drugs may be alienated from and stigmatized by their peers. They often disengage from school and community activities because of their bad habits, depriving their peers and communities of the positive contributions they might otherwise make (Lama, 2007).

## **2.2 social Deviance**

Deviance in a sociological context describes actions or behaviors that violate socio - cultural norms including formally-enacted rules (e.g., crime) as well as informal violations of social norms (e.g., rejecting folkways and mores). It is the purview of sociologists, psychologists, psychiatrists, and criminologists to study how these norms are created, how they change over time and how they are enforced.

Social deviance is a phenomenon that has existed in all societies where there have been norms. There are two possibilities for how an individual will act in the face of social norms; conform or violate. There are implicit social norms and explicit social norms. Explicit social norms are not necessarily laws (such as a sign at a computer lab that says food and drink are prohibited). In reality, there is often a blend of conformity and deviance in the ways people behave. Rarely if ever does a person deviate from or conform to all norms. Furthermore, some behaviors in themselves reflect both conformity and deviance at once. Consider breaking the speed limit, which is technically a legal violation, but which is also conformist, particularly on freeways where motorists "go with the flow." That is a critical feature of deviance, conformity, and norms. Relativity abounds. That is, norms can change over time (e.g. women in the paid labor force), depend on situational

context (e.g. laughing at a party as opposed to doing so at a funeral), depend on statuses (e.g. an adolescent blowing up neighbors' mailboxes as opposed to an elderly woman doing so), and any number of other factors. But it's not all relative. There are forms of deviance (and certain norms) that are about as universal as anything in the social sciences can be, such as when one maliciously harms a child. In light of the way we think about norms, deviance, and conformity, many thinkers throughout history have tried to explain the causes behind deviance. The structural-functionalist school of sociology is concerned with macro-level explanations. Therefore, this school is interested primarily in how norms and institutions fit in the study of deviance. Variables of social crimes and deviation are as follow.

**Social Agreement:** This factor contributes to how the public views the crime, whether or not they believe that the norm is beneficial for society. If different people cannot agree on the rules of the norm or how strongly it should be enforced, then a law with weak social agreement will be weak. Abortion is an example of a right that is hotly contested today, and would be considered having low social agreement.

**Social Response:** This factor determines how serious the crime is by the seriousness of the punishments meted out. This is an indication of how serious an offense the society views a specific deviance or crime. In the early 20th century, the use of cocaine was very popular with upper-class women for pain relief. Therefore, it was viewed as an acceptable activity. However, in recent times, the trafficking and use of cocaine has become very stigmatized, with these activities bringing severe penalties. This is an example of an act that used to have a low social response but has changed to arousing severe social responses.

**Social Harm:** This evaluation indicates the level of harm that a particular crime puts on the society. Some crimes are "victimless" since they harm only the

criminal, but some crimes hurt others or social institutions themselves. Drug usage would be considered low in social harm, while an act such as serial murder would be considered high in social harm.

### **2.2.1 Deviance as a violation of social norms**

Norms are the specific behavioral standards, ways in which people are supposed to act, paradigms for predictable behavior in society. They are not necessarily moral, or even grounded in morality; in fact, they are just as often pragmatic and, paradoxically, irrational. (A great many of what we call manners, having no logical grounds, would make for good examples here.) Norms are rules of conduct, not neutral or universal, but ever changing; shifting as society shifts; mutable, emergent, loose, reflective of inherent biases and interests, and highly selfish and one-sided. They vary from class to class, and in the generational "gap." They are, in other words, contextual.

Deviance can be described as a violation of these norms. Deviance is a failure to conform with culturally reinforced norms. This definition can be interpreted in many different ways. Social norms are different in one culture as opposed to another. For example, a deviant act can be committed in one society or culture that breaks a social norm there, but may be considered normal for another culture and society. Some acts of deviance may be criminal acts, but also, according to the society or culture, deviance can be strictly breaking social norms that are intact.

Viewing deviance as a violation of social norms, sociologists have characterized it as "any thought, feeling or action that members of a social group judge to be a violation of their values or rules" "violation of the norms of a society or group" "conduct that violates definitions of appropriate and inappropriate conduct shared by the members of a social system"; "the departure of certain types of behavior from the norms of a particular society at a particular time" and "violation of

certain types of group norms [.. where] behavior is in a disapproved direction and of sufficient degree to exceed the tolerance limit of the community.

Every Society has its own principles laws, folkways, and mores. These are formed according to socio economic and religio-geographical particular environment of the each society. These are made for the welfare and betterment of the masses so that system of rights and duties agreed in society continue smoothly. That's why in child hood it is taught to the children to follow these patterns of social behavior through socialization. Despite this fact, some people break folkways, mores and laws or they don't act upon them. Such people are called Deviant Character in Society.

### **2.2.2 Social Control**

Social control is the control of society over the individual; some of man's tendencies are beneficial to society while others are detrimental to its interest. There can be no question of controlling the beneficial tendencies. Thus social control is exercised by society over the undesirable or harmful tendencies of man. This is not governmental control. Governmental control is based upon force and is enforced upon the individual externally. Social control is self control. It keeps on changing in accordance with the changes in Society.

### **2.2.3 Agencies of Social Control**

1) Customs-: In controlling of an behavior of an individual in society, customs play an important role. They regulate the life of an individual In a way so that he experiences the minimum of pressure. Generally, the people themselves want to live according to the custom as such a course firstly saves them from the objections and ridicule of the society and secondly they do not have to resort to original thinking on every respect. By means of customs they are provided with a clear guidance for every activity. To make an example, among the Hindus there

are various definite customs relation to their day to day activity, education, behavioral concepts procedures. Marriage, etc. said by Ginsberg “ The role played by customs in life is comparable to the role of instincts in living beings. instincts guide the living beings in his struggle for existence. Customs enlighten man in his life. From his very childhood man forms the habit of obeying them and he follows them without raising any hue or cry.”

2) Public Opinion-: In the present democratic age public opinion is supremely power full it control the government. Even the most power full government have resign if they oppose it. This public opinion is formed by propaganda, newspaper, cinema, radio, etc. Public Opinion Controls the conduct behavior, way of living and methods etc. of the individual to fairly extent.

3) Family-: family has great importance as an instrument of social control. The first place where an individual is socialized is family. It is in the family that he learns the various methods of living, behavior, conversion, etc. in the family he learns obedience and respect for the opinion of others. The control of the parents upon the child is the control of the Society upon the individual. In this way the family has control on individual not merely in his childhood but from his infancy to senility.

4) Education-: According to Ruskin, “ Education consists in making people polite what they ought to be.” The ideals and patterns of politeness differ from society to society. An individual is trained in these through education, here the word “ Education” does not merely literacy but is employed in its most comprehensive sense. It is only in this meaning of the word that the sociologist studies or contemplates it. Education teaches man the use of the various capacities, abilities, intelligence, etc. bestowed upon him by nature. Education gives him ability to succeed in his struggle for existence. Education is an art of adaptation for man, adaptation is more social than natural. Hence, education adapts man to society. In this way, education is an important means of social control. Education is in the family, school, playground, club, office, in fact everywhere. At every place the

individual is taught something and socialized. In the family, in school, on playground, the child learns the use of polite behavior, learns to respect the opinion and advice of others and learns to comply with the traditions and mores

5) Law-: According to Ross, “ law is most specialized and highly furnished engine of social control employed by society.” Ross has enumerated two functions of law. (1 st ) To crush completely of the homicidal activities of the individual and (2 nd ) To persuade the individual to both pay attention to the rights of others and to act cooperatively. In this way law does not merely protect society or insure its existence but also contributes to its welfare.

6) Religion-: The control of religion is very strong in the social sphere. Every religion has determined some laws of the behavior the obedience of which is considered compulsory. At the base of these religious laws is the fear of divine displeasure and suffering of hell, coupled with a love and respect for invisible power. The individual feels the pressure of this belief even more than the pressure exerted by the state and the society. In this way religion is powerful weapon of social control.

7) Recreational Group-: In the group a person undergoes specialization and learns the methods of behavior towards other people. Hayes has written, “ By supervised play children learn by experience that the civilized life is far superior for all concerned than savagery.” Games are based upon laws without following which the game cannot be played. In this way game instill in man the habit of remaining in control and obeying the law. The makes a person pliable and teaches him to obey of the orders of the leader and cooperate with other people. As a result sense of group responsibility is awakened in participants.

8) Social Ideals-: The activities of individuals are affected by the social ideals. Social ideals are subject to change, and are relevant in their own context. But in every country most of the people Endeavour to mould their lives according to these social ideals. In modern times, the conduct and behavior of people of democratic countries has been influenced by democratic ideals liberty, equality

and fraternity while the conduct of the communist population has been swayed by communist ideals.

## **2.3 Analysis of Drug Situation in Other Countries**

### **2.3.1 Africa**

In Africa, the main drug of abuse remains cannabis which is trafficked at the national, regional and international levels. Egypt, Morocco, Nigeria and South Africa remain important source of cannabis herb, Africa accounts for almost one third of global seizures of cannabis herb. While Morocco continues to be a major producer of cannabis resin, cultivation of cannabis and production of cannabis.

While the abuse of cannabis resin is largely confined to Northern Africa, the abuse of cannabis herb takes place throughout Africa. Cannabis herb continues to be the drug that is most widely smuggled within Africa. It is also smuggled out of the region, mainly in to Europe. Africa's share of global cannabis seizures increased from 10 % at the beginning of the 1990s to over 30 % in 2004. African countries are being targeted for transshipment of cocaine. The smuggling of cocaine from South America into Europe through Africa continues unabated, with countries in western and central Africa being used as transit and storage areas for cocaine destined for Europe. Diazepam, Ecstasy, Methamphetamine etc are most common abused drugs in Africa.

### **2.3.2 America**

The commonly abused drug in Central America is cannabis, followed by cocaine hydrochloride and 'crack' cocaine. About 90% of the cocaine entering America every year passes through Central America. 6 out of 10 Salvadorans have abused an illicit drug at least once in their lifetime, particularly during adolescence.

In Costa Rica, the abuse of drugs, particularly 'crack' cocaine, has increased; there has also been an increase in violent crime linked to drug trafficking and abuse.

Cannabis continues to be the most commonly abused and trafficked illicit drug in the region.

North America accounts for the largest part of illicit cannabis production worldwide. In 2005, Mexico produced more than 10,000 tons of cannabis and the United States produced nearly 4,500 tons.

According to the latest Canadian Addiction Survey, annual prevalence of cannabis use among persons aged 15 and above increased from 6.5 % in 1989 to 14.1% in 2004. Substance abuse remains a matter of serious concern in the United States, particularly with regard to the high level of abuse of prescription drugs by adolescents and adults. The gradual increase in the abuse of sedatives (including barbiturates) tranquilizers and narcotic drugs other than heroin among the general population had resulted in prescription drugs becoming the second most abused class of drugs after cannabis. The abuse of prescription drugs such as fentanyl, oxycodone and hydrocodone has led to a rising number of deaths.

Though cannabis is regarded as the most widely abused drug in South America, data collected in the period 2001-2005 indicate significant differences in the annual prevalence of cannabis abuse by the population aged 15-64 in that region. For example, Chile, with a 5.6% prevalence rate, is regarded as the most affected country, and is the only country in the region reporting an annual level of cannabis abuse that is above the global average. Though cannabis is produced in Paraguay, that country has a prevalence rate of only 0.5%. In Argentina and Peru, an upward trend in the prevalence of abuse of cannabis herb was in the past year. According to a recent epidemiological study on drug abuse carried out by the Government of the Bolivarian Republic of Venezuela, cannabis is the drug most widely abused among persons aged 15-70 in that country. The study is also indicated a major difference in lifetime prevalence of drug abuse (use of illicit drugs at least once in a person's lifetime); the figure for males (3.9 %) was five times higher than the figure of females.

### **2.3.3 Europe**

Heroin abuse has remained largely stable or even declined in Western and Central Europe, while the level of abuse of opiates has increased in Eastern Europe, particularly in members of the Commonwealth of Independent States (CIS) and countries in South-Eastern Europe situated along the Balkan route. 4 million abusers of opiates in Europe, an estimated 3.3 million are heroin abusers. Of the 2.46 million abusers of opiates in Eastern Europe, an estimated 1.7 million, or 1.2% of the population aged 15-64, are heroine abusers (INCB, 2006).

### **2.3.4 Asia**

In several countries in East and South-East Asia, including China, Japan, persons who until recently had abused a single type of drug shifted to poly-drug abuse. Although the HIV epidemic remains concentrated among high –risk groups in East and South-East Asia, HIV infection continues to be a major problem in countries in the region where heroin is the drug of choice among persons who abuse drugs by injection. In Japan, the prevalence of HIV infection attributed to drug abuse by injection continues to be high.

In China, over 40% of the 135,630 registered HIV/AIDS patients contracted the disease through drug abuse by injection. In Myanmar, HIV prevalence among persons who abuse drugs by injection is estimated at 34%.

Trafficking in and abuse of opiates, in particular heroin, are serious problems in South Asia, which is geographically sandwiched between West and South-East Asia, the two major producers of illicit opiates. Despite the strict controls of imposed by Governments of countries in South Asia, an unknown quantity of opiates is diverted from illicit opium poppy cultivation in India, to be either abused domestically or smuggled into other countries. In South Asia the abuse of heroin, as well as other drugs such as Buprenorphine, often takes place through injection, and unsafe practices surrounding abuse by injection remain one of the key factors in the spread of HIV/AIDS in the region. Though that is particularly

true in India and Nepal, Bangladesh also has the potential for HIV/AIDS epidemic outside of subpopulation of those who abuse drugs by injection, and for that reason Governments of countries in the region need to remain vigilant.

The border between India and Nepal remains porous, and smuggling between two countries, in particular the smuggling of cannabis from Nepal to India, continues.

The abuse of opiates, including illicitly manufactured heroine and low-quality heroin base known as ‘brown sugar’, remains a problem in several countries in South Asia, including Bangladesh, India, Maldives, Nepal and Sri Lanka. The harvest of opium in Afghanistan was approximately 6,100 tons in 2006.

#### **2.4 Drug Control Policy and Implementation in Nepal**

The strategic response to the problems of drug abuse was initiated in the form of ‘Master Plan for drug abuse control’ in 1992 in response to increasing demand for effective and organized control of drug abuse in Nepal. In continuation to the master plan, National Drug Control Policy and National Drug Demand Reduction Strategy were formulated and put into enforcement in 1995. For implementing the policy and strategy, Drug Demand Reduction Project was implemented along with operating the Community Treatment Center to meet the demand reduction and harm reduction demand of the community affected by drug abuse. Drug control program was restructured since 2005 by integrating drug demand reduction and community treatment services.

The tenth plan included a separate policy intervention for drug control with the recognition of drug abuse as the prime barrier to nation’s social, economic and intellectual development. With the long term objective of building a “drug free society” the principal objectives laid down by the plan includes mainly supply and demand reduction through treatment and care & rehabilitation and reintegration of drug addicted persons. The working strategies adopted by the plan include coordinated and collaborative intervention, participation of local representatives and community based organizations, community treatment and behavior changes,

demand reduction, conducting mapping and baseline information on drug users, effective measures to supply control, strengthening law enforcement and reforming legal system (GN/ NCS, 2007).

The policy has different underlying frameworks as guiding lines of policy structure and interventions. Such frameworks comprise of (a) crime prevention and control; (b) human rights and human development; (c) treatment, care and support for risk/harm reduction; and (d) developmental persuasion. The policy offers a clear description of strategic intent and approaches of intervention for drug control, guidance to stakeholders to intervene in the respective areas of work, strong institutional mechanism, supportive legal framework, provision for timely reforms and improvements, opportunity for broad-based collaboration, partnerships and community mobilization, provision for formulating specific strategies and action plans at thematic and sectoral levels, and research and development for providing a basis for policy and program reforms, institutional effectiveness and technical efficiency and appropriateness (GN/ NCS, 2007).

In strategic implementation, the policy has internalized drug abuse as the cross-cutting issue of development and mainstreaming approach; provisioned for thematic and sectoral strategies and plan of action; included cross-border intervention and policy improvement as a sunset policy. In structural implementation the policy has underscored “Organizational development approach”. For realizing this, it has made provision for a “High-level National Steering and Coordination Committee”, “Narcotic Control Executive Committee”, “National Drug Demand Reduction Campaign”, “Narcotics Control Bureau as Specialized National Agency” and meaningful existence and utility of NGOs, networks, civil society and CBOs.

As the methodological implementation, the policy has forwarded for formation of specialized police service, adequate legislative arrangements, compliance to international conventions and enactment of supportive legal instruments like witness protection, anti-money laundering, control of transnational organized

crime and precursor chemicals. It has also stressed for development and application of measures like risk/harm reduction methods. The behavioral implementation of the policy is based on measures like human resource development, advocacy and awareness raising, behavior change through information, education and communication, media mobilization and community mobilization (GN/ NCS, 2007).

### **2.5 Legal Provision of Drug Control in Nepal**

The Narcotic Drugs (Control) Act, 1976 prohibits cultivation, production, preparation, purchase, sale, distribution, export or import, trafficking, storing or consumption of cannabis and other narcotic drugs. Consumption of narcotic drugs in the recommended dosage on a prescription by the recognized medical practitioner for medical treatment is not an offence under this Act. More over Consumption of narcotic drugs by persons belonging to the prescribed categories in prescribed doses also is not an offence.

In the Act prohibits/prevents the government or any institution working under its supervision and control after obtaining a special license for selling narcotic drugs to any person on the recommendation of a recognized medical practitioner.

The Act authorizes the government to frame rules and issue guidelines for the production of hashish from wild cannabis plants and acts done in accordance with the license issued for it cannot be deemed to constitute an offence.

### **2.6 Penalties for drugs users**

Consumption of cannabis is punishable with 1 month imprisonment or fine up to Rs.2, 000. Consumption of opium, coca or any other narcotic drugs made there from is punishable with one year imprisonment or fine up to Rs.10, 000. If a person becomes addicted to any natural or synthetic narcotic drugs and psychotropic substances, as notified by the government, s/he will be liable for

punishment up to 2 months and up to a fine of Rs.2, 000 or both. However, all these provisions have vested discretion in the judiciary to allow an addict to undergo treatment on certain conditions.

Those who involved in as conspires, attempts, abets or is an accomplice in an offence, which is punishable under this Act, is punishable with half the punishment that is due to the actual offender. Onus of Proof of any act under this goes to the accused and s/he shall have to furnish proof to the effect that s/he has obtained or possessed such substance under this Act or the Rules framed or orders issued hereunder. If s/he fails to do so, he shall, unless otherwise established, be deemed to have committed an offence punishable under this Act.

Though none of the provisions of the Act explicitly state that distribution of needles/syringes to drug users is a crime, however since drug consumption is a crime, a person or organization 'facilitating' the consumption of illegal drugs through means of distribution of needles and syringes could be considered as an abettor, conspirator, accomplice. In 2002, the Department of Drugs & Natural Calamities Management under the Ministry of Home Affairs and NCASC issued two separate letters that stopped free distribution of sterilized syringes. The letter issued by the Ministry of Home Affairs stated that drug consumption was a criminal offence under the law and the program of syringe exchange and injection was also considered a crime under the law.

A repeat offender under this Act is punishable for each subsequent offence in addition to the prescribed punishment with an imprisonment for a term which may extend to five years and with a fine up to Rs.1, 00,000 (NDCA, 2033).

## **CHAPTER- III**

### **RESEARCH METHODOLOGY**

Research method is a systematic procedure of conducting research. Use of effective methodology is vital for the success of every research. Be it the field of social research or any other research projects. It is quite important to follow certain methodology in order to meet the objectives mentioned. Selection of methodology depends on type of research. It is not that every research follows the same methodology but it may vary at different times. The following paragraphs describe the methodology that I have followed for the present study

#### **3.1 Rationale of the site selection**

The main reason for selecting Surkhet valley as research site was that, the access to the density of drug users is greater than any part of Nepal. Similarly, the organizations working against drug abuse and drug addiction are at Surkhet. Bhairav youth empowerment centre surkhet , SAAS Nepal rehabilitation centers and Paribartan rehabilitation centre are the only organizations established to address the problems of drug users. Bhairav youth empowerment centre surkhet is the organization in Surkhet formed in 2004 as a rehabilitation center. So the drug users are there for detoxification and rehabilitation. Likewise, SAAS rehabilitation centre Nepal is the another organization formed in 2007 in Surkhet to provide care, treatment and support to drug users and reintegrate them as healthy, productive members of their families and Paribartan rehabilitation centre, surkhet formed in 2009 is the organization having similar objectives. Since there are not much significant studies in this topic, to get the information from these organization for this study would be worthy. Core areas like Kankrebihar and kuinepanil of Surkhet valley were selected as research area because these areas are the junction of drug users as well as sex workers. Therefore, the study was concentrated on the drug users in Surkhet valley.

### **3.2 Research design**

Designing is a preliminary step in every research activity, because it is at the designing stage that the purpose for which design is being prepared is to be decided. The study was based on descriptive research design because it describes the existing situation of drug users living in Surkhet, affected by the various factors and explores present current problems facing by drug users.

### **3.3 Sources and nature of Data**

The research was based on both primary and secondary data sources. Primary data were collected from the informants from Bhairav youth empowerment centre, SAAS Nepal Rehabilitation Centre and Paribartan rehabilitation centre of Surkhet valley and the secondary data were collected from published and unpublished research papers, articles, journals, newspapers, books, and internet sites etc.

Data considered to be collected were qualitative and also quantitative in nature.

### **3.4 Universe and Sampling Procedure:**

Drug users living in Surkhet valley were the study universe of this research. Drug users associated with the Bhairav youth empowerment centre surkhet, SAAS Nepal Rehabilitation Centre and paribartan rehabilitation centre along with those who were identified in the cruising areas were the respondents of this study. The size of the universe is exactly unknown because drug addiction is not considered as socially accepted in Nepal so it is difficult to depict the actual figure of drug users. However, according to the data presented by Government of Nepal Ministry of Home Affairs Narcotics Control Section, there are about 60,000 - 70,000 or more drug users in Nepal and among them more than 700 - 1,000 are in Surkhet.

Sample size was consisted of 40 respondents were included in the study who were choosen as informants, three counselors from three rehabilitation centres were taken as key informants, fifteen persons were included in Focus group discussion

and six case studies were done for the study were taken under non probability( purposive sampling) named; Snow-ball sampling.

### **3.5 Techniques of Data collection:**

The researcher was explaining the purpose and design of the study to the respondents and verbal consent was taken before conducting the interview. The necessary data were collected from about 4-5 respondents per day.

#### **3.5.1 Semi-Structure Interview Schedule**

For the primary data collection, semi- structured questions were included in the interview schedule to fill in field. From this interview schedule, the basic information regarding the drug users and their socio, economic, psychological and health conditions can be obtained.

#### **3.5.2 Observation**

Observation adds to explore the data which is required for study. Simple observation on the way of speaking, the way of living, dress and work were considered.

#### **3.5.3 Checklist Interview**

Checklist was developed to explore more information and cross check the informants' information.

#### **3.5.4 Key Informants**

Key informants were identified with their experience on relevant field. These interviews were conducted and try to fulfill the gap, when they answer. Which was not be derived from the other methods. Key informants were counselors of rehabilitation centers, activists and social workers of drug related field.

### **3.6 Data analysis tool**

The data collected from field was edited and then classified according to their nature for the qualitative data where as quantitative data was analyzed quantitatively according to their nature.

Once data are collected were coded and entered in computer. Data was analyzed and presented in table and chart by using MS Excel and SPSS.

### **3.7 Ethical consideration**

Before conducting the research, all the ethical norms are followed throughout the study. Following steps was followed:

Formal permission from the authority of concerned centre that is Bhairav youth empowerment centre Surkhet, SAAS Nepal Rehabilitation Centre and Paribartan rehabilitation centre of Surkhet was taken.

Informed consent was taken from each respondent together with explaining objectives of the subject.

Privacy was maintained by interviewing each respondent in a separate form.

### **3.8 Limitations of the Study:**

The study was undertaken with academic purpose. It was intend to find out social, economic and psychological aspect of drug users. Along with this the study was also focused on the relationship of drug users, their family and society. Rehabilitation centers and other drug users of Surkhet valley's available respondent were the study area; therefore, sample could not cover a wider range of geographical space. It had its own limitation in terms of profession, methodology, time.

## **CHAPTER: IV**

### **THE STUDY SITE: SURKHET VALLEY**

This chapter entitles the social, economic, political and geographical setting of the study area. Specifically, information of surkhet district and Birendranagar including climate, natural resources, settlement pattern, population, Caste and ethnic composition and developed infrastructure are briefly described.

#### **4.1 The Area**

##### **4.1.1 Surkhet district in General**

Surkhet is a district situated in the Bheri Zone of the Mid-Western Development Region of Nepal. Birendranagar is the administrative headquarter of Surkhet as well as the regional headquarter of Mid-Western Development Region. It covers an area of 2,451 km<sup>2</sup> and has a population (2001) of 298,527, and Surkhet Valley, coves 50 square kilometer of the total area is approximately 600 kilometers west from the capital of Kathmandu. The temperature in Surkhet ranges from 5°C to 41°C from summer to winter. Surkhet valleys lie between the Siwalik and Mahabharat ranges.

Surkhet Valley is in the mid-west of Nepal, (Sketch map). The valley is about 700 meters above sea level, an ellipse about 9 km east-west by 6 km north-south. It is drained by the Bheri River, a tributary of the Karnali. Historically Tharu and Rajhi were the indigenous people of surkhet valley. Surkhet valleys in situated between the Himalayan foothills, the 600–900 m high Siwalik or Churia Range and the 500-1000 m high Mahabharat Range further north. Similar valleys in are also called Dun or Doon. 45% of the total area is covered by forest, 35% is cultivated land, 5% is grazing area, and the rest 15% holds the residential area and highways & others.

The crops produced in the district are paddy, maize, millet, wheat, and rice. Potato, oilseed, sugarcane, seasonable vegetable and herbal products are the cash crops. Similarly cattle, buffaloes, goats, pigs, duck, pigeon are feeded in the district.

#### **4.1.2 Birendranagar:**

Birendranagar is a city situated in mid western Nepal, located in the Surkhet District of Bheri Zone. Nepal census 2001 shows the population of Birendranagar was 62,937 people residing in 7773 individual households. This city is located in the famous Surkhet Valley, and is a principal township in the western hills region of Nepal. Birendranagar is so named in honour of His Majesty the late King Birendra who planned and established it.

Historically, Tharu and Rajhi were the indigenous people of surkhet valley. The migration rate is very high in the valley from the surrounding mountain regions as well as other parts of the country, although unstable political conditions have affected Birendranagar. The population of the city is approximately 55,000. Villagers from smaller surrounding communities migrate here in search of increased security and opportunity.



Source: Geology of the Nepal

#### **4.1.3 Development Infrastructure:**

Surkhet is accessible by air service and roads from various parts of the country. Ratna highway links it to the rest of Nepal. Karnali highway, recently constructed and being black topped, link Surkhet to the remote Western region Karnali. An air service connects Surkhet to Kathmandu, Nepalgunj, Jumla and several other districts.

There are three colleges which provide education up to Master's level. There are more than 18, 10+2 which teach science, management, humanities, rural development, education etc. There are various institutions which provide technical education like veterinary, overseer, computer assistant, health assistant, ANM, CMA, lab technician etc.

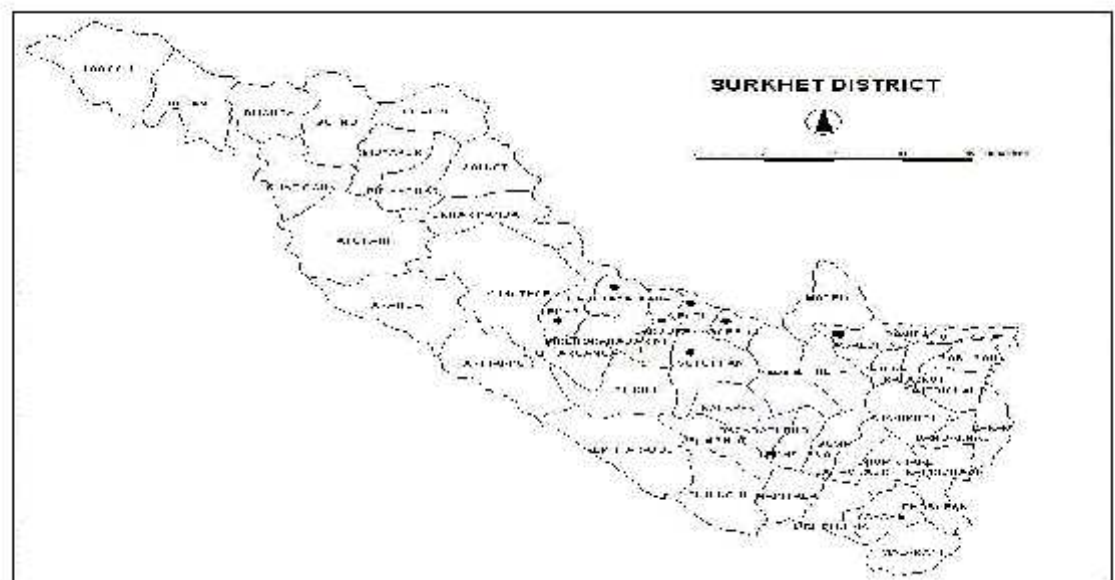
A university is proposed to be constructed in surkhet valley which will provide cheap and quality education to people in this region.

It has a regional hospital which provides basic medication for its people.

There are many NGOs and INGOs working in this area for development. The INF Surkhet Programme is one of the oldest organizations working in the health and development sector. There are other INGOs like GTZ, DFID, DANIDA, and US Aid.

#### **4.1.4 Tourism:**

Tourist attraction places like Kakrebihar, Bulbule, Deutibajai, Latikoili, Gothikanda, Ghantaghar, Baraha taal, Bheri River and many other places with religious as well as historic values. Kakrebihar is the remains of an old Buddhist Monastery (palace), which is in the list of national heritage sites in Nepal. Bheri River is a well known destination for rafting. Birendranagar is a beautiful city which is among very few cities in Nepal built under a master plan. People have access to a good network of roads as compared to other mid-sized cities in Nepal which makes transportation easy. But due to lack of proper attention from the government and Donor agencies in looking after this beautiful heritage city, there has not been sufficient effort to make it look more beautiful and establish it as a popular tourist destination.



#### **4.1.5 Nature:**

The climate of the Surkhet is sub tropical and the average temperature ranges 41<sup>0</sup> c (maximum) to 5<sup>0</sup>c (minimum). The average annual rainfall is 2500 ml. (APROSE: 1994). Sisao, simal, karma, khayar, sallo etc are found. Herbals like Kurilo, paanch aule, harro, barro, amala etc are mainly found. Wild animals like Tiger, bear, deer, fox, leopard etc are found in the district.

#### **4.1.6 Economy:**

The economy of Surkhet is mainly based on agriculture, herbal products, tourism and small scale trade. The industrialization is developing slowly.

#### **4.1.7 Environmental Issues:**

The malaria eradication campaign has had unexpected consequences by opening up the Terai region to human settlement. Surkhet valley is rich in natural resources and ecosystem diversity. Since the early 1990s, however, the forests have been increasingly destroyed because of growing demands for timber and agricultural land. This has led to concerns about the risk of losing many rare plants, animals and insect species.

### **4.2 The People**

#### **4.2.1 Ethnic composition:**

There live different people of different caste and ethnic groups in and around the study area. Tharu and Raji were the indigenous people. Brahmin, chhetri, newar, guring, magar, thakuri, kami, sarki, damai, badi etc are migrated from other part of the country.

#### **4.2.2 Inhabitants:**

Before its own identity as an independent district, it used to be in the district of Dailekh. Recently because of insurgency, many people have migrated to Surkhet from Dailekh, Salyan, Jajarkot, Bardiya, Jumla, Kalikot districts. The majority of

the people are Brahmin and Chettris, and there are minorities which are Newar, Gurung, Magar, Thakuri, Tharu, Sunaar, sarki, Damai, Kaami. 85% of the people are Hindu. Others are Buddhists, Christians, and Muslims. The main occupation is farming.

#### **4.2.3 Festivals:**

The common festivals celebrated in Surkhet are Dashain, Tihar, Fagu purnima, Loshar etc. There are many people who are migrated to other districts and countries for better education or better opportunities. But they still remember to come back to their hometown in these festivals. As there are inhabitants of different castes and ethnic groups in Surkhet, celebrates lots of festivals. Different groups of people celebrate their festivals in their own cultural norms and values.

#### **4.3 Rehabilitation Centres in Surkhet:**

In a distressing sign, this district, the major transit point of the mid-western region, is emerging as a hub for illicit drug trade. Local NGOs working to combat drug abuse mention that open border and lax security arrangements are the reasons behind the flourishing trade. What's more worrisome is that more and more teenagers and youths are getting hooked in drug addiction in Surkhetvalley.

##### **4.3.1 Bhairav Youth Empowerment Centre:**

Bhairav Youth Empowerment Centre is established in 2004 AD. as a rehabilitation centre, whose main aim is to control drug abuse and help addicts for rehabilitation. According to, Bibek Kumar Pant, Secretary, Bhairab Youth Club, Surkhet, around 6,000 people are using forbidden drugs in Surkhet, most of them aged between 15 and 25 years. The number of female drug users is also on the rise, Pant further says "Around 40 women are using drugs in the Surkhet Valley alone," Currently, 30 drug addicts are undergoing treatment at the club's rehabilitation centre. The positive discharge rate is high (40%) and relapse cases are low in comparison to other rehabilitation centres.

#### **4.3.2 SAAS Nepal Rehabilitation Centre:**

SAAS Nepal, an NGO working against drug addiction in surkhet , saw 175 drug addicts, most of them aged between 15 and 25 years of age, registered in the last one year shows the condition of drug abuse rate of Surkhet District. SAAS Chairman Kumar Dhakal mentions that relapse of rehabilitated drug addicts into addiction have undermined drug abuse control measures. According to NGOs, prohibited drugs are traded openly in Birendranagar, the regional as well as district headquarters, all because of the police administration's laxity. He says smugglers, taking advantage of lax security arrangements, bring huge quantities of brown sugar (heroin), a banned drug, on two-wheelers and in four-wheelers in Surkhet through Nepalgunj from the Indian border town of Rupaidiha and jayespur. Though it has drawn fire for not doing enough to control the burgeoning drug trade, the District Police Office has its own set of grievances. The dismal catch and a handful of arrests indeed lend credence to the claims of mafia involvement in the trade. There are 27 drug addicts are under the treatment process.

#### **4.3.3 Paribartan rehabilitation Centre:**

Paribartan rehabilitation Centret is the organization in Surkhet formed in 2009 as a male rehabilitation centre to address the problem of drug users. So the drug users are there for detoxification and rehabilitation. Centre provides care, treatment and support to drug users and reintegrate them as healthy, productive members of their families and society. Bijaya Khad, the program co-ordinator says that the drug use is raising rapidly in surkhet anid its main cause is unstable Government and the critical period of the country. According him there are about 5,000 addicts in surkhet both identified and unidentified. He further says "Here are 25 clients under treatment in our rehabilitation centre".

## **CHAPTER V**

### **SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS**

Study on the issues of drug addiction is a challenging work in itself because the interrogation in such issues and obtaining the answer from them is not so easy because of availability of respondents, their willingness to answer etc.

For the general over view of the respondent's different factors such as their age, educational background, family structure, income status, attitude, behavior, cause of being addict were noticed. The discussion in more descriptive way is concentrated on the effect of drug addiction in social relationship, different types of problems faced by drug users and drug related criminalities.

Along with this, the way they talk, their feelings towards drug addiction and the dress they prefer to wear were also observed.

Drug users from three drug rehabilitation centers, junction of drug users such as; Kankrebihar and Kuinepani were taken for interview. There were 40 respondents in my research. Purposive and snowball sampling was conducted for data collection. I found 10 respondents from Bhairav Youth Empowerment Center, 10 from SAAS Nepal Rehabilitation Center and 10 from Paribartan rehabilitation centre and 10 respondents were from cruising areas like Kankrebihar and Kuinepani.

To get the answer from the respondents was really difficult because drug users use to avoid giving interview for anybody cause of being flash out and some of the questions in the study were based in their private life and sexual relations. Drug users were always in trip of drug and at that time, they were moody and sometimes they behaved abnormally. But with the help of workers for drug users, their general attitude and behavior was tried to understand.

### 5.1. Classification of Respondents by Age Groups:

Drug abuse in Nepal is increasing at the alarming rate in recent years has become a national concern. Estimated data indicate that there are about 5000 drug users in Surkhet, ages between 10-35 years and the problem is increasing among the school and college students. The following table shows the age group of the respondents.

Table: 5.1

Classification of Respondents by Age Groups

Age of the respondent	Frequency	Percent
10-15	4	10
16-20	9	22.5
21-25	17	42.5
26-30	5	12.5
31-35	5	12.5
Total	40	100

Source: Field Survey, 2011

The table shows the age group of the respondent has from 10-35. Where the age groups of respondent 10-15 have 4, 16-20 have 9, 21-25 have 17, 26-30 have 5, and 31-35 have 5 which have the age of drug users. From the study, it was found that much of the drug users have from the age of 16-25 years. Youth are neither adult nor child; they are just in transitional hour of their development. They are not mature psychologically as well as emotionally. Mainly the emotional maturity of them momentarily makes unstable, restless and feeling of insufficiency. 'Why not to do?' Quick emotional behavior e.g. aggregation, hate, love, resentment and sadness unknowingly break the moral and ethical code of school as well as family and finally they indulge in drug abuse. So, it can be assume that most of the drug users are teenagers and youth.

## 5.2 Place of origin of Respondents:

Geographically Nepal can be divided into Mountainous, Hilly and Terai regions. Mountainous belts are very popular for natural marijuana (ganja) products. Hilly region is risky zone for drug consumption where a major city of Nepal, Surkhet is situated. Terai region is the most risky zone for drug use and drug deal where Damak, Birtamod, Biratnagar, Birgunj, Bhairahawa, Nepalgunj and Mahendrenagar are the major cities located nearby open Indian border. In this study, the origin of respondents has been found Surkhet.

The sample size shows that 100% of the respondents were from Surkhet valley. Hence, this study shows that drug users were from the Surkhet valley. Those respondents found in this study whose origin is outside the Surkhet valley had come here in search of job, treatment and to hide their addicted identities or avoid stigmatization by society.

## 5.3 Classification of Respondents by Religion:

It is considered religion a belief in “power superior to man which are believed to direct and control the course of nature and of human life.” Religion is the means of social control. In Nepal, there are mainly Hinduism, Buddhism, Christianity and Islam. The following table shows the classification of respondents by their religions.

Table 5.3  
Classification of Respondents by Religion

Religion of the respondent	Frequency	Percent
Hindu	30	75
Christian	6	15
Buddhist	3	7.5
Muslim	1	2.5
Total	40	100

Source: Field Survey, 2011

This table showed that 75% of respondents were following Hindu religion, 15% of respondents followed Christian religion, 7.5% are from Buddhism and 2.5% respondents followed Muslim religion. From the above table, it can be assumed that the percentage of drug users who followed Hindu religion is greater than Buddhist and Christian religion. Most of the drug users have changed their religion from Buddhist and Hindu to Christian after they used drug because they think Christian religion is more liberal and there is no hierarchy than other religion. But it is found that there is no relation of religion in drug addiction.

#### **5.4 Classification of Respondents by Caste and Ethnic Groups:**

Nepal has physical diversities and it has very rich in cultural heritages. Socio-cultural settings or cultural practices with alcohol, cigarettes and tobacco (hukka) take place by birth to death throughout their rituals, fest and festivals. Some of the caste and ethnic groups use drinking as entertainment in local festivals, a way of hospitality to the guests for harmonious social relationship as well as interpersonal openness and have cultural freedom in alcohol consumption. The following table shows the classification of respondents by their caste and ethnic groups.

Table: 5.4

Classification of Respondents by Caste and Ethnic Groups

Caste/ Ethnic group	Frequency	Percent
Brahmins	5	12.5
Chettri	12	30
Newar	2	5
Gurung/Magar	4	10
Dalit	9	22.5
Thakuri	8	20
Total	40	100

Source: Field Survey, 2011

In this study, drug users have from various caste and ethnic categories. Among the caste groups Brahamin, Chhetri, Thakuri and Dalit has been found and in ethnic categories; Newars, Gurung/Magar and others has been found. In the caste group, 5 drug users were Brahamin, 12 were Chhetri and 9 were Dalit, 2 drug users were Newar, 4 were Gurung/Magars and 8 respondents were from Thakuri caste. So, simply it could be said that drug users have been mostly found in chhetri and thakuri categories because of pertinent social and cultural aspects in the ethnic categories which leaded or constituted an individual to be a drug addict.

### **5.5 Educational Background of Respondents:**

It is considered that education is the most important thing for career development. Education provides the status to everyone in the society. But due to the drug addiction in teenage or school going age, educational performance of drug users may be reduced automatically because of their poor concentration and passivity. Children fail their exam and finally desire to escape from such problems and terminated the school life. In this study, the respondents' educational background was different as illiterate to undergraduate level. The following table shows the detail about the educational background of respondents.

Table 5.5  
Educational Background of Respondents

Education of the Respondent	Frequency	Percent
Primary	2	5
Secondary	18	45
Intermediate	18	45
Bachelor & above	2	5
Total	40	100

Source: Field Survey, 2011

The table showed that 5% of the respondents had got primary level education, 45% of the respondents had got secondary level education and the respondents

who had got Intermediate level were 45% and 5% of the respondents were found education having Bachelor and above. So, it could be assumed that drug users who were in the school level education were much in percentage than higher education. All the respondents were dropped their study due to drug addiction.

### **5.6 Marital Status of Respondents:**

Marriage is one of the universal social institutions which provide approval to unite man and women in a marital bond. Through marriage one can get his/her status in the society. The table presented bellow show the marital status of respondents.

Table: 5.6

Marital Status of Respondents

Marital status	Frequency	Percent
married	19	47.5
single	21	52.5
Total	40	100

Source: Field Survey, 2011

In the above table, the data shows that the number of total drug user are 19 (47.5%) are married and 21 (52.5%) are unmarried. So we can say that the percentage of unmarried drug users is higher than married. Drug users are divorced because of drug addiction. When unmarried respondents were asked about their view about marriage and they reported that they do not want to get marriage because of the fear of the breaking relationship with wife and family due to drug addiction.

### **5.7 Living Status of Respondents:**

It is important to define drug users' living status because we can understand their situation of life. The following table shows the living status of respondents.

Table: 5.7  
Living Status of Respondents

Living Status	Number of Respondents	Percentage
Living with Family	16	40
Living with wife	15	37.5
Living Separately	9	22.5
Total	40	100

Source: Field Survey, 2011

The table shows that the respondents were living with their family as well as separately. 40% of the respondents were living with their family. 37.5% of the respondents were living with their wife where as 22.5% of the respondents were living separately. Most of the married respondents were living with wife and children and some of the married respondents were living with their wife's family member. Some unmarried and divorced drug users were living with their parents and their siblings and most of the divorced and some unmarried respondents were living separately.

### **5.8 Occupational Background of Respondents:**

Occupation is used as a criterion of social class or status. People do, in fact, use occupation as a means of classifying or ranking. Thus a man's work may affect his social standing and his income. The table shows the classification of occupational and economic background of respondents.

Table: 5.8  
Occupational Background of Respondents

Occupation of the respondent	Frequency	Percent
student	11	27.5
job holder	7	17.5
business	9	22.5
unemployed	12	30
others	1	2.5
Total	40	100

Source: Field Survey, 2011

The above table shows that 27.5% of respondent had involved in studies, 17.5% of respondent had involved in job in different field, 22.5% of the had engaged in business, 30% of the respondent are unemployed, 2.5% of had involved in other occupation. From this data, we can assume that most of the drug users are engaged in studies.

### **5.9 Monthly Income of Respondent's Family:**

Economy is one of the most important aspects which provide the social status in society. Analyzing one's income, we can easily understand his/her standard of living. So, the following table shows the status of respondent's family income.

Table: 5.9  
Monthly Income of Respondent's Family

Monthly income of the respondent's Family	Frequency	Percent
Rs 1000-5000	5	12.5
Rs 5000-10000	3	7.5
Rs 10000-15000	13	32.5
Rs 15000-20000	4	10
Rs 20000 & above	15	37.5
Total	40	100

Source: Field Survey, 2011

The table shows that 12.5% of the respondents' family monthly income was Rs. 1000-5000, 7.5% of the family monthly income was Rs.5000-10000 and 32.5% of respondents' family income was Rs.10000-15000, 10% of the respondent's family income was 15000-20000 and 37.5% of the respondent's family income was more than Rs 20,000 per month. We can say that most of the respondents' family income is higher than Rs15, 000 per month which is good economic status in society.

## CHAPTER VI

### CAUSES OF DRUG ADDICTION

Drug is defined as a chemical or natural substance, which affects our physical and central nervous system through intoxication. It is a biological substance, which could be synthetic or non synthetic. “In medical terminology, it is a chemically mixed substance created in the laboratory which can also be obtained from many natural resources.” It is substance which is not the food and it is taken as non-dietary needs and when ingested affects the functioning of the body and brain.(lama, 2007). Many factors influence a person’s initial drug use. Personality characteristics boredom, curiosity, peer pressure and psychological stress cal all contribute to early stage of drug abuse. Social pain, emotional pain in addition to relief seeking medications foe such pain becomes regular signals to resort to drug use. This way, the drug use behavior is reinforced.

#### **6.1 Information about the Drugs:**

The modern age is the age of science and technology as well as information technology. We know everything happening in the world even if we are in a room through different means.

Table: 6.1  
Information about the Drugs

Factors	Frequency	Percent
friends	29	72.5
media	10	25
others	1	2.5
Total	40	100

Source: Field Survey, 2011

The table shows that 72.5% of the respondents get the information about the drugs from friends, 25% of them from media and 2.5% get the information from other medium. We can say that most of them 29(72.5%) get the information from their friends.

### **6.2 Age of Respondents Starting Drug Use:**

Drug taking pattern seems starting by the early ‘Teenage’. This age is completely peer influencing age. They like to do something different than other. When one of their drug using friends comes to contact with group norms, most of them attract in to chemical means of taste once. The following table describes the starting age of drug of female drug users.

Table: 6.2

Age of Respondents Starting Drug Use

Age of the respondent	Frequency	Percent
10-15 yrs	5	12.5
16-20 yrs	12	30
21-25 yrs	19	47.5
26-30 yrs	3	7.5
31-35 yrs	1	2.5
Total	40	100

Source: Field Survey, 2011

The data shown in above table explains that 12.5% of the respondents started drug while they were under 15 years, 30% of the respondents used drug on the age of 16-20 years, 47.5% of the drug users started drug use when they were 21-25 years, 7.5% of the respondents took drug in the age of 26-30 and 2.5% starts at the age of 31-35years. From the data, we can say that most of the drug users start drug in the age of 21-25 years and very few drug users start drug in the age of 26-30 years and above.

### 6.3 Drugs of Respondent's Choice:

Drug users don't depend on one type of drug. They use to take poly drugs in a same time such as; ganja, heroin, tablets and other numerous drugs. The following table shows the data about most preferred drugs by drug users but Brown sugar is the drug of choice among drug user of Surkhet valley.

Table: 6.3

Drugs of Respondent's choice

Name of Drugs	Frequency	Percent
brown sugar	40	100

Source: Field Survey, 2011

The data shown in above table describes the trend of drug of choice among the drug users of Surkhet valley. Brown sugar is the most popular and drug of the first choice among the drug users.

### 6.4 Types of Drug Preferred/Used by Respondents:

Drug users don't depend on one type of drug. They use to take poly drugs in a same time such as; ganja, heroine, tablets and other numerous drugs. The following table shows the data about most preferred drugs by drug users.

Table: 6.4

Types of Drug Preferred/Used by Respondents

Types of Drugs	Number of Respondents	Percentage
Brown sugar + alcohol	16	40
alcohol + Ganja+ Formula	9	22.5
Brown sugar + Ganja+ formula	3	7.5
Brown sugar + Tablet + Ganja	12	30
Total	40	100

Source: Field Survey, 2011

The data shown in above table describes the trend of multi-drug pattern of drug users. 40% of the female drug users prefer to take Brown sugar and tidigesic, 22.5% of the respondents like tidigesic and ganja, 7.5% of the respondents used to take heroine and ganja and 30% of the respondents prefer to take heroin, ganja and tablet in a same time. The multi responses of poly drug users were found that heroin was the most priority choice of chemical of Nepalese drug users. Marijuana or ganja products were the gateway of using any other drugs and tedigesic were the most lethal drugs abused by drug users. In any other drugs phensedyl, opium, cocaine, diazepam, lorazepam, morphine, alprazolam, proxivan, bupronorphine and other were found using by drug users in surkhet valley.

### **6.5 Causes of Starting Drug Use by Respondents:**

Many factors influence a person's initial drug use. Personality characteristics boredom, curiosity, peer pressure and psychology stress can all contribute to the early stage of drug abuse. The table given below shows the cause of starting drug use by drug users.

Table: 6.5

Cause of Starting Drug Use by Respondents

Cause of Drug Use	Number of Respondents	Percentage
Frustration	15	37.5
Curiosity	6	15
To Get Fun	3	7.5
Peer Pressure	9	22.5
Family Problem	7	17.5
Total	40	100

Source: Field Survey, 2011

The table shows that 37.5% of the respondents started drug cause of frustration, 15% of the respondents started drug cause of curiosity, 7.5% of the respondents used drug to get fun, 22.5% of the respondents started drug by peer pressure and 17.5% of the respondents started drug use cause of family problem. The data

shows that most of the drug users take drug cause of frustration and peer pressure. Users try to escape from the real internal environment e.g. Frustration, anxiety, conflict, the feeling of guilt and wrong doing and the drug users desire euphoria for a certain moment. Most of the users use drug to get relief from bodily pain and frustration. Most of the students start drug cause of curiosity, family breakage, and lack of proper guidance of parents, peer pressure and failure in exams.

### 6.6 Causes of Relapse of Respondents:

Relapse among drug addicts is common. Many, if not most, return to the use of drug at least once after making an honest commitment for not taking any drug again during the treatment. About 40% of all drug addicts who initiate treatment find themselves hopelessly and inevitably run into the rank of chronic recidivism. This will occur in spite of their conscious efforts at sobriety. The following table shows the major causes of relapse.

Table: 6.6

Causes of Relapse of Respondents

Causes of Relapse	Number of Respondents	Percentage
Easy Access to Drug	5	12.5
Lack of Family Support	6	15
Peer Pressure	4	10
Due of Enough Money	2	5
Unemployment	7	17.5
Did not relapse	16	40
Total	40	100

Source: Field Survey, 2011

The data presented in above table indicates that 12.5% of the respondents had relapsed because of easy access to drugs, 15% of the respondents were relapse due the lack of family support, 10% of the respondents were relapsed cause of peer

pressure, 5% of the respondents were relapsed because of availability of enough money and 17.5% of the respondents reported that they were relapsed cause of unemployment and 40% of the total respondent didn't relapse means some of them are still users and some are in the first step of treatment.

So, we can assume that most of the female drug users use to relapse because of unemployment. Other major causes of relapse are negative feelings such as anger, sadness, social adjustment problems, feeling of being completely cured etc. Drug users need strong family support to be drug free after getting treatment.

### 6.7 Treatment for Drugs:

Drug addiction is a complex but treatable brain disease. Most of the respondents are reported to have joined various treatment centers in Surkhet. Some of them joined once but some of these joined even more than 4 times since they began drug abuse in their lives. A huge amount of money has already spent by them for drug treatment. The data presented in the following table indicates the treatment frequency of these respondents.

Table: 6.7

Frequency of Treatment for Drugs

Frequencies	Frequency	Percent
1-3 times	27	67.5
4-6 times	4	10
7-10 times	4	10
10 & above	1	2.5
Never been for treatment	4	10
Total	40	100

Source: Field Survey, 2011

Number of respondents = 40

Number of treated = 36

Never gone for treatment=4

Data presented in the above table conveys that 27 (67.5%) out of 40 respondents are treated for 1-3 times, 4 (10%) are treated for 4-6times and 4 (10%) of the respondents are treated 7-10 times, 1(2.5%) is treated for more than 10 times and rest 4(10%) has not been for treatment.

The high occurrence of 27 (67.5%) treated 1-3 times and it indicates that there is a high occurrence of relapse cases. 4 respondents out of 40 respondents reported that they did not try for getting treatment and not join in any treatment centers cause of unawareness about treatment, lack of finance, cause of humiliation and lack of support of family members.

### **6.8 Awareness about the consequences due to drugs:**

Table: 6.8  
Awareness about the Drugs

Awareness about the Drugs	Frequency	Percent
Full	8	20
average	24	60
unaware	8	20
Total	40	100

Source: Field Survey, 2011

The above shows that 8(20%) of the drug user were fully aware about the consequences of drug addiction, 24(60%) of them has average knowledge and 8(20%) of them were unaware about its consequences. It shows that most of the users take drugs knowing its harmful effects.

## **CHAPTER VII**

### **CONSEQUENCES OF DRUG ADDICTION**

#### **7.1 General:**

Drug abuse and addiction are viewed as both health and social problems. The impact of addiction can be far reaching. Although initial drug use might be voluntary, drug abuse have been shown to alter gene expression and brain activity circuitry, which in turn affects human behaviors. Once addiction develops the brain change and interferes with an individual's ability to make voluntary decisions, leading to compulsive drug craving, seeking and use. Addiction is considered as a chronic and relapsing disorder, characterized by the compulsion to seek drugs and use them despite of its negative consequences.

Youths who have abuse drugs/ alcohol persistently faces an array of possible consequences.

There were 40 respondents in my research. Purposive and snowball sampling was conducted for data collection. I had found 10 respondents from Bhairav Youth Empowerment Center, 10 from SAS Nepal Rehabilitation Center and 10 from Paribartan rehabilitation centre and 10 respondents from cruising area of Kankrebihar and Kuinepani were taken for interview.

To get the answer from the respondents was really difficult because drug users use to avoid giving interview for anybody cause of being flash out and some of the questions in the study were based in their private life and sexual relations. Drug users had always in trip of drug and at that time, they were moody and sometimes they behaved abnormally. But with the help of workers for drug users, their general attitude and behavior was tried to understand. 40 respondents or all respondents' personal interview was conducted for the study.

## 7.2 How your Family did knows about your habit of taking drugs:

Table: 7.2

How your family did knows about your habit of taking drugs

Factors	Frequency	Percent
friends	18	45
relatives	2	5
neighbors	2	5
police	6	15
others	12	30
Total	40	100

Source: Field survey, 2011

The survey shows that 45% of the respondent's came to know that their children take drugs through the friends of their child, 5% by relatives, 5% by neighbors, 15% by police and 30% knows through other means.

## 7.3 Behavior of Family Members to Respondents:

If the family member became a drug user, the basic foundations of the happy family life, trust, love, respect and cooperation will be ruined. The family will be damaged emotionally, financially, and becomes dishonored in the society. It is found that most of the drug users have no good relation with their family members due to their addicted habits. The following table shows the behavior of the family members to respondents which also explain the relationship of them with their family.

Table: 7.3  
Behavior of Family Member to Respondents

Behavior of Family	Number of Respondents	Percentage
Mental Torture	10	25
Physical Torture	4	10
Discrimination	6	15
Uncooperative	4	10
Cooperative in Treatment	16	40
Total	40	100

Source: Field Survey, 2011

The data shown in the above table describes that 25% of the respondents' family members used to give them mental torture, 10% of the respondents' family members used to provide them physical torture along with mental torture, 10% of the respondents' family members were uncooperative in their treatment and 15% of the respondents' family members discriminated them cause of drug. Whereas 40% of the respondents' family members were cooperative in their treatment to avoid drug. They took their addicted member in different rehabilitation centers several times and they were worried about them. Some of the respondents' family members use to discriminate and hate them so; they don't speak with them when they meet them in public places. It shows that most of the drug users have no good relation with their family members and drug users are not satisfied with their family members' behavior.

*“Mero ta shreemati le pani drug khane bhayako le us sanga ta relation ramrai cha, tara ghar tira ka aafanta haru kohi pani boldainan. Aafnai dai haru bato ma bhetda na boli jadchan. Uni haru le yasto bayohar garda man dukcha.”*

-My relation with my wife is good because she is also drug addict, but relatives from my family don't pay any attention with me. My own brothers don't even to speak with me. It hurts me by their behavior.

– Janak Thapa

#### **7.4 Willingness to Avoid Drug of Respondents:**

All drug users want to avoid drugs and want to live drug free life. Nearly all addicted individuals believe in the beginning that they can stop using drugs on their own and most try to stop without treatment. However, most of these attempts result in failure to achieve long-term abstinence. Drug addiction is a complex but treatable brain disease. The following table shows the willingness to avoid drugs of respondents.

Table: 7.4  
Willingness to Avoid Drug of Respondents

	Frequency	Percent
Yes	24	60
No	16	40
Total	40	100

Source: Field Survey, 2011

The data explains that the 60% of the respondents wanted to leave drug addiction and only 40% of the respondents did not want to avoid drugs. It shows that most of the drug users want to avoid drugs and want to manage their unmanageable life and relation better.

#### **7.5 Daily Expenditure of Respondents on Drug Consumption:**

Addiction is an expensive habit and to support it addicts spend a lot of money and resources that they could. The following table shows the daily expenditure of Respondents' on drug consumption.

Table: 7.5

## Daily Expenditure of Respondents on Drug Consumption

Daily Expenditure in Rs.	Number of Respondents	Percentage
100-500	5	12.5
500-1000	5	12.5
1000-1500	10	25
1500-2000	9	22.5
2000-2500	7	17.5
2500-over	4	10
Total	40	100

Source: Field Survey, 2011

Data displayed in the above table indicates that the daily expenditure of 12.5% of respondents on drug consumption is Rs.100-500, 12.5% of the respondents' daily expenditure on drug is Rs.500-1000, daily expenditure of 25% of respondents is Rs.1000-1500, daily expenditure of 22.5% of respondents is Rs.1500-2000 and 17.5% of the respondents' daily expenditure on drug is Rs.2000-2500. Whereas 10% of the respondents expend their money on drug more than Rs.2500 per day.

At first, any drug users pay for drug own pocket money. If pocket money is not available, they share the money with friends, and then they start to borrow and steal from home and society relatives. In some stages, they sell their finger rings, jackets, golden chains, shoes etc. Then start to do crime as loot, steal, drug deal and prostitution etc. The volume of expenditure depends on the income and money, when they have enough money; they spend thousands of money in one day. Some time, they have to compromise even in 100 rupees.

## 7.6 Health Problem Facing by Respondents:

Scientific experts consider addiction as a health and social problem. Accidental injuries, physical disabilities, diseases, and possible overdose are among the risks for drug using youths. Drug-related suicides, murders, accidents, illness, malnutrition, cirrhosis, cancer, hepatitis-B/C, brain damage, lung disease, HIV positive, STI and depression are the most common diseases among drug users. The following table shows the health problems facing by female drug users.

Table: 7.6

Health Problem Facing by Respondents

Health Problem	Number of Respondents	Percentage
Hepatitis B	4	10
Hepatitis C	5	12.5
HIV Positive	3	7.5
STI	12	30
Respiratory Problem	16	40
Total	40	100

Source: Field Survey, 2011

The table shows that 10% of the respondents were suffering from Hepatitis B, 12.5% of the respondents were suffering from Hepatitis C, 7.5% of the respondents had HIV positive, 30% of the respondents were suffering from STI and 40% of the respondents had respiratory problems. From this, we can assume that most of the respondents have STI and HIV positive cause of unsafe sex and needle sharing.

### 7.7 Relation with your family:

Table: 7.7  
Relation with your family

Variables	Frequency	Percent
good	6	15
satisfactory	9	22.5
bad	17	42.5
very bad	8	20
Total	40	100

Source: field survey, 2011

The table above shows that 15% of the respondent's relation with their family is good, 22.5% of them have satisfactory, 42.5% have bad and 20% respondent's relation is very bad with their family.

### 7.8 Relation of Respondents with Their Society:

In the society, drug abuse is viewed as a social problem, i.e. moral failure. While talking about the relation of female drug users' with their or neighbors, relatives, most of the respondents said that their neighbors and relatives treated them as a criminal.

Table: 7.8  
Relation of Respondents with Their Society:

Variables	Frequency	Percent
good	4	10
satisfactory	9	22.5
bad	18	45
very bad	9	22.5
Total	40	100

Source: field survey, 2011

10% of the respondents reported that they had good relation with their neighbor and relatives. . 7% of the respondents' said that they had neither good nor bad relation with their neighbors and relatives. 45%of the respondents says that Neighbors afraid to talk with them and escaped to face them. Relatives used to backbite about them and considered them morally down persons. Neighbors and relatives discriminated them in social gathering so most of the drug users used not to go in such social gatherings such as; marriage ceremony, death ceremony, festivals, etc. They even didn't allow their children to 22.5% of the respondents reported that they were very negative towards them and they did not care about their neighbors and relatives so they couldn't say about the relation with their neighbors and relatives.

*“Uni haru le hami lai kukkur ko jasto baohar garchan, hami sanga bolna pani laj manchan.Hami le najanera yasto kulat ma phasna pugyau. Hami pheri sudhrina chahanchau ra uni haru jastai ramro jeevan bachna chahanchau, tara hami lai uni haru le sahayog gardainan ra wasta gardainan.”*

- They behave us as a dog and feel to shame to talk with us. We trapped in such evil life by mistakenly. We want to correct our mistakes and to live life as their. But they don't support and ignore us.

-Pai Guman Lama

### **7.9 Experiences Gained by Respondents:**

Every drug user has bitter experiences in their addicted life. They had not a single experience; many experiences had been associated with each others. 26 drug users had tried to committee suicide in their life time because of guiltiness, frustration and their unmanageable life. 17 drug users tried to committee suicide once and 9 drug users tried it 2 or 3 times. 4 drug users got divorce cause of drug and 23 drug users had break up with their girl friends. 5 drug users had experience of unwanted pregnancy cause of unsafe sex with their partners. 7 drug users had experience of

rape while they were in drug trip. 21 drug users had been arrested by police several times during taking and dealing drugs. 4 drug users had been fired from their works because of their unpunctuality and misbehave with their clients. Almost all of the drug users had the experience of different injuries such as; scars, wounds, and fire burn while taking drugs.

*“Yak din buspark ma saathi haru lai ma drug bechi raheko thiya, Police le thaha payara malai ra mero saathi lai arrest garyo ra hami lai police station lagyo. Raati hami dubai jana lai tyaha ko2 jana police officer harule addict bhanera raat bhari kutyo. Hami dar le kehi bolna sakena. Hami sanga bhayako sabai paisa ra mal pani lage ra hami lai char din pa6i chodiyao Aafu lai aru le gareko beohar dekhera dikka lagera maile kati patak aatma hatya garne prayas gareko chu.”*

- One day, I was selling drugs to my friends at Bus Park; Police arrested me and my one friend and took us at Police Station. At that night, 2 of the Police Officers punished us the whole night and seized our all money and drug from us. We couldn't speak anything because of fear. They freed us after 4 days. Because of frustration by other's negative behaviors, I had tried to committee suicide many times.

- Rabindra Gurung

#### **7.10 Future Aim of Respondents:**

Every people have their aim in their future. Drug users want to leave drug and want to live as a respectable life as others in society. During research period, drug users had shared about their future aim. The data presented in following table shows the future aim of respondents

Table: 7.10  
Future Aim of Respondents

Future Aim	Number of Respondents	Percentage
Teacher	2	5
Driver	2	5
Continue Study	7	17.5
Good Husband & father	5	12.5
Foreign Employee	6	15
Social Worker	5	12.5
Tailor Master	3	7.5
Business man	6	15
Cannot avoid drugs	4	10
Total	40	100

Source: Field Survey, 2011

The data presented in above table indicated that 5% of the respondents wanted to be teacher in their future, 5% of the respondents reported that they wanted to be driver in future, 17.5% of the respondents said that they wanted to continue their study, 12.5% of the respondents wanted to continue their family being a good father and husband, 15% of the drug users wanted to be foreign employment in their future, 12.5% of the respondents said that they wanted to be social worker, 7.5% of the respondents reported that they wanted to be tailor master, 15% of the respondents wanted to be business man, 10% of the drug users said that they cannot avoid drugs.

From this data we can say that most of the drug users want to establish their own business and they have strong will of avoiding drugs.

### **7.11 Vital Role for Rehabilitation of Drug Users:**

Most of the drug users have desire to avoid drugs and return to their previous life style, for that they need supports of family, peers, society and others. 60% of relapse occurs because of social pressure, peer pressure and lack of family support. The following table shows the data about the vital role for rehabilitation of drug users which had reported by respondents during study.

Table: 7.11

Vital Role for Rehabilitation of Drug Users

Vital Role	Number of Respondents	Percentage
Family	13	32.5
Society	8	20
Government	4	10
Self	15	37.5
Total	40	100

Source: Field Survey, 2011

The data presented in the above table shows that 32.5% of the respondents thought that family's role were vital for rehabilitation of drug users, 20% of the respondents reported that society's role was important for rehabilitation, 10% of the respondents said that government should play the vital role for rehabilitation of drug users by providing opportunities of employment and free treatment programs,. Most of the drug users (37.5%) said that it was important of self realization and self commitment to avoid drug. Unless one does not realize the consequences of drugs, no one can help them to leave drug.

### **7.12 Observing Behavior and Lifestyle of Respondents:**

Often, it is assumed that all drug users have loose characters and they are rough, untidy and behave abnormally, but this not always the case. Some drug users are so smart and strong in character so that no one can predict of drug addiction only

observing the outer appearance of anyone. In our society, there are lots of people who have loose character but they are not addicts.

Drug users were found having different life style. Drug users who were prostitute by profession, they used to speak in different ways or tone using their code words in their groups like “Kya dami maal audai cha yaar, uslai bhukka hune gari saknu parcha.” They used to wear different dresses and show up fully to attract girls. Most time, their behavior and dresses might be hiphop.

Drug users usually used to wear rough dresses as well as they looked over fashionable. Some of them were untidy and dirty. They used to speak using their code words because of fear of identified by others like; Maal – Drugs, Hunting jane – to go in search of drugs, jhaap hanyo- being in drug trip, Jaya Bhole Baba or jay hos - way of greeting to their friends etc.

Most of the drug users had scars of wounds and fire burn in their hands while injecting, smoking drugs and some time they injured themselves because of frustration, anxiety and helplessness and they make tattoo over the body for heroism and show up. They wanted to stay alone and did not pay attention to anyone, often looked hostile, uncooperative and used to break rules frequently. Their eyes had re-rimmed and sever mood swing.

*“Malai aru ko jasto formal luga lagauna nai man pardaina. Hip hop banera hidna man lagcha. Mero sutne ra uthane time nai fix hudaina, kahile raati bari sutdaine kinabhane mero trip sakiyala bhanne pir lagcha ani din bhar suti dinchu. Malai Yaklai basna man lagcha, aru sanga kura garna man nai lagdaine, ris uthacha .”*

-I don't like others' formal dress up; I like to wear hip-hop dresses. I don't follow the routine for sleeping and wake up, some time, I don't sleep whole night because of the fear of losing my drug trip and use to sleep whole day. I want to stay alone. I don't like to talk anybody because it's make me irritate.

- Tej Bdr. Pant

## CHAPTER VIII

### SUMMARY AND CONCLUSIONS

#### **8.1 Summary of main findings:**

Almost all the countries of the globe suffer the problem of drug abuse and so does Nepal. There was not pervasive abuse of such drugs in the past, as it is now. An introduction of drug abuse in Nepalese society is believed to begin with the advent of tourists and hippies in early 1960s. Presently, wide spread of drug abuse has posed a threat particularly to our urban communities. The population of drug user is growing rapidly in such cities and most of the drug users are involved in criminal activities. Surkhet as one of the most fast growing urban center with its special feature is an accessible not only for drug users but also for other drug traffickers. The use of brown sugar is the most common phenomena in the city of Surkhet.

The study on the Causes and Consequences of Drug Addiction in Surkhet Valley was particularly based on Surkhet valley. 10 Respondents from Bhairav Youth Empowerment Centre, 10 respondents from Paribartan Rehabilitation Center, 10 respondents from SAAS Nepal Rehabilitation Center and 10 respondents were from cursing areas for drug and prostitution like; Kankrebihar and Kuinepani.

The initial phase of taking drug is due to curiosity of mood alteration and curiosity of new feeling of expected enjoyment. We have certain evident to prove the fact; first use of drugs may have painful effects, eg. Vomiting, unpleasant feelings, loss of memory and motar in coordination. The first use may be influenced with his personal or causes of peer pressure no matter but the important fact is essence of unconscious expectation of euphoria. The cause of relapse in drug dependency is the expectation of euphoria. The main causes of drug dependency may be peer pressure, pleasure, drug dealing, family problems and so on.

Drug abuse and addiction are viewed as both health and social problems. The impact of addiction can be far reaching. Although initial drug use might be

voluntary, drug abuse have been shown to alter gene expression and brain circuitry, which in turn affects human behavior. Youth who abuse drugs persistently face an array of possible consequences.

It was found that much of the drug users have from the age of 21-25 years had started using drugs at the age of 15-25 years because of curiosity, to show up, Peer pressure, depression, isolation, lack of family guidance..

From the study it is found that most of the drug users are students and don't have any occupation and income.

Most of the drug user faces health, social, economic as well as psychological problems 40% of the respondents cause respiratory problem and 30% of them suffered from STI problem due to drugs and unsafe sex and 70% faces frustration, isolation, suicide attempts and loss of confidence.

The use of such drugs causes human sufferings, loss of life hindrance to the pace of economic development, disruption of the social order, norms and values, insecurity, violence, crime and numerous other drug related problems.

72.5% of the respondents got information on drugs friends because of teenagers' curiosity.

Most of the respondents had started using drugs by smoking mode first time it is the easy and popular way of taking drugs.

Most (50%) of the respondents are from chhetri and Thakuri community because their monthly income and family standard is high.

37.5% of the respondents start drugs due to frustration and 22.5% starts due to peer pressure.

30% of the respondents feel accepted in the society and 70% of them didn't feel accepted because they feel that they lost trust in the family and society.

Most of the respondent had gone for treatment for more than 2 or 3 times it shows the relapse condition of the drug users.

Most of the family members shows negative attitude towards them because of the bad habit of taking drugs.

Most of the respondents are found using multi drugs to fulfill their doses.

75% respondents are from Hindu religion because of much more liberal and freedom environment.

Most of the respondents face family as well as social discrimination because drug addiction is socially stigmatized.

The use of drugs rise the crime in the society due to the bad trip of drugs they became unconscious and ready to do any crime for drugs.

The use of such drugs causes human sufferings, loss of life hindrance to the pace of economic development, disruption of the social order, norms and values, insecurity, violence, crime and numerous other drug related problems.

## **8.2 Conclusions:**

Drug addiction is a serious problem faced by Nepalese society. Urban communities in particular are suffering from it. Drug addiction has affected the socio-economic condition of families and has hindered the pace of overall socio-economic development of the community and the nation in general. It has caused social insecurity, physical and mental illness of the users, illness in the family, social crime and thefts, prostitution, drug offences and a number of other crimes.

There are four important links between HIV and drug use. First, the sharing of contaminated drug injection equipment (needles, syringe, cotton, and water glass) is one of the most important causes of HIV transmission. Second, lack of condom use is frequently associated with the use of drugs before or during sexual activity. Third, drug use and sex work sometimes linked. People may enter or stay in sex work in order to earn enough money to pay for their use. Pimps sometimes provide sex workers with drugs in order to entice them into or keep them in the sex trade. Drugs and sex may be sold from the same locations.

Drug abuse and addiction are viewed as both health and social problems. The impact of addiction can be far reaching. Although initial drug use might be voluntary, drug abuse have been shown to alter gene expression and brain

circuitry, which in turn affects human behavior. Once addiction develops the brain changes and interferes with an individual's ability to make voluntary decisions, leading to compulsive drug craving, seeking and use. Addiction is considered as a chronic and relapsing disorder, characterized by the compulsion to seek drugs and use them despite of its negative consequences (Acharya, 2007).

Youth who abuse drugs persistently face an array of possible consequences. (Lama, 2007)

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## Annex-1

**Central Department of Sociology/Anthropology**  
**Tribhuvan University, Nepal**  
**Questionnaire for gathering the Data**

Dear participant,

I am a student of Master level program in the Central Department of Sociology/Anthropology. As a requirement of the program, I have taken my research topic as “**CAUSES AND CONSEQUENCES OF DRUG ADDICTION IN SURKHET VALLEY NEPAL**”. I have come to you to collect some information for my research. Your information will help me in my research work and all of your information will be kept secret. Please help me with co-operation by answering of my question. I would like to request you to give your answers by using tick [  ] on the option you select and if you have more than one option then you can tick other option too. For option ‘others’ you have to write down the answers. Your true information will be highly appreciated. You may not write your name in the questionnaire. The information received will be used for the study purpose only; the obtained information will be kept confidential.

### **Demographic characteristics:**

Date:-

Respondent Code no:-

1) Name of respondent:-

2) Temporary address:-

3) Permanent address:-

- 4) Age:
- |  |  |
|--|--|
| a. 10-15 years( <input type="checkbox"/> ) | b. 16-20 years( <input type="checkbox"/> )   |
| c. 21-25 years( <input type="checkbox"/> ) | d. 26-30 years( <input type="checkbox"/> )   |
| e. 31-35 years( <input type="checkbox"/> ) | f. 36 and above ( <input type="checkbox"/> ) |

5) Sex:

a. Male ( )

b. Female ( )

6) Marital status:

a. Married ( )

b. Single ( )

7) Religion :

a. Hindu ( )

b. Christian ( )

c. Buddhist ( )

d. Muslim ( )

e. others (specify).....

8) Castes/ Ethnic group:

a. Brahmin ( )

b. chhetri ( )

c. Newar ( )

d. Gurung /Magar ( )

e. Dalit ( )

f. others(specify).....

9) Type of family:

a. nuclear ( )

b. joint ( )

c. staying alone ( )

d. extended ( )

10) Educational status:

a. Primary ( )

b. Secondary ( )

c. Intermediate ( )

d. Bachelor and above ( )

e. Illiterate ( )

11) Monthly income of the family:

a. Rs 1000 – 5000 ( )

b. Rs 5000 – 10,000( )

b. Rs 10,000 – 15,000 ( )

d. Rs.15, 000 – 20,000 ( )

e. 20,000 and above.....

12) Family Profile:

S.no	Name	Relation	Education	Occupation	
				Primary	Secondary
1					
2					
3					

### A. Factors Leading To Drug Addiction

- 1) From where did you first get the information on drugs?
  - a. Friends ( )
  - b. Media ( )
  - c. Relatives ( )
  - d. School ( )
  - e. Any other (specify) .....
  
- 2) When did you first start taking drugs?
  - a.10-15yr ( )
  - b. 16-20yr ( )
  - c.21-25yrs ( )
  - d.26-30yrs( )
  - e.31-35yrs ( )
  - f.36 and above (specify) .....
  
- 3) What were the causes that led you to take drugs?
  - a. Family problems ( )
  - b. Failure in love affair ( )
  - c. Financial problem ( )
  - d. peer Pressure ( )
  - e. Curiosity ( )
  - f. loneliness ( )
  - g. frustration( )
  - h.Others(specify) .....
  
- 4) What type of drug do you prefer?  
Names of drugs.....
  
- 5) What was the first mode of drug use?
  - a. Injection ( )
  - b. Smoking ( )
  - c. Drinking ( )
  - d. Others ( )
  
- 6) Do you take different drugs at the same time?
  - a. Yes ( )
  - b. No ( )
  
- 7) How much were you aware about drugs and its consequences before taking drugs?
  - a. Full ( )
  - b. Average ( )
  - c. Unaware ( )

## B. Treatment Seeking Behavior

- 1) How did your family members know about your drug use?
  - a. Friends ( )
  - b. Relatives ( )
  - c. Neighbors ( )
  - d. Police ( )
  - e. Others (specify).....
- 2) Who first know about your habit of taking drugs?
  - a. Father ( )
  - b. Mother ( )
  - c. Brother ( )
  - d. Sister ( )
  - e. Others (specify).....
- 3) How was their response towards you?
  - a. Cooperative ( )
  - b. Uncooperative in Treatment ( )
  - c. Giving Mental Torture ( )
  - d. Giving Physical Torture ( )
  - e. Neglected ( )
- 4) Have you ever gone for treatment?
  - a. Yes ( )
  - b. No ( )

If yes Where

  - a. Rehabilitation centre ( )
  - b. Hospital ( )
  - c. Private clinic ( )
  - d. Others.....
- 5) Who send you for treatment?
  - a. Father ( )
  - b. Mother ( )
  - c. Brother ( )
  - d. Sister ( )
  - e. Wife/ Husband ( )
  - f. Others (specify).....
- 6) Which were the treatment centers did you go for treatment process?
  - a. Bhairav Youth Empowerment Centre ( )
  - b. SASS Nepal Rehabilitation centre ( )
  - c. Paribartan Rehabilitation centre ( )
  - d. Any other (Specify) .....



### **E. HEALTH IMPACTS**

1) Do you have any health problems cause of drug use?

a. Yes [ ]      b. No [ ]

If Yes,

- a. Hepatitis B ( )
- b. Hepatitis C ( )
- c. Mental Problem ( )
- d. STI ( )
- e. HIV Positive ( )
- f. Respiratory Problem ( )
- g. Heart problem ( )
- h. Lungs problem ( )
- i. Malaise ( )
- j. Depression ( )
- k. Others.....

### **F. PSYCHOLOGICAL IMPACT**

1) Frustration

a. yes ( )      b. No ( )

2) Loss of confidence

a. yes ( )      b. No ( )

3) Loss of weight

a. yes      b. No ( )

4) Suicide attempts

a. yes( )      b. No ( )

If yes, how many times.....

5) Murder attempts

a. yes( )      b. No ( )

If yes, how many times.....



- 5) What things have you experienced during your drug use?
- a. Divorce ( )
  - b. rape ( )
  - c. sentenced to jail ( )
  - d. leave the family ( )
  - e. Fire from work ( )
  - e. unwanted pregnancy ( )
- 6) Did your family members trust you with big financial transactions?
- a. Yes ( )
  - b. No ( )
- 7) Did any family members show negative attitude and criticism toward you due to your past experience with drugs?
- a. Yes ( )
  - b. No ( )
- 8) What is the practice of using drugs?
- a. Place.....
  - b. Time.....
  - c. Sources.....
  - d. Practices.....
- 9) How was your relationship with your society after you start using drugs?
- a. good ( )
  - b. very good ( )
  - c. Satisfactory ( )
  - d. Bad ( )
  - e. very bad( )
- 10) How was your relationship with your society after the treatment process?
- a. good ( )
  - b. very good ( )
  - c. Satisfactory ( )
  - d. Bad ( )
  - e. very bad( )
- 11) Did you feel accepted in the society?
- a. Yes ( )
  - b. No ( )
- 12) What are the adjustment problems that you faced in the society after the treatment process?
- a. Lack of trust ( )
  - b. Communication gap between you and the society ( )
  - c. Difficulties in finding new jobs or continuing old jobs. ( )

d. High expectation ( )

e .Family members having the belief of “once an addict, is always an addict”( )

f. Any other (specify).....

13) What are your future plans? .....

14) Do you have any comments and suggestions for improving the problem of drug addiction?

S.no	Comments	Suggestions
1		
2		
3		
4		
5		
6		

## **Annex-2**

### **Checklist for Drug Users:**

#### **Way of getting Money for Drug Use:**

Would you tell me about your profession?

Is your legal earning sufficient for your need on drug consumption?

How you afford the money for drug use, while your earning is not sufficient to purchase drug?

Would you tell me something very secretly, about the way you get money for drug use?

#### **Family Relation:**

Tell me something about your family relation.

Profession of family members

How do the other family members at home response to you when they know that you are drug user?

Do you ask to any other members to provide money for drug use?

#### **Major problems:**

Tell me something about your problems; social, physical, economic, legal.

#### **Social Relation:**

Would you tell me about your social relation?

How do the neighbors response to you and your family when they know that you are drug users?