

# CHAPTER I

## INTRODUCTION

### 1.1. Background

The definition of the word 'Drug' proposed by the World Health Organization (WHO) refers to all psychoactive substances, i.e. any substances that when taken into a living organism may modify its perception, mood, cognition, behavior or motor function." This distinction includes alcohol, tobacco and solvents and excludes medicinal, non- psychoactive substances. (UNDCP, 1997) the WHO has considered alcohol and tobacco as substance rather than drugs.

The above definite 'drug' is a substance made from plant or chemical. It brings emotional, mental or physical change to a person when used.

World Drug Report 2000 (updated 2001) launched by ODCCP (Office for Drug Control and Crime Prevention) estimates that some 180 million people worldwide 4.2 percent (UNODCCP, 2001) people aged 15 and above were consuming drugs in the late 1990s.

World Drug report 2003 has applied all to put away from drug abuse distressing in the increasing crime of drug abuse. By the end of the 2002, over 6.5 million people in Asia and the pacific injecting drug users bringing to an estimated 60,000/- (UNODCCP, 2003) the number of people how living with drug dependency in Nepal. In the Nepalese Capital, Kathmandu, HIV prevalence of up to 68% (New Era 2000).

Drug abuse to be seen as problem in the city for first time only in mid of sixties and early seventies (Subba, Chaitanya, 1988), with the influence of hippies life style, as a hashish users not only Dharan, hippie's life style spread almost urban areas of Nepal. After the political change of 1950, Nepalese government adopted open door policy. As a result, allwestern hippies started to entry in Nepal. Hippies influenced the youth of KTM, Dharan, Pokhara mid of sixties and seventies, hippy culture was more popular it's influenced all youth of the world. Most western culture and drug abuse (Ahamad, 1998). At that time, the traditional meaning, practices and attitude to drug that exist in society for hundreds of years were very much distorted. Drug is medical

terminology but abuse is another part of discussion. In general, drug abuse is started since 1990 in Dharan municipality substance abuse was already introduced as an alcohol and hashish use (Tigela, 1996). Substance abuse or use is a major factor of drug abuse but when started the substance abuse and use in this city may be it is started to ancient (Baidhik) period (Tigela & Limbu, 2002) because ancient book manusmritee and Kautilyako's Economics had mentioned as wine (Somras) and some literature points out sibajiko buti(medicine of God Shiva) to the hashish (Bhandari:1988)

### **Definition**

According to WHO (1986), "a drug, in the broadest sense, is any chemical entity or mixture of entities, other than those required for the maintenance of normal health, the administration of which alters the biological function and possibly structure."

Gates and et.al, (1988) define that drug means any chemical or plant derived substance which can cause any person using it to experience mental, emotional or physical change. Gosden (1987) define the word drug means any chemical of plant derived substance which can cause any person using it to experience mental, emotional or physical change.

Means use of a drug beyond medically prescribed necessity; the use usually by self administration, of any drug in manner that deviates from approved medical or social patterns within a culture (Bhandari and Subba, 1992).

Drug addiction, is a major social problem facing by a person, family as well as the community of the world especially in the urban areas of the country. It has affected almost all kind of people regardless of age, caste, economic status geographical status, etc. In other word, it has penetrated across all section of the urban population.

Until 1968, WHO defined drug abuse as: persistent or sporadic excessive drug use in consistent with or unrelated, acceptable medical practice (UNCDP, 1997). Later this definition was replaced with harmful use as a pattern of psychoactive substance uses that causing damage to health, physical or mental. WHO only uses term abuse and misuse when individual psychoactive drug are discussed in the context of

international control, for the sake of consistency with the three UN international drug control convention of 1961, 1971 and 1988 (UNDCP, 1992).

Substance abuse is defined as use of mind altering substances in ways that differ from generally approved medical or social practices. Usually substances abuse or habituation and compulsive use that implies a psychological or physical need for the drug (Bullough et.al., 1990).

Simply a person is an addict who habitually takes any chemical or plant derived substance other than food and for other than medical reason in order to obtain a desire mental, emotional or physical effect or to satisfy a craving and who is dependent on this substance. In other word an addict (drug user) can do normal behavior without taking his/her dose.

There are several different ways in which a drug may be taken into the body. Drugs may be swallowed (eaten or drunk), chewed and absorbed through the living of injected, either beneath the skin, into the muscles or into the vein. Some drug can be taken several different ways. Tobacco may, for instance, be chewed, sniffed as snuff or smoke while heroine may be sniffed, smoked or injected. These different methods for introducing into the body may have important implication for drug effect risk of dependence and risk to health people take drugs in different ways from different societies. Drug users frequently abuse several different types of substances.

Some drugs are legal like tobacco other like ecstasy and cannabis is not. Different drugs have different effects on human body and brain; some of these effects are more dangerous than others. Injecting drug is more dangerous than sniffing or smoking due to it spread whole body through vein blood.

The drug abuse is an international problem. The global spread of injecting drug use since 1960s has set the scene for massive outbreaks of HIV infection among injecting drug users, their sexual partners and children.

Therefore, a problem of the drug abuse such a socio economic characteristics, drug use behavior, attitude and relations with family and other social members studied sociological perspective, this study tried to find out the problem of drug user of Dharan Municipality.

## **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 (United Nation, 1988). The problem of such drug abuse has caused millions of people to bear immeasurable casts associated with health hazards human suffering loss of life, hindrance the pace of economic development disruption of the social order, anti-social behavior, insecurity, violence, crime and numerous other drug related problem (Bhandari 1988). Like other developed and developing countries, Nepal also facing tremendous problem of drug addiction and drug offences.

Indeed narcotic drugs such as ganja, charesh, hashish and bhang have been used in Nepalese society from tim immemorial. The practice of smoking ganja, bhang and hashish has been taken as part of Nepalese culture (like Sivaratri) is grounded in Hinduism. In the early days such drugs were used by the hermits, sadhus, jogis, santas and tantriks known as devotees of the lord shivaji.

Now heroin (brown sugar, white sugar, smack, codeine, morphine and numbers of other natural and synthetic mind altering drugs of 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.

Drug abuse is getting more serious problem an every year in our cities and Nepal. The estimated population of substances abusers are about 60,000 (UNODCCP, 2003) in Nepal out of which 20,000 used injection and possibly about 50 percent of them were already HIV positive. The number of drug users is increasing and pattern of drug abuse is also changing. It was quoted that there were 50 drug users at 1976 (gyafey, 1993), which amounted to 1000 in 1981. The estimated drug users were 25,000 the end of 1988; this number doubled to 50,000 within ten years. Despite of drug abuse was introduced since primitive age, mainly there is introduced into Nepal in the mid 1960 to 1970 A.D. At that, heroine was popular substance in Nepal. The introduction of Bupronorphine (tedigesic) in 1990 brought substantial changes in the drug use socio- economic culture. By 1991 Burpronorphine had replaced heroine (Tigela and

limbu, 2002). The drug choice among the opiate is dependent person due to the lack of financial support.

Dharan municipality is one of the city of the eastern Nepal, in this municipality about 95332 people inhabited, male – 47121 and female – 48211, total household about 20428. Area in square kilometer, 103.38 and population density per square kilometer is 922.15 statistical year book of Nepal. It is situated almost 500 meter above the sea level, nearly on the border between hilly and terai. The population of the city is mainly Rai, Limbu, Magar, Gurung, Newar etc. drug abuse is one of the serious problem of the city. So, it is big challenge to the parents to save their children from drug abuse in this context. This is widely recognized by social organization, community and media. Drug addiction is such a serious problem because of some one involves once in it, it's very difficult to come out. According to KYC – PJK, estimation, there were 2128 drug users in 1996, (peace core /N, 1998) and end of 1998 there were 2453 drug users aged between 14 – 30 years of whom 30% were used common needle and syringe. At the end of the 2000 A.D. January mission 2000 (FHT) found 5000 drug users in this municipality, 30% were injecting drug users, out of them 76% had common needle and syringe use behavior. It is highly risky behavior of drug users its spread HIV epidemic. On the other hand, unproductive human manpower, crime and burden of family are increasing in the society. In this context, this study concentrated on the following Research Questions.

What is back ground of selected respondent's of study area i.e. age, sex, education status, education status etc.

What are major leads to drug abuse in drug users?

What types of drug are using among them?

What are the risk behaviors of drug users?

What are the major problems and consequences due to the drug abuse?

### **1.3. Objective of the study**

The general objectives of this research study sociological perspective on drug abuse among drug users of study area

- ) To describe background of the drug users.
- ) To describe the patterns of drug use.
- ) To analyze the problems, risk behavior and consequences of drug use from the perspectives of the users.

#### **1.4. Rational of the study**

Drug abuse is a serious and complex global problem that has been increasing in geometrical ratio since past five decades. Drug abuse and its rational is due to various health hazards associated with it has HIV/AIDS. Hepatitis sexual transmitting infection (STI) bronchitis etc are more common problems among them as they spoil more in premature deaths mainly due to overdose, traffic accidents and fighting each other. In spite of there, it is strongly held that knowing one is drug abuse stigmatization. Thus, the silence is maintained to break this exist and might become a serious threat for the development of society and the country. If this social harm would not be solved in time by various collaborative efforts this study help to realize family, society and the nation about the drug abuse drug abuse highly affected to the economy because the drug users are mostly busy to collect drug and it is expensive. Drug abuse creates various types of problems in society, drug user and his/her family. If a man fall in its habit, he will be slave of it always. It ruins his/her life money, time career etc. So it is the subject of research and study. If there is many problems on it why he/she take it, what kind of behavior they do, what kind of problems they faced.

In case of drug user wants to leave it, it is very hard practice very lengthy and costly too. In other word, recovering process is a not single event that is why addiction needs to take care of regularly. The treatment of addiction takes long time due the behavior changed and it is not easy work for the rehabilitation to the drug abusers. A recovering is life long process and always they have to try to avoid drug if they got chance of replaying with drugs they must re-habit it, most of re users (relapsed case) cause was found that and it is also one of the invisible struggle with own life behaviors. The career development tine, earning time, money etc lost due to addiction. As a result, drug abusers loss the many things. Drug abusers are also one part of community and member of society. The joint efforts of many national and international agencies are working to prevent the drug abuse and to reduce drug related harms but there is still problem of drug abuse. Young people aged 16 – 19 years constituted 22.5 percent in the total drug in Nepal (New era, 1996)

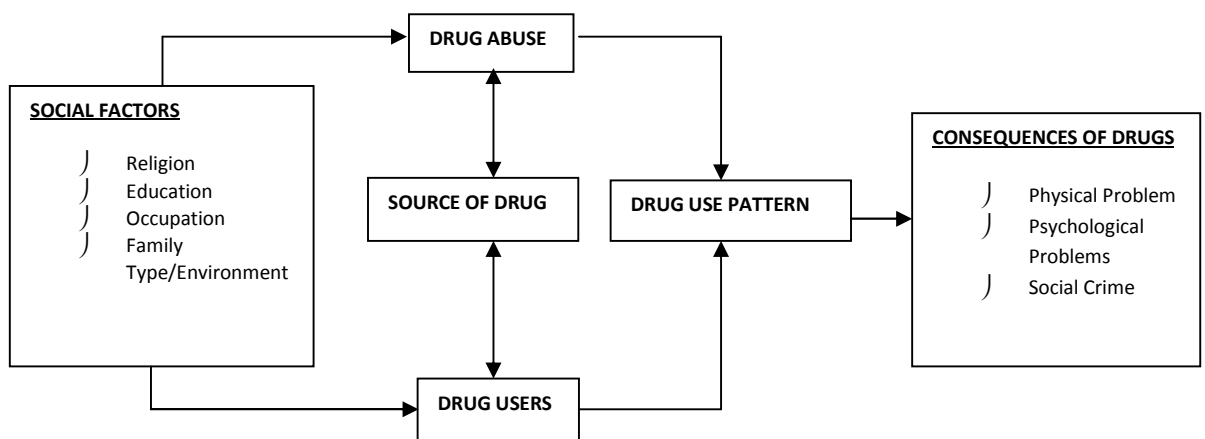
The cultural, socio economic status cause and knowledge on consequences of drug use, Drug related problems among the drug users of Dharan municipality. The rationality of the study Dharan is a beautiful and highly good residential area little bit developed area too but here's a big problem is "drug abuse" of youth of Dharan. Drug abuse is ruining here's youths present, future and it affect upcoming generation to generation. So, what kind of causes made to involve on it and what kind of behavior done by a drug user, what kind of socio-economic condition they have to get the answers of these types of question made to study about drug abuse.

### 1.5. Organization of the study

The organization of the study is divided into nine chapters. First chapter deals introduction, statement of the problem, objective of the study, rationality of the study, framework and organization of the study.

The second chapter is the review of the literature related to the study. The available books, Journals, Articles as well related studies have been reviewed here. The third chapter deals research methods applied in the research and limitation of the study. The fourth chapter is the geographical setting of the study area. The fifth chapter is collected data analysis of the responded. The six chapters explain the drug use pattern of drug users and social dimensions. The seven chapters deal about drug user's perception. The chapter eight explains about problems and consequences and chapter nine is about summary and conclusion.

### 1.6. Conceptual framework



**Figure 1. Conceptual Framework of the Study**

The framework has been developed to study this research work. There are so many factors to drug abuse. Source of drug is main factor to drug abuse and other social factor and consequences of drug are considered as the dependent variables because source of drug or easily availability of drug is main root of drug abuse.

Source of drug also affects on drug use pattern because availability of drug determine how to use that drug. This framework shows the social factors like religion, education, occupation, family environment etc. affect to involvement a family member on drug abuse.

Source of drug made a drug user, that drug user face various type personal and social consequences by his/ her drug abuse habit.



## CHAPTER II

### LITERATURE REVIEW

#### 2.1. Theoretical Overview

According to Albert Cohan, “We define deviant behavior as behavior which violates institutionalized expectation that is, expectation which are shared and recognized as legitimate with in social system.”

Deviance consists of those acts, which do particular social group. Deviance may be positively sectioned (rewarded), negatively sanctioned (punished) or simply accepted without punishment and reward (M. Haralambos, 1980). The concept of deviance suggested is fairly simple. Deviance refers to those activities which don't conform to the norms and expectation of members of particular society. Deviance behavior is different from normal people, so deviant behavior is a social problem. They must have some kind of pathology, some from sickness. The cause of deviant behavior is first argued organic defect or pathology and second argued that deviant were psychologically imbalance due to some emotional disturbance in their past. Often psychological theories argue that something has gone wrong in the socialization process. This may usually the mother to child relationship. This defective socialization involves disturbance, which leads personality.

According to Karl marx's along with human development there are two classes in the society. Changing method of production and unequal distribution of means and resource of manufacture to survive develops it. The class has good knowledge of started because of knowledge and common sense of separate class. The main cause of class and conflict is unequal distribution of production. It is also kind of variants.

According to Emile Durkheim, the interpretation and study of social incidents causes are very important. The cause and consequences are interrelated each other. Every event has cause and consequences, it is need of function. The major cause is functions of units. The functionalism itself could not work without cause and consequences. Hence cause of function is essential for the fulfillment need of society. It is element of society and culture. There is no need to punishment without crime and there is no function without cause. A major cause should be behind every social problem. So, the

family harmony, love, security, education, food and fulfillment of biological needs are very important for each. If family, society could not function successfully the problem will be start. The units of society are family, kinship, political institution and financial and religious organization etc. for accomplishment of social needs, continuous of social structure and management of social units should be energetic. The cause of every incident and analysis should be needed to understand of relation between events. According to functional approach the role of unit of society is very important to construct and preserve social values.

According to Durkheim's view, society is not simple a collection of individual, each acting independently in terms of his or her particular psychology or mental state collective ways of acting or thinking have a reality outside the individual. Durkheim argued the greater social integration of individuals within social group. He concluded that suicide was not simply and individuals act but a product of social force external to the individuals. Its causes are to be found in society. It is product of social facts. In a highly integrated social groups, control over the behavior of individual strong. Thus there will be considerable moral pressure against suicide. Where the social integration is low person's life will be relatively weak. Secondly, mainly is social being his goals and values have been given to him by society. Then he'll be isolated in his society, less participates as a social being. As a result his life lacks purpose and meaning. In this situation the individuals yield to the slightest shock of circumstances because the state if society made him ready to suicide. Similarly, drug abuse, social integration and isolation are also responsible for the drug use. It is interrelated with my study.

On the basis of dependency theory we can say developed countries always exploited developing countries by various ways, like take advantage economically. Human resources, natural resources and also spread his bad cultures too. Drug addiction is also a kind of spreading bad culture by developed countries, which is shown in KTM 1<sup>st</sup> time 1960s by hippies and after it spread all over Nepal, gradually, Pokhara, Dharan and other cities. Now it is a serious problem of ours. Thus it is researchable problem of our society, to know more about it and step to eradicate it.

According to diffusion theory "One culture emergence in one certain place and it spreads one after another place as that the drug addiction, culture is first origin in

European countries and spread in other developing countries like Nepal. We found the drug addiction is first time shown in KTM in 1960s by many researches and reports which brought by hippies than after it spread all over the Nepal gradually, Pokhara, Dharan and the other cities

## **2.2. Empirical Review**

Drug abuse is a worldwide problem, none of the country and society is out of it. This problem, drug users are spread in geometrical ratio, which is such very difficult to control and challenge for all to control it, coz it can attack any one's family member without knowing.

So it has to study, research and know why a person involved in drug abuse. What kinds of behavior they do, which factors are more responsible to be a drug user, which factor motivate to use drug in early phase of drug users?

United Nation Drug Control Program (1992) published its literature illegal drugs and go hand in hand. In far too many cases drug users will literally do anything to obtain enough drugs to satisfy a habit? According to UN report 2003, has applied all to put away from drug abuse distressing in the increasing crime of drug abuse. By the end of the 2002, over 6.5 million (UNODCCP, 2003) people in Asia and the pacific injecting drug users, bringing to an estimated 60,000 the number of people now living drug dependency in Nepal. Risky behavior in parts of population is so extensive that I could be just a matter of time before wider epidemics erupt. In Kathmandu, HIV epidemics are centered on injecting drugs users most of them young. HIV prevalence of up to 68% (New Era, 2001) has been detected in recent years. We can imagine the number of HIV prevalence is highly increased on the basis of the data. This study deals background of drug users, cause and consequence, problems and risk behavior of drug users of Dharan municipality.

## **2.3. Review of previous Study**

According to updated world report of drug abuse (2001) published by ODCCP, estimates that some 180 million people worldwide 4.2 percent (UNODCCP, 2003) of people were consuming drugs in the late 1990s.

Similarly, by the end of the 2002, over 6.5 million in Asia and the Pacific injecting drugs users, bringing to estimated 60,000 people now are abusing drugs of 2003 in Nepal. Currently the estimated number of drug users in Nepal is around 60,000 people. Among them 50% are injecting substance users.

According to Family Health International (FHI/Nepal, 2001) in the beginning of 2001, the number of drug users was 5000 that year 50,000 drugs users were affected with drug use in Nepal. Illicit drug use was widely considered a serious social problem. In different times various researches found the drug users numbers in Dharan was 5000 drug users at 2001 (FHT) 4000 users at 2003 (Tigela). 3500 users at 2004 (KYC - PJK), 3000 – 2006 (Nest, Pokh).

That report shows the number of drug users was reducing. The cost of buprenorphine was Rs. 60 to 100. (FHI/Nepal, 2001), other drugs used in Dharan in combination with buprenorphine, were Avil (Chlorpheniramine). Calmose and nitrozeepam, syringes were easily accessible and cost NRs. 10 for Indian brands and NRs. 15 (FHI/Nepal, 2001) for other countries brands. The syringe exchange programme with UNODCE Co-operation. This program's main motive is not giving to spread HIV / HPB / HPC disease through syringe sharing. In this program with new one, and get many advices through exchange centers with outreach workers. The KYC – PJK is an organization has been working since more than fifteen years in drug users in Dharan. It gives advices; operates many programs to reduce users published report drug related, operating male rehabilitation centers, it is working co-operation with many international agencies for drug users of Dharan. One of the most important social and economic consequences of drug abuse is crime.

#### **2.4. Cause of Drug Abuse**

According to Dr. Gyafney E. Thomas, has mentioned on his paper “personality disorders are described as a disorder”, patterns of behavior characterized by relatively fixed and inflexible reaction to stress. An individual restricted and in appropriate feeling, environmental frustration, low self-esteem, lack of intimate relationship, difficulty in sustaining interest, lack of tolerance power, inability to learning from experience are may be the reasons for drug abuse. Unemployment is also related with drug abuse. Unemployment-tense, disappointed, and drug are a ways of seeking peace

from that new pressure (Gyafney, 1993). These are related to stress, which creates different factors.

United Nation International Drug Control Program (UNDCP) mentioned that who abuse them one of the greatest obstacles in combating the growing abuse of drugs has been identifying the cause of the deviant behavior (UNODCCP, 2003). Whatever the cause the important message to get across is that all drugs are dangerous and the deliberate ingestion of drugs for non-medical reason is wrong and harmful to the individual, the family, the community, society and the nation.

## **2.5. Risk Behavior**

Needle and syringe sharing behavior is a risk behavior of injecting drug users. There were 76 percent (FHI / Nepal, 2001). IDUs had needle and syringe behavior at the end of 2000 25 percent (Subba, 2002) in 2002 after conducted harm reduction program in Dharan. According to global summary of the HIV/AIDS epidemics December 2003, a research on preventing HIV/AIDS and other infection in Drug – using epidemiological of risk behaviors found that reusing and sharing syringes, needles and other drug injection equipment exposes injecting drug users (IDUS) to the risk of contracting or transmitting HIV and other blood born infection (i.e. hepatitis B (HPB) and hepatitis C (HPC) ) in addition to injecting drug use, unprotected sexual contact with infected individuals is a major way that these and other sexually transmitted diseases (STDs) are transmitted.

During the course of the HIV/AIDS epidemic, the huge groups at risk for HIV in the United States have been IDUs, the Sexual Partners of IDUs.

IDUs have one of the highest HBV incidence rates among all risk groups, and at least among all risk groups and at least half of all new HCV cases occur among IDUs. Infection with HPB and HPC frequently occur soon after and individual injecting drugs. Prevalence rates vary considerably, but have been reported as 2 percent for HPB and 61 percent for HPC (NCASE, 1999) among people who have injected drugs. Co-infections of HPB, HPC and HIV have been found to cluster in IDUs and in some geographic regions, and long term IDUs.

## 2.6. Problems

According to Dr., Gyafney (1994) has already mentioned that the drug problem is so vast and complex we believe that the complex phenomenon (Gyafney, 1994) of the drug problem can best be described as a psychological problem. Therefore it is not a medical problem; through it obviously has physical component and consequences. The physical consequences of drug abuse, the physical craving and consequent physical discomfort which goes by the name of “withdrawal” seems to us to constitute about here percent of the whole phenomenon. The remaining ninety – seven percent is where the problem of addictive behavior is really found, as a psychological problem the psychological and social aspects (especially the family aspects) of drug addiction require prime consideration and attention. Drug is not main problem (Gyafney, 1993) it is behavioral disorder.

Drug problem is bio-psycho-socio phenomenon (Shrestha, 1995) the use of narcotic drug for medical and scientific needs while preventing their use for non-medical purpose, goes back to the late nineteenth and early twentieth century's. At that time there was an increasing awareness of the dangers associated with the narcotic drugs that had previously been widely used for pain relief, especially opium-based narcotic. Many countries began to restrict the distribution of such drugs, while permitting for medical and scientific purpose. The medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering and that adequate provision must be made to ensure the availability of narcotic drugs for such purposes, recognizing that addiction to narcotic drugs to mankind, desiring to conclude a generally acceptable international convention replacing existing treaties on narcotics drugs, limiting such drugs to medical and scientific purposes. In 1919, the UN General Assembly adopted the Declaration on the guiding principles of Drug Demand Reduction, the first international instrument to deal exclusively with the problem of drug abuse.

United Nation Drug Control Program (UNDCP, 1992) published its literature the illegal drugs and crime. In many cases, drugs users do anything to obtain enough drugs to satisfy a habit.

According to UN report 2003, has applied all to put away from drug abuse distressing in the increasing crime of drug abuse. In the end of the 2002 over 605 million

(UNODCCP, 2003), people in Asia and the Pacific injecting drug users, bringing to an estimate 60,000 the number of people now with drug dependency in Nepal.

This study deals background, problems, patterns, consequences of the drug users of Dharan Municipality.

**2.7.** It is one of the problems while data collecting process were going with drug user respondents; they are moody and did not want to talk about drug abuse. It was harder to while they were hunting for drug, because they were not ready to talk with anyone at that time. Some of them after charged of the drug ready to talk or some of not. The smoky environment was other hard part while talking them because most of the respondents used smoke.

## **2.8. Problems of the Study**

Every study has its own problem, this study also pass through same problems. These are as follows:

- ) The informants (drug users) were not as normal when they took drug so they were not wanted to give any information to the researchers.
- ) They expect cash in the return of the information provide.
- ) They are not ready to talk while hunting for drug.
- ) Some users are not act as normal to give information because they think we (researcher) just use them for our study and they do not get anything instead of it.
- ) Most of the users use cigarette so there was unhygienic/ smoky environment while information taken.

## **CHAPTER III**

### **Research Methods**

This chapter deals research methods of the study. Research design, rational for the selection of the study area, universal and sample, nature and source of data, data collection techniques are described in this chapter.

#### **3.1. Research Design**

Information's such as socioeconomic status, cause of drug abuse, problem and risk behavior of drug users was collected. Descriptive and closed questions were used in this research for collect information's. Socioeconomic profile, individual and social problems, risk behavior and cause and consequences of drug use were found through this study.

#### **3.2. Rational of Selection of Study Area**

The drug abuse is the one of main problem of Dharan municipality. There are many drug users. so the study area was conducted in Dharan municipality. It was appropriate site of the study that is why, this area was selected for the study.

#### **3.3. Universe and Sample**

In this study random sampling method is used. Out of the total drug users only 95 were selected for information collection. It was selected by method of simple random sampling for the study. So, the total drug user of Dharan was universe and selected user was sampled size. Selected sampling size represents drug users of Dharan municipality.

#### **3.4. Nature and Source of Data**

Primary data were collected by field work for the study. Both primary and secondary data were used in this research. Secondary data was composed through related literature, reports, books, journals etc published by different institutions related drug abuse. Primary and secondary data was specified together and used in this study.



### **3.5. Data Collection Techniques**

#### **3.5.1. Interview**

In this technique the questionnaire were used for selected respondents (drug users) for collecting information's from them. The respondents of this study i.e. 95 drug users among the drug users of study area.

#### **3.5.2. Key Informant Interview**

In these research different key informants interviewed to get information of drug users and to do the cross checks of the answers of respondents. Checklist was prepared for key-informants interview. The outreach workers of the KYC-PJK was interviewed as key informants as that staff of the harm reduction program and program manager of the KYC-PJK also interviewed as a key informant and collect the information.

Background, problems, causes and consequences of drug user related information's was collected from the key informants.

#### **3.5.3. Secondary Data Collection**

Secondary data were collected through journals, books, reports etc. and official records and related reports were used as secondary data. Social situation, problem, cause and consequences of drug users' interrelated data were collected from the secondary resources.

### **3.6. Data Analysis and Interpretation**

It is analytical processes to achieve proposed of thematic research goal and objective. Data were organized and categories for the processing and analysis tabulation and coding numerical process. Frequently, it was editing on the findings analyzed and described. Quantitative data are presented in tabular form and qualitative data are described simply.

### **3.7. Limitation of the Study**

1. Every study does have its own constraints, and this study is no exception. The limitations of the study were as follows:
2. This study was adopted more sociological research methods and tools.
3. This study was conducted for completion of the partial fulfillment of master degree in sociology. So, it was not a detailed research due to constraint of finance and resource.
4. The study represents Dharan Municipality's drug users' behavior and drug related activities. The study was not representing other part of the country.
5. Technical aspect like blood test and chemical test of the respondents were not include in this study, it is just collected the information's according to drug users (Respondents).

## **6. CHAPTER IV**

### **4.1. Geographical Setting of the Study Area**

Dharan lies in Sunsari district and koshi zone. It is one of the major city of the eastern part of Nepal, a city about 95,332 people situated (CBS, 2001). Dharan is almost 500m above the sea level, nearly as a border between hilly and terai. Open border with India Jogmani and Siliguri near to the Dharan which is main drug supply centre for Drug users for Dharan (See Map the Study Area in Appendix III).

### **4.2. Origin of Dharan**

The origin of Dharan was word of “Dharan” its means that place of wood cutting of traditional timber crush will mill about 120years before. In the ancient time name of the Dharan was Bijaypur the kingdom of the last Kirat king Buddhakarna Raya it was origin through the name of Kirant King Bijaynarayan Raya.

The most of them population of Dharan belongs to ethnic caste group like Rai, Limbu, Tamang, Magar, Gurung etc. They are migrated from hilly region of East Nepal. They work overseas jobs especially British Army and Indian Army and Civil job abroad. Dharan is recognized too, Fashion of Hongkong, U.K and other countries first and direct reflect in Dharan because most of their family members have been working at aboard when they came in Nepal for spend their holidays they bring fashion. And also new technology like TV programme, Internet, concert programmes, Access of technology and remittance money all helps to fall down teenagers on Drug Addiction.

### **4.3. Population**

The population of the city like other town in Nepal is mixed of different ethnic groups Rai, Limbu, Magar, Tamang, Bahun and Chettry etc. the size of population is 95,332 (CBS 2001) among them 47,121 male, 48,211 female. The population is Rai 18,531, Newar 13541, Limbu 10,725, Chhetry 9595, Brahmin (hill) 8165, Tamang 6773, Kami 4779, Magar 3329, Gurung 2258, Damali/Dholi 2016, Gharti Bhujel, 1691, Muslim 1589, Marwadi 1438, Tharu 1244, Sarki 863, Teli 629, Sanyasi 568, Sherpa 579, Sunuwar 455, Yadav 373, Haluwai 363, Thakuri 292, Kalwar 272, Majhi 259, Hajam/Thakur 255, Kayastha 244, Yakkha 188 etc.

#### **4.4. Income**

The income is high in the ethnic group rather than other due to the abroad service: Dharan is one of the residence areas of Ex – British Army. Here is no agricultural land for production, so Dharan's people depend for agricultural product on terai area especially peddy, dal, barley etc and vegetables too. Dharan is border of hillside and terai so here is most of the product of hill and terai we can get in the season.

Some of the people of Dharan do the business. Most of them are Newar and Marwadi. They generate their income from their business. Some people service in GOs, INGOs, and NGOs to income generation. But most of the people depend on foreign employment.

So, big part of income of Dharan is occupied by remittance. Hence, through foreign employment and it is also blaming that high income parent's children were drug abuser. But it is not proven because little income parents children also involved in Drug abuse here.

#### **4.5. Pocket area of Drug Users**

According to social mapping with IDUs and related organization KYC – punatjiwan Kendra, ward no. 3, 6, 8, 15, 17, 18, 19 are main pocket area of drug users. Sabhagriha of ward no. 8 Khorea basti and Mahadev chowk of ward no. 15, shopping complex of ward no. 3 and ward no. 6, camp gate of ward no. 18, Mangalbare and Shanti Chowk of ward no. 11 and railway of ward no. 17 were most of affected by drug abuse. “nada” is most popular place among drug users to buy and sell the drug. Nada is out o Dharan which comes after the cross of the jungle (Charkoshe Jhadi) it is far from the city area so the users use it, where less fear of police Dharan is divided into 19 wards.

## CHAPTER V

### 5.1. Socio-Demographic profile of Respondents

#### 5.1.1. Drug Users Background

This chapter deals background of the drug users of study area. In this chapter collected data were arranged in table to calculate frequencies and percentage distribution were analyzed as following heading and table.

#### 5.1.2. Age of the Respondents

Age is important factor for analysis in this research. There were close correlation between such age group and drug use habit. The following table shows the distribution of respondents by age. The whole respondents have been divided five age groups according to their current age. Each age group is in ten years interval.

**Table: 1. Distribution of Respondents by their Age Group**

S.N	AG	N	%	MM	%	MU	%	FM	%	FU	%
1	10 – 20	42	44.21	-	-	42	71.19	-	-	1	16.67
2	21 – 30	43	45.26	21	72.41	17	28.81	3	50	2	33.33
3	31 – 40	10	1.53	8	27.59	-		-	-	-	
4	41 – 50										
5	51 and above										
	<b>Total</b>	<b>95</b>			<b>100</b>	<b>59</b>		<b>3</b>	<b>50</b>	<b>3</b>	<b>50</b>

Source: Field survey 2010

Note: - AG: Age Group, NoR: No. of Respondents, MM: Married Male, MU: Male Unmarried, FM: Female Married

Table 1. Shows 71.19 per cent married male age between 10-20 and 72.41 per cent between 21-30 age group. Rest of that female respondent it means our society provides freedom to male than female. The high per cent of married male involvement in drug abuse creates the bad environment in that family.

### 5.1.3. Sex Proportion of Respondents

The sex is determined by the nature and its scope and value provided by the society. The role and activities of a man/woman depend upon the society providing sex value.

**Table 2. Sex Proportion of Respondents**

Sex	No. of Respondents	%
Male	89	93.68
Female	6	6.32
Third Gender		
Total	95	100

Source: Field Survey 2010

Table 2 shows out of total respondents 93.68 per cent were male drug users and the rest of the respondents 6.32 per cent were female respondents. The large number of male involvement in addiction shows the freedom and uncontrolled activities of males in our society.

### 5.1.4. Marital Status

Marriage is an old institute. The marital status shows the married or unmarried conditions of the male and female. Table 3 shows the married, unmarried and divorced conditions of the respondents.

**Table 3. Marital status of the Respondents**

S.N.	Marital Status	Male	Female	Total
1	Married	29	3	32
2	Unmarried	59	3	62
3	Divorced	1	-	1

Source: Field Survey 2010

Maximum respondents are unmarried but 32.63 are in the married group and we can imagine it is a very big problem being a drug user in a family member.

### 5.1.5. Caste and Ethnicity

Caste is given by our society which we get by birth. The ethnic means pertaining to difference racial and social group. An ethnic group is a human group that perceives itself or is perceived by other group a different by virtue of presumed cultural characteristics (Smith & Preston, 1977) Multiple castes are inhabitants in Dharan. Most of Ethnic Caste group inhabitant in Dharan like Rai, Limbu, Gurung, Magar, Tamang, Newar etc. in this study tried to see the involvement of respondents by caste based which shows the following table.

**Table 4. The Caste Group by Sex-Ratio**

S.N.	Ethnic Group	N	%	Male	Female	%	%
1	Rai	35	36.84	33	2	37.08	32.32
2	Limbu	23	24.21	21	2	28.59	33.33
3	Shrestha (Newar)	8	8.42	8	-	8.99	-
4	Tamang	11	11.58	11	-	12.36	-
5	Brahmins & Chhetry	8	8.42	8	-	8.99	-
6	Others (Magar, Majhi, Muslim, Chaudhary, Dalit)	10	1.53	8	2	8.99	33.33
	<b>Total</b>	<b>95</b>	<b>100</b>	<b>89</b>	<b>6</b>	<b>100</b>	

Source: Field Survey 2010

Note: N= No. of Respondents

Table 4 shows that 37.08 per cent male and 32.32 per cent female of Rai caste group involvement. 28.59 per cent male and 33.33 per cent of female of Limbu Caste group involvement found. 8.99 per cent only male user from Newar Caste Group, 12.36 per cent only male user and from others (Magar, Maghi, Muslim, Chaudary and Dalit) 8.99 per cent male and 33.33 per cent female users were found in research time.

### 5.1.6. Distribution of Respondent by Religion

Each men behavior is influenced by his religion, culture and tradition. So, if we want read his behavior, we must study his culture, religion and tradition. In this study respondents were divided into six groups there were hindu, Boudha, Kirant, Christian, Muslim and other. According to national Census

Dharan is city of indigenous People and they have own religion but mostly respondents represent through Hindu religion. Indigenous people are in majority in this city. In Dharan highest population is Rai ethnic caste group, then Newar and Limbu are second and third position. The background of Rai and Limbu people were kirant religion. And mostly Newar community was from Buddhist religion. Some of the Kirant (Rai, Limbu, Sunuwar, Yakkha etc) people had shifted toward Christian and Hindu Religion.

**Table 5. Distribution of Respondent by Religion**

<b>S.N.</b>	<b>Religion of Respondent</b>	<b>No. of Respondents</b>	<b>%</b>
1	Hindu	39	40.5
2	Bouddha	11	11.58
3	Kirant	37	38.95
4	Christian	6	6.32
5	Muslim	1	1.05
6	Others	1	1.05
	<b>Total</b>	<b>95</b>	<b>100</b>

Source: Field Survey

Table 5 Indicates that 41.05 per cent respondents were from Hindu religious group. 38.95 per cent respondents were from Kirant religious group. As that 11.58 per cent respondents were from Boudha religious group. 6.32 per cent respondents were from Christian religious group, rest of them respondents 1.05 per cent was from Muslim religious group and 1.05 per cent was from different religious group but not stated.



### 5.1.7. Distribution of Respondent by Education Status

Education is most important thing for everyone's life. So, education changes behavior of a person. In this study educational status of respondents is categorized in illiterate, literate, primary, lower secondary, secondary, S.L.C., P.C.I/+2 and Bachelor and above. The educational status of respondents is given by following table.

**Table 6. Educational status of the respondents**

S.N.	Educational Status of Respondent	N	%
1	Illiterate	2	2.11
2	Literate	1	1.1
3	Primary	11	11.58
4	Lower Secondary	13	13.68
5	Secondary	38	40
6	S.L.C	7	7.37
7	P.C.I, +2	21	22.12
8	Bachelor and above	2	2.11
	<b>Total</b>	<b>95</b>	<b>100</b>

Source: Field Survey 2010

Table 6 shows that 40 per cent of respondents were secondary level i.e., S.L.C. not passed, 22.12 per cent respondents were P.CI or +2 levels, 13.68 per cent were lower secondary education level, 11.58 per cent were primary level, and 7 per cent respondents were S.L.C. level. 2.11 per cent were from bachelor and above educational level same as illiterate respondents. And only 1.1 per cent respondents were literate educational status.

Its means who could not give continued to his/her study. They were involved in drug abuse so here seem to that lack of parental guided for their study and activities also responsible for their children's drug abuse.

### 5.1.8. Distribution of Respondent by Occupation

Men occupation derives his activities. A human being shows his activities and behavior through his occupational background. Unemployment is a major factor of a drug abuse. While taking the data in study most of the respondents said that the main factor of drug involvement is free time. Relapsed cases also by this reason free time, unemployment, which creates frustration, tension and easy to re-involvement into same drug abuse.

Table 7 Indicates 37.89 per cent of the highly per cent age of the total were unemployment. 32.63 per cent were students most of them in teenage and not understand of good and bad results of the drug abuse. When they involved in this it's very hard to escape from there. As that 8.42 per cent were driver/conductor and service occupation background. 5.26 per cent were labor and household work occupation background. Most of the respondent says that they were busy in household work after drug took and some unemployment respondents also help in their household work at their home. Rest of those respondents, 2.11 per cent business occupational background. It shows unemployment and students are highly influenced by drug abuse.

**Table 7. Distribution of Respondent by Occupation**

<b>S.N.</b>	<b>Occupation</b>	<b>N</b>	<b>%</b>
1	Students	31	32.63
2	Labour	5	5.26
3	Driver / Conductor	8	8.42
4	Service	8	8.42
5	Business	2	2.11
6	Household Work	5	5.26
7	Agriculture		
8	Unemployment	36	37.89
	<b>Total</b>	<b>95</b>	<b>100</b>

Source: Field Survey, 2010

## 5.2 Family Background of Respondent

### 5.2.1 Family Types

The study tried to know the respondents family types too. Social structure, lack of proper parental guide and lack of clear responsibility of parents and family members also causes of be a family member a drug user. Most of people's profession of foreign employment of this city and its blaming that mom is only parent at home and when children at growing age especially teenage they do not obey to his/her mother of she couldn't control her child to go outside, involvement activities of drug due to her love on her child. This is the main reason of a family son/daughter involve in drug addiction. The types of family are given in the following table.

**Table 8. Types of Family of Respondent**

S.N.	Types of Family	N	%
1	Nuclear	64	67.37
2	Joint	27	28.42
3	Extended	2	1.05
4	Separate	3	3.16
5	Others	-	-
	<b>Total</b>	<b>95</b>	<b>100</b>

Source: Field Survey, 2010

Table 8. Shows most of the respondents 67.37% stayed in nuclear family. In this modern age the nuclear family style is becoming more popular than before. Less of family member, more facility, free time, more time pass with friends, lack of work, lack of parental guide and provide time to be a family member drug user.

As that 28.42% respondent from joint family background, 1.05% was from extended family type background. Rest of that 3.16% respondent is living separate because their family neglects to him due to a drug user. And he can't leave drug in spite of

family, but sometimes they used to go their home such as festivals and special occasion.

### 5.2.2. Profession of Respondent's Parent

Profession of the family head rolls the important role in a family. Family head professions determine the income level of that family so, in this research tried to study the profession types of respondents' parents.

**Table 9. Profession of Respondent's Parent**

S.N.	Profession of Respondent's parent	N	%
1	Govt. Service	17	17.89
2	Foreign employment	25	26.32
3	Non- Government Orgn.	5	5.26
4	Business	12	12.63
5	Daily wage base	24	25.26
6	Agriculture	4	4.2
7	Unemployment	3	3.16
8	Other (not stated)	5	5.26
	<b>Total</b>	<b>95</b>	<b>100</b>

Source: Field Survey 2010

Table 9 shows the maximum 26.32 per cent respondent from the foreign employment profession of the parent and less of total 3.16 per cent were unemployment parent. It means none of the parents profession out of drug abuse. The high per cent foreign employment parent's child involvement on it shows sufficient availability of money and lack of proper parental guide may be the one reason for the drug abuse.

### 5.2.3. Daily Expenses of the Respondents for Drug

In this topic of study, tried to see the one respondent's daily expenses for drug. Table 10 shows the daily expenses of a respondent for drug.

**Table 10. Daily Expenses of the Respondent for Drug**

<b>S.N.</b>	<b>Daily expenses</b>	<b>N</b>	<b>%</b>
1	0 – 100	5	5.26
2	100 – 200	36	37.89
3	200 – 300	16	16.84
4	300 – 500	19	20
5	500 – 700	15	15.79
6	700 – 1000	2	2.11
7	More than 1000	2	2.11
	<b>Total</b>	<b>95</b>	<b>100</b>

Source: Field Survey 2010

The table 10 shows the high 36 respondents use Rs. 100 to 200 per day for drug.

### 5.2.4. Financially Dependency for drug

Drug is most essential thing for every drug user. They feel sickness without drug. They can't live/ behave normal without drug. It is illegal and rare goods which reasons helps to increase its price. Every drug users couldn't live without drug and it is costly. This study found most of the drug users were unemployment and students, who depends for money to other for drug too. In this study tried to find out the money dependency for drug of the respondent

**Table 11. Financially Dependent for Drug**

<b>S.N.</b>	<b>Dependent</b>	<b>Frequency</b>	<b>%</b>
1	Family dependent	43	45.26
2	Peer dependent	18	18.95
3	Relative dependent	-	-
4	Self dependent	56	58.95
5	Other (peer and self)	5	5.26
	<b>Total</b>	<b>95</b>	<b>100</b>

Source: field survey 2010

Table no. 12 indicates out of 45.91% respondents depends on self for their drug. They manage money themselves 35.25% respondents depends upon their family as that 14.75% respondents depends on peer, and rest of them 4.09% respondents depends on peer and on themselves. It is multiple responses so one respondent have chosen more than one option of depending fulfillment of drug needs.

#### **5.2.5. Relation with parents**

Family environment plays a great role of a human being life. So, family environment affects a man's behaviors and activities. In this study tried to see the relationship between father and mother in the family. The following table represents the relationship between father and mother.

**Table 12. Relationship between Father and Mother**

<b>S.N.</b>	<b>Types of relationship</b>	<b>N</b>	<b>%</b>
1	Good	41	43.16
2	Bad	18	18.95
3	Normal	28	29.47
4	I don't know	3	3.16
5	Widow/er	5	5.26
	<b>Total</b>	<b>95</b>	<b>100</b>

Source: field survey 2010

Table 12 Represents 43.16 per cent of respondent's parents (father and mother) relation were good as 29.47 per cent respondent's dad and mom relation were normal condition. 18.95 per cent respondent's dad and mom's relation were at bad condition. 3.16 respondents don't know about condition of dad and mom's relationship. Rest of that 5.26 per cent respondents don't have father or mother, their father or mother were widoe/er.

This research / survey found only bad relation of father and mother was not the main factor to involvement of their child in drug abuse. Because of the high 43 per cent respondents parents' relationship is in good condition. As 29.47 per cent respondent's parents father-mother's relation also found in normal condition. Only 18.95 per cent respondent's family environment or father and mother relation was bad. So we could say all respondents bad family environment (father and mother relation) not major factor for drug use.

#### 5.2.6 While you start the drug you were staying

On this study in this topic tried to see when a user person start to take drug where he/she were staying. It was divided three alternatives home, hostel, other (relatives, and friends).

**Table 13. Staying Place While Drug Start**

S.N.	Staying place	N	%
1	Home	56	58.95
2	Hostel	21	22.11
3	Other (relatives, friends etc)	18	18.95
	<b>Total</b>	<b>95</b>	<b>100</b>

Source: field survey 2010

Table 14 shows 58.95 per cent respondents start drug while they were staying at home with family member. 2.11 per cent respondents were staying at hostel while they start

drug. And 18.95 respondents were staying outside of home with relatives and friends. It means non of the place is safe for drug start if the user want to use drug.

### 5.2.7 Alcohol user in the family

Alcohol use in Ethnic caste group is simple matter. On their most of the culture keep important use of alcohol so it is simple matter to use alcohol in Ethnic cast group family and high level of Ethnic caste group are Ethnic cast group family and high level of Ethnic caste group are inhabitant in the study area.

**Table 14. Alcohol User by Family Member**

S.N.	Alcohol user in family	frequency	%
1	Father	52	54.74
2	Mother	28	29.47
3	Brother	22	23.16
4	Sister	2	2.11
5	Husband	1	1.05
6	Wife	2	2.11
7	Myself	22	23.16
8	Other	1	1.05
9	None	10	10.53

Source: Field survey 2010

Note: the sum of percentage exceeds 100 because multiple responses.

Table 14 shows 54.74 per cent father are use alcohol, 29.47 per cent mother and 23.16 per cent his/her brother and his/her self alcohol user in the family. We can say in alcohol using environment may one of the reason to easily involve in Drug use.

### 5.2.8 Drug user in Family

If a drug user in the family, it is very easy to fall in it to another member too especially younger brother/ sister because they want learn anything from elder.



**Table 15 Drug user in family by Number**

<b>S.N.</b>	<b>Drug user in family</b>	<b>Frequency</b>	<b>%</b>
1	Father	-	
2	Mother	-	
3	Brother	10	10.53
4	Sister	2	2.11
5	Husband	1	1.05
6	Wife	-	
7	Myself	95	100
8	Other	-	

Source: field survey 2010

Note: The sum of percentage exceeds 100 because multiple responses.

Table 15 Shows 10.53 per cent respondents brother also user in the family as that 2.11percent respondents sister also user in the family and 1.05 percent respondent husband also drug user in the family. Male user ratio is high because less number of girls respondents.

## CHAPTER VI

### 6.1. Drug Use Patterns and Social Dimension

#### 6.1.1. Types of Drug

Drug relevant literature shows that there are four types of drug as a stimulant, depressant, inhalants and hallucinogenic. In this study found particular or types of drug abuse in the study area among drug users. Most of the medicines were abused (i.e. Buprenorphine, Phenidyl, C-Rux (codeine based cough syrup), Nitrozapam, set (Avil, Norphine, dizipam) etc. These are very popular drug during few years and this study identified current using drugs was set (3 substance Avil, Norphine, dizipam) which used by injecting method. WHO have already declared that all of the substance (i.e. cigarette, tobacco, alcohol etc) are drug of substance abuse. The study is focused on illicit using types of drug. The study focused these types of drug that is using among the drug users in study area.

This chapter deals the choices of drug of drug users. The collected data were arranged calculate frequencies and per centage distribution and analyzed as following heading and table.

#### 6.1.1. Choice of illicit drug use

Illicit drug: - Some drug is illegal categorized by legal act that is called “illicit drug” like brown sugar, hashish, cocaine etc.

**Table 16. Choice of Illicit Drug Use by Users**

S.N.	Drugs	Frequency	%
1	Phensidyl	34	35.78
2	TD. Gestic	21	22.11
3	Brown sugar	-	-
4	Nitrozapam	36	37.89
5	White sugar	-	-
6	Dendrite	2	2.11
7	Hashish	13	13.68
8	Cocaine	-	-
9	Other	-	-

Source: Field Survey 2010

Note: Total number exceeds total respondents due to multiple options.

Table 16 refers that high level of respondent's choices of drug substances was nitrozepam, that was 37.89 percent, 35.78 percent respondent's initial choice of illicit drug was found phensidyl. As that phensidyl and T.D. gestic were the initial choice of illicit drug of 22.11 percent respondents. 13.68 percent respondent's initial choice of illicit drug was found hashish. And 2.11 percent respondent's choice was found dendrite. It was multiple responses based question

### 6.1.2 Current drug use (with in 1 years)

In this study, this topic tried to see which drug (substance) is using among drug users.

The following table shows the preferences of drug among drug users.

**Table 17 Current Drug Use by Users**

S.N.	Types of Drugs	Frequency	%
1	T.D gestic (set)	74	77.89
2	TD. Gestic + alcohol	2	2.11
3	Brown sugar	10	10.53
4	Phensidyl	12	12.63
5	Hashish	1	1.05
6	Nitrozepam	6	6.32

Source: field survey 2010

T.d.gestic (set) is Avil, Norphine, Dizipam.

T.d.gestic – (Buprophines)

Table 16 indicates 77.89 per cent respondents are using T.d. gestic (set) which 3 types substances mixed i.e. Avil, Norphine, Dizipam, available in liquid phase and use by injecting method. This study found the set is most popular drug among drug users of Dharan municipality now. 12.63 percent phensidyle users in Dharan now. It is second high ratio choice of drug. 10.53 per cent respondents were brwn sugar users, 6.32 per

cent respondents were nitrozepam users. 2.11 respondents were T.D. gestic + Alcohol users and 1.05 respondents was found Hashish user by this study.

### 6.1.3 Method of Drug use

The drug users use the drug by different methods like inject, oral, sniffing, drinking etc. It depends on drug types. This study found the drug users use the following methods.

**Table 18 Drug Use by Methods**

S.N.	Methods	Frequency	%
1	Injecting	73	76.84
2	Oral	28	29.47
3	Sniffing	11	11.58
4	Drinking	13	13.68
5	Other (specify)	-	-

Source field survey 2010

Table 17 indicates most of drug user 76.84 percent drug used by injecting method. Out of that 29.47 percent user's drug used by oral method, 13.68 percent respondents drug used by drinking method and 11.58 percent respondents drug used by sniffing method like brown sugar, white sugar etc. These are drug use method depends upon types of drug substance. Injecting method is more popular than other. According to users the set(Mix of three substances) give more charge and cheap than other drug.

### 6.1.4 Duration of Drug Use

In this research Duration of Drug use as users Drug using period. Here tried to see how long time they have been using drug.

**Table 19. Drug Use Duration**

<b>S.N.</b>	<b>Duration</b>	<b>N</b>	<b>%</b>
1	0 – 1 years	15	15.79
2	1 – 2 years	25	26.32
3	3 – 5 years	35	36.84
4	5 – 10 years	17	17.89
5	More than 10 years	3	3.16
	Total	95	100

Source: Field survey 2010

Note: N: Number of Respondents

Table 19 shows the majority 36.84 per cent respondents drug abuse duration was 3 – 5 years. 26.32 per cent respondent's drug abuse duration was 1 – 2 years. 17.89% respondent's drug abuse duration was 5 – 10years as that 15.79 per cent respondents drug abuse duration was 0 – 1 year. And 3.16 per cent respondent's drug abuse duration found more than 10 years. It means if anyone fall in its habit once it is very hard to come out of it because it will be habitual or drug addiction.

#### **6.1.5 How many times you use drug each day**

A user how many times drug used each day it refers how much dependency on drug. More drug use is hard to leave it.

**Table 20. Drug Use Time**

<b>S.N.</b>	<b>Drug use times per day</b>	<b>Frequency</b>	<b>%</b>
1	One	31	32.63
2	Two	26	27.37
3	Three	21	22.11
4	Four – seven time	8	8.42
5	1 day gap	4	4.21
6	Sometimes	2	2.11
7	2 times in a week	2	2.11
8	3 times in a week	1	1.05
	Total	95	100

Source: Field survey 2010

Table 20 shows 27.37 respondents were drug use twice time a day. 32.63 per cent respondent was one time drug use each day. 22.11 per cent respondent was drug use three times each day. 8.42 per cent respondents were used drug four to seven times each day. 4.21 respondents were used drug one day gap duration. 2.11 per cent respondents were drug used sometimes and same ration of 2 times per week users too. And 3 times drug user respondents found 1.05 per cent.

#### **6.1.6 Did you know about drug before use?**

Some drug users knowingly involve in drug abuse and some of them unknowingly entered in this danger vicile. In this study tried to see the known unknown aspects of users before involvement in drug abuse.

**Table 21. Knowledge of Drug before Use**

<b>S.N.</b>	<b>Known / unknown</b>	<b>No. of respondents</b>	<b>%</b>
1	Yes	61	64.21
2	No	34	35.79
	<b>Total</b>	<b>95</b>	<b>100</b>

Source: Field Survey 2010

With the help of table 21 we can say 64.21% respondents were known about drug before used and 35.79% respondents were unknowingly entered in abuse activities of drug. That large no of respondents known involvement is attraction towards drug effect.

#### **6.1.7 Initial choice of licit drug or substance**

Licit Drug: - Some drugs are legally categorized by legal Act like tobacco, khaini etc are licit drug.

Most of the drug users not use illicit drug at first, most of them first taste the licit drug like khainee, cigarate, beer etc. in this study tried to find out the choice of respondent initial licit drug substance.

**Table 22. Initial Choice of Substances by Drug Users**

S.N.	Licit Drugs	Frequency	%
1	Rice beer	16	16.84
2	Beer	21	22.11
3	Kahinee	13	13.68
4	Cigarette	72	75.79
5	Bhang	14	14.74
6	Dhaturo	7	7.37
7	Paan	2	2.11
8	Paanparag	3	3.16
9	Alcohol	15	15.79
10	Tadi	-	-
11	Other (gaja)	13	13.68

Source: Field survey 2010

Note: Total number exceeds total respondents due to multiple options.

Table 22 shows those 75.79 percent initial choices of licit drug were cigarette and they continue it with illicit drug too. 22.11 percent respondent's initial choice of licit drug was beer. As that 16.84 percent respondent's choice of licit drug was rice beer. And 15.79 percent respondent's choice was alcohol. As that bhang was the initial choice of licit drug was 14.74 percent, Khainee and gaja (hashish) were the choice of 13.68 percent as same ration of bit substances. 7.37 percent respondents initial licit drug choice of Dhaturo. 3.16 percent respondent's choice of paan parag and out of that 2.11 percent respondent's licit drug choice was paan. These various choices of licit drug shows any drug user does not choose the direct illicit drug at initial phase. They choose licit drugs as above categories at first after that they turn to illicit drug. It was multiple responses question; one respondent can choose more than one options of licit drug.

### 6.1.8 Initial age of licit drug use

In this topic tried to see the in which age the respondent start to use the licit drug. Table 23 shows the age of respondents' involvements in licit drug use.

**Table 23. Licit Drug start Age**

S.N.	Licit Drugs use age	Frequency	%
1	8	4	4.21
2	9	2	2.11
3	10	9	9.47
4	11	8	8.42
5	12	10	10.53
6	13	9	9.47
7	14	11	11.58
8	15	14	14.74
9	16	15	15.79
10	17	5	5.26
11	18	6	6.32
12	19	-	-
13	20	-	-
14	21	2	2.11
	<b>Total</b>	<b>95</b>	<b>100</b>

Source: Field survey 2010

Table 23 refers that 15.79 per cent respondents started licit drug at the age of 16. 14.74 per cent respondents were started the licit drug at the age of 15 years. 11.58 Per cent respondents were licit drug start age was 14 years. 10.53 per cent respondents start the licit drug at the age 12 years old. 9.47 per cent respondents were started the licit drug at the age of 10 and 13 years old respectively. 6.32 per cent respondents started at age of 17 years, 4.21 per cent respondents had started licit drug at the age of 8 years. Out of that 2.11 per cent respondents had started licit drug at the age of 9 and 21 years old respectively. This study shown most of the respondents started the licit drug before the age of 16 year old.



### 6.1.9 Initial age of illicit drug use

The respondent's illicit drug use age is tried to see in this topic. In which age they involved in to take illicit drug? Which age group is more critical to involving drug abuse? So in this topic tried to see respondents the relationship between age and involvement drug abuse.

**Table 24 Age of illicit drug Start**

S.N.	Licit Drugs use age	Frequency	%
1	8	1	1.05
2	9	-	-
3	10	1	1.05
4	11	7	7.37
5	12	6	6.32
6	13	1	1.05
7	14	9	9.47
8	15	8	8.42
9	16	14	14.74
10	17	14	14.74
11	18	16	16.84
12	19	3	3.16
13	20	6	6.32
14	21	3	3.16
15	22	6	6.32
	Total	95	100

Source: Field survey 2010

Table 24. Shows that the highest initial age of illicit drug uses of the respondent were 16.84 per cent of the total which they started the age of 18. 17.74 per cent respondent were started the illicit drug at the age of 16 and 17 years old. 9.47 per cent respondents were starting the illicit drug at the age of 14. 7.375 respondents were start illicit drug at age of 11. 6.32 per cent respondents were start illicit drug at the age of 12, 20 and 22 respectively. 3.16 per cent respondents were start at the age of 19 and 1.05 per cent respondents were start at age of 8. Above data indicates most of the respondents involved at the age group 11 – 22 years. So parents have to be more conscious for their children behavior at the age of that.

## CHAPTER VII

### PERCEPTION OF DRUG USERS

In the research time most of users said that once a person felt down on drug addiction very hard to live them in our society. They loss their trust from their family members and society. The most of people ignore them from other side they are unwanted person in the society. They get mean behavior from society, it makes them depressed and some of them tried to suicide attempt too.

In the research time I saw the users tries to be good, if they are in drug charged (drug used) and try to do normal behavior. The most of the users are not happy with society. They think nothing they got from the society so that they want to live without society interference on their life.

The drug users not get good behavior from the society they get mean behaviors from the society due to drug users that makes humiliates to them. Not good relationship with family members too and facing lack of trust it makes depressed to them. The society blame drug user make various kinds of social crime like quarrel, stealing goods, cash etc. in research time some users expressed that the society not give anything to them only mean behavior so they are not happy with society.

This chapter deals according to the respondent's drug supply centers, their behavior, cause of drug abuse, willingness to drug use habit etc. in this chapter some collected data were in tabular form and some answers of respondents were in descriptive form.

#### **7.1 Drug supply from**

The source of drugs is main problem to eradicate the drug abuse. If there was no source / supply of drug there was no problems of drug abuse in Dharan municipality. If we can band the all drug supply centers we can save many lives, drug related crime, money etc. from drug abuse. The following table shows the drug supply centers of Dharan municipality according to drug users.

**Table 25. Drug Supply Center (Places)**

S.N.	Supply From	Frequency	%
1	Jagbani (india)	85	89.47
2	Kankadvitta	20	21.05
3	Bhantabari	25	26.32
4	Birgunj	3	3.16
5	Other		

Source: Field Survey 2010

Note: The sum of percentage exceeds 100 because of multiple responses.

Table 25 indicates 89.47 per cent respondents said that drug supply from Jogbani (India). 26.32 percent respondents said the drug supply from Bhantabari. 21.05 percent respondents indicate the drug supplies from Kakadvitta. And 3.16 percent respondents said the drug supply from Birgunj. And some respondents said the drug supply from local friends, paanitanki, silguru, Naksal boarder, Nata etc. it is multiple response question so one respondent choose more than one options of the answer. This table shows the majority drug supply from Jogbani (India).

## 7.2. Drug Suppliers

**Table 26. Drug Supply by Suppliers**

S.N.	Suppliers	Frequency	%
1	Local Businessman	23	24.21
2	Pharmaceuticals	11	11.58
3	Drug users	87	91.58
4	Ex. Users	9	9.47
5	Other: Police,	2	2.11
6	Drug dealer	8	8.42

Source; field survey 2010

Note: The sum of percentage exceeds 100 due to multiple responses.

Table 25. Shows a majority of respondents 91.58 percent received the drug from drug users. And minority of respondents' informed that they received drug from local police and drug dealers. As that 24.21 percent respondents had received from local businessman. 11.58 percent respondents had received drug from pharmaceuticals.

9.47 Per cent respondents had received had received drug from Users. But the key informants informed the ex. Users couldn't supply the drug because if they came into touch of drugs they must relapsed on it.

The respondents informed sometimes the police pressure to sell the drug while they captured them due to drug use. (Illegal work)

### 7.3. Cause of Drug abuse

In general human nature are competitive to hunt enjoy, relax, development and more comforts in their life to achieve aim and expectation. The employment is essential to get all components. If each person does not get employment his/her expectation/aims will not be fulfill. The failureness creates stress and it makes drug abuser to a youth. The changing social and cultural structure, alienation and assimilation of culture, religion and language are further cause of drug abuse. On the other side lack of proper parental guide is also major cause of drug abuse in the city because of mostly fathers are in abroad service, further guide has been extremely weak. The causes of drug abuse is given in the table 27.

**Table 27. Cause of Drug Abuse**

S.N.	Causes of Drug Abuse	Frequency	%
1	Enjoy	48	50.53
2	Depression	12	12.63
3	Lack of proper parental guide	9	9.47
4	Peer pressure	23	24.21
5	` Love tragedy	11	11.58
6	Fashion	13	13.68
7	Curiosity	44	46.32
8	Family bad environment	9	9.47
9	Failureness	4	4.21
10	Tension	11	11.58
11	Hopeless	2	2.11
12	Other	2	2.11
13	To reduce weight	1	
14	Ego Problem	1	

Source: Field Survey 2010

Note: The sum of percentage exceeds 100 because of multiple responses.

Table 27 Presents frequencies and percentage of cause of drug abuse among drug users of Dharan Municipality. The identification of cause and its ratio is significant for the study. 50.53 percent respondents had mentioned enjoy was the cause of drug abuse. 12.63 percent respondent's cause of drug abuse was depression. People because tense and nerves, drug are a way of seeking peace from that new pressure (Gyafney, 1993). When people will be free then negative thinking will play in their mind (Limbu, 1996). Out of respondents 24.21 percent drug abuse cause was peer pressure. 13.68% respondents cause was fashion of drug. 11.58 percent respondent's drug abuse cause was love tragedy and tension respectively. 9.47 percent respondents had mentioned cause were lack of proper parental guide and family bad environment. 4.21 percent respondent's drug abuse cause was failure. 2.11 percent respondents drug abuse cause was found hopeless and other. In other the respondent informed he had started the drug abuse to reduce his weight and another one respondent mentioned she start drug to show her husband she also can use because her husband also a user and he didn't left drug abuse on her many times request. One respondent experience was found his brother pressure to taste it his brother press to taste drug to him by saying if you take it you grow faster and be young soon because his bother wanted to get money from him. After he had started to taste drug and it was changed in to the habit now he is a regular drug user.

Above table shows the majority ratio of cause of drug abuse was for enjoy and peer pressure. So if we can give attention on teenage group children activities, we can stop them to drug abuse.

In the research time two case studies was studied by researcher. These case studies were of a male and female drug user. On that study found that the respondents' drug abuse cause to drug used after activities. These case studies are keeping here to make clear how a person involved in drug abuse.

#### Case study-1

### Drug Abuse by Curiosity and Ego Problem

*She is a 21 years old a beautiful lady a drug user of dharan municipality. She has one 2 years old son. She belong's so called low caste "Pariyar" but her husband is "Rai". Ethnic ca ste group. She is a house wife her education level is Pcl. She is staying her husband and son.*

*She has been using injected drug set (3 substances, ie Avil,Norgesic, Dizpam) since 8 months. She is not able to care her baby and do household work without drug charge and feels drug sickness (body pain, no interest to any work etc) if not injected. She has used drug 3 to 4 set each day because she wants leave it after all. She wants to leave drug for better future and her son. Her drug abuse causes were.*

- ) Curiosity,
- ) Ego problem with husband,

*She informed that she starts drug abuse by the drug environment because her husband was already a drug user and do the work drug buying and selling (drug business). She did the love marriage with him. She has requested to her husband to leave drug while she got married with him but her husband couldn't leave that so she has started drug herself too. At that time she wanted to show her husband that she also can used it and to know what is in the drug or by curiosity but later on it changed in to habit. Her daily expenses for drug average Rs 200 and she depends it with family and some time manages herself money for drug.*

*She informed the main drug supply center is Jogbani and she gets it here through her other drug users friends. Her other family do not know about her drug abuse habit except her husband so she wants to leave it soon but she says it is very hard to leave it. She has physical problem like weight loss, sleeplessness, joint pain and has mental problems loss of memory, tension, drug dependency due to drug used. She does not share her needle and syringe with any users because she knows the effects of it. She knows consequences of drug abuse premature death, social crime and HIV/STD/HB/HC epidemic etc and it is an illegal work. She is not happy being a drug user and always. She has tension of it how to leave it. Her husband is now in rehabilitation center in the drug leaving process.*

## Case study 2

### Drug Abuse by Lack of Parental Guidance

*He is 25 years old a married drug user of Dharan municipality. He is from Rai community and follows Kirant religion. His education level is bachelor now he is learning computer course. He is from joint family background with 11 family members, 5 male and 6 female members and 5 members are under the age of 18. His father was an ex-army and he expired last year. His hobby is music.*

*His expenditure is 300-500 for daily for fulfill hi drug need and he manages it sometimes himself and sometimes depends on his family members. At the age of 15 he used cigarette, beer, rice beer in the initial phase of licit drugs using. He was staying in the school hostel at that time after one year at the age of 16 he has start that illicit drug Phensidyl, Brownsugar, Nitrozapam currently he is using set drug (Avil, Dizapam and Norgesic) by injecting method. He has been using the different type's drugs since 10 yrs. Some time he uses drugs daily some time in one day gap. His drug abuse causes were*

- ) To weight reduced.*
- ) Peer Pressure and lack of proper parental guide*

*He informed that he was very fat at the time of drug start and he heard it fat could reduced through drugs and he starts Gaja + alcohol with friends at that time at the same time he used Phensidyl too but it changed into habit on later. After that he went to Hong Kong for work. He used brown sugar there, after some year he returned to Nepal and he continued it but it was very expensive he could not offered it for long time then he starts injecting drugs (set). He said did not know anything about drug and its consequences before used it. His friends pressured to taste it but now it is changed into his habit now very difficult to live him without its charge.*

*He expressed that it is lack of his proper parental guide and his ignorance about it. After returned from Hong Kong he left the drug for sometime through rehabilitation center by his family member pressured but later on the relapsed on it because in the relationship of user friend (Sangat). His family members do not know his relapsed case so they behave normal with him. He looks very healthy too.*

*He wants to come out from drug abuse but he knows it is very hard to leave it. He wants to leave the drugs for his family because he has one child and he has one girlfriend too and he is living with his wife and other family members.*

*He informed that the drug supply centers of Dharan are Jogbani, Karkadvitta, Bhandabari, Paanitanki etc. he has mental problems sleeplessness, joint pain, wounds etc due to drug used. He shared common needle and syringe with two people, he likes to watching television after drug used. He knows the consequences of drug abuse.*

After read case study 1& 2 we can say that the drug abuse is not a simple matter. It can touch everyone without knowing. It is not a joking matter to taste with meaningless reasons like ego problem peer pressure, weight reduce etc. which is change into habitual in future, ruins user life and break the peace of family and society. So everyone have to more conscious about drug, give more parental guide to their children at teenage because this study found one of the major cause is lack of parental guidance is responsible for drug abuse.

#### **7.4. Ever tried to leave Drug.**

Every drug user knows that drug addiction is bad habit and it ruins everyone's life. They wants to leave it but it is hard to leave it because the brain says drug is bad but the body requires it for normal behaviors so in this research one question asked to all respondents "Have you ever tried to leave it? The answers of this question is shown by the table 28.

**Table 28. Try to Leave Drug**

<b>S.N.</b>	<b>Tried / untried</b>	<b>No. of Respondents</b>	<b>%</b>
1	Yes	83	87.37
2	No	12	12.63
	<b>Total</b>	<b>95</b>	<b>100</b>

Source: field survey 2010

Table 28. Indicates that 87.37 per cent respondents had tried to leave the drug at before and 12.63 per cent respondent was not tried leaving the drug. By this study we can say large number of drug users also not like to use drug but once if they involve in abuse. It is very hard to come out from the abuse. It is not only brain but strong desire and good environment also needed.

#### **7.5 Willingness to avoid drug now**

This study found large scale of respondents tried to leave at before and at present 88.42 per cent respondents wants to leave drug abuse. Among the drug users, In research time the users informed they want to leave it by brain but can not leave it by body because if they didn't live as normal without it so they say brain says it is bad but body wants it and 11.58 per cent respondents do not want to leave it because they are enjoying and satisfied in this type of life.



## 7.6. Causes of willingness to avoid drug

In this study found to large number of respondents wanted to leave drug now. If that why they wanted to leave the drug? One question was that the causes of willingness to avoid drug. Table 29 shows distribution of causes of the willingness to avoid drug.

**Table 29. Causes of Willingness to Avoid Drug**

S.N.	Causes	Frequency	%
1	Lack of money/quality less material	19	20
2	For family (pressure)	21	22.11
3	For better future	42	44.21
7	Now realized family responsibility	9	9.47
8	For society	1	1.05
9	To do something good	4	4.21
10	I don't know	4	4.21

Source: Field Survey 2010

Note: The sum of percentage exceeds 100 because of multiple responses.

Table 29. Shows the different causes of willingness to avoid drug of respondents. The majority cause of willingness to avoid to drug was found for better future i.e. 44.21 per cent and second cause was family / pressure 22.4 percent respondents. They informed the family members always forced to leave the drug. 20 percent respondents informed their willingness to avoid drug was lack of money / quality less material (drugs). Drug is expensive substance and it is hard to manage money for it because most of the users were unemployment and students background. And nowadays another problem raised for them that drug was found quality less. The suppliers do not maintain quality of drug so it is not giving charge as before. Most of the users want to leave it due to quality less drug and problem of money. As that 9.47 percent respondents now realized family responsibility and they want to leave drug for family responsibility. Out of total, 4.21 percent respondents want to leave drug to do something good as same 4.21 percent respondent want to avoid drug but they said the cause was I don't know. Out of that, 1.05 percent respondent's willingness to avoid drug was for society because the society sight was bad for drug users. It was multiple

response option. So, one respondent had chosen more than one cause. Out of that 4.21 percent respondents informed they do not want to leave it in other words they are happy with drug abuse life.

**7.7. The user is happy or not being a drug user.**

In the study period one question asked to respondents “Are you happy being a drug user?” they answered 28.42 per cent respondents said they were happy being a drug user and majority of respondents 71.58 per cent respondents were not happy being a drug user. As same another question “Are you satisfied being a drug user?” they answered 70.53 per cent respondents were not satisfied being a drug user and rest of the 29.47 per cent respondents were satisfied being a drug user.

**7.8. Drug user family is happy or not.**

“Are your family happy with you?” in this question 65.26 per cent respondents family was not happy with him/her due to he/she is drug user. 23.16 per cent respondent’s family was happy they informed. And rest of them 11.58 per cent respondents don’t know their family is happy or not with him / her.

**7.9. The family members known/unknown**

In the research time tried to know that the respondents family members known and unknown of respondents drug abuse habit. The answers of that question represents by the table no. 30

**Table 30. Known /Unknown by family members**

S.N.	Known / unknown	N	%
1	Known	61	64.21
2	Unknown	29	30.53
3	I don’t know	5	5.26
	Total	95	100

Note: N=Number of Respondent

Table 30. indicates 64.21 per cent respondent's family member knows he / she was drug user. And 30.53 per cent respondents family member was unknown about his / her drug abuse out of them 5.26 per cent respondents informed they do not know that their family knows or not about his/ her drug abuse.

#### **7.10. Behavior done by Family members**

This study also tried to find family member behavior to a drug user 51.58 per cent respondents indicates their family member says don't use drugs. 36.84 per cent respondent's normal behavior done by their family and out of that 11.58 per cent respondent informed that hateful behavior done by their family members due to being a drug user.

## CHAPTER VIII

### PROBLEMS AND CONSEQUENCES

The drug users are suffering various problems due to be a drug user like physically, psychologically, socially and financially. This study focused to know problem and consequences of respondents by the drug abuse. The respondents known and unknown about drug abuse consequences.

#### 8.1. Facing Physical Problems

Physical problem is one of the major problem of drug user which relates with user physics that problems like weight loss, sleeplessness, joint pain, abscess, wounds etc. this occur from it due to a being drug user. In the question “Do you have any physical problem due to drug used?” 86.32% respondents informed they were suffering from physical problem and 13.68% respondents had not any physical problem.

##### 8.1.1. Types of Facing Physical Problems

Most of the respondents are suffering from physical problem. In this study tried to see what kind of problems they are facing. Table no 31 shows the physical problems.

**Table 31. Facing Physical Problems by Drug Users**

S.N.	Problems	Frequency	%
1	Weight-loss	63	66.32
2	Sleeplessness	46	48.21
3	Joint pain	5	5.26
4	Abscess	18	18.95
5	Wounds	18	18.95
6	Genital warts	5	5.26
7	Other (Allergies, Swelling)	2	2.11

Source: Field Survey 2010

Note: The sum of percentage exceeds 100 because of multiple responses.

Table 31 Shows 66.32 percent respondents suffering from weight loss problem. As that 48.21 percent respondents suffering from sleeplessness problem. At same ratio

18.95 percent respondents suffering from abscess and wounds. 5.26 percent respondents were suffering from joint pain and genital warts. And other 2.11 percent respondents suffering from allergies and swelling problem. It was multiple responses. It means all the respondents are suffering from physical problems.

### 8.1.2 Activities after Drug Use by the Respondent

It may be the question arise what would drug user do after use of drug? In this study one question put to the respondent what will they do after drug use? The table 32 shows the activities of respondents after drug use.

**Table 32. Activities after Drug Use by Users**

S.N.	Activities	Frequency	%
1	Listen music	45	47.37
2	Reading	13	13.68
3	Sports	7	7.37
4	Household work	37	38.95
5	Guitar Playing	2	2.11
6	Sitting alone	1	1.05
7	Watching TV	11	11.58
8	Roaming	17	17.89
9	Political gaph	1	1.05
10	Official work	2	2.11
11	Daily work	1	1.05

Survey: Field Survey 2010

Note: The sum of percentage exceeds 100 due to multiple responses

Table 32 indicates that out of all 47.07 per cent respondents preferred to listen music after drug us. 38.95 per cent respondents were done their household work; like cleaning, washing clothes etc. 17.89 per cent respondents were roaming with friends. 13.68 percent respondents prefer to reading books, novels, magazine etc after drug use. 11.58 percent respondents had watched the T.V. after drug. As that 7.57 percent respondents were preferred to play sports after drug use. 2.11 percent respondents were preferred to play guitar and at same ratio official work (they workout office) and

1.05 percent respondents were preferred to sitting alone, sleeping to talk on political issue (political graph) daily work. It was the multiple responses so one respondent had choose more than one options of the time pass after drug used.

### 8.1.3 Risk Behavior of Respondent

Most of the drug user does risk behavior in the course of drug use that may be hunting for drug or after drug used like needle sharing, sex behavior, criminal behavior, fighting, quarreling etc.

In this study the respondents informed 35.79 per cent respondents had accepted they share common needle while they injecting method use to drug. Out of that 64.29 per cent respondents were not sharing needle while they take drug. The table 33 shows the common needle share person numbers.

**Table 33. Numbers of Needle Share**

S.N.	Persons	N	%
1	1 – 2	16	47.06
2	1 – 3	10	27.36
3	1 – 5	4	11.76
4	More than 5	4	11.76
	Total	34	100

Source: Field survey 2010

Note: N=Number of Respondents

Table 33 shows 47.06 per cent respondents share common needle with 2 persons. 29.41 percent respondents were sharing needle with 1 – 3 person. As that 11.76 percent respondents were using common needle with more than 5 people and 1 – 5 persons common needle share is high risk behavior it may be causes of epidemics. HIV, Hepatitis C, Hepatitis B and other blood born diseases transmission.

### 8.1.4. HIV positive Respondents

In the question of “Are you HIV positive?” the respondent answered 2.11 percent were ‘yes’ they were HIV positive. 78.95 percent respondents were not HIV positive

and 13.68 percent respondents informed they don't know, and 5.26 percent respondents informed they do not want to say they were HIV positive or not.

## 8.2. Facing psychological Problem `

Respondents not only facing physical problem they also facing psychological problem too. In this study 95.78% respondents facing psychological problem due to users of drug. The table 34 shows the types and percent of psychological problem facing by respondents.

**Table 34 Type of Facing Psychological Problem**

S.N.	Mental Problems	Frequency	%
1	Memory loss	55	57.89
2	Depression	26	27.36
3	Anxiety	17	17.89
4	Psychosis	22	23.16
5	Tension	49	51.58
6	Drug Dependent	50	52.63

Source: Field Survey 2010

Note: The sum of percentage exceeds 100 because of multiple responses

Table 34 shows 57.89 percent were facing memory loss problem due to drug user. 52.63 per cent drug dependency. 51.58 per cent respondents were suffering from tension problem. 27.36 per cent were facing depression problem. 23.16 per cent respondents were facing psychosis problem and 17.89 per cent respondent's suffering from anxiety problem. All these problems categorized in mental problem facing respondents due to be a drug user.

In the research time one respondent was informed that he feels something is moving on his body but on reality there was not. The research found that the respondent was facing various types of mental problem due to be a drug user. It was the multiple responses so here are respondents had chosen more than one option of problem.

### 8.2.1. Knowledge on consequences of Drug Abuse

Worldwide an estimated 42 million people are currently living with HIV over 90 percent of them living in developing countries. It has been spreading among injecting drug users there are 68 percent in Kathmandu (New ERA, 2001) and 55 percent in Dharan. (KYC, PJK, 1998) injecting drug users are already infected and living with HIV. Similarly, worldwide 200 million people are infected with hepatitis C there are 40 percent HIV positive and 61 percent HCV (MCASG 1999) positive in Dharan municipality. Thus an addiction overdoses HIV/TB/STI, bronchitis and hepatitis was increased because of drug abuse. Knowledge on the consequences of drug abuse of the respondents is given in the table 35.

**Table 35. Knowledge on Consequences of Drug Abuse**

S.N.	Consequences	Frequency	%
1	Premature Death	77	81
2	Social crime	60	63.16
3	HIV/STD/HB/HB epidemics	79	83.16
4	Drug Dependency	62	65.26
5	Other	-	
6	Nothing	1	1.05

Source: Field Survey, 2010

Note: The sum of percentage exceeds 100 due to multiple responses

Table 35 represents that the respondents knowledge on consequences of drug abuse. 81 percent respondents had the knowledge of premature death of drug abuse. 83.16 percent respondents knows HIV/STD/HB/HB epidemic due to drug abuse. 63.16 percent respondents agree there may be social crime by drug abuse. 65.26 percent respondents had knowledge drug dependency increased in drug abuse. And 1.05 percent respondent thought there was nothing consequence of drug abuse. It was multiple responses option so one respondent choose more than one option.



### 8.1.2. Relapsed Case of Respondent

Some of the drug user restarts to use drug that called “relapsed case”. In this study tried to see the number and cause of relapsed case of respondents.

Out of total respondents 47.37 percent respondents were relapsed and rest of them 52.33 percent respondents were not left the drug once a time, continuously using from the time of start.

**Table 36. Causes of Relapsed**

S.N.	Causes of relapsed	N	%
1	Involvement with drug user friends	22	48.89
2	Can't leave drug forever	6	13.33
3	Family tension	5	11.11
4	Self interest	4	8.89
5	Tension	3	6.67
6	Sickness (drug)	2	4.44
7	Love tragedy	2	4.44
8	Left by Mrs.	1	2.22

Source: Field Survey, 2010

Note: The sum of percentage exceeds 100 due to multiple responses

Table 36 represents that relapsed case of 45 respondents, 48.89 percent respondents relapsed in drug abuse because they did friendship with user friend or they had got drug using environment so they relapsed again. 13.33 percent respondents show they couldn't leave the drug forever so they relapsed again. 11.11 percent respondent's relapsed reason informed family tension. 8.89 percent respondents relapsed by their own interest 6.67 percent respondents indicates the cause of relapsed was tension.

4.44 percent respondents relapsed causes were love tragedy and drug sickness and 2.22 percent respondents relapsed in drug abuse because his Mrs. Left to him.

### 8.3 Social Problem

The Drug user, a user family and the society are facing social problem by drug abuse so in this research try to see facing social problem of a user due to a drug user.

#### 8.3.1 Criminal Behavior by Drug Abuse

The crime most frequently committed by drug abusers is those by which the drug user can gain the most money for the least amount of effort. Most of drug user ready for do anything for money to drug, because drug was more important thing for them at that time while they were hunting for drug.

**Table 37. Criminal Behavior of Respondent**

S.N.	Criminal Behavior	Frequency	%
1	Fighting / quarrelling	36	45
2	Stealing	23	28.75
3	Looting	15	18.75
4	Suicide attempts	5	6.25
5	Other (hand cuts)	1	1.25
	Total	80	100.00

Source: Field Survey 2010

The table 37 shows the drug related crime of drug users. Out of respondents 32 respondents were accepted that they had involved in fighting and quarrelling due to drug abused. 23 respondents accept they had involved in stealing goods, ornaments, cash etc. 15 respondents accept they had involved in looting activities. As that 5 respondent had suicide attempt by depression due to a drug abuse. And one respondent had cut her hand due to drug abuse. It was the multiple responses based criminal behavior is bad aspect of a society and drug users involved many kinds of criminal behavior which can disturb the peace environment of the society.

### 8.3.2. Facing Family Problems by the Users (Respondent)

A drug user facing various types of family problems being a drug user. It makes very hard his/her daily life. They lost their trust among family members. The table 38 shows the facing family problem by drug users.

**Table 38. Facing Family Problem**

S.N.	Family Problem	Frequency	%
1	Lack of trust	76	80
2	Break of relation	40	42.11
3	Stop to help	37	38.95
4	Others	-	

Source: Field Survey 2010

Note: The sum of percentage exceeds 100 due to multiple responses

Table 38 shows the family problems of facing by drug user. They are not good treated by family members due to a drug user. 80 percent of respondents were facing lack of trust problem in the family by own family member. 42.11 percent respondents were facing bad relationship with family members or break up the relation with family member because he/she use drugs and they do not think or behave good with her/him. To 38.95 percent respondents not help by his/her family. In other word when his/her family member noticed she/he is a drug user they stop to any kind of help like finance, moral support etc.

### 8.3.3. Is Drug illegal work

In the study one question was asked to all respondents “Do you know the drug buying, selling and taking is illegal work?” All the respondents answered ‘Yes’ they all know that all activities are illegal work.

## CHAPTER IX

### Summary and Conclusion

#### 9.1. Summary

Dharan is one of city of eastern Nepal a city about 95,332 people situated in Dharan. It is almost 500m above the sea level, nearly on the border between hill and terai. All mix caste inhabitant here but majority caste shows Rai, Limbu, Newar, Chhetry, Brammin, Tamang, Kami, Magar, Gurung etc. according to CBS 2001. “Drug abuse” is one of the serious problems of the city this is widely recognized by social organization, community and media. The drug users found in Dharan 5000 users in Jan 2000 CFHI/Nepal 2001 out of that 76 per cent user’s common needle and syringe used. 4000 users at 2003(Tigela), 3500 users- at 2004(KYC-PJK) 3000 at 2006 (Nest) 800 users in contact of outreach worker in the month of Nov 2009. This report shows the drug users are reducing but not complete eradicated that above from Dharan. If we could make the gap of 20 years “drug free period in Dharan municipality. We shall found very good generation by various aspects like education, career, healthy and sound manpower and it derives the upcoming generation too. On the other side drug abuse produce only unproductive human manpower, crime and burden of family and society. In this context, this study concentrated on socio-economic status types of drugs and causes of drugs abuse facing problems and consequences of drug abuse.

The objectives were as follows

- ) To describe background of the Drug Users
- ) To describe the patterns of Drug Use
- ) To analyze the Problems, risk behaviors and Consequences of Drug Users from the perspectives of the users

The sociological study on drug abuse was carried out research design with a view to collect information objectively in Dharan municipality. The data were collected using questionnaires key informative interviews and observation. The collected information was classified according to research objective

The major findings were: out of total respondents 45.26 percent of drugs users between 21-30 age groups. This is majority age group of users and minority age group was 31-40 which 10.53 percent were. There are 94 percent male drug users in Dharan but one key informant informed that there were in large number girl's drug users too but they don't want to come out openly due to constraints of society for girls. The researcher found 66.32 per cent users were unmarried out of that married and 1.05 divorced users. There were 36.84 per cent Rai, 24.21 per cent were Limbu and 8.42 per cent Newar and Brahmin, Chhetry it may be the population size which reflects in number of drug users. Most of the Hindu religious follower was drug users here which were 1.05 per cent involved. Most of users secondary level educated which 40 per cent illiterate users were 2.11 per cent and 2.11 per cent were bachelor and above educated users. On occupational basis most of the students were unemployment which 37.87 per cent and students were 32.63 per cent and minority figure was 2.11 per cent profession was business. 75.79 per cent respondent hobby was music and 3.16 percent was dance. 67.37 per cent respondents were from nuclear family background and minority 1.05 were from extended family background 26.32 per cent respondents parent profession was foreign employment and 25.26 per cent respondents parent profession was daily wage base and minority 3.16 respondents parents were unemployment. The research found 37.89 per cent respondent daily expenses for drug were 100-200 because one set (3 substances) price is NRs. 200 Rs in Dharan and most of users use one set each day and 2.11 per cent respondent expenses was more than NRs 1000 each day. Who users brown sugar and take more time injection his/her expenses shows high than other. 58.95 respondents financially manage her/him for drug and 45.26 per cent dependent on family for drug. 43.16 per cent respondent's relationship between dad and mom is good only 18.95 per cent respondent dad and moms relationship was bad and 29.47 per cent respondent dad mom's relation is normal. 58.95 per cent respondents staying at home while they start drug and 22.11 per cent in the hostel. The study found most of the respondent first of all use cigarette and then after they start to take phensidyl after that they start to take inject substance and brown sugar etc. most of users found injected user who use set (3 drug substances). 36.84 per cent users using drug since 5 yrs. Some of those more than 10 yrs, most of users use drug one time each day and some of them use two time each day. The few numbers users use drug some times in a week. The research found most of users

involved in drug abuse at the age group of 10 -18 years which teenage group. Most of them involve in abuse by curiosity as fashion and peer pressure. There is an illusion if drug use the human skin will be faire and it makes slim to our body. Most of girls by this reason drug used, one key increments informed that. Drug supply centre found by the research Jogbani, Kankadvitta, Bhatabari and Birgunj and most of drug supplier was drug user. Some of the respondents informed that police also supplies drugs. Some time it is very strange matter. Most of drug users have physical and mental problems being a drug user. Like weight loss, sleeplessness, memory loss, depression, tension etc. the study found most of the respondent willingness to avoid drug causes were lack of money, quality less materials, which not gives the full charge of drug, better future etc. the drug user does the risk behavior as common needle share, criminal behavior like fighting/quarrelling and stealing etc the drug users facing the family problem like lack of trust, helpless by family members break up relation. The study found knowledge on consequences of drug on respondent they know the consequences of drug abuse. Out of total 45 respondents were relapsed restart to using drug they inform the reason was re-involvement with drug user friends and some of them said can't leave the drug forever in the study period all respondents know the all drug related activities are illegal work

## **9.2 Findings**

In the research time it is found the drug substances names among users using through code term like to Phensidyl they used as Dile, Jhol, to Brown Sugar Dhulo, BS Khairo, to Nitrozepam, Tab, Goti, Taak etc.

At the time of 1997 to 2003 the pedagogic (Bupronorphine) was the most popular drug but it replace by set (3 drugs) which gives more charge according to users. In the research time found the street boys, Riksha puller to from rich family background boy and girls drug user in the Dharan. Some of them transact their using goods with drugs in front of me or most of them transact by money. Most of drug user suffering from physical and mental problem like weight loss, drug dependency, wounds, abscess and joint pain. Loss of memory, sleeplessness, depression, anxiety etc.

It is conclude that financial problems create lying for money developed lack of trust. Financial crisis is created by drug abuse. In drug user police custody, Jail, Hepatitis,

HIV, STI and drug dependency, premature death other diseases were major consequences of drug abuse in Dharan municipality among the drug user. They had the syringe and needle share practices at before but after PJK and UNODC (cooperation) start. Harm reduction program that sharing activities reduced in high level. This program main motive is to reduce spread many diseases through needle and syringe exchange this users to send rehabilitation center, provides free needle and syringe in different sizes, distill water, tape, condom, free blood test service etc. this program is one of the main reason of not spreading HIV/AIDS, HCV, HBV, STI in Dharan.

The study found most of drug users want to leave the drug abuse because they want better upcoming future but they were not able to leave at the moment because they express their body want drug they can't stay without it charges as normal that is a dark side of drug addiction. It makes a well man in to a drug user and it is very hard to leave any user not only enough mentally, physically prepared but good environment need too.

### **9.3 Conclusion**

It is concluded that majority of drug users age group between 21-30 years it is nearly followed by the age group of 10 -20 years and most of respondents first taste the drug at the age of 11 to 18 years. Most of the drug user used first cigarette then after they start to other drug substance. There was found the research most of drug users were male and very few members were female users. Most of the users from Rai, Limbu and other mix caste. It may the reason of high population of Rai, Limbu caste. Unemployment was the main cause of drug abused in Dharan. Student also involves in it due lacking of parental guide and pressure. Most of drug user said that if they got job or they have to easy to leave drug. Most of them education level was secondary level not passed SLC. Their one day expenses were NRs 200 at average and most of users depends it with family. Some of them said they were managed money for drug themselves. If they are unemployment indirectly they depend with family and friends. In this course they could steal goods, money from house. It is concluded that most of the user father is alcohol user in the family and some of them brother was drug user in the family.

It is concluded that the most popular drug is set (3 substance i.e. Avil, Norphine, Dizipam) use by injection methods and its average cost at Dharan is Rs 200 the user informed they got it very cheap price in Jogbani and main source of drug is Jogbani for them. If there was Nepal Banda (Strike) the set price increased 500 per set. According to users Phensidyl second popular substance among users but brown sugar user was in little number because it cost is high rather than other drug and they feel superior to other drug users who use brown sugar. They informed it one time doze cost at average NRs 500 and most brown sugar user cannot use it for long time because it is high costly then set and lastly they will come into set users.



## REFERENCES

- Ahamad, K. 1998. *The Study of Drug Abuse situation in Dharan*, unpublished Research Report, submitted to the KYC-PJK, Dharan, Nepal. Kathamandu: Srijana Printers.
- Bhandari, B and Subba, C. 1992. *Urban Drug Abuse in Nepal: A Study on the Socio-Economic characteristics of Drug Abuses in Kathmandu Municipality* Drug Abuse Prevention Association Nepal.
- Bhandari, B., 1998. Status of drug abuse and its prevention: From United Nation to Nepal Published Drug abuse Prevention Association Nepal, Srijana Printers, Kathmandu.
- FHI/Nepal.2001.HIV and Injecting Drug Use in Selected Sites of the Tarai, Nepal.Research Report Janaury Mission, 2001. Family Health International, Kathamandu, Nepal.
- Gates, S.J. 1988. *The Effects of Heroin, Drug Abuse in Nepal*. Drug Abuse Prevention Association Nepal. Kathamandu: Srijana Printers. Page No: 73-87.
- Gafney, T.E.S.J.1993. The Problem of Drug Abuse: A Task for Society Helping Children Remain Drug Free. Presented at the Conference on the role of Mass Media in Drug Abuse prevention in School. ICDPS, Tulasi Meher UNESCO Club, Kathmandu, Nepal.
- Gafney, T.E.S.J., 1993. A role of parents and teacher in saving their children from drug. Unpublished an Article, Freedom Center,St Xavier's Social Service Center, KTM, Nepal.
- Limbu,B.,1996 History of drug abuse in Nepal and present situation of Dharan, Paper presented in Seminar on Drug Abused and its solution in Dharan, Nepal.
- KYC-PJK, 1996 Baseline Survey on Drug abused in Dharan Municipality, Unpublished research report, Submitted to the KYC-punarjiwan Kendra, Dharan, Nepal.
- KYC-PJK, 2003. Yearly Progress report of KYC- Punarjiwan Kendran,Unpublished progress report,Submitted to the KYC- Punarjiwan Kendra's Board, GOs and I/NGOs
- Limbu, K.P.2003 Sociological Perspective on Drug Abuse A case study of Ethnic Drug Users of Dharan Municipality.M.A. Thesis Submitted to the Department of Sociology/Anthropology, Patan Multiple Campus,Kathmandu, Nepal

- New ERA, 2001. HIV prevalence and risk behavior's male female injecting Drug Users in the Kathmandu Valley. A research report submitted to the Family Health International (FHI), Kathmandu, Nepal.
- Peace Crops/ N, 1998. Random sampling Survey on Drug abus in Dharan Municipality, Unpublished research report, Submitted to the KYC- PJK and dharan Municipality, Dharan, Nepal.
- Subba, C., 1988. *Drug and Drug Addiction in Nepal*. Drug abuse in Nepal, Pub, Drug Abuse Prevention Association Nepal, page 73-87, Srijana Printers Kathmandu.
- Subba, K., 2002. An evaluation research on Harm Reduction Program in Dharan municipality, Unpublished report submitted to the KYC- PJK Dharan, Nepal.
- Tigela, k., 1996 Drug problem in Dharan and its solution, Paper presented in Seminar on Drug Abuse and its solution in Dharan, Nepal.
- Tigela, k., & Limbu, B., drug addiction and general information, Publisher KYC-PJK. Dharan. Bagbazar Press, Kathmandu, Nepal.
- Tigela, K., 2001., Relation between Drug abuse and HIV/AIDS, paper presented in seminar on Harm Reduction for the HIV Prevention in Dharan., Nepal.
- Limbu B., 2011 Dharanma laagupathrthako prayog niyantranka prayashharu ra Dharan Nagarpalika, *Dharan Darpan, Dharan municipality biseshank*, page 77-80.
- Shrestha., N.M., 1995. Drug abuse treatment and rehabilitation some suggestion, paper presented in a seminar on Narcotic drug: A National Problem, organized by journalist forum against drug abuse, Nepal.
- UNODCCP, 2003. World Drug Report, UN Office for Drug Control and Crime Prevention (ODCCP) provides a comprehensive explanation of the development of the ...
- WHO, 2000. Community Home- based care: Family Care giving caring for Family Members with HIV/AIDS and Other Chronic Illnesses the impact on older women and girls, A Botswana Case study (March- Apri, 2000)

## **APPENDIX-II**

### **Interview for Key Informants**

1. Background of drug users in Dharan?
2. Which drug is currently popular among users?
3. Are they happy or not by this harm reduction programme?
4. What kinds of problems and Risk behaviors among drug users?
5. What are the causes of drug abuse in drug users?
6. What are the consequences of drug abuse themselves and their community?
7. What kinds of social problem facing by users due to a drug user?
8. In what kinds of social crime drug user involved?

### APPENDIX-III

#### List of Key Informants

S.N.	Name of Informants	KEY	post	Center Interviewd	Remarks
1	Limbu Bijay		PM	KYC- PJK Office	
2	Rai Lokendra		ORW	DIC	
3	Tigela Purnima		ORW	DIC	
4	Limbu Priya		ORW	DIC	
5	Thapa Magar Suraj		ORW	DIC	

Source: Field survey 2010

Note: - PM: Program Manager, ORW: Out Reach Worker, DIC: Drop In-Centre, KYC: Kirat Yakthung Chunmlung, PJK: Purnarjivan Kendra