

CHAPTER- ONE

INTRODUCTION

1.1 General Background:

Society comprises diverse features, attitudes, natures, parts as well as many positive and negative factors. Among these various aspects, drug use/abuse is also become an emerging and increasing part of the society. Simply, drug abuse means having or taking illegal substance which affect physically and mentally to the users and ultimately it affect in the family, society and nation too.

The definition of the term 'Drug Abuse' given by WHO is understood that the psychoactive substances that can modify a person's mood, behavior or his/her working style. It causes a person to show his/her abnormal behaviors. Gates & MSW (1988) define that Drug means any chemical or plant derived substance which can cause any persons using it to experience mental, emotional or physical change. According to above outlined definition, drug means a substance made from plant or chemical which brings emotional mental or physical change to a person when used.

World Drug Report 2008 has shown that the annual prevalence of drug use is 208 million population of age between 15-64 years, which becomes 4.8% of total population (4272 million) of the same age group of that period.

Drug addiction in these days is considered as a major social problem faced by families as well as the communities of the world especially in the urban areas of the country. It is affected almost all kinds of people regardless of age, caste, geographical location, economic status and social status.

Generally, Drug abuse means the use of illegal drugs, or the misuse of prescription or over-the-counter drugs. It seemed as a problem in the Nepal for the first time only in mid of sixties and early seventies (Subba, 1998) with the influence of hippies life style as a hashish users. After the political change in 1950, Nepalese government adapted open door policy. As a result, all western hippies started to enter to Nepal. The substances practice seems to have a

long history in Nepal. Pivotal evidence suggests that even in pre-historic and ancient time, alcohol and marijuana were consumed. Traditional use of alcohol in the rituals, cultural and social events persisted among Kirats; while the marijuana has been used by the followers of Lord Shivaji's buti (Medicine of god Shiva). (*Alcohol and drug use in Nepal*, May 2001- by CWIN). Ancient book Manu Smritee and Kautilya's economics had mentioned as Rakshi (Som-Ras) and some literature points out Shivaji's buti to the Hashish (Bhandari, Bishnu 1988, *Drug abuse in Nepal*).

It has been said that drug using behavior are rapidly increasing in developing countries. Developing countries are much suffering from the consequences of drug misuse in comparison to the developed countries. While developed countries have structures and mechanism to deal with drug addiction, but developing countries may have lack of necessary infrastructures and resources to address adverse social and health consequences associated with drug addiction. At the same time, disintegrating social conditions in urban areas often provide fertile ground for the spread of substance among young people.

According to the data provided by *the Government of Nepal, National Planning Commission Secretariat, Central Bureau of Statistics-July 2008*, there are 46,309 current hard drug users of which 92.8% (42,954) accounted to male and 7.2% (3,356) accounted to female across the country. Furthermore, statistics shows that 28,439 drug abusers take drug through injecting and 17,870 uses different drugs through oral process. The Central Bureau of Statistics has also highlighted that nearly 73.1% drug abusers begin to take hard drugs before they reached the age of 20. Person who intakes opiates and chemical substances like Cocaine, Heroin, LSD, Morphine, Bupronorphine etc. is defined as hard drug users in the survey. Similarly, those who inhale adhesive substances like dendrite and other polishing substances are also considered as hard drug users. Those who consume only marijuana and alcohol are not considered as hard drug users.

The reviewed relevant literature and studies have done on the field of drug addiction shows that Nepal is not exceptional from this phenomenon. It has been facing the problem of drug trafficking and drug abuse since the beginning of 1970s. Indeed, the community of drug abusers is in crucial stage at the present time mainly in Kathmandu and Pokhara cities. There are a few intervention programmers for drug users in Pokhara but the number of abusers is

increasing day by day. As a result, the HIV prevalence among the injecting drug users is increasing rapidly. They have caused family disorganization due to the violence, loss of life, loss of property and treat for transmission of HIV/AIDS as well as other many health related fetal diseases. Drug abuse itself is curable disease which is clarified by the WHO. Any abuser can be recovered from the addiction, for this s/he must have a will power first to leave the drug abuse.

Drug addiction is being a serious problem in Pokhara. Such problem is studied sociologically especially, focusing on the diverse of traditions and the various current circumstances of Pokhara. Therefore, this study is conducted especially focusing on the social context of Pokhara and tried to analyze the problem using sociological tools and techniques to find out the social factors being narcotic drug users and its consequences.

1.2 Statement of the Problem:

It was previously estimated that there are around 5,500 drug users in Pokhara Metropolitan City. (Naulo Ghumti Nepal, organization profile 2004 Pokhara). Similarly, the annual report 2008 of NGN clearly mentioned 317 drug users have regularly getting services from the organization. It has been reported that many families found ruined the relations, crime, violence and social disorder, due to drug addiction in this place. Drug addiction is a social problem. Such problem is studied sociologically. Therefore, this study has tried to analyses the problem using sociological tools and techniques to find out the socio-economic status, causes and consequences of drug use, behaviors and the attempts to get rid from the drug abuse of the study population.

Many I/NGOs and rehabilitation centers are attempting to control and care this problem. But it is still not satisfactory on their goal. The numbers of drug addicts have been rapidly increasing day by day mostly in Pokhara and other main cities in the country. A few organizations have conducted the survey especially related to Injecting Drug Users only. Such studies were very limited and conducted only to collect the general information in numbers. The Family Health Organization (FHI) conducted the integrated bio-behavioral survey among injecting drug users (IDUs) at Pokhara in 2009. The study has not been able to explain the social factors associated with drug abuse. The study especially focused to collect the immediate data about the types and numbers of infections of some diseases and some risk

behaviors of the IDUs only. However the study has shown the ratio of the caste and ethnic groups of respondents. Likewise, it has shown the education level of the respondents but the study didn't explain about the data. Similarly the Naulo Ghumti Nepal is also Conducted the current situation of the Injecting drug users in Pokhara in 2006. The study has shown only the numbers of the respondents into their ethnicity, employment and occupation. Both of the studies seem very limited and conducted only to collect the general information in numbers. Those surveys couldn't explain well about the social and cultural aspects of the drug users. Therefore, this study tries the answers of the following questions came into existence and curiosity for the study.

- What are the social backgrounds of the drug users?
- What types of narcotic drugs are being used by drug users in Pokhara Municipality?
- What are the main social factors affecting drug abuse in Pokhara?
- What are the major problems & consequences due to the drug abuse?
- How is the narcotic drug users' relationship with their family members, relatives, neighbors and friends?

1.3 Objectives of the Study:

The general objective of this study is to analyze the causes and consequences of drug abuse in Pokhara.

The specific objectives of this study are as followings.

- To identify the social factors associated with drug abuse.
- To identify the impacts of the drug abuse on users' personal life.

1.4 Rational of the Study:

Drug abuse is a serious and complex global problem that has been increasing rapidly since past four decades. Drug abuse has become a serious problem in our society too. Although many organizations and counseling, treatment and rehabilitation centers are established and are working to diminish the numbers of addicts but unfortunately the numbers of addicts are increasing.

There is not specific studies are conducted in the field of narcotic drug abuse through the sociological perspective in Pokhara yet. It's not enough only to study and find out the immediate causes of drug abuse. Behind the problem of drug abuse, social factors might have play vital role. So, this study is very necessary and explored the social factors affecting the narcotic drug abuse and effects on the personal life of users.

1.5 Limitation of Study:

Being an academic study for master degree, the study has been undertaken within limited budget; resource, ethics of study as well as it's subjective. The study only covered the specific areas of Pokhara Metropolitan City. The findings and conclusion drawn from this study totally may not represent the same problem in other areas which are beyond this study. But some generalization may consider the case of drug addiction in any part of human society. Some of the drugs abusers have shown their unwillingness to reply and hesitated to provide detail information because all the time they seemed very busy for searching the drugs. The collected information is mainly the personal experiences of the respondents, which may not be able to represent their overall situation. Categorically, it has some limitations as outlined following ways:

- Technical aspect like blood and chemical test is not included in this study i.e. HIV/AIDS, STI, HBV, HCV and other chemical test for the separation of the types of drug.
- The study represents availed drug users during a month in Pokhara Metropolitan city. This study does not represent other part of the country and any particular racial groups.
- The study covered only the Pokhara city area. The objective of the study is only partial fulfillment of requirement for Master Degree Thesis in Sociology. However, the study is tried to collect very clear and correct information which can help in future to develop the plan and policies and to implement the effective programs to minimize the drug abuse problem.

1.6 Organization of the Study:

This thesis has been divided into seven chapters and each chapter consist sub topics. The first chapter is introductory part of the study. The second chapter is devoted to literature review and conceptual framework. The third chapter deals with research methodology of the study. The forth chapter includes the background of respondents. Fifth chapter contains the factors affecting the drug abuse. Sixth chapter includes effects of drug abuse and the seventh chapter incorporated the summary, conclusion and recommendation of study.

CHAPTER- TWO

REVIEW OF LITERATURES

The review of the literature provides much information and guideline to the researcher on the related subject of the study. The reviewed literatures are classified into the two categories such as theoretical and empirical are cited as below.

2.1 Theoretical Overview:

Drug abuse is known as a global problem. Meanwhile, the Encyclopedia.com has remarked addiction is the continuing and compulsive nature of drug use. Despite the physical or psychological harm to the user and society include both licit and illicit drugs. The term “substance abuse” is now frequently used because of the broad range of substance including alcohol and inhalants that can fit the addictive profile.

According to using pattern of drug, *Banks and Waller (1983)* have defined the terms of drug abuse/misuse as the following:

- *Unsanctioned Use:* use of drug that is not approved by a society, or a group within that society.
- *Dysfunctional Use:* use of drug that is leading to impaired psychological or social functioning (e.g. loose of job or marital problems)
- *Hazardous Use:* use of a drug that will probably lead either to dysfunction or to harm in the users.
- *Harmful Use:* use of a drug that is known to have caused tissue damage or mental illness in the person who too it.

There are some drugs listed below:

- *Opium*: used principally by older people in rural societies, but also as a second choice by urban drug users.
- *Morphine*: derived from opium principally intended to use as painkiller when available occasionally as liquid in medical vials.
- *Heroin*: distilled from opium, it is more powerful, very expensive and often available in urban areas. It is known as hard drug and mostly used by young people.
- *Aminophetamines*: stimulant drugs like Benzedrine and Dexedrine for increasing energy and postponing fatigue. It can lead to psychotic reactions.
- *Barbiturates*: sedatives, like sleeping pills, which can lead of physical and psychological dependence.
- *Minor Tranquilizers*: Live valium and Librium gives short tern relief of anxiety and also lead to physical dependence.

According to Ejam (1996), drug addiction had caused several people to have ruined their relation in the families and neighbors, many of them have bad relation with other non- drug using family members. Some of his respondents felt not to have a good relation with parents, some with their wives, some with their siblings and some even with their neighbors and relatives. He found a gap of understanding between an addict and family. As a result not only the possibility toward more drug dependency is occurred, but it has also led them to take a distance in maintaining the relation with other members.

The book “*It Works How and Why*” published by Narcotic Anonymous in 1993, in which it is comprehensively mentioned how a person become drug addict; what kinds of behavior expose by the drug addicted people. Meanwhile, it is emphasized because of being deviant behavior; the society does not like drug addicts because they do lying, cheating, and violence, even criminal behaviors are all symptoms of the addicts’ behavior. It is also suggested to the addicts that first of all he/she need to change himself/herself by quit of using drug. So, the book said that confession is the first stage to get recovery from drug addiction.

2.1.1 Origin of Substance Abuse Theories:

At a basic level, sociology categorizes theory into the structural-functional, social-conflict, and symbolic interactionist paradigms. The structural-functional paradigm- credited largely to August Comte, Emile Durkheim, and Talcott-Parsons— adopts a macro (broad focus on

structures that shape society as whole) view of society as a complex system whose parts work together to promote solidarity and stability. Humans are believed to be able to thrive under these conditions. The focus is on society as an entity that can flourish, making things like unity, cohesiveness, stability, and order fundamental necessities for social existence. Chaos, instability, and alienation disrupt society's functioning and are considered undesirable. A second important proposition is that consensus about morality and values and conformity to norms are necessities for society's smooth functioning. Consensus and conformity ensures, according to structural-functionalists, solidarity and stability. Conflict and deviation challenge those things. Thus, while some conflict and deviation can be expected, especially as societies grow and become more complex, too much conflict and deviation will hinder solidarity and stability and thus throw society into a state of chaos. Structural-functionalists maintain that dysfunction and alienation in society's components fosters alienation or anomie, which can become a motivator for conflict, deviance and chaos.

An important point is that sociological theories of drug use begin by viewing drug use as a form of deviance that potentially disrupts the functioning of society. Durkheim's concept of deviance can be fitted as an example.

2.2 Review of Previous Studies:

In the course of study, several relevant studies are studied. Some studies have reflected the global scenario of drug abuse and some have reflected on national and community level, which have been categorized as below:

2.2.1 Drug Abuse in Global Context:

According to the World Drug Report of 2012, United Nations Office on Drug and Crime, about 230 million people, or 5 percent of the world's adult population are estimated to have used an illicit drug at least once in 2010. Problem drug users number about 27 million, which is 0.6 percent of the world adult population. Throughout the world, illicit drug use appears to be generally stable, though it continues to be rising in several developing countries. Heroin, cocaine and other drugs kill around 0.2 million people each year, shattering families and bringing misery to thousands of other people. Illicit drugs undermine economic and social development and contribute to crime, instability, insecurity and the spread of HIV.

While psychoactive substances have been consumed for thousands of years, the drug problem has developed some key characteristics over the last few decades, against a backdrop of rapid socio-economic transitions in a number of countries. Illicit drug use is now characterized by a concentration among youth — notably young males living in urban environments — and an expanding range of psychoactive substances. Although established illicit drug markets in many developed countries have shown signs of stabilization, the growth of drug use seems to continue in many developing countries.

Global estimates suggest that past-month prevalence of tobacco use (25 per cent of the population aged 15 and above) is 10 times higher than past-month prevalence of illicit drug use (2.5 per cent). One of the key impacts of illicit drug use on society is the negative health consequences experienced by its members. Drug use also puts a heavy financial burden on society. Expressed in monetary terms, some US\$ 200 billion-250 billion (0.3-0.4 per cent of global GDP) would be needed to cover all costs related to drug treatment worldwide.

2.2.2 Drug Abuse in National Context:

The Ministry of Home Affairs (MOH), 1998 expressed that the drug use began to be seen as a problem in the country (in Nepal) for the first time in the mid 1960s and early 1970s with the influx of large number of hippies. Heroin use was in an epidemic form in Nepal from 1980s onwards. Since early 1990s, psychotropic drugs have been widely used by the drug users in Nepal.

Citing the Ministry of Home (MOH), the CWSN has mentioned in its report *Alcohol and Drug Use in Nepal (May 2001)*, It is found that 0.5 to 1% of the population in the Tarai use cannabis on a daily basis (MOH, 1996). The MOH (1998) estimated that there were more than 50,000 drug users in Nepal excluding those using cannabis, alcohol and tobacco. Majority constituted of young people of 15-30 years. These young people come from all kinds of social, economic, religious and ethnic backgrounds with different reasons for taking drugs. Cannabis, heroin, opiates, tranquilisers and methaqualone are the most common drugs available in the country. Apart from tobacco and alcohol, according to Chatterjee et al. (1996), the major drugs abused in Nepal were cannabis, and codeine containing cough syrup, nitrozepam tablets, and buprenor-phine injections. Heroin is the second most prevalent drug in the country. It is estimated that more than 25,000 people in Nepal is dependent on heroin.

Its major concentration is reported to be in the Kathmandu, Pokhara and Dharan. The cultivation of opium is limited in Nepal. Methaqualone is the newly introduced drug in the market. However, the consumption of opium and its derivatives are found to be decreasing among the drug users but the use of pharmaceutical drugs is increasing in an alarming rate (MOH, 1999). Increased use of psychotropic drugs is due to its easy availability and low price.

Karki (1999) highlighted the situation of drug abuse in Nepal in his report of *Rapid Assessment and Response (RAR) survey*, which was carried out by national center for AIDS and STD control in 1999. He reported that 30% of respondents started to use drugs due to peer pressure, 44% curiosity or 30% due to frustration and various reasons. About 10% of such drug addicts had also one or another member of the family taking drugs.

Nepal is becoming the melting pot for drug abusers. In the name of tourist, many foreigners specially druggists (hippy) came to Nepal and have done smuggling. So, “Drug Tourism” has increased in Nepal especially in Pokhara. So, Nepalese society culture and young people are badly influenced by Tourism (Shrestha 1999:82).

A need assessment study for GTZ ‘*New insights into the Drug and Drug Service Situation in Nepal*’ mentioned that a majority of Drug Users (DUs) in the districts were Intravenous Drug Users (IDUs). However, in border towns like Birgunj (Parsa district), Nepalgunj (Banke district), and Kakaribhitta (Jhapa district), oral use was also equally prevalent. Oral to injecting was the usual shift pattern or progression in the career of DUs. In the context of drug users in western region, 60 to 70% are Injecting and the rest are oral users. Most start with oral and then turn into injecting and some directly go for injecting.

Naulo Ghumti Nepal-*Annual Report (2008)* has shown that 317 drug users are regularly taking the harm reduction services from their Service Centers. Out of them, 44% are taking drugs through Intravenous and 56% from oral process.

The Himalaya Times National News Daily of 25/06/2010 “UNODC concerned on drug abuse” on this title, it has written that The United Nations Office on Drugs and Crime (UNODC) has sounded the alarm that there is risk of public health disaster in less developed countries, including Nepal.’ Drug Report- 2010 released by UNODC said, Poor countries have other priorities and fewer resources. They are not in a position to absorb the consequences of

increased drug use. As a result, there is now the risk of a public health disaster in developing countries that would enslave masses of humanity to the misery of drugs.’ It seems that our country Nepal is also facing such problems. ‘In Nepal, heroin consumption appears to have increased in recent years. According to official reports of the governments of Nepal and Bangladesh, almost all the heroin consumed in those countries is produced in India.’

An Article “*Drugs- The major problem in Nepal*” published in *EnterNepal.com* (An online News site, 25 June 2011) According to this-In Nepal, till 90’s; people are just taking the oral method for drug use. Drug use has also changed from smoking/ingesting to injecting. People started taking drugs through syringe and turned to IDU’s (Intravenous Drug Users). The injecting of drugs has become one of the major causes of HIV.

The Himalayan Times National News Daily of 2011-08-06 A recent report (citing the Integrated Biological and Behavioral Surveillance 2009) has revealed that HIV prevalence among injecting drug users (IDUs) has significantly gone down in Kathmandu and Pokhara. HIV prevalence among male IDUs in Kathmandu dropped from 68% in 2002 to 6.3% in 2011, whereas in Pokhara, it decreased from 22% in 2003 to 4.3% in 2011. This message is reflecting the awareness rate is increasing and the risk behaviors are decreasing among drug users in Pokhara. This is a significant positive change in the behaviors of drug users. In this study, what type of social and cultural factors contributed to happen such improvement will analysis?

Open border to India and weak administration is the main reason of illicit drug trafficking in Nepal. So, drug abuse has become growing problem in Nepal and drug-control is a big challenge for the government.

In this way, the above reviewed studies (writings, books, journals and reports) shows the terrible and fearful situation of drug addiction in the country. A very few numbers of scholars/organizations have studied in this field but their studies focused on only to find out the socio- economic status, marital status (only in numbers), vulnerability of HIV/AIDS among the injecting drug users, prevention of HIV and other viral infections etc. In fact, there is no specific academic study about social and cultural aspects of drug abuse and the impacts

on individual, family and society. Therefore, this study is conducted to find the relationship of drug abusers with their families and community as well.

2.3 Drug Abuse as Deviance:

According to Emile Durkheim, The social integration is very essential to run the society smoothly ahead. According to the theory of functionalism, if there is disintegration arises among the social components; it leads the society to the back steps. As per the view of functionalism theory, the social integration is essential among the every components or units of society. If some problems observed either in an individual, family or in society, there must have some specific causes behind it. The cause and effects are interrelated in each other. Every consequence is follows by the causes. For the good harmony among the family members, love, security, education, food and fulfillment of biological needs are very important. If family cannot function well, the problem will start (*Ritzer, 1996*). According to functional approach the role of every unit of society is very important to construct preserve social values (*Francis, 2005*). The drug abuse is contributing to disintegrate among the social units and structures in the modern societies. We also can clearly seeing that, some families are ruining and communities are facing many problems due to the drug abuse in Pokhara too. So, I have applied functional perspective to analysis the cause and effects of the issues in the study. Similarly, I have applied the perspective of the conflict theory to analyses and cross check the find out the relation between the causes and effects of drug abuse.

2.4 Conceptual Framework:

This study has followed the following conceptual framework.

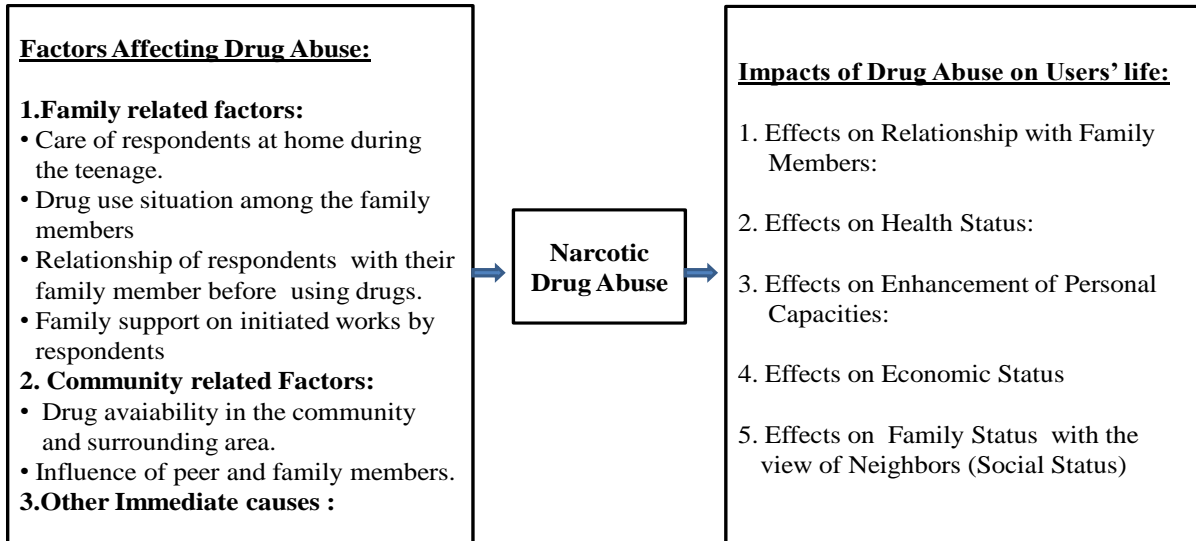


Figure Number: 2.1, Conceptual Framework for Research

CHAPTER- THREE

RESEARCH METHODS

3.1 Research Design:

The purpose of this study is to identify the causes of being narcotic drug user and to find out the impacts of the drug abuse on the person, family and society. To address the problems, the study mainly based on descriptive design.

3.2 Rational of selection of the Study Area:

Pokhara is the largest urban center of the western Nepal with highly mobile population of students, migrant workers and tourists. Besides that there is diverse of society with different cultures and social practices. Besides that, there is not conducted the specific studies on the affecting social factors of drug abuse in Pokhara yet. So, Pokhara is selected as the area for this study.

3.3 Universe and Sample:

The number of drug abusers in Pokhara are increased (Naulo Ghumti 2008). It was clearly mentioned that 317 drug users have regularly taking Harm Reduction (HR) services from 2 Drop in Centers and outreach services. On the basis of this number, the sample was selected as per the availability and acceptance of the respondents. During the period (one month) of

survey, 65 respondents (drug users) were available and agreed to participate in the study. The 5 key informants were selected purposively. Out of them, 3 were recovered drug users and 2 were NGO staffs who are directly working with the narcotic drug users in Pokhara. Some of the main respondents (drug users) and key informants were participated on Focus Group Discussion (FGD).

3.4 Nature and Sources of Data:

As per the need of the study, the researcher has collected both primary and secondary data. The primary data was generated through interview, questionnaires and focus group discussion. Similarly, the previous reports of concerned local NGOs i.e. Naulo Ghumti, Community Support Groups etc, published and unpublished reports, articles, journals, informal talks among the people in the community, literatures and internet based resources were used as the sources of secondary data. Both qualitative and quantitative data were used. However the data are mostly quantitative.

3.5 Data collection Tools and Techniques:

On the basis of research objective, problems, question and types of data, the following techniques were applied to collect the data/information.

3.5.1 Interview:

The total number of current drug users in Pokhara who are frequently taking the services/benefits from the Naulo Ghumti is around 317. Out of them 65 main respondents were taken as their availability for interview. The interview schedule consisted semi structured questions. Demographic information of respondents, social factors contributing drug abuse, effects on personal life and drug abuse related other information were divided into separate sections in the interview schedule.

On the basis of availability, the respondents were taken from current narcotic drug users living in different localities of Pokhara Sub- Municipality. The researcher and supportive members (NGO staff) have met the main target groups (current narcotic drug users) in two Drop in Centers (Prithivichowk and Birauta) of Namuna Integrated Development Council (NIDC), Kaski where they visited frequently to take various Harm Reduction services (i.e. needle/syringe exchange, health service, counseling and referral services). Similarly, some

respondents were met at Methadone Treatment Center which was running by the Manish Care Foundation at Ramghat Pokhara. Other related supplementary information also collected from the most related staff members of Namuna Integrated Program Kaski.

3.5.2 Focus Group Discussion (FGD):

A Focus Group Discussion was conducted and collected some supplementary information during the research. A checklist was developed and used to conduct FGD. The focus of the FGD was to explore the depth information on their daily life, about the types and currently popular narcotic drugs in Pokhara, rate of the drugs, family pattern, schooling, causes and its effects of drugs on personal and family level etc topics were discussed informally during the FGD. Actually the FGD helped to collect qualitative information on common social causes and effects as encountered by the respondents due to the drug abuse.

In the FGD, eight current drug users living in Pokhara were participated. The FGD was conducted at the DIC of Namuna Integrated Council, Birauta- Pokhara. Some of them were already participated on face to face interview and some were new faces. Paying the attention on confidentiality and the personal dignity of the participants, the name list and photos are not provided. Most of them are from Birauta, Ratnachok and Pardi area.

3.6 Challenges on Information Collection Process:

It was very difficult to reach the respondents on scheduled because mostly they were hesitated to appear in interview most of them used to busy for gathering the money and haunting the drugs. Those hardly available, each of them have requested money NRs 100/- to 200/- for the interview.

3.7 Data Analysis and Interpretation:

After the completion of all field works, the data/information were computed and organized for the further processing and analysis. Microsoft Excel program was used for data analysis and Microsoft Word was used for the word processing. Tabulation, charts and graphs were used to present data. Qualitative data were analyzed descriptively and used together with quantitative data.

CHAPTER- FOUR

BACKGROUND OF THE RESPONDENTS

This chapter includes demographic profile and socio- economic status of the respondents. An effort has been made to link the background variables with drug abuse. Here, the different topics were analyzed and interpreted as follows.

4.1 Demographic Profile:

Demographic distribution of the target population is the major way of characterizing them. This demographic distribution produces a tool for overall analysis of the objectives. Most of the common and major aspects of demographic profile such as family pattern, gender of respondents, age structure, religion, educational status, occupation, cast and ethnic groups are enumerated.

4.1.1 Types of Family:

Family is a fundamental unit of the society. There are two types of family patterns observed during the study. They are nuclear and joint. The family pattern may also affects on the life style of the members. Drug users are found from different family pattern. Therefore, here, the distribution of respondents by types of family has been studied and shown the data in the figure as below.

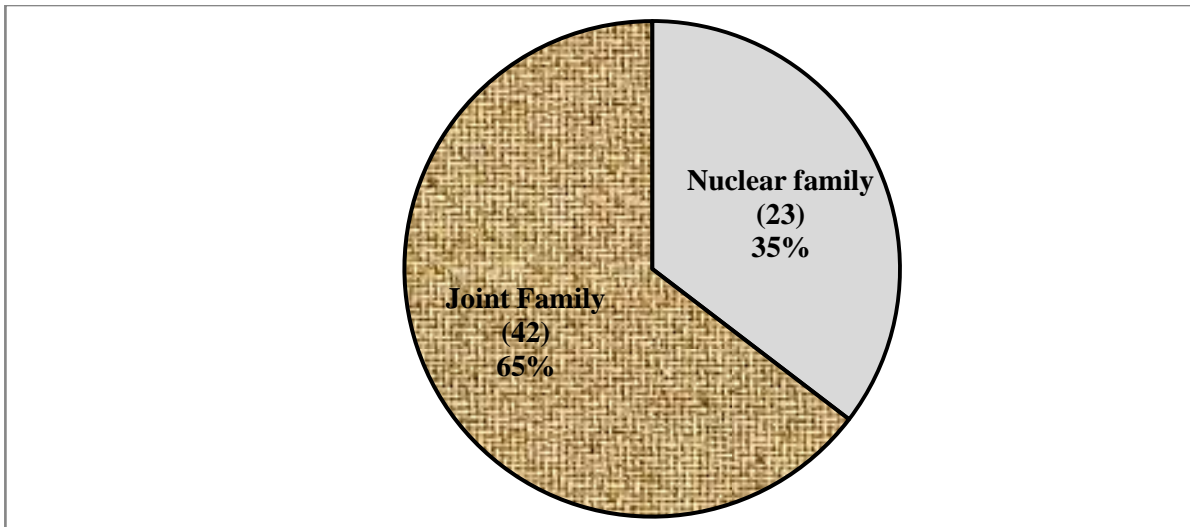


Figure 4.1: Types of Family

Source: Field Survey 2013

The above chart/data has shown that majority of respondents (i.e.65%) live with joint family whereas relatively small number (35%) of respondents represent from the nuclear family. It is indicating that the young people even from both types of families might not receive good care and supervision by their parents and other family members. It is critically evaluated the conventional assumption in the community is mostly the young people from nuclear families are associated with drug abuse. All the 8 respondents participated in the FGD are also live with mother and other family members and their fathers are working in abroad. This study has clearly shown the different scenario than the usual assumption. So, the young members from the joint families may equally fall in drug abuse if proper parental guidance is not provided.

4.1.2 Gender of Respondents:

Gender of respondents is an essential part of demographic profile. It also plays a vital role in any research. Therefore the gender of respondents should be studied in the demographic profile. So, it is very important to s how the data in any reports of the study. The gender of respondents has been shown in the figure as below.

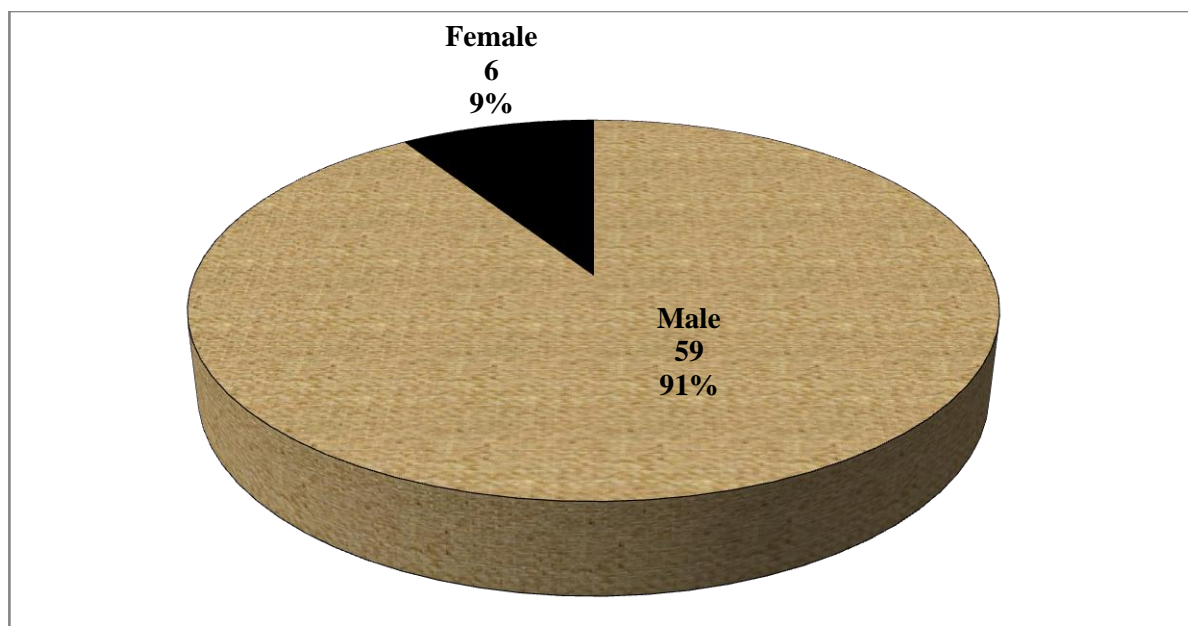


Figure 4.2: Gender of Respondents,

Source: Field Survey 2013

The above figure shows that 59 i.e. 91% male and 6 i.e. 9% female respondents are represented in the study. Even in the FGD, it was very hard to get single female respondent. So, the FGD is conducted among 8 male respondents. This information clearly indicates that the number of male population of narcotic drug users is much greater than female in Pokhara. Normally, the female users hesitate to disclose themselves as drug users in the communities. So, their numbers might be very low comparing with the males. Similarly, respondents from third gender are not observed during the study.

4.1.3 Age Structure of Respondents:

The population can be classified into different age groups. The people living in any study area should be categorized into different age groups. It is very essential to classify the study population that it will help the researcher to know the whole structure of given population in the study area. Normally, the young people from the age of 20-30 years have a majority of trend to falls on drug addiction. So, here the population has been classified into different groups and shown as below in the figure.

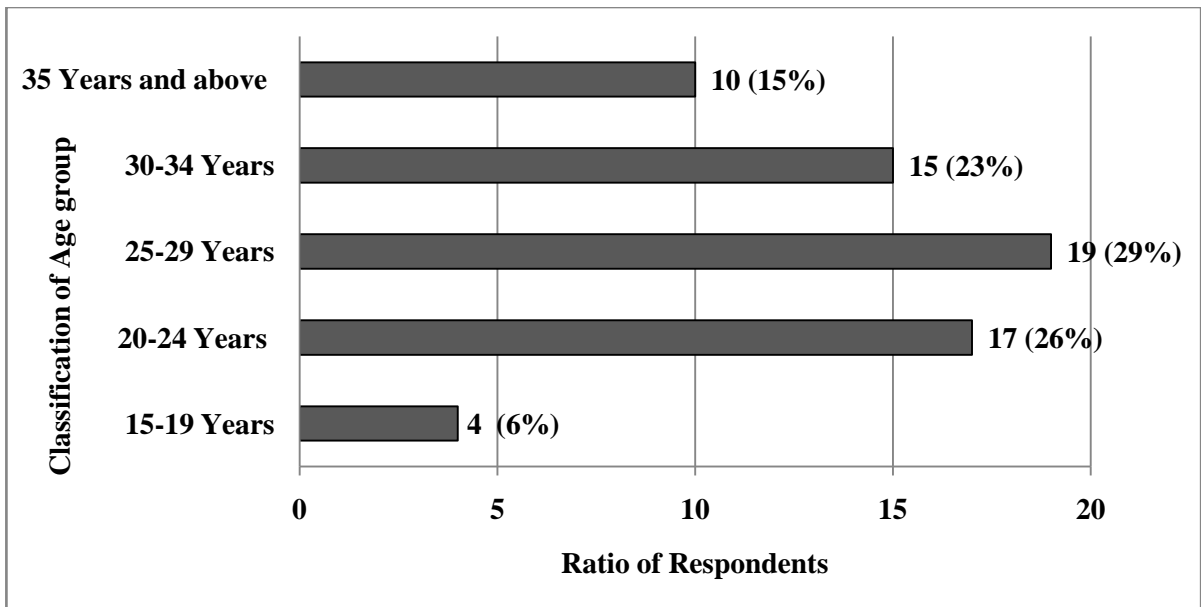


Figure 4.3: Age Structure of Respondents

Source: Field Survey 2013

The above figure shows the majority (26%+29%=55%) of respondents are belongs to 20-30 years age group which is known as very productive young age. A few respondents (6%) belong to 15-19 years age group but no one found below than 15 years old. In the FGD, the age of all 8 respondents was in between of 18-22 years old. During the interview with the staff of NIDC, they have stated that “most of the narcotic drug users start to use drugs from 18-25 years of their age.” The data of this study is also point out the productive age group of young generation is much influencing by the drug abuse problem in Pokhara.

4.1.4 Marital Status of Respondents:

Marriage may play an important role to resist the use of drugs which is directly related to the health of the users. Most of the women don't like the drug users because they have experienced the socio- economic impacts as well as effects on health status. In the case of married person, considering these experiences, most of the women do not let their husbands and other relatives to take any kinds of drugs and even alcohol. Therefore, marital status may affect drug abuse. But, in some families both couples use drug or alcohol together and enjoy with it. Some unmarried people use too much drug while some other uses much even after the marriage. It depends upon the habits of the users and their feelings of the responsibilities. So the researcher has studied the marital status of respondents. The finding is as below:

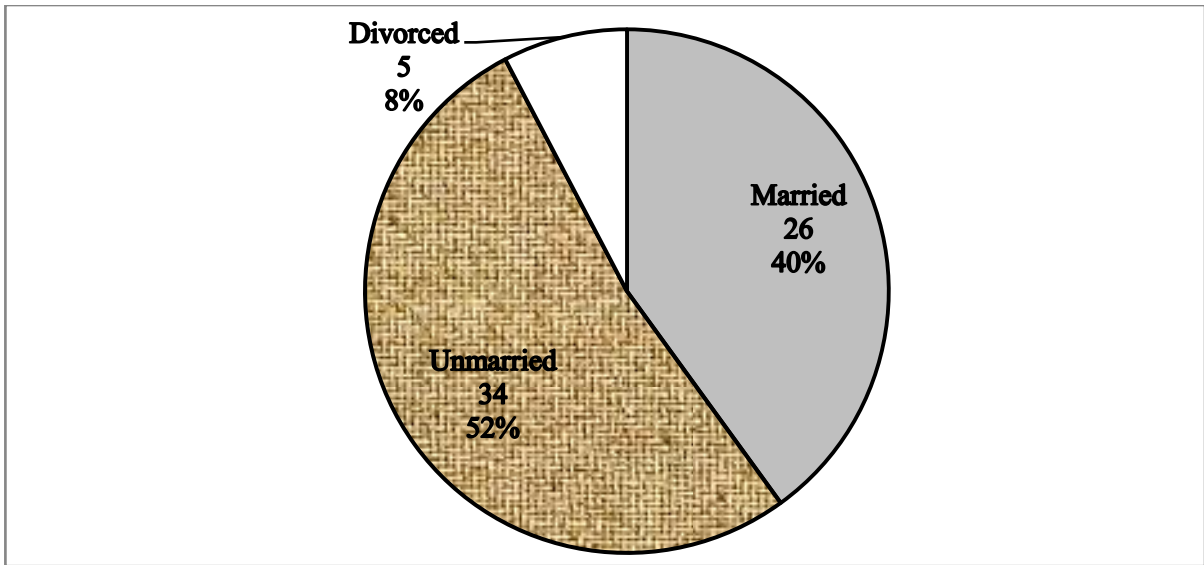


Figure 4.4: Marital Status of Respondents

Source: Field Survey 2013

As shown in the above figure, majority (52%) of respondents are unmarried whereas 40% respondents are married and 8% are divorced. This information shows that the majority of respondents/NDUs are unmarried. Married person may be much liable to their family than unmarried. Similarly, the married people may be controlled by the spouses. So, they may have less exposure on drug addiction.

4.1.5 Ethnicity of Respondents:

Nepal is caste and ethnically diversified country. There are many caste and ethnics have been living in Pokhara. Different castes and ethnics have their own cultural practices, traditions, occupations, family status etc in different manners which may indirectly contribute to start to use drugs. The population distribution ratio of respondents on caste and ethnics in the study area is shown by the chart as below:

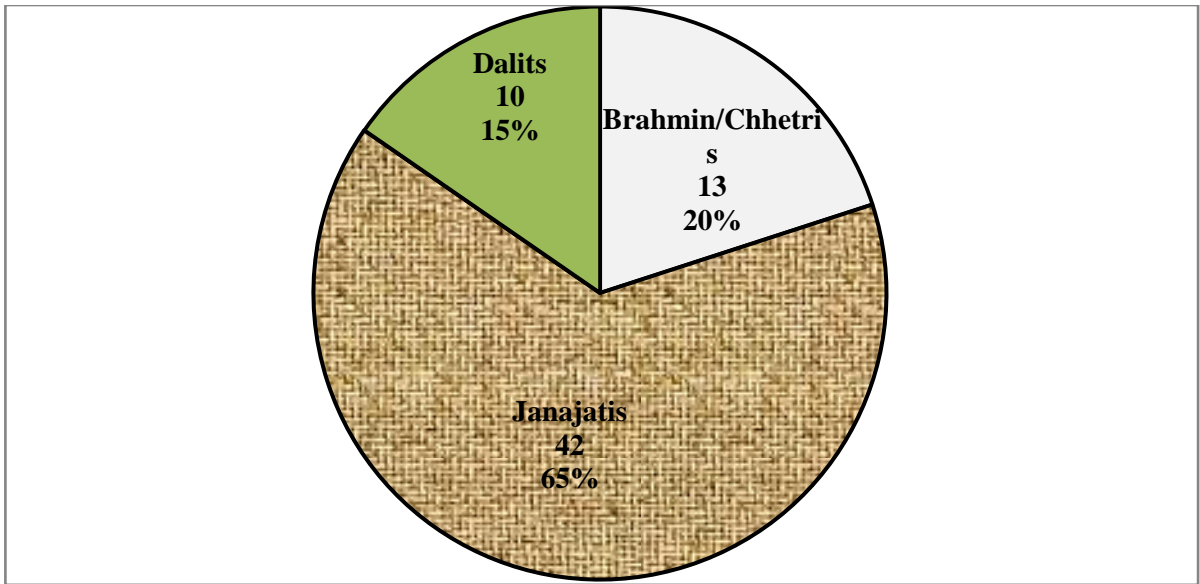


Figure 4.5: Ethnicity of Respondents

Source: Field Survey 2013

The majority of respondents belong to the Janajati groups which covered 65% of total respondents. Similarly, Brahmin /Chhetris are 20% and Dalits are 15%. The majority of population in Pokhara is belongs to Janajati groups (especially Gurung & Magar) because of the rapid migration from the surrounding villages of Pokhara and neighboring districts. Lauhure (Being British/Indian Military Personnel) system and working in abroad practices is very high among some Janajati groups in Pokhara, mostly the fathers are in abroad. In the FGD, it was found that most of the respondents' fathers are abroad. The absence of proper parental guidance may affect the drug abuse. The reasons will be clarified by next charts.

4.1.6 Religious Status of Respondents:

Nepal is religiously diversified nation. There are different religious groups are living together in the Nepal. All the religions are equally good and they are not promoting the use of drugs but it may indirectly contribute to start of drug use through the use of alcohol and marijuana in the various rituals and cultural practices. Only three types of religious people are found among the sample drug users' group in the study area. The data is shown in the chart below.

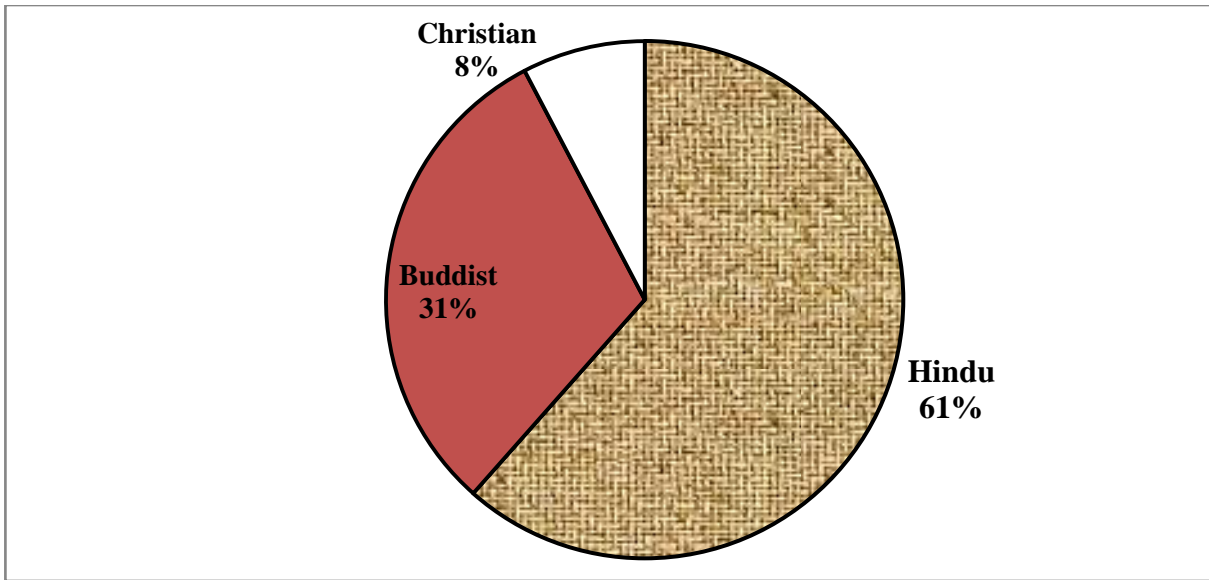


Figure 4.6: Religious Status of Respondents

Source: Field Survey-2013

Out of total respondents, 61% are Hindus, 31% are Buddhists and 8% are from Christian groups respectively. No one was from the Islam and other religious groups. This information indicates that most of the drug users have Hindu religious background; second majority of target group is Buddhist and the third one group is belonging to the Christian. The Christians community is also open and free. However they have not any ritual influences of religion on their drug use practice. On the other hand, the majority of total population in Pokhara is Hindus, Buddhists and Christians respectively. That's why the number of Narcotic Drug users may also display as per the distribution ratio of religious groups. The respondents from the Islam and others couldn't find during the survey. The number of Islamic people in Pokhara is very low. Thinking, the cultural practices under the religion may have some affects on drug abuse but the study couldn't find.

4.1.7 Educational Status of Respondents:

Education plays an important role to make the people aware from the effects of the drug. It helps in behavior change of the people. The use of drug may also depend up on the education status of the people. Normally, we can find that the uneducated or low educated people are using the drugs than the educated in the communities. Education is base of the art of living.

So, it is very necessary to know the educational status of the people. The education status of the respondents and their parents is given in table below.

Table 4.1: Educational Status of Respondents.

Education Status	Number	Percentage
Illiterate	1	1.5
Literate Only	0	0.0
Primary Completed	6	9.3
Secondary Completed	47	72.4
Intermediate Completed	10	15.3
No response	1	1.5
Total	65	100

Source: Field Survey 2013

The above table shows that majority (i.e.72.4%) of respondents are educated up to Secondary Level. In the FGD, all the 8 respondents were also under SLC. No one was admitted college for further higher education. This information indicates the most of the persons might have started to use drugs since their studying in secondary level and intermediate level of education. Actually, this is very curious age (teenage) and time to experience new things. Even who completed the Secondary or Intermediate level; most of them have dropped out the college. No one respondents is noticed who completed the Bachelor Degree and above.

4.1.8 Education Status of Parents of Respondents:

The level of education of parents is also can play the vital role to guide and lead the family members. The impact of the education status of parents to their offspring is analyses below:

Table 4.2: Education Status of Parents of Respondents

Education Status	Fathers' Education		Mothers' Education	
	Number	Percentage	Number	Percentage
Illiterate	1	1.5	2	3.1
Literate Only	14	21.5	13	20
Primary Completed	4	6.2	8	12.3

Secondary Completed	9	13.9	14	21.5
Intermediate Completed	5	7.7	0	0.0
Unknown	16	24.6	24	36.9
No response	0	0.0	0	0.0
Deceased	16	24.6	4	6.2
Total	65	100.00	65	100.00%

Source: Field Survey 2013

The above table shows the majority of respondents have parents with the low education backgrounds. If the parents are low educated or illiterate, they may not be able to understand the value of education. So, it may impact on their offspring due to the possible negligence of their parents on the education. So, the children may be unable to get the higher education and suffer from the addiction of narcotic drugs and other bad habits. This information indicates that most of the respondents are from the illiterate and low educated families than the higher educated families. So, it may be said that the education level of the parents is a key factor to guide and lead the family members.

4.1.9 Economic Status of Respondents:

The economic status of the people directly or indirectly affects on their health, education, behaviors, knowledge and living style. The people of higher economic condition may have higher education, health service and shelter etc. As a result, they can distinguish the effects of the use of drugs and can avoid the negative concepts towards the drug users in the society; so that they avoid the use of drug or stop it on time. That is why the economic condition also can guide the living style of the people. The people of low economic condition cannot afford money for their basic needs and deprive to get the better opportunities of education, health care etc which makes them illiterate and they don't aware about the affects of the drugs. Therefore such people may suffer from many socio –economic problems. Considering these factors, the economic status of the drug users were studied in the following topics here as below.

4.1.9.1 Occupations/Income Sources of the Respondents:

An occupation or Income source is one of the strong indicators of economic development of the people. Economic development of the people is related with the multi aspects of the human life. Occupation has linked with the level of educational attainment and with the total

change of the life style. The drug users were found to have different types of occupations and income sources. The table below is displaying the situation of occupation of respondents.

Table No: 4.3, Occupation/Income Sources of Respondents

Sources of Income	Number	Percentage
Unemployed	30	46.2
Local Job holders	14	21.5
Daily wages	6	9.2
Farming	5	7.7
Driving	3	4.6
Student	3	4.6
Business	2	3.1
Others	2	3.0
Total	65	100

Source: Field Survey 2013

As shown in the above table, the majority of respondents (46.2%) are jobless; similarly, 4.6% students also have not any jobs. So, altogether 50.8% respondents are unemployed. The rest of all (49.2%) different respondents have engaged on temporary based and lower profile various works which can't offer sufficient money even only to run daily normal life. In the FGD, out of 8 respondents, 5 are unemployed, one is painter and two are daily wage labors. This information indicates that most of the drug users are jobless. Those who are the jobless, most of them are under educated. Although, the unemployment itself is not the direct cause of drug addiction but engagement of person is major thing. If there is not job, various negative thinking may run in the mind. It may lead the young people to introduce the drugs. Similarly, some of the respondents who have been engaging the jobs/occupations, they said that the income is not sufficient even to run simple daily life. So, they are frustrated from their life and started to use drugs as said themselves.

4.1.9.2: Occupations of Parents of Respondents:

The types of occupation of parents has vital role to support the family members. The nature of occupation of the parents may have to impact on the life of offspring. If the parents mostly keep on busy for occupation and had to pay time to take care their children, there may not

enough proper caring and guidance for them. Finally, it may have impacts goes on children. The following table will reflect the status of occupations of parents of respondents.

Table Number 4.4: Occupations of Parents of Respondents

Occupations	Father		Mother	
	Number	Percentage	Number	Percentage
Deceased	16	24.6	4	6.2
Employed (Abroad)	10	15.3	0	0.0
Business	9	13.8	9	13.8
Pensioner (Army)	8	12.3	1	1.5
Daily wages Labor	5	7.7	5	7.7
Farming	4	6.2	9	13.8
Employed (Local)	4	6.2	4	6.2
No response	3	4.6	0	0.0
Jobless	3	4.6	2	3.1
Contractor	3	4.6	0	0.0
House Wife	0	0.0	31	47.7
Total	65	100	65	100

Source: Field Survey 2013

Note: only one respondent has lost both parents

The table shows that 30.8% (24.6%+ 6.2%) parents of respondents are already deceased and 15.3% are working abroad (Current Indian Army + civil jobs). As per the nature of occupations (deceased+ employed in abroad+ retired army+ daily wages labor) of their parents, 66.1% respondents might deprive to receive the well guidance from their both member of parent. Single supervision might not have enough for proper guidance during the teenage to the age of 25 years. During the interaction with the respondents in the FGD, the participants said that ‘a few of their parents are working in abroad; few are working as daily wages in Pokhara. Even those who are in Pokhara, they had not enough time to take care their children.’ The data is showing that most of the respondents, whose fathers are/were mostly far away from them during the potential age (13-25), are falling on addiction of drug abuse. Mothers’ role to guide the children is also very important but single parental care may not enough to all respondents.

4.1.9.3 Monthly Income of Respondents:

Drug users have their monthly income to fulfill their needs and make their status. The monthly income of drug users (respondents) are shown in the figure and analyzed as below:

Table No 4.5: Monthly Income Ratio of Respondents

Income level of Amount (NRs)	Respondents	
	In Numbers	In Percentage (%)
No- Income	34	52
Up to 5,000	5	8
6,000-10,000	16	24
11,000-15,000	3	5
16,000-20,000	3	5
21,000 and above	1	1
No Response	3	5
Total	65	100%

Source: Field Survey 2013

As shown in the above table, majority (52%) of respondents (30 unemployed +3 students + 1 farmer) have not any incomes. The rest, one third (32%) of respondents' (Mostly are married and have dependents) monthly income is less than NRs. 10,000/- which may not sufficient to survive in Pokhara- an expensive city. Only 11% respondents have more than NRs 10,000/- as their monthly income. This information indicates that the majorities of drug users are unemployed and low level of income. The situation of unemployment and non sufficient income even doing hard works may contribute to generate the level of frustration among the people. Ultimately, the frustrations may lead the people towards the use of alcohol and gradually reach to the narcotic drugs. During the interaction with the respondents in the FGD, most of them (6) were unemployed and only 2 have been doing partial job which is not sufficient for their daily expenses that they said.

4.1.9.4: Annual Tentative Income of Families of Respondents (In Current Days):

Family income is one of the strong indicators of economic development of the people. Economic development of the people is related with the multi aspects of the human life. If a family income is good, it contributes to attain good education and total change of the life style. The families of respondents were found to have different level of incomes. They were studied and reports are shown in the figure as analyzed as below.

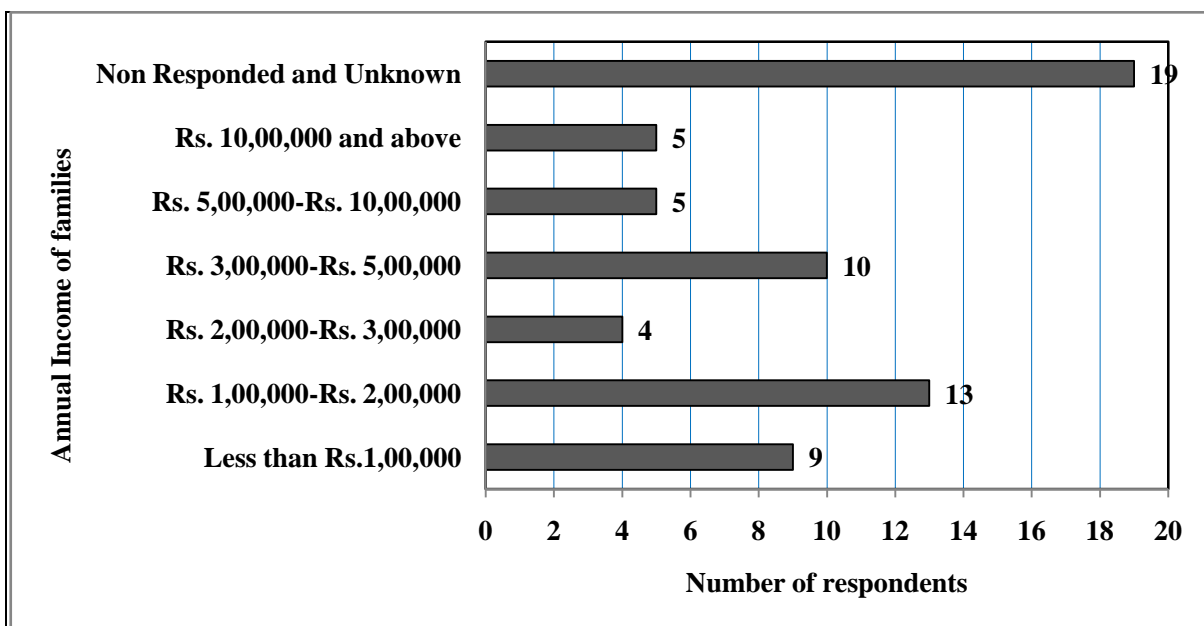


Figure 4.7: Annual Income of Families of Respondents

Source: Field Survey 2013

The above figure shows that out of total 65 respondents, only 46 have given the information about the yearly income of their respective families. Out of 46 informants, 9 (ie: 19 %) families have less than NRs 1 Lakhs income per year which is very limited amount to support a family of 4 people in Pokhara. 13 (ie:28%) families have NRs1-2 Lakhs per year income. The data has shows that drug users are from different economic status. Both, the higher and lower income status of respondents have equally involvement in drug addiction.

4.1.9.5 Sufficiency of Family Income:

From the study, it came to know that the respondents from different economic status were involved in narcotic drug addiction. Different families of respondents have earned different amount of money but it's sufficiency to run the family is much important. The following figure shows the clear information about the sufficiency of annual family income of respondents.

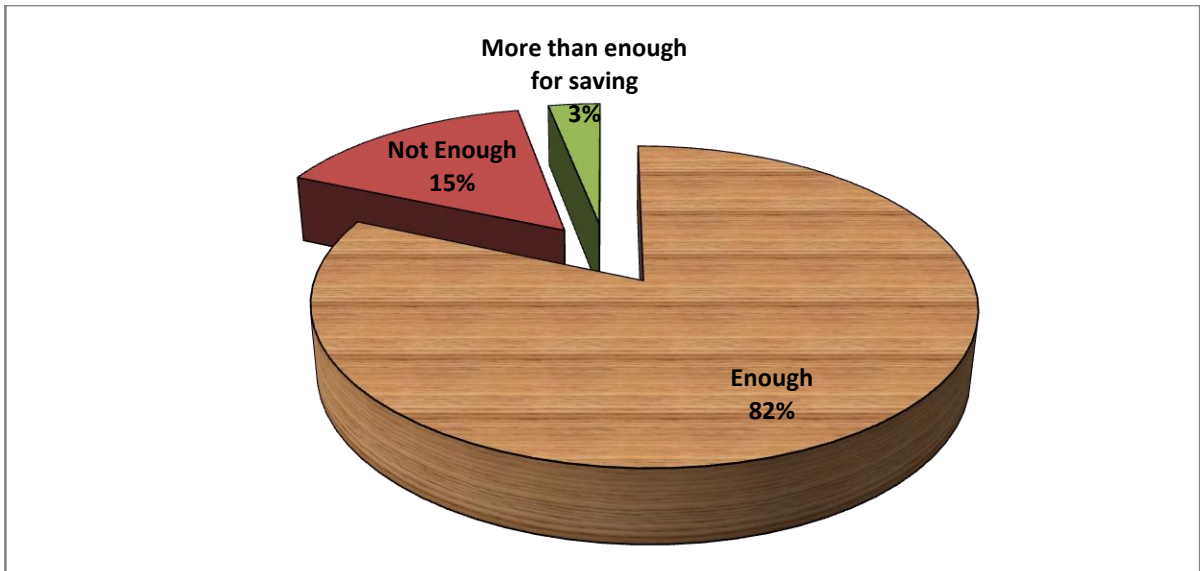


Figure 4.8, Sufficiency of Family Income

Source: Field Survey 2013

This figure is showing that, 82% families have enough to run their daily life and only 3% of total respondents have more than enough and can save the certain amount of money from their yearly income where as 15% families have not enough to run their daily life from their existing yearly income, for. Even during the interaction at FGD, the respondents didn't want to explain about the issue. A few of them, it needs to ask the parents.

CHAPTER-FIVE

FACTORS AFFECTING DRUG ABUSE

There are several causes of drug abuse. Some people use drug for enjoyment and some use to reduce their mental tension. Most of the teenagers use the drug as a new experience and the pressure of friends that makes them a habitual of using drugs in their life. So, it is necessary to find out the causes of using drugs. Therefore, this study has tried to explain some social factors of using drugs in the study area.

5.1. Family Related Factors:

Cultural and family patterns can also contribute to start the drugs by the people. If the family environment is good, there are fewer chances to start drugs by the family members. Similarly, the result will be vice versa if the family environment is tense. The findings are as below on the base of following key specific elements.

5.1.1 Care of Respondents at Home during the Teenage:

The teen age is like the foundation for future. This is very crucial period because the person would like to experience every new thing at this time and it's difficult to analysis what is right or what is wrong? So, the proper guidance from the family members and neighbors is very necessary to track them to the good behaviors. In the following chart, we can find the caring of respondents by their family members during the teenage.

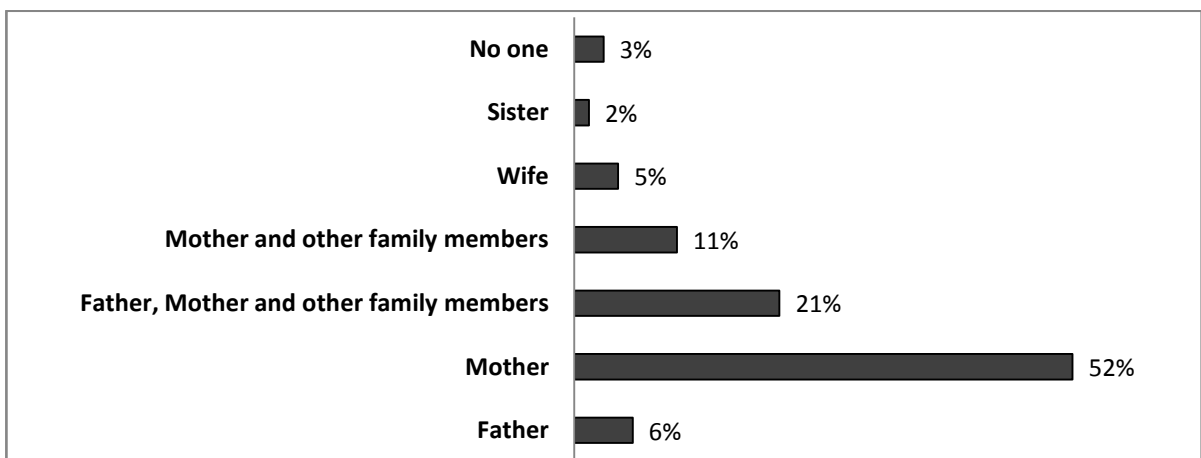


Figure 5.1: Main Care Takers of the Respondents at Home during Their Teenage Period

Source: Field Survey 2013

The above figure shows the majority 42 (i.e. 65%) of the respondents have got only single parental care either only by mothers or father or wife or sister whereas 21 (i.e. 32%) respondents got multiple parental cares. Similarly, 2 i.e. 3% respondents didn't get any parental care. The father's proper guidance may have to play vital role to develop the career. Usually, in our communities, the children are much complies with the fathers than the mothers. So, it can be said that the proper parental care/guidance towards the children is very essential. If someone has both parents at home but they don't guide and cared to their children properly, they also might have chances to falls on such drug addiction.

5.1.2: Drug use Situation among the Family Members:

There are many causes to use drugs. Out of them, family environment is also a factor to use drug. The way of living is also depend up on the family environment. If there is a drug user in the family, it has bad impacts falls up on the whole family. It creates the financial and mental tension among the family members. Gradually, the other family members may also start to use the drugs.

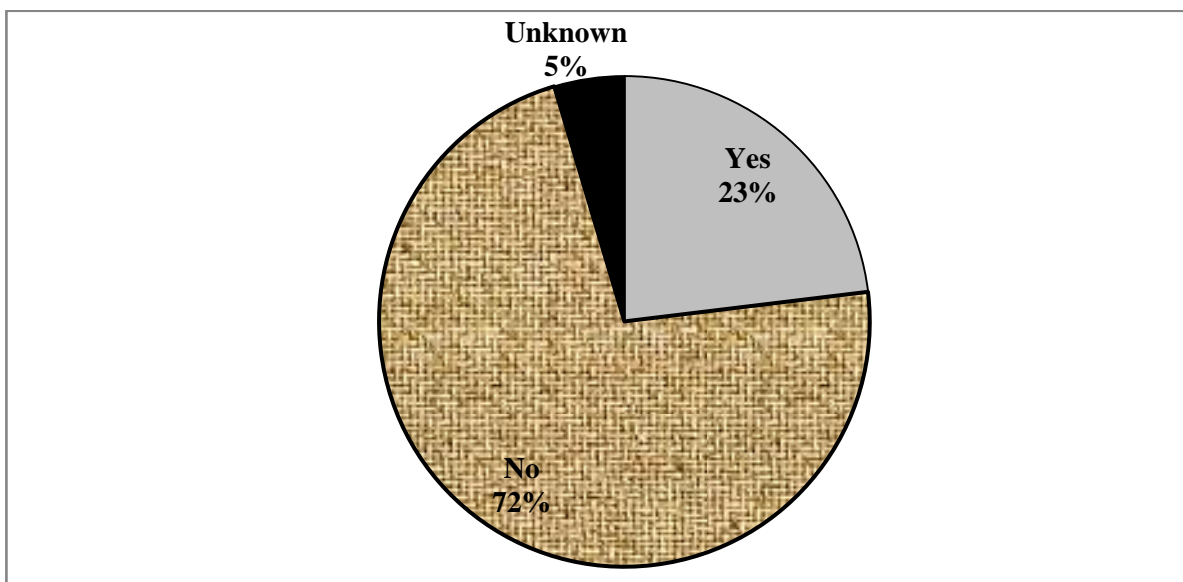


Figure 5.2: Drug using Situation of Family Members of Respondents

Source: Field Survey 2013

The figure shows the majority (72%) respondents have no drug users in their family whereas 23% of respondents have already drug users in their family which encouraged them to imitate/start to use drugs that have clearly stated during the interviews. Generally, children

are curious to know about new things and like to imitate the new practices. Those 23% respondents have started to use drug below 16 years of their age that they have explained during the interview.

5.1.3: Relationship of Respondents with Their Family Members before Using Drugs:

The relationship with the family members is also becomes a cause of drug use. If there is not good relationship with the family members, it may contribute to create a kind of frustration and ultimately may become the cause of being a drug user. That is why; the study has covered the relationship of respondents with their family members. The table below is reflecting a kind of information.

Table 5.1: Relationship Status of Respondents with Their Families

Indicators	Relationship with wife		Relationship with parents		Relationship with siblings		Remarks
	Number	Percentage	Number	Percentage	Number	Percentage	
Good	22	71%	58	89%	58	89%	Relationship with the wife is only calculated among the 31 (48%) married respondents
Bad	1	3%	1	2%	2	3%	
Average	5	16%	5	8%	4	6%	
No response	3	10%	1	1%	1	2%	
Unmarried	34						
Total	65	100%	65	100%	65	100%	

Source: Field Survey 2013

The above table shows that majority (71%) of respondents had good relationship with their wife (only in the context of married), parents and siblings before using the drugs. Only a few of them had bad relationship. It means, only the bad relationship with the family members may not be the main cause to be a drug user. Or, the respondents might have hesitated to state their relationship as bad.

5.1.4: Family Support on Initiated Works by Respondents:

If someone would like to initiate to do something new and did not receive any kind of cooperation from the family, s/he may frustrate which may lead to use of drug. This study is tried to find and analyze such situation as below:

Table 5.2: Family’s Supports on the Initiation of Respondents.

Particulars	In number	In Percentage
Good support	45	69.3%
Average support	16	24.6%
Not good support	3	4.6%
Totally negative in support	0	0.0%
No Response	1	1.5%
Total	65	100.0%

Source: Field Survey 2013

The above table shows that the most of the respondents (69.3%) have received the good cooperation where as 24.6 % have received average support and only 4.6% have not received the good cooperation from their respective families. Despite the good cooperation from the family on their initiations, the other factors might provoke the respondents to use the drugs.

5.1.5: Specific Family Incidents Affecting Drug Abuse:

Domestic incidents may also become the cause of being a drug user. That is why a question was asked to all the respondents on family incidents. The finding is as below:

Table: 5.3: Status of Affecting Drug Abuse by Specific Family Incidents

Any family incidents provoked you to use narcotic drug?		
Status of response	Number	Percentage
Yes	6	9.2%
No	59	90.8%
Total	65	100.0%

Source: Field Survey2013

The table shows that the huge majority (90.8%) of respondents said that they were not provoked to use drugs by family incidents whereas only 9.2% respondents started the drugs due to the domestic incidents. According to additional information collected during the interview, these 9.2% respondents met the following incidents (i) financial crises in life (ii) husband neglected and divorced (iii) death of the father and plan remained incomplete, iv) father behaved rudely and family environment was not so good.

5.2. Community Related Factors:

The community or society is also one of the major nurturing factors for human beings. A person can learn many things and develop his/her personality from the communities where s/he lives. Normally, different types (occupations, cultures, ethnicity, behavior etc) of people are living in the communities. One's behaviors' can affect to the others.

5.2.1: Drug Users in Community and Surrounding Area:

There are different types of people are living in a neighborhood. So, one's behaviors can adopt to other. If there are some NDUs are living in a community, some of the other people may adopt their habits as well. The following figures are showing the impacts of neighborhood.

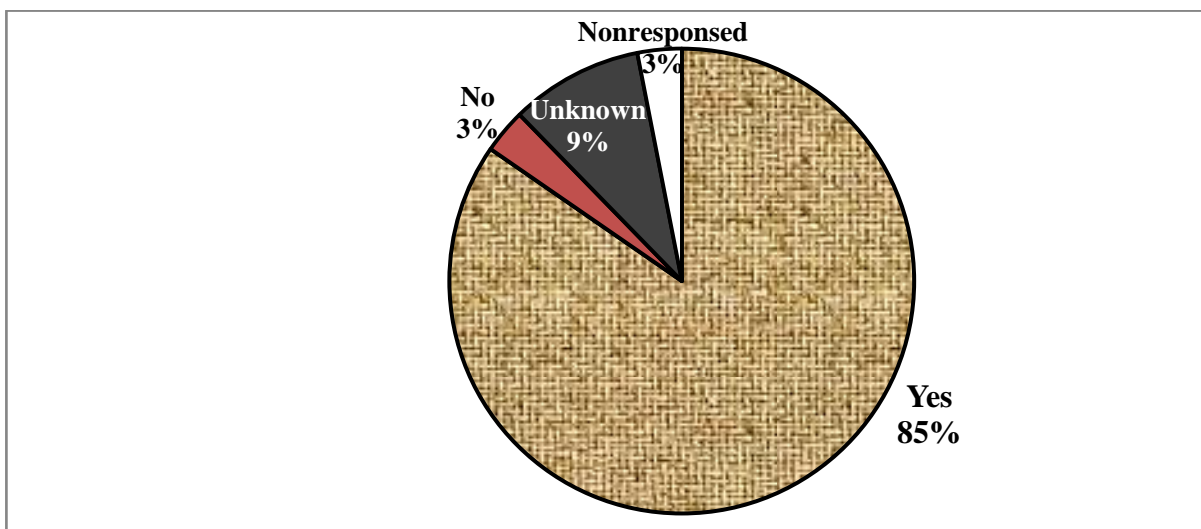


Figure 5.3: Effects of Neighbors

Source: Field Survey 2013

The above figure shows the majorities (85%) of respondents reported that some drug users were already have been lived around their neighborhood. They have seen their drug using habits many times. Some of the respondents clearly said that “they have frequently kept on touch with them and gradually learnt to use drugs”. Even during the FGD, all the 8 respondents said that they have learnt to use drugs from the elder brothers/peers from the same communities. So, the affects of neighbors may be an influencing factor to widen the drug use practices.

5.2.1.1: Drug Availability in Community and Surrounding Area:

If some local drug dealers are living around the residential area and supplying the drugs illegally, it may have direct or indirect impacts falls on some of the community people especially the youths. If the drugs are easily available in own community, the curiosity of young generation may want to experience and gradually become as a habit. This possible situation is also incorporated in this study and analyzed as below:

Are there any drug dealers living around your neighborhood?

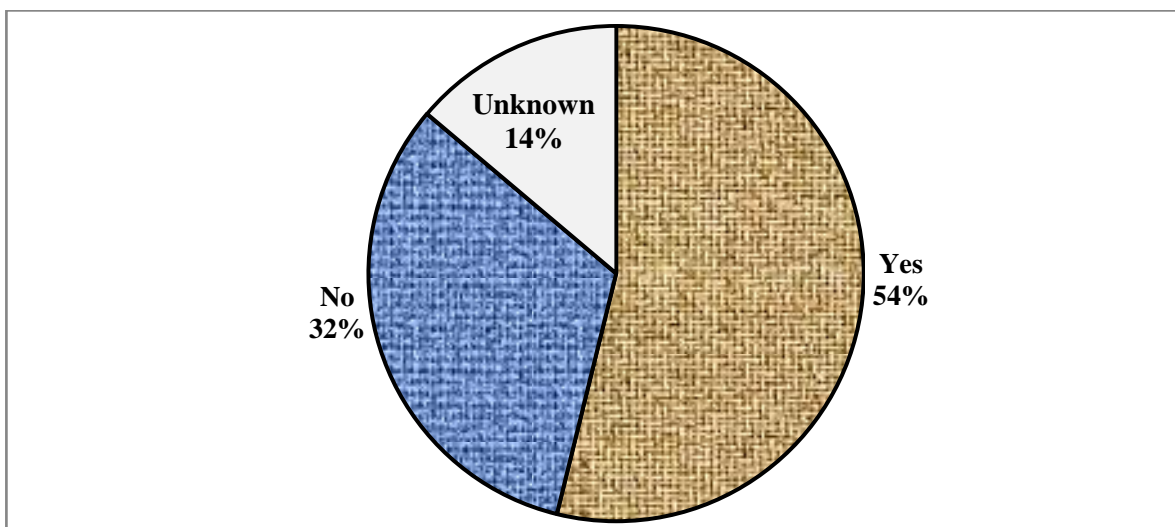


Figure 5.4: Impacts of Drug Dealers living around the Neighborhood

Source: Field Survey 2013

The figure shows the majorities (54%) of respondents said that there are illegal drug dealers also living surrounding their residential area. During the interview, some of them have said that they have imitated to use narcotic drugs from the local drug dealers themselves and later on start to buy from them when become habit. During the FGD, the respondents said “if the drugs are easily available in the own communities, the number of new users may increase from same communities because at the beginning time, they don’t have good idea to get drugs (Saamaan) from illegal markets”. The NGO staff also said that while the drugs are easily available, it has trend to increase the number of users at several communities (toles) in Pokhara.

So, it can say directly or indirectly that a community environment is also one of the influencing factors to be a good or bad person in the society.

5.2.2: Influence of Peer and Family Members:

Influence of peer and family members can be a potential source to initiate drug use practice. The researcher tried to identify such sources.

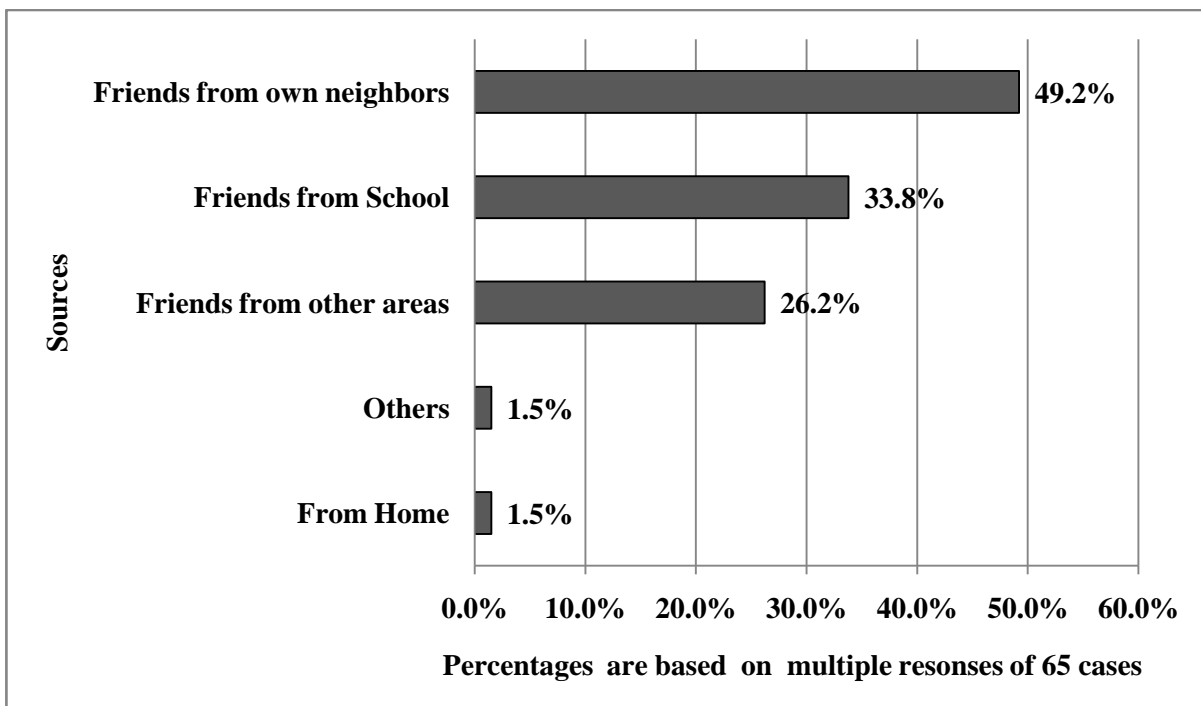


Figure 5.5: Influence of Peer and Family Members on Drug use Habit.

Source: Field Survey 2013

The above table shows many (49.2%) of respondents learnt to use drug from their friends from own neighborhood. Similarly, 33.8% learnt from school friends and 26.2% learnt from the friends who are living other area (tole) of Pokhara. The information shows that the main sources to start the drugs are the friends from neighborhood and school. Learning to use drugs from school is very hazardous. It can be said that the social environment is important where a person mixes up frequently.

5.3 Immediate Causes of Drug Abuse:

There may have other more specific causes to use the drugs. To identify such causes, the study has made the queries to respondents. The findings are as below:

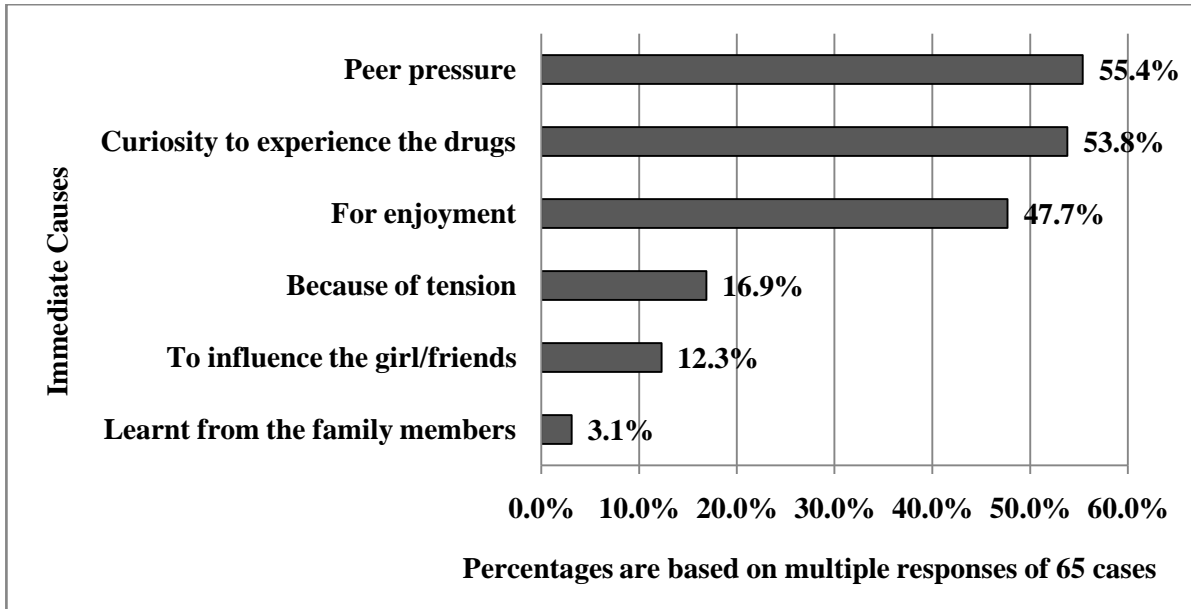


Figure 5.6: Immediate Causes of Drug Abuse.

Sources: Field Survey 2013

As shown in the above figure, there are different specific immediate reasons of starting of narcotic drugs among the different respondents. The majorities (55.4%) of respondents stated the peer pressure; curiosity to experience is 53.8% and for enjoyment is 47.7%. Actually, all these three major immediate factors are quite matching with the behavioral nature of youths. Most of the young people may have several colleagues from different areas; they have curiosity to experience new things and usually would like to get fun. If there are more creative options (like games, music, jobs etc) to engage the youths, it may reduce the prevalence rate of narcotic drug addiction. In the FGD, most of the respondents have also highlighted the same causes. They stated that peer pressure is the main one than the curiosity to experience of new things and enjoyment. As per above data, curiosity to experience is also second immediate factor to introduce drugs among the youths.

However, the study is shows, peer pressure, personal instinct (curiosity to experience/use of new things and to get pleasure), and familial/personal problem (tension) are the major factors to use drugs.

5.4. Information/data on Narcotic Drug use Practices in Pokhara:

The drug use practices, starting age of using narcotic drugs, availability or sources to get drugs etc. are important factors to know in the study because the scenario of using narcotic drugs in Pokhara may be different than other locations. So, the study has incorporated such relevant information along the study which is mentioned below:

5.4.1. Age at first Intake of Narcotic Drug:

The teenage period or young age is very important for all. Each person would like to explore and experience the every new thing. People might like to experience the drug use from this period. So, the researcher tried to get the information in this regards. The findings are as below:

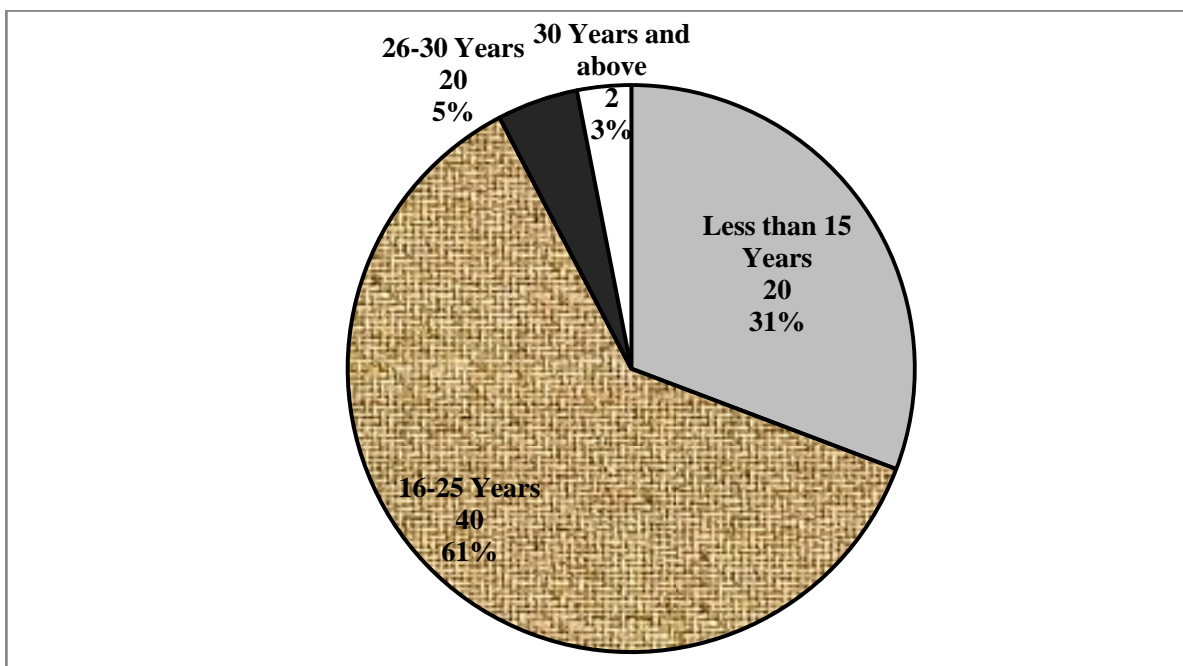


Figure 5.7: Age first Intake of Narcotic Drugs.

Source: Field Survey 2013

The above chart shows that most of the respondents have started to use narcotic drugs from their age of 16-25 years which is 61% of total respondents where as below the age of 15 is also 31%. In the focus group discussion, 3 respondents have started narcotic drugs from the age of 16 years and before that they used cigarettes and alcohol (Raksi) while they were school students. Even the rest 5 were also started around 18/19 years age. The age around 15

and to 25 years is very crucial and important period for every human being. This is the important time to take the track of future. If this period is spoil/ misuse, the future may also uncertain. This period is much curious to experience the new things; the mind is also become unsteady. So, continue proper guidance is very necessary for this period.

5.4.2 Consumption Methods of Drugs by the Respondents:

The consumption pattern of drug is directly or indirectly connecting with the availability, capacity to pay for the drugs, habits, level of addiction etc. So, the ratio of consumption methods of drugs is also can find diverse in different locations and groups. In terms of Pokhara, the consumption method of narcotic drugs by the NDUs is as below:

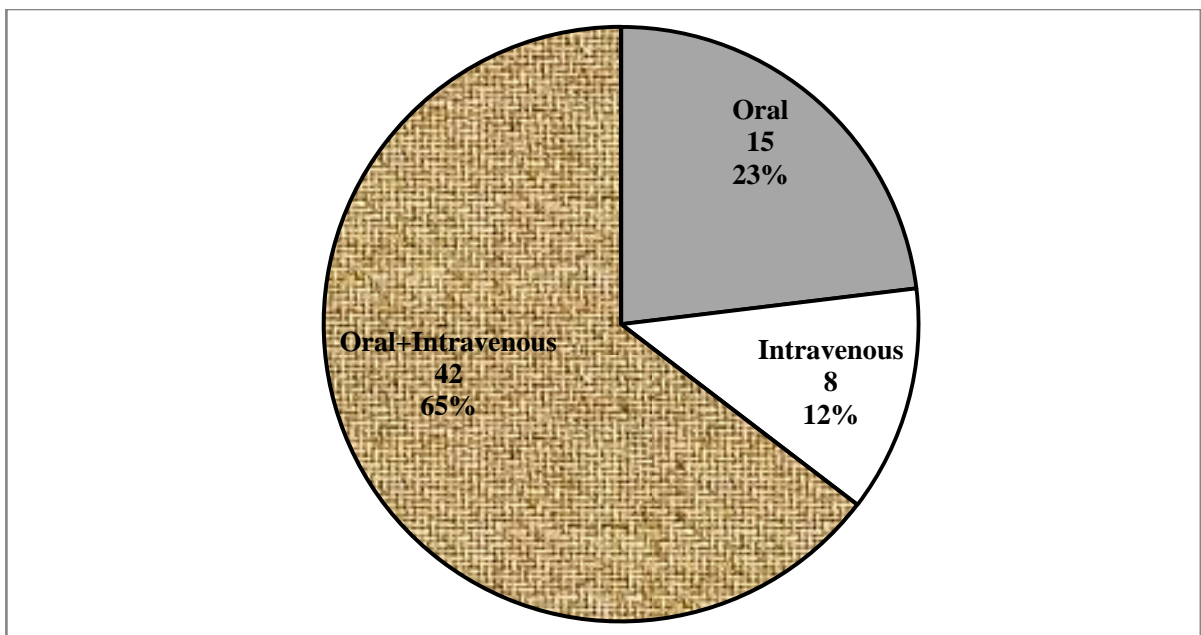


Figure 5.8: Drug Using Methods by the Respondents

Source: Field Survey 2013

The above figure shows the majorities (65%) of respondents are applying oral plus intravenous methods to use drugs; whereas the percentage of only oral and only intravenous (IV) are respectively 23% and 12%. With the quarries, while filling up the questionnaires to the combine user respondents, they have replied that ‘it is because all the time the money is not enough to buy the drugs for intravenous method and some time it become shortage in the market but the tablets (ie: nitro-vats) for oral use are cheaper and mostly available.’ Some of them added that if they have money, ‘they like to use intravenous drugs because it can give

different types of enjoyment'. With the equerries to only oral users, some of them have said that they have just experiences of oral method only and don't like to use intravenous method. Some of them added that it's much risky for various diseases ie: HIV. The only intravenous users have said that they also have begun to use drugs from oral method but gradually applying the intravenous method and the pleasure from IV drugs is unique.

In the FGD, all the respondents (8) are injecting drug users and some time they use oral drugs during the crisis of injecting drugs. They like to use injecting drugs 'because injecting drugs are easier to find in the market and the level of enjoyment is also much pleasure than oral tables'. According to them, 'the numbers of injecting drug users are more than oral users in Pokhara and combine use of drugs is much popular among the injecting drug users.' According to them the combine use means mixing of 2 or more drugs at a time. As per the FGD respondents, following drugs are much popular among the drug users in Pokhara:

1. Nrophin G
2. Diazepam
3. Phenergan
4. Stargun
5. Tidigesic (T)
6. Avil
7. Elgic
8. Brown sugar (Dhulo)
9. Nitro-Vat (Gotti)

According to them, only a few people have use brown sugar because it is much expensive and hard to find easily in the local illegal market. Injecting method to use drugs is much popular among the narcotic drug users in much popular but during the crisis of injecting drugs, they compel to use oral method. According to the discussion with the participants, they have stated that 'the main source of to get drugs are illegal local drug dealers. Such drug dealers are not pharmacists or medical person, they themselves are also drug users and illegally brought some amount of drugs from the bordering cites (Sunauli and Raksoul) of India and use to sell to the local drug users. Some time, the other users themselves also use to bought from India and

consume as per their needs. Minimum NRs 500-700 is must necessary to use a single dose of drug/day. It's getting much expensive day by day. If somebody needs more doses/day, they must save much money accordingly. (Source: FGD, 14 Sept 2013).'

5.4.3 Duration of Drug Abuse:

The researcher was tried to collect the information about the duration of drug abuse practices adopted by the respondents. The findings are as below:

Table: 5.4: Duration of Drug Abuse

Duration	Number	Percentage
Less than 1 Year	2	3.1
2-5 Years	14	21.5
6-10 Years	20	30.8
11- 15 Years	20	30.8
16 Years and above	9	13.8
Total	65	100.0

Source: Field Survey 2013

The table shows that majority (75.4%) of respondents have been used drugs since more than 6 years to onwards. Even out of them, 13.8% have been used since last 11 years to more than 16 years. While further query during the interview with the respondents who used drugs since more than 6 years and above, most of them have already tried 3-4 times to quit the drug use habit and admitted to the different rehabilitation centers in Pokhara but later on relapsed. According to them, “the main factor of relapse was accompanied with same friends (other users) even after quitting the drugs and not having the right place for engagement”. The information has indicates that it is easy to start but much difficult to quit the drug use habit and several social factors may have to play effective roles behind the drug abuse habit.

5.4.4 Frequency of Drug Abuse:

It is important to study/know the drug abuse frequency of drug users living in Pokhara. The drug using pattern may differ as locations. There are many factors are connecting with the consumption ratio. The study has shown the following findings:

Table 5.5: Drug Abuse Frequency of Respondents

Frequency	Number	Percentage
Some Time	4	6
Daily	42	65
A time / Two Days	7	11
Two Times/Week	11	17
One Time/Week	1	1
Total	65	100

Source: Field Survey 2013

The above table shows that the majority (65%) of the respondents are using drugs on daily basis. According to the verbal information from the respondents those started to use narcotic drugs from the last two years, most of them have been using on daily and a few of them are using alternate a day. Similarly, the new users who have been using since last one year, some of them have been using weekly basis, and some are using bi-weekly or some time. During the interview and focus group discussion, most of the daily using respondents said “they have being addicted and living without the drug is very difficult to kill time for them. If sometime has gap to use drug, they feel a kind of unmanageable situation”.

In the FGD, all the participated 8 respondents were daily drug users. Most of them use the drugs once a time per day and some of them use twice per day. They stated that ‘If they have money, they like to use other more times for much pleasure and to get relief from tension. According to them, ‘the main causes of tension are uncertain future and unproductive life in current days’ that they have said.

CHAPTER-SIX

EFFECTS OF DRUG ABUSE

One of the main purposes of this study is to find out the effects of drugs on personal status, socio-economic and health status of the drug users. The effects of drug are depending up on using quantity of drugs by the users. It depends up on the using habits of the users. Some people use drug many times a day, some of them use a bit, some use the hard and expensive drugs, some use common types of drugs. Too much using of drugs and using of expensive types of drugs affects on socio-economic as well as health status of the users. The health status is directly proportional to the socio- economic condition of the people. Most of the serious drug users have low socio –economic condition and as result they may have problem on their health status. There are so many effects of using drugs among the users.

The consequences of drug use have various aspects (physical, mental, capacity enhancement, economic, emotional conditions etc.) of personal life and family status as well.

6.1 Effects on Relationship:

The drug use habits can effects on relationship. The relationship of drug users with family members and neighbors may have different before and after adopting the drug use practice. The findings of the study on relationship status are as below:

Table 6.1: Effects on Relationship Status after Drug Use

Relationship after drug use with:→	Wife		Family members		Neighbors	
	Number	Percentage	Number	Percentage	Number	Percentage
Good	2	7%	7	11%	6	9%
Bad	19	61%	42	65%	37	57%
Same as before	9	29%	15	23%	21	32%
No Response	1	3%	1	1%	1	2%
Total	31	100%	65	100%	65	100%

Source: Field Survey 2013

Note: Concerning the relationship with wife, the information is calculated only among 31 married respondents and with others, all 65 respondents were calculated.

As shown in the above table, the relationship status of majority respondents with their wife (only married), family members and neighbors are bad after adopting the drug use practice. Disputes, unable to pay time for family members, quarrelling, lack of interaction & divorce (only for married) are the common types of incidents which they faced after the drug use. Only a few respondents said the relationship status is good. Though the responses are said well and they might hesitate to explain facts. In the FGD, all the respondents said the relationship with their family members got worse than before drug use. According to them, “no one in family trusts them as before.

This information and data indicates the drug use practice creates the problems on relationship status among the family members and neighbors. Thus we can conclude that the drug affects on relationship status of the users.

6.2 Effects on Health Status:

Drug abuse creates many health problems. It affects on physical, mental and emotional conditions of the human body. Drug plays a vital role in degrading the health status. Most of the abusers are found to have suffering from different health problem like loss of appetite, unhealthy feeling, tremor hands and fingers etc. It may also cause some dangerous diseases like liver problem (hepatitis), cancer, tuberculosis; diabetes, uric acid, gastritis, ulcer, hypertension etc. and similarly the users may suffer by the infection of HIV/AIDS and STIs. The researcher detected such effects on drug users which are analyzed as below.

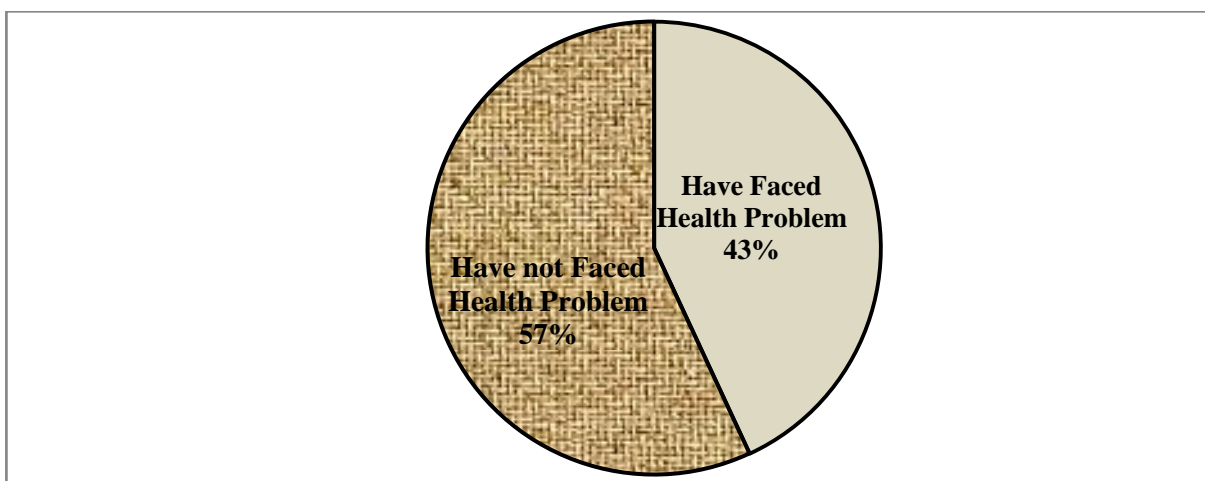


Figure 6.1: Status of Health Problem due to the Drug use Practice

Source Field Survey 2013

As shown in the above figure, majority (57%) of respondents answered that they have no any health problem yet but remarkable (43%) respondents have faced various health problems due to the adaptation of drug use practice. Despite such information, some respondents might hesitate to explain as truth.

6.2.1. Types of Health Problems due to Drug Abuse:

As above figure 6.1 shows 43% respondents faced health problems due to the drug abuse habit. The type of health problems faced by the respondents is analyzed below:

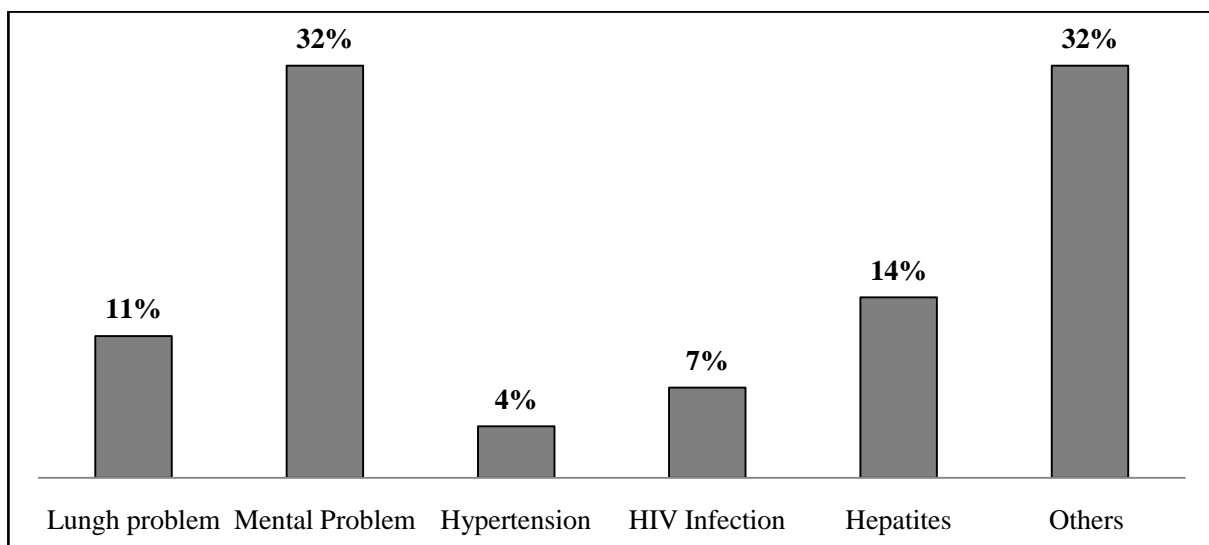


Figure 6.2: Types and Ratio of Health Problems due to the Drug Abuse

Source: Field Survey 2013

The above figure shows that 32% respondents faced the mental problem. During the interview, they have clearly said that “they have lost credibility, creativity, property and even spoiled the health. So, it is hard to manage the life. The past and present are spoiled and the future is dark that they have added.” Due to such problems, the mental problem might arise among them. This information indicates that the drug use practice is one of the major causes of health problem which has multiple links with the various aspects of life.

6.2.2 Opportunities Missed by the Respondents due to the Drug Abuse Habit:

Due to the drug use habit, several people may have lost the credibility. Similarly, it is very hard to manage the time for daily works. The researcher is tried to cover such issues in the study. The following figure is displaying the findings in this regards.

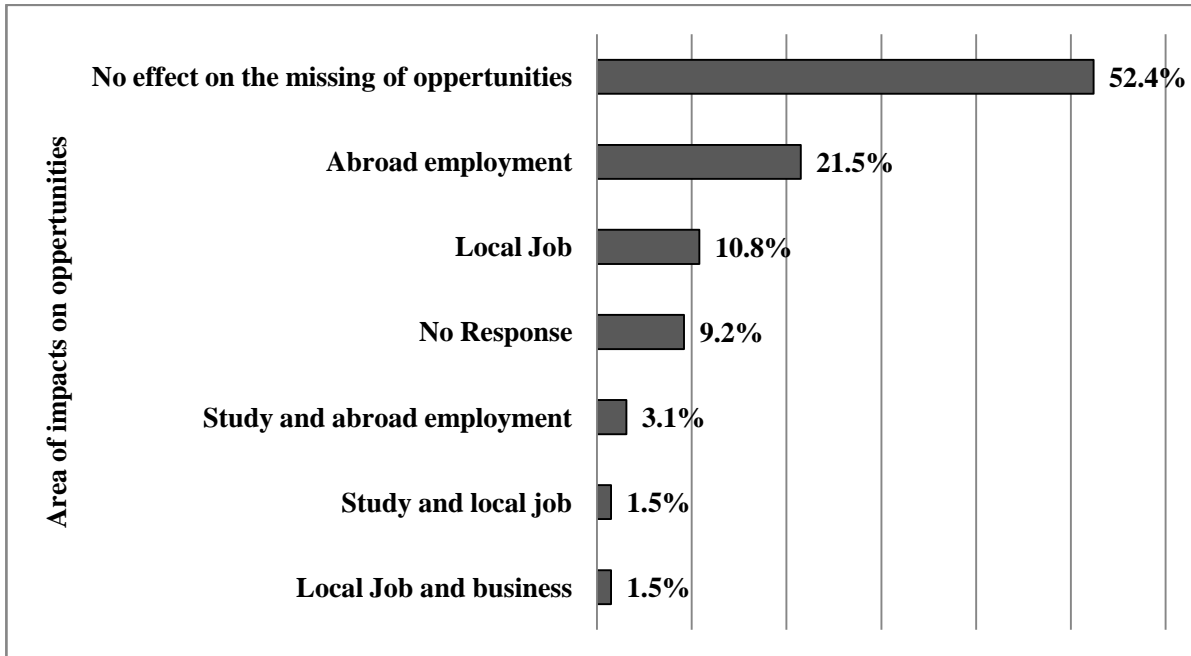


Figure 6.3: Kinds of Opportunities those missed by the Respondents due to the Drug Abuse Habit

Source: Field Survey 2013

The above figure is showing the remarkable (47.6%) size of respondents have missed various types' opportunities due to the adoption of drug abuse habit. Out of them, 21.5% have missed the opportunities of abroad employment, 10.8% have missed local jobs and some are missed mixed opportunities and 9% didn't response. Similarly, 52.4% respondents have not missed any opportunities. The 52% respondents might hesitate to say the facts. In the FGD, all the 8 respondents have dropped out the study due to the adoption of drug use habit. Most of them have said that nowadays, they are regretting and worrying about the uncertainty of future.

6.3 Effects on Enhancement of Personal Capacities:

Drug use behaviors can make harms in different aspects of users' personal life. Due to the drug use, they may miss various opportunities and enhancing the capacity buildup. So, the researcher has put the some inquisitions to the respondents during the study to identify the consequences of drug abuse on enhancing their capacity. To find the result, the following question was asked to the respondents. The finding is displaying by figure as below:

Due to the drug abuse behaves, have you faced any problems on enhancing the qualification /capacity build up?

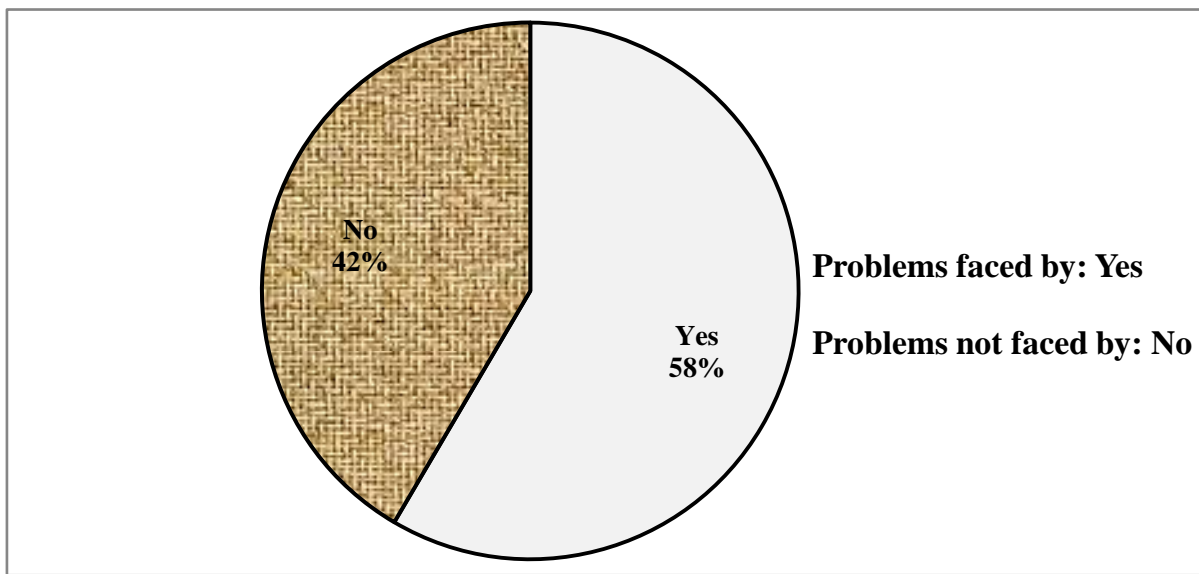


Figure 6.4: Effects on Enhancement of Personal Capacities

Source: Field Survey 2013

The figure shows the majority (58%) of respondents answered that they have faced problems on enhancing their capacity and 42% respondents have not faced any problems yet due to the adopting of drug use practice. Those who said no, they might have hesitated to say the facts.

6.3.1 Types of Problems on Enhancing the Qualification/Capacity :

The finding of the study about the types of problems on enhancing the capacity buildup process are faced by the respondents is reflecting through figure below.

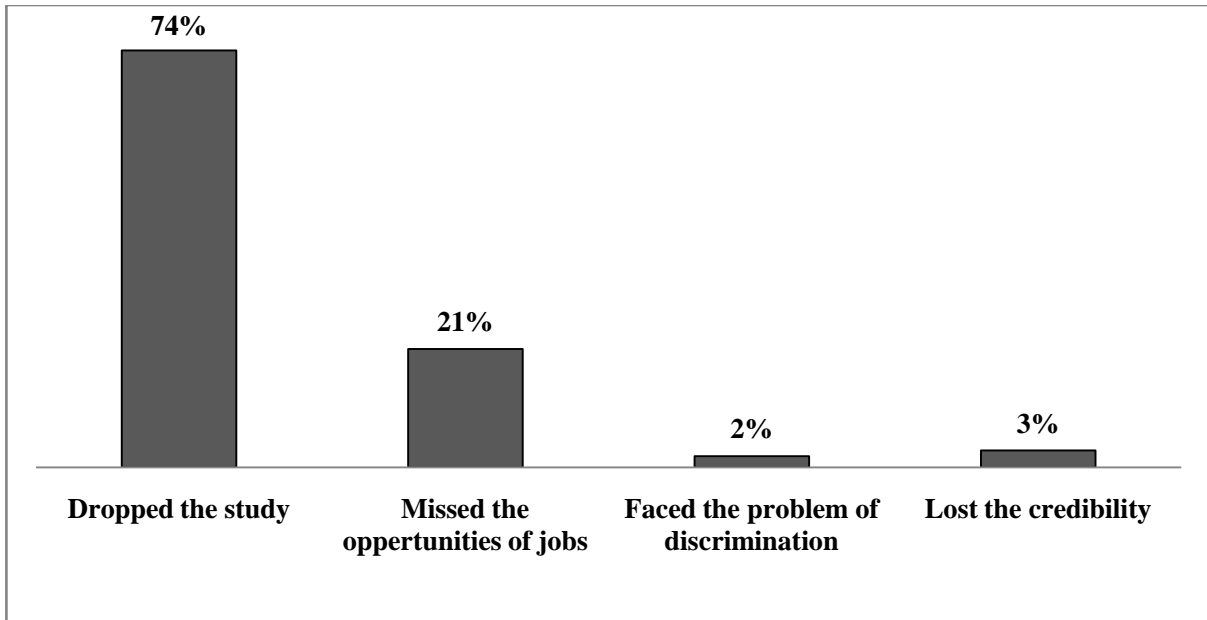


Figure 6.5: Types of Problems on Enhancing the Qualification/capacity buildup

Source: Field Survey 2013

The figure 6.5 is reflecting about the types of problems on enhancing the personal capacity build up which faced by the respondents. In this regards, 74% respondents dropped the study, 21% respondents missed the opportunities of getting jobs, 2% respondents faced the discrimination and 3% have lost the credibility from all. This information indicates that the drug use practice contributes to decrease the personal capacities and credibility of person. Study/Education has multiple links with several aspects of human life. During the interview, the respondents said that due to the low education, some of them have missed the nice opportunities of local jobs.

6.4 Effects on Economic Status:

Drug users have generally low economic status because they invest most of the properties for using of drugs and enjoying it in every time. They don't think about the family, society and nation's development. They lose most of the leisure time in using of drugs and enjoy in it. They cannot fulfill the needs of the family such as health treatment, education, clothing/feeding etc. The researcher evaluated the economic conditions and impacts on pecuniary status of the drug users by querying different types of questions.

6.4.1 Daily Expensess on Drugs:

The researcher has collected the information regarding the daily expenses only to by drugs. The findings have been tabulated and analyzed as below.

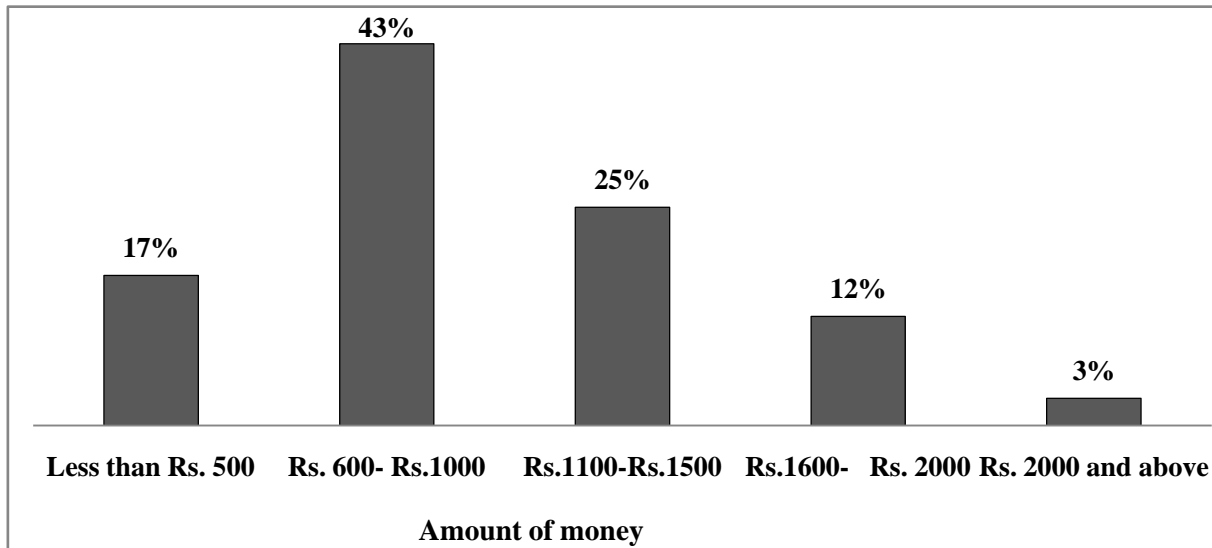


Figure 6.6: Necessary Amount of Money only to buy Drugs on Daily basis for the respondents.
Source: Field Survey 2013

The above figure is showing the remarkable size of respondents (43%) have need Rs 600 to Rs1000 on daily basis. 25% respondents needs Rs 1100-Rs 1500, 17% respondents needs less than Rs 500, 12% needs Rs 1600-Rs 2000 and 3% respondents needs Rs 2000 and above on daily basis only to buy drugs. In the FGD, all 8 respondents are daily users and needed minimum NRs 500/- per day for each of them. This data/information is showing that the drug users have been spending a huge amount of money only to buy drugs on daily basis. It denote that the sources of money is not easy way. Similarly, it also indicates their economic status in future may be very poor. Due to the spending such amount of money for drugs, they have many economic problems in their families.

6.4.2 Sources of Money to Buy Drugs:

Concerning the sources to get the money, the researcher has put the queries among the respondents and findings are as below:

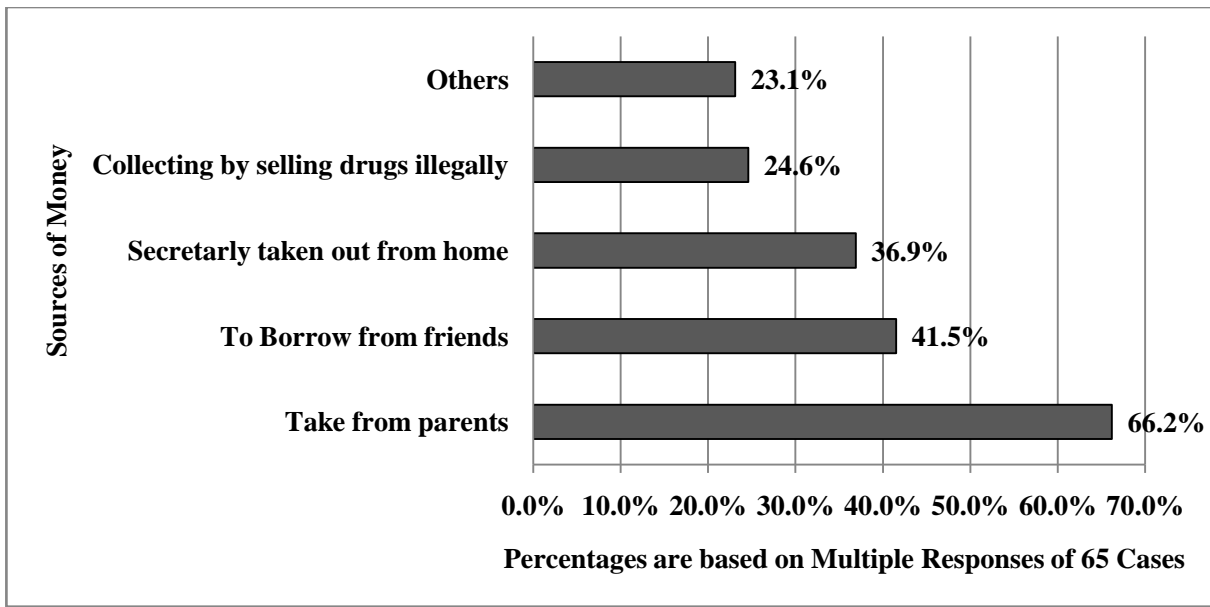


Figure 6.7: Sources of Money to buy Drugs

Sources: Field Survey 2013

The above figure itself is clearly reflecting that the respondents have used different ways to collect money to buy drugs. During the interviews with them, who needs only less than Rs 500 daily, most (43 i.e. 66.2%) of them are collected money from their parents or secretly takes out money from own home. If sometime has scarcity of money, they use to borrow from friends too. The respondents who need Rs 600 to above on daily basis, they use to collect money by applying different ways. In the figure, 24.6% respondents use to collect money by illegally selling drugs to other users. It indicates the involvement of drugs users in illegally drug dealing practices. It may be very dangerous aspect for the other youths in the communities to multiply the drug abuse custom.

In the FGD, out of total 8 respondents, 5 said the main source of money to buy drugs is borrow from parents and sometimes form relatives as well. The rest 3 said income from the daily wages and sometime worked as a local broker of drugs by selling to the peers.

6.4.3 Other Impacts of Drug Abuse on Economic Related Issues:

To identify the direct impacts among the drug users concerning their economic status, the researcher has put the queries among the respondents. The findings are as below:

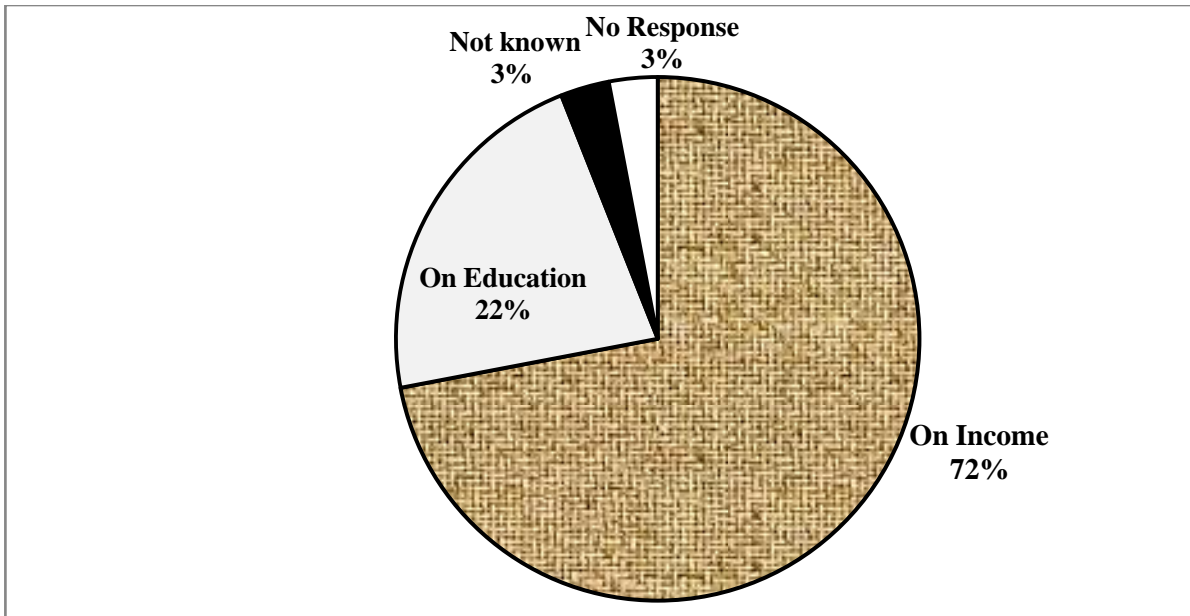


Figure 6.8: Other Economic Impacts of Drug Abuse

Source: Field Survey 2013

As shown in the figure, majority (72%) of respondents answered that they missed the opportunities of income, 22% respondents answered as unable to get/provide education for the family members and themselves too. 3% respondents said unknown and 3% hesitated to response. This data and information indicated that most of the drug users have many economic problems in their families; especially missing the opportunities for their income.

6.5 Effects on Family Status with the Views of Neighbors:

Drug abuse affects the social status of person. Most of the drug users have low social status due to their apathetic behaviors. They may quarrel with each other and creates many familial/social problems like violence, suicide, negative attitude etc. within the family and society. Regarding the perceptions of the neighbors towards the respondents and their families; the researcher has tried to find the diversity of views. The following table is reflecting the information as findings.

Table 6.2: Views of Neighbors towards Respondents

SN	Category	Number	Percentage
1	Inferior Social Status	7	10.8
2	Avoidance	6	9.2
3	Neglect and discriminate	4	6.2
4	Backbiting by the neighbors (of users & parents)	7	3.1
5	Others	7.6	7.6
6	No Response	41	63.1
	Total	65	100.0

Source: Field Survey 2013

The above table is showing that only 36.9% respondents replied the queries whereas the issue was asked to all 65 respondents. This information indicates that one person's misbehavior/attitude can contribute the defaming of the family and themselves in the community. Thus, we may say that the drug abuse affects on social status of the users and their family.

In the FGD, 8 respondents were participated and out of them 3 respondents said they are unknown about the perspectives of neighbors but 5 respondents clearly expressed that they have lost the credibility from the family members and from the neighbors as well. Some of the neighbors didn't like to talk and might not allow their sons to accompany with them. On the course of the discussion in the FGD, all of them were openly expressed the causes and effects of drug abuse. Some of them already have tried to quit such habit and joined to the rehab centers but relapsed again due to accompany of same friends as before. However, all of them are very interested to quit the drug use habit but they are worrying about the uncertainty of life even after quitting the drug use habit. The participants of FGD have suggested that "every person must have to think very seriously about the consequences before start to use of drugs." They added "the consequences of drug abuse are much painful than transitory enjoyment now they are feeling".

Voice of drug users during the FGD and on the course of one to one interview: Respondents were asked: Would you all are like to continue to use of drugs or quit such habit? Multiple

responses were given by them. However, all of them would like to quit drugs forever but they have not any certainty of future even after quitting the drugs. They have stated that 'the Government should provide free treatments and need to manage the proper rehabilitation system for them. Similarly, their appealed was police administration and the society should have positive attitudes towards the drug users.

CHAPTER- SEVEN

SUMMARY, CONCLUSION AND RECOMMENDATION

7. Summary:

This study has been organized to find out the social and cultural reasons of being drug abusers, and to identify the impacts of the drug abuse on individual and family level. From the various parts of the Pokhara city, 65 respondents comprising of male and female from different age group have participated for the study as per their availability basis. Similarly, some relevant reports were also studied as secondary sources of data. All the data and information were tabulated under different topics and sub-topics. Demographic profile of respondents, factors affecting drug abuse and the effects of drug abuse are presented separately. At the end of this study, the whole was summarized and some important findings were listed and concluded.

7.1 Summary of Key Findings:

From the study of primary sources, the numbers of findings were determined in various topics. Among them, the major findings of this study are stated as follows.

Demographic profile of respondents:

- **Family types:** 65% respondents reported to live in joint family whereas 35% are reported to live in nuclear families.
- **Gender:** Most (91 %) of the respondents are male drug abusers whereas the least number of female respondents have found.
- **Age structure:** Mostly (55%) of respondents belongs to 20-29 years age group.
- **Marital status:** Majority (52%) respondents are unmarried and 40% are married and 8% are found divorced.
- **Ethnicity:** Most of the respondents (65%) are from Janajati groups, 20% are belongs Brahmin and Chhetri and 15% are from Hill Dalit communities.
- **Religious groups:** Majority (61%) respondents belongs Hindu, 31% are from Buddhist and 8% are following the Christianity.

- **Educational status:** Majority (73%) of respondents are educated up to secondary level (completed 6-10 grades). Those who have completed Intermediate level of education accounted to 15%.
- **Status of occupation/income:** Majority (54%) of respondents is employed on temporary based and lower profile various work whereas remarkable sizes (46%) of respondents have no occupation at all.
- **Sources to buy drugs by the respondents:** The most of the respondents (66.2%) buy the drugs by borrowing money from parents whereas the rest have secretly taken out money from home.
- **Age at first drug intake:** Majority (61%) of respondents took drug first time in their life before they reach 25 years and 31% users have experienced of first time drug intake within 15 years.
- **Consumption methods of drugs:** Most of the (65%) respondents are using oral + intravenous methods to use drugs.
- **Duration of Drug Abuse:** Majority (75.4%) of respondents have been used drugs since more than 6 six years.
- **Frequencies of drug intake:** Majority (65%) of respondents are daily users which may very hazardous for users in different perspectives.

Factors Affecting Drug Abuse:

- **Unemployment:** Majority (50.8%) of drug users are jobless. They didn't find right place to use their skills and knowledge. So, they might be frusted and possibly started drugs.
- **Care during the teenage:** Majority of respondents might have not got enough and proper parental guidance. Especially they are deprived to get guidance from their fathers.
- **Drug use in the family:** There is a remarkable (23%) size of respondents who already had drug users in their family and it might be a supporting factor for the respondents to use drugs from them.
- **Family supports:** Most of the respondents (69%) have received the good cooperation from their family members where as 25 % have received average support.

- **Specific family incidents affecting drug abuse:** There are only a few respondents (i.e.9%) who said that they used drugs due to the domestic incidents. As immediate reasons, peer pressure, personal instinct (curiosity to experience/use of new things and to get pleasure), and familial/personal problem (tension) are the major factors to use drugs.
- **Influence of peer & family:** The main influencers to start the drugs are the friends of neighborhood (49.2%), friends from school (33.8%) and from the friends who are living other areas (26.2%).

Effects of drug abuse:

- **Effects on relationship:** After drug abuse, more than 60% respondents' relationship got worse with their wife, family members and neighbors.
- **Effects on health status:** Majority (57%) of respondents has not any health problem but a remarkable (43%) have faced various health problems only due to drug use practice. This information indicates that the drug abuse is one of the major causes of health problem among the drug users.
- **Effects on opportunities:** Due to the health problems, many (47.6%) of the respondents missed various opportunities.
- **Effects on enhancement of personal capacities:** Drug use practice itself is a main barrier to enhance the personal capacity and it contributes to decrease acquired capacities and credibility as 74% dropped the study and 21% missed the job opportunities.
- **Effects on economic status:** Most of the drug users have faced the severe impact on economic status which has multiple links on several aspects of human life, especially by missing the opportunities of income and problem on getting good education due to the drug abuse behaviors.
- **Views of neighbors towards the respondents:** Due to the adoption of drug abuse practices, the respondents themselves and their families have been faced various discriminations from the neighbors.

7.2 Conclusion:

There are various reasons to use of narcotic drugs by the people. It can be concluded that peer pressure, personal instinct (curiosity to experience/use of new things and to get pleasure), and familial/personal problem (tension) are the major factors to use drugs. Behind these immediate reasons, there are other hidden social factors which may misleads the young people to use drugs, that is the lack of parental (especially father's) supervision during teenage/schooling time. It is generally believed that the young people who are living with the nuclear families are more likely to fall on drug abuse compared with those who are living with joint families. This study suggests that family structure doesn't have direct impact. Living with joint families without proper parental caring guidance to their children does not help in term of protecting them from drug use habit.

Most of the drug users and their families are affected by disputing and unpleasant relationship among the family members, with relatives and the neighbors as well. Similarly, they are affected by low economic conditions, lack of education and health treatment, unable to fulfill the basic needs, loss of properties etc. due to the continuous use of drugs that they have stated during the face to face interviews. They are also affected by many health problems like lung problem, liver problem (Hepatitis) mental problem, high blood pressure (Hypertension) and infection from HIV etc.

Drug abuse among the young people in Pokhara is a serious problem. It has terrible effects on users' personal life, family and social status too. So, thinking a proverb "Prevention is better than care", the proper parental guidance to their children during the teenage or schooling time is very important and necessary. Similarly, it is better to aware from the possible hidden factors associated with the drug abuse. Awareness campaigns against the drug abuse are very necessary to conduct at schools and communities in Pokhara.

7.3 Recommendation:

Recommendation for further studies:

1. In term of Pokhara, some organizations have been working against the drug abuse but the number of young drug users is increasing day by day. It is better to conduct the study in the field which contributes to design the creative activities to solve the problems.
2. Further research should be conducted on different urban communities to know the social factors associating with drug abuse and impacts of users' life. This type of study may contribute to appropriate guideline for solving the drug abuse problem.
3. The researcher should collect the information by using different techniques while visit the respondents. They should be encouraged to express their views about the drugs abuse.

Other Recommendation:

1. In term of Pokhara, the majority of the narcotic drug users are young people. Therefore, the awareness activities should be conducted among the youths.
2. Many respondents stated that they have learnt to use drugs from the school friends. So it's better to incorporate the education sessions against the drug abuse in the curriculum of the school.
3. Appropriate parental care & supervision to the young people (especially teenage period) is one of the major factors to control and bring them to the right track of life. So, all the parents should have to pay attention in this regards.
4. Discriminating behaviors to the drug users may be mislead them towards the worse situation. So, it's recommended to reduce the discriminating behaviors and stigma against the drug users.

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ANNEX-I

DATA COLLECTION TOOLS

1. Sample of Schedule for Interview

All the acquired information will be remained confidential

Name of the interviewer:

Date:

Section-A , Personal Information

S.N	Questions:	Answers:
1.	How old are you?	
2.	Sex	1. Male 2. Female 3. Third Gender
3.	What is your current marital status?	2. Married 2. Unmarried 3. Divorce
4.	What is your Cast and Ethnicity	1. Brhmin/Chhetri 2. Ethnic group 3. Dalit 4. Others
5.	What is your educational status?	
6.	What is your occupation?	
7.	What is your monthly income?	
8.	What is your permanent address (District)	
9.	Where are you living now in Pokhara ?	Area: Tole:

Section- B. Family Information

1.	Types of family	1. Nuclear 2. Joint 3. Extended
2.	Religion	1. Hindu 2. Buddha 3. Christian 4. Islam 5. Others
3.	What is the main Income source of family	1. Agriculture 2. Business 3. Service (job) 4. Daily wages 5. Foreign Employment 6. House-Rent 7. Others
4.	How is the monthly Income of family?	NPR.....
5.	Is it enough to run the daily business from the total income of your family?	1. Yes 2. No 3. Can be saved
6.	If you have father, What is his education level? <i>(If has not father, skip the Q 8)</i>	
7.	If you have mother, What is her education level? <i>(If has not mother, skip the Q 9)</i>	
8.	What is the occupation of father?	
9.	What is the occupation of Mother?	

Section C. Information related to drug use:

1.	How old were you when you first used drugs?	
2.	How long have you been using drugs? Months..... Years
3.	Which method you are applying to use drugs?	1. Oral 2. Injecting 3. Oral and injecting both

4.	Where do you get the drugs? (You can put the sign more than one option)	1. Nearby the village 2. Friends who use drugs 3. Local Medicals 4. Self buy from India Boarder 5. Local Bhatti pasal 6. Hospitals 7. Local drugs dealers
5	What's your ratio to use drugs?	1. Daily 2. A day alternate 3. Two times per week 4. A time per week 4.Others

Section D. causes of using drugs

I. Familial, Social or Cultural factors:

1.	Who was your main care taker at home?	
2.	Was your father at home during the schooling time?	1. Yes 2. No
3.	Do your family members are known about your drug use habit?	1. Yes 2. No (If not, jump to the Q No 5)
4.	If your family members are known about your drug use habit, how long after they have known?	From Year..... Month
5.	Do you have any drug users in your family?	1. Yes 2. No 3. I don't know
6.	If you are married, Have you started to use drugs before marriage or after marriage? (If unmarried, jump to the Q No-8)	1. Before Marriage 2. After Marriage
7.	How was the relationship with your wife before the drug use?	1. Good (If good, jump to the Q No-9) 2. Bad 3. Average
8.	If is not good or average, how is this, clarify it?	
9.	How was the relationship with your parents before the drug use?	1. Good (If good, jump to the Q No-11) 2. Bad 3. Average
10.	If is not good or average, how is this, clarify it?	
11.	How was the relationship with your siblings before the drug use	1. Good (If good, jump to the Q No-13) 2. Bad 3. Average
12.	If is not good or average, how is this, clarify it?	
13.	What was the cooperation from the family on your initiated activities?	1. Good 2. Normal 3. Not so good 4. Totally not cooperation
14.	Are the any domestic incidents triggered you to use drugs?	1. Yes 2. No
15.	If yes, What kind of that incidents?	

II. Communal or environmental factor:

1.	How you are socializing with the neighbors?	1. Very Much 3. Very less 2. Normal 4. Almost zero
2.	Are there any drugs users are living in your	1. Yes 2. No

	community?	2. 3. Unknown
3.	Are there any drugs dealers are living in your community?	1. Yes 2. No 2. 3. Unknown
4.	Where did you learn to use drugs?	1. Home 4. Friends from neighbors 2. Friends from other areas 3. 5. others 4. Friends from School
5.	How was the perspective of your neighbors / community towards the drug users?	1. Show the sympathy 2. Taking as simple 3. Hate them 4. Unknown

Individual Factor:

1.	Did you have any mental problem before using the drugs?	1. Yes 2. No
2.	Did you have any unnecessary feelings in your mind before using the drugs?	1. Yes 2. No
3.	If you had any feelings in your mind, what were their types?	
4.	Are any personal incidents or unsuccessful events triggered you to use drugs?	1. Yes 2. No
5.	If it is yes, What types of unsuccessful incidents?	

Other Factors:

1.	You may have the following reasons to use drugs, mayn't you? (if yes, tick the right points)	1. Peer pressure 2. Learnt from the family members 3. Curiosity to experience the drugs 4. Because of tension 5. For enjoyment 6. To influence the girl/friends.
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Section E- Effects of drug abuse on personal life and family:

I. Effects on relation

1.	What is the relationship with your wife after you are using drugs?	1. Good (If Good, jump to the Q No-3) 2. Bad 3. Same as before
2.	If it is bad, what is this? Clarify it?	
3.	What is the relationship with your family members	1. Good (If Good, jump to the Q No-5) 2. Bad 3. Same as before
4.	If it is bad, what is this? Clarify it?	
5.	What is the relationship with your neighbors and community after you are using drugs?	1. Good (If Good, jump to the other section) 2. Bad 3. Same as before
6.	If it is bad, what is this? Clarify it?	

II. Effects on health status

1.	Do you have any effects of drug abuse on your health status?	1. Yes (If No, jump to the Q No-3) 2. No
2.	If there is problem on health status due to the drug abuse, What types of problems are they?	1. Lung's problem 2. STI 3. Mental Problem 4. Hypertension 5. HIV Infection 6. Hepatitis

	<i>(Multiple responses can be ticked)</i>	7. Others
3.	Have you miss any opportunities due drug related health problems?	1. Yes (If No, jump to the Q No-5) 2. No
4.	If you missed the opportunities, what types of opportunities did you miss?	
5.	Due to the health problems, what are the other problems have you faced?	

III. Effects on capacity enhancement

1.	Do you have effects of drug abuse on your capacity enhancement?	1. Yes (If No, jump to the Q No-3) 2. No
2.	If there are effects, clarify it?	
3.	Due to your drug use habit, is there any effect on your employment field?	1. Yes (If No, jump to the Sec-D) 2. No
4.	If there is an effect, clarify it?	

IV. Effects on Economic Status

1.	How much money do you need in average to get drugs for a day?	NRs.
2.	How do you get the money to buy drugs on your daily life?	1. To borrow from the parents. 2. To borrow from friends 3. Stealing money from home 4. Collecting money by drugs selling 5. Others
3.	How much money do you spend for your own health treatment? (In Average)	NRs.
4.	Do you have any effects of drug abuse on the economic status of your family members?	1. Yes (If No, jump to the Sec-E) 2. No
5.	If there are any economic effects, Which sectors are directly affected? <i>(Can be ticked on more than one points)</i>	1. Income 2. Education 3. Health treatment 4. Livelihood 5. Settlement status 6. Selling of property 7. Others

V. Effects on Family status

1.	Are there any changes on the views of neighbors to your family that before and after you started the drug use habit?	1. Yes 2. No 3. I don't know (If don't know, jump to the sec-F)
2.	If there are any differences, What types of differences that you have noticed?	

VI. Other relevant information

1.	Have you ever tried for the treatment of drug abuse?	1. Yes 2. No (If yes, left the Q No-3)
2.	If you have tried for the treatment before,	1. Again, accompanying with same

	Why you are continuing the drug use habit?	<ul style="list-style-type: none"> friends. 2. There is not any opportunity even after quitting the drugs. 3. Others.....
3.	If you didn't try for the treatment, Why? (Can be ticked multiple points or can be added more options)	<ul style="list-style-type: none"> 1. No idea about the treatment 2. No money for the treatment 3. Don't like to quit the drugs 4. No any supports have received from the family for quitting the drugs 5. Others.....

Thank you for sharing the fact information

2. Checklist for the Focus Group Discussion among the Respondents.

A. General Questions:

1. How are you all?
2. How the days are passing?
3. How many of you are unmarried & how many are married?
4. Are you all from Pokhara or from outside of Kaski district?
5. With whom are you living with?

B. Specific Questions

6. Have you ever heard about the narcotic drugs?
7. Do you have any experiences of narcotic drugs?
8. What are different types of drug you ever used? (Multiple responses possible)
9. In term of Pokhara, what types of narcotic drugs are popular among the drug users?
10. Which method you are applying to use drugs?
11. How do you get drug? (Multiple responses possible)
12. How much do you spend for a single dose of drug you are taking?
13. What are the sources of money to buy drugs? (Sensitive question, so need to ask only when the situation is much favorable at the last moment)
14. Do you use only one type of drug or more than one type?
15. Up to now, how many years you have taken drugs?
16. What are the reasons behind taking drugs? (Multiple responses possible)
17. Is there any other member/s in your family who is/are also drug users?
18. Have you feel any harm by the using of drugs?
19. What types of effects of drug abuse that you are experienced?
20. What's your relationship with the family members after adopting the drug use habit?
21. What are the views of neighbors towards you and your family due to your drug use habit?
22. Have you ever tried to quit the drug abuse habit?
23. If yes, why you are keeping up this habit so far?
24. Would you all are like to continue to use of drugs or quit such habit?

3. Map of Study Area: Pokhara Sub Metropolitan City

