DRUG PRACTICES BY YOUTHS IN POKHARA SUB-METROPOLITAN CITY

A Sociological Study of Injecting Drug Users (IDUs) Under Rehabilitation in Asha Bhawan, Nayagaun, Pokhara Branch

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LETTER OF RECOMMENDATION

It is with great pleasure that I recommend the approval of the thesis entitled **Drug Practices By Youths In Pokhara Sub-Metropolitan City** ***A Sociological Study of Injecting Drug Users (IDUs) Under Rehabilitation in Asha Bhawan, Nayagaun, Pokhara Branch*** completed by **Tam Bahadur Damai** under my supervision for partial fulfillment of the requirements for Master of Arts in Sociology. Therefore, this thesis is recommended for final evaluation.

Date : 28 Jan 2016

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LETTER OF APPROVAL

This is to certify that the thesis submitted by **Tam Bahadur Damai** entitled **Drug Practices By Youths In Pokhara Sub-Metropolitan City** *A Sociological Study of Injecting Drug Users (IDUs) Under Rehabilitation in Asha Bhawan, Nayagaun, Pokhara Branch* has been approved by this Department in the prescribed format of Humanities and Social Sciences.

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Date : 28 Jan. 2016

Tam Bahadur Damai

ABSTRACT

The overall objective of the study was to highlight the present socioeconomic status, drug use behavior and problems and relationship of the Injecting Drug Users (IDUs) with their family and other social members in Pokhara Sub-Metropolitan City at Nayagaun-15 in the selection sample population of the study area. Purposive sampling method was applied to achieve the objectives. The general objective of this study is to highlight drug practice by Youths in Pokhara Sub-Metropolitan City at Nayagaun. However, the specific objectives of this study were as follows:

1) To identify the living process of the IDUs under rehabilitation in Asha Bhawan.
2) To find out the impact of drug use and relationship with their family and neighborhood.

In the process of data collection techniques different types of method have been used in this research. The structure questionnaire was designed to get information on socioeconomic characteristics, drug use behviour, drug practice related problems and relation. To be confirmed with the answers given by IDUs and get more information, checklist was developed and administrated. Data was collected using face to face interview with IDUs during field visit. Counselors of Asha Bhawan Rehabilitation Center were the key informants. Observation approach was also applied to observe their age, behavior, living condition and physical condition of IDUs at the time of interview. Observing and having conversation with them this method administered. In this study both quantitative and qualitative analysis has been made. Similarly studies on socioeconomic status, drug use behavior, social attitude, relationship, reason to be drug addict and economic challenges have been analyzed. The quantitative data obtained from structured questionnaire were first processed through validation, editing and coding. Secondly the processed data were presented in tabular form. Finally the data were

interpreted with additional information. The nature of this study was basically descriptive analytical and exploratory. Simple statistical tool such as percentage, frequency count, chart and graphs have been used to facilitate the interpretation of collected data.

Findings and Conclusion

The study revealed the socioeconomic characteristics, drug use behavior, drug practice related problems and relationship with family, friends, relatives and community people of IDUs respondent in Pokhara Sub-metropalitan city at Asha Bhawan Nayagaun-15. Most of the IDUs respondents were young in age. Majority of them were from Gurung and Magar caste, lived in a nuclear family. They started drug below 19 years of their age, which is considered to be productive and economically active life. Majority of them were of lower educational 5 and stopped their studies. Most of the IDUs respondents' parents were serviceman and business as their profession. One fourth of the sample population were student.

Most of the IDUs respondent started Ganja by smoking as a drug use by peer pressure and self-curiosity in the beginning. Majority of them started drugs unknowingly and did not know about their life. Most of them relapsed more than one times. Later they were trapped by drugs and changed the modes of their use of smoking one after another and finally started Tidijesic and heroin as the preference injection. They preferred injection because it was greater dose effective, more economical than other drugs and easily found in the market. Majority of the IDUs established sexual with multi sex partners. Some of them were suffering from HIV/AIDS and STDs. Their family, friends and community people were not supportive, therefore they repented and unsatisfied with their present life. Some of them were deprived from job opportunities. Majority of IDUs respondent had a bad relation with their family, friends, relatives and community people. They were rejected from them.

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ABBREVIATIONS

AIDS	Acquired Immune deficiency Syndrome
AD	Anno Domini
AM	Ante Meridian
BC	Before Christ
CSWs	Commercial Sex Workers
DAPAN	Drug Abuse Prevention Association Nepal
et. al	et alii (and others)
GO	Government Organization
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immune Deficiency Virus
NG	Nepal Government
IDUs	Injecting Drug Users
INGOs	International Non-Governmental Organization
LALS	Life-Saving and Life-Giving Society
N	Number
NGOs	Non-Governmental Organization
NCASC	National Center for AIDS and STDs Control
P.M.	Post Meridian
RAR	Rapid Assessment and Response Survey
STDs	Sexual Transmitted Disease
T.U.	Tribhuvan University
UNDCP	United Nations Drug Control Programme
USA	United States of America
WHO	World Health Organization

CHAPTER I
INTRODUCTION

1.1 General background of the study

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

The definitions of the word ‘Drug’ given by World Health Organization is understood that the psychoactive substances that can modify a person’s mood, behavior or his motor functions. It causes a person to show his/her abnormal behaviors.

Gate and et.al, (1998) define that Drug means any chemical or plant derived substances which can causes any person using it to experience mental , emotional or physical. Gosden (1987) define the word drug means any chemical or plant derived substances, which can cause any person using it to experience mental emotional or physical change. The above definition by the word 'drug' means it is a substance made from plant or chemical. It brings emotional, mental or physical change to a person when used.

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

Means use of drug beyond medically prescribed necessity; the usually by self- administration, of any drug in manner that deviates from approved medical or social patterns within a culture (Bhandari and Subba,1992). Here they have tried to explain the use of drug. According to them a person who uses himself not by the doctor's prescription is defined drug misuse. But sometimes it is used for social activities .Basically drug (chemical substance) is made for the treatment of a particular disease but it has been misused and used for addiction. And some plant-derived substance are usually made for social practices and social recreation, these substance also have been abused.

Drug addiction, these days are considered to be a major social problem faced by family as well as the community of the world especially in the urban areas of the country. It has affected almost all kind of people regardless of age, caste, economic status, geographical location, social status etc. In other words, it has penetrated across all section of the urban population.

Human being has been using psychoactive pleasure and release from discerns for but also to facilitate the fulfillment of social and ritualistic aims. In the past it was confined in the developed countries only. But now it is widespread even in the developing countries of the world when one falls into its influence it becomes impossible from his /her part give up. Until 1968, WHO defined drug abuse as: persistent or sporadic

excessive drug use inconsistent with or unrelated to, acceptable medical practice (UNDCP, 1997). Later this definition was replaced with harmful use as a pattern of psychoactive substance use at causing damage to health, physical or mental. WHO only uses term abuse and misuse when individual psychoactive drug are discussed in the context of international control, for the sake of consistency with the three UN international drug control conventions of 1961, 1971 and 1988 (UNDCP, 1992).

In general, term substances abuse involves taking through any route of administration any substance that alters mood, level of perception or brain functions. Such a board definition allows the inclusion of substances ranging from prescribed medications to alcohol or even solvents.

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

In fact the UN convention do not abuse, misuse and to use illicitly. These terms are understood the mean "the use of illicit substances and for licit substances, use without prescription and/or in contravention of the specified dose (UNDCP, 1997).

Drug use that occurs in social setting among friends or acquaintances who wish to share a pleasurable experience so and recreational use tend to be more patterned but considerably more varied in terms of frequency, intensity and duration. It is a voluntary act and regardless of the duration of use, tends not to escalate in either frequency or intensity.

The use of some drugs, such as alcohol is culturally approved and legally permitted in certain societies, not for a medical purpose but simply for a medical purpose but simply for a pleasurable or convivial effect . The recreational "concept is useful within this restricted meaning but from the health perspective it carries no assumption that the designated recreational drug" is free from health dangers or dependence potential. It is unsatisfactory though to extend. The concept to include the illicit use of certain classes of drug (e.g. cannabis, intermittent use of heroin) just because the users themselves claim that personally their drug use is harmless fun and hence "recreational". Illicit use of drug is by definition drug misuse (Canby, 1997).

Simply a person is addict who habitually takes any chemical or plant derived substance other than food and for other than medical reason in order to obtain a desired mental, emotional or physical effects or to satisfy a carving and who is dependent on this substance or simply any person who consumes drugs, whether addicted or not.

It is described as a state, psychic and sometimes also physical resulting from the interaction between a living organism and drug, characterized by behavioral and other responses that always include a compulsion to take the drug on a continuous or periodic basis in order to experience its psychic effects, and sometimes to avoid the discomfort of its absence (UNDCP, 1997).

In fact, drug use has some characteristics by its nature, an desire or need or compulsion to continue taking the drug and to obtain it by any means; a tendency to increase the dose; Psychic (Psychological) and a generally a physical dependence on the effects of drugs; a deter mental effects on

the individual and on society. There are several different ways in which a drug may be taken into the body. Drugs may be swallowed (eaten or drink), chewed and absorbed through the lining of injected, either beneath the skin, into the muscles or into a vein. Some drugs can be taken in several different ways. Tobacco may, for instance, be chewed, sniffed as snuff or smoked while heroin may be sniffed, smoked or injected. These different methods for introducing into the body may have important implications for drug effect risk of dependence, and risk to health.

Societies in all part of the world have used substance that pair and sorrow and also provide pleasurable sensation when consumed. But there is no doubt every country in the world substantial costs as a result of the direct and indirect damage caused by drugs and alcohol (Gossop & Grant 1990). People take drug in different ways from different societies. Drug uses frequently abuse several different types of substances (King, 1993).

Different kinds of drugs like tobacco are legal other like clarify and cannabis are not legal. Different drugs have different effects on people; some of these effects are more dangerous than others. Injecting drug is more dangerous than sniffing or smoking them.

The abuse of drugs is an international problem. The global spread of injecting drug use since the 1960 has set the scene for massive outbreaks of HIV infection among injecti11 drug users, their sexual partners and children. According to the recent estimates by the United Nations International Drug control programme and the World Health Organization, 114 countries are now experiencing HIV transmission among IDUs (Ball. 1999): more than double the number in 1992. It is

now estimated that cumulative number of HIV infections among injecting drug users could have risen to a figure as 3.3 million (UNDCP, 2000).

Injecting drug use poses an enormous threat to sustainable human development. In countries such as Russia (which has as many as 700,000 IDU Ukraine (200,000+IDUs), Pakistan (180,000+IDUs), and India (400,000+IDUs) the current scale of injecting drug use creates a potentially massive group of susceptible individuals for the further spread of HIV (UNDCP, 2000).

Experience from other countries demonstrates that, once HIV enters the injecting population, countries can expect large and sustained HIV epidemics. This is now the case in China, Malaysia, Vietnam, Russia and Ukraine, countries where injecting drug use accounts for more the 60 percent of all HIV infections 2000).

The exact number of addicts are the people affected by drug addiction is not known at this time. Nor are there any authentic and scientific studies ever done covering the wide cross-section of the people along with different geographical location in Nepal. There are a few studies done by some scholars at the micro-level. According to the report of Karki, 1999, there was about 50,000 drug addicts in Nepal out of which 20,000-use injection.

Stimulated by changing economic and social conditions, the rise of drug injecting is adding another dimension to the vulnerability of people to HIV. Injecting a substance contaminated with HIV directly into the blood stream is particularly efficient means of transmission than occurs for example through sexual activity. Injecting drug use can play a

critical role in determining how and when the epidemic begins within a region together with the ways in which it unfolds (Cowal, 1998).

It has been said that injecting drug and needle-sharing behavior are increasing in developing counties. These countries are failing to respond appropriately to the associated health and development threats. Developing countries suffer far more, both numerically and socially, from the consequences of drug misuse in comparison with developed countries. While developed counties have structures and mechanisms to deal with drug addiction, developing countries may lack necessary "know how", infrastructure and resources to address adverse social and health consequences associated with drug addiction. At the same time, disintegrating social conditions in urban areas o provide fertile ground for the spread of substance a young people and the economically disadvantaged.

Worldwide, the commonest injecting drugs are heroin, amphetamines and cocaine, though many other drugs are injected, including tranquillizers and other pharmaceuticals. The particular drug injected depends on availability and cost (which, in turn, often depend on geographic proximity to production areas or trafficking routes), personality traits and peer group norms, among other poorly understood factors.

The spread of HIV among IDUs highlights many development issues. It is notable the some of the countries and communities most at risk from HIV and injecting drug use are often some of the least developed. Drug use and HIV affect the most vulnerable and marginalized groups within communities: from slum populations in New Delhi and hill tribes in Northern Thailand, to disadvantaged young people in Central and

Eastern Europe. When IDUs are women, the stigma and vulnerability they face is even worse. Development problems foster drug problems. Communities in remote areas, which are marginalised and have little control over their economic and social development, are natural habitats for the cultivation, trafficking and consumption of narcotic drugs. Drug production leads to economic dependence on drug traffickers, not to social and economic development. Increased drug use also leads to increased health problems in producer countries, especially where the use and sharing of needles for injecting drugs facilitates the spread of HIV (UNDCP, 1998).

Risk behaviors leading to HIV transmission through shared needles and syringes are closely linked to development problems such as poverty and lack of sustainable livelihood, exploitation, inadequate education and political repression. The exact nature of the links between risk behaviors and specific development problems remains unclear. Exploring these links, potentially, could make a significant contribution to increasing understanding of both development and the epidemic.

The reviewed relevant literatures and studies done on the field of drug addiction show that Nepal is not exception from the phenomenon. It has been facing the problem of drug trafficking and drug abuse since the beginning of 70s. Indeed, the community of injecting drug users (IDUs) is in crucial stage at the present time in Pokhara Valley. There is no any effective intervention programme for IDUs. They are isolated from the society. Most of the drug users are changing their drug use modes from smoking, inhaling and chasing to injecting. As a result the population of IDUs as well as diffusion of HIV is increasing rapidly. They have

caused family disorganization, insecurity, violence, loss of life, loss of property and threat for transmission of HIV/AIDS.

Therefore, a problem of IDUs such as socioeconomic characteristic, drug use behavior and relation with family and other social members has to be studied sociologically .This study has tried to explore the problems of sample IDUs population.

1.2 Statement of the Problem

It is now commonly realized that drug addiction drastically reduced the spontaneous activities and responses in the individual. Ensuring that he gets the drug in time becomes his sole occupation, thus he gradually becomes unfit for any kind of occupation. Beside he isolated himself from the rest of the society and creates a world of his own and mingles with co-addicts only. He increasingly becomes non-communicative and eventually a ‘drop-out’ and burden on the society. Relationship may be cut off from family, relations and friends ,addict progresses along the proverbial path of begging, borrowing and then stealing .Thus ,the individual ruins himself and society loses a healthy productive member. The easy availability and the wide spread addiction to narcotic drug are a major factor behind the modern phenomenon of crime and violence .Thus, the consequences of drug abuse go behind the individual and affect the entire fabric of society.

Injecting drug users inject drugs into veins. Drug injecting is often a group activity among IDUs. The common practice is to use the same syringe and needle for all the members of the group. If one member of the group has HIV infection, the infection would readily enter the other

members. The chances of infection through the injecting route are much higher than sexual route of transmission .Thus once HIV enters into the circuit of IDUs , the spread within the IDUs community is rapid. Drug taking is a strongly disapproved socially. In India, Nepal and many other countries drug taking is a criminal act and punishable under law.

It may be the fact that if a person has got deepest impression on those who are vulnerable injured youths may easily susceptible to the drug experience. However, whatever the cause that all drugs are dangerous and the deliberate ingestion of drugs for non-medical reason are wrong and harmful.

There difference types of drugs, which have difference influential effects. The drugs affect the central nervous system of human body when consumed .The drugs either they are illicit and licit or prescribed; they belong to Narcotic or psychotropic. Drug users administrate the drug through smoking ,smelling, inhaling, swallowing ,chasing and injecting .The drug users who administrated the drug habitually through injecting are known as Injecting drug Users (IDUs)(Dhial,1999).Now the rising problems of the abuse of various types of drugs including Tidigesic, tranquilizers, sedatives and volatized with their dubious legal status poses a graves and persistent thread to the health and well-being of the country. Many drugs addicts have already lost their lives and many others have physical and mental troubles (Bhandari and Subba, 1992) Hundreds of people have been affected and the current situation poses threat to both social and national security (HMG/Nepal 1994)

In fact, the world in the twenty first century has been affected by HIV/AIDS. It has become clear that there are two major modes of HIV transmission, first, through penetrative sexual contact, anal, vaginal and possibly oral; and second, through the sharing of infected injecting equipment by intravenous drug users (Martin, 1990). Therefore it is also clear that drug use has an intimate connection with HIV. The connection occurs when drugs are injected, using contaminated equipment. (Cowal, 1998).

At this time people seems fearful of the spread of AIDS since HIV transmission among intravenous users is believed to be a common phenomenon. Numbers of addicts are found to have more than one sexual partner. In short the treat of HIV/AID, other illnesses, loss of life loss of property, social disorder, family disintegration, crime, violence, humiliation and threats to human dignity are the major problem caused by drug addiction.

The large number people from difference caste/ethnicity and cultural background live in Pokhara as it is a regional city. This study has been reported that many families found to have broken relations, crime, violence ,social disorder, due to drug addiction in this place . Drug addiction is a social problem. Such problem is to be studied sociologically. Therefore, this study has to try to study the problem using sociological tools and techniques to find out the socioeconomic status, drug use behavior, drugs practice related problems and relations with family and social members of the study population.

In this regard, dozens of scholars have conducted their studies on drug abuse problem and has made an effort and analyzed the drug use pattern among the addicts. And also a number of rehabilitation centers and counseling centers have been established, but we however, do not know how the number of addicts has been rapidly increasing in our society. Therefore, this study is designed to find out the causes of injecting drug use and the following questions were raised as research questions.

1) Who are the drug users IDUs?
2) How is the ageing drug use behavior of IDUs under rehabilitation in Asha Bhawan ?
3) What types of socio-economic problem IDUs they are facing ?
4) How is the impact of drug use & relationship with their family & neighbor?

1.3 Objectives of the study

The general objective of the study was to highlight the injecting drug use practices by youths and to explore their problems and relationship with family and society. The specific objectives of this study are follows:

1) To identify the living condition of the IDUs under rehabilitation in Asha Bhawan.
2) To find out the impact of drug use and relationship with their family and neighborhood.

1.4 Definition of the term used

Addict: The person who use the drug regular.

Dysfunctional use: Use of drug that is leading to impaired psychological or social functioning (e.g. loose of job or marital problems.)

Harmful use: Use of a drug that is known to have caused tissue damage or mental illness in the person who took it.

Hazardous use: Use of a drug that will probably lead either to dysfunction or to harm in the users.

Unsanctioned use: Use of drug that is not approved by a society, or a group within that society.

1.5 Significance of the study

Drug abuse has been a serious problem in Nepali society. Although dozens of rehabilitation and counseling centers are established and working to lessen the drug menace, the number of addicts are rapidly increasing .Thousands of people specially youths are directly and indirectly affected by drug addiction and it is considered to be a serious problem. However, the studies done on the extent and pattern of drug abuse are very limited.

Although law enforcement has executed effective legal provision, but there is a lack of proper policies and intervention program. The supply of drugs has fulfilled the demand of drug users as required. Very few initiations have been made for the prevention of drug abuse .Some national and international NGOs have launched the harm reduction program to reduce drugs related harm, prevention of HIV and other viral infection among and from IDUs communities. Unfortunately, the

number is growing rapidly. This indicates that there are no proper and effective program and specific studies among IDUs communities.

The finding of the study will be significant as well as beneficial for researchers the policy maker, donor agencies and organizations to implement HIV/AIDS effective prevention program amongst the IDUs communities.

1.6 Delimitations of Study

Due to limited time and resources this study will be delimited as following.

- The study doesn't take technical aspect like blood and chemical test. i.e. HIV/ AIDS/ HBV/HCV and others.
- The study represents valid drug users during Mangsir and Poush months in Pokhara Sub-Metropolitan City at Nayagaun.
- The study doesn't represent others parts of the Country.
- The study covered only the Asha Bhawan rehabilitation centre, Pokhara, Nayagaun.
- The study is only partial fulfillment of requirement for Master Degree Thesis in Sociology.
- The study tried to help to develop the future plan and policies of country and implement the effective programs to minimize the injecting drug users (IDUs).

1.7 Conceptual Framework

When reviewing of the relevant literatures about the drug addiction, the basic conceptual framework was developed for the study. The main objective of this study was to highlight the present socio economic status, drug use behavior, drug practice related problems and relationship of IDUs with their family and other social members in

Pokhara Sub-metropolitan city in Asha Bhawan, Nayagaun in the sample population. Therefore, the study developed the following conceptual frame of variables.

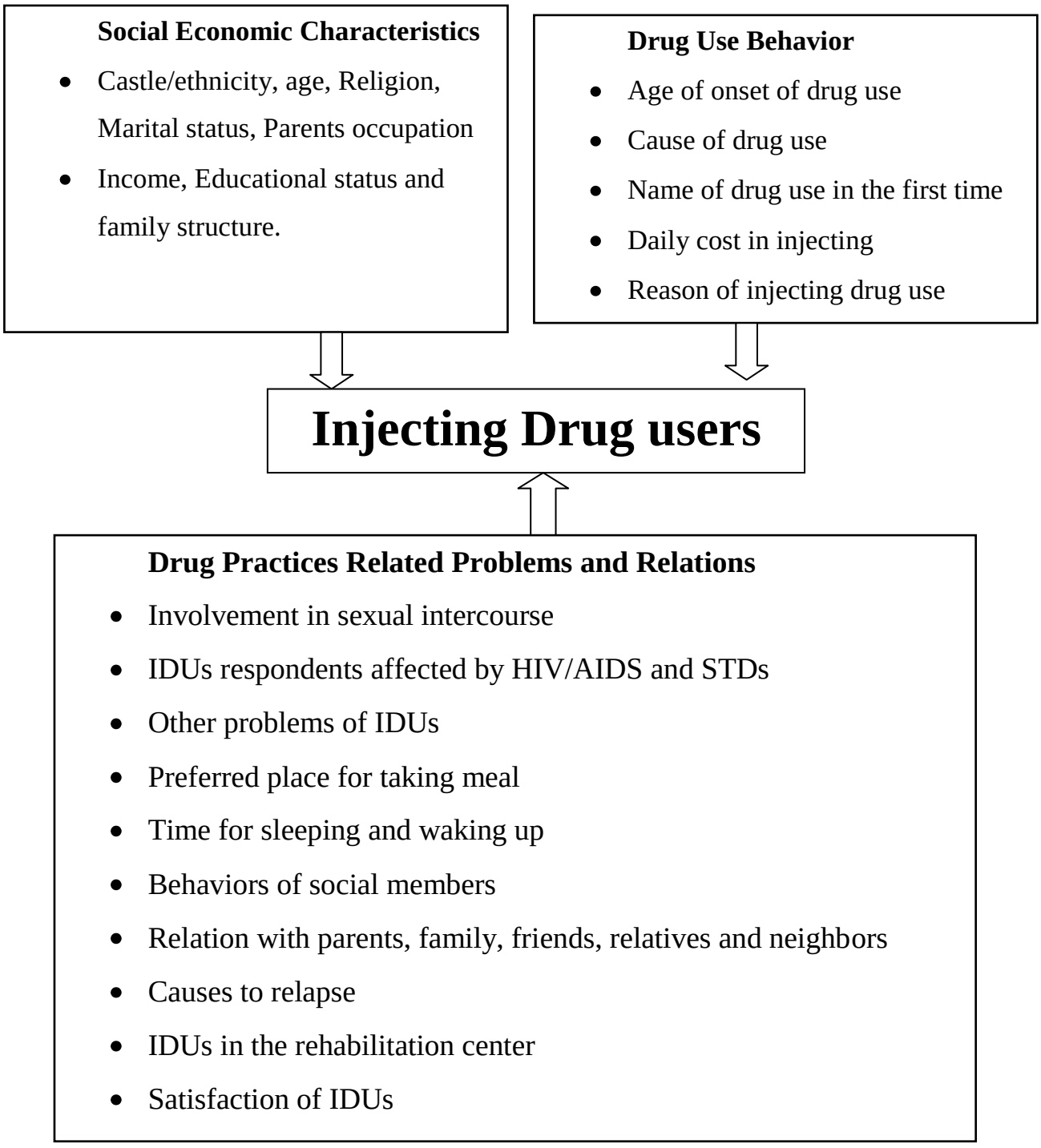

Figure 1 : Conceptual Framework of the Study

The above conceptual framework outlines the relationship between key variables of this study. Socio-economic characteristics, drug use behavior and drug practices related problems are the main variables under consideration. Here caste ethnicity, age, religion, marital status, parents occupation, income, family structure etc. come under socio-economic characteristics. Cause of drug abuse, daily cost of drug, name of drug used etc. come under drug use behavior. Similarly involvement in sexual intercourse, improper fooding and sleeping habits, disturbed relationship with family, friends and relatives etc. come under drug practices related problems. These all factors are inter related.

1.8 Organization of the study

The study has been divided into seven chapters. The first chapter deals with the background of the study, statement of the problem, objectives of the study and importance of the study.

The second chapter presents a review of drug related literatures to know more about the drug abuse problems and studies done on this field . In this chapter; published books, journals and previous research studies done on these fields are reviewed. Third chapter outlines the details of the methodology applied for study. In this chapter ,research design, site and rational for selection, sampling, nature and sources of data ,techniques of data collection, reliability and validity of data, data processing ,analysis and interpretation ,limitation of the study, ethical consideration and conceptual framework have been explained.

Finding of the socioeconomic profile of the respondents have been presented in chapter four. In this chapter, caste/ethnicity, age ,religion

,marital status, parents occupation , occupation of the respondent, income of the respondent ,educational status and family structure of the respondent have been explained.

Chapter five deals with findings of drug use behavior. In this chapter ,age at onset of drug use, knowledge about drugs ,name of drug used in first time ,drug preferred to inject, cost in injecting ,causes of drug use in the first time and causes of drug injecting have been explained.

Drug practice related problems and relationship of the respondents with their family and other social members have been presented in chapter six. In this chapter ,involvement of the IDUs in sexual intercourse, STDs and HIV/AIDS, other problems, identity as IDUs, place for meal, sleeping and wake up time, behavior of social members with IDUs, relation with parents, family, friends relatives and community people, causes to be relapsed, IDUs in rehabilitation center and satisfaction of IDUs have been explained.

The chapter seven presents the summary, conclusion and recommendations.

CHAPTER II

LITERATURE REVIEW

In this chapter, previous literatures, published books, journals and previous research studies have been reviewed.

2.1 Theoretical review

2.1.1 History of Drug Abuse : A Glance

The history of mankind also a history of man's desire to eat or drink things that makes them feels euphoric. Farming began about 6000 BC, more than likely closely followed by home brewing. By time of the reign of King Hammurabi of Babylon (2067-2025BC), the sale and consumption of alcohol was evidently well known, as he tried to regulate drinking houses in Babylon (Banks and waller, 1983).

Archaeological evidence indicates that cannabis cultivation dates back to 6000 BC; religious and mystical use of cannabis in Indian societies was report from about the 7^{th} century AD. By the end of the 19^{th} century, drug abuse and addiction were being seen in many countries and were beginning to receive the attention of national governments as part of moves towards social responsibilities (Gossop and Grant,1990).

For eighty years following the victory of Cleve of India against the French at Plessey in 1757, the British East India Company had a monopoly on the opium trade from Bengal to China. This trade was greatly expanded by the use of privateers or' country ships' licensed by the British East India Company who had effective control over every

aspect of the chain of distribution, much as today's top heroin traffickers exercise their control. It was the first time that opium was treated as an International commodity to be marked on a vast scale (Banks and Waller,1982).

The third set of individual continues to aspire high goals exceeding possibilities of being fulfilled. They take up innovative adoption by fulfilling their success goal by new means legitimate or illegitimate. Those taking retreats adoption are frustrated as the society cannot meet their aspirations and "innovative" adoption has failed. They take up escape route and withdraw conventional social relationship. This case includes alcoholism drug addiction and psychotic withdraw. The fifth types of adoption "rebellion" result from moral deprivation, grave exploitation and gross injustices. (Shrestha, 1981).

2.1.2 Theorizing the Onset of Drug Abuse in Youths

The main reason that young people begin to inject is the greater effect of the drug when injected and therefore that injecting each more economical the quantity of drug required to achieve or "rush" by an alternative non-injecting method may be more than twice the quantity required to achieve the same effect though injecting. But since drug trafficking is banned all over the world, the cost of transportation, owing to the risk involved is very high. One of the consequences of this is the drain of valuable and often scarce of foreign exchange, which many of the under-developed and the developing nations can ill afford. Yet another consequence is smuggling of drug and drug running, with equally bad economic impact over and above the law and order problem and corruption .One of the interesting sidelights on smuggling of

narcotic drugs is the modus operandi of transport of these drugs (Goyal, 1981).

Understanding of sociological aspects of drug dependence is important as is of its epidemiological, clinical and psychological aspects to probe its caused and to deal with its spread, rehabilitation and control. Without a sociological interpretation, we would be dealing only with a tip of an ice- burg of the problems of the drug addiction.

During the process of socialization, Physical and Social needs provided by a society and culture may be inadequate. This generation differentiates in pressure of increased aspirations and their resolutions .According to Merton (1993), this ensures five basis categories of behavior or role adoptions, namely: conformity, ritualism, innovation, retreats and rebellion. Most accept the standard goals or norms set by society and take conformist adoption. They continue to try for good job, income fashion and power, others may degrades their means and capabilities and take up a ritualistic adoption and abide by all rules and regulation of the society (Shrestha, 1981).

WHO study group on youth and drug mentioned that no single cause has been demonstrated but one of the following motives is often associated with the imitation continuation of drugs taking (Felik, 1984). To satisfy curiosity about drug affects, to achieve a sense of belonging by other, to express independent and sometime hostility, to have pleasurable new thrilling or dangerous experiences, to gain an improved understanding or curiosity, to faster a sense of case or relations and to escape from something.

It has been found that people take drugs to enjoy and experience euphoria, or to exhibit their sense of self confidence in or independence to group to appease curiosity, to show rebelliousness against the convention of adult society, to take pleasure of secrecy or take it under the influence of group numbers or to escape form problems and worries.

There are many reasons that Nepalese youths have been attracted to wards drug abuse. Gafney (1985) writes that some people want to be "Hero" before their friends lead some into it, and some have a lot of many without any occupation and negligible opportunities for recreation. Some begin by reading adventurous books and end of by trying smack. Some poor people become the victim of drug addiction due to tension produced by their poverty. Because, they have nothing to do and nowhere to go, and because they do not find the affection they required. These frustrations lead our youth into drugs.

UNDCP (1997) states a range of other potential factors can be hypothesized as important in the initial of injecting, including: Situation factor such as unemployment, poverty and homelessness. The influence of the peer group. Most peers of the new injectors are drug users. Drug users, especially injectors, have been found to be related to and not isolated from the peer group. The influence of relationship, friends, lover or sibling initiators. The role of incarceration in exposing young people to new peers, behavior and attitudes. Socialized attitudes authority and institutions.

WHO study group on youth and drug mentioned that no single cause has been demonstrated but one of the following motives is often associated with the imitation continuation of drugs taking (Felik, 1984). To satisfy curiosity about drug affects, to achieve a sense of belonging by other, to express independent and sometime hostility, to have pleasurable new thrilling or dangerous experiences, to gain an improved understanding or curiosity, to faster a sense of case or relations and to escape from something.

It is believed that Bhang, Ganja and Dhaturo were introduced 5000 years ago. Usually Sadhu and Santa (saint fully devoted in religious practices) used soft drugs for therapeutic reasons to suppress their anxiety as well as to concentrate on meditation. By doing so, they obtained valuable experiences (Basnet,1989).

Though the use of opium in the form of smoke and poppy seeds in the form of food had been quite common in the past in Nepal, it is believed that the problem of drug abuse entered into Nepal when Hippies came in Nepal at mid 60s. Brown sugar, morphine and other hard drugs entered into Nepal early 80s. These drugs were in the form of smoking and chasing. When law enforcement stared being more rigid ,drug addicts started taking drugs like psychoactive substances, which were completely, more easy to be undetected by the enforcement authorities.

Societies in all parts of the world have used substances that suppress pain and sorrow and also provide pleasurable sensation when consumed. But there is no doubt every country in the world incurs substantial costs as a result of the direct and indirect damage caused by drugs and alcohol

(Gossop& Grant 1990) People take drug in different ways from different societies. Drug uses frequently abuse several different types of substances (King, 1993).

During early 90s Tidigesic took place of these drugs in the form of injection, which became very popular in the communities of drug users in Nepal (Karki, 1999). On the other side, most of drug users are shifting their drug use modes from chasing, smoking to injecting that possibly results the transmission of HIV and other vital infection among and from IDUs.

Drug addiction, these days are considered to be a major social problem faced by family as well as the community of the world especially in the urban areas of the country. It has affected almost all kind of people regardless of age, caste, economic status, geographical location, social status etc. In other words, it has penetrated across all section of the urban population.

Human being has been using psychoactive pleasure and release form discerns for but also to facilitate the fulfillment of social and ritualistic aims. In the past it was confined in the developed countries only. But now it was widespread even in the developing countries of the world when one falls into its influence it becomes impossible from his or her part to give up.

There are many different kinds of drugs like tobacco are legal other like ecstasy and cannabis are not legal. Different drugs have different effects on people some of these effects are more dangerous than others.

Injecting drug is more dangerous than sniffing or smoking them. Different methods of getting drugs into the body have important implications for drug effects. The method used influences not only the risk of drug dependence but also effects on health if has been found to have Acquired immune deficiency syndrome (AIDS). It has been approved that there are many HIV infected persons in Nepal. HIV infection in Nepal has been transmitted through contaminated needle sharing among addicts and through sexual contact with women prostitutes.

Presently thousand of drug addicts are found using various drugs substances. Thus the use of ganja, bhang, hashish, etc. for specific purposes in special areas by particular people, and their use by ordinary people following traditional customs seem to have given way to a new culture in a society.

Narcotic addiction affects the entire economic life of the country useful, healthy and productive members of society by becoming dropout lower agricultural and industrial production and affect the economy of the country. Of course, the economic situation of the individual addict and his dependent family is obviously imagined. Surely their economic situation goes down because when young generation paralyze for earning. But drug addiction and consequent drug-traffic have other adverse economic consequences. At the sight of production these drugs are comparatively inexpensive.

In Nepalese context, it is believed that Ganja, Bhang and Chares are important in religious context. People have been using these drugs since

very beginning. It is clearly mentioned in Hindu's religious books that God Shiva used to smoke such drugs for meditation.

2.1.3 Medical Sociology

Medical sociology is the sociological analysis of medical organizations and institutions; the production of knowledge and selection of methods, the action and interaction of healthcare professionals, and the social or cultural (rather than clinical or bodily) effects of medical practice. The field commonly interacts with the sociology of knowledge, science and technology studies and social epistemology. Medical sociologists are also interested in the qualitative experiences of patients often working at the boundaries of public health, social work, demography and gerontology to explore phenomena at the intersection of the social and clinical sciences. Health disparities commonly relate to typical categories such as class and race. Objective sociological research findings quickly become a normative and political issue.

US National Library of Medical Collection Express that the Medical Sociology is concerned with the relationship between social factor and health and with the application of sociological theory and research techniques to questions related to health care system.

2.2 Review of Previous Research Studies

Goyal (1981) indicated that drug addicts are vulnerable to physical and mental deprivation. He writes physical and behavioral changes due to drug use may make him/her handicapped and non-productive especially during the drug session. He adds due to the physical and behavioral changes they may be unfit in society. They become isolate from the rest

of the society and create or worked of his own and mingles with co-addicts only he may cut off from family relations as well as friends, addicts progresses along the path of begging, borrowing and the stealing. Thus, an individual ruins himself, and society looses a healthy productive member.

Pathak (1982) states that people take drug for two reasons, first to treat diseases and second to alter his body or mind, take drugs. Biological, Psychological and sociological factors affect the mood toward drug use. Some youth have been using drugs due to over restriction of their parents.

People take drugs owing to curiosity and wanting to belong, to relieve tensions and worries, to give themselves more energy and confidence as well as easy availability of drugs. (Thronce , 1985).

Bhandari (1988) found that most of the addicts had taken drugs by curiosity and enjoyment. He thought these two reasons were the chief psychological reasons for drug addiction. His research showed 55.5 percent of addicts took drugs by curiosity and enjoyment. 17.7 percent addicts by frustration and 15.5 percent of addicts by the combination of lack of parental care and love, unemployment, frustration, curiosity send enjoyment. He was concerned with examining the relationship between drug addiction and selected socio-economic characteristics of the addicts. He found that a high percentage of drug addicts come from Newar community and they have became victim of drug addiction compared to other caste people. He found a majority of drug addicts take drug through oral administration and smoking. His data showed the

high percentage of drug addicts had been inspired by peer group only a few percentage were found to have learnt the drug habit from foreigners especially hippies. He found that most of the addicts had taken drugs due to curiosity and enjoyment. He came to conclusion that those were the chief psychological reason for drug addiction. He found that the position of the addicts were low and inferior and treated negatively.

Gafney (1988) brought a quantitative study to find out the root causes of Nepali Delinquency was made from the case histories of drug users undergoing treatment. He found the inferences are basically on the causes of drug delinquency. As he found that drug delinquency in Nepal was attributed to parent relate caused, the absence of appropriate control, reactive patterns of misbehaviors and lack of inter-personal relationship and communications. He suggested helping case the problems of drug dependents, namely understanding their behavior and control through affection and authority.

Sinha (1988) carried out a study entitled factors affecting drug addiction in school age children. It was a descriptive study and a snowball sampling technique was used .Total of 25 children aged 12-25 years were interviewed. She showed about 76 percent of respondents where male. 28 percent of here respondents used drugs for the first time when they were below 12 years. She reported 40 percent parents reacted angrily and after clarify started taking drugs. 20 percent reported by ill treatment by their step-parents, 60 percent inquisitiveness and 12 percent started drugs by their peer influences.

Basnet (1989) carried out a study on socio-economic characteristics of drug addicts in an urban area of Nepal. The purpose of her study was to determine the selected socio-demographic of the addicts along with their relation with the member of family. 40 percentof respondents were at the age of below 20, at the age of 21-24 were 40 percent and 20 percent at the age of 26.As reported, 30.2 percentof respondent used to smoking, 13.2 percentused to inject and rest 6.6 percent of respondents used eat drugs. 38 percent respondents reported that they started to take drugs due to peer pressure.

Basnet (2044) expressed that a major consequences of drug abuse may be the family epidemic. It disturbs the family status and brings also events fight as well as family disorganization. Physically addicts may suffer from several diseases like HIV/AIDS. Economically enough is being spent on drugs and drug abuser may lead addict towards crimes.

Hong (1993) indicated that continual use of drugs might bring dozens of consequences in family and society. Drug abuse or alcohol abuse tend to create more problems for young people themselves, their family and society .In his report, school studies showed poor performance in school, college and university. Eventually they dropout from the institution .This affects their future greatly .With poor educational qualification, young drug abusers are not able to get a job. When they employed they tend to show poor weak ethics being late for work or even absent from work frequently .Their attitudes towards work and work performance are also poor. They are likely to be fired.

Furthermore, he explained that young drug abusers tend to neglect their personal appearance and have an untidy look as well as poor health. Non-abusing friends leave them. Eventually many young drug abusers lose their self- respect and have low self- steam .The family member of the drug abuse suffers. They feel frustrated, sad, shameful or even guilty. There are troubles, conflicts and/or fighting in the family. Everyone in the family is affected. The community and the society: Drug abuse is expensive especially for young people who have non-financial means to support their consumption of drug. Some drug abuse resort to criminal activities such as shoplifting, stealing or robbery or to prostitution in order to get money for drugs .This tends to increase crime rate in society, making the community unsafe.

Criminal law is applied in such a way as to decrease the supply of drugs rather than to punish their use. The police regard even the scale of small quantities of cannabis tolerantly in an attempt to limit underground activity.Whatever the answer, current criminal law is doing little to stem theflow of drugs and underground use continues to promote transmission of HIV (King, 1993).

According to Ejam (1996), drug addiction had caused several people to have broken their relation in the families and neighbors many of them one having a bed relation with other non drug using family member. Some of his respondent felt not to have a good relation with parents, some with their wives, some with their siblings and some even with their neighbors. 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 relations with other members.

Several countries met at the Hague and signed (1996) the international opium convention, officially consenting to certain fundamental principles for the control of opium and other dangerous drugs. These principles have been retained to the present day and includes restrictions on the manufacture trade of opium,its derivatives and cocaine and its salt, the trade and manufacture of these drugs being limited to requirements for medical and scientific purposes only. The production and distribution of law opium was also restricted under the Hague convention (Bank & waller, 1983).

The single convention on Narcotic drugs (1961) exercises control over more 116 narcotic drugs. They include mainly plant-based products such as opium and its derivatives, morphine , codeine, and heroin ,but also synthetic narcotics such as methadone and pethidine , as well as cannabis ,coca and cocaine.Some countries of Europe, such as the Netherlands, have attempted to deal with substance abuse by regarding it as primary a problem of social well being rather than as a criminal matter (Musto, 1997).

That there is interrelation between injecting drug use and HIV transmission. It is well accepted that community of IDUs is more vulnerable to HIV infection. Because IDUs may use and reuse others needles and syringes. It is estimated that there are 190 million drug in the world (UNDP, 1998). There are at least five and a half million and possibly up to ten million injecting drug users in the world today,

ranging across 128 countries and territories up from around and 80 years ago (Cowal, 1998).

It is estimated that there are 50,000 drug users in Nepal, out of them 20,000 users administrate drug through injecting and possibly about 50 percent of them are already HIV positive (Karki, 1999). Professor James Chin cites in his presentation paper on re-assessment of the HIV epidemic in Nepal, that the most current estimate of total HIV prevalence in Nepal range from 20,000 to 40,000 with reasonable working estimate of about 30,000. According to the Rapid Assessment Response Survey result of National Center for HIV and AIDS Control (NCASC), 48 percent of 725 blood samples of drug users are infected with HIV in other blood of borne viral infections such as Hepatitis B Virus (HBV), Hepatitis C Virus (HCV). The survey shows that 40.4 percent of 564 blood samples of IDUs are infected wit HIV. This survey was carried out through 10 districts of Nepal in 1999.

We can easily understand that how the number of drug addicts has been increasing in Nepal since 1960. The following table helps to know about the situation of Drug Addicts from 1960-2014 in Nepal.

Year	Events/Facts	Source of Literature
1960	Hippies enjtered into Nepal with drug abuse culture	Various literature
1970	Heroin entered with tourists	Various literature
1976	Drug users were found in Nepal	Dr. Desh Raj Kunwar
1978	50 drug users were in Nepal	Gafney, T.E.

Year	Events/Facts	Source of Literature
1980	500 drug users were in Nepal	Gafney, T.E.
1981	1,000 drug users were in Nepal	Gafney, T.E.
1983	5,000 drug users were in Nepal	Gafney, T.E., Far East Economic Review, June 23, 1983
1985	12,000 drug users were in Nepal	Gafney, T.E, News letter
1986	15,000 drug users were in Nepal	Various literatures
1987	20,000 drug users were in Nepal	Dr. Bishnu Bhandari
1988	25,000 drug users were in Nepal	Various literatures
1990	30,000 drug users were in Nepal	Various literatures
1996	40,000 drug users were in Nepal	Various literatures
1997	45,000 drug users were in Nepal	Various literatures
1999	50,000 drug users were in Nepal	Dr. B.B. Karki, RAR Report 1999
2002	55,000 drug users were in Nepal	Various literatures
2005	58,000 drug users were in Nepal	Various literatures
2008	60,000 drug users were in	Various literatures

Year	Events/Facts	Source of Literature
	Nepal	
2012	65,000 drug users were in Nepal	Various literatures
2014	70,000 drug users were in Nepal	Various literatures

Source : Subba, Chaitanyaman (2014). Training of Teachers on against Drug abuse. A training manual developed in Nepali script.

According to life saving and life giving society (LALS), there are an estimated 60,000 drug users in Nepal of which 30,000 are in the Pokhara Sub metropolitan City itself. Out of these 30,000 users, 15,000 are IDUs and 40 percent of these IDUs are today already infected with HIV/AIDS (The Kathmandu Post, Dec. 1, 2014).

The reviewed-literatures and research studies done in the field of drug abuse show the terrible and fearful situation especially in the urban areas of the country. There are no any specific research studies focusing the IDUs population. Although it has caused hundreds of thousand people suffered immeasurable costs associated with human suffering, disruption of social order, insecurity, violence, crimes and loss of life. A very few number of scholars have studied in this field but their studies focused only socio-economic status, vulnerability of HIV/AIDS, prevention of HIV and other viral infections among and from IDUs. In fact, there is no any specific academic research study about relationship of IDUs with their family and neighbors as their study population. Therefore, this study is done to find out the relationship of IDUs with their families and community people.

Karki (1999) highlighted the situation of IDUs 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 percent of respondents started to use drugs due to peer pressure, 44 percent curiosity or 30 percent due to frustration and various reasons. About 10 percent of such drug addicts had also one or other member of the family taking drugs.

Karki (1999) indicated the situation of IDUs in Nepal in his report of Rapid Assessment and Response (RAR) Survey, carried out by national center for AIDS and STD control in 1999. Karki's report generally estimated that there were 50,000drug addicts in Nepal out of which 20,000 used injection and possibly about 50 percent of them were already HIV positive. The survey was carried thorough 19 major urban areas of 12 districts of Nepal. The survey comprised 1108 drug users for interview, out of them 56.7 percent were unmarried and only 39.7 percent were married. Most of the users were age of range 16-20 (22.5 percent), 22-25 (25.9 percent), and 35-45 (11.8 percent) . About 24 percent of drug users stared taking drugs at the age of drugs at the age of 13 years, 51.2 percent at the age of 16-20 years and 17.87 percent started at the age of 21-25.The survey revealed that 80 percent of respondent started to use drugs due to peer- pressure 44 percent curiosity or 30 percent due to frustration by various reasons. Large number of drug addicts 72.7 percent used injection at the mode of administration, 69.5 percent used oral route and 41.4 percent smoked. 72.2 percent of respondents had pre-marital sex with multiple partner mostly (64.7 percent) with out using condom. Among the 1108 drug addicts about 857 had agreed to give their blood for testing the

HIV,HBC,HCV and syphilis.40.4 percent of respondents, who used to administrate the drug through injecting,were infected with HIV. Only 8.1 percent of non injecting drug users were infected with HIV.

In Nepal, drug control initiatives were started from 1960. The HMG/ Nepal brought a liquor control Act 1960 that made compulsory licensing to produce and sell cannabis. In 1976, the government made the " Narcotic Drug Control Act-1976" that banned the production, storage, sell, consumption and trade of all types of narcotic and psychotropic substances listed in the Act. The Act has been amended three times (1981, 1987 & 1992). In 1991, HMG/Nepal became the party to the UN single convention on Narcotic drugs 1961 as amended by the protocol of 1972. In the same year the HMG/Nepal became party to UN convention of 1988 against illicit trafficking of Narcotic drugs and psychotropic substances (UN, 1999).

Rai (2000) revealed that peer pressure and culture where the dominant factor to influence the drug use behavior and pattern of IDUs. He showed about 56 percent of IDUs started to use drug due to peer pressure 29 percent self curiosity and 17 percent tension and frustration.

Rai (2000) carried out a entitled study on socio-economic status and drug use behavior of injecting drug users in Kathmandu valley in 2000. He reported about 64 percent of IDUs responded that their community people know them as IDUs and 36 percentof IDUs responded that their community people do not know them as IDUs,37 percent of left that community people behave them prejudicially. He showed most(32 percent)of reported that their family member know them as IDUs. 45 percent of reported that their family member supported and cared them, but more than half (55 percent) of IDUs reported that their family members did not care and support them.

International cooperation in drug control began in February of 1909 as the international opium commission meet in Shanghai, but did not have authority to conclude treaty. The commission's findings set the stage for the opium conference at The Hague in December 1911 that drafted the Hague. Opium convention was signed in the Hague in 1917(UNDCP,1997).

Maskey (2002) indicated that peer pressure and self-curiosity were the dominant factor to influence the drug use behavior and pattern of IDUs. He interviewed 70 IDUs and out of them 31 IDUs started to take drug due to peer pressure and other 31 started due to self-curiosity and the remaining 8 IDUs started due to the tension and frustration.

G.C. (2014) carried out drug abuse and its effects on users' life in Pokhara. He identified the social factors associated with drug abuse and the impacts of the drug abuse on users' personal life. He found that the most of the respondents lived with their families and were either unemployed or students. About 52 percent of the respondents were unemployed and 62 percent are less than 29 years of age. Most of the narcotic drug users are male and a few of them are female large majorities (65 percent) of the respondents are from local ethnic groups whereas the Brahmin/Chhetri has 20 percent and Hill Dalit has 15 percent among total respondents. The majority (65 percent) of respondents were applied both oral and intravenous methods whereas only oral are 23 percent and only intravenous are 12 percent. The commonest source of drugs were illegal local drug dealers and source of drugs money was the family. He reported that 70 percent total respondents were not getting direct and daily care and guidance from their father during their teenage or schooling time.

CHAPTER III
RESEARCH METHODOLOGY

In this chapter, site and rational for selection research design, , sampling, nature and sources of data, techniques of data collection, reliability and validity of data, data processing, analysis and interpretation, limitation of the study, ethical consideration an conceptual framework have explained.

3.1 Study Site and Rationale for selection

Articles news bulletins and the scholars who have studied about the drug addiction have pointed that there are many addicts in the Pokhara Sub-Metropolitan City at Nayagaun. There are many rehabilitation centers and counseling centers in this place. Also there are many drug using sports where IDUs respondents can be found.

Drug use behavior and their vulnerability of STUs and HIV/AIDS have bought fearful situations among the people of the society. Also it has made the immeasurable loss of social costs, and loss of productive lives, it has affected almost all kinds of people regarding of age, castle, religion, economic status, geographical location, and social status. Therefore, this study was proposed and confirmed to carry out in the Pokhara Sub-Metropolitan City.

3.2 Research Design

The study has applied descriptive research design to describe more about the Injecting Drug Users (IDUs) with the present socioeconomic status, drug use behavior, problems and relation with family and

community people. Exploratory research design was used to explore and identify the major problems associated with them. Also analytical research design was applied to analyze the present socioeconomic status, drug use behavior, drug practice related problems and relation of IDUs in Pokhara Sub-Metropolitan City at Nayagaun.

3.3 The Universe and Sample

It is not possible to cover all drug addicts scattered throughout the country, depending upon the availability and the limitation of time, it was necessary to determine the sample size from the study population. Purposive sampling method was applied to achieve the objectives. The study comprised 85 IDUs for the interview as sample size; there was 85 drug users in the Asha Bhawan Rehabilitation Centre, Pokhara Nayagaun in Mangsir and Poush months.

3.4 Nature and Sources of Data

In this study, both primary and secondary sources data were consulted Primary data were mainly used to present and analyze the present socioeconomic status, drug use behavior, problems and relationship of IDUs. The primary date was collected using face-to-face interview with IDUs during field visit. Secondary data were obtained reviewing various literature, published books, journals, periodicals, etc. At the time of literature review, information and findings were stated in the chapter of literature review.

3.5 Tools and Techniques of Data Collection

Interview with IDUs

A form of structured open and close ended questionnaire was developed and used as a tool of interview to explore and gather information about personal and family characteristics, caste, injecting drug experience,

health and hygienic, sexual behaviors, income and expenditure causes of drugs addiction, problems relationship of IDUs with family and community people.

Interview with Key informants

To be confirmed with the answers given by IDUs and get more information, checklist was developed and administrated. Counselors of Asha Bhawan Rehabilitation center were the key informants.

Observation Method

To be confirmed with the answers given by IDUs and get more information, observation approach was also applied to observe their age, behavior, living condition and physical condition of IDUs at the time of interview. Observing and having conversation with them this method administered.

3.6 Reliability and Validity of Data

A form of questionnaire for the interview was developed and it was pretested interviewing with 5 IDUs to make sure that all questions could be clearly understood and make sure that there were no any duplication in question and information.

85 IDUs were interviewed as respondents of the study using same pretested questionnaire. It was tried to select the possible respondents who came from different geographical areas of Pokhara Sub-Metropolitan City at Nayagaun. Data were compiled and made crosschecks by the supervisor. A checklist of criteria for the selection of IDUs was applied to avoid non-injecting drug users form the interview. Therefore it is reliable and valid.

3.7 Data Processing, Analysis and Interpretation

In this study both quantitative and qualitative analysis has been made. Similarly studies on socioeconomic status, drug use behavior, social attitude, relationship, reason to be drug addict and economic challenges have been analyzed. The quantitative data obtained from structured questionnaire were first processed through validation, editing and coding. Secondly the processed data were presented in tabular form. Finally the data were interpreted with additional information.

In short, the nature of this study was basically descriptive analytical and exploratory. Simple statistical tool such as percentage, frequency count, chart and graphs have been used to facilitate the interpretation of collected data.

3.8 Ethical Consideration

The drug use problems is neither visible, nor it has been given priority. It is considered as an illicit behavior and activity in the society. People of the community do not have positive attitude towards IDUs. Law enforcement has forbidden strictly in consumption, production and trafficking of any narcotic or psychoactive drug in such a situation, it is very difficult to meet IDUs and interview with them. Asha Bhawan has been working with IDUs maintaining confidentiality and anonymity as their working policy.

Therefore, interview was carried out according to the rules and regulation and permission of them. Interview was taken in a secret place on individual basis.

CHAPTER IV
SOCIAL AND ECONOMIC CHARACTERISTICS OF THE RESPONDENTS

This chapter deals with the distribution of caste/ethnicity, age, religion, marital status, parents occupation of the respondents, occupation of the respondents, income of IDUs respondents, educational status and family structure of the IDUs respondents.

4.1 Caste/Ethnicity

Caste/ethnicity is defined as a common cultural ideology. Cultural concept of people especially caste/ethic groups, their norms and values affect their entire personality. Therefore, it is important to find the caste/ethnicity in the selected sample. Table 4.1 displays the distribution of caste/ethnicity of IDUs in the selected sample.

Table 4.1 : Distributions of IDUs by Caste/Ethnicity

Caste/Ethnicity	Frequency	Percent
Gurung	24	28.24
Magar	20	23.53
Brahman	12	14.18
Chhetri	11	12.94
Sherpa	9	10.59
bishwokarma	4	4.71
Pariyar	3	3.53
Muslim	2	2.35
Total	**85**	**100** percent

Source : Field Survey, 2015

According to Table 4 1, a majority of IDUs 28.24 percent are from Gurung communities, 23.53 percent of IDUs were from Magar, which is the second highest number in the studied population. 14.18 percent of IDTJs from Brahman, 12.84 percent form Chhetri, 10.59 percent of IDUs were form Sherpa caste, B.K. were 4.71 percent, Pariyar of 3.53 percent and 2.35 percent of IDUs from Muslim.

High number of Gurung caste IDUs was found because Gurung inhabitants are majority in Pokhara, their cultural practices influenced them to use drugs.

4.2 Age Group

Age of respondent is taken one of the important factors for the study. So that it was determined to take the actual age of IDUs, which affected to the social relationship and drug use behavior. Table 4.2 displayed the age group of IDUs revealed from the survey. The age distribution of IDUs in this study clearly shows that injecting drug users were from different age groups.

Table 4.2 : Distributions of IDUs by Age

Age Group	Frequency	Percentage
15-19	14	16.47
20-24	28	32.94
25-29	24	28.24
30-34	13	15.29
35-39	6	7.06
Total	**85**	**100** percent

Source : Field Survey, 2015

Table 4.2 shows a majority (32.94 percent) of IDUs were at the age group of 20-24 years. Second largest (28.24 percent) of IDUs were from age group of 25-29 years. 16.47 percent of 1DUs were reported at the age group of 15-19 years, 15.29 percent of IDUs were at the age group of 30-34 years, and the least 7.06 percent of IDUs were at the age group of (35-39) years.

The majority of the IDUs respondents of the age 20-24 found to have used drugs because they get trapped by their peers and had more than two years of drug using experience. They thought that they could show their sound personality when they use drugs. Unemployment and other reasons frustrated them to use drugs.

4.3 Religion

Religion is an important social institution. It concerns with beliefs and religious practices. It plays an important role in conducting social behaviors, religious attitudes and change. Drug use behavior is considered as an unethical and evil behavior in the society. Therefore, this study has tried to determine their religion. Table 4.3 displays the distribution of religion of IDUs.

Table 4.3 : Distributions of IDUs by Religion

Religion	Frequency	Percentage
Hindu	65	76.47
Buddhist	18	21.18
Muslim	2	2.35
Total	**85**	**100%**

Source : Field Survey, 2015

The distribution of religion indicated on the table 4.3 that the highest number 76.47 percent of IDUs were from Hindu religious background, 21.18 percent of IDUs were Buddhist and the least number 2.35 percent of IDUs were from Muslim.

Majority of IDUs with Hindu religious background used drugs. It was because there is a Hindu majority in this country. Hindu people are free to use *Ganja* etc. On special occasions e.g. Shivaratri. It became a cause to practice drugs.

4.4 Marital Status

Marriage as an important social institution that allows sexual relation to a particular man and woman for sexual satisfaction, unfortunately, it has been reported that prevalence of HIV among IDUs population is high. These groups may transmit this infection to their spouse if they are married and living with spouses so that it is important to find out the marital status.

Table 4.4 Distribution of IDUs by marital status

Marital Status	Frequency	Percentage
Married	27	31.76
Unmarried	55	64.71
Divorce	3	3.53
Total	**85**	**100%**

Source : Field Survey, 2015

The data of Table 4.4 showed that the high number 64.71 percent of IDUs were unmarried, 31.76 percent of IDUs were married, and 3.53 percent of IDUs were get divorced.

The large number of unmarried IDUs used drugs because they were free and had no special burden for them. They thought that drugs help them relax but later they knew that they were into the mouth of dragon. 31.76 percent married IDUs used drug because they could not fulfill demands of their spouses, support children's education and care.

4.5 Occupational status of IDUs parents

Occupational status of parents determines the economic environment, support and cares and looks after their offspring in the family. If the economic condition of the family is poor, and parent are to busy for their earnings then children cannot get proper love, care and education. They go into wrong ways. So that it was necessary to find out the occupational status of their parents.

Table 4.5 : Distribution of IDUs by parent's occupation

Occupation	Frequency	Percentage
Service	35	41.18
Business	30	35.29
Agriculture	8	9.41
Worker	7	8.24
Driver	5	5.88
Total	**85**	**100** percent

Source : Field Survey, 2015

Data of Table 4.5 displayed that 41.18 percent of IDUs reported their parents were service holders, 35.29 percent of IDUs reported their

parents were businessman, 9.41 percent of IDUs parents were farmer. 8.24 percent of IDUs respondents reported that their parents were worker and 5.88 percent were drivers.

Majority of the IDUs parents were service holders. They could not give sufficient time for their children. So their children went into the drugs. Likewise, large number of IDUs from businessman got trapped into the drugs because they provided money as they wanted but did not care where they were.

4.6 Occupation of IDUs

Occupational status of injecting Drug Users (IDUs) helps to determine the causes of IDUs. It affects to the family and social relationship, if they earn more, they may have luxurious life and if they are unemployed, they may have frustration. Therefore, it was determined to look over their occupational status.

Table 4.6 : Distribution of IDUs by occupation

Occupation on IDUs	Frequency	Percentage
Service	10	11.76
Tourist Guide	4	4.71
Business	14	16.47
Driving	4	4.71
Hotel/Restaurant worker	5	5.88
Street laboring	6	7.06
Student	9	10.59
Factory worker	12	14.12
Unemployed	21	24.71
Total	**85**	**100%**

Source : Field Survey, 2015

Data displayed on the table 4.6 shows that the high numbers 24.71 percent of IDUs respondents were unemployed, when 16.47 percent of IDUs did business, the third biggest number 14.12 percent of IDUs worked in factories.

Whereas, 11.76 percent of IDUs were service holders, 10.59 percent of IDUs were student, 7.06 percent of IDUs were laboring in the street and the least number 4.71 percent of IDUs worked as a driver and tourist guide.

24.71 percent of IDUs respondents were unemployed. They depended on their parent's income. Their parents rebuked them. 16.47 percent reported that they did business. They could not think about their future. They had money but could not use it properly in a right place.

4.7 Monthly Income of IDUs

Income source of person determines that how he maintains his expenses. and life style. There are unlimited wants and limited source. The following table 4.7 shows the level of their income.

Table 4.7 Distribution of IDUs by monthly income

Income	Frequency	Percentage
Below 3000	2	2.35
3000-4000	15	17.65
4000-5000	10	11.76
5000-6000	1	14.12
6000-7000	13	15.29
7000-8000	12	14.12
No income	21	24.71
Total	**85**	**100%**

Source : Field Survey, 2015

Data presented above table. 4.7 showed that 24.71 percent of IDUs respondents did not have any income. 17.65 percent of IDUs respondents reported their income was about 3000-4000. 14.12 percent of respondents reported that they earned 5000-6000 and same percent percent IDUs earned about 7000-8000 in a month. 15.29 percent of respondents reported they earned about 6000-7000 in a month. 11.576 percent reported that they earned 4000-5000 in a month and 2.35 percent of IDUs respondents reported that they earned about 3000 rupees in a month.

According to the respondents, those who did not have income they asked money with their parents or friends otherwise stole from home, they replied. Majority of them reported their income was sufficient for them.

4.8 Educational Status of IDUs Respondents

Education is an important factor for the determination of a person's behavior, attitude and character. Therefore, it was important to find out the educational status of IDUs in the sample population.

Table 4.8 Distribution of IDUs by education

Level of Schooling	Frequency	Percentage
Not joining school	5	5.88
Primary education (Up to class V)	11	12.94
Secondary Education (up to SLC	45	52.94
Proficiency Level	15	17.65
Graduates	9	10.59
Total	**85**	**100** percent

Source : Field Survey, 2015

Data on the table. 4.8 indicated that the large number 52.94 percent of IDUs reported that the level of schooling were up to SLC. The second largest number 17.65 percent of IDUs acquired their education status up to proficiency level. 10.59 percent of IDUs were graduated, and only 5 percent of IDUs reported that they could not get opportunity to join school for their study.

Most of the guardians send their children in a boarding school for their study. In a school, they stayed in a strict discipline. When they completed SLC, then they spent time carelessly. It was one of the reasons that most of the respondents started drugs after SLC. Some graduates did not get appropriate job and used drugs. 17.65 percent of IDUs started drugs because they did not get proper guidance for their fiture.

4.9 Family Structure of IDUs

Family can play a vital role for the development of a person's personality. It is a social institution that provides a person love, care security. Therefore, this study has revealed the types of family of the sample IDUs population.

Table 4.9 Distribution of IDUs by Family Structure

Types of Family	Frequency	Percentage
Joint family	21	24.71
Nuclear family	54	63.53
Living Along	10	11.76
Total	**85**	**100%**

Source : Field Survey, 2015

The table 4.9 displayed that 63.53 percent of IDUs were from Nuclear family. 24.71 percent of IDUs that they were from joint family and 11.76 percent of IDUs reported that they were living alone.

63.53 percent of IDUs respondents lived in a nuclear family. Their parents did not care for them. They engaged for their earning and did not give time for their children. Some of them frustrated because the lived alone. Those IDUs lived in a joint family, had no responsibility for them.

In this way, this chapter highlighted the social and economic characteristics of the respondents. As explain in this chapter the respondents were found to be from diverse caste/ethnic groups, age groups, religions, marital status etc. Similarly parents occupation ranged from service to wage laboring, the respondent themselves were both employed as well as unemployed and they were from both joint as well as nuclear families.

CHAPTER V
DRUG USE BEHAVIOR OF IDUs RESPONDENTS

This chapter deals with the findings on drug use behavior and patterns such as; age at onset of drug use, knowledge about drugs, name of drug used in the first time, drug preferred to inject, cost in injecting, causes of drug use in the first time and causes of drug injecting.

5.1 Age at onset of drug use in the first time

Age at onset of drug use is a major factor to determine a person's behavior and attitude. Also age of the respondents helps to find out their behavior, problems and relation with their family and community people. Therefore it was tried to find out their age at onset of drug use in the first time.

Table 5.1 Distribution of IDUs by age at onset of drug use

Types of Family	Frequency	Percentage
Below 19	66	77.65
20-24	14	16.47
25-29	5	5.88
Total	**85**	**100%**

Source : Field Survey, 2015

Data presented on the above table. 5.1 shows that 77.65 percent of IDUs respondents reported that they used drugs below the age of 19 years 16.47 percent of respondents reported that they started drugs from 20 to 24 of their age.

Only 5.88 percent of IDUs reported that they started using drugs between 25-29 of their age.

Some of the IDUs respondents started drugs when they were 25-29 years. They did not get job and were fade up of their lives. They were unable to manage their home expenses. 77.65 percent of respondent did not know about their lives. Their friends and peers influenced them. 16.47 percent of respondent 5.88 because they did not get proper guidance and co-operation from their family and friends.

5.2 Knowledge about drug use in the first time

Knowledge about drug use is a major factor to determine their behavior, problems and relations. They used drugs knowingly or by the influence of the other factor. The following table 5.2 explains more about it.

Table 5.2 : Distribution of IDUs by knowledge about drug

Particular	Frequency		Percentage	
	Yes	%	No	%
Knowingly used	19	22.35	66	77.65
Manageability of life	11	12.94	74	87.06

Source : Field Survey, 2015

According to the data on the table. 5.2 reported by IDUs respondents shows that 77.65 percent of them did not have knowledge about drugs. Only 22.35 percent of the sample respondent accepted that they had knowledge about drugs but they used. 87.06 percent of respondents

reported that they were unable to manage their life. Only 12.94 percent of respondents reported that they managed their life.

77.65 percent of respondents didn't have proper knowledge about drug addiction but they were influenced by their peer groups and curious for joyful movement. 22.35 percent of respondents knew about drugs but used because they were frustrated, unemployed and did not have proper parents love and care. 87.06 percent of respondents did not ever think about their unmanageable life. Some of them used by peer pressure, other used drugs because they could give up easily if they want.

5.3 Causes of drug use in the first time

Drug addiction has been explaining a major social burning problem faced by Nepalese society. Likewise, injecting drug use is found terrible disease spreading among IDUs and other population.

Table 5.3 Distribution of IDUs by Causes of drug use

Causes	Frequency	Percentage
Peer pressure	31	36.47
Self curiosity	23	27.06
Unemployment	11	12.94
Tension/Frustration	10	11.76
Lack of parents love and care	8	9.41
Family struggle	2	2.35
Total	**85**	**100%**

Source : Field Survey, 2015

In table. 5.3 data indicated that most of the IDUs 36.47 percent entered into the drug addiction by their peer pressure, this data substantiate the findings reported by Basnet (1989), Rai (2000) and Maskey (2002).
27.06 percent of IDUs were introduced to the addiction by their self-curiosity, data substantiate to the findings reported by Rai (2000) and Maskey (2002) 12.94 percent of IDUs reported they started drug because of unemployment. 11.76 percent of IDUs started drug due to the frustration and tension. 9.41 percent of IDUS reported they took drug from the lack of their parents love and care. Only 2.35 percent of IDUs in the sample population started taking drug because of their family struggle.

The large number IDUs respondent reported that they used drug by their peer pressure. It became a threat for the parents those who cannot care their children. Teenagers and young people wanted to spend more time with their friends.

5.4 Name of drug used in the first time

Name of drug used by IDUs respondent in the first time is an important factor for determining their addictive behaviors. It is necessary to know that how did they use and continued with that or changed their modes. The following table 5.4 shows more about it.

Table 5.4 Distribution of IDUs by drug use in the first time

Name of drugs	Frequency	Percentage
Ganja	42	49.41
Nitrosun	16	18.82
Phensidyl	12	14.12
Hashish	6	7.06
Diazepam	4	4.71
Smack	2	2.35
Tidigesic	2	2.35
Brown Sugar	1	1.18
Total	**85**	**100%**

Source : Field Survey, 2015

The data on the table. 5.4 indicated that 49.41 percent of IDUs took Ganja by smoking in the first time, later they turned to injecting. 18.82 percent of IDUs took Nitroson in the beginning; phensidyl was used by 13.75 percent of IDUs. 7.06 percent used Hashish and 4.71 percent of lDUs used Diazepam in the first time. Smack and Tidigesic was used in the first time by 2.35 percent of IDUs and only 1.18 percent of IDUs preferred brown sugar in the first time.

Majority of sample respondents used Ganja for the first time. At that time they did not think about the horrible situation in their lives. Ganja is used in some religious, purposes. Now it seemed an open gate to the young for destruction their life. And some other misused medicine for addiction.

5.5 Modes of Drug use in the first time

There are different routes of drugs administration. Some take drug by smoking; other can take by swallowing and chasing sniffing and injecting methods were also found. So that, I was curious to know how the IDUs started taking drugs in the beginning.

Table 5.5 Distribution of IDUs by Modes of Drug use

Modes	Frequency	Percentage
Smoking	43	50.59
Swallowing	22	25.88
Chasing	10	11.76
Sniffing	6	7.06
Injecting	4	4.71
Total	**85**	**100%**

Source : Field Survey, 2015

Table 5.5 showed that 50.59 percent of IDUs started drug through smoking. Second biggest number 25.88 percent of IDUs took by swallowing. 11.76 percent of IDUs by chasing while 7.06 percent of IDUS started by sniffing and only 4.71 percent of IDUs started drugs by injecting with their friends.

About 51 percent of IDUs respondent reported that they entered into addiction by smoking. Smoking became fashion for the young people. They learnt it from their parents and other member of the family or friends. Some of them used by peer pressure and other used for their relaxation.

5.6 Name of drug Preferred to inject

Most of the IDUs respondents found that they started using drugs by smoking ganja at the first time and then they changed their modes of their use. Therefore is it important to find out the name of drug they inject at the present time. The following table 5.6 describes more about it.

Table 5.6 Distribution of IDUs by Drug preferred to inject

Name of Drug	Frequency	Percentage
Tidigestic	35	41.18
Heroin	19	22.35
Morphine	4	4.71
Composed	15	17.65
Methadine	7	8.26
Pethidine	5	5.88
Total	**85**	**100** percent

Source : Field Survey, 2015

The above data displayed on the table 5.6 shows that the large number 41.18 percent of IDUs reported that they preferred tidigesic for injecting. As they reported, it is cheaper than other drugs and easily available in the market. The second largest number 22.35 percent of IDUs preferred heroin, 4.71 percent used Morphine, and 17.65 percent of IDUs used composed far more satisfaction.

According to them, it may be cheaper and satisfactory. 8.26 percent of IDUs reported that they used Methadine for injection and only 5.88

percent of IDUs respondent reported they preferred Pethidine for injecting.

Majority of IDUs respondent used tidigesic to inject at the present time. It was cost effective and dose effective. Some IDUs respondent reported that they used heroin only as their favorite drug to inject.

5.7 Daily cost in injecting

Living standard and the income source of the respondents determine to find the level of cost to inject drug. Therefore it was determined to find out the daily cost they paid for injecting drug.

Table 5.7 Distribution of IDUs by daily cost in injecting

Cost range in Rs.	Frequency	Percentage
Below 100	29	34.11
100-200	21	24.71
200-300	17	20.00
300-400	8	9.41
400-500	6	7.06
500-600	4	4.71
Total	**85**	**100%**

Source : Field Survey, 2015

Data displayed on table 5.7 shows that 34.11 percent of IDUs respondents reported that they paid about below 100 Rs. for injecting in a day. 24.71 percent reported their expenses were about Rs. 100-200. As their report, 20 percent of IDUs respondents paid between 200-300 rupees in a day. 9.41 percent reported about Rs, 300-400 in a day, 7.06

percent of them reported their daily expense was about 400-500 rupees and 4.71 percent of IDUs respondents reported that they paid 500-600 rupees in a day for injecting.

Their level of expenses showed that it was very difficult to fulfill their desire according to their income. Therefore, they looked for other alternatives for injecting such as stealing and borrowing.

5.8 Reason of Injecting Drug Use

I was very curious that why people use drugs through injection. Everyone knows that it is dangerous for health and risk of having HiV/AIDS and other diseases. So that it was determined to know the reason of injecting drug use. The table. 5.8 below shows the reason.

Table 5.8 Distributions of I by Reason of Injecting Drug Use

Cost range in Rs.	Frequency	Percentage
Greater effective for satisfaction	38	44.71
More economical than other	34	40.00
Easy achievable	13	15.29
Total	**85**	**100%**

Source : Field Survey, 2015

The data on table 5.8 displayed that 44.71 percent of IDUs injected drug for it was greater effective for their satisfaction. The second largest number 40 percent IDUs reported that it was more economical than other drugs. 15.29 percent of IDUs reported that they entered into injecting because it could be achieved easily.

Most of the IDUs respondents changed one after another drug and finally they injected. The reason was, when they used for long period, it

needed more times and more doses as their body desired. When they used longer they gave for their body but not for them they replied.

In this way this chapter explained analyzed the drug use behavior of the respondents. As dealt in this chapter, large majority of the respondents were found to be starting drug use from the age below 19 years knowingly as well as unknowingly. They use drug due to a variety of reasons like peer pressure, curiosity, lack of parents love and care, tension etc. They use a variety of drugs for which they spend Rs. 100 to more than Rs. 600 in a day.

CHAPTER VI
RELATIONS OF IDUS WITH FAMILY AND OTHER SOCIAL MEMBERS

This chapter deals with the problems faced by the IDUs respondents IN THEIR relationship with family, friends, relatives and the community People. Use of drug is considered as illicit activity, and people have negative attitudes towards IDUs. The negative feelings and attitudes of People towards IDUs help them to continue drugs.

6.1 Involvement in Sexual Intercourse

Involvement in Sexual intercourse has greater impact on acquiring and transmission of HIV/AIDS and other STDs. In the study, majority of the IDUs were in the peak of their sexually active age. The following table 6.1 presents the IDUs having intercourse with one's wife, friends, prostitutes and multi sex partners.

Table 6.1 Distribution of IDUs by Involvement in sexual intercourse

Involvement	Frequency	Percentage
Sexual relationship with only one's wife	9	10.59
Sexual relationship with friends (two or more)	23	27.06
Sexual relationship with multi sex partners	46	54.12
Sexual relationship with prostitutes	7	8.24
Total	**85**	**100%**

Source : Field Survey, 2015

Data presented on the table 6.1 shows that a majority 54.12 percent of IDUs established sexual relation with multi sex partners. Second great number

27.06 percent of IDUs had sexual relationship with two or more of their friends. 8.25 percent of IDUs respondents reported that they went with prostitutes and had sexual contacts. 10.59 percent of IDUs refused having sexual relation with other ladies and they had sexual relation with their wives only.

Most of the IDUs respondents involved in sexual intercourse with multi sex partners. They risked the transmission HIV/AIDS from and among them.

6.2 IDUs affected by HIV/AIDS and STDs

HIV/AIDS have become major threats for transmission among IDUs population. In the survey majority of the IDUs reported that STDs and HIV/AIDS affected their friends in their groups. So that it is necessary to know about IDUs condition.

Table 6.2 Distribution of IDUs by STDs and HIV/AIDS

Affected by STDs and HIV/AIDS	Frequency	Percentage
STDs	18	21.18
HIV/AIDS	9	10.59
No response	58	68.24
Total	**85**	**100%**

Source : Field Survey, 2015

The table 6.2 displayed that 21.18 percent of IDUs in sample population suffered from STDs. Only 10.59 percent of IDUs among the sample study population suffered from HIV/AIDS. 68.24 percent of IDUs respondents refined to answer of these questions.

Large number of respondents did not want to disclose their present physical situation. They felt shamefulness and had fear to tell the truth. 10.59 percent of them were affected by HIV/AIDS and STDs affected 21.18 percent of IDUs.

6.3 IDUs friend affected by HlV/AIDS and STDs

Most of the IDUs respondent may not want to disclose their physical situation. But they may openly tell about the physical condition of their friends. The table 6.3 shows their situation.

Table 6.3 Distribution of IDUs by friends affected by STDs and HIV/AIDS

Affected by friends by HIV/AIDS	Frequency	Percentage
Yes	51	60
No	34	40
Total	**85**	**100%**

Source : Field Survey, 2015

The table 6.3 presented that 60 percent of IDUs respondents was affected by HIV/AIDS. 40 percent of IDUs reported that their friends were not affected by HIV/AIDS.

6.4 Other problems faced by IDUs

When drug is used for long time it may bring health and other problems to the person. It may affect other member of the family and the community. IDUs themselves may face various kinds of problems. So that it was determined to know what types of problems they had faced. The following table 6.4 explains in detail.

Table 6.4 Distribution of IDUs by other problems

Problems	Frequency	Percentage
Rejection from family	60	70.59
Rejection from friends	40	47.06
Rejection from relatives	55	64.71
Rejection by community people	45	52.94
Prejudice behavior of Doctor	20	23.53
Deprived of work opportunities	15	17.65
Suffering form HIV/AIDS	8	9.41
Suffering from other diseases	16	18.82

Source : Field Survey, 2015

Data displayed on the table 6.4 shows that 70.59 percent of IDUs were rejected from their families 47.06 percent were rejected from their friends, 52.94 percent IDUs respondents were rejected from their relatives. 52.94 percent of IDUs reported that their community people rejected them. 23.53 percent reported that doctor behaved them prejudicially. 17.65 percent reported that they had lost and deprived from job opportunities. 9.41 percent were suffered from HIV/AIDS and 18.82 percent of IDUs respondents reported that they were suffered from other diseases.

When some work is done, it brings some consequences. I was very curious to know that what types of problems IDUs respondents faced. Most of the respondents seemed nervous to answer these questions. Most of the respondents repented seeing their present situation, but time was late they were rejected because they repeated drugs again and again. Some of them involved in stealing things, other suffered from HIV/AIDS, STDs and other diseases. Their community people, friends and relatives were not co-operative, they were afraid of them because they transmitted HIV/AIDS and other diseases.

6.5 Recognition of the respondent as IDUs

Any person wants to keep a good relationship with the family, friends, and relatives and with the community people. He wants to present himself as a helpful and cooperative member in the society. Therefore, it was determined to find out their identity. The following Table 6.5 displays about their identity with family, friends, relatives and the community people.

Table 6.5 Distribution of respondent by recognition as IDUs

Recognition as IDUs	Response		Response	
	Yes	%	No	%
1. In the family	67	78.82	18	21.18
2. With friends	55	64.71	30	35.29
3. With relatives	31	36.47	54	63.53
4. With community people	59	69.41	26	30.59

Source : Field Survey, 2015

Data presented on the table 6.5 displayed that 78.82 percent of IDUs respondents were known as IDUs in their families. 21.18 percent of IDUs respondents reported that they were not known as IDUs. 64.71 percent of respondents reported that their friends knew them as IDUs, but 35.29 percent of respondents reported that their friends did not know them as IDUs. 36.47 percent of respondents of the sample population reported that their relatives knew them as IDUs. 63.53 percent of them reported that their relatives did not know them as IDUs. 69.41 percent of respondents reported that their community people knew them as IDUs. 30.59 percent of IDUs respondents reported that their community people did not know them as IDUs.

Most of the IDUs respondents family member knew that their sons went into the wrong ways, as they reported their parents and family members tried many times not to go that way but we could not give up drugs. 21.18 percent of IDUs respondents did not want to be exposed as IDUs in the family because they hated them and treated them prejudicially. Like wise they did not want to be exposed to their friends, relatives and community people because they rejected and hated them.

6.6 Preferred Place where IDUs take meal

It is easy to determine person's relationships to their family by knowing their place of taking meal and spending time with their family. So that it was determined to find out their place where they take meal.

Table 6.6 Distribution of IDUs by preferred place of taking meal

	Frequency	**Percentage**
Own Home	65	76.47
Friends home	12	14.12
Relatives	5	5.88
Hotel/Restaurant	3	3.53
Total	**85**	**100** percent

Source : Field Survey, 2015

The table 6.6 presented that 76.47 percent of IDUs took their meal at their own home. They reported that they did not spend more time with their family member, because they ever seemed angry. 14.12 percent of IDUs reported that they took meal at their friend's home. 5.88 percent reported that they took meal at their relatives' home and 3.53 percent of IDUs reported that they took meal at hotel and restaurant.

Majority of the respondents came home for their meal. They often came late. They were not helpful to their family. They spent more time with their friends. Some of them had a bad relation and did not want to come home for meal. Therefore, they took meal in friends home, relatives and in hotel and restaurant.

6.7 Time for Sleeping and Waking up of IDUs

Time used by the respondents for steeping at night and waking up in the morning help to determine the relationship with the family. Therefore, this study has tried to find out the time for sleeping and waking up of IDUs.

Table 6.7 Distribution of IDUs by time for sleeping and wake up

Sleeping time	Frequency	%	Wake up Time	Frequency	%
7-8 pm	3	3.53	4-5 am	2	2.35
8-9 pm	11	12.94	5-6 am	10	11.76
9-10 pm	21	24.71	6-7 am	16	18.82
10-11 pm	32	37.05	7-8 am	25	29.41
11-12 pm	14	16.47	8-9 am	28	32.94
12-1 am	4	4.71	9-10 am	4	4.71
Total	**85**	**100%**	**Total**	**85**	**100%**

Source : Field Survey, 2015

Data on table 6.7 presented that 37.65 percent of IDUs res came between 10-11 pm. that is simply the late time for meal. 24.71 percent of IDUs reported that they came at home for meal and sleep between 9-10 pm; 16.47 percent reported, they came at 11-12 pm, which is simply the late time. 12.94 percent reported, they came at 8-9 pm, 4.71 percent of IDUs reported they came 12-1 am, which is very late and only 3.53 percent of IDUs came at home at 7.8 pm.

Majority of the respondents came late for sleeping and woke up late. It indicates that there was a bad relationship with family. Those who sleep for late did not help to the family.

6.8 Behavior of social members with IDUs

Behaviors done by the member of the family may sometimes play a vital role for a person leading to the right or wrong way. Therefore it is important to know that how parents, members and the neighbors behave to IDUs. They treat well, encourage and give chances to improve or not.

Table 6.8 Distribution of IDUs by behavior of social members

Social Members	Normal		prejeudiced		
	Frequency	percent	F	percent	
Family	27	31.76	58	68.24	
Parents	35	41.18	50	58.82	**N=85**
Relatives	16	18.82	69	81.18	
Community People	23	27.06	62	72.94	
Friends	38	44.71	47	55.29	
Doctor	27	31.76	58	68.24	

Source : Field Survey, 2015

Data displayed on the 6.8 shows that 68.24 percent of IDUs respondent behaved prejudicially. 31.76 percent reported that they felt normal behavior.

Likewise, 58.82 percent respondent reported that their parents also behaved prejudicially. 41.18 percent parents behaved normal. As they reported, 81.18 percent of their relatives behaved them prejudicially. 18.82 percent got normal behavior from their relatives. 72.94 percent of IDUs respondents reported that their community people behaved them prejudicially. 27.06 percent of respondents reported their community people did not behave prejudicially. According to their report, 55.29 percent of their friends showed them prejudiced behavior. 44.71 percent of IDUs reported that they felt normal behavior. 68.24 percent of IDUs respondents reported that when they went to the hospital, doctors behaved them prejudicially. 31.76 percent of IDUs respondents reported that doctors showed them normal behaviors.

Majority of IDUs respondents found prejudiced behaviors from their families, parents, relatives, friends, doctors and community people. Therefore, they were more aggressive. Majority of family, parents, relatives, friends and community people were fade up of their addictive behavior and they were not co-operative with them. When doctors showed their injection mark they were afraid of HIV/AIDS and behaved prejudicially.

6.9 Relation of IDUs with parents

Drug addiction has caused several people to break their relation in the families and neighbors. Among these respondents, many of them were having a bad relation with their family and non-drug user family. Their family includes spouses, siblings and other member of the family.

Table 6.9 Distributions of IDUs by Relationship with parents

Problems	Frequency	Percentage
Good	5	5.88
Normal	10	11.76
Bad	70	82.35
Total	**85**	**100** percent

Source : Field Survey, 2015

According to data presented in the above table 6.9 showed that 82.35 percent of IDUs respondent had a bad relation with their parents. Only 5.88 percent IDUs respondents maintained a good relation with their parents and 11.76 percent of respondents reported that there was a normal relation with their parents.

6.10 Relationship of IDUs with family

Family is a social institution. It provides a person love, care and help etc. Therefore it is important to know the relationship with the family of IDUs respondent. The following Table. 6.10 explains more about the relationship of IDUs respondents with their family.

Table 6.10 Distribution of IDUs by relationship with family

Family	Frequency	Percentage
Good	3	3.53
Normal	8	9.41
Bad	74	87.06
Total	**85**	**100** percent

Source : Field Survey, 2015

Report on the table 6.10 showed that 87.06 percent of respondents had a bad relation with their family members. 3.53 percent reported that they had a good relation with family member. 7.5 percent reported that they had a normal relation with their family members.

6.11 Relationship of IDUs with Friends

Relationship with friends is a major factor for a person. Therefore the study has tried do findout the relationship of IDUs with their friends. The following table 6.11 shown the relationship with the IDUs respondents.

Table 6.11 Relationship of IDUs with friends

Friends	Frequency	Percentage
Good	12	14.12
Normal	20	23.51
Bad	55	62.35
Total	**85**	**100** percent

Source : Field Survey, 2015

Table 6.11 shows that 62.35 percent of IDUs reported that they had a bad relation with their friends. Only 14.12 percent reported that they had maintained good relation with their and 23.53 percent of IDUs reported that they had a normal relation with their friends.

6.12 Relationship of IDUs with relatives

Relationship with the relatives sometimes plays a vital role in his entire personality and his carrier. Therefore it was determined to find out their relationship with the relatives. Table 6.12 describes more about it.

Table 6.12 Distribution of IDUs by relationship with relatives

Relatives	Frequency	Percentage
Good	11	12.94
Normal	16	18.82
Bad	58	68.24
Total	**85**	**100** percent

Source : Field Survey, 2015

Table 29 displayed that 68.24 percent of respondents had a bad relation with their relatives. 18.82 percent reported having normal relation with their relatives and only 12.94 percent reported that they maintained good relation with their relatives.

6.13 Relationship of IDUs with community people

It is important to have a relationship with the community people. Relationship with the people can make a difference in his life. The following Table no 6.13 helps to know about the relation with the community people.

Table 6.13 Distribution of IDUs by relation with neighbors

Community people	Frequency	Percentage
Good	7	8.24
Normal	15	17.65
Bad	63	74.11
Total	**85**	**100** percent

Source : Field Survey, 2015

Table 6.13 showed that 74.11 percent of IDUs respondents had a bad relation with their community people. 17.65 percent reported that they had a normal relation with the community people. Only 8.24 percent respondents reported that they had a good relation with their community people.

Most of the IDUs respondents had a bad relation with their parents, family, friends, relatives and community people. It was because of their addictive behavior. Such IDUs did not prove themselves as reliable members of the family. They were not entrusted to take any responsibility. That is how the gap of understanding increased and they were rejected as a reliable person.

6.14 Causes of IDUs to relapse

It is very important to know that why do IDUs go into the drugs again an again. There may be some reasons. Therefore it was determined to find out the root causes of IDUs that leads to be relapsed.

Table 6.14 Distribution of IDUs by causes to relapse

Causes	Frequency	Percentage
Peer pressure	37	43.53
Prejudiced behavior of family	16	18.82
Lack of friends co-operation	3	3.52
Could not totally give up drugs	23	27.06
Named always IDUs	4	4.71
Other people did not entrusted	2	2.35
Total	**85**	**100** percent

Source : Field Survey, 2015

Data presented in table 6.14 shows that 43.53 percent of IDUs respondents took back drugs because of their peer pressure. Second largest number 27.06 percent of respondents reported that they relapsed because they could not totally give up drugs. 18.82 percent of respondents reported that their family member behaved prejudicially 4.71 percent of them replied other people named them IDUs. 3.52 percent of IDUs respondents reported that they were not cooperative with them. 2.35 percent of IDUs respondents reported that their community people did not trust them.

Most of the IDUs respondent reported that when they knew going into the wrong way, they tried to stop using drugs many times. They started again because of peer pressure. Family member also did not help and trust them but behaved prejudicially.

6.15 IDUs in the rehabilitation center

Most of the people think IDUs never be trusted. Their addictive behavior and attitude cannot be changed. Therefore, it was determined to find out if they try or not to give up their bad habit. The following

table 6.15 explains that how many times they admitted to the rehabilitation center or counseling center.

Table 6.15 Distribution of IDUs-by staying in the rehabilitation center

Admitted in the rehabilitation center	Frequency	Percentage
No	18	21.18
Yes	28	36.47
Once	17	20
Twice	15	17.65
More than two times	4	4.71
Total	**85**	**100%**

Source : Field Survey, 2015

Data displayed on the table 6.15 shows that 36.47 percent of IDUs respondents had been to the rehabilitation center for their treatment. 21.18 percent IDUs respondents reported that they did not go to the rehabilitation center. 20 percent of them reported that they were in the treatment center for the first time. 17.65 percent of respondents reported that they had been twice in the center. 4.71 percent reported that they were admitted in the rehabilitation center more than two times.

One-fourth of IDUs respondents were admitted in the rehabilitation center more than two times. Family, friends, and other social members did not provide them good environment. Therefore, they relapsed and admitted in the rehabilitation center.

6.16 Satisfaction of IDUs

IDUs respondents faced several kinds of problems. Even though they found taking drugs. Some of them reported that they repeated drugs by their peer pressure. Other reported that family members did not cooperate them. Whatever the cause that they misused drugs, but it was necessary to find out their level of satisfaction. Following table 6.16 explains about their level of satisfaction.

Table 6.16 Distribution of IDUs by their Satisfaction with own life and social members' behavior

Satisfaction	Frequency		Percentage	
	Yes		No	
1. Satisfaction with own life	18	21.18	67	78.82
2. Satisfaction with family members	15	17.65	70	82.35
3. Satisfaction with relatives	23	27.06	62	72.94
4. Satisfaction with friends	28	32.94	57	67.06
5. Satisfaction with community people	14	16.47	71	83.53
6. Quarrel and fight with family	67	78.82	18	21.18
7. Quarrel and fight with friends	27	31.76	58	68.24
8. Feeling of rejection in the society	75	88.24	10	11.76
9. Care and support from family and other social members	15	17.65	70	82.35

Source : Field Survey, 2015

The data presented on the table 6.16 displayed that 78.82 percent of IDUs respondents were not satisfied with their life, 21.18 percent accepted that they were satisfy with the addiction. 82.35 percent of respondents reported that their family members were not satisfied with

them. 17.65 percent reported that their family members were satisfied. 72.94 percent of respondents' relatives were not happy with their addictive behavior. 83.85 percent of respondents deprived form the help of their community people. 78.82 percent of IDUs respondents accepted that they fought and quarreled to their family members.

68.24 percent of IDU respondents reported that they did not fight and quarrel with their friends. 31.76 percent of the respondents accepted that sometimes they fought and quarrel with their friends. 88.24 percent of respondents agreed that they felt rejected in their communities. 11.76 percent did not feel like that. 82.35 percent of respondents reported that they did not get support and care from their family members and community people. 17.65 percent of them reported that their family member and community people helped and supported them.

Majority of IDUs respondents were unsatisfied with their life. Because they were trapped into their injecting habit, their family member ever rebuked and behaved prejudicially. Relatives, friends and community people also did not help and support. Themselves felt rejection from family, friends and community people.

In this way this chapter analyzed and explain the relationship of the respondents with family, friends, neighbours, and other people of society. In most cases their relationship is found to be severely affected by their drug use behavior. In extreme cases, their relationship with others spoilt in such a way that they now are living in isolation due to their discarding by other people.

CHAPTER VII
SUMMARY, CONCLUSION AND RECOMMENDATION

7.1 Summary

An introduction of drug abuse in Nepalese societies is believed to begin with the advent of tourist and hippies in early 1960s. But there was not pervasive abuse such drugs in the past as it is now. Presently, the dramatic fast growing number of drug user and the exposure of teenagers and youth to drug injection, has posed a threat to our society, especially in connection with the transmission of HIV/AIDS, Hepatitis B and C virus through intravenous injection drug and sexual intercourse in the city of Pokhara sub metropolitan city in Asha Bhawan, Nayagaun.

The over all objective of the study was to study socioeconomic status, drug use behavior, problems and relation with their family and the community people. This study was based on exploratory, descriptive and analytical research design. Both the quantitative and qualitative techniques have been used for data collection. Primary data were mainly used to analyze the present socioeconomic status, drug use behavior and relation with their family and neighbors. Secondary data were applied at the time of previous literature reviewing pertained in the field of the study. Interview was a major technique applied in order to collect primary data from IDUs respondent.

A form of questionnaire was used as a key tool of interview technique. structured with close and open-ended questions were used. 85 IDUs

were interviewed as a sample population for required information in the Pokhara sub metropolitan city at Asha Bhawan Nayagaun.

The research study has found that 28.24 percent of Gurung has a domination over than other caste followed by Magar 23.53 percent, and Muslim 2.35 percent. Most of the IDUs respondents were found to be the age group 20-24. 76.47 percent of IDUs found from the Hindu religion in the sample population while Muslims were 2.35 percent. 64.71 percent of IDUs respondent were unmarried, and 2.5 percent of IDUs found having divorce. 41.18 percent of IDUs parents found service as their profession and least 8.24 percent of IDUs parents were farmer. 16.47 percent of IDUs found to have business as their own profession while 4.71 percent were tourist guide and driver while 10.59 percent of the IDUs respondent were found student. 17.65 percent of IDUs respondent reported that they earned 3-4 thousand rupees in a month while 24.71 percent of IDUs respondents were unemployed.

52.94 percent of IDUs respondent found completed SLC, 10.59 percent found graduates and 5.88 percent of respondent found that they had not joining school. 65 percent of IDUs respondent found from the nuclear family and 11.76 percent of them found living alone. 77.65 percent of the sample population gets started using drugs below 19 years of their age. When 77.65 percent of the respondent reported that they had no previous knowledge about drugs. 87.06 percent of them did not ever think that their life could be unmanageable. 36.47 percent of IDUs started to use drugs in the first time by their peer pressure. 2.35 percent of them reported that they used by family struggle. 51.41 percent of IDUs respondent used Ganja in the first time while 1.18 percent found

to have used heroin in the first time. 50.59 percent of IDUs respondent reported that they started drug by smoking in the first time while 3.71 percent of them used by injecting. 41.18 percent of IDUs respondent reported that they preferred tidigesic to inject at the present time while 5.88 percent of them preferred pethidine. The mean cost of injecting was 203.25 rupees in a day. 44.71 percent of IDUs respondent possibly they preferred to inject drugs to have greater effective for their satisfaction. 40 percent of them reported it was more economical than other drugs. 15.29 percent of them reported that it could be found easily in the market.

78.82 percent of IDUs respondent reported that they were familiar to their family as IDUs. 76.47 percent of IDUs respondents used to take meal at their own home. 3.53 percent used to take at hotels/restaurant. 37.65 percent of IDUs respondent found to have coming home for meal and sleep at about 10-11pm while 4.71 percent of them used to come at 12-1 a.m. 32.94 percent of them woke up at 8-9am while 4.71 percent of them used to wake up at 9-10 am in the morning.

72.94 percent of IDUs respondent reported that their community people behaved them prejudicially 68.24 percent of them reported that when they had to go to the hospital, found prejudiced behavior from doctor.

82.35 percent of IDUs respondent reported that they had a bad relation with their parents. 87.06 percent of them reported that they had a bad relation with their family 65 percent of them had a bad relation with their friends. 68.24 percent of IDUs reported that their relation was bad with their relatives and 74.11 percent of respondent reported that they

had a bad relation with their community people. 43.53 percent of IDUs respondent reported that they get relapsed due to the peer pressure. 4.71 percent of them reported that people always named them IDUs. 55 percent of them reported once they relapsed. 20 percent of them reported that they relapsed two times. Some 5 percent of them reported that they relapsed more than two times.

54.12 percent of IDUs respondent reported that they had established sexual relation with multi sex partners. Only 10.59 percent of IDUs respondent reported that they ever refused sexual relation with other women and had made with their wives only. 60 percent of IDUs respondent reported that their friends were affected HIV/AIDS and 9.41 percent of them reported that they were affected by HIV/AIDS. 18.82 percent of them reported that they suffered from STDs 68.24 percent Of IDUS respondent did not want to tell anything about their physical condition. 10.59 percent of IDUs respondent accepted that they had suffered from HIV/AIDS. 21.18 percent of them reported that they were suffered from other diseases.

7.2 Conclusion

The study revealed the socioeconomic characteristics, drug use behavior, drug practice related problems and relationship with family, friends, relatives and community people of IDUs respondent in Pokhara Sub-metropalitan city at Asha Bhawan Nayagaun.

Most of the IDUs respondents were young in age. Majority of them were from Gurung and Magar ethnic group, lived in a nuclear family. They started drug below 19 years of their age, which is considered to be

productive and economically active life. Majority of them were of low education and stopped their studies. Most of the IDUs respondents' parents were serviceman and business as their profession. One fourth of the sample population were student.

Most of the IDUs respondent started Ganja by smoking as a drug use by peer pressure and self-curiosity in the beginning. Majority of them started drugs unknowingly and did not know about their life. Most of them relapsed more than one times. Later they were trapped by drugs and changed the modes of their use of smoking one after another and finally started Tidijesic and heroin as the preference injection. They preferred injection because it was greater dose effective, more economical than other drugs and easily found in the market.

Majority of the IDUs established sexual with multi sex partners. Some of them were suffering from HIV/AlDS and STDs. Their family, friends and community people were not supportive, therefore they repented and unsatisfied with their present life. Some of them were deprived from job opportunities. Majority of IDUs respondent had a bad relation with their family, friends, relatives and community people. They were rejected from them.

7.3 Recommendations

- The Injecting Drug Users (IDUs) populations are found most vulnerable for the transmission of STDs and HIV. Therefore there should be more effective and extensive intervention programme for them.

- There should be a proper policies and interventions which mobilizes IDUs to be self-dependent.
- Special emphasis should be given to prevention efforts. The preventive effort would be more effective if drug education is integration into the school curriculum:
- Special progamme for young adults is to be created to engage them in a special environment.
- Family counseling as well as family education should be launched for the better family environment.
- The Government has to run treatment and rehabilitation centers or should encourage NGOs to run such activities with financial assistance.

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APPENDIX

Drug Practice by youths in Pokhara Sub-Metropolitan City : A Sociological study of injecting Drug users (IDUs) under rehabilitation in Asha Bhawan, Nayagaun, Pokhara Branch

Section-A

Socioeconomic Characteristics

Personal Profile

1. Age : _____
2. Sex : Male ☐ Female ☐
3. Address : _____
4. Caste : _____
5. Present Address : _____
6. Caste : _____
7. Religion : _____
8. Marital Status : ☐ Married ☐ Unmarried ☐ Divorced

Educational Status

1. Graduate ☐ Intermediate ☐ Secondary Education (upto SLC) ☐
   Primary education (up to class III) ☐ Not joining school ☐
2. Do you still go to school? Yes ☐ No ☐

Family Status

1. What is your family type? Joint ☐ Nuclear ☐ Living alone ☐
2. Do you have step mother? Yes ☐ No ☐
3. What is the living standard of your family?
   High ☐ Medium ☐ Low ☐

Economic Status

1. What does your parents do?
   Agriculture ☐ Service ☐ Business ☐
   Driver ☐ Workers ☐

2. Is parents income sufficient for your family?

   Yes ☐ No ☐

3. How much do your parent's earn per day?

   below Rs. 500 ☐ Rs. 500-1000 ☐ Rs. 1000-1500 ☐

   Rs. 1500-2000 ☐ Morethan Rs. 2000 ☐ about Rs. _____

4. Do you work? Yes ☐ No ☐

5. What type of work you do?

   In hotel/restaurant ☐ Fctory ☐ Serivce ☐

   Business ☐ Driver ☐ Lebour ☐

   Student ☐ Unemployed ☐

6. How much do you earn from your work?

   about Rs. _____

7. Do you have to support your family?

   Yes ☐ No ☐

Section-B (Drog Use Behviour)

1. How did you learn to use drugs in the beginning?

   due to peer pressure ☐ due to curiosity ☐ for enjoyment ☐

   due to ignorance ☐ friends request ☐ due to no works ☐

   due to frustration ☐ lack of parents care and love ☐

   due to family struggle ☐

2. Which drug did you use at the first time?

   _____

3. How did you use drugs in the beginning?

   By smoking ☐ Swallowing ☐ Chasing ☐

   Sniffing ☐ Injecting ☐

4. Did you use drugs knowingly in the first time?

Yes ☐ No ☐

5. Did you know that if you use drugs, then your life could be manageable?

Yes ☐ No ☐

6. How long have you been using injecting drugs?

_____

7. Why did you prefer injecting drug use?

Grater effective for satisfaction ☐ more economical than other drugs ☐

easy achievable ☐

8. What kind of drug do you inject?

_____

9. How many times do you inject in a day?

_____

10. What time do you inject drugs?

morning ☐ after lunch ☐ day time ☐ evening ☐ night ☐

11. How do you obtain drugs?

from friend ☐ from agent ☐ from drug seller ☐

12. How much do you daily expense in injecting?

about Rs. _____

13. What do you do if you can't get money?

steal ☐ asked with friends ☐ asked with parents begging ☐

14. How do you inject drugs?

alone ☐ with friends ☐ sharing needles ☐

15. When you started injecting drugs, have you everbeen involved in a sexual intercourse?

Yes ☐ No ☐ if yes, with how many girls?

wife only ☐ with friends (more than two times) ☐

with multi sex partners ☐ with prostitute ☐

16. How many person do you share needles with?

two ☐ three ☐ five ☐ more than five ☐

17. Do your family member know you inject drug?

Yes ☐ No ☐

18. How do your family member behave to you?

hate ☐ say take way drugs ☐ don't care ☐

19. Have you ever been to rehabilitation center or counseling center to get free from this addiction?

Yes ☐ No ☐

If yes, how many times?

Once ☐ Twice ☐ more than two times ☐

20. Would you tell me the reason that you relapsed?

By peer pressure ☐ prejudiced behavior of family ☐

lack of friends cooperation ☐

I could not give up drugs totally ☐ named always IDUs ☐

Other people did not entrusted ☐

21. Why did you join this organization?

To get free ☐ from friend request ☐ from family pressure ☐

Section-C (Drug Practice Related problems and Relation)

1. How do your friends behave?

Hate ☐ don't care ☐ behve well ☐

normal ☐ behave prejudicially ☐

2. Do other people in your society know that you inject drug?

Yes ☐ No ☐

3. How do they behave to you?

Hate ☐ encourage ☐ discourage to use ☐ suggest give up ☐

4. How is your relationship in your society?

good ☐ bad ☐ normal ☐

5. What time do you sleep and wake up?

Sleep at _____pm wake up at _____ am

6. Have you ever tried to stop injecting drug?

Yes ☐ No ☐

7. Have ever been arrested and kept in police custody or prison?

Yes ☐ No ☐

If Yes, How many times?

once ☐ twice ☐ trice ☐ more than tree times ☐

8. Do you have physical problem

Yes ☐ No ☐

9. What kind of disease that you are suffered from?

Syphillis ☐ Gonorrhea ☐ Genital warts ☐

Other ☐ HIV/AIDS ☐

10. How many of your friends have suffered from HIV/AIDS and STDs?

one ☐ two ☐ three ☐ more than three ☐

11. Do you think you can be restored in the society?

Yes ☐ No ☐

12. Do you think that can injecting drug users get free from addition?

Yes ☐ No ☐

If Yes, how? _____

13. What is your future ambition?

Help addits like me ☐ to be normal citizen ☐

be doctor ☐ be engineer ☐

14. Do you know how many drug users are there in Nepal.

Yes ☐ don't know ☐ if Yes, there how many _____

15. Are you happy with your life

Yes ☐ No ☐

16. Are your family members happy with you?

Yes ☐ No ☐

17. Are your relatives and neighbours satisfy with you?

Yes ☐ No ☐

18. Do you quarrel and fight with your friends?

Yes ☐ No ☐

19. Do you quarrel in your family?

Yes ☐ No ☐

20. Do you feel that you are rejected in your society?

Yes ☐ No ☐

21. Do your family member care and support to you?

Yes ☐ No ☐

22. Do you feel that doctor behaved you prejudicially when they you as an IDUs?

Yes ☐ No ☐

Thank you!