

CHAPTER- I

INTRODUCTION

1.1 Introduction

The urge to get high is as basic as food, clothing, shelter and sex. Any substance whether chemical or non-chemical, that alters the normal functioning of the brain and provides a high to the individual can be termed as drugs (Hofmann, 1975). A drug is defined as 'a substance which affects the body functions of persons'. When a drug (say antibiotics) is used to treat infection or to get relieve from pain, allergy, cough, cold or sleeplessness etc., under the advice of a physician, we call the drug a medicine. But if a person use drug as a usual habit or for intended use without the advice of a physician and without suffering from particular disease, they become harmful and the practices may be termed as misuse. In a common parlance, using chemical substances for non-medical reasons is drug abuse.

In the earliest time opium, cannabis, cocoa usually were the local drugs of choice. Many plants containing ingredients with stimulant effects, such as caffeine, cocaine are available in different parts of the world. Only small portion who took those drugs for recreation and other purposes become dependent on them. But the contemporary drug scenario is different. The drug user and the types of drugs available is not the same.

Today's problem is that, drug abuse is increasingly shifting from plant based drugs like cannabis, opium, marijuana to synthetic drugs (Gary and Genevieve, 2002). Synthetic drugs are a product of the developing pharmaceuticals industry and are phenomenon of the 21st century. Thus this progress in technology, which permitted the use of refined natural products or of purely synthetic substances, marked not only on milestone in medicine but also a new era of abuse of psychoactive drug. (Ibid)

Drug addiction is one of the greatest social problems of our times. Almost all parts of the world is affected by this problem and Nepal in general and Kakarvitta in particular is no exception.

Kakarvitta, a porous border with India, does not remain untouched by the process of globalization of drug markets. Many youths have fallen into the trap of drug abuse which have enslaved them and from which they find not only difficult but virtually impossible to come out. In order to solve such problem one has to go to the root cause of drug abuse and as far as possible recommend solutions to it. The objectives of my study focus on finding the causes and consequences of drug abuse in Kakarvitta.

1.2 Statement of the Problem

Illicit drug consumption has increased throughout the world in recent years. Since the early 1990s, the opening of the borders, due to globalization and liberalization, created a new drug trafficking routes and markets. A rising trend for illicit drug consumption was reported in 1999, especially in developing countries and countries in transition. Currently, it is estimated that there are more than 10 million people globally who inject drugs (International Federation and Red Crescent Societies, 2003). Out of these, 2-3 million people are estimated to be HIV-positive (Ibid). Asia is estimated to have the largest number of injecting drug-related HIV cases.

Drug abuse is getting serious problem every year in Nepal. The estimated population of drug users are about 60,000 in Nepal of which 43,000 are male and 3,500 are female according to government source (Gorkhapatra, June 27,2008). Most of these users are injecting drug users and possibly about 50% of them are already HIV positive (Limbu, 2003).

Kakarvitta, a town of Mechinagar Municipality lies in the easternmost part of the country. Drug abuse is one of the serious problems of the town due to the ease of availability as it shares its open border with India. According to a recent study, it is estimated that there are 200 drug users in Kakarvitta out of which 40-50%

are injecting drug users (Peak et.al.2001, cited in AHRNews, 2005). Drug abuse is a highly risky behaviour as it spread HIV epidemic, unproductive manpower, crime, burden of family. In this context, this study concentrates on the following research questions:

-) What are the major causes of drug abuse in Kakarvitta?
-) What are the major problems and consequences due to the drug abuse?
-) Who are especially involved in drug abuse?

1.3 Objective of the study:

The general objective of this research is to find out the causes and consequences of drug abuse in Kakarvitta. The specific objectives are:

-) To find out the causes of drug abuse and,
-) To explore and examine the consequences of drug abuse on family relation and people's attitude towards the drug users.

1.4 Importance of the Study

The study will be very useful to outsider or readers who are interested to know more about the causes and consequences of drug abuse. It will also help the native and foreign researcher who works in the similar field. It can also be helpful for the planners, policy makers, NGOs/INGOs for the collection of data as well as making effective laws for combating this problem.

CHAPTER - II

LITERATURE REVIEW

2.1 Drug Abuse: A General Overview

Drugs are the substances that alter the normal functioning of the body. The continued use of these drugs by a person is called drug abuse. And the person who is under the influence of drug abuse is called 'Drug Addict'. (Abel, 1984)

Drug abuse has many dimensions and can be defined in more than one way. ' Persistent or sporadic excessive use of drugs inconsistent with or unrelated to acceptable medical practice or the use of unspecified drugs, in unspecified manner and amount which is judged by some to be wrong or harmful to users or society or both is drug abuse'. Drugs are classified into four groups by their effects (Abel, 1984). They are:

a) Stimulants, b) Depressants, c) Hallucinogens and, d) Narcotics

a) Stimulants

It is that kind of drugs which stimulates the central nervous system of a person. Its examples are cocaine and amphetamines and their derivatives. Generally cocaine is either sniffed or injected, whereas amphetamines are administered orally or used intravenously. Cocaine is made from the leaves of the coca bush, whereas amphetamines are synthetic drugs manufactured for medical purposes. The major symptoms produced by the stimulants upon its abuse are hyperactivity, irritability, excitability, talkativeness, aggressiveness and restlessness. Their chronic abuse may end up with psychological dependence and mental derangement.

b) Depressant

Depressant are those substances which relax the central nervous system of a person. They include barbiturates, tranquilizers and are taken either orally or intravenously or both. The symptoms produced by depressant in addicts are

slurred speech, quick temper, slow responses and reaction, appearance of drunkenness. The addiction of depressant is extremely difficult to be cured and its chronic abuse increases physical as well as psychological dependence.

c) Hallucinogens

These are psychedelic substances which affect the mind causing changes in perception and consciousness. They are called 'mind benders'. Lysergic acid Diethylamide (LSD), marijuana and hashish are the examples of Hallucinogens. LSD is chemically manufactured, whereas marijuana and hashish are derived from plants. The addict manifests symptoms such as talkativeness, distortion of time and distance, difficulty in thinking and remembering clearly, and get lost in illusions. Hallucinogens are mostly taken orally and smoked. It produces psychological dependence and the addict is prone to crime and sometimes go to the extent of committing suicide.

d) Narcotics

Narcotics make the addict senses dull. Their examples are heroin, codeine, morphine etc. They may be sniffed or taken orally or used intravenously. The symptoms produced by narcotics are slurred speech, euphoria, flushed face etc. Also the addict becomes aggressive, when desperate for drugs. The addiction of narcotics makes the addict physically dependent.

Depending upon their strength to intoxicate a user, the aforementioned drugs can be categorized into two broad groups (Gafney, 1981). They are:

a) Hard Drug b) Soft Drug

a) Hard drug

Hard drugs are strong in nature and produce physical dependence in addicts. One or two doses of hard drugs make the user an addict. Its examples are morphine, heroin, cocaine etc.

b) Soft drug

Soft drugs are mild in nature in comparison to hard drugs. They produce only psychological dependence in an addict. Its examples are ganja, chareesh etc.

2.2 Drug Abuse: Causes and consequences

The causes and consequences of drug abuse are many and varied depending on the types of drug and the characteristics and amount of drug taken by the individual.

Khadka (2004), mentioned some causes and consequences of drug abuse. Socio-demographic characteristics of the individual, unemployment, curiosity of testing and peer pressure were found to be the major causes of drug abuse. He also mentioned the consequences of drug abuse like learning disabilities and other mental health problems, family disruption, rapid transmission of disease like aids, wastages of national resources, money and health problems including interference with normal reproductive functions long term damage to the brain, heart and lungs, kidnapping, hijacking, drug-related automobile accidents.

According to the under-secretary general of the UN, 'the illicit drug trade is a 300 billion \$ a year business industry, catering to tens of millions of addicts' (Poudel, 2004). She also has mentioned some causes of drug abuse like socio-demographic status, unmarried status, unemployment, peer pressure, ease of availability of drug, family background to be the major causes of drug abuse. She also argued that the insufficiency of education associated with drug abuse to be also responsible for drug abuse.

Peer pressure, curiosity, frustration and sub-cultural acceptance etc. are social reasons for drug abuse among Nepali youth (Gafney, cited in Rai, 2000). Rai also found the causes of drug abuse to be age factor (especially teenagers abusing drugs), unmarried status, joint family, peer pressure, self-curiosity, tension, frustration.

Bhandari (1988) found that most of the addicts had taken drugs by curiosity and enjoyment. He argued these two reasons were chief psychological reasons for drug addiction. His research showed 55.5% of addicts had taken drugs by curiosity and enjoyment, 17.7% addicts by frustration and 15.5% of addicts by the combination of lack of parental love and care, unemployment, frustration, curiosity and enjoyment.

Goyal (1981), indicated that drug addicts are vulnerable to psychical and mental deprivation. He writes psychical and behavioural 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 behavioural changes they may be unfit in society. They become isolate from the rest of the society and create a world of his/her own and mingles with co-addicts only. He/she may cut off from family relation as well as friends. Addicts progresses along the path of begging, borrowing and stealing. Thus, an individual ruins himself/herself, and society looses a healthy productive member.

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 problem for young people themselves, their family and society. In his report, school studies showed poor performance in school, college, and university. Eventually, they drop out from the institution. This affects their future greatly. With poor educational qualification, young drug abusers are not able to get a job. When they are employed, they tend to show poor ethics being late for work or even absent from work frequently. Their attitude towards work and work performance are also poor. They are likely to be fired".

Furthermore, he explained that young drug abuser 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 loose their self-respect and have low self-esteem. The family members of the drug abusers suffer. They feel frustrated, sad, shameful, or even guilty. There are troubles, conflicts and/or fighting in the family. Everyone in the family is affected. Drug abuse is expensive

especially for young people who have no financial means to support their consumption of drug. Some drug abusers resort to criminal activities such as shop lifting, stealing or robbery or to prostitution in order to get money for drug. This tends to increase crime rate in societies, making the community unsafe.

Peter (2006), argued that one of the typical causes of drug addiction is the inability to cope with crisis. Loss, disappointment, feeling of rejection, loneliness and failure lead to physical and emotional symptoms. To escape from these symptoms people become drug addict although they begin under the prescription of a physician at first.

British Journal of Addiction (1992), argues that people take drugs to gain pleasures in drug like: “the biochemical effects - mood altering, giving confidence, floating on air, no pain; the companionship of the drug fraternity; the excitement of doing something secret and illegal; the feeling of being different and separate. These explain why people do what may seem to others to be an irrational act. Once you have broken the taboo on drug taking, it is so easy, so pleasant, so enjoyable, you carry on in spite of the dangers, the threat of being discovered and prosecuted, the cost. But the problem with drug taking is that the drug is addictive. It is not easy to give up once you have started to take heroin or cocaine or even amphetamines. Look at how hard it is to give up tobacco smoking or drinking alcohol or even eating too much - we all know the right way to live but it is easier to say than to do.”

A DEA Resource for Parents (2009), argues how drugs affect relationships. It says, “Drugs alter the brain, so it stands to reason that they would also change the way that humans interact with one another. And drug abuse can radically impact the way the child interacts with family, friends, and others. It explains how the drug addicts disrupts the relationships in the following sub-headings.

Families

Substance abuse affects the emotional, financial, and psychological well-being of the entire family. Teens who use drugs withdraw from their family members and family activities, as well as set bad examples for any younger siblings. Because their judgment and decision-making ability becomes greatly impaired, they may become more hostile toward family members and even steal from them to get money for drugs.

Academics

Teens who abuse drugs have declining grades, a higher rate of absenteeism from school and other activities, as well as an increased potential for dropping out of school. Research has shown that a low level of commitment to education and higher truancy rates appear to be related to substance abuse among adolescents. Cognitive and behavioral problems also interfere with the academic performance of youth who use alcohol and drugs.

Peers

Teens who abuse drugs are often alienated from and stigmatized by their peers, and they may disengage from school and community activities. For teens who don't use drugs – the best advice is to stay away from kids who do. Experts agree that association with drug abusing peers is often the most immediate risk for exposing adolescents to drug abuse and delinquent behavior.

Delinquency

Substance abuse and delinquent behavior often go hand in hand. For many youth who abuse drugs, arrest, adjudication, and intervention by the juvenile justice system are eventual consequences that they face. While it cannot be claimed that substance abuse causes delinquent behavior -- or that delinquency

causes alcohol and other drug use -- there is an undeniable link between the two behaviors. Substance abuse and delinquency are strongly correlated and often result in involvement with negative peer groups, as well problems in school and at home.”

Helpguide. Org (2006), argues “what causes drug abuse and addiction and also what makes one person abuse drugs to the point of losing their home, their family and their job, while another does not? There is no one simple reason. Drug abuse and addiction is due to many factors. A powerful force in addiction is the inability to self-soothe or gets relief from untreated mental or physical pain. Without the self-resilience and support to handle stress, loneliness or depression, drugs can be a tempting way to deal with the situation. Unfortunately, due to the changes drugs make to the brain, it can only take a few times or even one time to be on the road to addiction. Some other risk factors include:

-) **Family history of addiction.** While the interplay between genetics and environment is not entirely clear, if you have a family history of addiction, you are at higher risk for abusing drugs.
-) **History of mental illness.** Drug abuse can worsen mental illness or even create new symptoms.
-) **Untreated physical pain.** Without medical supervision, pain medications or illegal drugs like heroin can rapidly become addictive.
-) **Peer pressure.** If people around you are doing drugs, it can be difficult to resist the pressure to try them, especially if you are a teenager.” (Ibid

It also points out some consequences of drug abuse. It argues “Those who abuse drugs have a greater risk for health problems down the road, from neglecting their own health to risk of infectious disease like hepatitis or HIV from sharing needles. Heavy drug use directly affects health as well, including lung disease, arthritis, heart problems, brain damage and death from overdose. Productivity at work often suffers, and eventually trouble keeping a job or even

homelessness can occur. The urge to use is so powerful that criminal activity for money or more drugs can be a strong temptation.” (Ibid)

It also has mentioned some consequences of drug abuse on the family. It says “Sadly, drug abuse and addiction doesn’t only affect the person abusing drugs. It affects friends, family and the entire society. Child abuse and neglect is much more common when there is drug abuse in the family. The abuser may neglect a child’s basic needs in the quest for more drugs, or lack of impulse control can lead to increased physical and emotional abuse. Drug abuse by a pregnant woman affects the developing baby’s health. Domestic violence also happens more frequently. Abusing drugs leads to higher risk of injuries and death to self and others in car accidents. If you have someone you love abusing drugs, it is an enormous emotional strain. You might feel obligated to cover for the abuser, cutting back from work to deal with the abuser’s problems— or working more to make financial ends meet. You might not be able to see friends and engage in hobbies, as coping with the abuse takes more and more time. The shame of drug abuse in the family stops many family members from asking for help, instead pretending nothing is wrong. The emotional toll can be overwhelming. Children are especially sensitive.” (Ibid)

Health Canada (2006), also has given some consequences of drug abuse. It says,” Drugs can be considered harmful when their use causes physical, mental, social, legal or economic problems. Not all drugs are equally hazardous. Drugs sold legally all over the world for medicinal purposes are generally considered safe when taken according to the directions on the label. However, some of these drugs may produce unpleasant side effects even when used under medical guidance. Drugs obtained illegally are more likely to be hazardous; their effects are much less predictable and potentially dangerous. Many drugs are harmful when used in large doses, or in combination with other drugs. It has classified the consequences of drugs under the following sub-headings:

Physical health problems

All psychoactive drugs have effects other than those for which they are used, and some of these can be very damaging to physical health. Smoking marijuana or tobacco, for example, can cause lung damage. Alcohol abuse can cause liver damage. Sniffing cocaine can damage the inside of the nose. People who inject drugs by hypodermic needles can get infections such as hepatitis or HIV. (Ibid)

Mental health problems

Some drugs can cause short-term confusion, anxiety or mental disturbance ("bad trips"). In the longer term, drug abuse can result in personality disturbances, learning problems, and loss of memory, and can contribute to mental health problems. A person who turns to drugs as a way of avoiding normal anxiety and sadness may be establishing a pattern of behaviour that can be hard to break. Many people who use drugs in this way come to believe that they cannot function normally without drugs. People with histories of serious emotional or mental health problems may also turn to drugs as a way of coping with unpleasant feelings. Also, experience of physical or sexual abuse is common among people with alcohol or other drug problems. (Ibid)

Violence and crime

Use of drugs is sometimes associated with violence and crime. Although, alcohol or other drugs do not cause violence, both the victims and perpetrators of violence may be using certain drugs. Date rape is one example, where the effects of benzodiazepines or alcohol may put the victim at increased risk for such violence. Two drugs, Rohypnol (flunitrazepam) and GHB (gamma-hydroxybutyrate) have been associated with date rape because their effects incapacitate the victim and make the person unable to resist the sexual assault. Because they are colourless, odourless and tasteless, the victim may not be aware that the drug has been deliberately added to their drink. (Ibid)

People may also commit crimes in order to make money to buy drugs, and drug problems are frequent among criminal offenders.

Tolerance

Tolerance means that, over time and with regular use, a person who uses drugs needs more and more of a drug to get the same effect.

Tolerance increases the physical health risks of any drug simply because it can result in increased drug use over time. Tolerance also increases the risk of dangerous or fatal overdose, for two reasons.

First, the body does not necessarily develop tolerance to all the effects of the drug to the same extent. Long-term use of barbiturates, for example, causes a person to become tolerant to the mood-altering effect of barbiturates, but less so to their depressant effect on respiration. When this happens, the dose required to achieve the mood-altering effect may be dangerously close to the lethal dose and death can result from respiratory failure.

Second, if a person has not taken the drug in a long time, the expected tolerance may actually have decreased. So, after a long period of abstinence, the size of the dose the person had previously become accustomed to may actually be enough to cause a life threatening or fatal overdose.

As people age, physiological changes may mean they need less of a drug to get the same effect.

This result may be compounded if their liver or kidneys have been damaged by chronic disease. (Ibid)

Physical Dependence

Physical dependence occurs when a person's body becomes so accustomed to a particular drug that it can only function normally if the drug is present. If people who use drugs drastically reduce their level of use or stop using the drug abruptly, they may experience a variety of signs and symptoms ranging from mild discomfort to seizures. These effects, some of which can be fatal, are collectively referred to as "withdrawal".

Withdrawal symptoms are often opposite to the effects produced by taking the drug, e.g. when a person stops using a stimulant drug such as cocaine they may become depressed, need to sleep a lot, and have increased appetite when they awaken. To avoid the discomfort of withdrawal, the person who uses drugs may start to use again or feel unable to stop using the drug. Not all drugs produce physical dependence, but they may still be abused because the person who uses drugs becomes psychologically dependent on the drug's effects. (Ibid)

Psychological dependence

Psychological dependence exists when a drug is so central to a person's thoughts, emotions and activities that it is extremely difficult to stop using it, or even stop thinking about it. A strong desire or craving to use a drug may be triggered by internal or external cues such as the end of a meal for smokers or seeing injection equipment for people who inject drugs. Like physical dependence, psychological dependence is a cause of continued drug use. An individual may be both psychologically and physically dependent on a drug. (Ibid)

Overdose

An overdose of any drug is a dose that can cause serious and sudden physical or mental damage. An overdose may or may not be fatal, depending on the drug and the amount taken. Dangerous overdoses are more likely to occur in people who have developed a tolerance for some effects of a drug more than others,

those who return to drug use after a long period of abstinence, or those who use drugs illegally and have no way of knowing the exact potency of what they are buying. Sudden increases in the purity of some illegal drugs (e.g., heroin), have resulted in unintentional fatal overdoses.” (Ibid)

CHAPTER – III

RESEARCH METHODOLOGY

3.1 Rational of Site Selection

Kakarvitta, a small town of Mechinagar Municipality of Jhapa district was purposively selected as study area. The reasons for the selection of this area are as below:

-) This area shares a porous border with India and this area is a transit point of all legal and illegal items including drugs.
-) Drug addiction is a main problem of many youths in this area because of many factors which is discussed here.

3.2 Research Design:

This is the most important element of any social research. My research involved both exploratory and descriptive design. This study was descriptive in the sense that I carefully tried to record all the observed events from the study area and describe as faithfully as possible. This study is also exploratory because the socio-economic profile, individual and social problems, risk behaviour and cause and consequences of drug abuse was explored in this study.

3.3 Sampling Procedure:

My research was carried out using non-probability sampling. As the topic was sensitive and therefore people do not lend themselves easily for interview and as a result I used snowball sampling for the collection of data. At first I approached Knight Chess Club (KCC), a harm reduction centre for drug addicts, to get information about who are the real drug addicts. I identified 10 such addicts and through them met the rest of my respondents and it was easy to find them as most of this addict collects the syringe they need from the drop-in-centre of KCC.

From the sample of 98 drug addicts the required information as per objectives was collected through interview and schedule.

3.4 Nature of Data:

This study included both primary and secondary sources of information. Primary data was collected through field survey with the help of interview, observation and focus group discussion. Secondary data was collected through related literature, journals, reports, articles, books, INGOs/NGOs, CBS records etc.

3.5 Techniques of Data Collection:

3.5.1 Interview Schedule:

Interview schedule was done in order to collect information on causes and consequences, problems of drug abuse including socio-economic profile.

3.5.2 Observation:

Observation as a tool was used to comprehend the situation and problem of the study area. Most of the people related to drug were hesitant about answering questions and revealing their situation, so it would have distorted the data to some extent.

3.5.3 Key-Informant Interview:

It was undertaken to seek socio-economic situation, problems, causes and consequences related information. They included 30 respondents of which 10 were parents of drug users, 10 were school teachers and 10 were people working in KCC.

3.5.4 Data Analysis:

All the collected data are analyzed by using simple statistical tools and techniques. This is possible at three stages viz. reading the field descriptive notes and identifying the relevant themes/concepts; including relevant materials under relevant themes (by coalescing or separating them as appropriate); and

developing generalizations. Quantitative data are analyzed by using computer software package.

3.5.5 Limitation of the Study

Every sociological research is not free from limitation and this is no exception. The limitations of the study are as follows:

-) This study covers only the area of Kakarvitta which is small town of Mechinagar Municipality.
-) The nature of the study is descriptive i.e. the causes and consequences, the problems of drug use is descriptive.
-) The study also includes only limited statistical tools and techniques like percentage, average, ratio. Data for the study was collected with the limited tools such as questionnaire, interview, observation, focussed group discussion and field survey.
-) Technical aspects like blood test and chemical test was not included in this study for the separation of types of drugs.
-) This study was conducted for the partial fulfillment of the Master Level degree requirement in Sociology. So, it was not feasible for detailed intensive research due to lack of sufficient resources.

CHAPTER - IV

SOCIO ECONOMIC PROFILE OF THE RESPONDENTS

This chapter deals with the socio-economic profile of the drug users of Kakarvitta town of Mechinagar Municipality. This chapter mainly point out the age and sex composition, starting age, marital status, caste and ethnicity, educational status, occupation, financial dependency and religion of drug users of Kakarvitta.

4.1 Age and Sex Composition

Age and sex composition is important criteria for the analysis of drug users. There is close co-relation between drug use and the age and sex of the respondents. Table 1 shows the distribution of the respondents by age and sex.

Table: 1 Age and Sex composition

Age	Sex		No. of Respondents	Percentage
	Male	Female		
Age Group				
Below 19	08		08	8.0
20-24	41		41	41.8
25-29	34	01	35	35.7
30-34	11		11	11.2
35-39	02		02	2.0
40-44	02		02	2.0
Total	97	01	98	100

Source: Field Survey 2008

Out of the total respondents, 41.8% of the drug users are aged between 20-24 years and 35.7% are between 25-29 years. This indicates that youth belonging between 20-29 years constitute 77.5%. Therefore the people between these age group are more prone to drug addiction. Two contradictory reasons were revealed by most of the respondents. Most of the people who were engaged in some kind of occupation revealed that the availability of finance led them to drug addiction. Another reason was revealed by the respondents who were unemployed. They said that they faced the maximum anxiety when they don't find any option to earn their living and this lead them to opt for drug addiction to get relief from the anxiety. Other respondents include 11.2% from 30-34 age group, 8% below 19 years, 2% each from 35-39 and 40-44 age group respectively. This shows that the people of other age group other than 20-29 age groups are lesser in number. There was only one female respondent found in my study. Her case study is presented in Box 1.

Box 1: She Opted Drugs due to the Anxiety

The study found only one female drug user and she owns a tea-stall near Kakarvitta Bus Park. When asked why she was involved in drug abuse, she replied, it was because of the ill-treatment by her husband and other members in the family. Therefore to get relief from anxiety, she opted a drug which was shown by her husband as well as other drug addicts who come and drink tea in her tea-stall. There were no other females found and the respondents replied that mostly the females are engaged in private sphere and do not come into contact with the drug user.

4.2 Starting Age

Age is very important factor responsible for all the behaviours of a person. Childhood is mostly spent in playing, adulthood in making career and fellow members of this age play a significant role in changing the personality of the

individual. In developing the career a person comes in contact with different kinds of people who influence the behaviour of the individual. Therefore the starting age of drug abuse of many respondents are found in the age group of adulthood. Table 2 shows the distribution of respondents in the starting age of drug abuse.

Table: 2 Distribution of respondents in the starting age of drug abuse

Starting age of drug use	Total no. of respondents	Percentage
Below 20	60	61.2
20-24	28	28.6
25-29	05	5.1
30-34	05	5.1
Total	98	100

Source: Field Survey 2008

Out of the total respondents, most number of respondents i.e. 61.2% are found to be the age group of below 20 years and 28.6% are found to be the age group of 20-24 years respectively. They constitute more than 89%. This shows that the most vulnerable age for drug addiction is between 13-24 years.

Teenagers between 13-19 years are most prone to drug abuse. As compared to the conclusion drawn in table 1, there is vast difference found. Table1 shows that the youth between 20-29 years constitute 77.5% which was the present age of the respondents. When the respondents were asked when they actually started taking the drugs, the conclusion drawn in table 1 tend to change. Therefore from table 2, we can conclude that especially the teenagers and youths between 13-24 years are more prone to drug addiction. The reasons were many. One reason was that mostly the teenagers are after enjoyment and for these they take the route of drug addiction which is mostly shown by their peers. Respondents also revealed that addiction is taken as fashion in our society. One of the respondents informed me that the stereotyped image of drug addicts i.e. hanging pants, earrings, dirty clothes, vulgar language, concept of becoming ‘ *Dada*’ led them to

imitate this fashion and slowly made them real drug addicts. Other respondents include 5.1% each from 26-30 and 31-35 age groups respectively. Therefore it was found that very less people start taking drugs between 26 and above age group.

4.3 Marital Status

Marriage is the union of man and woman. In the context of our country it provides a lifelong partner for both the couple. Drug addiction and marital status interplay with each other so it is important to find out the marital status of the respondents. The marital status of a person plays a significant role in their behaviour. The marital status of the respondents is given in the following table:

Table: 3 Marital Statuses of Respondents

Marital Status	No. of Respondents	Percentage
Unmarried	46	46.9
Married	35	35.8
Living separate	11	11.2
Divorced	06	6.1
Total	98	100

Source: Field Survey 2008

The findings in table 3 indicate that the unmarried as well as married young people are almost equally inflicted with the addiction. Most of the respondents i.e. 53.1% are married even if they are divorced or living separate and 46.9% are unmarried. Most of the respondents were found less interested in sexual activity and are mostly engaged in hunt for another dose. This leads to family disruption as seen in the case of divorced and living separate. It was found that mostly married women depend on the income of their husband. But due to drug abuse their life become miserable and compels them to divorce or live separate. This

does not solve the problem. The other members of the family suffer equally due to this drug abuse. Therefore whatever the marital status of the drug abusers, it equally harms the other family members.

4.4 Caste and Ethnicity

Castes are ranked endogamous division of society in which membership is hereditary and permanent (Berreman, 1963, cited in Sharma,1977). There are multiple caste and ethnic groups living together in Kakarvitta and they include Brahmin, Chettri, Hill origin ethnic group, Newar, Dalit and Tarai origin ethnic group. Table 4 shows the distribution of the respondents on the basis of caste and ethnicity.

Table 4: Distribution of the respondents by caste and ethnic groups

Caste/Ethnic group	No. of respondents	Percentage
Hill origin ethnic group	35	35.7
Chettri	27	27.6
Brahmin	15	15.3
Newar	12	12.3
Dalit	06	6.1
Tarai origin ethnic group	03	3
Total	98	100

Source: Field Survey 2008

Table 4 shows large number of drug users (35.7%) are from the Hill origin ethnic groups such Rai, Limbu, Gurung, and Tamang. Out of the respondents 27.6% are from Chettri group, 15.3% are from Brahmin group, 12.3% are from Newar group, 6.1% are from Dalit group and 3% are from Tarai origin ethnic group. The combination of Hill origin ethnic groups and Newar account for 48% and these

groups are culturally drinking groups. And there is no doubt that alcohol is the gateway to drug abuse. Compared to Hill origin ethnic group and Chettri, Brahmins, Dalits and Tarai origin ethnic groups are lesser in number. It was found that the religious ideology also plays an important role in the variations of drug abuses in caste and ethnic groups. The Hill origin ethnic groups and Newars are not prohibited in drinking compared to other groups.

4.5 Educational Status

Education is the core variable to change the behaviour of a person. Education provides knowledge and this in turn shape the personality of an individual. Education is the light of life. In the study area, I found variations in educational status among the respondents. Table 5 categorised the educational status of the respondents into Able to read and write, not able to read and write, Primary, Secondary (under S.L.C.), and S.L.C. passed and Intermediate level.

Table: 5 Educational Status of respondents.

Educational Status	No. of Respondents	Percentage
Able to read and write	45	45.9
Primary	16	16.4
Secondary (under S.L.C.)	24	24.5
S.L.C.	06	6.2
Intermediate	04	4
Not able to read and write	03	3
Total	98	100

Source: Field Survey 2008

Out of the respondents 45.9% were just able to read and write, 24.5% were found under S.L.C., 16.4% were from primary level, 6.2% were S.L.C. passed, 4% Intermediate and 3% were unable to read and write. This clearly indicates that the reason for the drug abuse being the low educational statuses of the respondents. There were no any Bachelor or Master level respondents. My observation found that because of the low educational status they usually lose hope to undertake any effort in the future and incline towards drug abuse.

4.6 Occupation

Unemployment is generally a major factor responsible for drug abuse. Sometimes abundant availability of finance plays a vital role in falling into drug abuse. Occupation usually plays an important role in changing the behaviour of persons. Table 5 shows the occupational distribution of the respondents.

Table: 6 Occupations of Respondents

Occupation	No. of Respondents	Percentage
Unemployed	41	41.9
Transport Workers	36	36.9
Coolie/Carrier	08	8.2
Service	04	4.0
Business	04	4.0
Student	04	4.0
Cobbler	01	1.0
Total	98	100

Source: Field Survey 2008

Table 6 indicates that the higher number of drug users i.e. 41.9% are found to be unemployed. Other type of drug users are found to be related to transport which includes 36.9% working as ‘*Dalal*’, ‘*Khalasis*’ and ticket Sellers and Drivers. Rest of the people are less affected by this problem. Education and employment are related to each other and when table 5 and 6 are compared, it is found that they are directly proportional to each other. No education, no knowledge; No knowledge, no employment; No employment, higher the risk of falling into drug abuse. Even if the less educated people are engaged in some kind of job, it is not prestigious in our society and so mostly the people of this group are at the maximum risk of getting into drug abuse.

4.7 Financial Dependency of Drug users:

Kakarvitta provides a fertile area for the import-export business, which is practiced by majority of the population. Every people can earn their livelihood through this business. Bus Park is another area where many people are engaged as Drivers, ‘*Khalasis*’, conductos, ‘*Dalals*’. Most people of Kakarvitta are financially sound as this area provides maximum transaction of goods between India and Nepal. Table 7 shows the financial dependency of drug users.

Table: 7 Financial Dependency of Drug users

Dependency	No. of Respondents	Percentage
Self Dependent	42	42.8
Family Dependent	32	32.7
Dependent on Relatives or Friends	24	24.5
Total	98	100

Source: Field Survey 2008

A majority of the respondents that is 42.8% are self dependent and these respondents include transport workers, service holders, businessman, carriers and cobbler. Another 32.7% are family dependent and 24.5% are dependent on relatives or friends and these respondents include the unemployed, students and few transport workers who have very less income. These dependent respondents rely on family and friends because of their unavailability of finance needed to purchase the expensive drugs. Many other drug users of Birtamod, Damak and also Dharan come to Kakarvitta and these are the people who are responsible for making most of the locals their victims. The drug dealers only sale drug to the local ones and when these local people buy drugs for their friends residing outside Kakarvitta, slowly they too turn into drug addicts.

4.8 Religion:

Religion also plays a significant role in shaping the personality of an individual. It provides moral education and also exerts social control. In the past religion provided education for all in a country like ours. Many *Rishis* and other devotees of Hinduism are somehow involved in taking *Madhira*, *Ganja* and other substances as *Prasad* (Puranas and Shastras). This has been practiced since time immemorial. This shows the influence of religion on its devotees. Table 8 shows the distribution of respondents by religion.

Table: 8 Religions of Respondents

Religion	No. of Respondents	Percentage
Hindu	76	77.6
Christian	18	18.4
Buddhist	03	3.0
Kirant	01	1.0
Total	98	100%

Source: Field Survey 2008

Table 8 shows around 77.6% of the respondents were Hindus, 18.4% were Christians, 3% were Buddhist and 1% was Kirant. Above 80% of the country's population constitute Hindus. It is obvious that majority of drug addicts are also Hindus. There is another reason that Hindu mythology mentioned about the use of substances by many Gods and Goddesses. Most of the Hindus misinterpret these teachings of Hinduism and take those substances as *Prasad* and make a habit. Therefore, the preaching's of religion also has profound influence on the masses. Drug addiction is not restricted to Hinduism. There are millions of addicts around the world who follow religion other than Hindu. If we see in Kakarvitta too, there are also people from other religions who abuse drugs. My research found 22 addicts in Kakarvitta who follow Buddhism, Christianity or Kirantis. It can be said; religion too has small influence on the people and may be a cause for some, for this addiction.

CHAPTER - V

CAUSES OF DRUG ABUSE

5.1 Causes of Drug Abuse

No human being is born as drug addict. A person becomes the victim of drug abuse due to various social and psychological reasons. Sociologists argued that environment plays a vital role in moulding the personality of an individual. In the study, I also found that social background of an individual push towards the use of drugs. There is no single cause which compels the drug users into this habit. I found several causes behind the use of drugs among the drug users. The main causes were peer pressure, lack of proper parental guide, curiosity, fashion, ignorance, relaxation, lack of denial power and hopelessness. All the drug addicts had several reasons for the cause of drug abuse. I have mentioned only the primary causes of drug abuse in table 9. This seems as external to and coercive of the individual as stated by Durkheim (1895). The main causes of drug abuse are given in table 9.

Table: 9 Causes of Drug Abuse

Causes	No. of Respondents	Percentage
Peer Pressure	33	33.7
Lack of Proper Parental Guide	24	24.6
Curiosity	12	12.3
Fashion	08	8.2
Ignorance	05	5.2
Lack of Denial Power	04	4
Relaxation	04	4
Hopelessness	03	3
Total	98	100%

Source: Field Survey 2008

5.1.1 Peer Pressure

In the field study, 33.7% of the respondents informed me that they started using drugs due to peer pressure. This refers to the pressure imposed upon by the drug abusers on their innocent friends to take this illegal item, when they come in contact with these abusers. The pressure is also imposed by some drug addicts who come from Birtamod, Damak and Dharan to buy this item from the dealers in Panitanki (Indian border with Nepal). As the dealers in Panitanki do not sell this items to new buyers and provide only to the local lads of Kakarvitta whom they know well. This compels the outsiders to use the local lads to meet their demand. And in the process these local lads start mingling with the drug addicts and slowly start taking when forced by their friends (Refer in Case Study 1).

Case Study 1: He Denied in the Beginning but Slowly Accepted

Ramesh (pseudonym), a respondent, said that he found hard in the beginning to pass idle time and slowly came into contact with such friends who used drugs. Slowly, he was asked to taste and this repeated time and again. He denied in the beginning but slowly accepted and used for the first time. He found it very relaxing and wanted to repeat and consequently became drug addict.

Most drug users of Kakarvitta share the drugs which they purchase for their friends. Therefore, most of the drug abusers of Kakarvitta fall the victim after coming into the contact of bad company (Refer in Case Study 2).

Case Study 2: He used to get Drugs from his friends

Navin (name changed), yet another respondent informed that in the beginning he used to get drugs for his friends from Kakarvitta and outside i.e. Damak, Dharan and Birtamod. These drug users share drugs amongst themselves and provide free of cost to new user. He revealed that he started using it because of the pressure from his friends and moreover he got free of cost in the beginning and became an addict and now he became a full time supplier of drug to meet his own requirement.

5.1.2 Lack of Proper Parental Guide

Lack of proper parental guide was found to be the second major cause of drug abuse in Kakarvitta. Around 24.6% of the respondents thought that the lack of parental guide was responsible for their habit (Refer in Case Study 3).

Case Study 3: He Slowly Started Smoking, Taking Alcohol and Finally Drugs

Among these respondents, one respondent i.e. Ashok (pseudonym), told that he was left alone most of the time at home in his childhood. Both his parents were engaged in the illegal import and export business, mostly supply of Chinese goods to India and import of Indian products into Nepal like clothes, rice, oil and sugar. His parents didn't find enough time to spend with him and even if they get time, they spent it in intoxication of alcohol and this creates quarrelling between father and mother without reason and gave negative impact on his mind. He slowly started smoking, taking alcohol and finally drugs.

5.1.3 Curiosity

Another 12.3% of the Respondents informed me that they have been using drug due to curiosity (Refer in Case Study 4). Curiosity is the desire to know or taste something. Humans are imitative by nature and because of this nature people are always curious to learn or imitate new things and drug is altogether new to growing teenagers.

Case Study 4: In the Hope of Experiencing Heaven

Among these respondents, I am citing an example of one of Kailash (pseudonym), a businessman. He revealed that as he was growing up, he started mingling with others and few in his group were drug users. Through his friends he came to know the bliss provided by drugs. He slowly started yearning to get this bliss and wanted to taste this drug in the hope of experiencing heaven which his friends promised him. Because of his curiosity to experience this euphoria he became a drug addict as the second dose of drug itself makes a person addictive to it.

5.1.4 Fashion

In the field, 8.2% of the respondents were found to be using drugs due to fashion. Fashion refers to popular custom prevalent in the contemporary society. These respondents found drugs fashionable in the society. The following case study clearly shows that people take drug due to be fashionable.

Case Study 5: Drug is a Source of Courage and Admiration

Subot (pseudonym), revealed that the drug users are looked at with awe. People fear a little with them and some girls even admire them. He started using drugs as he wanted people to be afraid of him and also wanted girls to admire him. He saw these qualities in other drug users and he himself started to take drugs as fashion.

5.1.5 Ignorance

The field study found 5% of drug users started using drugs due to ignorance. Ignorance refers to the lack of knowledge about the substance being used. The following case study is an example of using drug due to the ignorance (Refer in Case Study 6).

Case Study 6: His Friends Used to Take Tablets

Here is a story of Deepak (name changed), a transport worker, how he started to take drugs. He had few friends who used to take tablets and enjoyed cough syrups. He was offered with these substances and he used it without any knowledge of harm it would bring. He told that he was relaxed and slowly started using cough syrups and white powder and eventually became a poly drug user.

5.1.6 Enjoyment

About 4% of the drug users revealed that they started using drugs for enjoyment. Enjoyment means to find pleasure in using something, for example, drugs (Refer in Case Study 7).

Case Study 7: He Simply Finds Pleasure in Using it

Kamal (name changed), a carrier, told me that he simply used drugs for enjoyment. When asked what the reason behind his use of drugs was, he said, he simply finds pleasure in using it. He does not want to come out of the euphoria. He becomes tense when he does not get drugs. Therefore in order to feel relaxed he use drugs and now finally he came to know that he has become addictive to it.

5.1.7 Lack of Denial Power

Some respondents revealed that they started using drugs due to lack of denial power. It refers to the absence of such quality of refusing something when given to them. Around 4% of the respondents became addict because of this reason. (Refer in case study 8).

Case Study 8: He Smoked a Single Puff for the First Day

Gopal (pseudonym), a student, informed that somehow he came in contact with such friends who smoked *ganja* and those friends offered him. As he lacked denial power he smoked a single puff for the first day and slowly increased the dose and became addictive to it.

5.1.8 Hopelessness

About 3% of the respondents were found to be using drugs due to hopelessness in my field study. Hopelessness refers to that feeling that comes in people's mind when they fail to achieve some kind of expectation or desire. The following is the case study of taking drug as being hopelessness (Refer in Case Study 9).

Case Study 9: No Hopes Remained Except Taking Drug

Amit (name changed), an unemployed, revealed that he failed in all his efforts to earn his living. He tried for abroad job but was betrayed by an agent and ran away with his money. After that he tried for the illegal business prevalent in Kakarvitta i.e. import and export of goods between India and Nepal but was caught by customs and yet again he failed in his endeavour and at last with no hope anywhere started to take alcohol and slowly turned towards drugs to relieve him from anxiety.

5.2 Relation between Father and Mother in the Family:

Family is the simplest unit of human society because every social organisation develops from family. However, we can find several kinds of relationship within a family. For instance; father and daughter; father and son; mother and daughter; mother and son; husband and wife; brother and brother; sister and sister; and, so on. However, there is no harmonious relation between family members. The conflict and tension inherently exist within family as the Marxist argues.

Some studies indicate that the relation between father and mother plays an important role in the development of personality of the child (Locke, 1693, Freud, 1913). In the case of drugs users' family, we can find both kinds of relation i.e. harmonious and conflict ridden. Table 10 shows the relation between father and mother and how their relation affects the behaviour of their children.

Table 10: Relation between Father and Mother

Relation	No. of respondents	Percentage
Frequent quarrel	41	41.9
Occasional quarrel	30	30.6
Absence of quarrel	22	22.5
Lost either mother or father	03	03
No concern for parents	02	02
Total	98	100%

Source: Field Survey 2008

Table 10 shows that 41.9% of respondent's father and mother frequently quarrel. For most of the respondents, the reason for this was because of alcohol. Few others said it was because either mother or father stays very lately outside home because of drinking habit and also to carry the goods to India and back home to earn their daily livelihood. And, yet some other said quarrel exists in the family without reason at all. Other 30.6% family had occasional quarrel. Sometimes quarrel do occur but settles slowly. Only 22.5% of family lack quarrel between father and mother. Other 2% respondents replied they don't care whatever the relation exist in the family. They have created a world of their own. Lastly 3% respondents lost either their father or mother. Therefore it is clear from the table that another reason for the use of drug is the conflict that occurs between father and mother.

5.3 Socialization in Childhood:

The child's development, education, family and social environment play a significant role in the future of a child. Hence the time spent in childhood is an important indicator of drug abuse. Table 11 shows some of the facts concerned with time factor during childhood period.

Table 11: Socialization in childhood

Socialization in childhood	No. of respondents	Percentage
Outside household with peers	89	90.8
Inside household with family members	04	4.1
Reading/writing	04	4.1
Domestic work	01	1
Total	98	100

Source: Field Survey 2008

Table 11 shows 90.8% of the respondents spent their childhood outside household with their peers. Another indicator shows 4.1% each spending inside household and reading and writing respectively. And only 1% show on domestic work. It is clear that most of the respondents lack proper socialization in their childhood from their parents as they spent most of their time with their peers. Parents are the first teacher of a child. The child learns all the moral qualities from home itself. If a child spends more time at home he/she incorporate in himself/herself all the good qualities a person should possess. But when a child starts spending most of the time outside home he/she starts learning not only the good but also the bad things from their peers. Therefore it can be said that lack

of proper socialization in childhood can also be responsible for turning the individual into drug addict.

5.4 Use of alcohol in the family as an influential factor of drug abuse:

Food is not only nutrition but culturally constructed thing. It varies from society to society, cultural group to cultural groups even family to family. Different people have different food practises for e.g. in Nepali society, some caste group, like Matwali are allowed to drink alcohol culturally where as, Brahmins are not allowed. Table 12 shows the use of alcohol among family members in the study area.

Table 12: Alcohol use among family members of respondents:

Alcohol users in family	Total number	Percentage
Father	67	56.8
Mother	22	18.7
Brother	20	16.9
Spouse	05	4.3
Others	04	3.3
Total	118	100%

Source: Field Survey, 2008

Table 12 shows the frequencies and percentage for variables used in the analysis and its correlation with dependent variable. There was an intimate correlation between alcohol use and drug abuse. About 56.8% of respondents informed that their father use alcohol in the family. There were 18.7% mothers who used alcohol, 16.9% brothers, 4.3% spouse and 3.3% others who include non-users of alcohol in the family. Therefore most of the drug users have one or more member who uses alcohol in the family. This fact can be related to

socialization of drug abusers in their childhood. Most respondents revealed that they spent their childhood seeing their parents or their elders quarrel frequently after taking alcohol. As they grow up seeing these they too slowly inclined towards bad habits of taking cigarette, alcohol and ultimately drugs to relieve themselves from the anxiety they experience in the family.

5.5 Drug Abuse among Family Members of the Respondents

Table 13 shows 21 brothers, 3 fathers and one spouse of the respondents were found to be using drugs in the family.

Table 13: Drug abuse in family members of the respondents

Drug users in the family	Total number	Percentage
Brother	21	84
Father	03	12
Others	01	04
Total	25	100%

Source: Field Survey, 2008

The table shows that the drug users in the family can influence other members reciprocally to take drug. Some of the respondents informed that they were influenced from their elders in the family and yet some other said that because of them some of their near and dear ones including one of the female respondents were influenced to take drugs. Therefore drug use in the family can also be a cause for drug use for some other members.

CHAPTER – VI

CONSEQUENCES OF DRUG ABUSE

6.1 Consequences of Drug Abuse

Drug abuse is causing serious problems in almost every field of life and at all levels-personal, domestic, social, national and international. A poor country like Nepal has become a victim of drug abuse. The total number of drug abusers in Nepal is 60,000 as already mentioned and in Kakarvitta itself there are around 200 drug users (Peak et al, 2001).

From the field research it was found that drug addiction has many consequences. Spending some time with the drug addicts I found that they need shot after shot to refrain themselves from anxiety and sickness withdrawal. It was also found that in case a drug addict's habit is costing him Rs. 200 a day he must start out find or steal at least Rs 1000 worth of goods, knowing that the dealer to whom he sell the item will give him not more than one-fifth of the true value of his booty.

It was found that drug addiction not only affects the individual but it also affect the society as well. From the individual level it ruins the individual life from all perspective. It affects his/her health. It also affects his/her education, economic status, working efficiency and many more. From the societal perspective, it affects the family relation mostly disintegration of the family and also affect the neighbour and the whole society which will be discussed in the later section.

6.2 Family problems of the respondents

Family is an institution where an individual learns most of the habits, morals, knowledge, beliefs and above all learns to differentiate between good and bad. Family love and affection are very important to keep the family tied up in the

bond of love. Whoever suffers, the family always comes in for rescue. The attachment of the members to the family should be kept intact.

Drug is that evil that disrupts family. Family disruption is one of the major consequences of drug abuse. It disrupts the family status and brings also events of fights as well as family break up. Table 14 shows the problems faced by the family of the respondents. Many respondents faced different problems yet I have mentioned only the primary problems of the respondents.

Table 14: Problems faced the respondents within the family

Problems	No. of respondents	Percentage
Anxiety/depression	42	42.9
Financial crisis	24	24.5
Loss of working efficiency	12	12.2
Lack of trust	10	10.2
Relation break-up	08	8.2
Stigmatization and discrimination	02	2
Total	98	100%

Source: Field Survey, 2008

Table 14 shows the major consequence of drug abuse is the disruption of peace in the family. Around 42.9% of respondents felt that there exists no peace in the family. Worries, anxiety and depression surround all the family members. Most respondents felt that their family members worried about the health of their child. Some parents of the respondents also revealed that their child take away anything from their home to meet their drug requirement and if necessary steal from outside too. This also creates tension among the family members as to

when their child will steal what from the house. Some parents felt not wise to keep their child in the house. Therefore, 9 out of 10 parents interviewed, sent their child to the rehabilitation centre and some parents have even kicked their child out. These children include those who do not improve even if they were sent to rehabilitation centre.

There are altogether five rehabilitation centre in Jhapa, two at Birtamod and three at Damak having capacity of 60 and 75 respectively. The duration ranges from 3-5 months. There is also a detox centre at Aamda. This effort from the side of the parents does not last long. Their children stop taking drugs for few days or weeks or months and again suffer from relapse. It was because of weak treatment at the rehabilitation centre as revealed by some respondents who work at KCC. It is therefore the parents suffer from constant worries.

Another problem faced by the addict's and their family is that of financial crisis. As drugs are terribly expensive, the addicts revealed that they uses all the money that they posses and if necessary they borrow from their house and if they do not get they start stealing from the house and finishes off everything at last. The parents do not find wise to keep them home.

Most of the addicts also suffer from lack of trust from their family members. Most parents felt that their child are considered no more productive member in the family. Most parents revealed that they do not include their child who uses drugs in important decision making and ultimately losses autonomy in the family. None members in the family trust these addicts.

Another consequence is that the addict losses working efficiency. He no more worries about the job. These respondents informed that the only thing that always keeps striking in their mind is, how to get another dose. They told that they always feel sleepy and remain absent from their work. I myself found al these addicts passing idle time at drop-in-centre of KCC.

Some addicts also do have relation break-up. Some break up from their wives and some from the family altogether and he/she is considered a burden in the

family. Some families also suffer from stigmatisation and discrimination. Because of this fact also family in kakarvitta often do hide the habit of their children's drug addiction. Table 15 shows the relation of drug addicts with their family members.

Table 15: Drug Addiction and Relation with Family Members

Relation	Good	Percentage	Fair	Percentage	Bad	Percentage
Mother	74	75.5	18	18.4	06	6.1
Sister	38	38.8	41	41.8	19	19.4
Brother	28	28.6	37	37.8	33	33.6
Father	22	22.5	34	34.7	42	42.8
Others	14	14.2	62	63.3	22	22.5

Source: Field Survey, 2008

The drug addicts were asked to give answers about their relations with their near and dear ones. Their response is shown in Table 15. The table indicates that most of the addicts i.e. 75.5% had good relation i.e. absence of quarrel with their mother. Another 18.4% of respondents had fair relation i.e. occasional quarrel and only 6.1% of the respondents had bad relation i.e. frequent quarrel with their mother. It seems that mother always the favourite person in the family of the drug addict. But the relation of the drug addict to other members of the family is otherwise. About 22.5% of addicts had fewer quarrels with their father, another 34.7% had occasional quarrel and 42.8% had frequent quarrel with their father. Similarly 28.6% had good relation with their brothers, 37.8% had fair relation and 19.4% had bad relation with their brothers. Lastly 14.2% had good relation with their sisters, 63.3% had fair relation and 22.5% had bad relation with their sisters. This shows the enormity of the problem. The presence of the addict in the family creates quarrel, fight, worries for most of the members in the family.

6.3 Self Perception of the Addicts

The second objectives of my research focus on people's perception towards the addicts. The drug addicts were asked to give answers about their place in the society. Their responses are shown in the Table 16.

Table 16: Addicts feeling in the society:

Drug addicts feeling	No. of respondents	Percentage
No care	27	27.6
Inferiority complex	24	24.5
Feeling lonely	23	23.5
Hated	18	18.4
Others	04	4
Normal	02	2
Total	98	100%

Source: Field Survey, 2008

Table 16 indicates that 27.6% of the respondents felt that they are not cared by the society. Around 24.5% felt inferiority complex and about 23.5% felt alone in the society, another 18.4% felt they are hated and only 2% felt their position normal in the society. Lastly, 4% respondents don't care what the society perceives about them. It is obvious from the table that society is taking negative attitude towards drug addicts.

Most of the addicts were found to mingle with their co-addicts. This sort of virtually cut the relation with other members in the society because of the obvious reason that the other member perceives them negatively. These addicts are thought more of a burden towards the society. Once the adults fall into the trap of drug abuse, there is a change in their behaviour. When few key informants

including few teachers of school and few parents were interviewed, it was revealed that the addict start borrowing in the beginning and even steal and at last start begging from other member in their surroundings. These addicts are always in the search for another dose of their drug requirement. Therefore the addicts feel that they are negatively perceived by society. Table 17 presents the people's attitude towards drug addicts.

Table 17: People's attitude towards drug addicts

People's attitude towards addicts	No. of respondents	Percentage
Anti-social elements	10	33.3
Burden	08	26.7
Source of crime	06	20
Misanthropic	04	13.3
Thirsty of love and care	02	6.7
Total	30	100%

Source: Field Survey, 2008

Table 17 shows people's attitude towards the addicts. Some showed negative attitude and yet some other showed a sympathetic attitude towards them. Around 33.3% felt that they are anti-social elements who don't have responsibility toward society and create nuisance and chaos in the society. They are responsible for the fight and quarrel which take place on a regular basis. Another 26.7% felt they are burden, 20% felt they are the source of crime, 13.3% felt they are misanthropic who wants to run away from the responsibility. This shows that almost 93.3% people in the society showed negative attitude towards them. They felt that these are the people who are responsible for all those nuisance and disturbances created in the society. Some argued that there are other general

people too who create disturbance in the society like, quarrel, fights, looting and stealing, but the maximum disturbances are created by these addicts only. Some even felt strict laws to be implemented to remove these addicts from society and rehabilitate in rehabilitation centre away from home. Because if they stay at home, they not only will spoil the family peace but also harm the whole society. These addicts are even thought of as misanthropic. They want to escape from their responsibility and take this route.

However, 6.7% of the respondents show a sympathetic attitude towards these drug abusers. They felt that these addicts have gone into this habit due to various circumstances and the society is equally responsible for this and not the addicts only. These respondents felt they these addicts might have got less attention in the society and family in the beginning and created a world of their own. These respondents also felt that it is our responsibility to get back these addicts into normal life. And this can be achieved through our effort. If we show a positive attitude towards them they may come back into their normal life again. Therefore, there is a mixed reaction of the general public towards the drug addicts.

CHAPTER – VII

SUMMARY, MAIN FINDINGS AND CONCLUSION

7.1 Summary

The urge to get high is as basic as food, clothing, shelter and sex. Any substance whether chemical or non-chemical, that alters the normal functioning of the brain and provides a high to the individual can be termed as drugs. A drug is defined as 'a substance which affects the body functions of persons'. When a drug (say antibiotics) is used to treat infection or to get relieve from pain, allergy, cough, cold or sleeplessness etc., under the advice of a physician, we call the drug a medicine. But if a person use drug as a usual habit or for intended use without the advice of a physician and without suffering from particular disease, they become harmful and the practices may be termed as misuse. In a common parlance, using chemical substances for non-medical reasons is drug abuse.

Drug addiction is regarded as one of the greatest social problems of our times. Almost all parts of the world are affected by this problem and Nepal in general and Kakarvitta in particular is no exception. Kakarvitta, a porous border with India, does not remain untouched by the process of globalization of drug markets. Many youths have fallen into the trap of drug abuse which have enslaved them and from which they find not only difficult but virtually impossible to come out. In order to solve such problem one has to go to the root cause of drug abuse and as far as possible recommend solutions to it. Drug abuse is a highly risky behaviour as it spread HIV epidemic, unproductive manpower, crime, burden of family. In this context, this study concentrates on the following research questions:

-) What are the major causes of drug abuse in Kakarvitta?
-) What are the major problems and consequences due to the drug abuse?
-) Who are especially involved in drug abuse?

The general objective of this research is to find out the causes and consequences of drug abuse in the study area. The specific objectives are: To find out the causes of drug abuse and, to explore and examine the consequences of drug abuse on family relation and people's attitude towards the drug users.

This study involved both exploratory and descriptive research design and carried out using non-probability sampling. Snowball Sampling is used to collect the information. I identified 10 such addicts and through them met the rest of my respondents and it was easy to find them as most of this addict collects the syringe they need from the drop-in-centre of KCC. From the sample of 98 drug addicts the required information as per objectives was collected through interview and schedule. This study included both primary and secondary sources of information. Primary data was collected through field survey with the help of interview, observation and focus group discussion. Secondary data was collected through related literature, journals, reports, articles, books, INGOs/NGOs, CBS records etc. All the collected data are analyzed by using simple statistical tools and techniques. Quantitative data are analyzed by using computer software package.

7.2 Main Findings

-) Drug addiction is one of the greatest social concerns of our times. Almost all parts of the world are affected by this issue and Nepal in general and Kakarvitta in particular is no exception.
-) Age and sex composition is important criteria for the analysis of drug users. There is close co-relation between drug users and; the age and sex of the respondents.
-) Out of the total respondents, 41.8% of the drug users are aged between 20-24 years and 35.7% are between 25-29 years. Other respondents include 11.2% from 30-34 age group, 8% below 19 years, 2% each from 35-39 and 40-44 age group respectively.

-) The study found only one female drug user and because most of the females are engaged in private sphere and do not come into contact with the drug user.
-) Unmarried as well as married respondents are almost equally inflicted with the addiction. Most of the respondents were found less interested in sexual activity and are mostly engaged in hunt for another dose.
-) It was found that mostly married women depend on the income of their husband. But due to drug abuse their life become miserable and compels them to divorce or live separate. The other members of the family suffer equally due to this drug abuse.
-) It was found that the religious ideology also plays an important role in the variations of drug abuses in caste and ethnic groups. The Hill origin ethnic groups and Newars are not prohibited in drinking compared to other groups.
-) It is found that level of education and drug abuse are closely related. Because of the low educational status they usually lose hope to undertake any effort in the future and incline towards drug abuse.
-) There were several causes behind the use of drugs among the drug users. The main causes were peer pressure, lack of proper parental guide, curiosity, fashion, ignorance, relaxation, lack of denial power and hopelessness.
-) Out of the total respondents 33.7% were informed that they started using drugs due to peer pressure. Most drug users share the drugs which they purchase for their friends. Therefore, most of the drug abusers fall the victim after coming into the contact of bad company.
-) Lack of proper parental guide was found to be another cause of drug abuse. Parents were engaged in the illegal import and export business,

mostly supply of Chinese goods to India and import of Indian products into Nepal like clothes, rice, oil and sugar. Parents didn't find enough time to spend with children and even if they get time, they spent it in intoxication of alcohol and this creates quarrelling between father and mother without reason and gave negative impact on children's mind. They slowly started smoking, taking alcohol and finally drugs.

-) Out of the total respondents, 12.3% were using drug due to curiosity. They slowly started yearning to get bliss and wanted to taste drug in the hope of experiencing heaven which their friends promised them. Because of their curiosity to experience euphoria they became a drug addict as the second dose of drug itself makes a person addictive to it.
-) In the field, 8.2% of the respondents were found to be using drugs due to fashion. They started using drugs as they wanted people to be afraid of them and also wanted girls to admire them. They saw these qualities in other drug users and they themselves started to take drugs as fashion.
-) The field study found 5%, 4% and 3% of drug users started using drugs due to ignorance, enjoyment and denial power; and hopelessness respectively.
-) It was found that the major consequence of drug abuse is the disruption of peace in the family. Around 42.9% of respondents felt that there exists no peace in the family.
-) Another problem faced by the addict's and their family is that of financial crisis. As drugs are terribly expensive, the addicts revealed that they uses all the money that they posses and if necessary they borrow from their house and if they do not get they start stealing from the house and finishes off everything at last.
-) Most of the addicts also suffer from lack of trust from their family members. Most parents felt that their drug addict child are considered no

more productive member in the family. Most parents revealed that they do not include their child who uses drugs in important decision making and ultimately losses autonomy in the family. None members in the family trust these addicts.

-) Another consequence is that the addict losses working efficiency. He no more worries about the job. These respondents informed that the only thing that always keeps striking in their mind is how to get another dose.
-) Out of the total respondents 27.6% felt that they are not cared by the society. Around 24.5% felt inferiority complex and about 23.5% felt alone in the society, another 18.4% felt they are hated and only 2% felt their position normal in the society. Lastly, 4% respondents don't care what the society perceives about them.
-) Around 93.3% people in the society showed negative attitude towards drug addicts. However, 6.7% of the respondents show a sympathetic attitude towards them.

7.3 Conclusion

The study conducted in the Kakarvitta revealed the facts that there were many causes and consequences of drug abuse. Among them mainly peer pressure, lack of proper parental guide, curiosity, fashion, ignorance, relaxation, lack of denial power and hopelessness which were responsible as motivating factor for drug addiction. Similarly, the major consequences were disruption of peace in the family, Anxiety/depression, financial crisis, loss of working efficiency, lack of trust, relation break-up, stigmatization, discrimination and so on.

There is close co-relation between drug users and; the age and sex of the respondents in the study area. The study found only one female drug user and because most of the females are engaged in private sphere and do not come into contact with the drug user. Unmarried as well as married respondents are almost equally inflicted with the addiction. Religious ideology also plays an important

role in the variations of drug abuses in caste and ethnic groups. Similarly, it is found that level of education and drug abuse are closely related. Most drug users share the drugs which they purchase from their friends. Lack of proper parental guide was found to be another cause of drug abuse. Parents didn't find enough time to spend with children and even if they get time, they spent it in intoxication of alcohol and this creates quarrelling between father and mother without reason and gave negative impact on children's mind. They slowly started smoking, taking alcohol and finally drugs.

The drug users slowly started yearning to get bliss and wanted to taste drug in the hope of experiencing heaven which their friends promised them. Because of their curiosity to experience euphoria they became a drug addict as the second dose of drug itself makes a person addictive to it. The addict and their family faced many problems like family quarrel, financial crisis and so on. Most of the addicts also suffer from lack of trust from their family members. Parents felt that their drug addict child are considered no more productive member in the family. None members in the family trust these addicts. However, it is found that there were negative as well as sympathetic attitudes of normal people towards drug addicts.

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