

CHAPTER – I

INTRODUCTION

1.1 Background of the Study

A drug is any chemical or biological substance, synthetic or non-synthetic. In general, drug is used to refer specifically to medicines, vitamins, consciousness expanding or recreational drugs. Many natural substances such as beers, wines, and some mushrooms are taken as drug in some society where as other define it as food. The blur line between food and drugs is determined after ingested. That means, if any chemical and biological substance dysfunctioning to the mind and body of human beings is called drug and functioning to human beings is food. However, definition of drug is varied according to the variation of culture.

Drug addiction is a condition characterized by compulsive drug intake, craving and seeking, despite negative consequences associated with drug use. It is the disruptive behaviour or activity associated with obtaining and using a drug that a person is dependent on. Generally, addiction interferes with the ability to work, study, or interact abnormally with family and friends. Although being addicted implies drug dependence, it is possible to be dependent on drugs without being addicted. People that take drug to treat disease and disorders, which interfere with their ability to function, may experience improvement of their condition. Such persons are dependent on the drug, but are not addicted. That person is addicted if he/she exhibit compulsive behaviour towards the drugs and has difficulty quitting it. For example, when a person with advanced cancer becomes dependent on an opioid drug, his behaviour is not usually considered an addiction. However, when a person dependent heroin steals to have money to buy heroin and lies to family and

friends about his whereabouts or what he is doing, his behaviour is considered as an addiction.

Drug use began to be seen as a problem since the mid-1960s and early 1970s with the influx of large numbers of Hippies. Presently, the drug scene in Nepal is dominated by heroin and it has affected youths, mainly in the urban areas. In this sense, the study mainly concern with - who are involved in drug use in urban areas? What are the main reasons behind to use drug in urban areas?

Drugs are an integral part of everyday life for many people, and drug use among adolescent remains high. The legality and social acceptance of a particular drug often depend on what it is used for, what its effects are, and who is using it. For example, use of marijuana for pleasure is illegal and considered socially unacceptable by many people, but use of marijuana to relieve nausea in a person with advanced cancer has been legalized by some governments and is viewed as acceptable by some people. The legality and social acceptance of drug often vary among different societies or countries. This may also vary within a society or a country.

In the context of Nepal, many youth people have been using drug in Nepali society which has been gradually increasing day by day. Moreover, there are many organization has been established in Nepal for curing and rehabilitation to drug users. However, the numbers of drug users has not been significantly reduced in our society. Different factors motivate youth people to take drug. Curiosity, pressure of friends and peer groups, economic frustration, frustration form life due to the lack of employment etc are the major factors for using drug among the youth. After the use of drug, a social relation of drug users may be changed with family members, kins, friends as well as society.

This study was mainly concerned with the drug addicts and the role of rehabilitation center at Richmond Fellowship Centre-Nepal (RFCN), Chobhar gate, Kirtipur-13. However, this study mostly focuses on socio-demographic composition of drug addicts as well as cause of drug use. Furthermore, this study also explains the role rehabilitation center to reduce or control the use of drug.

1.2 Statement of the Problem

The problem of drug addiction is increasing day to day. Among the drug addicts, the injecting drug users are increasing in number. It has increased the prevalence of HIV due to the exchange of needles and unsafe sex practice among the drug users. HIV prevalence in Nepal among drug users is 40 percent compared to that of sex workers, which is only 17 percent. In the last few years HIV prevalence among drug users has risen from 2 percent to 40 percent despite of several efforts to prevent them. If some of the major cities of Nepal are considered, the prevalence rate can be as high as 70 percent. Nepal is now on the threshold of a generalized epidemic (20 Feb 2013, Kathmandu, Post daily).

The government and non-government organizations have been working for the prevention of the drug use in Nepal. A number of preventive measures, both on supply reduction and demand reduction, have been taken by the Government together with non-Governmental organizations. However, the number of drug users is increasing rapidly. Therefore, it is essential to know what the main reason is behind to increase the users of drug in the urban area.

Using of drug is considered as public health problem by many scholars. In addition to being a major public health problem, some consider drug abuse to be a social problem with far-reaching implications. It is the cause of economic frustration, pressure of friends, curiosity, frustration of life which are external to and coercive of as Durkheim says. After beginning of drug, many social problems like stress, poverty, domestic and societal violence, and various disease (i.e. injecting drug users as a source for HIV/AIDS) are sometimes thought to be spread by drug abuse.

To address the crucial problem of drug abuse, there is essential to include partnership between government, non-government organization and private citizens. Drug abuse can be prevented through awareness, education and action. An NGO can play an important role to prevent drug abuse problem and treatment for addicts. Many cases of treatment shows that the treatment can work. So we have to pay our attention towards the treatment and rehabilitation process. Many researches are conducted on the problem of drug abuse and addiction but there are not specific studies in relation to treatment and rehabilitation process. So, this academic research study is based on the treatment and rehabilitation process with the help of rehabilitation center.

Under these problems, some research questions inspire me to conduct the research under the topic. The research questions are as follow:

-) What is the socio-economic and demographic characteristics of drug addicts?
-) What is the cause of use of drugs by druggist?
-) What is their relation with family, friends and society before using drug?
-) What is the role of rehabilitation center to reduce or control drug addiction?

1.3 Objectives of the Study

The general objective of this study is to find out the treatment and effects of rehabilitation program with the help of Richmond Fellowship of Nepal, Kirtipur.

The specific objectives of the study are as follows:

-) To find out the existing socio-demographic characteristics of drug addicts in Richmond fellowship Nepal,
-) To identify the attitude and behaviour of drug addict and using causes of drugs
-) To analyze the role of rehabilitation center for curing drug addictions

1.4 Significance of the Study

This is a sociological study on ‘drug addiction and role of rehabilitation center’. Therefore, it is conceptually and methodologically important in sociological study. This study will be mainly focused on the issues like existing socio-demographic characteristics of drug addicts, causes behind to use drugs by druggist, and identify the attitude and behaviour of people (family members and society) with them. Moreover, this study will be also tried to investigate to identify the role of rehabilitation center to reduce the use of drug among the drug addicts. In this sense, this study will be supplementary sources or valuable documents for further readers and researchers who will be interested in this field for further investigation.

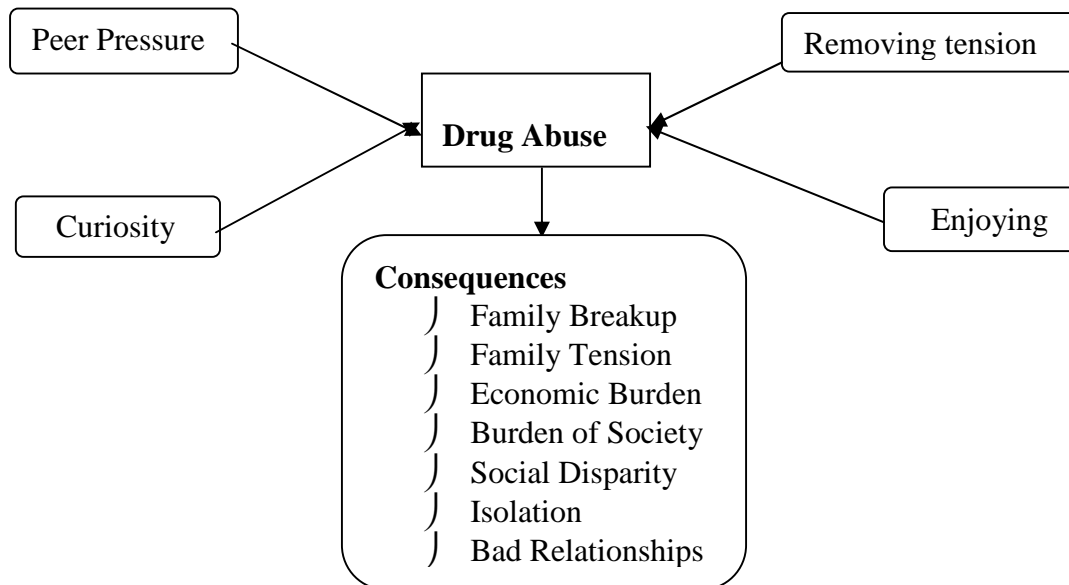
In this study, the researcher found the empirical reality about the drug addicts living in the Kathmandu valley. In this sense, I hope that the research will be helpful to the related agencies or organizations who are working in this field for formulating programmes related to drug abuse. This study will be given guideline

for the health planners, policy makers, health workers and related NGO and INGOS.

1.5 Conceptual Framework

In this research, I have developed a conceptual model to make the argument more and clearer. The model shows the cause of drug use among the drug users in the study area.

Figure 1: Showing the Cause of drug use among the drug users in the study Centre



The figure clears that there are four causes which inspire an individual to use drug. They are curiosity, for enjoyment, peer pressure and removing tension. Because of the causes of drug abuse there also comes consequences like; family breakup, family tension, economic burden, burden of society, social disparity, isolation, bad relationships.

1.6 Limitation of the Study

The study is an academic research. Therefore, the study will be limited to obtain the answers of the specific research questions like existing socio-demographic characteristics of drug addicts, causes of drug using, attitude and behaviour of family member and society with drug addicts. Therefore, this study will not cover the other variables that are related to drug addict.

This study will be based on Richmond Fellowship Centre in Chobhar gate, Kirtipur-13 Kathmandu, particularly the role of the organization to change the behaviour of drug users. Therefore, the generalization is not exactly applicable for other centers and will not focus to other activities of the organization. The respondents for the study included only the residential addicts.

1.7 Organization of the Study

This study has divided into six chapters. First chapter deals about the background of the study, statement of the problem, objectives of the study, significance of the study, conceptual framework for the study and limitation of the study.

Second chapter presents the literature review: history and origin of drug, drug addiction in Nepal, socio-cultural and economic impacts of drug addiction and role of NGOs/Gos. Third chapter follows the research methodology. The selection of research area, research design, sampling procedure, nature and sources of data collection, data collection tools and techniques, and data processing and analysis of the study are included in this chapter.

Fourth chapter deals about the setting and background of RFCN and socio-economic and demographic background of respondents. The fifth chapter deals

about analysis and interpretation of cause of drugs and relation of drug addicts etc. Sixth chapter deals about the summary and conclusions of the study.

CHAPTER – II

LITERATURE REVIEW

The chapter analyzes the pertinent literatures related to the thesis. It gives general guidelines to the researcher and makes the study more logical and scientific. It helps the researcher to gain knowledge about related field. It can be a strong bridge between previous studies and present studies.

2.1 History and Origin of Drug: An Overview

There is no evidence of the origin of drug in human history. However, history of mankind is also a history of man's desire to eat or drink things that makes them feel euphoric. Farming began about 6000 B.C. Perhaps, thereafter people had begun to make home brew. However, the first evidence of sell and consumption of alcohol was seen between the period of 2067-2025 B.C. At that time King Hammurabi of Babylon tried to regulate drinking houses in Babylon (Gaffery, 1981).

Archaeological evidence indicates that cannabis cultivation dated back to 6000 B.C (Gossop and Grant 1990). The religious and mystical texts also narrates that the cannabis was used in Indian societies nearly 7th century AD. It was believed that Marijuana (Ganja) is the oldest cultivated plant of world which was grown in Near East by the Assyrians nearly 9000 years B.C (Roche et al. 1988). Thereafter, it was gradually diffused from the Near East to other parts of the world like Central Asia, Africa, South America, North America and Europe. Later on, it has been used as a holy item in different countries like Nepal, India, Jamaica, Morocco etc. By the end of the 19th century, Ganja became the drug in many countries of the world (Roche et al. 1988).

Society's ambivalence towards psychoactive substances is epitomized by the ancient Greek word '*Pharmakon*' signifying both medicine and poison-the means both of saving and of taking life (World Drug Report, 1997).

For eighty years following the Victory of Clive 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. The trade of opium 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 heroine traffickers exercise their control. It was the first time that opium was treated as an international commodity to be marketed on a vast scale (Banks and Waller, 1983).

The opium was cultivated and used world wide in 1000 A.D. People cultivated poppy for local and medicinal purposes in Balcans, Turkey, Persia, India and possibly further east. This was the golden age of Unami, Arabic medicine, and also a period of high culture, learning, and trade throughout the Islami world. During that time opium was used as a medicine for acute and chronic pain, cough, diarrhea, and fevers and opiates are still using for curing these diseases with the exception of fever (Beyrer, 1999). They were widely used in the 19th century without any consideration of consequences (Bullough et al., 1990).

In Nepalese context, it is believed that Ganja (Cannabis), Bhang (Seeds of cannabis) and Chares (Hashish) are important from religious point of view. It is clearly mentioned in the Hindu's religious books that God Shiva used to smoke such drugs for meditation as a holy food of God Shiva, Hindu people of Nepal have been using those drugs since very beginning. Basnet (1989) said that that Ganja, Bhang, Dhaturu were introduced nearly 5000 years ago. She further argued that mostly the *Saandhu* and Saints used the things to suppress their anxiety as well as to concentrate on meditation. By doing so they obtained valuable experiences.

2.2 Drug Addiction and Previous Studies in Nepal

The use of opium in the form of smoke and poppy seeds in the form of holy 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 started being rigid, drug addicts started taking drug like psychoactive substances which were comparatively more easy to be undetected by the enforcement authorities. During early 90s Tidigesic took place of these drugs in the form of injection which become very popular among the drug users in Nepali society due to it easily available and comparatively cheap (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 viral infection among and from IDUs.

Drug trafficking is banned all over the world. Thereafter the cost of transportation of drug became more and more risk. Because of drug trafficking is an illigal thing. One of the consequences of this is the drain of valuable things and often scarce of foreign exchange, which may of the under developed and 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 & order problem and corruption. One of the interesting sidelights is the modus operandi of transport of these drugs (Goyal, 1981).

In the context of Nepal, all categories of people are affected by drug addict. However, the degree of affect was varied among them. Bhandari (1988) pointed out that high proportion of drug addicts were unmarried. It was nearly about 83%, and average frequency of drug taking is 2.4 per day and decrease as the age of drug addict's increase. He further summarizes that 75.4 percent of addicts are dropouts from high and lower schools. But, high percentage of continuing college students (62.5%) is drug addicts (Bhandari, 1988)

In the context of Nepal, in the beginning of 2001 the numbers of drug users were 50,000 (Family Health International Nepal 2001). It was reached approximately 60,000 in the mid of 2003. It clearly indicates that the numbers of drug addicts have been gradually increasing in Nepali society day by day.

United Nation International Drug Control Program (UNDCP) mentioned that the reasons why people turn to narcotics are as varied as the types of people who abuse them. One of the greatest obstacles in combating against the growing abuse of drugs has been identifying the cause of the deviant behaviour (UNDCP, 2003).

The use of drug is not determined by the single cause in society. There are various reasons which compels an individual to take drug in society. Gaffney (1988) stated that peer pressure, escaping from family problems and sub cultural acceptance and sense of self esteems are the main reasons for drug abuse among Nepalese Youth and students.

Some of the scholars pointed out that people became the victim of drug addict due to peer pressure, lack of family affection, feeling of alone, frustration towards his/her life as well as society, negligence of parents, failure in examination, behaviour of step mother in family etc (Basnet, 1989). Similarly, she pointed out that some youth in Nepal have been using drugs to escape from family and society's responsibilities. The psychological aspect while seeking the reason for using drug among the drug addicts, according to him, people take drug to curiosity about drug as well as to relief from psychological tension and worries.

Basnet (1989) points out in her study that drug addicts have not good relation with the family. That means after being to use of drug by the drug addicts their relation has been gradually cool with family. She further said that the socio-demographic characteristics also play pivotal role for using drug. In her study Basnet found that 40% of drug addicts were below 20 years and other 40% were between the age of 21 to 25 years and rest were above 26 years. Similarly, 84% of drug addicts were found unmarried and majority were unemployed. The same result was also seen in the study of Limbu carried out in 2002. According to her, most of the drug users were between ages of 15-24 years. Unemployed and unmarried were found more prone to drug addiction than married and employed one. The numbers of drug addicts were higher among the Rai and Limbu ethnic group (59.2%) as compared to other groups. Such result was seen in her study due to selection of Limbu and Rai dominant society i.e., Dharan where mostly Lahure Rai and Limbu ethnic groups were living for the ages.

Rai (1996) conducted study on knowledge among the drug addicts about the varieties of drugs and knowledge on unsafe drug use in human health. He found that 90.6% of the respondents had knowledge about smack and 72% knew about Heroine and Brown Sugar as hard drugs. The large number of drug addicts had aware on HIV/AIDS and associated diseases transmitted through sharing of same shrine.

The motivation of the addicts is one of the very important components of the total de-addiction process. Until and unless that addicts develop strong desire to stop drug abuse, nothing can be done, relapse is bound immediately. And deaddiction is not possible at all. Social awareness should be raised in different levels such as

individual's family, group, community and mass level. Treatment can also help to reduce the number (Bhandari, 1988)

In Nepal, a large number of NGOs are working in the drug related field. There is no specialized governmental sector for drug treatment in Nepal. A few numbers of hospitals such as Teaching Hospital Maharajgunj, Mental Hospital Patan, Gandaki Hospital Pokhara are conducting detoxification process for drug addicts. There are numbers of NGOs such as Freedom Center, Youth Vision, Aasara Sudhar Kendra, Navakiran Rehabilitation Center, Naulo Ghumati etc. working in treatment and rehabilitation of drug addicts. Rehabilitation as the process of helping individuals to establish a state in which they are physically, psychologically and socially capable of coping with the situations encountered, thus enabling them to take advantages of the opportunities that are available to other people in the same age group in the society'. Rehabilitation therefore should form a crucial aspect of society's attempts as helping drug dependent persons to change their lifestyle. Thus re-entry, re-adjustment and independent functioning of recovered former drug dependent persons are the final goal of rehabilitation (UN division of Narcotic Drug, 1979)

To address the crucial problem of drug abuse, there is essential to include partnership between Government, non-government organization and private citizens. Drug abuse can be prevented through awareness, education and action. An NGO can play an important role to prevent drug abuse problem and treatment for addicts. Many cases of treatment shows that the treatment can work. So we have to pay our attention towards the treatment and rehabilitation process. Many researches are conducted on the problem of drug abuse and addiction but there are not specific studies in relation to treatment and rehabilitation process. So, this

academic research study is based on the treatment and rehabilitation process with the help of rehabilitation center.

CHAPTER – III

RESEARCH METHODOLOGY

This chapter provides the details of the procedure adapted for the present research study. It includes the rationale for selection of research area and describes the research design. It also provides the details of the nature and sources of data, universe and sampling procedures, and techniques of data collection and analysis of the present study.

3.1 Selection of Research Area

The study was carried out at Richmond Fellowship Centre Nepal (RFCN) in Kathmandu district which was established in 1997 with the motive of treatment and rehabilitation for the drug users. The site is suitable for the study for two reasons. Firstly, Richmond was appropriate for the researcher to find out the socio-demographic characteristics of the drug addict and causes of using drug among them due to the living in that place for treatment.

Secondly, the researcher is interested to find out the relationship between the drug addicts and family as well as society. In this sense the site was suitable for the researcher to obtain the answers of the questions regarding the relation between drug addicts and family and society. Moreover, this study also seeks the peoples' attitude and behaviour towards the drug addicts. In this sense, the place is suitable for the researcher to identify this objective.

3.2 Research Design

This study was using both descriptive and exploratory research design. As a descriptive research, it attempted to describe the socio-cultural conditions of the drug addicts, attitudes of people towards the drugs users, role of rehabilitation center for curing the drug addicts. As an exploratory research design, the study was found out the cause of drug use, relation with community and role of rehabilitation center.

3.3 Universe and Sampling Design

There are many drug rehabilitation centers in Kathmandu. Out of them, Richmond Fellowship Centre, Kirtipur Chobar gate one of them. The centre was selected for study purposively because it was provided several information about cause of drug use, role of rehabilitation and curing of drug addicts. According to RFCN, there are 50 residential drug and alchoholist addictions. All the drug addicts, living at Richmond Fellowship Centre are the universe of the study. For the sample selection, all the 50 addicts were selected as respondent for the study by census method.

3.4 Nature and Sources of Data

The Nature of the study data was both qualitative and quantitative. Both primary and secondary data were also used for this study. Primary data was collected residential types of respondents from the centre by using questionnaire, observation and interview with the respondents. Similarly, other published and unpublished documents like book, articles, news letter etc. were taken as a secondary source of data in the study.

3.5 Data Collection Tools and Techniques

3.5.1 Interview Schedule

Both structured and unstructured questionnaire were prepared for interview. It was applied to cover the realistic and accurate data for the study. It was used to collect the information like: socio-demographic characteristics (sex, age, caste/ethnic composition, marital status, occupation, etc.) of drug addicts, and also collect the information of drug used behaviour, causes of drug addict, relation with their family members, staffs of RFCN, treatment system of centre.

3.5.2 Observation

Observation method was applied for some related gathering field data. Physical settlement of RFCN, rules and regulation of curing methods, behaviour and attitudes of curing master and addicts were observed by indirect participation. It is helped to the researcher to understand language, physical facilities, communication with each other, and seeking behaviour, centre's works.

3.5.3 Key Informant Interview

The researcher was taken interview with Richmond Fellowship staffs. Interview was carried out with centre staffs about the cause of becoming drug addicts, drug users' behaviour, types of drug they use, activities of the organization and types of training they provide to the addicts.

3.6 Data Processing and Analysis

After finishing the collection of data from field study, data were coded and edited by manually. To analyze the quantitative data, simple statistical methods such as frequency count and percentage distribution was used, and tabulated. Then the data were analyzed and interpreted with the help of simple types of table. The qualitative data were presented logical and rational manner.

CHAPTER - IV
STUDY AREA AND SOCIO-ECONOMIC AND DEMOGRAPHIC
FEATURE OF DRUG ADDICTS

This chapter deals with the survey findings conducted on RFCN, Kirtipur-13 in Kathmandu district. The study mainly focused on the background of RFCN, socio-economic background of drug addicts or respondents and their parent's situation.

4.1 Background of Richmond Fellowship Centre Nepal

Richmond Fellowship Centre, Nepal (RFCN) was established in 1997. The member of the organization informed that many criminal activities were taking place in Kathmandu during that period. The problem of drug addiction is also increasing day by day. Especially the youths are the victims of the problem. In 1997 February, the organization was registered according to the Act 2034 in Kathmandu District Administration Office and Society Welfare Council.

The organization has found to develop certain objectives to get the goal of the organization. The following are the main objectives of the centre:

-) To increase the self confidence of the drug addicts and enable them to dislike drugs.
-) To create public awareness in the society through various programmes showing the ill-effects of the drugs.
-) To decrease the criminal activities caused by drug addiction and to decrease the consumption of the drugs by the users and also to control the import and export of drugs.

-) To give treatment to the drug addicts and rehabilitate them in the family and society.
-) To initiate them in income generating programmes and make them independent.
-) To create awareness about the diseases caused by the use of drugs and to save them from early death.

4.1.1 Counselling and Treatment

The counseling and treatment through the rehabilitation facility was the core activity of RFCN. There were 60 beds in the center. It was informed that under the counseling for individual and treatment programmes the center carried out the following activities:

- I. Counselling: The center provides information and counselling for individual and family in different ways i.e. direct or telephone conversation.
- II. Clients admitted for residential treatment.
- III. Detoxification: It has started regimes for detoxification which is prepared in consultation with the visiting psychiatrist. One general physician doctor supervises the process of detoxification. Clients receive a medical and psychological assessment prior to starting detoxification. Symptomatic treatment with medical care is available at all the time. The detox period is for 10 days.
- IV. Treatment and Rehabilitation: After detoxification, clients are offered the opportunities to be a resident for three months in the center. The center has provided regular opportunity for different activities. It includes, individual and group counseling, N.A. information class, spiritual class, Yoga and meditation, health education class, relapse prevention class such as stress,

attitude, craving, anger, emotional, self-reliance, self-esteem management and disease concept.

- V. Family meeting: The family meeting is also the part of the activities. The programme has been conducting for making different new ideas and solutions by the parents to make better life.

4.2 Socio-economic and Demographic Feature of the Respondent

This section deals with the socio-economic and demographic features like caste and ethnic composition, religious background, age and sex, family occupation, marital status, occupation, education, family size of the drug addict who are residing in the Richmond Fellowship Centre, Nepal (RFCN). As a member of society, nature and behaviour of human beings are directly and indirectly affected by the social characteristics of society.

4.2.1 Age and Sex Composition

Age and sex are important demographic characteristics playing an important role in any population analysis. Age-sex composition of the population has significant implications for the productive potential, manpower supply, school attendance, status and role and responsibility of individual in family and society and family planning service delivery etc. Moreover, the use of drug is also influence by the age and sex composition of the community. Generally male and adolescent age group is more vulnerable than other in the case of drug use. The table 4.1 shows the age-sex composition of drug addict at RFCN.

Table 4.1: Distribution of Respondents Composition by Sex and Age

| Age Group | Total Nos. of Respondent | Percentage |
|------------------|---------------------------------|-------------------|
| 15-19 | 6 | 12.0 |
| 20-24 | 14 | 28.0 |
| 25-29 | 12 | 24.0 |
| 30-34 | 10 | 20.0 |
| 35 - < | 8 | 16.0 |
| Total | 50 | 100.0 |

Source: Field Survey, 2013

The above table 4.1 shows that the youth population i.e, between the age of 20-24 is larger number (28.0%) than other which is also found in the study of Limbu (2002). The second large group was 25-29 years age group (24.0%) and third one is 30-34 years age group. The age group of 35 and above and 15-19 years age group formed the fourth and fifth respectively. In the study area, it was found that 12.0% of the respondents are under the age of 19 years clear that people became the victim of drug in the adolescence stage. In the study population, researcher did not find the female addict. That means, majority of the male population are victimized from drug in Nepali society.

4.2.2 Caste and Ethnicity

In the study area, there was not a single caste or ethnic groups came for treatment. That means the social composition of drug addict in RFCN was diversify in terms

of caste and ethnicity i.e, Brahmin, Chhetri, Gurung, Magar, Newar, Lama and Limbu. The table 4.2 presents the distribution of the addicts by their caste/ethnicity.

Table 4.2: Distribution of Respondents by Caste and Ethnicity

| Caste/Ethnicity | Total Nos. of Respondent | Percentage |
|------------------------|---------------------------------|-------------------|
| Brahmin | 15 | 30.0 |
| Chhetri | 14 | 28.0 |
| Gurung | 9 | 18.0 |
| Newar | 4 | 8.0 |
| Magar | 3 | 6.0 |
| Lama | 3 | 6.0 |
| Limbu | 2 | 4.0 |
| Total | 50 | 100.0 |

Source: Field Survey, 2013

The table 4.2 reveals that the majority of the drug addicts are Brahmin and Chhetri community in Ask which occupied 58.0% of the total respondent under the study. The main reasons behind the large number form Brahmin and Chhetri community are the involvement of their parents in business and service who were unable to provide proper care of their child in their adolescent age. Similarly, Gurung occupied the third position i.e., 18.0% under the study population whereas other groups like Newar, Lama and Limbu hold the less than 10.0% of the total addict population at RFCN. The Gurung and Limbu informant informed me that their

parents were in British and Indian army. This clears that people became the victim of drug due to the proper care of parent in their early age.

4.2.3 Religion

Religion is one of the factors which influence the human behaviour. That means, people behaviour is also directly guided by the religion. The religion itself define the food as sacred or profane. For example, in Hindu culture *Ganja*, *Bhang* and *Dhaturo* are taken the *Prasad* of Lord Shiva and easily consumed by Hindu people. The table 4.3 presents the distribution of respondents by religion background.

Table 4.3: Distribution of Respondents by Religion

| Religion | Total Nos. of Respondent | Percentage |
|-----------------|---------------------------------|-------------------|
| Hindu | 35 | 70.0 |
| Baudha | 14 | 28.0 |
| Christian | 1 | 2.0 |
| Total | 50 | 100.0 |

Source: Field Survey, 2013

The table 4.3 reveals that the highest numbers (70.0%) of drug addicts were from Hindu religion followed by Buddhist (28.0%) and Christian (2.0%). It is the cause of Hindu religious dominant society of Nepal where 80.0% people are Hindu

followers (CBS, 2001). In this sense, the Hindu followers were higher under the studied population.

4.2.4 Marital Status

Marriage is a public recognized and culturally defined and social and legal accepted relationship between man and woman. It allows for having sexual relationship between them. The marital status of persons and behaviour of drug addicts has closely embedded with each other. Generally it is believed that some of the people use drug due to the cause of family tension like wife and children burden whereas some people give up using drug after marriage due to the inspiration of wife. Similarly, the prevalence of HIV among drug addicts is high. These groups may transmit the disease to their spouse if they are married. The table 4.4 presents the distribution of marital status of people under study at RFCN.

Table 4.4: Composition of Respondents by Marital Status

| Status | Total Nos. of Respondent | Percentage |
|---------------|---------------------------------|-------------------|
| Unmarried | 32 | 64.0 |
| Married | 17 | 34.0 |
| Divorced | 1 | 2.0 |
| Total | 50 | 100.0 |

Source: Field Survey, 2013

This table 4.4 clearly shows that nearly two third (64.0%) of the people who were living at RFCN were unmarried. In the study people, some of the unmarried respondent informed researcher that they used drug due to unemployment and

frustration in their life. Some of the respondents told me that they used the drug due the pressure of their children. Similarly, married respondents (34.0%) informed me that they begin to use drug due the economic burden which develop conflict in family. As a result they begin to use drug.

4.2.5 Educational Status

The education is important part of our life in this modern age. It is measured as a social prestige of an individual within a family or society. Those individual who have higher education have higher social status than uneducated person in the society. Moreover, education may determine and can change the behaviour of human beings in society. It is also taken as a lamp which enlightens the surrounding. In the study population, all of the respondents had found literate and found in different level of education which are categorized into two categories; secondary level and higher education level. The table 4.5 shows the distribution of educational status of respondents under the study population at RFCN.

Table 4.5: Composition of Respondents by Education

| Level of Education | Total Nos. of Respondent | Percentage |
|---------------------------|---------------------------------|-------------------|
| Secondary level | 36 | 72.0 |
| College level | 14 | 28.0 |
| Total | 50 | 100.0 |

Source: Field Survey, 2013

The Table 4.5 shows that the more than two third of the respondents (72.0%) had attained college level under the studied period and nearly 28.0% respondents had

done secondary level. The data obviously shows that lack of education is not only the factor leading to drug addiction. It is because most of the addict had attained the college level of education.

4.2.6 Major Occupation

Occupation is one of the variables which affect the behaviour and living standard of a person. Under the study population, researcher found different occupations among the respondents. Some of the respondents' mentioned that they involved in business, and some informed service and other students and unemployed. The table 4.6 presents the occupation of the drug addict at RFCN.

Table 4.6: Major Occupation of the Respondents

| Occupation | Total Nos. of Respondent | Percentage |
|-------------------|---------------------------------|-------------------|
| Student | 22 | 44.0 |
| Business | 6 | 12.0 |
| Service | 9 | 18.0 |
| Unemployed | 13 | 26.0 |
| Total | 50 | 100.0 |

Source: Field Survey, 2013

The data in above table displays that the highest number of respondents (44 %) were student who informed that they began to use drug with the pressure of colleague at school or college. Some of the student drug addict informed me that they started to use drug unconsciously with the imitation of friends and very few respondents informed me that they lack of care of their parents.

4.2.7 Types of Family

Family is an important social institution. In a family, different members are organized by blood, marriage and adaptation. The members of the family are responsible for social and economic life of its members. Two types of families; single family and joint family, were found under the studied population. Here, single family is denoted to a unit consisting of spouses and their unmarried children and joint family having three generations grandparents, parents and unmarried or even married children. The table 4.7 shows the types of family under the studied population at RFCN.

Table 4.7: Types of Family of Respondents

| Types | Total Nos. of Respondent | Percentage |
|--------------|---------------------------------|-------------------|
| Single | 26 | 52.0 |
| Joint | 24 | 48.0 |
| Total | 50 | 100.0 |

Source: Field Survey, 2013

The table 4.7 clears that there was no significant differences in numbers of drug addicts in single family (52.0%) and joint family (48.0%). That means, the family types do not have greater role in the use of drug among the users at RFCN.

4.3 Parents Backgrounds of Drug Addicts

4.3.1 Educational Status of their Parents

Educational status of parents also determines the behaviour of children. Therefore, it is one of the important variables of this research. The table 4.8 shows the educational status of parents.

Table 4.8: Educational Status of Parents of Respondents

| Status | Father | | Mother | |
|---------------|---------------|----------------|---------------|----------------|
| | Number | Percent | Number | Percent |
| Literate | 33 | 66.0 | 23 | 46.0 |
| Illiterate | 17 | 34.0 | 27 | 54.0 |
| Total | 50 | 100.0 | 50 | 100.0 |

Source: Field Survey, 2013

The above table indicates that out of total 33 fathers, 66.0 percent were literate and 34.0 percent were illiterate. It also reveals the fact that out of total 23 mothers, 46.0 percent of respondents were literate and 54.0 percent were illiterate.

This shows that most of the fathers were literate and most of the mothers were illiterate. The educational status of mother plays an important role for the guidance of her children. It indicates to some extent that female education is one of the variables, which affects the behaviour of the family members. The reason was fathers were the earning person in the family and they were involved in government service, business, British/Indian army, agriculture and others so they could not give enough time to their children. But most of the mothers were housewife even though they were literate or illiterate so they could give time to their children and care them.

4.3.2 Occupation of Father of Respondents

Father's occupation may play an important role for the behaviour of his offspring. Occupation of the father determines the economic status of family. In the field observation, researcher found the different occupations of the respondents' father. Some of the informants informed that their father were involved in government services whereas other informed me that business, British/Indian Army and agriculture were the main occupation of their father. Likewise, mother's occupation also plays an important role for the behaviour of his offspring. Occupation and education of mother leads the family status. In Nepal, majority of females are illiterate and have no specific occupation. The occupation of mother depends on their educational status. The table 8 presents the occupation of mothers under the study. In this sense, there was the diversity in occupation among the fathers of drug addict of RFCN. The table 4.9 shows the distribution of occupation of fathers of drug addict at RFCN.

Table 4.9: Occupation of Parents of Respondents

| Occupations | Father | | Mother | |
|---------------------|---------------|----------------|---------------|----------------|
| | Number | Percent | Number | Percent |
| Business | 16 | 32.0 | 7 | 14.0 |
| British/Indian Army | 9 | 18.0 | - | - |
| Job/Services | 9 | 18.0 | 3 | 6.0 |
| Agriculture | 7 | 14.0 | - | - |
| Housewife | - | - | 40 | 80.0 |
| Other | 9 | 18.0 | - | - |
| Total | 50 | 100.0 | 50 | 100.0 |

Source: Field Survey, 2013

The table 4.9 shows that the majority of respondent's father's occupation was businesses (32.0%) who were from Brahmins caste and other parents occupation was found in each (18.0%) foreign ex-army service, job/services, others like agents, and minority were from agricultural background (14.0%).

Similarly, the above table also shows that 80.0 percent of respondent's mothers were housewife, 14.0 percent of total mothers were involved in business and 6.0 percent were engaged in service. This indicates that most of the respondent's mothers were housewife and not engaging in any specific occupation.

CHAPTER - V

CAUSES OF DRUG USE AND RELATION OF DRUG ADDICTS

This chapter mainly focused on the cause of drug use, relation of drug addict with their family, attitude and behavior of drug addicts and expectation to develop relation with their family, friends after treatments.

5.1 Causes of Drug Use and Relation of Drug Addicts with Their Family

This chapter deals with causes of drug and relation of drug addicts with their family and society. The first part of the chapter primarily concerned with the causes for taking drug for the first time by drug addicts and second parts mainly presents the relations of drug addicts with their family and society in detail.

5.1.1 Reason for Taking Drug for the First Time

Drug addiction is a social phenomenon. Believing with Durkheim's argument that using of drug is social fact in which society compels an individual to use it. It is 'coercive of' and 'external to' an individual in society. That means there were various reasons for starting to use drug among the addicts. In the field study, the researcher discussed with the respondents and key informant regarding the causes of drug addiction. The information collected from the field showed that there was not only the sole cause for taking drug for the first time among the respondents. On the basis of their answer, the researcher found the major causes which push the respondents for taking drug in the study area. The table 5.1 shows the reasons for taking drug for the first time among the drug addict at RFCN.

Table 5.1: Reason for Taking Drug for the First Time

| Reasons | Total Nos. of Respondent | Percentage |
|----------------------|---------------------------------|-------------------|
| Curiosity | 21 | 42.0 |
| Enjoying | 19 | 38.0 |
| Peer Pressure | 5 | 10.0 |
| For Removing Tension | 5 | 10.0 |
| Total | 50 | 100.0 |

Source: Field Survey, 2013

The table 5.1 reveals that curiosity (42.0%) is the top most cause of starting taking drug for the first time and 38.0 percent respondents had started drug for enjoying. Those categories of respondents informed me that imitate others due to curiosity and for enjoying leads them to drug user and last converted into drug addict. Similarly, 10.0 percent of the respondents informed me that peer pressure was the main reason of drug using and remaining 10.0 percent of the respondents reported that they began to use drug to remove mental tension like family problem, feeling of loneliness, and lack of care from family members.

5.1.2 Duration of Drug Use

In the field study, researcher found that the duration of drug used was not same among the drug addict who were residing at RFCN. Some of the drug addicts had been using the drug since last 10 years where as some respondents were using it since last 3 months. The table 5.2 presents the duration of drug use by respondents who were living at RFCN.

Table 5.2: Distribution of Respondent by Period of Drug Use

| Duration in year | Total Nos. of Respondent | Percentage |
|-------------------------|---------------------------------|-------------------|
| < 1 years | 20 | 40.0 |
| 2-5 | 22 | 44.0 |
| 6-9 | 5 | 10.0 |
| 10 years > | 3 | 6.0 |
| Total | 50 | 100.0 |

Source: Field Survey, 2013

The table 5.2 clearly showed that, majority of the drug users realized the negative or bad impacts of drug in their life as well as in community only after the one year of using the drug. Because, 60.0% of the respondent were came to RFCN for treatment and recovery only after the 1 years of using the drug.

5.1.3 Age at First Use of Drug

Age at first use of drug is a major factor to determine the prevalence age period of drug use among youth. It is because of socialization which is the social learning and process of adjustment in the society. The drug users imitate others due to curiosity, enjoyment, by peer pressure and also for the fashion. To find out the most vulnerable age group of drug use for the first time, questionnaire was conducted among the respondents. The table 5.3 shows the distribution of drug addict by age for the first time.

Table 5.3: Distribution of Respondent's Age at Onset of Drug Use

| Duration in year | Total Nos. of Respondent | Percentage |
|-------------------------|---------------------------------|-------------------|
| < 15 years | 14 | 28.0 |
| 15-20 | 24 | 48.0 |
| 20- years and above | 12 | 24.0 |
| Total | 50 | 100.0 |

Source: Field Survey, 2013

The table 5.3 shows that 28.0 percent of respondents started the use of drug at the age of below 15 years, 48.0 percent of respondents started using drug at the age group of 15-20 years and 24.0 percent started at the age above 20 years. The respondent who started to use drug under the age of 20 were informed me that they started to use drug due to the curiosity, for enjoying and entertainment of their life and pressure of colleague. Similarly, those respondents who started to use drug at the age of 20 above was responded that they used drug for pleasure, enjoyment and to remove mental tensions.

During the field study, the researcher asked a question with the respondents about the accompany who inspire them to take/use drug for the first time. The findings of the study showed that there was not a single person who accompanied to respondents for using drug in their initiated period. The study revealed that the most of the respondents i.e., 82.0 percent had been accompanied by their friends. Among the total respondents, 16.0 percent initiated using drug own-self for the first time and only 2.0 percent respondents using drug accompanied by their cousin. Therefore, it was clear that friends are the responsible persons for beginning the use of drug among the drug addicts.

5.1.4 Name of the Drug Taken for the First Time

During the field study, the researcher had found not a specific variety of drug used by the drug addict for the first time. It was varied among the drug users. Generally, the availability of drug in market has determined the nature of taking drug. The table 5.4 shows the name of drug used by respondents for the first time.

Table 5.4: Name of the First Time Taken Drug

| Name and Types of Drug | Total Nos. of Respondent | Percentage |
|-------------------------------|---------------------------------|-------------------|
| Ganja | 29 | 58.0 |
| Brown Sugar | 5 | 10.0 |
| Nitrazepam | 4 | 8.0 |
| Tedigesic | 2 | 4.0 |
| Other | 10 | 20.0 |
| Total | 50 | 100.0 |

Source: Field Survey, 2013

The table 5.4 shows that ‘*Ganja*’ was used by majority of the addicts (58.0%) for the first time. They had bought *Ganja* from Hindu saint which was more economize than other kinds of drugs like Brown Sugar, Nitrazepam, Tedigesic and others. Some of the respondents informed me that it was easily available in the religious places. The age of 18-30 were found to prefer *Ganja* who were from Brahmin, Gurung, Chhetri, Newar, Magar and Lama respectively. The age between 21-35 prefer Brown Sugar were from Brahmin, Gurung, Limbu and Lama, the age of 25 prefer Tedegesic were Gurung and the age of 25 and 28 prefer Nitrazepam

were Gurung and Brahmin. The age of 22-24 and 30-42 prefer others were from Chhetri, Brahmin, Newar, Gurung and Magar respectively.

5.1.5 Management of Money for Buying Drug

The drug addicts do not and can not produce drug themselves. They bought it from different agents like saint, medical center, and drug seller. Money is the essential factor for buying drug without which, no one can get drug. Therefore, money is the means of exchange of drug between drug sellers and users. In this study, researcher also focused on how the drug addicts managed money for getting drug. The table 5.5 shows the management of money for buying drug by respondents.

Table 5.5: Management of Money for Buying Drug

| Management Process | Total Nos. of Respondent | Percentage |
|---------------------------|---------------------------------|-------------------|
| From Home and Friends | 22 | 44.0 |
| Stealing or Robbery | 15 | 30.0 |
| Self Income | 9 | 18.0 |
| All of the above | 4 | 8.0 |
| Total | 50 | 100.0 |

Source: Field Survey, 2013

The table 5.5 reveals that 44.0 percent of respondents managed money for drug from parents and friends indirectly. They asked for money to their parents for other purposes such as lunch, picnic, to buy clothes and gifts etc and used to those for buying drug. Similarly 30.0 percent respondents managed money by stealing or robbery. They informed that they generally stole money of their parents or by their shop and robbery of other things. Some of the respondents informed me that they used to sell their utensils in low price and used that money for buying drug. Out of

total respondents, 18.0 percent respondents themselves managed through their own business or service and 8.0 percent respondents applied all the above ways for managing money to buy drug.

5.1.6 Methods of Using Drug

In the field observation, researcher found the variation on drug using methods like orally, sniffing, smoking, and injecting among drug addicts. It was determined by the nature of drug. The table 5.6 presents the methods of using drug by the respondents.

Table 5.6: Distribution of Respondent by Methods of Using Drug

| Using Methods | Total Nos. of Respondent | Percentage |
|----------------------|---------------------------------|-------------------|
| Oral | 20 | 40.0 |
| Sniffing | 4 | 8.0 |
| Smoking | 6 | 12.0 |
| Injection | 6 | 12.0 |
| All of the above | 14 | 28.0 |
| Total | 50 | 100.0 |

Source: Field Survey, 2011.

The table 5.6 clearly indicates that 40.0 percent respondents used drug through oral route, 8.0 percent used drug through sniffing and 12.0 percent of total respondents used drug by smoking method and same numbers by the using injection. The most of the respondents 28.0 percent had been using all the above-mentioned using methods.

The respondent informed me that they used medicinal and tablets drug orally, brown sugar or powder by sniffing and *Ganga* by smoking through the filling up in cigarette. According to the collected data, it can be concluded that most of the users were using drug through oral route than other multiple procedure like sniffing, smoking and injection.

5.1.7 Behaviours of Injecting Drug Users

There are increasing numbers of injecting drug users. They are more vulnerable to the STDs, HIV/AIDS, Hepatitis and other blood transmitted diseases due to the unsafe behaviour. This study is trying to expose the behaviour of injecting drug users for using syringe.

Out of total 50 respondents, 50.0 percent respondents were injecting drug. Among the IDUs, 28.0 percent respondents always use new syringe because they were aware about the diseases and 22.0 percent didn't use new syringe because they were unaware about the diseases and their carelessness.

Among 11 (22.0%) users who didn't use new syringe, they were trying different methods for reusing syringe. They were listed in table 5.7.

Table 5.7: Distribution of Respondent of Unsafe Behaviour of Respondent

| Unsafe Behaviour | Total Nos. of Respondent | Percentage |
|-----------------------------------|---------------------------------|-------------------|
| Reuse Own Syringe after Washing | 9 | 81.8 |
| Reuse Own Syringe without Washing | 1 | 9.0 |

| | | |
|------------------------------|----|-------|
| Sharing Syringe with Friends | 1 | 9.0 |
| Total | 11 | 100.0 |

Source: Field Survey, 2013

The table 5.7 shows that 81.8 percent respondents were reusing own syringe after washing with sterile water, 9.0 percent were reusing syringe without washing by their carelessness and also 9.0 percent were sharing with friends without thinking of transmitted diseases. The above data shows that the majority of the respondents of injecting drug users, use new syringe. Most of the respondents who didn't use new syringe, reuse own syringe after washing.

5.1.8 Feeling after Using the Drug

Every addict used to take drug for different reason like family problem, poor parental guidance, lack of care and love, enjoyment, company of bad peer group, imitation of seniors and lack of information to the harmful effect of drugs. They felt different as they used different drugs. The table 5.8 presents the feeling of respondents after using of drug among the drug addict living at RFCN.

Table 5.8: Respondent's Feeling after Using the Drug

| Feelings | Total Nos. of Respondent | Percentage |
|---------------------------|---------------------------------|-------------------|
| Feeling of Superior | 5 | 10.0 |
| Forgetting Mental Tension | 10 | 20.0 |
| Pleasure | 20 | 40.0 |
| All of the above | 15 | 30.0 |

| | | |
|-------|----|-------|
| Total | 50 | 100.0 |
|-------|----|-------|

Source: Field Survey, 2013

The above table displays that 40.0 percent of respondents felt pleasure after using the drug, 20.0 percent respondents forgot their mental tension (i.e., family problem, lack of care and love, feeling of isolation), 10.0 percent felt superior and remaining 30.0 percent respondents felt all of the above mentioned feelings. That clearly indicates that majority of the drug users felt pleasure after using the drug.

5.1.9 Suitable Place for Taking Drug

In our society, use of drug like alcohol, Ganja, and so on were taken as anti-social behaviour which is called social deviance or deviance behaviour by Merton.

Therefore, drug users seek safety and convenient place for taking of drug because the users didn't want to expose their behaviour among family, community and society as well. The table 5.9 present the suitable place for taking drug among the drug addict.

Table 5.9: Distribution of Respondent by Suitable Place for Taking Drug

| Taking Place | Total Nos. of Respondent | Percentage |
|---------------------|---------------------------------|-------------------|
| Bedroom | 20 | 40.0 |
| Bushes/Jungle | 10 | 20.0 |
| School/campus | 20 | 40.0 |
| Total | 50 | 100.0 |

Source: Field Survey, 2013

The table 5.9 clears that most of the respondents thought that own bedroom and school/campus were the safer and suitable place for taking drug. Some of their parents were gone outside for their work and also nobody come in bedroom without permission. In School/Campus, they take drug with their friends. They think this is the suitable place for taking drug and their parents won't know about their addiction and all their activities.

5.2 Attitudes of Drug Addicts towards Center

The drug addicts came at center with the motive of treatment or relief from drug addict. The feelings and attitudes of addicts towards the behaviour and activities carried out by the organization should influence the behaviour of patients. If patients have positive attitude towards the system then they could change their behaviour otherwise not. Here, researcher is going to discuss on feelings and attitudes of respondents regarding to the center and relationship with the staff.

Rehabilitation is the main aspect of treatment. After the 10 days detoxification period, it is followed by rehabilitation. It consists of different processes such as counselling, group therapy, meditation, spiritual classes, relapse prevention class etc. The main aim of rehabilitation in the center is to engage the respondents in different planned activities for preventing thinking about drug. Rehabilitation provided by the center is tertiary level of rehabilitation.

5.2.1 Period of Staying in the Center

After detoxification, the clients are referred to rehabilitation center. The full rehabilitation period in the center is three months. It was informed that

rehabilitation period may be extended depending on the condition of clients. During the study time, researcher found that all the respondents were staying from more than 15 days at RFCN. The table 5.10 presents the duration of staying of drug addicts at RFCN.

Table 5.10: Distribution of Respondent by Period of Staying

| Period in days | Total Nos. of Respondent | Percentage |
|-----------------------|---------------------------------|-------------------|
| 15 - 30 | 13 | 26.0 |
| 31 – 60 | 14 | 28.0 |
| More than 60 days | 23 | 46.0 |
| Total | 50 | 100.0 |

Source: Field Survey, 2013

The table 5.10 shows that duration of stays at center was varied. It was clear from the table that most of the respondents (46.0%) were staying more than two months. It was determined by the health condition of the respondents. That means, the recovery period for drug addicts was more than two months.

5.2.2 Influencing Factors to Come at RFCN

Drug addiction is a treatable disease. When the addict has self-confidence, he can change himself. In this process, rehabilitation center help them for removing drug dependency. In the course of study, the respondents were asked about the factors which have influenced them to come to the rehabilitation center. The table 5.11 presents the factors which influence the respondents to come at center.

Table 5.11: Distribution of Respondent by their Influence to Come to Centre

| Influence to Come | Total Nos. of Respondent | Percentage |
|--------------------------|---------------------------------|-------------------|
| Self influence | 20 | 40.0 |
| Family forces | 27 | 54.0 |
| Peer influence | 3 | 6.0 |
| Total | 50 | 100.0 |

Source: Field Survey, 2013

The table 5.11 indicated that the majority of the respondents (54.0%) were coming at the center by their family forces. Then 40.0 percent respondents were coming at center by self-awareness against the drug addiction. The rest of the 6.0 percent respondents were influenced due to their own friends. It clearly indicates that family member of drug addicts are more responsible to removing such behaviour.

5.2.3 Change in Feelings after Coming for Treatment in the Center

Treatment can work and an addict may change into a normal person. If the favourable conditions are available, the changes take place but if the processes are not effective then the recovered addicts may turn into relapse. So the effective treatment is necessary. Treatment includes detoxification, counselling, rehabilitation, follow-up etc.

Here, 74.0 percent respondents believed that treatment can work and the left 26.0 percent have said that treatment may not change the behaviour. But all of the respondents have got some changes in their life after coming for treatment. Change in feelings by the respondents is shown in the table 5.12.

Table 5.12: Feelings after Coming for Treatment

| Feelings | Total Nos. of Respondent | Percentage |
|-------------------|---------------------------------|-------------------|
| As I Got New life | 25 | 50.0 |
| Pleasure | 12 | 24.0 |
| Painful Feeling | 13 | 26.0 |
| Total | 50 | 100.0 |

Source: Field Survey, 2013

The above table shows that the majority of the respondents i.e., 50.0 percent felt that they had got new life, 24.0 percent respondents had realized that they felt pleasure after coming at the center for treatment. The left 26.0 percent respondents accepted that they had some changes with painful feeling. It may be due to the dependency nature of drug. Confidence, commitment, will power are necessary for the addict to continue their treatment.

5.2.4 Most Favourable Programmes of RFCN

Researcher have already mentioned that Ask had arranged and conducted different types of program for the treatment and rehabilitation of the drug addict in the center. The major activities were counseling and treatment, vocational training and community education. However, in the field observation, Researcher found the different perception regarding the activities of the program carried out by the center to the drug addicts. The table 5.13 presents the favourite programs and activities conducted by RFCN to the respondent.

Table 5.13: Most Favourable Programmes to Respondents at RFCN

| Programmes | Total Nos. of Respondents | Percentage |
|--------------------------|----------------------------------|-------------------|
| Meditation/Yoga | 9 | 18.0 |
| Encounter Session | 9 | 18.0 |
| Family Meeting | 7 | 14.0 |
| Counselling | 6 | 12.0 |
| P.T./ Exercise | 5 | 10.0 |
| Open Sharing | 4 | 8.0 |
| Relapse Prevention Class | 4 | 8.0 |
| Entertainment | 4 | 8.0 |
| Role Play | 2 | 4.0 |
| Total | 50 | 100 |

Source: Field Survey, 2013

The above table 5.13 shows that from the majority of respondents 18.0 percent were preferred meditation/yoga and encounter session i.e., addicts are given small paper to write about their feelings and those who did the mistakes, they give blasting for their mistakes by their friends, torture to them not to make mistakes again. After that 14.0 percent, 12.0 percent and 10.0 percent respondents preferred family meeting, counselling and P.T. /exercise respectively. Out of total, 8.0 percent respondents were preferred open sharing, relapse prevention class and entertainment. The left 4 percent respondent preferred role play i.e., they are given lesson about how to adjust or cope in the family and society after the treatment. Therefore, most of the respondents preferred the meditation and encounter part of the programme.

5.2.5 Attitudes of Respondents towards Treatment System

RFCN has conducting different kinds of treatment system to their patients. In the field observation researcher found broadly two types of treatments system in the center. Firstly, the addicts were provided physical treatment for improved their health like in order to provide relief from the pain the drug addicts are given cold turkey system such as glucose water, lime water and cold bath in cold water. If they are in severe condition then there is medical help from the doctors for 24 hours. Addicts are made to do meditations on *Yoga* for their physical and mental balance. They are provided with nutritious food. They are also made to play games like running shield football, table tennis, basketball for their physical health. They are made to do physical exercise. Secondly, socially and psychological treatments were conducted to them i.e., to bring emotional change in the addict, to make them co-operative with family and society and to make them social and self-dependent.

To understand the perception towards the treatment in the center, researcher asked a question whether they satisfy or not. It was found that majority of the respondents were satisfied with the treatment system of RFCN. The indicators of satisfaction are good treatment system, all programmes help in recovery life, awareness of drugs, realizing mistakes, encouragement and self help programmes, positive attitudes. The respondents, who were satisfied with the treatment system, would change their behaviour and convert into normal life.

During the course of the study, researcher also discussed with the ex-drug addict who received the treatment from the center. However, researcher found the diverse despondences regarding the treatment of the center. Majority of the respondents had been feeling that treatment helped to remove the habits of addiction. Here researcher present the attitude of ex-drug addict regarding the treatment system of RFCN.

Similarly some of the respondent informed me that the program was successful to remove and change habit and behaviour of the drug addicts by the center and some of the respondent informed me that the program was not successful to provide well treatment to the patients.

Positive thinking of addict about the treatment helps them to change their behaviour or to reduce drug dependency. It is important to study the opinion of addicts towards the reason for the failure of treatment. Some of the respondent informed me that low self confidence to the drug addicts. Similarly, some of the respondent informed researcher that ineffective treatment system carried out by the center was responsible for the failure of treatment. Therefore, the treatment system of the organization was not only an effective means to the change in the behaviour of the drug addict but their self-confidence, self-esteem, and positive thinking were also important and indispensable for the success and failure of the program.

5.2.6 Future Plan/Outlook of Respondents

As a conscious being, human beings have made certain plan for his/her future. In the field observation, the recovering addicts had their own plan. However, there was not a homogenous future plan of the drug addicts who were living in the center. However, all of the respondents informed me that recovery or free from addiction and enjoy normal and healthy life were the main plan of their future. The table 5.14 shows the future expectation of respondents who were living at RFCN.

Table 5.14: Future Plan/Outlook of Respondents

| Plan | Total Nos. of Respondent | Percentage |
|----------------------------------|---------------------------------|-------------------|
| To Recover and Start Normal Life | 10 | 20.0 |
| Continue Further Studies | 8 | 16.0 |
| Involve in Social Work | 8 | 16.0 |
| Not Yet Thought about It | 7 | 14.0 |
| Engage in Own Business | 6 | 12.0 |
| Help to Family | 3 | 6.0 |
| Plan to Go Abroad | 3 | 6.0 |
| Pilot | 2 | 4.0 |
| Doctor | 2 | 4.0 |
| Computer Engineer | 1 | 2.0 |
| Total | 50 | 100.0 |

Source: Field Survey, 2013

The table displays that 20.0 percent respondents planned to recover and start new life. Then 16.0 percent of total respondents planned to continue their further studies and involve in social works. Similarly, 14.0 percent respondents had no clear future plan and 12.0 percent respondents wanted to engage in their own business. After that 6.0 percent of them wanted to help their family in different tasks and planned to go abroad, 4.0 percent respondents wanted to be a doctor and pilot. And the left 2.0 percent respondents wanted to become a computer engineer.

5.3 Relationship with Family, Friends and Society before Using Drug

It is said that supernatural beings or beast can live alone but human beings cannot. As a social being, therefore, relationship is the most important aspect to live in the society for human beings. Society itself is a web of relationship in which we can find so many social relations. Social relation means conscious relationship between the actors. To be a member of family as well as society, drug addicts have had social relation with their family members as well as other members of society like kins, peer group, neighbour and so on. In the course of study, the respondents informed that they had good relation with family members, kins, friends and neighbours before using drug. The good relation denotes to behave in good manner like to speak where they met, speak well, caring, respect, trust, invite to feast and festival and social activities. However, such relation was broken down after using the drug.

5.3.1 Relation with Family Members after Using Drug

Family is the simplest unit of society in which we can find so many relations such as relation between husband-wife, father-son, mother-son, father-daughter, mother-daughter, grand parents-grand children. Similarly, the relation between members of the family is not the same. Sometime there is communal, trustable and harmonious relationship between its members. On the other hand, such relationship may be broken down and establish conflicting and discordant relationship among the members of the family. The anti-social behaviour like drug use or addict broken down the communal, trustable and harmonious relationship among the members of the family. In the case of the RFCN, the respondent informed me that they had good relationship with their member before using the drug.

As mentioned above, relationship is the most important aspect for the social human being to live in society. All the respondents had experienced that their relationship with family, friends and society was not good after using drug like total breakdown in family relationship, lack of communication, lack of care and warmth from family members, behaviour problems, no participation in family, friends and community works, totally isolated, lack of respect and trust.

5.3.2 Relations with Family Members After Treatment

It is said that if the family be healthy then only they could help drug addict to make healthy. For that, researcher asked with some respondents about the relations with family member after treatment. They said their family knew about the substance dependency which is a kind of disease and cannot be totally recovered easily. They had always been ready to help them and solve the upcoming problems. They have been getting time to time information and counselling about the treatment system and the problem may face in the recovery period like craving, irritating, tension, loneliness, not involve with family members and participation in social activities and moreover doubtful and afraidness within them. Parents also took them for counselling for their recovery.

There may be possibilities of relapse of drug users so this environment and conditions have been known by their parents. Their family didn't give them their family responsibility because they gave them some more time to recover totally. They didn't blame them for their past mistakes and get them harassment. They allowed and encouraged them to do their household works which they wanted to do to bring positive change on them and do not let them feel guilty and shame. Their family members listened their every problems or matters. They let them to

go roaming around, N.A./A.A. meetings so that not to feel them alone. Their family knew about their every problems and helped and support them in their every need and gave more love and co-operation for their positive change so that they wouldn't repeat their mistakes again and recover soon and live a normal life.

5.3.3 Expectation from Family for Adjustment

Family plays a vital role for adjustment of drug addicts. The good behaviour and positive thinking of family members towards the addicts play vital role in the adjustment in the center, family and society. The key informant informed that members of society including family had humiliate and bad treat to the drug addict after recovering from the center. It made difficult to them to readjust in their family as well as society as a result they again to use drug. In the course of study, researcher found different kinds of expectation and behaviour from the family by the drug addicts. After the treatment to readjust in different society and family, the addicts expect different sorts of behaviour from their family which is shown in the table 5.15.

Table 5.15: Expectation from Family for Adjustment of Respondents

| Expectation of Respondent | Total Nos. of Respondent | Percentage |
|----------------------------------|---------------------------------|-------------------|
| Giving freedom | 5 | 10.0 |
| More love and cooperation | 23 | 46.0 |
| Excusing past mistakes | 22 | 44.0 |
| Total | 50 | 100.0 |

Source: Field Survey, 2013

The table 5.15 indicates that most of the respondents expected more love and co-operation (46.0%) from their family for their readjustment in the family and society. Similarly, 44.0 percent respondents thought that the excuse of past mistakes may help for re-adjustment. Only the minority of the respondents wanted freedom (10.0%) for readjust in society.

5.3.4 Relation with Staff and Peers in the Center

To be social organization, there was a kinds of social relationship among the members like staffs and peers in RFCN. As a sociological study, researcher tried to find out the relation between staffs and patients and within the peer groups in the organization.

Among the total respondents, 80.0 percent respondents told that they had got good co-operation from the staff of Richmond. They care and help them in their need. They thought they were feeling comfortable with the peers in the center because they all are addicts, they shared their feelings, co-operative and helpful with each other, living together, helps in recovery and helps to change their negative feelings and attitude from the staff and some of them didn't feel comfortable with the peers in the center. They wanted to stay alone and not to expose themselves towards their friends and staffs.

CHAPTER - VI

SUMMARY AND CONCLUSIONS

In this chapter, the summary of the finding generated from the data analysis and interpretation has included. The findings regarding the drug addicts and role of the rehabilitation centre of respondent by their characteristics of the selected 50 drug and alcoholist addicts.

6.1 Summary

This study is mainly concerned with the drug addicts and the role of rehabilitation center at Richmond Fellowship Centre Nepal (RFCN), Chobhar Gate, Kirtipur-13 in Kathmandu district. However, the main objectives of this study is to find out the existing socio-economic and demographic characteristics of drug addicts in the center, identify the attitude and behaviour of drug addicts and using causes of drugs, and identify the role of rehabilitation center to reduce the use of drug among the drug addicts living at RFCN in Kirtipur, Kathmandu. For this study, census method was applied for the selection of all the 50 residential addict respondents who are living for treatment at RFCN and they were interviewed by questionnaire schedule.

The data shows that the youth (age of 20-24) forms the largest number of addicts. All the addicts are male. The majority of drug addicts 30.0% were from Brahman community, 28.0% from Chhetri and 18.0% from Gurung and rests 18.0% were from Newar, Magar and Lama and Limbu. The larger numbers of respondent (70.0%) were from the Hindu religion, 28.0% from Buddhist religion and 2.0% from Christian religion.

Majority of respondents (64.0%) were unmarried and remaining 34.0% were married and only 2.0% were divorced. It was disclosed that all the respondents were literate, 71.0% had attained college level and 29.0% had done secondary level. It was revealed that higher numbers of respondents (44.0%) were student, 12.0% business, 18.0% service and 26.0% were unemployed. There was little difference between single (52.0%) type of family and joint family (48.0%) respectively.

Most of the fathers (66.0%) were literate and 34.0% were illiterate. The majority of mothers (54.0%) were illiterate and remaining (46.0%) were literate. 32.0% of fathers' occupation was business, 18.0% in British/Indian army, 18.0% in governmental services, 14.0% in agriculture and 18.0% from others. The majority of the mothers of respondents (80.0%) were found housewives and rest (14.0%) in business and 6.0% in service.

Out of total respondents 42.0% had started drug due to curiosity of testing, 38.0% for enjoying, 10.0% by peer pressure and 10.0% for removing tension. It was found that the majority of respondents (44.0%) have been taking drug for 2-5 years period then 40.0% for less than 1 years, 10.0% for 6 to 9 years and 6.0% for more than 10 years period.

The larger number of the respondents (48.0%) started drug use at the age group of 15-20 years. Most of the respondents (82.0%) have been accompanied by their friends at the first time of drug use, 16.0% by own-self and 2.0% accompanied by their cousin. "Ganja" was preferred by 58.0% of the respondents for the first time

used, 10.0% used Brown Sugar, 8.0% Nitrazepam, 4.0% Tedigesic and 20.0% drug used by others.

Out of total 44.0% were managed money for drug from home and friends, 30.0% by stealing or robbery, 18.0% by self income and 8.0% by all of the above. Likewise, 40.0% have been using drug through oral route, 8.0% sniffing, 12.0% smoking, 12.0% injection and 28.0% by all of the above.

Among the IDUs, 28.0% respondents always use new syringe. Among the respondents who don't use new syringe, most of them (81.8%) reuse own syringe after washing with water, 9.0% of the respondents who reuse own syringe without washing and also sharing syringe with friends. Out of total respondents (40.0%) feel pleasure after taking drug and 10.0% were felt of superior, 20.0% for forgetting mental tension and 30.0% by all of the above.

It was found that 46.0% respondents were staying more than 2 months, 28.0% were staying 31-60 days and 26.0% were staying 15-30 days. 54.0% were coming to the center by their family forces and 40.0% by self awareness and 6.0% were influenced due to their own friends. Most of the respondents (60.0%) were satisfied with the treatments providing in the center and 80.0% of respondents were getting good co-operation from the RFCN staff and 46.0% respondents expected more love and co-operation from their family. Out of total respondents 66.0% expected more helping programs from the center, 20.0% expected more sympathy and co-operation, 8.0% expected more tight program and 6.0% expected freedom.

Out of total future plan/outlook of respondents 20.0% respondents want to recover and start normal life, 16.0% want to continue further studies and involve in social

work, 14.0% didn't yet thought about it, 12.0% engage in own business, 6.0% of them want to help family and plan to go abroad.

The higher number of the respondents (80.0%) had thought about going for treatment. The majority of the respondents (60.0%) knew somebody who got treatment. Among them larger number of respondents (80.0%) think that the treatment was successful. All member of the family knew about their addiction.

It was found that 80.0% of respondents can avoid the habit of drug addiction if they get favourable conditions. It was found that (60.0%) of respondents claimed that low self confidence was the main reason for failure of treatment. 40.0% of the respondents thought that own bedroom and school/college was the safer and suitable place for taking drug. The larger number of respondents (60.0%) expected treatment from the outreach program for reducing their drug dependency behaviour.

6.2 Conclusions

On the basis of findings of this study, the researcher reach in this conclusion i.e., drug addict is multi-dimentional phenomena. That means, there is no single cause behind to use drug among the people in Nepali society. For instance, the findings of the study shows that curiosity, enjoying, peer pressure, removing tension are the major causes behind to use drug among the drug addicts living at RFCN.

Drug addict is an anti-social behaviour which is not accepted by society. The use of drug among the people also bring change in social relation in socity. For example, it creates family tension, economic burden, social burden, social

disparity, isolation as well as bad social relationship and finally break-up the family relation after using the drug among the people.

The role of the NGOs especially RFCN enhance to increase the self confidence among the drug addicts and enable them to dislike drugs, to create public awareness in the society through various programmes showing the ill-effects of the drugs. It helps to decrease the criminal activities caused by drug addiction, to decrease the consumption of the drugs by the users and also to control the import and export of drugs. It gives treatment to the drug addicts and rehabilitates them in the family and society, to initiate them in income generating programmes and make them independent. It also creates awareness about the diseases caused by the use of drugs and to save them from early death.

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ANNEX-I
INTERVIEW SCHEDULE

**“Drug Addicts and The Role of Rehabilitation Center: A Case Study on RFCN, Chobhar
Gate Kirtipur-14, Kathmandu”**

This questionnaire is made for the academic research. The information provided by you will be kept confidential and will be used only for research purpose. Thank you for your co-operation.

Direction: Please, read the following questions carefully and answer in the question.

Socio-demographic characteristics (Personal Information):

1, Name:

Caste/ethnicity: Age: Sex:

2, Marital Status:

a) Single b) Married c) Separated/Divorced

3, Religion:

4, Educational Status:

a) Literate b) Illiterate

If Literate,

a) Primary level (upto class 5) b) Secondary level (upto class 10)

c) College level (above S.L.C.)

5, Types of Family:

a) Single b) Joint

6, What is the educational status of your parents?

Father.....

Mother.....

7, What is your major occupation?

- a) Student b) Service c) Business
- c) No occupation

8, What is your father's occupation?

- a) Government service b) Business
- c) British/Indian Army d) Agriculture
- e) Others

9, What is your mother's occupation?

- a) Services b) Business
- c) House-wife d) Agriculture e) Other.....

Drug use related behaviour:

1, What is the reason for taking drug for the first time?

- a) Due to curiosity b) For enjoying
- c) By peer pressure d) For removing tension
- e) Others (mention).....

2, For how long have you been taking drug?

.....

3, Who accompanied you while you take drug first?

.....

4, What kind of drug did you take for the first time?

- a) Tedigesic b) Ganja c) Brown sugar
- d) Nitrazepam f) Others.....

5, At what age, did you start taking drug?

- a) Below 15 years b) 15-20 years c) Above 20 years

6, How did you manage money for drug?

.....

7, How do you administer drug?

- a) Oral b) Sniffing c) Smoking d) Injection e) All of the above

If you inject, do you always use new syringe every time?

.....

If you don't use new syringe, then

- a) Re-use own syringe after washing b) Re-use syringe without washing
- c) Share syringe with friends d) Others.....

8, What did you feel after the use of drug?

- a) Pleasure b) Forgetting mental tension
- c) Feeling of superior d) All of the above

Residential User and Rehabilitation Centre

1, When you come here?

.....Months

2, What circumstances have influenced you to come here?

- a) Self-awareness b) Family forces
- c) Peer influence d) Others

3, Are you believing that treatment can work?

.....

Why?

4, Have you got any changes in your life after coming here?

.....

If yes, how did you feel after coming here for treatment?

- a) Pleasure
- b) Painful feelings
- c) As I have got new life
- d) other.....

5, What kind of treatment does it provide you?

.....

Are you satisfied with the treatment providing in the center?

.....

6, Did you get good co-operation from the staffs of RFCN?

.....

If No, why?

7, What sort of behaviour do you expect from your family for your adjustment?

- a) Giving freedom
- b) More love and co-operation
- c) By excusing past mistakes
- d) other

8, What do you expect from this center?

- a) More sympathy and co-operation
- b) More tight
- c) Freedom
- d) more helping related programmes
- e) Others.....

9, What is your most favourable programs of RFCN?

.....

10, What you suggests for your addicts friends?

- a) Coming for treatment
- b) Not leave drug
- c) Leave drug
- d) Others

11, What is your future plan/outlook?

.....

12, Do you want to involve in anti-drug programs?

.....

If, yes/no why?

Annex – II

Checklists for Staffs:

1. What is the cause of becoming drug addicts?
.....
2. How is their relation with family?
.....
3. How is the drug users behaviour?
.....
4. What are the types of drugs they use?
.....
5. What are the activities of the organization?
.....
6. What types of training your organization provide to the addicts?
.....