CHAPTER-ONE
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.

Some countries also define what a drug is by law. In United States, the Federal Food, Drug, and Cosmetic Act defines a drug as being an article "intended for use in the diagnosis cure, mitigation, treatment, or prevention of disease in man or other animals" or an article "(other than food) intended to affect the structure or any function of the body of man or other animals."

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 behavior towards the

drugs and has difficulty quitting it. For example, when a person with advanced cancer becomes dependent on an opioid drug, his behavior 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 behavior is considered as an addiction.

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 is mainly concerned with the causes of drug abuse and the role of rehabilitation center at Aasara Sudhar Kendra, Ranibari. 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

Drug abuse is one of the burning and rapidly increasing problems of the world, not exception in Nepal. Especially the youths are the victims of this problem. There are various responsible factors, which lead individual to drug abuse. It created the major critical problem in the society. It has disrupted social order and encouraged violence, crime and corruption to the extent that the very integration of a nation has been jeopardized. It is a social cancer that penetrates into the society and diffuses slow poison to its members.

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 needless 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 (24 June 2004, Kathmandu, Post daily, cited in Lamichhane, 2004).

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?

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 considers as public health problem by many scholars (Lamichhane, 2004). 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 Dhurkheim says (Ritzer, 2000). After begining 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.

Drug using is the multi-dimensional phenomena. That means, there are many reasons which compel an individual or group to use drug. Some scholars argued that unemployment is a vital cause for using drug (Limbu, 2002). This is not sufficient cause for using drug in urban area. Therefore, this issue is essential for study. For example; curiosity, family problem, frustration, peer pressure, entertainment, financial problem, failure in love affair and search for identity etc. may be the causes of drug use among the youth of urban area. A study on 'Drug Abuse Relapse and Treatment in Kathmandu' reveals that majority i.e., 74% of users first took drugs between the age groups of 15-20 years. The causes of their first intake of drug are curiosity i.e. 40%, family problems 20%, peer pressure i.e. 14% and remaining are for entertainment was 9%, financial problem was 7%, failure in love affair was 6% and search for identity was 4% (Date of publication is not available).

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 (UN Division of Narcotic Drugs, 1979). 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 is focused on the treatment and rehabilitation process in the study area.

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-demographic characteristics (i.e., age, sex, caste/ethnic group, marital status, educational status, religion, occupation) of drug abusers?
- What is the cause of use of drugs by druggist?
- What is their relation with family, friends and society before using drug?
- Is their any change in their relation with family, friends and society after 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 cause of drug abuse and the role of rehabilitation center to reduce drug addiction in Kathmandu district. The specific objectives of the study are as follows:

(i) To find out the existing socio-demographic characteristics of drug abusers in Aasara center,

(ii) To find out the causes of using drugs,

(iii) To identify the attitude and behaviour of people (family members and society) with drug abusers.

(iv) To identify the role of rehabilitation center for curing drug abusers.

1.4 Significance of the Study

This is a sociological study on 'causes of drug abuse and role of rehabilitation center'. Therefore, it is conceptually and methodologically important in sociological study. This study 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 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.

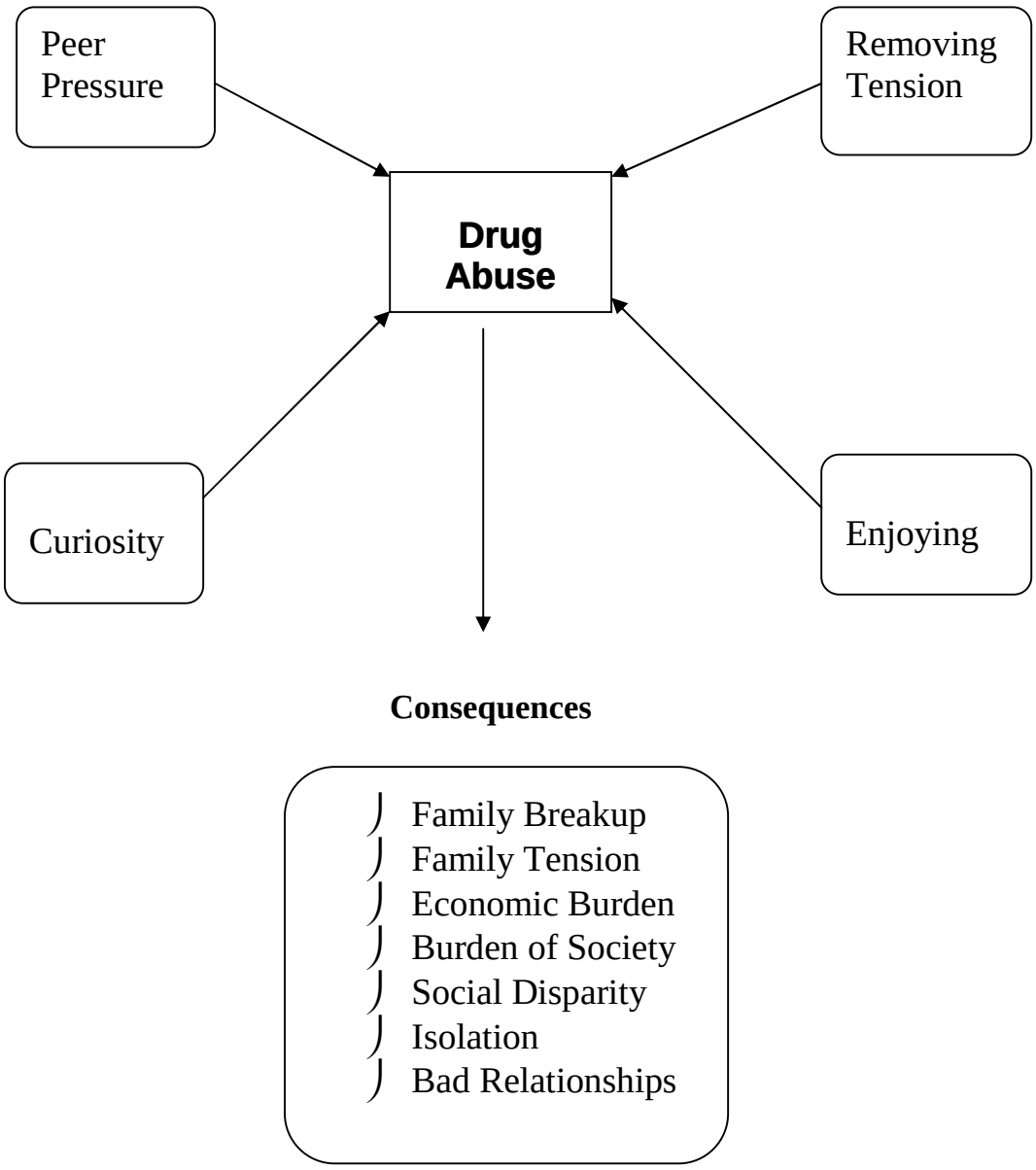
In this study, the researcher found the empirical reality about the drug addicts living in the Kathmandu Valley. In this sense, I hope that the research will be helpful to the related agencies or organizations who are working in this field for formulating programmes related to drug abuse. This study will give guideline for the health planners, policy makers, health workers and related NGOs and INGOs.

1.5 Conceptual Framework

In this research, I have developed a conceptual model to make the argument more and clearer. The model no. 1 shows the cause of drug use among the drug users in the study area.

Conceptual Model: 1

Showing the Cause of drug use among the drug users in the study area



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 Definition of the Important Terms Used

i. **Drug:** Any substance that, when taken into the living organism, may modify one or more of its functions. (WHO).

ii. **Drug Abuse:** It is defined as self-administration of drug for non-medical reasons, in quantities and frequencies which may impair an individual's ability to function effectively, and which may result in social, physical, or emotional harm. (Park, K. 17th edition)

iii. **Drug Dependency:** It is described as a state psychic and sometimes also physical, resulting from the interact between living organism and drug, characterized by behaviour and other response that always include a compulsion to take the drug on a continuous or periodic basis. Dependency may be psychological or may be physiological.

iv. **Drug Addiction:** Drug addiction is the state of periodic or chronic intoxication produced by repeated consumption of drug, natural or synthetic.

v. **Rehabilitation:** It is a process of treatment consists of different activities to promote the physical, social and mental health of the addicts. It helps to create the favourable situation for the adjusting clients to home and community.

vi. **Detoxification:** It is a part of treatment, which provides withdrawal of physical dependency from addictive drugs.

vii. **Outreach Programme:** The programme in which services are provided to target grout and area, e.g. Syringe exchange programme.

viii. **Outreash Service Holders:** They are the groups who get services as outreach in their own access. They are provided syringe/needle, sterile water, bleach, condom etc by the service provider team for the purposing harm reduction.

ix. **Shoot/Fix:** To inject drug like tedigesic and Brown Sugar.

x. **Trip/Euphoric:** experiences of high resulting from drug use or high satisfaction.

1.7 Organization of the Study

This thesis has divided into six chapters. The first chapter of the thesis deals about the background of the study, statement of the problem, objectives of the study, significance of the study and definition of the important terms used.

The 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.

The third chapter follows the research methodology. The selection of research area, research design, sampling design, nature and sources of data collection, data collection tools and techniques (i.e., questionnaire, interview, field visit and observation), ethical consideration, data gathering procedures, data processing and analysis and limitation of the study are included in this chapter.

The fourth chapter deals about the setting and socio-cultural features of drug addicts; background of Aasara Sudhar Kendra, the main objectives of Aasara, different types of treatment system for giving new life to drug addicts (i.e., physical treatment for health, To bring emotional change in the addicts, to make them co-operative with family and society and to make them social and self-dependent), main programmes and Activities of Aasara Sudhar Kendra (i.e., counselling and treatment, vocational training and community education), orgational structures of Aasara Sudhar Kendra.

The fifth chapter deals about analysis and interpretation of data such as; socio-demographic characteristics of the residential and discharged ex-drug addicts, responses of both residential and discharged ex-drug addicts towards use related behaviour, responses of residential addicts, responses of discharged ex-drug addicts etc.

The sixth chapter deals about the summary, findings, conclusions of the research and recommendations.

CHAPTER-TWO
LITERATURE REVIEW

The chapter analyzes the pertinent literatures related to the thesis. It gives general guidelines to the researcher and make 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 BC. 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 BC. At that time King Hammurabi of Babylon tried to regulate drinking houses in Babylon (Gosden, 1987).

Archaeological evidence indicates that cannabis cultivation dated back to 6000 BC (Gossp 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 (ibid). He further stated that by the end of the 19th century, *Ganja* became the drug in many countries of the world.

Society's ambivalence towards psychoactive substances in epitomized by the ancient Greek word *Pharmakon* signifying both medicine and poision-

the means both of saving and of taking life (World Drug Report, 1997). For eighty years following the Victory of Cleve of India against the French at Plessey in 1757, the British East India Company had a monopoly on the opium trade from Bengal to China. 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).

In 18th and 19th century, opium smoking was spread as an epidemic in China which firstly drew world attention to the devastating effects that drug use can have upon society. In 1839, 40,000 chests of opium were sent to China, but Chinese emperor tried to stop the trade in Canton by arresting opium sellers and sending back ships which was carrying the opium. At that time, the British sent an expeditionary force to punish the Chinese and restored free trade of opium at China. This action led to the war which was known as First Opium War (1839-1842) in history and the Second Opium War had taken place in 1856. China lost the wars. As a result, the British government subsequently forced to legalize the opium trade under the treaty of Tientsin in 1858. Today main land China is virtually drugs free (ibid).

The opium was cultivated and used world wide in 1000 AD. 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 and Bullough, 1990).

Before invention and dissemination of syringe in the late 19th Century, opium was smoked, eaten, or drunk as a liquid suspension. Opium itself is not an ideal agent for injection, being too dense and tarry for human veins. In 1930, however, this problem was solved by a German chemist working for the Bayer Pharmaceutical firm (the makers of the popular aspirin) (ibid).

Heroin was made by chemist with adding fat soluble methyl groups. It entered the brain much more quickly and efficiently than opium and more potent and fast acting painkiller. However, the new compound is intensively addicting, particularly when injected. Though between the period of 1930s and 1940s, heroin came out from the hospital and reached to the streets (ibid).

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 said that that *Ganja*, *Bhang*, *Dhaturo* were introduced nearly 5000 years ago (1989). 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 (ibid.).

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.

Among the drugs, injecting drug is very dangerous and harmful than sniffing or smoking. It has reported that large numbers of injecting drug users (IDUs) have found to have Acquired Immune Deficiency Syndrome (AIDS). There are many HIV infected persons in Nepal, which is transmitted through contaminated needle sharing among IDUs (ibid.).

Drug trafficking is banned all over the world. Thereafter the cost of transportation of drug became more and more risk. Because drug trafficking is an illegal things. 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 and order problem and corruption. One of the interesting sidelights is the modus operandi of transport of these drugs (Goyal, 1981).

The third set is that human desires are always unfullfilled so every individual wants to continue to aspire high goals exceeding possibilities of being fulfilled. They take up innovative adoption by fulfilling their success goal by any new means i.e; legitimate or illegitimate. As the society cannot meet their aspirations and “innovative” adoption has failed, those taking retreats adoption are frustrated. They used to take up escape route and withdraw conventional social relationship. This case includes alcoholism drug addiction and psychotic withdraw. The fifth type of adoption “rebellion” results

from moral deprivation, grave exploitation and gross injustices (Shrestha, 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 addicts increase. He further summarizes that 75.4 percent of addicts are dropouts from high and lower schools. But, high percentages of continuing college students (62.5%) are drug addicts.

According to World Report of Drug Abuse (2001) approximately 180 million people of the world have been worldwide consuming drugs in the late 1990s which was the 4.2% of the total population of the world. Similarly, by the end of the 2002, over 6.5 million people have been injecting drug users in Asia and the Pacific region. Similarly Life Saving and Life Giving Society reported that more than 60,000 drug users in Nepal. Among them, 30,000 were in Kathmandu valley itself, out of these 15,000 were IDUs and 40% of these IDUs are today already infected by HIV/AIDS (Kathmandu Post , 12th Oct 2001, cited in Lamichhane, 2004).

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 (UNODCCP, 2003).

2.3 Reasons of Drug Addiction

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 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 (1981). He further said that use of drug leads to economic burden, poverty, disintegration the household, relation within family members, social relation, social tragedy, inadequate parental care to children and finally death of drug addict (ibid.)

I have already mentioned that there are several reasons that Nepalese youth have been attracted towards drug abuse. Some want to be 'hero' before their friends. Some have a lot of money without any occupation and negligible opportunities for recreation. Similarly some poor people become the victim of drug addiction due to tension produced by their poverty. They have nothing to do and nowhere to go, and don't integrated within the structure of the society. Consequently, they began to use drug and became chain drug users at last (Gaffney, 1988). It is also caused by the agreed and selfishness of those who want easy money earned to involve people and even by destroying follow human beings in drug addiction. (Gaffney, 1988).

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, 1988). Similarly Shayka (1988) pointed out that some youth in Nepal have been using drugs to escape from family and society's responsibilities (cited in Lamichhane, 2004). Thronn (1985) pointed out 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. He further said that some of the people used drug to increased energy and confidence (ibid.). in some case the restriction of the parent also compelled to children especially youth population to use drug (Bhalla, 1984, cited in Lamichhane, 2004).

2.4 Socio-cultural and Economic Impacts of Drug Addiction

Drug addiction is not an individual behaviour. It directly and indirectly creates social-cultural as well as economic impacts in families and society as a whole. Drug addict becomes isolate from the rest of society and creates a world of his own and mangles with co-addicts only. The addicts become non-communicative, irresponsible and become burden in the society. In economic aspect drug addiction affect the entire economic life of the country (Goyal 1981).

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 (ibid.). 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 campared 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.

Similarly, Subba, also carried out the study at Nava Jeevan Ashram- a drug rehabilitation center, in the Lalitpur on drug addicts in 1988. Out of total admitted clients at center 30% were started taking drugs before the age of 30 and (30-40)% of them were 'chasing the high' at the age of 14 to 20. He stated that teenagers were the most vulnerable groups of drug addiction.

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 needless 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 (24 June 2004, Kathmandu Post daily, cited in Lamichhane, 2004).

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 (ibid.).

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 the field of drug addicts some of the scholars carried out the study on the preventive method of drug addicts. Nepal (2052) on her study concluded that 96% of the Headmasters and all the experts were unanimous with regard to the need for the inclusion of drug education in secondary school curriculum. It was found that integrated type of curriculum was preferred the most by both headmasters and experts. All headmasters and experts were of the opinion that the content of the drug education would have positive impact in creating social awareness against drug abuse.

In the study, he found that Higher incidence of drug addiction 48 % found at the age of 15 years and males were more prone to drug addiction 76% than females 24%. The reason for taking drugs were due to curiosity and inquisitiveness. Only 20 percent addicted children were treated and remaining 80% were not treated (Sinha, 1988).

2.5 Role of NGOs / GOs

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)

Gettigan (1989) listed 14 centers or groups who provide some kind of treatment services to the patients of drug and alcohol addiction. The study also gives brief overviews of organization, such as DAPAN, NEADAP, SAV, UMN, Freedom center, engaged in the treatment of drug dependence in the country. The recovery options outside the valley, according to the report include medical doctors, health workers and local healers like *Jhankri and Lamas*.

In Nepal, some I/NGOs were working in the field drug control. Networking and information exchange. They were seems as supplementary to the government organizations in the field of addressing the drug abuse problem. Pokharel (1999) listed 372 NGOs which were working in the field of drug addiction until 1991. The number however increased extensively during last eight years. There are 9500 local NGOs & 94 INGOs affiliated with the social welfare councils (SWC). Among them there are quite a few NGOs involved directly into drug related programmes in Nepal. Those I/NGOs were mainly concentrated to enhance awareness against drug abuse. Pokharel further said that I/NGOs were involving into the four aspects i.e. control in consumption, production of drug, trafficking of drug and rehabilitation to the drug addicts to recover them.

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 show 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-THREE
RESEARCH METHODOLOGY

3.1 Selection of Research Area

The study was carried out at Aasara Sudhar Kendra (ASK) in Kathmandu district which was established in 2054 B.S. with the motive of treatment and rehabilitation for the drug users. The site was suitable for the study for two reasons. Firstly, ASK was appropriate for the researcher to find out the socio-demographic characteristics of the drug abuser and causes of using drug among them due to the living in that place for treatment.

Secondly, the researcher was interested to find out the relationship between the drug abusers 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 abusers and family and society. Moreover, this study also seeks the peoples' attitude and behaviour towards the drug abusers. In this sense, the place was suitable for the researcher to identify this objective.

The last objective of this study was to find out the role of rehabilitation center for curing the drug users by different methods. The rehabilitation centers provide opportunities to drug abusers by encouraging self-esteem, by developing communication between parents and children, by providing public awareness etc. So the rehabilitation centers play an important role for controlling the drug abuse problem.

3.2 Research Design

This study used both descriptive and exploratory research design. As a descriptive research, it attempted to describe the socio-cultural conditions of the drug abusers, attitudes of people towards the drugs users, role of

rehabilitation center for curing the drug abusers. As an exploratory research design, the study 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, Aasara Sudhar Kendra was selected for study purposively because it was established in 2054 B.S. with the objectives of providing rehabilitation and curing of drug addicts. All drug abusers, living at Aasara Sudhar Kendra, were the universe of the study. During the study period, there were 75 residential abusers. Out of them, 60% i.e. 45 respondents were taken as the sample for detail study who were admitted more than 15 days. The researcher was also taken 5 respondents from discharged ex-addicts as a sample. The ex- abusers were selected through snowbell sampling technique.

3.4 Nature and Sources of Data Collection

Both primary and secondary data was used for this study. Primary data was collected from the study area by using questionnaire, observation and interview with the respondents. The questionnaire was prepared to cover both types of respondents; residential and discharged ex-drug abusers because it was impossible for the researcher to contact with all respondents directly.

The reports of Aasara were used as secondary data to fulfill the objectives of the study. 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

The research was developed and used different sociological tools and techniques such as questionnaire, interview and observation for collection the data from the field which are described as follows:

3.5.1 Questionnaire

Structured questionnaire was prepared to cover the realistic and accurate data from both type of respondents i.e., residential and discharged ex- abusers. It was used to collect the information like: socio-demographic characteristics (sex, age, caste/ethnic composition, marital status, occupation etc) of drug abusers, drug used behaviour, causes of drug abuse, relation with their family members, staffs of ASK, treatment system of ASK.

3.5.2 Interview

The primary data was collected from the informants using the semi or unstructured interview method. The interview was carried out in order to cross-check the data collected from questionnaire. Interview was taken with drug abusers as well as ex-drug abusers about cause, the relation with family and society and the role of rehabilitation center. Interview was taken with the staffs about the function, activities, behaviour of staffs with abusers, cause of using drug and relation with family, friends and society.

3.5.3 Field Visit and Observation

The study area was visited and observed to know about the behaviour of staffs with drug abusers and about their basic facilities available in the center.

3.5.4 Key Informant Interview

The researcher took interview with Aasara staffs and discharged ex-drug abusers as key informants. Interview was carried out with Aasara staffs about the cause of becoming drug abusers, drug users' behaviour, types of drug they use, activities of the organization and types of training they provide to the abusers. And interview with discharged ex-drug abusers about their treatment in the center, reason for failure of treatment, facilities they got from the service provider team, suitable place for taking drug, expectation from this programme, their relation with family, friends and society before and after using drug, treatment system of organization, behaviour of peer groups and staffs in the center.

3.6 Ethical Consideration

The area of research was sensitive and confidential. Therefore, researcher has convinced the Aasara family and clients that the information given by them was kept confidential and used only for research purpose, the anonymity of respondents were maintained by keeping their name secret.

3.7 Data Gathering Procedures

First of all, the researcher made the field work schedule. According to the schedule, the researcher visited the programme co-coordinator of Aasara with authorized letter from the Sociology/Anthropology Department. Then the objective of the study was discussed to the personnel and clients of Aasara. The clients were convinced about the information given by them would be kept confidential and used only for study purpose. Then the questionnaire was administered to the residential clients with the help of Aasara's staff. After completing the work in residential center, the researcher made a plan for visiting discharged ex-drug abusers. With the help of staff of Aasara, the

questionnaire was administered to the clients of discharged ex-drug abusers and also got opportunity to take interview with them. The data were collected within one month duration. I didn't face any problems during the time of data collection.

3.8 Data Processing and Analysis

After finishing the collection of data from field study, data was thoroughly re-checked and tabulated on different headings. The systematic analysis was done using quantitative as well as qualitative techniques. To analyze the quantitative data, simple statistical methods such as frequency count and percentage distribution was used. Then the data were analysed and interpreted with the help of table, charts, graphs and figures. The qualitative data were presented logical and rational manner.

3.9 Limitation of the Study

The study was an academic research. Therefore, it has no or little application to other field except academic. To be an initial writing effort of the researcher, this study may be theoretically and methodologically weak due to little knowledge on theory and methods. The major limitations of the study are as follows:

The study was limited to obtain the answers of the specific research questions like existing socio-demographic characteristics of drug abusers, causes of drug using, attitude and behaviour of family member and society with drug abusers. Therefore, this study did not cover the other variables that are related to drug abuse.

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This study was based on Aasara rehabilitation center particularly the role of the organization to change the behaviour of drug users. Therefore, the generalization is not exactly applicable for other centers and did not focus to other activities of the organization.

The respondents for the study included the residential abusers and discharged ex-drug abusers of Aasara only.

CHAPTER-FOUR

THE SETTINGS AND SOCIO-CULTURAL FEATURES OF DRUG ADDICTS

4.1 Background of 'Aasara Sudhar Kendra

Aasara Sudhar Kendra was established in June 15 June 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. Nepal Police Force caught 272 youths among them 111 youths were taking drugs. So, Nepal police opened "Drug Addicts Rehabilitation Centre" in 1997 June 15 with the motive of helping the drug addicts to get rid of their addiction, make them social and reliable citizen of the country.

In 1997 September 17, the Nepal Police Force (NPF) handed over the centre to Central Police Family of Women Organization (CPFWO) which has found to manage by it till the date of study. After handed over to the CPFWO, the name of the center is changed into Aasara Sudhar Kendra (ASK). In 1999 February 2, the organization was registered according to the Act 2034 in Kathmandu District Administration Office and Society Welfare Council.

4.2 The Main Objectives of Aasara

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

1. To increase the self confidence of the drug abusers and enable them to dislike drugs.
2. To create public awareness in the society through various programmes showing the ill-effects of the drugs.

3. 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.
4. To give treatment to the drug abusers and rehabilitate them in the family and society.
5. To initiate them in income generating programmes and make them independent.
6. To create awareness about the diseases caused by the use of drugs and to save them from early death.

4.3 Different Types of Treatment System for Giving New Life to the Drug Abusers

In the field observation, I have found various activities carried out by the organization to change the behaviour of drug addicts and providing them new life. The organization has classified their activities into four categories like physical treatment for health, to bring emotional change in the addicts, to make them co-operative with family and society and to make them social and self-dependent which are described in detail in sequential manner.

4.3.1 Physical Treatment for Health:

a. 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.

b. Addicts are made to do meditations on *Yoga* at 7 to 8 am for their physical and mental balance.

c. They are provided with nutritious food.

d. They are also made to play games like running shield football, table tennis, basketball for their physical health.

e. They are made to do physical exercise at 6:30 to 7:00 am.

4.3.2 To Bring Emotional Change in The Abusers:

In the study period, I found that most of the drug addicts are psychologically dependent on drug rather than physically. In order to remove their psychological dependency on drugs, emotional and behavioural changes are necesssary. Practical classes were taken for emotional changes like individual counseling, group counselling, eclecptic counseling/therapy, questionnaire, inventry writing, and role play. It is the most important aspect to bring change in drug addicts.

4.3.3 To Make Them Co-operative with Family and Society:

The respondent and the key informants informed me that the people who are involved in drugs their relationship with family also weakens. Even their relationship with the society is not good and they also loose their self-respect. One of the informant informed me that their involvement in the society or social activities also becomes less. Conserving those facts, ASK was organized different type of activities such as family counseling (i.e., background, economic condition, relations, reasons of becoming addict), interaction and meeting with family members and relatives on every Sunday, organize social programmes and participated of addicts in them.

It was also informed that drug addicts who have stayed more than 3 months in ASK, the center checked their relationship with family and society.

Their family members are called and rehabilitation center checks their condition and if they are stable they are sent home . The reason for checking them by the rehabilitation center is whether the respondent has recovered or not.

4.3.4 To Make Them Social and Self-dependent:

In the field study period, it was informed that drug addict were socially isolated form family and society which develop the feeling of loneliness among them. In order to reduce and remove the loneliness and make them social and self dependent, ASK has organized various activities such as work therapy (to give them lession on how to adjust in family and society), skill training or entrepreneurship training like candle making, noodle stick making and house wiring, group counseling, individual counseling in which situation and psychological counseling.

4.4 Main Programmes and Activities of ASK

ASK has introduced different programmes and activities to fulfill the objectives of the organization. In the field observation, I found three activities like counselling and treatment, vocational training and community education carried out by ASK which are described below in detail.

4.4.1 Counselling and Treatment:

The counseling and treatment through the rehabilitation facility was the core activity of ASK. There were 75 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.

4.4.2 Vocational Training:

In the field observation it was found that for economic and social rehabilitation of drug users, ASK has provided different vocational skill development training or entrepreneurship training from different market based institute and from own institute like candle making, noodle stick making and house wiring.

4.4.2 Community Education:

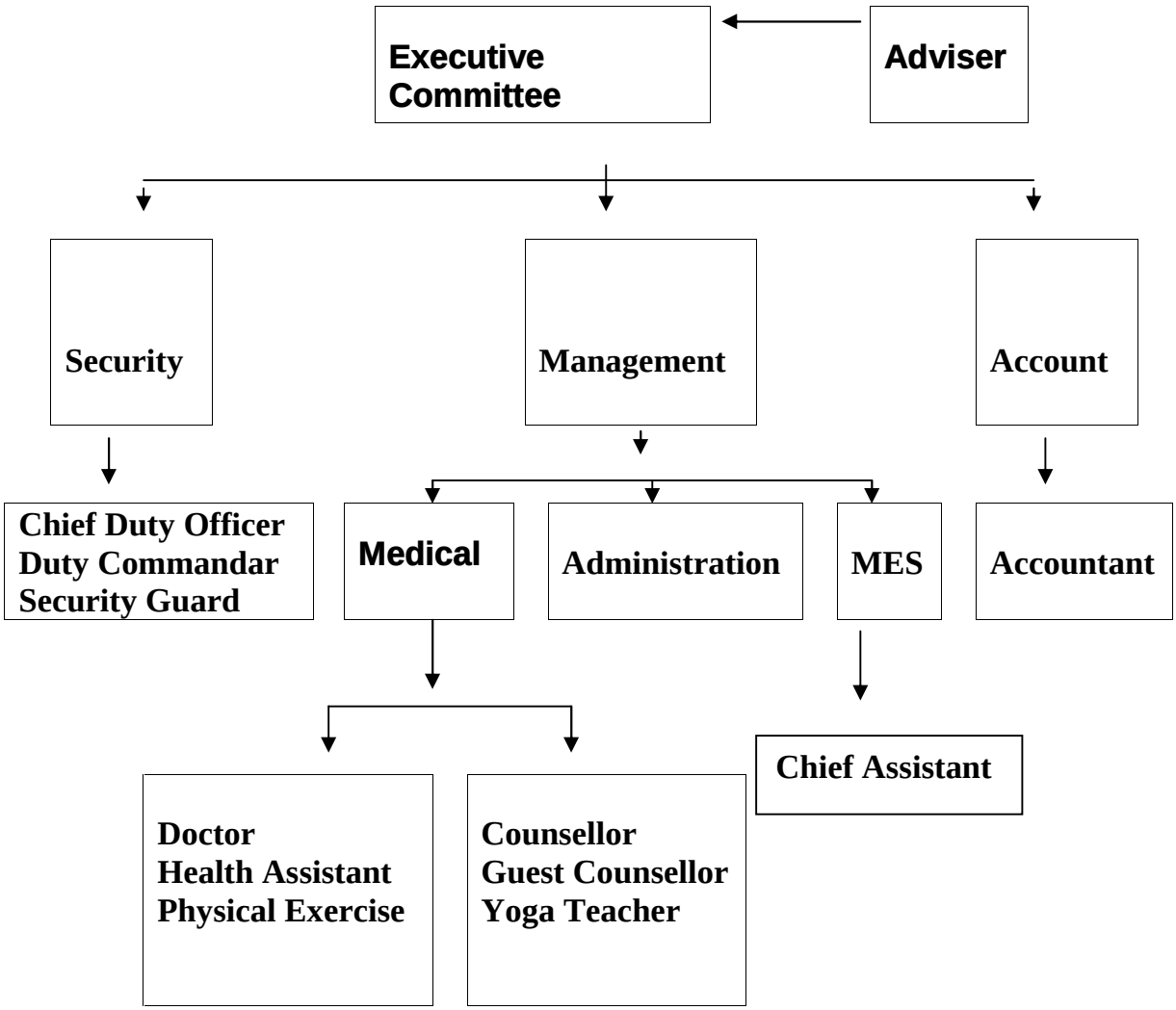
The staffs of the organization also informed me that ASK has been organizing community education programme with the aims of raising public awareness about the problem associated with drug and alcohol misuse and to prevent to spread of drug misuse and HIV/AIDS among young people. This kind of programs was conducted in school, ward committees, and youth groups.

4.5 Organizational Structure of Aasara Sudhar Kendra:

There was executive committee with advisory board. It was the main body of organization. The advisory board provided the necessary advice to the committee during the needy time. The executive committee had divided into three branches; security, management and account. There were chief duty officer, duty commander and security guard under the security section and medical department, administration department and MES department in management section. In treatment department, there were doctors, health assistant, physical exercise, counselor, guest counselor and yoga teacher. And in MES, there is chief assistant.

There are 29 staffs in total working in the center. Among them, there are 19 police staffs and 10 staffs are from civil people. The chart 2 showed the structure of the organization.

Organizational Structure of The ASK



CHAPTER-FIVE

5.1 Socio-demographic Feature of Drug Addicts

This chapter deals with the socio-demographic features like caste and ethnic composition, religious background, age and sex, family occupation, marital status, occupation, education, family size of the drug abuser who are residing in the ASK. As a member of society, nature and behaviour of human beings are directly and indirectly affected by the social characteristics of society.

5.1.1 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 1 shows the age-sex composition of drug abuser at ASK.

Table 1

Distribution of Respondents by Sex and Age Composition Under the Studied Population

Age Group	Number	Percentage
15-19	6	12
20-24	14	28
25-29	12	24
30-34	10	20
>35	8	16
Total	**50**	**100**

Source: Field Survey, 2008.

The data present in table 1 clearly show that the youth population i.e, between the age of 20-24 is larger number than other which is also found in the study of Limbu (2002). The second large group was 25-29 years age group 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% 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, I did not find the female addict. That means, majority of the male population are victimized from drug in Nepali society.

5.1.2 Caste and Ethnicity of Drug Abuser

In the study area, there was not a single caste or ethnic groups came for treatment. That means the social composition of drug abuser in ASK was diversify in terms of caste and ethnicity i.e, Brahmin, Chhetri, Gurung, Magar, Newar, Lama and Limbu. The table 2 presents the distribution of the abusers by their caste/ethnicity.

Table 2

Distribution of Respondents by Caste and Ethnicity

Caste/Ethnicity	Number	Percentage
Brahmin	15	30
Chhetri	14	28
Gurung	9	18
Newar	4	8
Magar	3	6
Lama	3	6
Limbu	2	4
Total	**50**	**100**

Source: Field Survey, 2008.

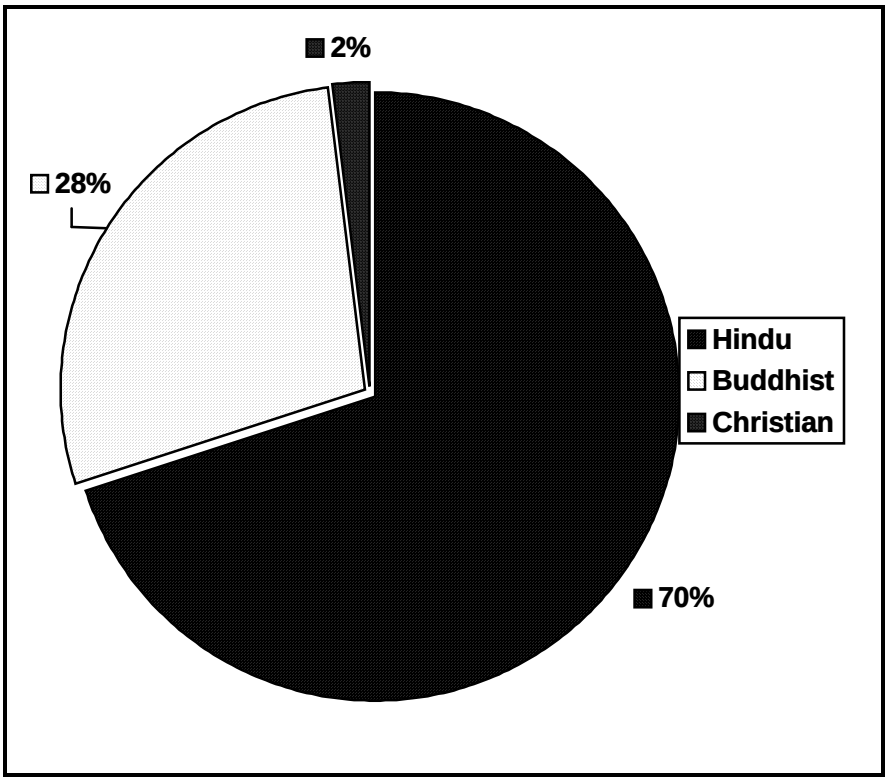
The table 2 reveals that the majority of the drug abusers are Brahmin and Chhetri community in Ask which occupied 58% of the total respondent under the study. The main reasons behind the large number form Brahmin and Chhetri community are the involvement of their parents in business and service who were unable to provide proper care of their child in their adolescent age. Similarly, Gurung occupied the third position i.e., 18% under the study population whereas other groups like Newar, Lama and Limbu hold the less than 10% of the total addict population at ASK. 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 not the proper care of parent in their early age.

5.1.3 Distribution of Respondents by 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 Figure 2 presents the distribution of respondents by religion background.

Figure 2

Distriution of Respondents by Religion



Source: Field Survey, 2008.

The figure 2 reveals that the highest numbers (70 %) of drug abusers were from Hindu religion followed by Buddhist (28%) and Christian (2%). It is the cause of Hindu religious dominant society of Nepal where 80% people are Hindu followers (CBS, 2001). In this sense, the Hindu follower were higher under the studied population.

5.1.4 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 behaviours of drug abusers 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 abusers is high. These groups may transmit the disease to their spouse if they are married. The table 3 present the distribution of marital status of people under study at ASK.

Table 3
Composition of Respondents by Marital Status

Status	**Number**	**Percentage**
Unmarried	32	64
Married	17	34
Divorced	1	2
Total	**50**	**100**

Source: Field Survey, 2008.

This table 3 clearly shows that nearly two third of the people who were living at ASK were unmarried. In the study people, some of the unmarried respondent informed me 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 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.

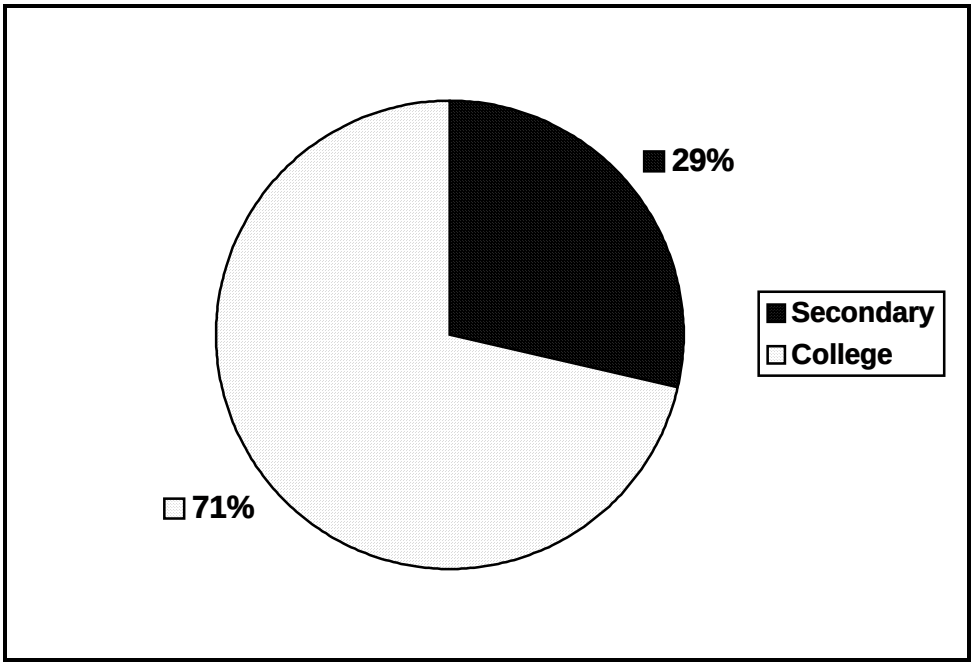
5.1.5 Educational Status

The education is not a level of education of an individual. 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 three categories; primary level, secondary level and higher education level. The figure 3 shows the distribution of educational status of respondents under the study population at ASK.

Figure 3

Educational Status of Respondents



Source: Field Survey, 2008.

The figure 3 shows that the more than two third of the respondents (71 %) had attained college level under the studied period and nearly 29 % 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.

5.1.6 Major Occupation of Respondents

Occupation is one of the variables which affect the behaviour and living standard of a person. Under the study population, I 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 presents the occupation of the drug abuser at ASK.

Table 4

Major Occupation of Respondents

Occupation	**Number**	**Percentage**
Student	22	44
Business	6	12
Service	9	18
Unemployed	13	26
Total	**50**	**100**

Source: Field Survey, 2008.

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 abuser 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.

5.1.7 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 5 shows the types of family under the studied population at ASK.

Table 5

Types of Family of Respondents

Types	Number	Percentage
Single	26	52
Joint	24	48
Total	**50**	**100**

Source: Field Survey, 2008.

The table 5 clears that there was no significant differences in numbers of drug abusers in single family and joint family. That means, the family types do not have greater role in the use of drug among the users at ASK.

5.1.8 Educational Status of Parents of Respondents

Educational status of parents also determines the behaviour of children. Therefore, it is one of the important variables of this research. The table 6 shows the educational status of parents.

Table 6

Educational Status of Parents of Respondents

Status	Father		Mother	
	Number	**Percent**	**Number**	**Percent**
Literate	32	69.56	22	46.80
Illiterate	14	30.44	25	53.20
Total	**46**	**100.00**	**47**	**100.00**

Source: Field Survey, 2008.

Note: 4 respondents did not give answer about father and 3 respondents did not give answer about mother.

The above table indicates that out of total 46 fathers 69.56 percent were literate and 30.44 percent were illiterate. It also reveals the fact that out of total 47 mothers 46.80 percent of respondents were literate and 53.20 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.

5.1.9 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, I found the different occupations of the respondents' father. Some of the informants informed that their farther were involved in government services whereas other informed me that business, British/Indian Army and agriculture were the main occupation of their father. In this sense, there was the diversity in occupation among the fathers of drug abuser of ASK. The table 7 shows the distribution of occupation of fathers of drug abuser at ASK.

Table 7

Occupation of Father of Respondents

Occupations of Father	Number of Respondent	Percentage
Business	16	34.04
British/Indian Army	8	17.02
Governmental Services	8	17.02
Agriculture	6	12.77
Other	9	19.15
Total	**47**	**100.00**

Source: Field Survey, 2008.

Note: 3 respondents did not give answer about his father's occupation.

The table 7 shows that the majority of respondent's father's occupation was business who were from Brahmins caste and minority were from agricultural background.

5.1.10 Occupation of Mother of Respondents

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.

Table 8

Occupation of Mother of Respondents

Occupation of Mother	**Number of Respondent**	**Percentage**
Service	3	6
Business	7	14
Housewife	40	80
Total	**50**	**100**

Source: Field Survey, 2008.

The above table shows that 80 percent of respondent's mothers were housewife, 14 percent of total mothers were involved in business and 6 percent were engaged in service. This indicates that most of the respondent's mothers were housewife and not engaging in any specific occupation.

CHAPTER-SIX

6.1 Causes of Drug Use And Relation of Drug Abusers With Their Family

This chapter deals with causes of drug and relation of drug abusers 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 abusers and second parts mainly presents the relations of drug abusers with their family and society in detail.

6.1.1 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 9 shows the reasons for taking drug for the first time among the drug abuser at ASK.

Table 9

Reason for Taking Drug for the First Time

Reasons	**Number**	**Percentage**
Curiosity	21	42
Enjoying	19	38
Peer Pressure	5	10
For Removing Tension	5	10
Total	**50**	**100**

Source: Field Survey, 2008.

The table 9 reveals that curiosity is the top most cause of starting taking drug for the first time and 38 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 abuse. Similarly, 10 percent of the respondents informed me that peer pressure was the main reason of drug using. Similarly, remaining 10 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.

6.1.2 Duration of Drug Use

In the field study, I found that the duration of drug used was not same among the drug abuser who were residing at ASK. Some of the drug abusers had been using the drug since last 20 years where as some respondents were using it since last 3 months. The table 10 presents the duration of drug use by respondents who were living at ASK.

Table 10

Period of Drug Use

Duration in year	Number	Percentage
< 5	20	40
6-10	22	44
11-15	5	10
>16	3	6
Total	**50**	**100**

Source: Field Survey, 2008.

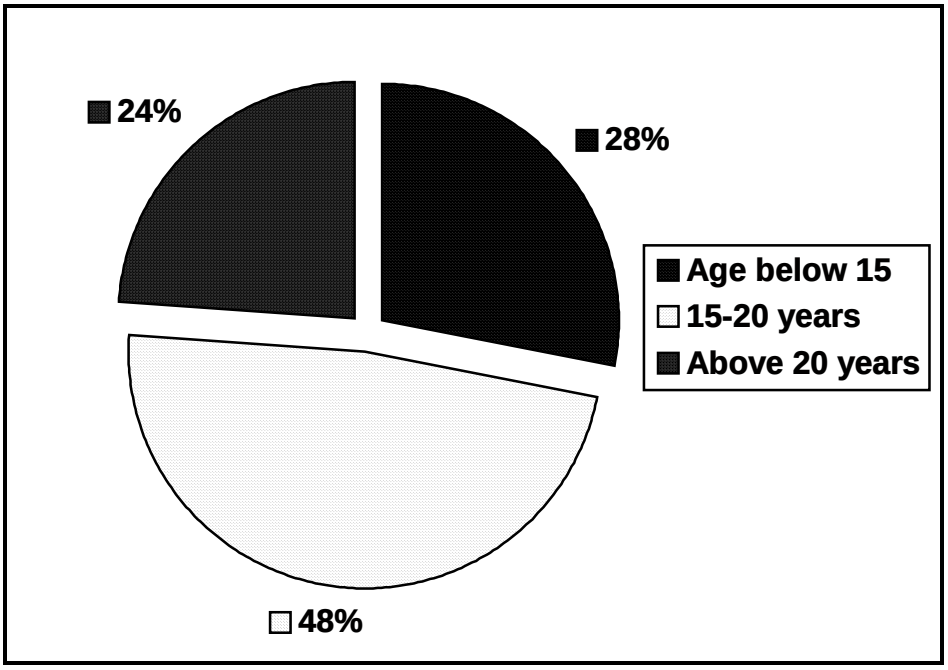
The table 10 clearly showed that, majority of the drug users realized the negative or bad impacts of drug in their life as well as in community only after the 6 year of using the drug. Because, 60 % of the respondent were came to ASK for treatment and recovery only after the 6 years of using the drug.

6.1.3 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 figure 4 shows the distribution of drug abuser by age for the first time.

Figure 4

Age at Onset of Drug Use



Source: Field Survey, 2008.

The figure 4 shows that 28 percent of respondents started the use of drug at the age of below 15 years, 48 percent of respondents started using drug at the age group of 15-20 years and 24 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.

6.1.4 Accompanied Person for Starting Using Drug

During the field study, the researcher asked a question with the respondents about the acompany 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 percent had been accompanied by their friends. Among the total respondents, 16 percent initiated using drug own-self for the first time and only 2 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 abusers.

6.1.5 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 abusers 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 11 shows the name of drug used by respondents for the first time.

Table 11

Name of the First Time Taken Drug

Types	**Number**	**Percentage**
Ganja	29	58
Brown Sugar	5	10
Nitrazepam	4	8
Tedigesic	2	4
Other	10	20
Total	**50**	**100**

Source: Field Survey, 2008.

The table 11 shows that '*Ganja*' was used by majority of the abusers 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.

6.1.6 Management of Money for Buying Drug

The drug abusers 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, I also focused on how the drug abusers managed money for getting drug. The table 12 shows the management of money for buying drug by respondents.

Table 12

Management of Money for Buying Drug

Management Process	**Number**	**Percentage**
From Home and Friends	22	44
Stealing or Robbery	15	30
Self Income	9	18
All of the above	4	8
Total	**50**	**100**

Source: Field Survey, 2008.

The table 12 reveals that 44 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 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 percent respondents themselves managed through their own business or service and 8 percent respondents applied all the above ways for managing money to buy drug.

6.1.7 Methods of Using Drug

In the field observation, I 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 13 presents the methods of using drug by the respondents.

Table 13

Methods of Using Drug

Using Methods	Number	Percentage
Oral	20	40
Sniffing	4	8
Smoking	6	12
Injection	6	12
All of the above	14	28
Total	**50**	**100**

Source: Field Survey, 2008.

The table 13 clearly indicates that 40 percent respondents used drug through oral route, 8 percent used drug through sniffing and 12 percent of total respondents used drug by smoking method and same numbers by the using injection. The most of the respondents 28 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.

6.1.8 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 percent respondents were injecting drug. Among the IDUs, 28 percent respondents always use new syringe because they were aware about the diseases and 22 percent didn't use new syringe because they were unaware about the diseases and their carelessness.

Among 22 percent users who didn't use new syringe, they were trying different methods for reusing syringe. They were listed in table 14.

Table 14

Unsafe Behaviour of Respondent

Unsafe Behaviour	Number	Percentage
Reuse Own Syringe After Washing	9	81.82
Reuse Own Syringe Without Washing	1	9.09
Sharing Syringe With Friends	1	9.09
Total	**11**	**100.00**

Source: Field Survey, 2008.

The table 14 shows that 81.82 percent respondents were reusing own syringe after washing with sterile water, 9.09 percent were reusing syringe without washing by their carelessness and also 9.09 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.

6.1.9 Feeling After Using the Drug

Every abuser 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 15 presents the feeling of respondents after using of drug among the drug abuser living at ASK.

Table 15

Feeling After Using the Drug

Feelings	Number	Percentage
Feeling of Superior	5	10
Forgetting Mental Tension	10	20
Pleasure	20	40
All of the above	15	30
Total	**50**	**100**

Source: Field Survey, 2008.

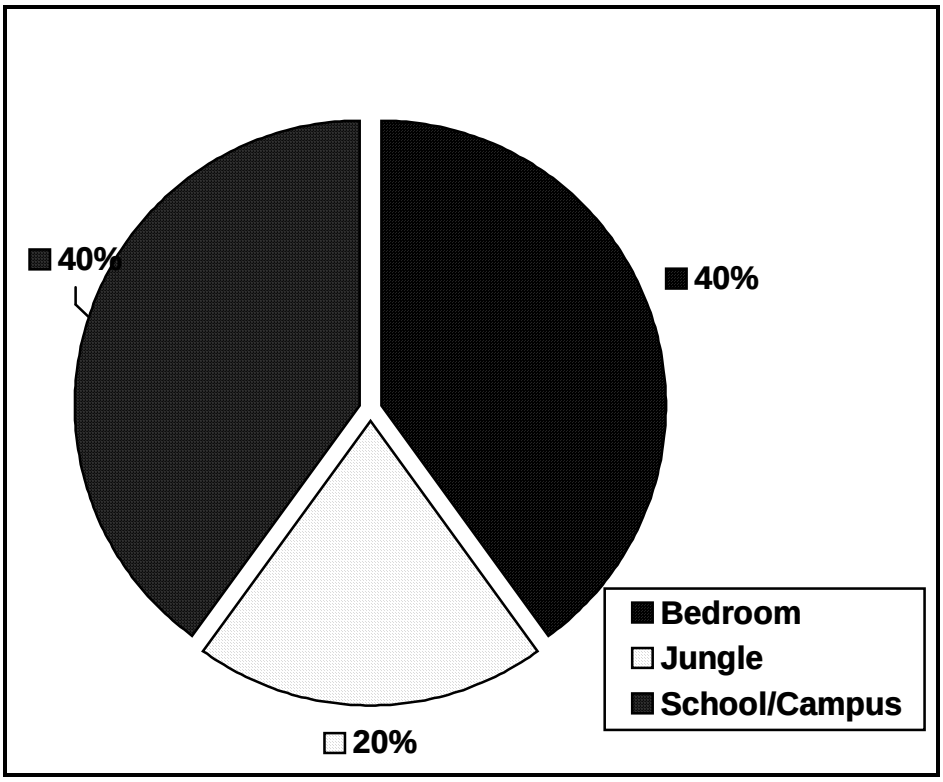
The above table displays that 40 percent of respondents felt pleasure after using the drug, 20 percent respondents forgot their mental tension (i.e., family problem, lack of care and love, feeling of isolation), 10 percent felt superior and remaining 30 percent respondents felt all of the above mentioned feelings. That clearly indicates that majority of the drug users felt pleasure after using the drug.

6.1.10 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 Mertion. 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 figure 5 presents the suitable place for taking drug among the drug abuser.

Figure 5

Suitable Place for Taking Drug



Source: Field Survey, 2008.

The figure 5 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.

6.2. Attitudes of Drug Abusers towards Center

The drug abusers came at center with the motive of treatment or relief from drug abuse. The feelings and attitudes of abusers 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 counseling, 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.

6.2.1 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, I found that all the respondents were staying from more than 15 days at ASK. The table 16 presents the duration of staying of drug abusers at ASK.

Table 16

Period of Staying [1]

Period in days	Number	Percentage
15 - 30	9	20.00
31 – 60	14	31.11
More than 60 days	22	48.89
Total	**45**	**100.0**

Source: Field Survey, 2008.

[1] In this research, 5 respondents were selected from ex-drug addict. Therefore, their numbers were not included in this table.

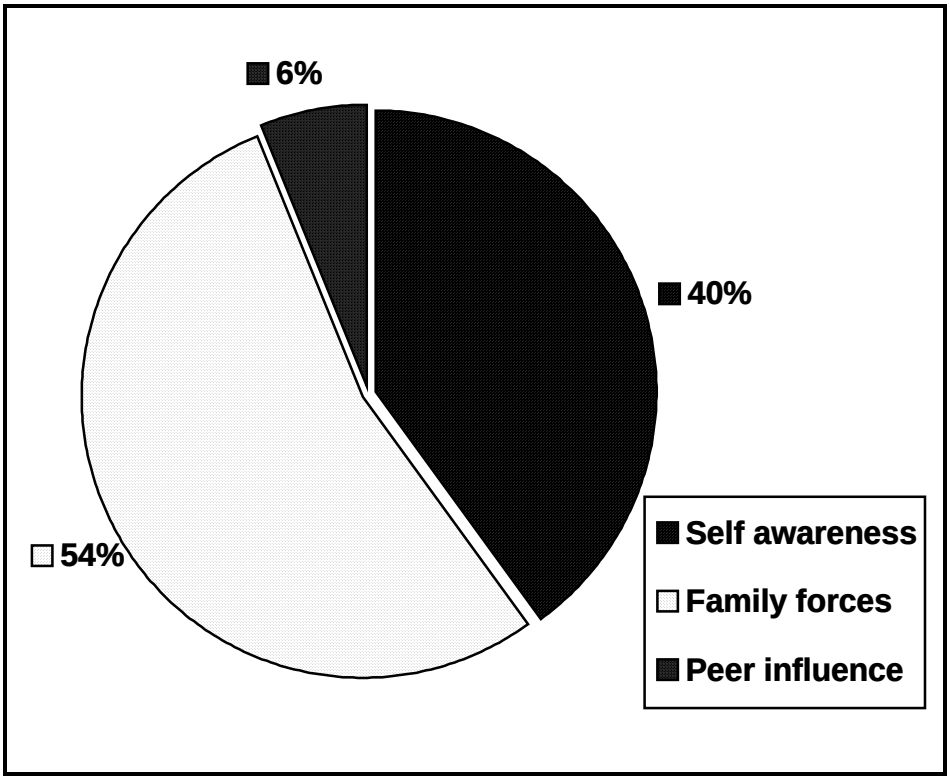
The table 16 shows that duration of stays at center was varied. It was clear from the table that most of the respondents were staying more than two months. It was determined by the health condition of the respondents. That means, the recovery period for drug addicts was more than two months.

6.2.2 Influencing Factors to Come at ASK

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 figure 6 presents the factors which influence the respondents to come at center.

Figure 6

Influence to Come to Center



Source: Field Survey, 2008.

The figure 6 indicated that the majority of the respondents (54 %) were coming at the center by their family forces. Then 40 percent respondents were coming at center by self-awareness against the drug addiction. The rest of the 6 percent respondents were influenced due to their own friends. It clearly indicates that family member of drug abusers are more responsible to removing such behaviour.

6.2.3 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 abusers may turn into relapse. So the effective treatment is necessary. Treatment includes detoxification, counselling, rehabilitation, follow-up etc.

Here, 75.55 percent respondents believed that treatment can work and the left 24.45 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 17.

Table 17

Feelings after Coming for Treatment [2]

Feelings	**Number**	**Percentage**
As I Got New life	25	55.55
Pleasure	9	20
Painful Feeling	11	24.45
Total	**45**	**100.0**

Source: Field Survey, 2008.

[2] See footnote 2.

The above table shows that the majority of the respondents i.e., 55.55 percent felt that they had got new life, 20 percent respondents had realized that they felt pleasure after coming at the center for treatment. The left 24.45 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 abuser to continue their treatment.

6.2.4 Most Favourable Programmes of ASK

I have already mentioned that Ask had arranged and conducted different types of program for the treatment and rehabilitation of the drug abuser in the center. The major activities were counselling and treatment, vocational training and community education. However, in the field observation, I found the different perception regarding the activities of the program carried out by the center to the drug abusers. The table 18 presents the fravourite programs and activities conducted by ASK to the respondent.

Table 18

Most Favourable Programmes to Respondents at ASK

Programmes	**No. of Respondents**	**Percent**
Meditation/Yoga	9	18
Encounter Session	9	18
Family Meeting	7	14
Counselling	6	12
P.T./ Exercise	5	10
Open Sharing	4	8
Relapse Prevention Class	4	8
Entertainment	4	8
Role Play	2	4
Total	**50**	**100**

Source: Field Survey, 2008.

The above table shows that from the majority of respondents 18 percent were preferred meditation/yoga and encounter session i.e., abusers 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 percent, 12 percent and 10 percent respondents preferred family meeting, counselling and P.T. /exercise respectively. Out of total 8 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.

6.2.5 Attitudes of Respondents towards Treatment System

ASK has conducting different kinds of treatment system to their patients. In the field observation I found broadly two types of treatments system in the center. Firstly, the abusers were provided physical treatment for improved their health like in order to provide relief from the pain the drug abusers 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. Abusers 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 abuser, 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, I asked a question whether they satisfy or not. It was found that majority of the respondents were satisfied with the treatment system of ASK. 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, I also discussed with the ex-drug abuser who received the treatment from the center. However, I found the diverse respondences regarding the treatment of the center. Majority of the respondents had been feeling that treatment helped to remove the habits of addiction. Here I present a case related to the attitude of ex-drug abuser regarding the treatment system of ASK.

Title: A drug addict changed into a normal person through the help of ASK.

When I asked with one respondent named Bal Chandra (secret name) he shared me his experienced in Aasara. When he first came in Aasara, he thought he was in jail. But when he saw around 50 peoples who were the users of drug and praying for their recovery of new life with strong determination. Experienced counsellor used to motivate them to do all their works ownself and be self confident, discipline, dutiful and to learn new things, we will always be there to help you. He saw heterogenous people of alcoholic and narcotic group from different area, occupation, business, age and status. In spite of these all, they wanted to get rid from the addiction. To fulfill these objectives different activities have been included like P.T., yoga, spiritual program, individual counselling and discussion about the addiction related subjects.
At the beginning, he saw the drug addicts who entered in Aasara have been spent their days to resentment with their family or parents. It was also hard enough for him to adjust in Aasara as he was not familiar with the surroundings. But as days passed away, different activities in this surroundings made him self respect, self confident and self awareness to accept his past mistakes to keep awareness, belongingness and commitment at high state. After the treatment period, like other drug users he has been passing his time whether understanding, thinking and determining could be practically made them to adjust or cope in family and society or not. From this recovery period as others in Aasara, he had also recovered after treatment and believed to live a normal and happy life ahead.

Similarly some of the respondent informed me that the program was successful to remove and change habit and behaviour of the drug abusers by

the center and some of the respondent informed me that the program was not successful to provide well treatment to the patients.

6.2.6 Reasons for the Failure of Treatment

Positive thinking of abuser about the treatment helps them to change their behaviour or to reduce drug dependency. It is important to study the opinion of abusers towards the reason for the failure of treatment. Some of the respondent informed me that low self confidence to the drug abusers. Similarly, some of the respondent informed me 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 abuser but their self-confidence, self-esteem, and positive thinking were also important and indispensable for the success and failure of the program.

6.2.7 Expectation from the Center

The center helps the addicts for removing drug dependency. It provides counselling for individual and family. The residential clients in the center put their different expectation from the center. The table 19 shows he expectation from ASK by respondent.

Table 19

Expectation from ASK by Respondent

Expectation	**Number**	**Percent**
More Helping Programmes	33	66
More Sympathy and Co-operation	10	20
More Tight Programme	4	8
Freedom	3	6
Total	**50**	**100**

Source: Field Survey, 2008.

The table shows that 66 percent respondents had expected more helping programmes like skill training or entrepreneurship training i.e., candle making, noodle stick making and house wiring etc. Out of total, 20 percent had expected more sympathy and co-operation from the center. Then 8 percent respondents felt that more tight programmes were effective. The left 6 percent respondents expected more freedom because they did not want to live in tight rules and regulations. Therefore, larger number of respondents expects more helping programmes which helped them to spend more time for creative works.

6.2.8 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 abusers had their own plan. However, there was not a homogenous future plan of the drug abusers 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 20 shows the future expectation of respondents who were living at ASK.

Table 20

Future Plan/Outlook of Respondents

Plan	**Number**	**Percent**
To Recover and Start Normal Life	10	20
Continue Further Studies	8	16
Involve in Social Work	8	16
Not Yet Thought about It	7	14
Engage in Own Business	6	12
Help to Family	3	6
Plan to Go Abroad	3	6
Pilot	2	4
Doctor	2	4
Computer Engineer	1	2
Total	**50**	**100**

Source: Field Survey, 2008.

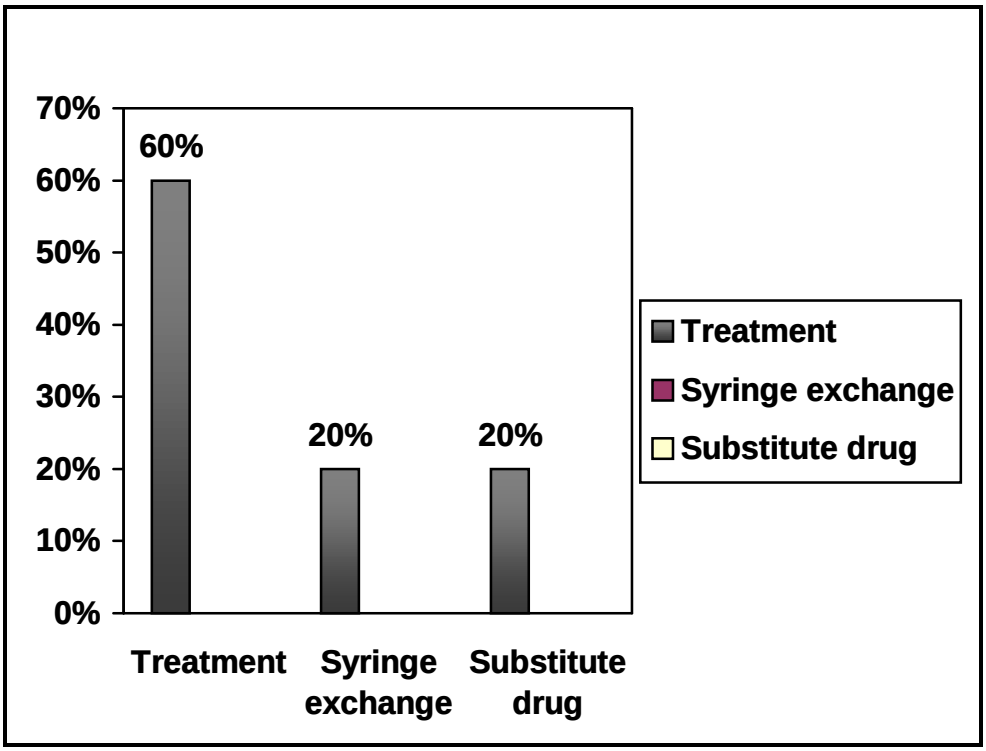
The table displays that 20 percent respondents planned to recover and start new life. Then 16 percent of total respondents planned to continue their further studies and involve in social works. Similarly, 14 percent respondents had no clear future plan and 12 percent respondents wanted to engage in their own business. After that 6 percent of them wanted to help their family in different tasks and planned to go abroad, 4 percent respondents wanted to be a doctor and pilot. And the left 2 percent respondents wanted to become a computer engineer.

6.2.9 Expectation of Respondents from the Outreach Programmes

The outreach programmes launched by Aasara is focused for the purpose of harm reduction. The syringe with sterile water, bleach bottle and condom etc. were distributed to drug addicts by Aasara outreach team. In this context, the question was asked as, “what do you expect from this programmes?” The respondents put their views as below:

Figure 7

Expectation of Respondents from the Outreach Programmes



Source: Field Survey, 2008.

The figure 7 focused that majority of the respondents 60 percent had expected treatment for reducing their drug dependency behaviour. Among the total respondents, 20 percent wanted to continue the syringe exchange facilities and also expected the substitute drug because they were non willing to leave the habit of drug use.

It was disclosed that the majority of the respondents wanted treatment because they were willing to live normal life. They wanted to change their habit of taking drug because the outreach service provided by Aasara team provides awareness of drug, complication of drug and other drug related condition.

6.3 Relationship with Family, Friends and Society Before Using Drug

It is said that supernatural beings or beast can live along but human beings can not. As a social being, therefore, relationship is the most important aspect to live in the society for human beings. Society itself a web of relationship in which we can find so many social relations. Social relation means conscious relationship between the actors. To be a members 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 breakdown after using the drug.

6.3.1 Relation with Family Members after Using Drug

Family is the simplest unit of society in which we can find so many relation such 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 same. Sometime there is communal, trustable and harmonious relationship between its members. On the other hand, such relationship may be breakdown and establish conflicting and discordant relationship among the members of the family. The anti-social behaviour like drug use or addict breakdown the communal, trustable and harmonious relationship among the members of the family. In the case of the ASK, 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 break-down 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.

6.3.2 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, I 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.

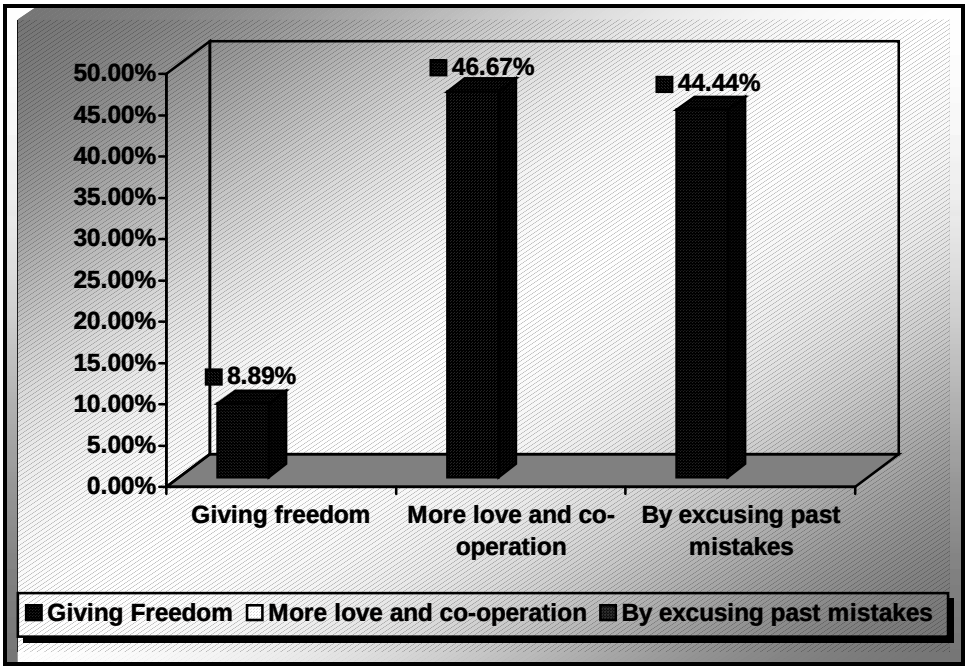
There may be possibilities of relapse of drug users so this environment and conditions have been known by their parents. Their family didn't give them their family responsibility because they gave them some more time to recover totally. They didn't blame them for their past mistakes and get them harassment. 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.

6.3.3 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 abusers 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 abuser 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, I found different kinds of expectation and behaviour from the family by the drug abusers. After the treatment to readjust in different society and family, the abusers expect different sorts of behaviour from their family which is shown in the figure 8.

Figure 8

Expectation from Family for Adjustment



Source: Field Survey, 2008.

The figure indicates that most of the respondents expected more love and co-operation from their family for their readjustment in the family and

society. Similarly, 44.44 percent respondents thought that the excuse of past mistakes may help for re-adjustment. Only the minority of the respondents wanted freedom for readjust in society.

6.3.4 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 ASK. As a sociological study, I tried to find out the relation between staffs and patients and within the peer groups in the organization.

Among the total respondents, 80 percent respondents told that they had got good co-operation from the staff of Aasara. They care and help them in their need. They thought they were feeling comfortable with the peers in the center because they all are abusers, 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-SEVEN

SUMMARY, FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

7.1 Summary

This study is mainly concerned with the causes of drug abusers and the role of rehabilitation center at Aasara Sudhar Kendra, Ranibari. However, the main objectives of this study is to find out the existing socio-demographic characteristics of drug addicts in Aasara center, to find out the causes of use of drugs by druggist, to identify the attitude and behaviour of people with drug abusers and to identify the role of rehabilitation center to reduce the use of drug among the drug abusers living at ASK in Kathmandu.

The data shows that the youth (age of 20-24) forms the largest number of addicts. All the abusers are male. The majority of drug abusers 30 percent were from Brahman community, 28 percent from Chhetri and 18 percent from Gurung and rests 18 percent were from Newar, Magar and Lama and Limbu. The larger numbers of respondents 70 percent were from the Hindu religion, 28 percent from Buddhist religion and 2 percent from Christian religion. The higher numbers of respondents i.e., 64 percent were unmarried and 34 percent were married and only 2 percent were divorced. It was disclosed that all the respondents were literate i.e., 71 percent had attained college level and 29 percent had done secondary level. It was revealed that higher number of respondents 44 percent were student, 12 percent business, 18 percent service and 26 percent unemployed. There was little difference between single type of family and joint family. They were 52 percent and 48 percent respectively. Most of the fathers 69.56 percent were literate and 30.44 percent were illiterate. The majority of mothers 53.20 percent were illiterate and 46.80 percent were literate. 34.04 percent of fathers' occupation was business, 17.02 percent in

British/Indian army, 17.02 percent in governmental services, 12.77 percent in agriculture and 19.15 percent from others. The majority of the mothers of respondents 80 percent were found housewives and rest 14 percent in business and 6 percent in service.

Out of total respondents 42 percent had started drug due to curiosity of testing, 38 percent for enjoying, 10 percent by peer pressure and 10 percent for removing tension. It was found that the majority of respondents 44 percent have been taking drug for 6-10 years period then 40 percent for less than 5 years, 10 percent for 11 to 15 years and 6 percent for more than 16 years period. The larger number of the respondents (48 percent) started drug use at the age group of 15-20 years then 28 percent at the age of 15 years and 24 percent at the age of 20 years. Most of the respondents 82 percent have been accompanied by their friends at the first time of drug use, 16 percent by own-self and 2 percent accompained by their cousin. “Ganja” was preferred by 58 percent of the respondents for the first time used, 10 percent used Brown Sugar, 8 percent Nitrazepam, 4 percent Tedigesic and 20 percent drug used by others. The larger number of the respondents (44 percent) managed money for drug from home and friends, 30 percent by stealing or robbery, 18 percent by self income and 8 percent by all of the above. Out of total respondents 40 percent have been using drug through oral route, 8 percent sniffing, 12 percent smoking, 12 percent injection and 28 percent by all of the above. Among the IDUs, 28 percent respondents always use new syringe. Among the respondents who don’t use new syringe, most of them (81.82 percent) reuse own syringe after washing with water, 9.09 percent of the respondents who reuse own syringe without washing and also sharing syringe with friends. Out of total respondents (40 percent) feel pleasure after taking drug and 10 percent were felt of superior, 20 percent for forgetting mental tension and 30 percent by all of the above.

It was found that 48.89 percent respondents were staying more than 2 months, 31.11 percent were staying 31-60 days and 20 percent were staying 15-30 days. The majority of the respondents 54 percent were coming to the center by their family forces and 40 percent) by self awareness and 6 percent were influenced due to their own friends. It was revealed that the majority of the respondents 55.55 percent felt that they had got new life after coming for treatment, 20 percent got pleasure and 24.45 percent got painful feeling. Most of the respondents (60 percent) were satisfied with the treatments providing in the center and 80 percent of respondents were getting good co-operation from the staff of Aasara and 46.67 percent respondents expected more love and co-operation from their family. Out of total respondents 66 percent expected more helping programmes from the center, 20 percent expected more sympathy and co-operation, 8 percent expected more tight programme and 6 percent ecpected freedom. It was revealed that 18 percent of respondents preferred meditation and encounter programme of Aasara, 14 percent family meeting, 12 percent counselling, 10 percent P.T./exercise, 8 percent of respondents preferred open sharing, relapse prevention class and entertainment and finally 4 percent preferred role play. Out of total future plan/outlook of respondents 20 percent respondents want to recover and start normal life, 16 percent want to continue further studies and involve in social work, 14 percent didn't yet thought about it, 12 percent engage in own business, 6 percent of them want to help family and plan to go abroad, 4 percent of them want to be a doctor and pilot and 2 percent want to be a computer engineer.

The higher number of the respondents (80 percent) had thought about going for treatment. The majority of the respondents 60 percent knew somebody who got treatment. Among them larger number of respondents (80 percent) think that the treatment was successful. All member of the family knew about their addiction. It was found that 80 percent of respondents can avoid the habit of drug addiction if they get favourable conditions. It was found that 60 percent of respondents claimed that low self confidence was the main

reason for failure of treatment. 40 percent 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 percent) expected treatment from the outreach programme for reducing their drug dependency behaviour.

7.2 Conclusions

On the basis of findings of this study, the researcher reach in this conclusion i.e., drug abuse is multi-dimensional 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 abusers living at ASK.

Drug abuse is an anti-social behaviour which is not accepted by society. The use of drug among the people also brings change in social relation in society. 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 ASK enhance to increase the self confidence among the drug abusers 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 abusers and rehabilitate 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.

7.3 Recommendation for the Further Researcher

i. This study is carried out focusing only in ASK, Ranibari-Kathmandu but same types of research can be conducted in other parts of the country and rehabilitation center.

ii. Further studies can be conducted on “factors leading to relapse” or any related topics which are not focused by the present study.

iii. Further studies can be held on “comparative studies on different ethnic group” regarding drug addiction which is not conducted by the researcher due to some constraints.

APPENDIX

QUESTIONNAIRE

"Drug Addicts and the Role of Rehabilitation Center: A Case Study on Aasara Sudhar Kendra, Ranibari- Kathmandu".

This questionnaire is made for the 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
( ) answers in the bracket.

I. Socio-demographic characteristics (Personal Information):

1. Age:
2. Sex:
   ( ) Male ( ) Female
3. Marital Status:
   ( ) Single ( ) Married ( ) Separated/Divorced
4. Ethnicity/Caste Group:
5. Religion:
   ( ) Hindu ( ) Buddhist ( ) Christian ( ) Muslim
   ( ) Others…….
6. Educational Status:
   ( ) Literate ( ) Illiterate
   If Literate,
   ( ) Primary level (upto class 5)
   ( ) Secondary level (upto class 10)
   ( ) College level (above S.L.C.)

7. Types of Family:

   ( ) Single ( ) Joint

8. What is the educational status of your parents?

   Father:..…….

   Mother:…….

9. What is your major occupation?

   ( ) Student ( ) Service ( ) Busines

   ( ) No occupation

10. What is your father's occupation?

   ( ) Government service ( ) Business

   ( ) British/Indian Army ( ) Agriculture

   ( )Others ……

11. What is your mother's occupation?

   ( ) Services ( ) Teaching ( ) Business

   ( ) House-wife ( ) Agriculture

II. Drug use related behaviour:

1. What is your reason for taking drug for the first time?

   ( ) Due to curiosity ( ) For enjoying

   ( ) By peer pressure ( ) For removing tension

   ( ) Others (mention)……

2. For how long have you been taking drug?

   ……

3. Who accompained you while you take drug first?

   ……

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

   ( ) Tedigesic ( ) Ganja ( ) Brown sugar

   ( ) Nitrazepam ( ) Others…….

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

   ( ) Below 15 years ( ) 15-20 years

   ( ) Above 20 years

6. How did you manage money for drug?

   ……

   Any alternative,……..

7. How do you administer drug?

   ( ) Oral ( ) Sniffing ( ) Smoking ( ) Injection

   ( ) All of the above

8. If you inject,

   (a) Do you always use new syringe every time?

   ( )Yes ( ) No

   (b) If you don't use new syringe, then

   ( ) Re-use own syringe after washing

   ( ) Re-use syringe without washing

   ( ) Share syringe with friends

   ( ) Others……

9. What did you feel after the use of drug?

   ( ) Pleasure

   ( ) Forgetting mental tension

   ( ) Feeling of superior

   ( ) All of the above

III. Residential Addicts:

1. When you come here?

   ( ) Before 15 days ( ) Before 1 month

   ( ) Before 2 months ( ) More than 2 months

2. What circumstances have influenced you to come here?

   ( ) Self-awareness ( ) Family forces

   ( )Peer influence ( ) Others …….

3. Are you believing that treatment can work?

   ( )Yes ( ) No

   Why?……

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

   ( )Yes ( ) No

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

   ( ) Pleasure ( ) Painful feelings

   ( ) As I have got new life ( ) Other ……..

5. What kind of treatment does it provide you?

   ……

6. Are you satisfy with the treatment providing in the center?

   ( )Yes ( )No

   Why?……

7. Did you get good co-operation from the staffs of Aasara?

   ( )Yes ( ) No

   If No, why? ……..

8. Are you feeling comfortable with the peers in the center?

   ( )Yes ( ) No

   Why? ……...

9. What sort of behaviour do you expect from your family for your adjustment?

   ( ) Giving freedom

   ( ) More love and co-operation

   ( ) By excusing past mistakes

   ( ) Other ……

10. What do you expect from this center?

    ( ) More sympathy and co-operation

    ( ) More tight

    ( ) Freedom

    ( ) More helping related programmes

    ( ) Others……

11. What is your most favourable programmes of Aasara Sudhar Kendra?

    ……

12. What you suggests for your addicts friends?

( ) Coming for treatment ( ) Not leave drug

( ) Leave drug ( ) Others

13. What is your future plan/outlook?

……

14. Do you want to involve in anti-drug programmes?

( )Yes ( ) No

Why?……

IV. Discharged Ex-drug Addicts:

1. Have you ever thought about going for treatment?

( )Yes ( ) No

2. Do you know anybody who got treatment?

( )Yes ( ) No

3. Was the treatment successful?

( )Yes ( ) No

4. In your opinion, what is the reason for the failure of treatment?

( ) Low self-confidence ( ) Not effective treatment

( ) Unemployment ( ) availability of drug

5. What are the facilities you got here from the service provider team?

( ) Syringe exchange ( ) Drug education

( ) Awareness against drug ( ) All of the above

6. Do your family know about your addiction?

( )Yes ( ) No

Why?……

7. Which place was suitable to you for taking drug?

( ) Schools/Campus ( ) Bed room

( ) Jungle ( ) Other places

8. Can you avoid the habit of drug addiction?

   ( )Yes ( ) No

   Why?……

9. What do you expect from this programme?

   ( ) Syringe exchange ( ) Treatment

   ( ) Substitute drug

10. Are you willing to live normal life in the society?

    ( )Yes ( ) No

    Any comment, ……

11. What is your relation with family, friends and Society before using drug?

    ……

12. Is there any change in your relation with family, friends and society after using drug?

    ……

13. What is your family perception towards you after getting treatment?

    ……

14. Why do you take drug? Please give reasons.

    ……

15. How is the treatment system of organization?

    ……

16. Any Benefit / Positive / Negative?

    ……

17. How is the behaviour of peer groups / staffs ?

    ……

V. 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?

   ……

Thank You!

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