

CAUSES AND CONSEQUENCES OF DRUG ABUSE

(A Study on the people at detention at the Kaski District Police Office)

A Dissertation Submitted to the Department of Sociology and Rural Development, Faculty of Humanities and Social Sciences, Tribhuvan University, Prithvi Narayan Campus, Pokhara in Partial Fulfilment of the Requirement for the Degree of Master of Arts in Sociology

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LETTER OF RECOMMENDATION

This is to certify that Mr. Shyamu Aryal has worked under my supervision and guidance for the preparation of this dissertation entitled "**Causes and Consequences of Drug Abuse (A Study on the People at detention at the Kaski District Police Office)**". To the best of my knowledge, the study is original and carried useful information on the causes and consequences of drug abuse. I forward this to the evaluation committee for its final approval with recommendation.

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LETTER OF APPROVAL

This dissertation work entitled "**Causes and Consequences of Drug Abuse (A Study on the People at detention at the Kaski District Police Office)**" submitted by Shyamu Aryal has been accepted for partial fulfilment of the requirements for the Degree of Master of Arts in Sociology.

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ABBREVIATIONS

BS :	Bikram Sambat
CWIN :	Child Workers in Nepal Concerned Centre
ESU :	Experimental Substance Use
IDU :	Injecting Drug Users
KII :	Key Informant's Interview
LSD :	Lysergic Acid Diethylamide
MoHA :	Ministry of Home Affairs
NCTSN :	The National Child Traumatic Stress Network - NCTSN
NIDA :	National Institute on Drug Abuse
SPSS :	Statistical Package for Social Sciences
UNODC :	The United Nations Office on Drugs and Crime
WHO :	World Health Organization

ABSTRACT

The present study entitled, "**Causes And Consequences Of Drug Abuse (A Study On The People At Detention At The Kaski District Police Office)**" is based upon the drug abusers held at the detention at the Kaski District Office, Kaski as respondents. The objectives of the study were to assess and analyse the causes and consequences of drug abuse among the drug abusers. The study followed mixed method design with both descriptive as well as exploratory methods of data analysis and interpretation. Semi-structured questionnaires as an interview schedule, checklists for key informants' interviews and participants' observation were the tools employed for the study. Data obtained were edited, processed and analysed with the help of SPSS version 23.

Among the total respondents, more than thirty percent of them were adolescents and almost one in five was 30 years and over. The male drug abusers were dominant by gender with the ratio of 9:1. More than sixty percent were unmarried. Regarding the ethnic status of the drug abusers, the so called higher caste group represent 31.1%, while *Janajatis* were 36.1%. More than half of the respondents have attained at most basic level of education and every two among five have studied secondary level education. The majority of the respondents (85.2%) come from nuclear families. As per the responses, the major sources of obtaining drugs were friends (63.8%) and Pharmacies (23%). Likewise, more than half of them began using drugs during their adolescence.

The major causes of drug abuse have been identified as the parental conflict, peer influence and convenient access in their communities. Likewise, the consequences include physiological, psychological and social consequences resulting into hardship of the drug abusers to be into the detention.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Adolescence is the stage of human life that experiences various changes of human life that everyone passes through. The major physical, psychological, emotional, social as well as other changes take place during this stage. People are influenced by various activities, situations, peer impressions and many other aspects of society and culture. WHO has defined adolescence as, "the period in human growth and development that occurs after childhood and before adulthood, from ages 10 to 19"¹. The fundamental changes that take place during this stage are driven by the biological changes, which in turn affect to have an effect on other aspects such as psychological, emotional, socio-cultural and other factors.

Adolescence is the stage that neither resembles childhood nor the adulthood. This has been termed as the stage of violent changes or simply the period of storm and stress (Sen 2006). According to her, several qualitative changes that take place during this stage such as habits, choices and the relationships of the child. Likewise, some changes are habitually attended by the symptoms among them. Werner (1991) is of the view that adolescents are those who are at the high risk of illegitimate drugs and its adverse impacts, while the stage can generally be perceived as the stage of transition from childhood to adulthood. WHO ¹ has further elucidated that this is the stage, which experiences the preparation for adulthood with the developmental changes in

¹ http://www.who.int/maternal_child_adolescent/topics/adolescence/dev/en/

skills, maturity to be gained for the roles and responsibilities towards leadership and so on. Similarly, some people develop a sense of aggression during this stage.

There is a variety of drugs that the people of different ages abuse. Such drugs abused have been classified into different categories. The drugs including all forms of synthetic opiates and chemical substances that have been treated as illicit by Nepalese law such as Cocaine, Heroin, LSD - Lysergic Acid Diethylamide, Morphine, Buprenorphine, Propoxyphene, etc. have been referred to as hard drugs (MoHA 2069 BS).

Drug use becomes abusive at the appearance of dependence, which affects as the set of physiological, behavioural and cognitive manifestations in which the use of a drug is prioritized by the person. This term is usually linked to a kind of patience, or the need to consume more of a substance to achieve the effects of previous use (Narconon 2012). Likewise, when a dependent person does not consume, withdrawal syndrome begin to appear. It is a cluster of symptoms that affect an individual who is suddenly deprived of any toxin or drug on which he/she is physically dependent and which previously had been consumed on a regular basis. The quantity of symptoms, as well as their intensity and duration will depend on the type of drug, the length of time the person has consumed the substance and his/her physical and psychological state at the time of withdrawal (Baconi et. al 2015) .

For instance, in the case of cocaine, it can be seen how drugs hamper with brain functioning. When a person snorts, smokes, or injects cocaine, it goes to the brain with the help of the bloodstream. Although it reaches all areas of the brain, it generally affects only some specific areas, mainly those which are weaker in terms of functioning (NIDA 2016).

Drug abuse or drug addiction is a situation when a person is addicted, he cannot control the situation of his drug use rather his nature of using drug gets control over him. In another terms, when a drug abuser loses the capability to make a rational choice about whether or not to use drugs or alcohol, he or she is addicted. Drug addiction is a condition whereby a person experiences an overpowering thirst to look for and use drugs or alcohol regardless of the negative physical and mental consequences. Typically, drug abuse is accompanied by physical and psychological dependence on the drug and the person suffers withdrawal symptoms when the frequency or the content of the use of drug is rapidly decreased or stopped (Narconon 2016).

Drug use is generally concerned with the use of drugs against certain illnesses. This may involve the drug being injected, inhaled, swallowed or as such. However, drug abuse may be considered as using the drugs for the purpose other than their intended use so that the negative consequences occur. It has been obvious that the drug abuse poses serious health risk to the abuser and may turn out to be fatal. In the mean time, the consequences leave impacts on the family members as well as the society or the community (Sussman and Ames 2001).

1.2 Statement of the Problem

Drug abuse is one of the major problems among the adolescents in the present world. The prevalence of drug and other substance abuse as well as the antisocial behaviour have been increasing extremely in the recent years. This has become the serious concern to the people and organizations such as parents, teachers, the government and other bodies.

A survey conducted by the Ministry of Home Affairs in 2069 B.S. in 26 municipalities of 18 districts within five development regions on current hard

drug users shows that the size of the hard drug users in the country has doubled in 2069 BS to 91534 current users from the size of 46309 in 2063 BS accounting 93 percent males and some seven percent female users. The report revealed that the current drug users in Kaski district were 6917, ranking the third position following Kathmandu (36998) and Sunsari (7407) (MoHA 2069 BS). The situation signifies the fact that there is a lot more to do for mitigating the problem of drug abuse in the country.

Some organisations Naulo Ghunti and others have been working hard in the field of adolescents' drug abuse such as prevention as well as the rehabilitation of the persons affected by drug abuse. However, there is still a necessity of the academic research on the major causes and consequences associated with the use and abuse of drugs among the adolescent persons so as to identify the probable solution to the emerging problem.

The research activities in the study area seem to be insufficient to be able to address and explore the situation of drug abuse so far. For that reason, it is anticipated that this study will be of its first kind and will make attempts to discover the answers to the following research questions:

What is the general life pattern of the drug users?

What are the influencing factors for the people to the drug abuse?

What types of drugs have been mostly used by the drug users?

What are the social and psychological consequences of the drug abuse among the drug users?

What is the status of relationship of the drug users with their friends, family members, relatives and other people in the society?

1.3 Objectives of the Study

The general objective of the study is to assess the causes and consequences of drug abuse among adolescents. The specific objectives of the study are:

- i) to identify the factors that draw people towards the use of drugs.
- ii) to examine the social and psychological consequences of drug ab/use among the drug users.

1.4 Significance of the Study

The stage of adolescents is the stage of human life that every single human faces during her/his lifetime. There are common categories of the changes that might have influence due to some contextual and other factors.

Drug abuse among adolescents is a major social problem in the present world. The study will make attempts to make consideration and examine the causes and social impacts of drug abuse among adolescents with respect to the sociological perspectives. The study will be able to endow with some policy and research - both action and academic - level recommendations for the further advancement of the population group of the country affected.

1.5 Limitations of the Study

The present study is academic in nature and is therefore obvious in terms of the limitations of the resource, budget and time constraints. The study has mainly focused on the issues related to the drug abuse among the adolescents and youth at detention at the District Police Office, Kaski. However, some people at detention are older and the nature of data obtained from the elder respondents was similar, all the cases have been included in the study. Since the study is expected to concentrate on certain community areas of Pokhara

region, the results of the research would not be possible for the generalization for the national or the regional context. However, the result of the research will have reflections on the similar communities around the country.

1.6 Organization of the Study

The present study comprises of seven chapters and every chapter contains sub-topics based on the content it undertakes. The first chapter deals with the introductory subjects, while the second chapter illustrates on the relevant literature on the subject of study. The third chapter discusses on the methodology of the study. Likewise, the fourth chapter depicts on the background characteristics of the respondents of the study. The fifth and the sixth chapters discuss on the causes and consequences of drug abuse among the detainee respondents respectively. Finally, the last chapter summarises the study with conclusion and recommendation.

CHAPTER TWO

REVIEW OF THE LITERATURE

The relevant literatures on the issues of drug abuse among young people have been reviewed concisely as per the objectives of the proposed study. However, the detailed review of the concerned literature will be made during the writing of the dissertation.

2.1 Theoretical Framework

There are some theories emerging in modern literature in explaining the causes of substance abuse, for instance, drug abuse and other deviant behaviours in different perspectives. Though, the validity of one theoretical perspective does not imply the inaccuracy of another. Each theory deals with a portion of a large composite phenomenon. No single theory could possibly explain everything that one might want to know about the phenomena. For example, Fareo (2012) outline four major perspectives in explaining substance abuse; Personality theories, biological theories, learning theories and socio-cultural theories. The personality theories according to him are prevalent among individuals who have high level of inability to delay gratification, low tolerance for frustration, poor impulse control, and high emotional dependence on other people, poor coping ability and low self esteem (Fareo 2012).

Fareo (2012) further illustrates on Biological Theory of Drug Abuse that the abuse of drug is advocated by an individual biological or genetic factors which make them vulnerable to drug addiction. Likewise, the Socio-cultural theory maintained that drug abuse is determined by socio-cultural values of the people. For instance, while certain cultures permit the consumption of alcohol and marijuana, other cultures do not, which one can easily observe in the

Nepalese multicultural societies. Likewise, Social learning theory by Bandura (1986) asserts that the adolescents learn from the people as role models in their society, family or peer group who use drugs or any substance.

Werner (1991) is of the view that the higher prevalence of alcohol and substance abuse by adolescents poses a significant threat to the wellness of youth. Adolescents appear to use drugs for a variety of reasons. In addition to the multiple etiologic and risk factors present for substance abuse, there are many pathways teenagers may follow on their way to substance abuse. The prevention strategies which appear to be most effective utilize a social influence approach or emphasize personal and social skills teaching. Prevention programs which promote resisting social influences help adolescents identify and resist specific social pressures to adopt behaviours by informing them about health and social consequences; identifying peer, media, and environmental influences; modelling responses to these influences; role playing; and goal setting.

There may be an influential effect to minimal exposure to substance abuse risk factors that may inoculate an adolescent against using drugs. If drug-using behaviour is not learned during adolescence due to infrequent exposure to risk, there may be a good chance that drugs will never be used. Many of the program evaluations and research studies conducted so far have some methodological shortcomings. Future studies need to standardize the definition of drug use, include appropriate control groups, and correct for the confounding effects of variables associated with drug use attitudes, behaviours, and risk factors (Werner 1991).

Every adolescent goes through a state of experimenting the use of substance (tobacco or alcohol or any drug), which is known as Experimental Substance Use (ESU) and at this stage one is neither committed to use it in a prolonged

way nor the drug or the substance has become his or her part of life (Clayton 1992). There are various theories which claim the way how adolescents get indulged in the use or abuse of drugs and other substance. I would like to see how adolescents get involved in drug use through the impression of deviant peers and how their ESU gets affected with the influence of peers. Therefore, the Social learning theory will be the theoretical basis for the present study.

2.2 Review of Previous Studies

Drug abuse, be it in any form, has been perceived as a social problem worldwide. Every human being learns both positive as well as negative aspects from what and how his or her society performs. The global to local context of drug abuse has been discussed here in brief:

2.2.1 Drug Abuse: Global Context

The National Child Traumatic Stress Network - NCTSN (2008) asserts that the majority of adolescents mention as the factors that help them initiate drugs ab/use are the social pressure and experimentation. The control mechanism of drug abuse, however, has been found to be focusing on the prohibitionist approach worldwide rather than on the process of harm reduction strategies that have positive impacts on the protection of the drug users as well as the communities (Tinasti 2016). While Newcomb et. al (1986) have stresses that the risk factors of drug abuse have linear association with the increased percentage of drug users, frequency of drug use and heavy drug abuse.

A Brazilian study (Nardi et.al, 2012) conducted on the association between the users and non-users on the social interaction revealed that the higher number of adolescents using alcohol and cigarette resulting into the antisocial behaviour significantly higher among users of marijuana, cocaine as compared to the non users.

Newcomb et. al (1986) argue that the programmes aimed at preventing the drug abuse need to focus on reducing exposure to the risk factors of drug abuse and modifying the existing factors. The major risk factors categorized in their findings include 'peer drug use, deviance, sensation seeking, poor relationship with parents, poor academic achievement, psychological distress, poor self esteem and so on' (p. 527).

Cannabis was reported to be the most used substance worldwide in 2018, with 192 million people using it worldwide. Nevertheless, opioids stay the most harmful, as over the past decade, the total number of deaths due to opioid use disorders rise up by 71 per cent, with a 92 per cent increase among women compared with 63 per cent among men. Drug use increased far more rapidly among developing countries over the 2000-2018 period than in developed countries. Adolescents and young adults account for the largest share of those using drugs, while young people are also the most vulnerable to the effects of drugs because they use the most and their brains are still developing (UNODC 2020).

Alcohol use has been quite common among European adolescents these days. They found that overall, 60.4% of the adolescents have been drinking beer, wine and similar drinks at least once in their lifetime and 34.2% have been drinking spirits. The last month prevalence rates are were nearly half, respectively 28.1% and 13.5%. The prevalence rates for heavy episodic drinking are 28.1% for beer and wine, while it is 13.5% for spirits (Steketee et. al, 2013).

With regard to the causative factors of drug abuse, it has been revealed in Europe that adolescents who experience social cohesion in their neighbourhood or feel connected to their neighbourhood have less chances to drink alcohol. On the other hand, if the neighbourhood or the community is

incompetent in their understanding they show higher levels of alcohol use. For the school domain it holds that students who spent a lot of time doing homework, enjoy school, and to a lesser degree students who perceive their school climate to be positive, have lower prevalence rates on all alcohol outcomes. It is essentially and obviously the disaffection from school, as expressed in truancy, which contributes most to alcohol use (Steketee et. al, 2013).

2.2.2 Drug Abuse: National context

Drug abuse was perceived as a problem for the first time in Nepal during the mid 1960s and early 1970s when the arrival of the hippies in abundance (MoHA 1998). The problem has become more intensifying after the restoration of Democracy in 1990 (MoHA 2069 BS).

CWIN conducted a survey research in 2001 in 16 districts covering every ecological and administrative region among 2333 adults and 426 children (10-17 years age) of both urban and rural residences on alcohol and drugs use. The research concluded with the findings that the higher prevalence of drug abuse has been found to be among the well off population in terms of occupation, education and residence as such a population has more exposure to the concerned situations. The practice of drug abuse among the adolescents is significant and the major factor is the peer group influence and have the ease of access too (CWIN 2001).

A study conducted by Panthee et. al (2017) among 407 undergraduate students of university students of Nepal revealed that the substance abuse being directly associated with cigarette smoking, peer group influence and drinking heavily.

In general, the frequency of use of drugs makes the subject more vulnerable when the frequency and or the amount per use gets increased. Shrestha (2012) revealed from a study on the educational institution based cross-sectional quantitative study among 15-19 year aged 857 students of higher secondary and equivalent level that the average use of injecting drugs was 6.38 per week, which ranges from a moderate use of once a week to the rigorous use of such injecting drugs of 14 times a week.

Drug abuse gets more consequentially adverse when the chances of getting the diseases transmitted through the reuse of the syringes within the group of drug users. A study conducted by Poudel et. al (2010) in Kathmandu among the injecting drug users (IDUs) revealed that the reuse of the syringes for injecting the drugs were reused as more than half of the respondents (51%) were using the syringes that have already been used by other user. They have illustrated with support of data that, among those re-users, some 70 percent were using such syringes among the multiple users.

From the aforementioned literature on the issues of drug-abuse, it becomes apparent that drug or substance abuse in Nepal is a growing crisis that has been working as a catalyst in the state of health of youth, women, and others who have been indulged into the abuse of drugs. Be it the social or other causes of drug abuse among the youth of the country the consequences . It is drugs alluring nature that helps young people deal with the tensions of growing up and becomes an easy refuge from problems. Therefore, it is essential that means of intervention and techniques for prevention and rehabilitation are absolutely needed to relieve individuals and society from his modern scourge.

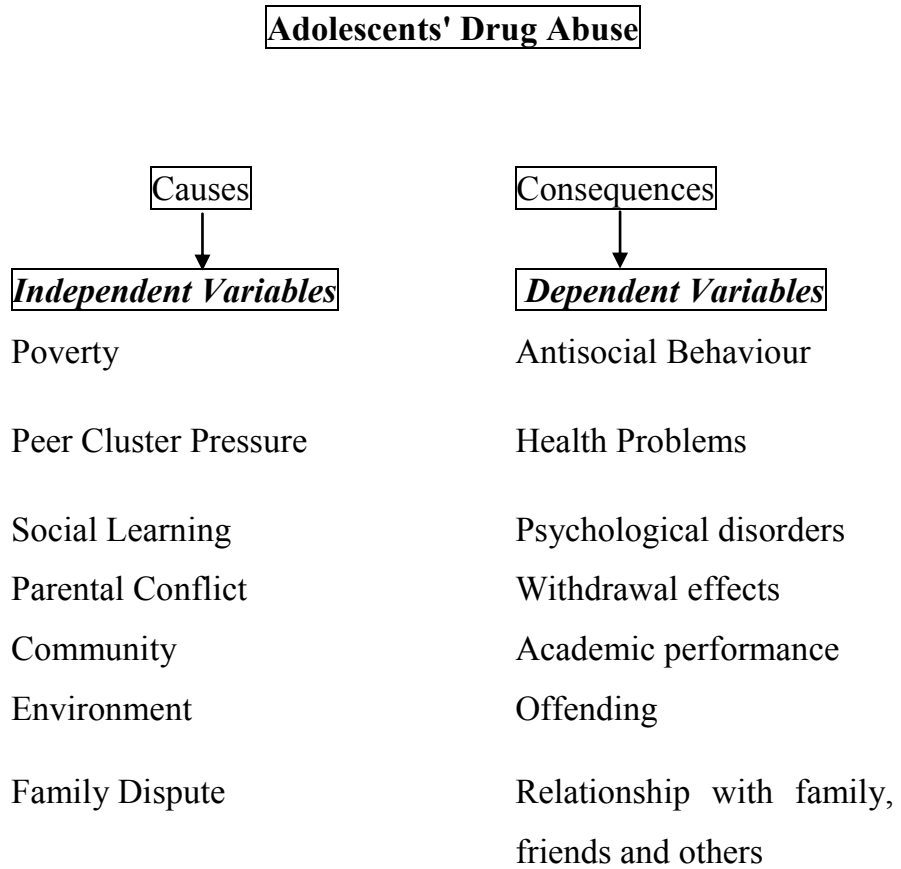
2.3 Conceptual Framework

Hazen et al. (2008) have identified that there are several risk factors at the childhood that happen to influence adolescents towards antisocial behaviour, which they have enlisted as parental psychiatric illness, learning disabilities, history of serious head trauma, severe behavioural problems (for instance, fire setting or cruelty to animals), school problems, family dysfunction, alcohol or drug abuse, delinquent peers, emotional distress, criminal activity and so forth. They have asserted that several theoretical models based on the investigation of the physical, emotional, cognitive as well as moral behaviour of the adolescents have made the reflections upon the way the adolescents happen to indulge into the abuse of drugs.

In general, to the degree that these factors are unmitigated by success in one or more of the above (for instance, well-functioning family, academic achievement, positive peer associations), the risk of problem behaviour increases exponentially (such as head trauma plus family dysfunction associated with academic failure considerably increases the risk for mental health, substance abuse, and conduct disorder (Hazen et al. 2008).

The causes of drug abuse among adolescents will be assessed and the probable consequences will then be analysed and the conceptual framework will be developed with the help of the review of the relevant literature.

Figure 2.1: Conceptualization of Adolescents' Drug Use with the Probable Causes and Consequences



CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Research Design

As the study concentrates on the issues of adolescents, the nature of information obtained from the field is both qualitative as well as quantitative data. Therefore, the study has been based on descriptive and exploratory research designs. Both qualitative as well as quantitative data have been incorporated for the analysis to come to a conclusion.

3.2 Study Area

The study has been confined within the cases of drug abusers at detention in the District Police Office, Kaski regardless of the address of residence.

3.3 Universe and Census method

The universe of the present study population is the total number of drug abusers who have been under detention in the District Police Office, Kaski during the past 30 days prior to the date of data collection. The drug abusers taken under custody by the police are generally held from at least 15 days to 90 days according to the nature of the charge against them. The data on the number of drug abusers held under custody at the district police office, Kaski show that the figure is around 30 cases a month. The present study incorporates the data collected from such detainees held there within the last two months. Such individuals comprise of 61 people, who have been taken as the respondents of the study and the data so obtained between January 15 to February 21 from them has been analysed as per the study objectives. So, the

census method is employed to study the causes and consequences of drug abuse among the each respondent chosen for study.

3.4 Data Collection Tools

The required data for the study as per the objectives and research questions have been collected, managed and analysed in accordance with the guidelines of the department. As the nature of study demands first hand information, primary data has been the priority of the study. Both qualitative and quantitative data have been obtained from the field. However, secondary data have also been employed from various relevant sources as per the nature of the subject of analysis and interpretation. For the collection of the primary data from the field, following techniques have been employed.

3.4.1 Interviews

Quantitative as well as qualitative data have been collected through carefully devised interview schedules. The background characteristics related to demographic, socio-economic as well as familial characteristics have been set in the first section of the semi-structured questionnaires. Likewise, other section comprised of the questions related to the drugs such as the background of being indulged into drug abuse, causes as well as consequences of drug abuse.

3.4.2 Participants' Observation

Qualitative information has been obtained through participants' observation during the interview as well as other times such as their feeding, leisure and recreational times. This created an understanding of the cases closely and helped triangulate the information obtained from the interview schedules.

Likewise, case studies have also been done based on the typical cases of drug abuse, such cases have been placed in boxes as per the appropriateness.

3.4.3 Key Informants' Interview

Some potential key informants have been identified prior to the collection of information from the respondents. Such informants were the in charge of the drugs department at the District Police Office, Kaski, the personnel who have been looking after the detainees from vicinity. Four such interviews have been conducted to identify the situation of drug abuser detainees.

3.5 Challenges in obtaining information

Although the respondents were available and it was not hard finding the respondents of drug abuse cases, however the challenges remained there in the form of hesitant nature of the respondents. It might be because the respondents were reluctant to disclose in front of the Police Officers and other personnel due for being punished or so.

3.6 Data Analysis and Interpretation

The information obtained from the field in the form of qualitative and quantitative data have been analysed with relevant ways. Qualitative data have been presented in the form of case histories and managed manually. Meanwhile, the quantitative data is processed with the help of SPSS for windows and then analysed with the help of frequency distribution, descriptive statistics, charts and diagrams. Both the quantitative as well as the qualitative data have been blended as per the necessity of the topic and the gravity of the content to make analysis effective.

CHAPTER FOUR

BACKGROUND CHARACTERISTICS

This chapter deals with the background characteristics that include the socio-demographic characteristics of the respondents and the status of the family as well. The demographic characteristics include age distribution, sex, marital status of the respondents. The Socio-economic characteristics include caste/ethnicity, religion, education, occupation of the respondents as well as the family members. Likewise, the background of the respondents regarding the drug use, sources, frequency and duration of drug use have also been dealt with in this chapter.

4.1 Demographic Characteristics of the Respondents

4.1.1 Age Distribution

The distribution of the drug abusers by the age groups revealed that the younger the age, people are more prone to the risk of drug abuse. More than one-third of the respondents fall under the age group 15-20 years. Likewise, Half of the drug abusers are of the age group 20-30 years, while the number gradually decreases afterwards.

Table 4.1: Age Distribution

Age Group	Number	Percent
15-20	19	31.1
20-25	14	23.0
25-30	17	27.9
30-35	9	14.8
35-40	2	3.3
Total	61	100

Source: Field Survey, 2077

4.1.2 Gender-wise Distribution

Although a few number of females have been under detention due to drug abuse, it cannot be denied that women are free from the abuse of drugs. The table below shows that nearly ten percent of the total respondents are females.

Table 4.2: Gender Distribution

Gender	Number	Percent
Male	56	91.8
Female	5	8.2
Total	61	100

Source: Field Survey, 2077

When we look at the data on age by gender of the respondents, males outnumber females at every age group. In total, one in every ten respondents is female. Data also depict that lower the age, higher the propensity for women to be vulnerable to drug abuse. This generally applies to the males as well as revealed by the table below.

Table 4.3: Age-Sex Distribution

			Age Distribution					Total
			15-20	20-25	25-30	30-35	35-40	
Gender	Male	Number	15	13	18	8	2	56
		% within Age groups	88.2	92.9	94.7	88.9	100.0	91.8
	Female	Number	2	1	1	1	0	5
		% within Age groups	11.8	7.1	5.3	11.1	0.0	8.2
Total		Number	17	14	19	9	2	61
		% within Age groups	100	100	100	100	100	100

Source: Field Survey, 2077

4.1.3 Marital Status

As per the information obtained from the respondents, marital status has been categorised into married, unmarried and divorced. Every six drug abuser out of ten was unmarried, while more than a third were married and only two respondents were divorced at the time of interview.

Table 4.4: Marital Status

Marital Status	Number	Percent
Married	22	36.1
Unmarried	37	60.6
Divorced	2	3.3
Total	61	100

Source: Field Survey, 2077

The marital status of the drug abuser by gender revealed that, some ten percent of the married ones were females. Likewise, only one female respondent was unmarried. Out of two divorced cases, both were females.

Table 4.5: Marital Status of the Respondents by Gender

			Marital Status of the Respondent			Total
			Married	Unmarried	Divorced	
Gender	Male	Number	20	36	0	56
		% within Marital Status of the Respondents	90.9%	97.3%	0.0%	91.8%
	Female	Number	2	1	2	5
		% within Marital Status of the Respondents	9.1%	2.7%	100.0%	8.2%
Total		Number	22	37	2	61
		% within Marital Status of the Respondents	100.0%	100.0%	100.0%	100.0%

Source: Field Survey, 2077

4.2 Socio-economic Characteristics of the Respondents

4.2.1 Caste/Ethnicity

More than one-third of the respondents were from the higher caste comprising Brahmin, Chhetri and Thakuri, while the majority of the respondents (36.1%) represented Janajati group including Gurung, Magar, Rai, Limbu and Gharti.

Lower caste group that include Kami, Damai and Sarki cover 28 percent of the total respondents. Others include Giri, Puri and Sanyasi, which represent the very small proportion (4.9%) of the respondents.

Table 4.6: Caste/Ethnicity

Ethnicity	Number	Percent
Higher Caste	19	31.1
Janajati	22	36.1
Lower Caste	17	27.9
Others	3	4.9
Total	61	100

Source: Field Survey, 2077

4.2.2 Religious Status of the Respondents

Regarding the religion of the respondents, majority of them follow Hindu (77%), which is followed by the Buddhist (18%) and only 3.3 percent Christian religion. One of the respondents was reluctant to mention the religion s/he followed.

Table 4.7: Religious Status of the Respondents

Religion	Number	Percent
Hindu	47	77.0
Buddhist	11	18.0
Christian	2	3.3
Others	1	1.7
Total	61	100

Source: Field Survey, 2077

4.2.3 Educational Status

Educational background helps play a vital role for a person to maintain a healthy and dignified living. Educational status of the respondents shows that the higher proportion remains as that of the Basic level of education (54.1%). The percentage of the respondents having the secondary level of education is 42.6 percent. Among the respondents, it is observed that less than five percent of the drug abusers have an educational qualification higher than plus two level.

Table 4.8: Educational Status

Educational Qualification	Number	Percent
Basic Level	33	54.1
Secondary Level	26	42.6
Higher Level	2	3.3
Total	61	100

Source: Field Survey, 2077

4.2.4 Occupational Status of the Respondents

The occupational status of the respondents varied from business of small scale shops to illegal drug supplies to other drug abusers as well as in the market. One-fourth of the respondents comprise of bus drivers and helpers who take drugs illicitly. However, nearly one-third have no jobs and currently unemployed. Likewise, the respondents with some other occupational groups include wage labourers (11.5%), automobile workers (8.2%), Business (6.6%). It is noteworthy that some (8.2%) respondents stated that they have been involved in illicit drug supply.

Table 4.9 : Occupational Status

Occupational Status	Number	Percent
Business	4	6.6
Automobile Worker	5	8.2
Driver	7	11.5
Helper (Bus)	8	13.1
Wage Labourer	7	11.5
Illegal Drug Supplier	5	8.2
Other	5	8.2
No Occupation	20	32.7
Total	61	100

Source: Field Survey, 2077

4.2.5 Family Types

Regarding the size of the family of the respondents, most of them come from small families with family members less than or equal to five (table not shown). The type of family of the respondents revealed that 85.2 percent of them have nuclear families. Still some respondents (14.8%) belong to the joint families, which consist of parents and their married children. Although the extended type of the family of the respondents was also sought, but no one responded as they did not belong to that type of family.

Table 4.10: Type of Family

Type of Family	Number	Percent
Nuclear	52	85.2
Joint	9	14.8
Total	61	100

Source: Field Survey, 2077

4.2.6 Source of Income of the Family

Although the respondents themselves are unemployed, majority of their families have been involved in some forms of occupation except a few (9.8%) families. Nearly one-fourth of them have their own business such as shops, hotels, restaurants, etc. Others' families earn their living from wage labour (23%) and from agricultural activities (14.8%). Some of the families do not have any activities as such but manage the expenses through their pension and old age allowances provided by the government. Families earning their living through jobs were negligible (3.3%).

Table 4.11: Source of Income of the Family

Source of Income	Number	Percent
Agriculture	9	14.8
Business	15	24.6
Foreign Employment	4	6.6
Pension and Old Age Allowance	9	14.8
Job	2	3.3
Wage Labourer	14	23.0
Other	2	3.3
No Occupation	6	9.8
Total	61	100

Source: Field Survey, 2077

4.2.7 Employed Family Member of the Respondents

Regarding the employed family member of the respondents, a question was asked to the respondents whose at least one family member was employed. As the employed member can be more than one in a family, multiple answers were accepted. It is observed that, incorporating the multiple responses, the majority (80.0%) of the respondents' fathers were employed. Likewise, the employed family member comprised mothers (25.4%) followed by brothers (20.0%), respondents' wives (9.1%) and themselves (10.9%). As more than one member of some respondents' families were employed, the total number exceeds the total cases.

Table 4.12: Employed Family Member (Multiple Responses included)

Family Member	Number	Percent
Father	44	80.0
Mother	14	25.4
Brother	11	20.0
Wife	5	9.1
Self	6	10.9
No member employed	6	10.9
Total	61	100

Source: Field Survey, 2077

4.3 Background related to Drug Use by the Respondents

4.3.1 Sources of Drugs for the Respondents

Drug users and abusers generally obtain drugs or such substances from certain sources that might be their close friends, relatives drug stores or straight from

the farms if produced locally. The majority of the respondents who received the drugs of their choice or necessity from their friends (63.8%). Almost one in every four obtained from the drug store (23%), while 6.6 percent respondents had contact with the illicit drug suppliers and bought from them. However, a few of them either had from the local farmers or from their contact persons at the Indian border.

Table 4.13: Source where the Respondents obtained Drugs from

Source	Number	Percent
Pharmacy	14	23
Friends	39	63.8
Farm/er	2	3.3
Illegal Drug Supplier	4	6.6
Indian Border	2	3.3
Total	61	100

Source: Field Survey, 2077

4.3.2 Age at first use of Drugs

As regards the age of the respondents, almost two third were of age 20 or below. This reflects that the majority of the people get indulged into the scourge of drugs during their teenage or adolescence. Among the respondents with single year age categories, the number of drug abusers aged 17, 18, 19 and 20 was higher.

Table 4.14: First use of Drugs by Age

Age	Number	Percent
16	2	3.3
17	10	16.4
18	10	16.4
19	9	14.8
20	10	16.4
21	2	3.3
22	5	8.2
23	2	3.3
24	1	1.6
25	5	8.2
25+	5	8.2
Total	61	100

Source: Field Survey, 2077

4.3.3 Frequency of Drug Use

The status of the respondents shows that the frequency of drug use ranged from once a week to more than once a day. The respondents who needed the drugs at least once a week were 37.7 percent, while 36.1 percent used drugs at least twice a week when available. Likewise, 18 percent of the respondents claimed that they used to take drugs at least three times a week. Those taking drugs either at least four or five times were negligible in number.

Table 4.14: Frequency of Drug Use per week

Frequency of Drug Use	Number	Percent
At least Once	23	37.7
At least Twice	22	36.1
At least Thrice	11	18.0
At least Four times	3	4.9
At least Five times	2	3.3
Total	61	100

Source: Field Survey, 2077

4.3.4 Duration of Drug Use

The proportion of the drug users at the detention were using drugs for more than five years. Those using drugs for one year were only 13.1 percent, while the ones using for last five years or even more were nearly ten percent. Majority of them were users for the last four years (27.9%), while half of the respondents comprised of using drugs either two years or four years. Table 4.15 below illustrates the situation of the duration of the weekly usage of drugs by the respondents.

Table 4.15: Duration of Drug Use per week

Duration of using Drugs	Number	Percent
From Last year	8	13.1
For last Two years	15	24.6
For last Three years	17	27.9
For last Four years	15	24.6
For last Five or more years	6	9.8
Total	61	100

Source: Field Survey, 2077

CHAPTER FIVE

CAUSES OF DRUG ABUSE

This chapter deals with the factors that happened to influence the respondents towards the use of drugs. The causes of drug use among the respondents roam around how they got into the world of drug use or abuse and lead them to the detention of the police office.

The drug abusers at the detention have been identified as using all three types of drugs as mentioned by the key informants. The depressants, stimulants as well as hallucinogens have been used but the magnitude of use varied and the majority of the respondents used the depressants. The drugs mostly used by the abusers include Diazepam, Nitrazepam, Nitravet, Nitrosun, Benzodiazepine, Cocaine, Methamphetamine, Cannabis, Marijuana as well as Phencyclidine.

5.1 Influencing Factors of Drug Use

Influencing factors of drug abuse among the respondents have been categorised into family, friends and community. The respondents who have been influenced to use drugs by their friends comprised 50.8 percent. The second hierarchy of the factors that influenced the respondents for using drugs is their own family (44.3%) and the third factor is their community (40.9%). As the multiple responses have been supplied by the respondents, the total of the cells exceeds the total, which is obvious.

Table 5.1: Factors influencing Drug Use (Multiple responses incorporated)

Factors influencing Drugs Use	Number	Percent
Family	27	44.3
Friends	31	50.8
Community	25	40.9
Total	61	100

Source: Field Survey, 2077

5.2 Familial Factors of Drug Use

Among those who reported the causes of drug abuse as the familial factors, the majority pointed towards the conflict of their parents that lead them to the use of drugs. Nearly one in every five stated that the unnecessary and unusual control of their parents caused them to be indulged into the drug abuse. Likewise, mother leaving home (18.5%), father's beating (11.1%) and drug users in the family (11.1%) have also influenced the respondents towards drug use.

Table 5.2: Familial Factors influencing the Respondents to Drug Use

Influencing Factors	Number	Percent
Parental Control of Everything	5	18.5
Parental Conflict	11	40.7
Mother left away	5	18.5
Father Beating	3	11.1
Family Members also use Drugs	3	11.1
Total	27	100

Source: Field Survey, 2077

The people nearly 45 percent of the respondents who have been influenced by their own families showed varied factors that led them to abuse different drugs. Be it the day to day life with quarrelling parents or the father's unusual and brutal behaviour or the imitation from the family member who has been using drugs are the major factors. One of the vulnerable cases of familial factor is mentioned in the box below:

5.3 Peer Influences

The peer influencing factors as how drug use by the respondents commenced revealed that more than half of the respondents were provided by their friends to use drugs. Likewise, nearly two in every five mentioned that they learnt to use drugs from their friends. Some respondents (6.4%) did not want to disclose the fact although they had mentioned that they were influenced by their friends.

During informal talks, however, many of them revealed that the major influencing factor of their using drugs is peer pressure. Some other reported curiosity towards drugs, failure in achieving their life goals, feeling of getting involved in recreational activities and so on.

Table 5.3: Peer Influencing Factors of Drug Use

Peer Influencing Factors of using Drugs	Number	Percent
Friends provide Drugs	17	54.8
Learnt to use Drugs from Friends	12	38.7
Other	2	6.4
Total	31	100

Source: Field Survey, 2077

Case 1

My name is Rajan Dahal (Name Changed). I am 18 years old. I was studying in class seven when I came into contact with one of my friends, who was using drugs. He used to influence me to use drugs but I was quite reluctant in the beginning. I learnt through my teachers that using drugs is not a good deal. I was good at my studies. My life turned into a hell when my parents began quarrelling without any reason, which I could not understand. When the situation got severe, I left home and came to Pokhara, where I got to make some friends in the hotel where I started working and got into such friendship that made me happen to indulge into the world of drugs

5.4 Community related Factors

The substance like cannabis products are found in rural areas as it is grown in a small amount in the farm by many farmers for medicinal purpose in the rural areas. Its products are generally used in certain occasion like *Shivaratri* and in the month of *Shrawan*. Many respondents reported that they used these types of drugs for the first time during those occasions. More than half of the respondents who mentioned their community as the most influencing factor reported that they got used to with the drugs because of its easy availability in the community. Similarly, those who admitted to have learnt from the community members using drugs in the community due to their culture, tradition or habit were 36 percent. The respondents unwilling to mention the causes of their drug use were 12 percent.

Table 5.4: Community related Factors of Drug Use

Community related Factors of using Drugs	Number	Percent
Easily Available in the Community	13	52.0
Community People use Drugs	9	36.0
Other	3	12.0
Total	25	100

Source: Field Survey, 2077

Case 2

I am Bishnu Rai (Name Changed). I am 19 years old. I work as a helper in a bus. My *Guruji* (Bus driver) knows many people in the Indian border. When our trip is for Sunauli and we need to stay there, he contacts some guys who he knows. They bring us drugs with reasonable rate and he sells in Pokhara, Damauli, Baglung and other cities. Sometimes, I filch without his notice when carrying towards the clients and happened to using drugs.

CHAPTER SIX

CONSEQUENCES OF DRUG ABUSE

This chapter deals with the consequences that arise due to the use of drugs among the respondents. How the use of drugs affects the relationships with one's family members, friends as well as the community members is quite important. Likewise, how the people of the social strata behave those drug users makes sense that how the life goes ahead in the times of crisis or adversity. The relationship of the respondents as drug users with their family members, their peers and the community members has been discussed here. Also, the consequences of drug use on the physiological and psychological health have also been dealt with in the latter sections of this chapter.

6.1 Relationship with Family

As revealed by many researches that the person when gets addicted to drugs begins preferring isolation and social distancing as well as shows unsocial behaviours. Informal discussions with the respondents in the District Police Office, Kaski as a stranger revealed that many of them wanted to be away from the family. Some expressed deep affection towards their family, while some did not want to recall the family at all. It was because how the family members dealt with them in their difficult circumstances. One of the respondents recalled an incident when his father beat him with a bamboo stick without any reason. Some said that the family members were not told of their using drugs because of being knocked out from home. The key informants also mentioned about the relationship of the respondents with their family members during the visits that, 'the boys are rude towards their family members. When enquired about this to the 'boys', they just answer with angry

face that it's just 'tit for tat'. This is sufficient to mean that their relation with the family members was not gracious.

6.2 Peer Relations

The peer relations of the respondent drug users can be viewed from the point of view of themselves. The majority of the respondents revealed that the relationship with the ones who have similar nature of using drugs have fine tune as compared to the others who have been, in their own words, 'away from "the world of drugs"'. This statement has been verified from one of the key informants during the KII. The respondents also accepted that the relationship before and after drugs have changed in a great deal with their friends. Some of them take this situation as a missed opportunity and the others realized as their own faults of being away from the close friends.

6.3 Behaviour towards the Respondents: Family, Friends and the Community Members

This topic describes how the respondents being treated by their family members, friends and the community members in post drug situations. Many of the respondents expressed that their family members, friends and the people in their communities do not have information as being their drug intake. However, the responses have been taken in an aggregate form. It is observed that a few cases of bad behaviour be seen by the family friends and community members, where the family members seemed too rude to the respondents as compared to the other two groups. Interestingly, the community people have behaved nicely or same as in the previous times.

Table 6.1: Family, Friends and Community Members' behave towards the Respondents

Behaviour towards Respondents	Family		Friends		Community	
	Number	Percent	Number	Percent	Number	Percent
Same as Before	21	34.4	28	45.9	23	37.7
Good	25	41.0	27	44.3	30	49.2
Bad	15	24.6	6	9.8	8	13.1
Total	61	100	61	100	61	100

Source: Field Survey, 2077

Table 6.1 depicted that the behaviour of the community members seemed to be fairly good towards the drug abusers. This might be because of the fact that the community people do not have obligations in taking the burden of any responsibilities as such.

6.4 Consequences on Physiological Health

The consequences of drug use among the respondents here have been included along with the withdrawal symptoms of drugs as well. The physiological consequences include fatigue among the respondents (44.3%) followed by drowsiness (34.4%), loss of appetite (29.5%), blurred vision (24.6%). However, almost three out of ten reported that they did not experience any physiological symptoms.

Table 6.2: Physiological Consequences of Drug (Multiple responses included)

Physiological Consequences of Drugs	Number	Percent
Drowsiness	21	34.4
Loss of Appetite	18	29.5
Blurred Vision	15	24.6
Fatigue	27	44.3
Low Blood Pressure	9	14.7
No any Symptoms	18	29.5
Total	61	100

Source: Field Survey, 2077

Regarding the consequences of physiological health of the respondents as observed by the key informants, the responsible persons of the District Police Office, Kaski, the major problems are weight loss, loss of appetite shivering of the body frequently and loss of sleep. The informants also revealed from their experience of dealing with such drug abusers for a long time that the overall impact due to the abuse of drugs is startling. Such effect ranges from harming the family members, society as well as hampering their own career goals.

6.5 Consequences on Mental Health

Regarding the psychological consequences of drug use, the majority of the respondents (45.9%) had a feeling of being confused, followed by those who had anxiety (39.3%), short term memory loss (31.1%) and loss of sleep (29.5%).

The key informants' interview as well as the participants' observation during the data collection found that the abusers have many consequences on their mental health. These include solitude, trying to deceive, depicting unsocial behaviour, being restless, getting angry for no reason and so on.

Table 6.3: Psychological Consequences of Drug

Psychological Consequences of using Drugs	Number	Percent
Anxiety	24	39.3
Short term memory loss	19	31.1
Confusion	28	45.9
Loss of Sleep	18	29.5
Total	61	100

Source: Field Survey, 2077

CHAPTER SEVEN

SUMMARY AND CONCLUSION

The present study has been conducted to find out the causes and consequences of drug use among the people who have been under detention at district police office, Kaski due to various charges related to drugs. Altogether, 61 respondents of different age groups have been selected for the study. The quantitative data obtained from the respondents have been edited, tabulated and analysed with the help of SPSS version 23. The qualitative information obtained have been incorporated and blended with quantitative data at the relevant sections as per the nature of the data. Based on the analysis of the entire data, the summary has been made as follows:

7.1 Summary of Key Findings

The summary of the key findings comprises of three sections, which have been illustrated as follows:

7.1.1 Background Characteristics of the Respondents

Age group: More than thirty percent respondents are among teenagers, while only 18 percent are of age over 30 years.

Gender: Males are 92 percent while the remaining are females.

Marital Status: More than sixty percent are unmarried.

Ethnicity: *Janajatis*, which includes Gurung, Magar, Rai, Limbu, represent 36.1% followed by higher caste, Brahmin, Chhetri and Thakuri, 31.1% and lower caste, Kami, Damai and Sarki, 27.9%.

Educational Status: More than half of the respondents (54%) have basic or no education, while 42.6 percent have secondary level of education.

Occupation: Almost all have blue collar jobs, which reveals the abusers come from non-clerical jobs.

Family type: Respondents living with nuclear families are 85.2 percent, while no one represents from the extended family.

Source to obtain drugs: The major source of the drugs for the respondents were their friends (63.8%) and then followed by the Pharmacies (23%).

Age at first use: More than half of the respondents began to use drugs during their teenage.

7.1.2 Causes of Drug Abuse

Influencing factors: The most influencing factors for the respondents to use drugs are friends, family and their own community.

Factors within the families: Parental conflict (40.7%) was the major factor with inclusive of the family disorders.

Peer influences: Many respondents have been affected by the bad peer influence (54,8%) as they were provided with drugs.

Community's role: The main factor in the community is the easy availability and accessibility of the drugs (52%).

7.1.3 Consequences of Drug Abuse

Relationship with family: As revealed by the respondents, their relationship with family members is not harmonious what has to be.

Relationship with friends: The relationship of the respondents with their friends is fair.

Physiological Consequences of Drugs use: Fatigue (44.3%) and drowsiness (34.4%) are the major physiological consequences of drug use.

Psychological Consequences: Among the mental health disorders, confusion (45.9%), anxiety (39.3%) and short-term memory loss (31.1%) have been found the major ones.

7.2 Conclusion

The use or abuse of drugs takes place in the society or the community, which is more vulnerable in terms of the availability, accessibility and the effectiveness of implementation of the law and order in the community. The majority of the drug users in the present study are from the weaker socio-economic background. Drug use can be viewed as affected by various factors. Based on the present study, it can be concluded that family influence, peer pressure as well as the community influence have the major impact on a person to be indulged into drug use.

The data suggest that the family problems, poor socio-economic background have led the respondents to have drugs. However, the type of family has no significant relation with the cases of drug users that the majority of drug users belong to the nuclear families.

Drug Abuse in the cities like Pokhara has been becoming a serious problem in these days. Proper action at proper time needs to be taken so as to overcome the problem in time. Therefore, proper family support, positive peer influence and strong community support would lead to a drug free society. For it needs to join hand in hand with people and police to eradicate such a social trouble before having it to be in a terrible situation.

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Appendix-I

Interview Schedule

Date of Interview:

Respondent's Name: Age: Sex:

Male/Female/Other Education: Occupation:

... Caste/Ethnicity: Marital Status: Source of

income: Monthly income:

Background Information: Family		
S.N.	Questions	Response of the Participant
1	Family type	1. Nuclear 2. Joint 3. Extended
2	Religion	1. Hindu 2. Buddhist 3. Christian 4. Islam 5. Other:
3	Main source of income	1. Agriculture 2. Non-agriculture, specify:
4	Monthly income	NPR:
5	Who in your family employed?	1. Father 2. Mother 3. Elder Brother 4. Other:
6	Occupation of the employed member	1. 2 3 4
7	Monthly income of the employed member	NPR:

Information on Drug Use

1	What age you first used drugs?	
2	How often have you been using drugs?	1. Daily 2. Every alternate day 3. Once a week 4. Twice a week 5. Other:
3	Which types of drugs you use?	1. Oral 2. Injecting 3. Both 4. Other:
4	Please mention the drugs you recently used.	1. 2. 3.
5	How long have you been using drugs? months years
6	Where do you get the drugs from?	1. Pharmacies 2. Friends (users) 3. Other:
7	Have you ever used any cannabis (marijuana, hashish, ganja, bhang, etc.) in last 12 months?	1. Yes 2. No
8	When was the first time you used the cannabis?	
9	Have you ever used any cocaine in last 12 months?	1. Yes 2. No
10	When was the first time you used the cocaine?	
11	Have you ever used any	1. Yes 2. No

	stimulant type of drugs in last 12 months?	
12	When was the first time you used the stimulant drugs?	
13	If you have ever taken any stimulants, please mention the one you have taken recently	
14	Have you ever used any hallucinogen type of drugs in last 12 months?	1. Yes 2. No
15	Please mention if you have taken any other types of drugs.	

Information on Drug Use: CAUSES

	Who is the head of your family?	1. Father 2. Mother 3. Other:
	Does anybody in your family know about your drug use?	1. Yes 2. No [Skip to Q. 4]
	When did they know about your case?	1. From the beginning 2. Halfway through 3. Recently
	Is any of your family member using the drugs?	1. Yes 2. No 3. Don't Know
	Please rate the relationship with your parents before using drugs.	1. Good 2. Normal 3. Bad
	Why did you decide to use drugs?	
	What factor influenced you	1. Family 2. Friends 3. Community 4. Other ...

	to take drugs?
	If family, how?	1. Parental control of everything 2. Parental conflict 3. Mother left away 4. Father beating 5. Family members also use drugs 6. Other
	If friends, how?	1. Friends provide drugs freely 2. Learnt from friends 3. Other
	If community, how?	1. Easily available in the community 2. People in my community use drugs 3. Other
	Do you feel better when you take drugs?	1. Yes 2. No
	If no, please mention why.	
	Do you think it's good to take drugs?	1. Yes 2. No
	If not, please mention why.	
	Overall, what do you think of your getting into drug use?	1. Learnt from friends 2. Learnt from family members 3. Learnt from the community 4. Due to unemployment 5. To overcome mental tension 6. To influence friends 7. Others

Information on Drug Use: CONSEQUENCES

	How do your family members behave after you began taking	1. Same as earlier time 2. Good
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	drugs?	3. Bad
	What do they actually do for/against you?.	
	How do your friends behave after you began taking drugs?	1. Same as earlier time 2. Good 3. Bad
	What do they actually do for/against you?.	
	How do the community people behave after you began taking drugs?	1. Same as earlier time 2. Good 3. Bad
	What do they actually do for/against you?.	
	After taking drugs, what types of physiological symptoms have you often experienced?	1. No interest in life 2. Loss of appetite 3. Confused sometimes 4. Feeling of Anxiety 6. Suicidal thoughts 5. Other
	Have you ever felt that you have any effects of drug use on your mind?	1. Yes 2. No
	If yes, please mention the type of effect.	1. Can't remember things 2. feel anxious 3. Loss of sleep 4. feeling of being helpless 5. Can't focus on things 6. Other

	How do you feel whenever you see the police?	
	Have you ever run away from police custody?	1. Yes 2. No
	If yes, why?	

Appendix-II

Checklist for Key Informant Interview

What socio-economic background of the drug abusers have you found here as detainees?

What factors have you found among the drug users to be indulged into drug abuse?

Which drug groups have been preferred by the detainees as their favourite drug?

What social consequences have been found among the detainee drug users?

What psychological consequences have been found among the detainee drug users?

What is the relationship you have noticed of the detainee drug users with their family members?

What is the relationship you have noticed of the detainee drug users with their friends?

What is the relationship you have noticed of the detainee drug users with their community members?

Thank you for your cooperation!