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**THE SCHOOL OF MISSION AND THEOLOGY**

**CULTURAL EFFECTS FOR DRUG ABUSE: A CASE STUDY ON  
NEPALESE YOUTH DRUG USERS**

**THESIS FOR**

**MASTER OF GLOBAL STUDIES**

**BY**

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**STAVANGER, NORWAY**

**JUNE 2016**

## **ACKNOWLEDGEMENT**

The sincere gratitude goes to my thesis supervisor Jon Skarpeid, Associate Professor at the University of Stavanger for guiding me from the very initial beginning to the successful ending of this research. Without his motivation, support and proper guidance this research would not have been possible.

I would like to deeply thank to the Professors and Lecturers associated with the Master in Global Studies and Globalization in MHS respectively who gave awe-inspiring and relevant lectures on theoretical and practical fields. I am also very thankful towards all the library and entire MHS staffs and family for their support during this research. Similarly, I appreciate all the respondents, each member of the CBS Nepal, Kathmandu, and all the helping hands in Nepal. And at the same time, I would like to remember my all classmates and friends.

Last but not the least; I extend the heartiest and greatest respect towards my parents, my husband and daughter for their unconditional love and support.

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## ABSTRACT

This research is carried out with the 'Cultural Effects for Drug abuse on Nepalese Drug Users. 'Cultural effects' here is concentrated on how they are spending their daily life, what is social and cultural patterns they have, age patterns of drug users, age at first drug intake, marital status, living arrangement of drug users, currently attending school/campus, educational status of drug users, occupational status of drug users, hard drug users using household facilities, reasons for taking drugs, religious status of drug users, gender division of drug users, distribution of drug users by caste, geographical background of the drug users. Therefore, it consists of sociological perspective. In-depth interview has been used as the tools of collecting data. Similarly, the theoretical and conceptual approaches like cap control theory, the sociology of drug, Anderson's cultural-identity theory of drug abuse, cultural identity theory of drug, and popular culture theory of drug have been applied to analyze the data.

Through our study, we found that Drug Rehabilitation Centre (DRCs) play important role to make drug addict free of addiction. Richmond Fellowship Rehabilitation Center is the treatment center for alcohol and drug users which carries out several activities to keep in individuals away from alcohol and drug as long as possible and help the drug user to rehabilitate in the main stream of society. The Hindu religion has traditionally accepted certain roles for `soft drugs`, such as marijuana and hashish which is considered to be a blessing from Lord Shiva, the supreme god in Hindu mythology. Many crimes have been committed by drug dependents in Nepal. Although some are violent and serious, most are petty crimes, committed for money to support the drug habit.

# Content

	<b>Page No.:</b>
ACKNOWLEDGEMENT	i
ABSTRACT	ii
CONTENT	iii
LIST OF TABLE	vi
ABBREVIATIONS	vii
<b>CHAPTER-I</b>	
<b>INTRODUCTION</b>	
1.1 Background of the Study	1
1.2 Scope and Limitation of the Study	2
1.3 The Research Questions	2
1.4 Significance and Relevance of the Research	3
1.5 Organization of the Thesis	3
<b>CHAPTER -II</b>	
<b>METHODOLOGY</b>	
2.1 Research Methodology	5
2.2 Justification for Choosing Qualitative Methodology	6
2.3 Research Design	6
2.4 Secondary Data Sources	7
2.5 Validity and Reliability of the Research	9
2.6 Ethical Consideration	9
2.7 Situatedness	11
<b>CHAPTER -III</b>	
<b>CONCEPTUAL AND THEORETICAL APPROACHES</b>	
3.1 The Meaning of Drugs	13
3.2 Theories on Drug Abuse	14
3.2.1. Cap Control Theory	14
3.2.2. The Sociology of Drug	15
3.2.3. Anderson's Cultural-Identity Theory of Drug Abuse	15

3.2.4 Popular Culture Theory of Drug	17
3.3 Previous Research on Drug	17
3.4 Conceptual Framework	20

## **CHAPTER -IV**

### **NEPALI CULTURE, RELIGION AND DRUG USE**

4.1 Background and Identity of Nepal	22
4.1 Background and Identity of Nepal	24
4.1.1 Festivals in Nepal	25
4.2 Historical Background of Drug Abuse	27
4.2.1 Drug Abuse Trend in Nepal (Context of Nepal)	27
4.2.2 Hard Drug Users	28
4.2.3 Estimated Number of Current Hard Drug Users	29
4.2.4 Most Common Combination of Drug Categories by Current Hard Drug Users	30
4.3 Role of Globalization for Drug Abuse	30

## **CHAPTER -V**

### **ANALYSIS AND INTERPRETATION OF DATA**

5.1 Personal Information of Respondents	33
5.1.1 Age of the Respondents	33
5.1.2 Marital Status of the Respondents	34
5.1.3 Caste / Ethnicity, Religion and previous Occupation of the Respondents	34
5.2 Family Information of Respondents	35
5.2.1 General Information about size and type of family	36
5.2.2 Childhood Experience and Nature of the Informants	37
5.2.3 Economic Status of the Respondents	38
5.2.4 Parents Behavior toward the informants	39
5.2.5 Relationship of the Respondents with their colleagues and wife/husband	40
5.2.6 Study Experience of the Informants	40
5.2.7 Informants Satisfaction with study and teachers	41
5.2.8 Educational Qualification of the Informants	42
5.3 Names of the Drugs Used By the Respondents	43

5.3.1 Informants years spent on Drug Abuse	45
5.3.2 Times of Using Drugs per Day	45
5.3.3 Informants' Age of Starting Drugs	46
5.4 Reasons for Taking Drugs	47
5.5 The Cultural Perspectives	48
5.6. Social Experience of Drug Addicts	49
5.7 Getting Treatment in Rehabilitation Center	50

## **CHAPTER - VI**

### **MAJOR FINDINGS OF RESEARCH**

6.1 Role of Culture for Drug Use	52
6.2 Social Experience of Drug Users	53
6.3 Rehabilitation Centers in Nepal	55
6.3.1 Role of Richmond of Fellowship Rehabilitation Center	57
6.4 Feelings about Service provided by Richmond of Fellowship Rehabilitation Center	59 60
6.5 Conclusion	

## **CHAPTER - VII**

### **CONCLUSIONS AND RECOMMENDATION**

7.1 Conclusions	61
7.2 Recommendation	64

## **REFERENCES**

## **APPENDIX**

## LIST OF TABLE

	Page No.:
Table 1 : Age of the Respondents	33
Table 2 : Marital Status of the Respondents	34
Table 3 : Caste / Ethnicity Religion and previous Experience of the Respondents	35
Table 4 : General Information about size and type of family	36
Table 5: Childhood Nature and Interest	37
Table 6 : Economic Status of the Respondents	38
Table 7: Parents Behavior toward the informants	39
Table 8 : Relationship of the Respondents with their colleagues and wife/husband	40
Table 9 : Study Experience of the Informants	41
Table 10: Informants Satisfaction with study and teachers	42
Table 11: Educational Qualification of the Informants	43
Table 12: Name of the drugs that they Used	44
Table 13: Years Spent on Drug Abuse	45
Table 14 : Time of Taking Drug per Day	46
Table 15: Informants' Age of Starting Drugs	47
Table 16 : Reasons for Taking Drugs	48
Table 17: The cultural perspectives of drug users	49
Table 18 : The time that family know about informants Drug use	50
Table 19: Getting Treatment in Rehabilitation Center	50

## ABBREVIATIONS

BPKIHS-DAU	B. P. Koirala Institute of Health Sciences De-Addiction Unit
CBS	Central Bureau of Statistics
CHDU	Current Hard Drug Users
DAPAN	Drug Abuse Prevention Association of Nepal
DRC	Drug Rehabilitation Centers
GDP	Gross Development Percentage
GoN	Government of Nepal
HIV	Human Immune Virus
i.e.	That is
IVDU	Intravenous Drug Users
KTM	Kathmandu
P.	Page
SSNCC	Social Services National Co-ordination Council
STD	sexually transmitted diseases
UNO	United Nation Organization
UNODC	United Nations Office on Drug and Crime
WDR	World Drug Report
WHO	World Health Organization



# CHAPTER-I

## INTRODUCTION

### 1.1 Background of the Study

Drugs, basically, are introduced as medicine to cure and relief from the diseases but when it is misused or overused badly, it helps to produce various diseases, which is known as drug abuse. Anyone, whether it is male or female who is habituated to misuse it, is called drug addicts. Drugs are natural and or synthetic substances which are used in the treatment of discomforts. Alcohol, Aspirin, Cannabis, Marijuana, Opium etc. are all the narcotic substances which have been misused in the present time in the world and in Nepal as well. It has become burning serious problems in Nepalese societies and in global phenomenon. In Nepal, mostly people are based on the philosophy of Hinduism. The ritual activities of different communities and ethnicity within Hindu religion are different from each others. The ritual performances take marijuana as the holy thing. In the Shivaratri, people take marijuana as the 'Prasad' of God Shiva (Shrestha, 1992, p.8). The culture and religion of Nepal and its various ritual activities are interlinked with using different sorts of drugs which ultimately entice the people to use it as drug addicts slowly and gradually. Rituals have played pivotal roles to make people habituated to use drugs. As a researcher, I felt that culture, religion and ritual performances of different communities in Nepal are also agents to sow the seed and establish the continuation and habituation of using drugs in the world of young generations. It is seen that the growing trend of using substances is rooted in the bad ritual practices. (DAPAN, p.12)

However, the types of drug abuse have been changed from cannabis to chemical substances. So, it has become a multi-dimensional burning issue in Nepal as well as the whole world more than 91,534 people are using drugs. Most of the drug users are young (GoNCBSp.26. 2015).

The researcher is trying to analyze the ritual and cultural causes of narcotic substances on youths which ultimately lead them to use it regularly. I have clearly stated the topic - The Study of Cultural Effects for Drug Abuse: A case Study in Nepalese youth's Drug Users. For that purpose, the researcher has chosen ten male drug users from one service branch

of Richmond Fellowship Nepal named Male Rehabilitation center for Drug users, Chovar, Kathmandu Nepal, a running non-governmental rehabilitation center to gather multiple information and the experiences of them. This research is more focused to dig out the elements which have enticed the Nepalese youths to use drug and the personal behaviors as well as social experience.

During the research, I have collected samples on the basis of the drug users who are getting treatment in the rehabilitation center. Due to spatial difference, I could not take interviews directly but I got needed information from the respondents through email. Researcher frequently sent the questions to the respondents and they also replied interestingly.

## **1.2 Scope and Limitation of the Study**

I have analyzed different researches about the drug abuse in Nepal. My research focuses on ritual causes for drug abuse and its impacts on youths. This research becomes fruitful to the people who are interested to do the same research. It is informative guidelines to them. Moreover, this research carries out the scenario of Nepali cultures which allows using alcohol and marijuana as the sacred things. Such ceremonies make people interested and habituated to use it more which ultimately leads youths to be drug addicts. It also studies the experiences of drug users toward family and society, and measure their behaviors after being treated in rehabilitation center.

## **1.3 The Research Questions**

The major concern of this research is to explore the factors that have influenced Nepalese youth to use drugs, their social experiences of being drug addicts and the transformations they experienced in the society after being sent to rehabilitation homes. It enables the researcher to design an appropriate methodology and finally to discuss and analyze and interpret the data to get the findings and draw conclusions of the study. My intention, here, is that to explore the causes that have forced youths to be addicted to the drugs and how culture has supported the drug abuse and how rehabilitation homes have helped the

drug addicts to have a normal life further after treatment in Nepalese society. To reach in the conclusion at the end of the research, researcher raises the problems or questions which creates curiosity to all. This study moves ahead mainly focusing on these questions particular questions:

What are the major considerations that lead the youths to indulge in to the world of drug abuse?

What sort of personal and social experience they feel as drug addicts?

What kind of transformation do they experience after being treated in rehabilitation center?

#### **1.4 Significance and Relevance of the Research**

The significance and relevance of the research carry out the value of the study. The thesis Cultural Effects for Drug Abuse: A Case Study on Nepalese Youth deals with culture, religions and drug abuse among Nepalese Youth in Nepalese Society and its chronic negative effects on young generation. It tries to explore and present the experiences of drug addicts after the treatment in rehabilitation centre. It deals with the future policy, practice and knowledge. Moreover, it also gives emphasis how it will be relevance to the scholars, researchers and policy makers. My research's aim is to find out the cultural causes of drug abuse on Nepalese youths. So, this research will be helpful to know the exact scenario of the cultural effects for drug abuse on Nepalese youths from the cultural and religious perspective for the sociologists, researchers and scholars.

#### **1.5 Organization of the Thesis**

This research is divided into 6 main chapters. The first chapter includes the general information about the thesis and it describes the objective and purpose of the study. It gives the brief foretaste of what is mainly discussed in the whole research. Second chapter introduces the methodology of the thesis, describing the research design. Besides that, this chapter also describes the data collection method during fieldwork, reliability and validity of data and ethical consideration of the data. The third chapter is the conceptual and theoretical approaches of this research. In this chapter, I have discussed

what other researchers and scholars have studied about the similar topic. Further I have presented the concept of Nepalese culture in brief and discuss the relation of culture and religion with drug. Similarly, the fourth chapter presents the brief introduction about the Nepalese youths and issues of drug abuse. Data, which are collected through the interview, are presented in the chapter five. Chapter six is the analysis and discussion part in which data collected through fieldwork are presented and analyzed and interpreted in the light of theoretical perspective. And the final chapter gives the conclusion highlighting the main important point during research work.

## CHAPTER -II

### Methodology

#### 2.3 Research Methodology

The purpose of this research is to study the cultural and religious performances of different communities in Nepal to find out the cultural effects for drug abuse on Nepalese youths. It takes deep views and opinions from the target group. According to Kerlinger (2009, p. 483), qualitative research describes and analyses the process through which social realities are constructed and the social relationship through which people are connected to one another. To understand the cultural effects for drug abuse on Nepalese youths, I find qualitative research is the best method. (Bogdan & Taylor, 1990,) defines :

Qualitative research is designed to reveal a target audience's range of behavior and the perceptions that drive it with reference to specific topics or issues. It uses in-depth studies of small groups of people to guide and support the construction of hypotheses. The results of qualitative research are descriptive rather than predictive. A qualitative researcher holds that understanding of a phenomenon or situation or event comes from exploring the totality of the situation (6)

Qualitative research aims to find out the perceptions of a target audience on particular issue. It guides us for hypotheses of research. The result of such type of research is descriptive. Similarly, Braddock, et al., (1995,) states :

Qualitative research is a broad methodological approach that encompasses many research methods. The aim of qualitative research may vary with the disciplinary background, such as a psychologist seeking to gather an in-depth understanding of human behavior and the reasons that govern such behavior. (9)

Qualitative research includes several research methods. The purpose of this method is different from subject to subject.

## **2.2 Justification for Choosing Qualitative Methodology**

Qualitative and quantitative methods are not simply doing the same things differently; they have different logic and strengths. They are used to address different themes, questions and requirements. Applying inductive approach is the main strength of qualitative method, which focuses on specific situation and people, and its emphasis goes on words rather than numbers. In fact, qualitative research gather the information about how and why rather than when, where and what. David Nunan (2011, p.7) mentioned the five major aspects of qualitative method. They are understanding the meaning, understanding the particular context, identifying unanticipated phenomenon and influences and generated new-grounded theories, understanding the processes by which events and actions take place, and developing casual explanation. This research tries to explore the cultural effects for drug abuse on Nepalese youths. So, it is very much essential to use the qualitative research methodology.

According to Kothari, (2011, p.21) in qualitative research, there is no such thing as a format for the standard scientific paper. While doing qualitative research, researcher analyses the things according to what he hears, sees, perceives and learns while doing fieldwork. And these things are used to analyze later and justify the research questions. It is very powerful and sensitive method to study the experiences and way of living of the subject's everyday world. It is also said that qualitative research is sensitive to human situation and involves an empathetic dialogue with the subjects. Sometimes, researcher involves himself/herself in the society as the member of the community to understand and analyze the information and data correctly. Considering all these qualities and importance of qualitative research method, I prefer to use this method as my research tool. Through this method, I try to gain information about the cultural effects for drug abuse on Nepalese youths.

## **2.3 Research Design**

Research design is the layout of the research. Research design provides as framework for the collection and analysis of data. You make up the mind before you start doing research like, study type, research question, hypothesis, variables and data collection methods etc.

My research's goal is to find out the cultural effects for drug abuse on Nepalese youths. To do so, I have used the in-depth interviews as the primary data collection tool. Similarly, secondary data has been collected through visiting different libraries, collecting books and reading different books, magazines, periodicals, journals and through the internet.

## **2.4 Secondary Data Sources**

Secondary source describe, analyze and summaries the primary source. A secondary source generally lacks the originality or freshness of the original source because it is often removed one or more steps from the particular time period or event. The secondary data can be both: quantitative and qualitative. Qualitative data are obtained through books, journals, periodicals, newspapers, and magazines and through Internet sources. Quantitative data are received from census, electronic statistics, social survey, graphs, diagrams etc. Secondary data are already collected by others and easily available. They are quickly obtainable and cheaper so it saves time and efforts. Secondary data are used to support the data collected by the semi-structured open-ended interviews with Nepalese Youth drug addicts. Researcher used the secondary data to study about the cultural effects for drug abuse on Nepalese Youths. In this research, governmental websites of Nepal, related books, journals, magazines, periodicals and e-journals and Internet sources are used to analyze and support the data collected from the interview. To collect the primary data, fieldwork is the essential and vital method. I had done my fieldwork in Nepal and interview was the main tool for my fieldwork. It took almost two weeks to conduct the interview with the respondents.

Cohen and Manion, (1985, p.21) says :

In qualitative research questions are designed in such a way that the respondents are encouraged to give the in-depth explanation of the issue. So fixed-response or yes/no questions are simply avoided. It allows the respondents to express their thoughts in their own words. So it is very helpful to get their inner insight.

I chose the open-ended interview because this kind of interview is better to get the clear and detailed information and my aim is to collect the interviewee's point of view. I prepared my interview guide and information and consent sheet before I start conducting the interviews. Initially, I had made the questions of the interview guide quite straight forward but with the advice of my thesis guide, I realized, I should make the open questions so that so respondents will feel quite comfortable to talk about these things. I also decided to conduct the semi-structured interview because I can ask something, which I feel relevant in between of the interview, or if I feel something that is unclear. As I have chosen a vague, crucial and challenging research topic, I decided and tried to present myself very neutrally forgetting my own social, cultural and religious background. I felt myself in dilemma after I arrived my site, I had many questions in my mind; how to begin the fieldwork? Where can I meet the respondents? Is it very secure to take the interview in the public place? Will they feel comfortable taking interview in their room since I had many female respondents? Later on, I made a conclusion to make appointment with them and ask them where they prefer to meet. Everyone had their busy life. So I was quite hard to get the appropriate time and place but somehow I finalized the date, time and place for the interview for each of the interviewee. I had chosen to interview respondents where I had included the respondents according to the gender, level of education, and duration of their stay in Norway, lower caste and higher caste, ethnic group and according to their status as well. These are the aspect that will represent every category of the of cultural effects for drug abuse on Nepalese Youths as a whole. I had made personal appointment with all the respondents before I start the interview and I was quite aware of the privacy and comfort of the interviewee, which made my fieldwork easier.

Before every interview, I handover the information and consent sheet to the interviewee and get it signed. I made them clear about the purpose of the interview and about the privacy of their information. I assured them to make their name anonymous in my research. I met them personally and take face-to-face, one on one interview. I also added some follow-up questions in my interview guide later when I felt it is essential. Similarly, taking the permission of the respondents, interview was recorded and some follow-up interviews were done through the phone calls when more information was required.



## **2.5 Validity and Reliability of the Research**

Researcher should be aware of the reliability and validity of the study project which makes the research worthy and meaningful. Deconzo and Robbins (2006, p.8) define :

Reliability refers to the repeatability of findings. If the study were to be done a second time, would it yield the same results? If so, the data are reliable. If more than one person is observing behavior or some event, all observers should agree on what is being recorded in order to claim that the data are reliable.

Similarly, Deconzo and Robbins (2006, p.12) define :

Validity refers to the credibility or believability of the research. Are the findings genuine? Is hand strength a valid measure of intelligence? Almost certainly the answer is "No, it is not." Is score on the SAT a valid predictor of GPA during the first year of college? The answer depends on the amount of research support for such a relationship.

Being a qualitative researcher I have been careful about the authenticity of the data collected from different sources. Similarly, I have analyzed and sort out these data in the light of the scholarly text and according to the social and cultural context.

## **2.6 Ethical Consideration**

Every researcher should be aware of the research ethics before he starts any research. Research ethics helps to build the moral standard for finding the truth, respect the social norms and values, human rights and it is helpful for avoiding mistakes and errors. As define in Guideline-NESH;

As a concept, 'research ethics' refers to a complex set of value, standards and institutional schemes that help constitute and regulate scientific activity. Ultimately, research ethics is a condition of ethics of science in practice. In other words, it is based on general ethics of science, just as general ethics is based on common sense morality. (2006, p. 5)

I was very much careful about the ethics before I started by fieldwork. I had made the information and consent sheet and give the respondents time to read it carefully. Likewise, every social researcher need to accept, share a number of ethical concerns and try to follow the rules. As well as the choice of the issues for research should be based on the best scientific judgment, reliable, beneficial for research participants, researchers and the society. But, unethical research threatens the value of human life. Guideline - NESH (2006) explain that

Researchers must show respect for human dignity in their choice topic, in relation to their research subjects and in reporting research results. This implies that research process must be held to certain standard;

- ensure freedom and self determination
- safeguard against harm and unreasonable suffering
- protect privacy and close relationships (p. 11).

Talking about my own experience as a researcher, before collect the data I had a dilemma about respondents' reactions. The reason for that selection of quite different topic and only male youth drug users were respondents for research. According to Williams (1996)

Some researchers argue that their research must be conducted in a covert manner to obtain the information they need to understand certain social phenomena. For example, some researchers have gone undercover to study underground cultures such as drug cultures and used deception to find out about the inner workings of the social life of drug dealers and takers, often observing individuals engaging in illegal activities and sometimes findings themselves asked to engage in these same activities ( cited from SAGE Journals, p. 73).

Also I send the questionnaires via mail. We did not get time to talk face to face because of physical distance and internet problem. So I am worried for their response among that question, their way to wright answered and maybe there is gender biased. I was hopeless until I got the answered paper from them. While I got respondents answered sheets I was surprised because all of them answered the all of the question properly and freely. Regarding my own research, I used following ethical codes,

1. I took the permission from program manager of that center to collect data
2. Participants were fully informed by consent letter, in a manner and in language they can understand, context, purpose, nature, methods, procedures of the research
3. They were fully informed of their right to refuse and to withdraw at any time during research
4. Ensured confidentiality, respect human dignity and privacy was maintained
5. Maintained the full confidentiality of all information and the anonymity of participants
6. Protected against all potentially harmful effects and informed consequences of their participant.

The information and consent sheet consists about the purpose of the study, privacy of the informant's information and data, anonymity of their participation, duration of the interview, duration of the research, voluntary participation, contact persons and withdrawing of the consent etc. however, I also informed them their other personal details i.e, gender, age, profession and family background will be included in the thesis. Similarly, I made the respondents clear that the data and information will be saved in my personal computer and no one will be able to access them except me. I also assured them, all the data, information and the interview recordings will be deleted after the completion of the research. I was very much careful about the academic misconduct, academic cheating and the misinterpretation of the data during my research. I have not been biased to anyone or side and present my research neutrally what I find during the project.

## **2.7 Situatedness**

As my research topic demanded the field survey of the Nepalese Youth Drug Users, I have tried to be familiar with the respondents by sending research question about the general topic through the email. After several phone conversations with program manager of proposed rehabilitation center, I headed to Chovar of Kathmandu for the field report. Where, I tried to develop the familiar personal relation by sending message to respondents and program manager of this center. It increased the openness and level of

trust into these respondents. Data collection date were fixed according to the respondent's choice and they were assured about the anonymity of the personal details with presence of program manager. I used all the possible ways to be intimate with them so I can collect the reliable and authentic data. I was aware about their comfort ability and privacy of the data and assured them about the confidentiality. This help to create understanding with them and help me to assimilate with their way of living.

## CHAPTER -III

### CONCEPTUAL AND THEORETICAL APPROACHES

#### 3.1 The Meaning of Drugs

Goode (1993) has observed that drug-taking is nearly a cultural universal-that is, almost every society has substances that are consumed for many reasons, and there are no consistent "objective" criteria that make one a drug and another not. Instead, "drugs" are cultural and social constructs. Their meaning is largely symbolic and their contexts (culturally, geographically, and historically) are specific. The cultural-identity theory's tenet about the meaning of drugs begins with this premise. Scholars from the Birmingham School of Cultural Studies agree with Goode's position (p.107).

The importance of drugs did not lie in their direct physical effects, but in the way they facilitated passing through a great symbolic barrier erected over against 'straight' society. The theory proposes that drugs serve three functions for abusers and that these functions are part of the identity change process-that is, the concepts and pathways of the theoretical model explain why drugs may be used in these fashions. This point underscores the notion that drugs are attempts to resolve identity related problems. It is important to mention, however, that research (e.g., Waldorf et al. 1991) has identified still other functions that drugs play for the individual consumer (e.g., to be "cool" or "fashionable"). The cultural-identity theory does not exclude consideration of them (p.40)

Generally, drugs are known as medicine to cure diseases but when it is over used or misused, it is known as drug abuse. It is also called substance abuse or chemical abuse. When a person is dependent or habitual to it he/she is called drug addicts. As defined by United Nations Office on Drugs and Crime Branch- "Drugs are chemical substances that affect the normal functioning of the body and/or brain. Not all drugs are illegal. For example, caffeine (found in coffee or Coca-Cola) and, nicotine (in cigarettes) are technically legal drugs, although they are usually not referred to as such" (UNODC drug brochure, 2015, p. 3).

Drug abuse has been a great problem worldwide over centuries. It has become a threat to health and society. All most all countries have banned the drug. The sale of drugs has been made illegal. According to World Drug Report (2015), approximately 3.4-6.6 percent from 15- 64 age group was addicts. Out of which the mortality rate is 0.6-1.3 in 2010. Among them most are youths (WDR, 2015, p. 7). The statistics show that the number of drug user is increasing day by day. In the context of Nepal, the report prepared by Government of Nepal Central Bureau of Statistics of Nepal (GoNCBS), there were 46,309 drug users in 2004, however, the number is dramatically increased and almost doubled in 2012 with the number of 91,534. Most of them are from 20-24 age groups. Drug abuse not only creates the economic problem but also brings several social crimes. Some of them have been the victims of HIV/AIDS also (2069 [2012], p. 9-10).

### **3.2 Theories on Drug Abuse**

Several theories are developed to study the drug abuse. Out of them which are relevant my thesis discussed here:

#### **3.2.4. Cap Control Theory**

This theory studies the individual's movement from drug experimentation to drug abuse. As explained by Coghlan and Gold, "The Cap control theory emphasizes on the interaction of the individual's style and the affective experience of drug use with the drug's pharmacogenic effect. These are the basic ingredients of the cognitive- affective-pharmacogenic (CAP) control theory of addiction" (Coghlan et al. 1973; Gold and Coghlan, 1976, as cited in Lettieri, Sayers and Pearson, 1980, p.8).

This theory also makes several assumptions about the treatment of drug abuse. First, effective and lasting change is based on learning that behavior has consequences and that one can have an effect on his or her own life. A second assumption is that an effective treatment plan must be multi- modal (Lazarus 1976, p. 9). Thus this theory is focus on effect of drug taken and its treatment procedure.

### **3.2.5. The Sociology of Drug**

The sociologists have different view on drug abuse theory. As defined by Goode, “Their focus is on what makes drug use a specifically social activity, how socialization, culture, social interaction, social inequality, deviance, and group membership play a central role in the use of psychoactive substances; what people do under the influence; and what societies do about the control of—or why they tolerate or accept—drug use and distribution” (2006, p. 415). Likewise According to Goode :

Learning theory argues that youngsters associate differentially with certain groups or social circles that provide “social environments for exposure” to definitions of correct or incorrect behavior, models of behavior to imitate, and opportunities to engage in certain kinds of behavior. These environments may discourage or encourage drug use. Family definitions, models, and opportunity are important in defining drug use one way or the other, but of course, they tend to discourage rather than encourage use. Additional agents of learning or socialization include other family members, neighbors, religious figures, teachers, and the mass media, each of whom has “varying degrees of effect on use and abstinence.” Typically, however, peers are most influential, the family is a distant second, and the other socializing agents trail far behind” ( p. 420).

The youths start to take drug by imitating the family members, teachers, religious figures etc. They are also influenced by their friends to use drug. Therefore, the social environment encourages or discourages them to use drug.

### **3.2.6. Anderson’s Cultural-Identity Theory of Drug Abuse**

This theory focuses on drug use, abuse, drug-related identity and behavioral changes. This theory deals with drug related identity change. It emphasizes on drug sub-cultural groups. For example, gangs, dopers and potheads rather than peer groups which highlights identification with specific social groups and patterns of activity among them. It also deals with the drug-related meaning systems and the identities created in group with more importance and prevention strategies can be forthcoming. It speculates that

drug related identification may ultimately distinguish drug use from drug abuse (Anderson, 1998, p. 234-237).

Anderson (1998) stated, "The cultural-identity theory attempts to show how limits in economic and educational opportunity and increased pro-drug messages from popular culture can foster increased identification with drug subcultural group" (p. 245). Drug sub cultural groups are part of youth culture; they involve a common set of values and interests, and a tactic ideology among young people without a dependency on regular face-to-face interaction. Individuals learn about opportunities from the groups (primary and secondary) they encounter in everyday situations. Here, they are socialized toward certain groups (e.g., normative and socially acceptable ones) and away from others (alternative or "deviant" groups). The identification with a drug subculture concept embraces this opportunity theme. It maintains that drug subcultures provide, for those who eventually reach crisis points with drugs, important opportunities for drug-related identity change and an improved level of satisfaction with an ego identity. Thus, a direct and negative relationship to later ego identity discomfort (e.g., during drug abuse) is hypothesized (Anderson, 1998, p.235-240).

It is important to note, however, that not all drug use takes place within identifiable drug subcultures, nor do all interactants in such contexts become drug abusers or seek resolution of identity problems within them (Waldorf et al. 1991). To further underscore this point, Anderson (1998) found that the three concepts of personal marginalization, ego identity discomfort, and lost control over identity of the variance in identification with a drug subculture (p.243). Clearly, drug subcultures are varied entities. The cultural-identity theory also utilizes observations from other researchers that subcultures also provide a readily accessible solution to employment and school dilemmas by uniting youth in resistance of the conventional and in alternative identity creation (Anderson, 1998, p.248). This theory deals with an individual experience of social and personal marginalization which increases the ego identity embarrassment in the individual's life. Therefore, to deal with these individual experiences of drugs addicts, this theory will be appropriate to be used in my study.



### **3.2.5 Popular Culture Theory of Drug**

According to Gans (1974) popular culture consists of a set of materials and activities that are commercially exchanged and which are consumed or enjoyed by a large number of people. Literature, film/video, music, and fashion comprise the essential cultural forms that disseminate these messages and others (p.7). He claims

Social groups (by social class, race or ethnicity, or neighborhood) select particular cultural forms which serve their focal concerns and define their group identity. He calls these "taste publics" and maintains that they characterize the local environments in which people are socialized. At an early age, then, children are brought up in neighborhoods that have specific "taste publics" which will influence their identities and behaviors. Young people's choice of music, literature, and cinema are, therefore, indicative of the "taste publics" to which they have been exposed. This theory currently maintains that these popular culture forms can foster pro-drug attitudes (e.g., directly through drug-specific lyrics or indirectly through the association of drugs with certain musicians) and play an active part in promoting identification with drug sub- cultural groups. (9)

Social groups such as social class, race or ethnicity, or neighborhood etc. define the group identities which are formed by the local environment. It encourages the young people to use drug.

### **3.3 Previous Research on Drug**

Many researchers have studied on this issue so far from different perspectives and found out several consequences. The sociologist Claude Douglas (2006) has focused on a sociological analysis of alcohol and marijuana use and abuse among young people aged 15-35 in Grenada. He looked at the factors which have encouraged the youths for drug intake. According to his findings the factors are, "1) Social stereotyping of alcohol and marijuana; 2) Traditional customs and beliefs; 3) Home influence; 4) Peer influence; 5) The postmodern youth culture; 6) Economic factors; 7) religion and other social factors such as sex and gender, class, education and region" (p. 3). He has studied on the youths of Grenada, a different community than of Nepal. Similarly, The journal named Nepalese

Society: Liquor and culture Kunwor, a social scholar has tried to analyze drug abuse in different way. He has connected the Nepalese tradition of different ethnic communities and alcohol, who regard liquor as the holy natural gift. He presented the liquor culture in positive way. He notes that it has somehow helped to mitigate the cast system in Nepal. He says, “The liquor has played a unique role to avoid the caste feeling in the society. A Brahmin or Kshatriya boy use to take it with lower caste group at the same table even sometimes sharing same liquor glass with each other”(p.26) .

However, another social thinker Shrestha carried his study on the negative consequences of liquor and drug culture in Nepal. He pointed that the influence of tourist as the major cause of drug abuse. According to him, “Drug use began to be seen as a problem since only the mid 1960s and early 1970s with the influx of large numbers of hippies (1992, p.1241).

Jha and Plumer (2014) reported that the use of drugs are deeply rooted to the sense of self, and their sense of belonging with their friends. They jointly say, “In recent decades, drug use has been reframed to be a threat to both health and society, especially because of its association with mental health problems, over dose, infections such as HIV, and to peace and security largely as a by-product of criminalization”(Dakhlaoui, Khemiri, Gaha, Ridha, & Haffani, 2009; Jha, 2006; Jha & Madison, 2009, 2012; Nessa, Latif, Siddiqui, Hussain, & Hossain, 2008; Reichel & Bevins, 2009; Zhao et al., 2005, Culture, identity, as cited in Jha and Plumer, 2014, p. 5).

Generally, cultural practices of our society entice the common youths to indulge into the world of drug abuse sluggishly. Some acts and laws have been promulgated to abolish the tradition of drug abuse but freedom of using drugs in some rituals have challenged for completely implementation of the laws. From this cultural habituation, basically frustrated and alienated people seem to have been impressed because of their boredom and burden of lifestyle. In Nepal, various non-governmental organizations have been established and they are performing their responsibilities in reducing the drug abusing culture. When culture effects of drug abuse dominate the mind of youth once, it slowly sows the seed of addiction. According to Shrestha :

Cannabis preparations are considered as holy 'Prasad' of Lord Shiva; so when these holy people offer this 'Prasad' to others, they cannot say no. Gradually, they get physically dependent on cannabis and offer it to others and so the cycle goes on. The pre-existing of these elderly people, the expectations they have from the puffs and the social setting where they smoke all make the experience enjoyable. (p. 42)

Nepal's cultural system of using drugs has become a problematic, illegal and challenges for the lawful country itself. However, people of any country first and foremost guided by their social, cultural and religious roots where they adopt both morality and immorality characteristic of it. Among the immoral characteristics, drug abuse is fatal for youths morally, physically and psychologically. It is seen everywhere in society basically in developing countries such as Nepal. Now, it has become global phenomenon, challenges and extreme problems of every nation. They can determine a new way of life as a normal if they are treated socially and Provide better environment.

Nevertheless, these problem and challenges of drug abuse can be eradicated from the society if the state and related organizations do mention their duty seriously. Youth who are addicted would be the backbone of nation if they get new life from the habit of addiction. It is bitter reality that youths are involved unexpectedly to use drug in the name of preserving their cultural ritual practices which ultimately leads them to be habituated to use it more in their life. According to Jha and Plummer (2014) :

Rather than being a new feature of Nepali society, culture, religious traditional and social contexts are often congruent with initiating and maintaining drug use. Although a range of psychological factors provides influential avenues into drug use, reciprocal support system are not readily available to help users to quit. (p.5)

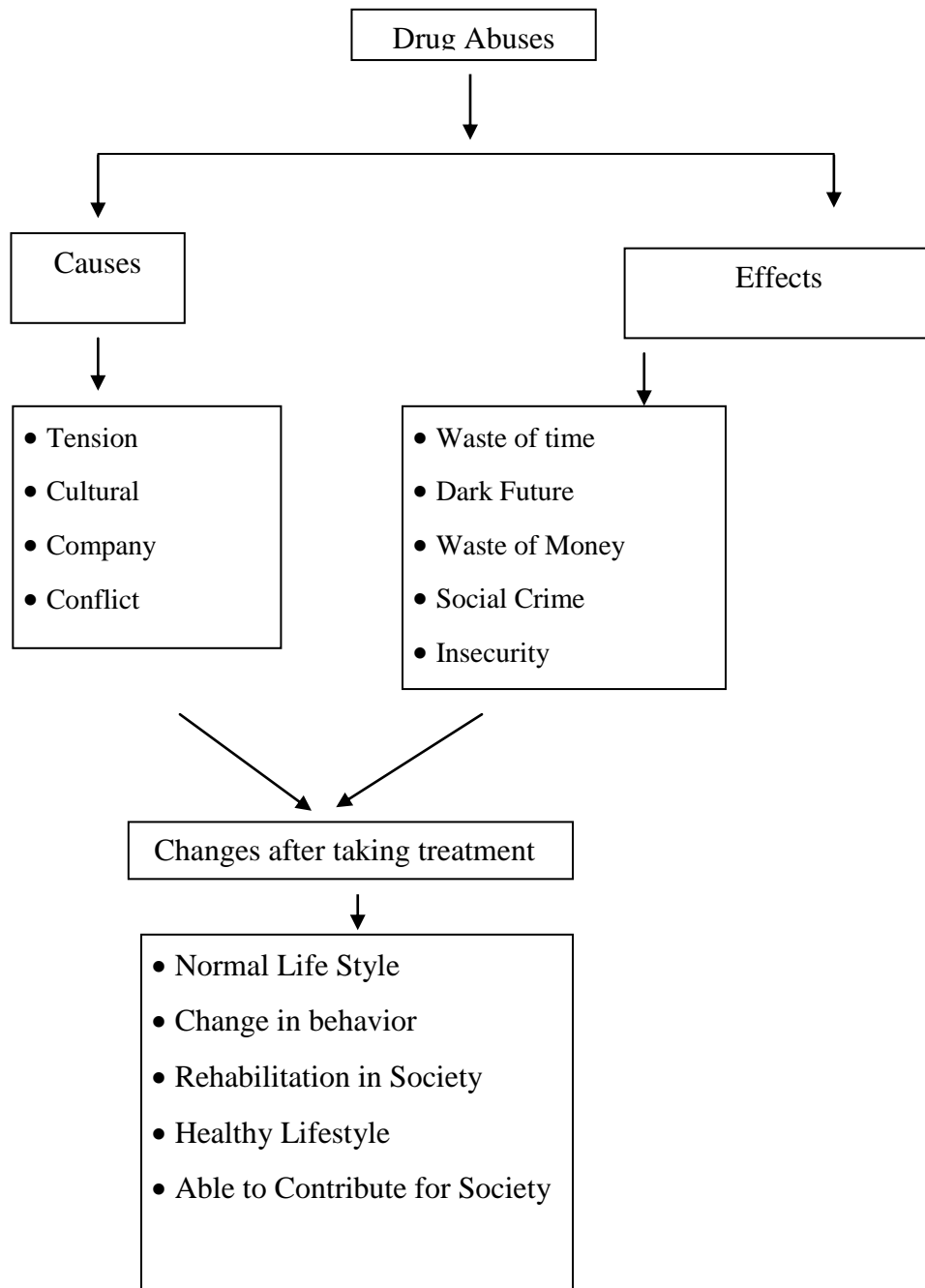
Above-mentioned reviews are quite related to the cultural effects of drug use. Both Shrestha and Jha and Plummer advocate that cultural practices of using drug slowly and gradually habituate to be regular drug users. It harms the lives of youths. Qualitative research basically is based on phenomenological and hermeneutical aspects. Every human being is no other than the production of their society, culture and environment. No one can escape from it. So, the qualitative research observes the realities of that particular

society. It never counts the head of the people rather it moves towards subjectivity of the people.

These studies have been focused on the use of marijuana and abuse among young people aged 15-35 in Grenada, Nepalese tradition of different ethnic communities and alcohol, who regard liquor as the holy natural gift, culture, identity and the use of drugs and the negative consequences of liquor and drug culture in Nepal. It seems that these studies have not much focused on the factors that have influenced the youths to consume drugs in Nepal. Therefore, this study will be focused on exploring the factors that have forced youths to be addicted to the drugs and how culture has supported the drug abuse and how rehabilitation centers have helped the drug addicts to have a normal life after treatment in Nepalese society.

### **3.4 Conceptual Framework**

The causes of using drug are tension culture, company, conflict etc. The effects of using drug are waste of time, dark future, waste of money, social crime, insecurity etc. The changes after taking treatment in rehabilitation center are normal life style change in behavior, rehabilitation in society, healthy lifestyle, able to contribute for society etc. My thesis 'Cultural Effects for Drug Abuse: A Case study on Nepalese Youth Drug Users' is based on the following Conceptual Framework:



## CHAPTER -IV

### NEPALI CULTURE, RELIGION AND DRUG USE

#### 4.1 Background and Identity of Nepal

Nepal is situated between China and India. It has its own sovereign political identity from the beginning. It has not suffered and gone under any empirical state. Besides that it is a geographically, climatically, ecologically, ethnically, biologically, culturally and linguistically a diverse country. There are 100 officially recognized caste and ethnic groups who speak 92 languages and Nepali is the state language, which also works as a lingua franca in this diverse community (Regmi, 2013: 6). Moreover, according to the Nepal Census Report, 2011, 81.3 % of the Nepal's population was Hindu, followed by Buddhist (9.0%). Even though there are minor numbers of followers of Islam and increasing numbers of Christians. And Hindu and Buddhist accept each other's religious practices and usually follow the combination of both faiths.

Agriculture continues to provide a broad base to the Nepalese economy. Nearly four fifths of all Nepalese households are essentially farm households, who derive nearly half of income from agricultural sources consisting of farm income and agricultural wage income. Engaging two-thirds of labor force, this sector alone contributes some one-third to the GDP (USAID, 2014, p.8). However, agriculture failed to grow in past because of the traditional process of growing crops, lack of irrigation infrastructure and high investment and low out come.

Besides, surrounded by the high mountains, Nepal is a land of eternal beauty and attraction. It's a land of colorful cultures, cultural and historical heritage, adventure sports like, paragliding, river rafting, jungle safari, trekking etc., ancient history and people, picturesque scenery and some of the best walking on earth. It is popularly known for the highest mountain peak of the world, Mount Everest which stands tall at 8848 meters. Nepal tourism informs about places to visit in Nepal, famous for the birthplace of Gautam Buddha who laid the foundation of Buddhism in the country (Nepal Tourism Board, 2014, p.3). Tourism is estimated to have contributed 9.4 percent to GDP in 2014.

However, despite having represented a stable and growing sector for decades, recent years have seen a worrying shift towards a high-volume, low-value‘ model that would not be sustainable. The value captured per tourist has halved in the past 5 years, cancelling out potential benefits from steadily increasing tourist arrivals, thus threatening the sustainability of the sector (Ministry of Tourism, 2014. p.9). Nepal has its own unique national flag, which is the world’s only non-quadrilateral flag. The national flag is kept in all the public offices and used in the special occasion like national day, democracy day, constitution day, republic day etc. Similarly, the employees, ministers and prime minister wear Nepali national dress, daura suruwal in all the public office. They are used in the special functions and weddings as well. Nepalese people have their own ethics and the way of behaving to others. They always respect to elders and greet them joining their hands saying Namaste or bowing their head. Younger people never call the name of their elders, which is un-respectful.

Negatively, the politics of inclusive growth in Nepal are marked by: high political fragmentation; political instability, zero-sum decision-making government practices; tacit consensus on economic management; personality-driven processes and political vacuums; limited domestic pressure for reform; and an unclear form of federal government. Furthermore, the effectiveness of the bureaucracy and public administration are constrained by patronage and corruption, lower capacity, little government coordination or policy coherence, low accountability and effectiveness outside Kathmandu, and a questionable bureaucratic culture. The growth of the private sector is held by low trust, cartels, a fragmented business lobby, and risk-averse business behavior (Khanal, 2015,7).

Similarly, there are many other cultural ill practices such as discrimination between man and women, untouchability and caste systems, which is still existed in Nepal. Nepal has a very diverse society in several dimensions. Although the majority of the population belongs to the Hindu religion, there are deep caste divisions in the Nepalese society, and discrimination and human right abuses against the lower caste are not uncommon (Gurung, 2015, 58).

The most widely used way of classifying Nepal is a physiographic classification system: Tarai, Hills and Mountains. This has been used to group districts with similar characteristics and administratively Nepal has been divided into five Development Regions and in 75 districts. The 75 administrative districts have been divided into three physiographic regions to indicate the remoteness as well as the difficult terrain. The 16 High Mountain Region districts represent the most remote and difficult terrain in the High Himalayan range. The 39 hill districts have comparatively gentle slopes and less remote areas. The 20 Terai districts are more accessible and lies in the flat land of Terai (Khanal, 2015, 6). Because of the limited transportation and communication facilities only about 8 percent the population live in Mountain region. About 45 percent and 47 percent of total population live in Hill and Terai region respectively (Subedi, 2015, p.11) Even though majority of population practice the Hindu religion, people are different from one another because of the language, dialects, ethnicity, caste and culture. For instance; people living in the Mountain region (Sherpas) are different from the people living in Terai (Tharu) because of the culture, language, ethnicity and dress.

#### **4.1.1 Festivals in Nepal**

There are many festivals and occasions that are celebrated by different ethnic groups. Each festival represents their culture. The major festivals are The Dashain, The Tihar, The Maha Shivaratri, The Teej, The Chhath, The New Year, The Maghe Sankranti, The Udhali, The Budhha Jayanti, The Chasok Tangnam, The Holi, etc. The Dashain is the greatest Hindu festival which is celebrated in the month of September/October. It is the longest festival of Nepal, which is run for 15 days and it the most anticipated festival of almost all Nepalese people. The Tihar is the festival of lights, which is celebrated for 5 days, and it is regarded as the second greatest festival. In this festival, The goddess Lakshmi (Goddess of wealth) is worshiped and specially celebrated as the festival for brother and sister. The Maha Shivaratri is celebrated by paying tribute to God Shiva. This is an incredible spectacle, with devotees paying tribute to Lord Shiva by smearing their bodies in ashes. The hermits are the events and shows of the day in Pashupatinath. The worships are performed throughout the night by taking marijuana and other drugs.





Monk Taking Drug in Shivaratri on Pashupati Temple, KTM

The Teej is specially celebrated by the Hindu women wishing their husband's longer life. The Chhath is the festival specially celebrated by the people of Terai region. The New Year is the official new year of Nepal. All the Nepalese people with enthusiasm, zeal and joy equally celebrate it. The Maghe Sankranti is the Nepalese festival in which people take holy bathing and the mother of the house wishes the better health of the family member. Special food like ghee, laddoo and sweet potatoes are taken as the meal. The Udhauli is the festival of Kirant community. The Budhha Jayanti is the festival specially celebrated by the Buddhists on the occasion of the birth and enlightenment of Lord Budhha. The Chasok Tangnam is the festival celebrated by the Limbu community in the Eastern part of Nepal. The Holi is the festival of colors and sweets. People throw water and colors on each other. It is celebrated in Nepal by taking drugs such as marijuana (Gurung, 2014, p.37).

#### **4.2 Historical Background of Drug Abuse**

Drug use is a global phenomenon with a history that extends over centuries. Over that time, drug use was accepted to be part of social, cultural and traditional life in many communities. In recent decades, drug use has been refrained to be a threat to both health

and society, especially because of its association with mental health problems, overdose, infections such as HIV, and to peace and security largely as a by-product of criminalization. Almost all countries have banned drug use and key drugs have been classified as illicit (IJNODC, 2009b). As a result, trafficking, use and sale of illicit drugs have been made illegal, and there are harsh consequences for offenders and are therefore of interest to a holistic social analysis of the factors that both drive and restrain drug use.

As an important social force in modern society, the economy draws our attention to how social status, identity, power and prosperity become embodied in individuals and shape their lives. The business of drugs, although illegal, offers a means (for some) to become wealthy and ultimately to enhance one's social status. Indeed, by restricting supply and driving up prices, their very illegality underpins the economy of drugs and makes drug trafficking potentially very lucrative. Here, contradictory social forces collide. First, moralistic views and public health approaches oppose drug use, on the grounds of their impact on health, the formal economy and society as a whole. This perspective is the basis for policies that criminalize drugs and enables active responses from law enforcement. In contrast, the political and economic power of drug traffickers seems to exert considerable influence, which allows ongoing covert access to drugs despite the law. Significant losses to the economy, largely due to the costs to productivity, health and security have been documented as a consequence (UNODC, 2009a, p.7).

Although all countries have pledged to ban drugs except in special circumstances for medical use, the cultivation of hard illicit drugs, such as opiates, remains high in certain regions. Their illegal sale has facilitated lucrative business opportunities. Although opium cultivation has not been reported in Nepal, raw opium (called 'brown sugar') is trafficked from India through numerous open borders with Nepal. The cultivation of marijuana remains an influential cash crop in Nepal, although this has reportedly decreased more recently (UNODC, 2009b, p.8).

Trafficking of drugs into Nepal has become relatively easy in recent years, due to

weakened security measures that have been aggravated by a decade long political conflict. Attacks by Maoist militias led the then government to redeploy security forces from the border and rural areas to district capitals and central locations. This facilitated the importation and supply of opiates in Nepal. In contrast, demand reduction approaches, such as focused awareness programs, were either minimal or absent. The result was that young people were more likely to be unaware and/or underestimate their vulnerability to drugs and their adverse consequences. While parents generally try to restrain their children from using drugs, some young people use drugs (Jha, 2015, p.9).

#### **4.2.1 Drug Abuse Trend in Nepal (Context of Nepal)**

Drug abuse is a worldwide problem that affects millions of people, and Nepal is no exception. Over the last years, growing drug use has been of increasing concern to the society in Nepal. It is mainly the young boys and girls who are engaging in drug use for a variety of reasons and many young Nepalese have already died from drug use. Drug use poses serious challenges as it affects the health and life of the drug user, the social well-being of the family and community.

Drugs such as cannabis and alcohol were traditionally used in Nepal for centuries. Use of these drugs as part of the cultural norms did not create major social problems during that period. However, the types of drug used have been shifted since the last few decades from cannabis to synthetic opiates and chemical substances. Also, the mode of drug uses has changed from smoking/ingesting to injecting and that has become one of the major causes of HIV infection too. So, drug abuse has become multi-dimensional problem in Nepal and drug control, a challenge for the government.

#### **4.2.2 Hard Drug Users**

The practice of consuming intoxicants by human beings is prevalent among almost all communities of the world. In Nepal, consumption of some intoxicants such as marijuana (ganja), bhang, alcohol was in practice since a long time. During that time, consumption of these substances was limited to certain sections of the population mainly among holy

persons (Jogis) and aged persons; and few consumed these substances on certain festivals like Shivaratri, Holi for pleasure. Such substance users were very few at that time. Thus consumption of intoxicants in old days was not a big social and economic problem in Nepal. However, since last few decades, types and mode of drugs intake have been changed. Beside marijuana, bhang, people started to intake opiates and chemical drugs like Heroin, Nitrazepam, Buprenorphine, etc. Also the mode of drug administration changes from smoking or ingesting to injecting which becomes one of the major causes of HIV infection in Nepal.

Hard drugs include all form of synthetic opiates and chemical substances that are treated as illicit drugs by law (e.g. Cocaine, Heroin, LSD, Morphine, Buprenorphine, Propoxyphene etc.). Also, those who inhale adhesive substances like dendrite are also considered as drug users. Those who consume only marijuana and alcohol are not within the scope of the survey. However, for the survey purpose, a person consuming marijuana or alcohol with at least one of the other hard drugs such as Cocaine, Heroine, LSD or medical drugs etc is treated as drug user.

#### **4.2.3 Estimated Number of Current Hard Drug Users**

Data from 2010 and 2014 Current Hard Drug Users (CHDU) Survey both carried out by the CBS with collaboration of the Ministry of Home Affairs are shown here to visualize the trend in the number of hard drug users in Nepal during last 4 years periods. HDU number has dramatically increased in Nepal between these two survey periods. The results of this survey showed that there are altogether 91,534 current drug users in 2014 which is nearly a double of 46,309 in 2010. It is increased by about 98% over the course of 4 years. The annual growth rate is 11.36%. As expected from previous survey, an overwhelming majority of drug users are males. That is 85,204 (93.1%) accounted to male and 6,330 (6.9%) accounted to female as shown in the below Table.

**Table 1 : Estimated Number of Current Hard Drug Users, 2014**

S.N	Area	Number of Current hard drug users by sex					
		2014			2010		
		Total	Male	Female	Total	Male	Female
1	Kathmandu	36998	33513	3485	17458	15580	1878
2	Sunsari	7407	6956	451	3186	2854	332
3	Kaski	6917	6414	503	5112	4794	318
4	Morang	6415	6228	187	1316	1266	50
5	Jhapa	6008	5764	244	3523	3378	145
6	Rupandehi	5997	5750	247	2587	2454	133
7	Chitwan	4515	4151	364	2071	1880	191
8	Banke	4050	3876	174	1012	1204	89
9	Parsa	2130	1993	137	1301	1212	19
10	Makwanpur	1058	1258	98	481	462	200
11	Others	11097	10559	538	9274	9074	627

**Source : CBS Population Monograph of Nepal, 2014**

The highest number of the drug users are found in Kathmandu valley (36,998) followed by Sunsari: 7,407; Kaski: 6917; Morang: 6415; Jhapa: 6008; Rupandehi: 5997; Chitawan: 4515, Banke: 4050, and Parsa: 2130 The other rest areas constitute 11,097 drug users. Rehabilitation Center visit rate in the reference year is 7.6 percent. Table 2: Estimated number of current hard drug users, 2014.

#### **4.2.4 Most Common Combination of Drug Categories by Current Hard Drug Users**

Hard drug refers to tranquilizers, ganja, heroin, pain medicine, cannabis, heroin etc.

The following table presents the most common combination of drug categories used among the current drug users.

**Table 2 : Most Common Combination of Drug Categories by Current Hard Drug Users**

Drug Type	Kathmandu	Sunsari	Kaski	Morang	Jhapa	Rupandehi	Chitwan	Banke	Parsa	Makwanpur	Others
Bhang	5.8	26.1	38.2	4.5	7.0	26.7	27.4	29.6	35.5	3.4	2.4
Charas	26.1	2.5	49.0	5.6	8.7	39.2	31.5	31.5	44.8	6.9	3.1
Ganja	26	49.0	3.5	6.4	10.2	59.9	20.8	55.2	74.1	7.9	4.8
Dulfa	38	5.6	6.4	5	1.7	4.9	4.8	8.4	5.6	1.6	0.7
Opium	4.5	8.7	10.2	1.7	7	8.6	7.8	9.3	9.9	1.9	1.8
Heroin	7	39.2	59.9	4.9	8.6	9	38.5	43.4	56.6	7.3	4.4
Gough Syrup	27	31.5	50.8	4.8	7.8	38.5	4,1	37.9	48.9	4.9	3.6
Pain medicines	30	31.5	55.2	3.4	9.3	43.4	37.9	2.2	54.4	4.4	3.9
Tranquilizers	36	44.8	74.1	5.6	9.9	56.4	48.9	44.4		7.0	4.8
Inhalants	8.1	6.9	11.9	1.5	1.7	9.0	8.9	9.8	11.5	2.5	1.3
Hallucinogens	3.4	6.9	7.9	1.6	1.9	7.3	4.9	4.4	7.0	1.2	1.2
Stimulants	2.4	3.9	4.8	0.7	1.8	4.4	3.6	3.9	4.8	1.2	1.4

Source : CBS Population Monograph of Nepal, 2014

The most common combination of drugs tried was Traquilizers (diazepam, nitrazepam, dormin and alprazolam etc) and Ganja (74.1%), followed by Ganja and Heroin (59.9%); HeroinStimulants and Tranquilizers (56.6), and Pain Medicine (like Morphine, buprenorphine, propoxyphene) and Tranquilizer (54.4%). This result is obtained from multiple response category so here 74.1 % refers that of the total drug user, 74.1 % uses at least Traquilizers and Ganja. It is also noted that most of Tranquilizers users used more combination of drug categories compared to other types of drug users. Cannabis, Tranquilizers and Heroin are consumed almost exclusively in Nepal.

### **4.3 Role of Globalization for Drug Abuse**

There are some issues which are related to globalization. International trade in illicit goods, such as drugs, weapons, and body parts, is one of them. These industries have been around since the dawn of time and will continue to thrive and prosper as long as

there is demand. Intricate production and distribution networks span the globe and globalization increases the ease in which these transactions can take place.

Trade in illegal drugs is estimated at five to six percent of overall world trade, which is slightly larger than the combined global trade in agricultural products and cars.<sup>1</sup> The UN estimates that the international drug trade alone is about eight percent of all international trade, about \$400 billion annually. In the U.S., the cannabis crop is worth \$25 billion annually (making it one of the top three U.S. “agricultural products” behind soy beans and corn).

Coca used to create cocaine is not only grown in Peru, Bolivia, and Colombia (which still is the largest coca producer in the world), but also in Ecuador, Brazil, Venezuela, Panama, Guyana, and elsewhere. Opium poppy plants are mainly grown in South East Asia’s Golden Triangle (Laos, Myanmar, Thailand) and the Golden Crescent (Afghanistan, Iran, Pakistan), though they area also grown in Turkey, Egypt, Eastern Europe, Mexico, Central America, and Central Asia. According to the Vienna-based, UN-Drug Control Programme, 50 percent of the rural population in five Central Asian Republics grows drugs.

According the UN’s 2007 World Drug Report, 4.8 percent of the world’s 15-64 year–old population (200 million people) use drugs; only .6 percent are considered “problem-drug users” (use on a monthly basis).

Dr. Francis Thoumi, a professor at Universidad del Rosario in Bogotá, Colombia, researched the reasons behind the tremendous growth of coca in Colombia (since all tropical countries can produce coca) and the prevalence of coca and other mind-altering drugs in the U.S. Thoumi questions current explanations of poverty, unequal distribution of wealth and income, and corruption as the reasons why Colombia is such a central player in coca production. Many countries are poorer, have worse economic crises, and are more corrupt, yet they do not have an illicit drug industry. Thoumi notes that Colombia’s position as a top coco producer could be related to the lack of national identity and the resulting lack of social capital. He thinks these factors are the main reasons behind Colombia’s drug status (Thoumi, 2015, p.9).

This phenomenon is not only found in the U.S. Drug abuse is also prevalent among immigrant populations in France, Germany, and Sweden. Studies from these three countries conclude that drug abuse is a consequence of difficult social integration (Thoumi, 2015, p.10).

About 11% of drug dependents start taking drugs before the age of 15 years, 61% between 15 and 20 years, 19% between 21 and 25 years, and only 9% after the age of 25 years. Only 5.5% of drug dependents are reported to be female but the percentage of female drug dependents might be higher as they usually do not report or are not brought for treatment to hospitals or treatment centres because of social reasons (Shrestha, 2013).



## CHAPTER - V

### ANALYSIS AND INTERPRETATION OF DATA

#### 5.1 Personal Information of Respondents

The personal information refers to name, address, age, gender, caste ethnicity, occupation, religion and marital status etc. In this study, the life history interview was conducted to the ten male drug addicts. The personal information of respondents can be presented on the following sub-headings:

##### 5.1.1 Age of the Respondents

In this study the life history interview was conducted to the ten drug addicts. Only ten male drug addicts were interviewed. The description of their age is given in the table below:

**Table 1 : Age of the Respondents**

<b>Group</b>	<b>No. of Respondents</b>	<b>Percentage</b>
20-30	7	70
31-40	3	30
Above 40	-	-

Source: Field Survey, 2015

The above table shows that the good majority of the respondents, i.e 70% of them were of age group 20 to 30. But no one was found as the exceeding of age group 40 and the age group below 20 as well.

### 5.1.2 Marital Status of the Respondents

Marital status refers to divorced/separated, widow/widower, currently married, never married. Drug users have been presented according to the marital status in the following table:

**Table 2 : Marital Status of the Respondents**

<b>Group</b>	<b>No of Respondents</b>	<b>Percentage</b>
Single / Unmarried	7	70
Married	2	20
Unidentified	1	10
Total	10	100

Source: Field Survey, 2015

Regarding their, marital status, 70% of them were single and 20% were married. However, one of the respondent left this indicator unfilled. So from the field report, it becomes clear that many of the drug addicts were of age group 20 to 30 and they were unmarried too.

### 5.1.3 Caste / Ethnicity, Religion and previous Occupation of the Respondents

While interviewing the respondents, the information about their religion, previous occupation and ethnicity were also taken which can be presented in the table below:

**Table 3 : Caste / Ethnicity Religion and previous Experience of the Respondents**

<b>S.N 1 Caste</b>	<b>Number</b>	<b>Religion</b>	<b>No. of Respondents</b>	<b>Previous experience</b>	<b>No. of Res.</b>
Chhetry	4	Hindu	8	Students	4
Newar	3	Buddhist	1	Research assistant	1
Thakali	2	Atheist	1	Teacher	1
Brahman	1	Hindu		Business	3
Field Survey, 2015				Police	1

Source: Field Survey, 2015

The table above presents the details of respondent caste religion and experience based personal information. Among the respondent, four of them were from Chhetri ethnic group, 3 from Newari ethnic group, 2 from Thakuri and one of them from Brahmin ethnic group. Similarly, 8 of them were Hindu, one of them were Buddhist and one Atheist respectively. In case of previous experience, 4 of them were students, 3 were business men and one of them were teacher and research assistant respectively.

## **5.2 Family Information of Respondents**

Family is the first school where children learnt the initial habit of doing something. Good family environment is the good sign of better achievement and success in the life (Ur, 1996). Family Information of Respondents can be presented under the following headings.

### 5.2.1 General Information about size and type of family

Size and type of family stands for with whom the person is living. Size and type of family of drug users can be presented in the following table:

**Table 4 : General Information about size and type of family**

S.N.	Types of Family	No. of Respondents	Family size	No. of Respondents
1	Single	6	1-4	8
2	Joint	4	5-7 members	2
Total	10			10

Source: Field Survey, 2015

From the above data of the field report presented in table no. 3 it is found that many of informatics or drug addicts' family type is single. They were from single family. Six of them lived on single family and four of them lived in joint family. Similarly, the great majority of the family size represents one to four members in family. Only two of the respondents were found to have 5 to seven members in their family and the respect of the other have just for members including their parents.

While responding to the item 'Are you the only a son or daughter in your family?' No one of them reported that they were the only son or daughter in their family. It is means all the informants were found to have brothers and sisters in their family. Next question is the interview was asked as 'with whom do you stay?' Almost all the respondents reported that they are staying with their parents and with family (i.e. with wife/husband and kids) none of the informants was found to say single during the period of interview.

### 5.2.2 Childhood Experience and Nature of the Informants

The selected informants were also interviewed with the question's can you tell me about your childhood? How was your nature, for example, say, or curious to know every things or interested to play games? They were found have different childhood experience and with different interest in games and entertainment. On the basis of their written responses, the researcher has analyzed and synthesized and presented their childhood nature and interest in table below:

**Table 5: Childhood Nature and Interest**

S.N	Childhood Nature	No of respondents	Interest of the respondents	No. of respondents
1	Shy and introvert	7	Playing game	5
2	Extrovert	2	Listening and singing songs and music	3
3	Mild/moderate	1	Curious to give and learn	2

Source: Field Survey, 2015

The above table shows that the respondents varied nature and interest in the past. Most of the drug addicts were found as shy and introvert in their interview. Similarly, many of them had an interest to play game like cricket, volleyball, and football. A few of them i.e. 2 of them were curious to learn and guess. It is proved by evidence of an expert by informant No. 1 as "I was shy and nervous in childhood. But now I am adult and have an education and Nepali colure. And I need to play a game with anyone. Another expert was like this "yes I was quite interested and shy, also very curious to know every new things and also very interested in playing physical games/ sport.

These excerpts justify that the informants were interested in game; they were shy in their nature. They were keen to know new things and so on.

### 5.2.3 Economic Status of the Respondents

While interviewing the informants about their family information, they were asked to respond on the question 'How your family's economic status? Your parents fulfill everything what you want in your childhood? In the response to this question in the interview, most of the information's responded that they had good economic status and their parents fulfilled their desire, which can be presented in the table below:

**Table 6 : Economic Status of the Respondents**

S.N.	Economic status	No. of Respondents
1	Good	5
2	Medium	3
3	Normal	2
Total		10

Source: Field Survey, 2015

They had not faced any problems due to their medium level of family economic status and all their desires were fulfilled by their parents. Some informants told that their families' economic status was good. Another respondent revealed that his economic status was normal. Every parent wanted a child not to be a drug addict" On the basis of their responses, it can be said that they had good economic status and their desired were fulfilled by their parents.

#### 5.2.4 Parents Behavior toward the informants

The selected informants were interviewed about the behavior/ attitude of their parents towards the drug users, relationship of the informants with parents and the punishment given to them by their family. For this purpose, they were asked three question as: how was your parents' behavior towards you? Have you got any punishment from them in your childhood, if yes what was that? And how was your relationship with your parents? Respectively, this can be presented in the table below:

**Table 7: Parents Behavior toward the informants**

S.N.	Parents Behavior	No. of Respondents
1	Lovable	5
2	Negative	1
3	Medium	4
Total		10

Source: Field Survey, 2015

Most of the reported that their parents were very lovable, concerned, responsible, and protective. Someone was found to have negative attitude towards their parents. However they were found to be punished several time in their school days and in childhood by their parents. They were punished by hitting them. Letting them no food and threatened sometimes. Almost all of them responded that they had good, lovely and caring relationship with their parents. The above excerpts also prove that the parents of the respondents had good behavior towards them. They were punished firmly for several times and their relationship was good but sometimes they had misunderstanding as well.

### 5.2.5 Relationship of the Respondents with their colleagues and wife/husband

In this course of interview, the informants were asked about their relationship with colleagues. What they reported to me was some of them had improper and disappointing relationship with their colleagues. Almost all of them responded that they had good, friendly caring, memorable affection able relationship with their friends which can be presented in the table below:

**Table 8 : Relationship of the Respondents with their colleagues and wife/husband**

S.N.	Parents Behavior	No. of Respondents
1	Improper and disappointing	1
2	Friendly	6
3	Normal	3
Total		10

Source: Field Survey, 2015

They reported that they had good relationship with their wives. It means, their parents were my responsible to take care of their children and wife.

### 5.2.6 Study Experience of the Informants

The interviewer also interviewed the respondents about their study experience during the period of the field visit. They were particularly interviewed about their difficulty in school days, the parents forced them to go to school, their satisfaction with their study and teachers, their relationship with teachers and friends, the problems as they faced and the education that they completed and so on which can be presented in the table below:



**Table 9 : Study Experience of the Informants**

S.N.	Study Experience	No. of Respondents
1	Difficulty	7
2	Unfamiliar	1
3	Normal	2
Total		10

Source: Field Survey, 2015

The informatics differently reported their difficulty. Out of ten informants, seven of them told that they had experienced difficulty and only three of them had not faced difficulty. Most of their difficulties were related to the unfamiliar with teachers and colleagues, their habit of using drugs, home sick, and class performance. So the above table clarify that they felt difficulty because of homesick, unfamiliarity and class performance. They were being forced to some extent by their parents.

### **5.2.7 Informants Satisfaction with study and teachers**

In another interview, they were asked the question as 'had you been satisfied with your study and teachers? If not which things did you get stress in schools? They were found to have mixed responses, which can be table below:

**Table 10: Informants Satisfaction with study and teachers**

S.N.	Study Experience	No. of Respondents
1	Satisfied	6
2	Non satisfied	3
3	Normal	1
Total		10

Source: Field Survey, 2015

More than half of the informants i.e. six of them responded that they were satisfied with their teachers and school and three of the them were not satisfied. The informants who were satisfied reported that they were satisfied because they had good report, with teachers, they performed well and they were loved by the teachers. On the other hand the informants who were not satisfied viewed that sometimes teacher punished them, they had to use drug and that was their stress. They had lost concentration and so on. Sometimes the teachers used to give punishments that gave them stress in school. It shows that the informants who were not satisfied, they had the habit of using drugs, they were punished by the teachers. However many of them were satisfied.

### **5.2.8 Educational Qualification of the Informants**

The researcher also interviewed about the educational qualification of the informants in the interview they were asked as 'what education level did you finish?' The qualification of informants is presented in the following table.

**Table 11: Educational Qualification of the Informants**

S.N.	Completed level	
1	SLC	3
2	+2 pass	4
3	Bachelor passed	3
4	Master Passed	-

Source : Field Survey, 2015

The table above shows that all together fair of the respondents completed their intermediated i.e. +2 level, and equal number of them (3/3) completed bachelor and SLC and none of them completed master level. Some of them were found very good in their early colleague year but later the left the study because of drug abuse. One of the excerpt on this, concern was like this 'I completed my intermediate level in science and after that I enrolled in six different universities but never completed. I already started to use drugs and was not much in the rested in study so I left my bachelor incomplete.

It means many of the informants dropped their study out because of drugs and their foolish behavior.

### **5.3 Names of the Drugs Used By the Respondents**

The selected informants were also asked to tell the name of the drugs that they took. The report of it is given in the table below:

**Table 12: Name of the drugs that they Used**

<b>Name</b>	<b>No. of respondents</b>
Cannabis	6
Opium	7
Heroin	6
Brown sugar	5
Smack	5
Cough syrup	7
Pain medicines	4
LSD,Acid, Ketamine	4
Amphetamine	3
MD MA, Huffman, Mushroom	2
Dendrite	2

Source : Field Survey, 2015

From the table above, many of the informants were found to take the drugs ‘Cannabis’, Opium, Heroin, Cough Syrup and Smack. Some of them used LSD, Acid, Ketamine, Amphetamine and pain medicine and a few of them used MD.MA. Huffman and Dendrite. It means, they were in the habit of using different types of drug. However, two of them did not any of the above drug.

### 5.3.1 Informants years spent on Drug Abuse

They were also interviewed the question 'did you continue to abuse those drug? If yes how years did you use continuously? In response to this question they responded differently, which can be presented in the table below

**Table 13: Years Spent on Drug Abuse**

<b>Years of using Drug</b>	<b>No . of Respondents</b>
1 to 5	2
6 to 10	4
10 to 15	3
15 to above	1

Source : Field Survey, 2015

The above table shows that the informants were found to use drugs continuously. Out of the ten, four of them gave continuity up to 6 to 10 years, three of them up to 10 to 15 years, two of them up to 1 to five years and one of them used for more than 15 years.

### 5.3.2 Times of Using Drugs per Day

The selected informants were also asked to mention the time of taking drugs per day. The report of it is given in the table below :

**Table 14 : Time of Taking Drug per Day**

<b>Time</b>	<b>No of Information</b>
Once a day	3
Four to five time per day	4
More than five times	3
as much as they could pay	-

Source: Field Survey, 2015

On the basis of their responses as presented in the table above, many of them, i.e. 4 used to get drugs four to five times in a day and equal number of them, i.e. 3 used nice a day and more than five times or as much as they could pay.

While, asking about the money that they spent on those drugs in a day. Many of them, i.e. 7 of the total informant's said that they were not sure or it was uncountable, however three of them said that they spent R.s 1300 in average per a day. The researcher also asked them about managing the amount money for taking drugs, all most all the respondents Said that they managed money from by working. selling drugs, from their own business, by dealing and getting from the friends and family.

### **5.3.3 Informants' Age of Starting Drugs**

The selected informants were interviewed about their age when they first time started to take drugs. The response

**Table 15: Informants' Age of Starting Drugs**

<b>Age group</b>	<b>No of information</b>
10-25	5
16-20	3
21-25	1
Below 8	1

Source : Field Survey, 2015

From the data above taken from the interview, it is known that many of them started using drug when they were 10 to 15 years old. Three of them started when they were 16 to 20 years old and one had started at the age of 8 years and the remaining one started after 20 years.

#### **5.4 Reasons for Taking Drugs**

There are some reasons for taking drugs such as boredom, creativity, pleasure, psychiatric reason. The following table presents the drug users on the basis of reasons for taking drugs:

**Table 16 : Reasons for Taking Drugs**

S.N	Reasons for taking drugs	Percentage
1	Boredom	1
2	Creativity	1
3	Pleasure	2
4	Pain	2
5	Psychiatric reason	3
6	Avoiding boredom	1
Total		10

Source : Field Survey, 2015

The information were asked to give the reasons for taking those drugs. In response to these questions they provided various reasons behind it. The most of the reasons behind their habit of using Drugs were for making them creative, just for enjoying pleasure and pain, for psychiatric reason and for avoiding boredom.

### **5.5 The Cultural Perspectives**

The researcher, in her field work interviewed the respondents about the cultural perspectives of using drugs. Regarding the cultural perspectives, at first they were asked whether they take drug in the Sivaratri or not which can be presented in the table below:



**Table 17: The cultural perspectives of drug users**

S.N.	Cultural Perspectives	No. of Respondents
1	Yes	6
2	No	3
3	Unknown	1
Total		10

Source: Field Survey, 2015

In the next question, the informants were interviewed about whether they tried to drink alcohol and use marijuana in the Maha sivaratri in their childhood drugs or they tried when they grown-up. All of them used to take marijuana but some of them did not drink. Similarly, many of them used to take marijuana when they were the teenagers or young and only two of them started in their child hood.

### **5.6. Social Experience of Drug Addicts**

Social experience of the Drug Addicts reflects the social influence of causes of being addict to the use of drugs. The researcher in her field work took the interview with the informants about their social experience by using seven different question which can be presented in the table below:

The first question in the interview related to social experience was 'when your family knew about your habits?'. The informants responded the time that their parents know their habits of drug use in following manners:

**Table 18 : The time that family know about informants Drug use**

<b>Time</b>	<b>No. of Respondents</b>
Since School day	3
At the age of 15 to 20	4
At the age of 20 above	3

Source: Field Survey, 2015

The above table shows the report of their drug abuse as their family knew. The majority viewed that their parents knew their habit at the age of 15 to 20 and equal number of them stated that their family knew them as drug user since their school day and at the age of 20 above respectively.

### **5.7 Getting Treatment in Rehabilitation Center**

The drug users were asked about the treatment of rehabilitation centre and the time period that they have been taking services in the centre. Their responses are presented in the table below:

**Table 19: Getting Treatment in Rehabilitation Center**

<b>Period of treatment taken</b>	<b>No. of respondents</b>
Thinking to admit	1
From one to three months	5
From four to six months	3
From more than six months	1

Source: Field Survey, 2015

The responses of the informants in the interview show that half of them have been taking treatment from one to five months, three of them from four to six months and one of them are thinking to admit and another one got treatment before more than six months and onwards.

## CHAPTER - VI

### MAJOR FINDINGS OF RESEARCH

#### 6.1 Role of Culture for Drug Use

Nepal is a multi lingual and multi cultural country. People find unity in diversity in Nepal. Most of the respondents were Hindu. Regarding the cultural perspectives, all of them reported that they celebrated their nation's festivals and others. The Hindu religion has traditionally accepted certain roles for `soft drugs`, such as marijuana and hashish which is considered to be a blessing from Lord Shiva, the supreme god in Hindu mythology (Jha and Plummer, 2013, p.7). So they were found to celebrate the Hindu festivals as Dashain, Tihar, Holi, Shivaratri, and Maghe Sankranti etc.

The respondent had different views about the ways of celebration. *Almost all the respondents told that they celebrated by meeting relatives, having different varieties of food, enjoying, singing and dancing with friends and using drugs. One of the respondents revealed that he celebrated with friends and sometimes, he loved to get drugs.*

*When, they were asked whether they used marijuana in 'Mahasivaratri, all of them told that they used to take marijuana. Similarly, many of them used to take marijuana when they were the teenagers or young. 'One of the respondents expressed that he thought that cannabis and marijuana are semi legalized in our country.'*

When they were asked if religion and caste system also supported to drug abuse many of them, i.e., 8 informants showed their certainty and two of them were uncertain. They viewed that Hindu culture and caste system also supported to drug abuse. In 'Shivaratri' people become free to take marijuana as the holy things to eat. Many indigenous ethnic groups take drug on that day. 'One of the respondents proved that 'Mahashivaratri' is the special day when marijuana is floated.'



Marijuana for sale in Shivaratri Festival, KTM

In this way, the above discussion of this field study clarifies that there are various cultural practices of using drugs and the drug addicts are also influenced from such practices.

## **6.2 Social Experience of Drug Users**

Less than 10% of drug dependents give family problems as a reason for drug use and 86% of them are brought for treatment by family members, who also give good support during their stay in hospital (Shrestha, 1986). The vast majority of drug dependents are staying with their parents and/or wife at the time of reporting for treatment (p.74). One of the respondents told that when his family new about his habit of taking drug, he was scolded dead and sent to rehabilitation.

It has been observed that drug use and drug trafficking are closely allied activities. Many drug dependents eventually turn to selling drugs and help in trafficking for a number of reasons, most importantly to procure a steady supply of their daily drugs. *Most of the drug traffickers use drugs because of their personality, their lifestyle, the type of people they associate with, and the philosophy of life they believe in.*

*Involvement in drugs, therefore, usually means both using and trafficking.*

Two types of crimes are usually committed by drug dependents: non-violent and money-making and violent and serious. A simple drug dependent who had a normal pre-morbid personality and no criminal record and who started taking drugs because of peer pressure, curiosity or stress usually commits only non-violent and money-making type of crimes, such as pick-pocketing, theft or lying. On the other hand, violent and serious crimes are usually committed by those drug dependents with psychopathic or antisocial personalities and who had criminal records before starting taking drugs.

Many crimes have been committed by drug dependents in Nepal. Although some are violent and serious, most are petty crimes, committed for money to support the drug habit (Shrestha, 1990, p.44).

The mental tension and mental torture that a drug dependent or a drug dealer causes to the family and in the community is quite serious. Loss of money, loss of social prestige, fear of arrest, fear of contracting various diseases including AIDS and fear of so many other things makes the lives of family members disorganized, insecure, unpredictable and unproductive.

Intravenous drug use is increasing in Nepal (Shrestha, 1989). None of the local drug dependents tested so far has been seropositive. Although most of the heroin dependents complain of a loss of interest in sex and homosexuality and unnatural sex are not common in Nepal, there is every chance that use of intravenous drug use may become the major source of HIV transmission in the country. Female drug dependents are frequently involved in prostitution to support their drug habit.

Most Intravenous Drug Users (IVDUs) share syringes, needles and other paraphernalia. They give financial, technical, legal and other reasons for this sharing, but, above all, they give the reason of companionship and trust. Anyone in the group not sharing the paraphernalia is not welcome and is excluded. Almost all IVDUs in Nepal know that this could be the source of HIV infection, but even then

they continue this needle sharing behaviour. Therefore information and education alone will not be sufficient to change the behaviour of IVDUs.

### **6.3 Rehabilitation Centers in Nepal**

Non-Governmental organizations are playing a leading part in reducing the demand for drugs in Nepal. One significant landmark was the establishment of the Social Services National Co-ordination Council (SSNCC) in February 1977. Many organizations have the sole objective of preventing drug use; their main role is in primary prevention and to some extent in secondary and tertiary prevention as well.

DAPAN (Drug Abuse Prevention Association of Nepal) carries out several activities. Nava Jeevan Ashram is the intervention programme centre, located in Kumari Pati in Lalitpur. This residential treatment centre was inaugurated in 1987. It offers specialized services with accommodation facilities for 20 inmates at a time. Patients are treated in the centre for two weeks for a nominal charge.

This two-week intervention programme is not adequate for the final recovery of drug dependents. A day-care centre was started therefore in Kathmandu in 1988 with the main aim of preventing relapse of patients from detoxification and intervention programmes in Nava Jeevan Ashram and other therapeutic centres. It carries out various activities in order to keep drug-free individuals away from drugs as long as possible and help to reintegrate them in the mainstream of society.

DAPAN also has had a counseling centre for drug dependents and their families in Baghbazar, Kathmandu, since 1986, published a book on drug abuse in Nepal and produced a telefilm, a documentary film, leaflets, posters, pamphlets, advertisements, etc. conveying the anti-drug message in plain and simple language. It runs an orientation programme on countering drug use for different target groups and supplies drug education to schoolchildren, has organized a national seminar on drug use prevention, and participates in other national, regional and international meetings, conferences and workshops related to drug use and illicit drug trafficking (Shrestha, 2014, p.1245).

St. Xavier's Social Service Centers have been running a Freedom Centre in Lalitpur for about 15 years with the aim of providing treatment and rehabilitation services for drug dependents. Neuroleptic and other drugs were being used for detoxification until the end of 1986, but since then the acupuncture detoxification technique has been used. Its non-medical personnel have been certified by the National Acupuncture Detoxification Association in New York as Acupuncture Detoxification specialists (Gafney, 1989,p.4).

UMN-DAPP (United Mission to Nepal-Drug Abuse Prevention Programme) was started in 1985 and since then it has launched various activities with the active involvement and co-operation of various organizations. It has been a catalyst and a motivating force in sensitizing people against drugs. Its activities include posters, pamphlets, leaflets, stickers, video films, anti-drug spots on Nepal Television and a drug education programme in some schools and colleges.

Many other social organizations have carried out activities in the country: a 'youth forum' to discuss drug use; seminars; workshops; talk programmes and panel discussions on radio and television; antidrug rallies; poster competitions; T-shirts carrying the anti-drug message; home visits; articles on drugs in national dailies and so on. The first seminar on drug abuse and addiction in Nepal was organized by the Nepal Medical Association in 1977.

The Governmental Mental Hospital and Tribhuvan University Teaching Hospital provides treatment services to drug dependents and experts from these hospitals have been helping various organizations in their drive against drug use.

Drug Rehabilitation Centres (DRCs) play important role to make drug addict free of addiction. Needle-syringe program, drug substitution treatment, HIV/AIDS related treatment and information, education and communication are the components of HR program. A study estimated that between 4,394 and 9,666 HIV infections could have been prevented in the United States between 1987 and 1995 if a national needle exchange program had been in place. Therefore, drug rehabilitation program along with HR program should be considered for long-term reduction of the drug-abuse



problem. Drug rehabilitation is an umbrella term for process of medical and/or psychotherapeutic treatment, for dependency on psychoactive substances such as alcohol, prescription drug, and so-called street drugs such as cocaine, heroin or amphetamines. The obvious intent is to enable the patient to decrease their previous level of abuse, for the sake of avoiding its psychological, legal, social, and physical consequences in extreme abuse. In Dharan, there are only three DRCs actively serving for drug abusers Kirat Yakthung Chumlung-Punar Jeevan Kendra (KYC-PJK), Dharan Youth Center (DYC) and B. P. Koirala Institute of Health Sciences De-Addiction Unit (BPKIHS-DAU). The activities of these centers in combating the drug-abuse problem and services provided by them are the major concerns in this study. KYC-PJK and DYC both are non-profitable and non-governmental organizations.

### **6.3.1 Role of Richmond of Fellowship Rehabilitation Center**

Richmond Fellowship Rehabilitation Center is the treatment center for alcohol and drug users. According to this center's official website, it has been established in 1997 in Chovar of Kathmandu, Nepal to rehabilitate alcohol and drug users in the society. It started "Peer Recovery Guidance" modality based on the "Therapeutic Community" (T.C.) approach since October 2001 that stress on detoxification through psycho social method without medication, "restructuring of thinking patterns", "emotional management stability", "behavioral reshaping", "capacity building", "Spiritual healing", and "Re-integration into society". Also, it offers special service with accommodation facilities. Patients are treated in this center in normal charge. It carries out several activities to keep in individuals away from alcohol and drug as long as possible and help the drug user to rehabilitate in the main stream of society. Some of the respondents were not satisfied from the services of the Richmond Fellowship Rehabilitation Centre. One of them revealed *'The management of this centre is reckless. It depends on the donations. People are left free without any concern.'* When asked if he felt healthy after two months treatment, he answered *'I don't know how I am getting healthy. I donot know'.*

## **Richmond of Fellowship Rehabilitation Center**



## **Richmond of Fellowship Rehabilitation Center**

In talking about drug use and drug trafficking, three things are to be considered: the individual, the environment and the drug. All three are important in the origin, progression and maintenance of drug use in the society. When attacking drug use we have to attack all three fronts simultaneously. Drug use is a big challenge: neither Governments nor non- Governmental organizations can face it alone; they should move forward jointly. In order to attack on all the three fronts simultaneously, two basic strategies have been adopted: demand reduction and supply reduction.

## **6.4 Feelings about Service provided by Richmond of Fellowship Rehabilitation Center**

Many drug users reported that their families admitted them in this center. However, some of them got admitted by the police, relatives and friends as well. The respondents show both positive and negative feelings to the service that they received there. They were asked, whether they got satisfaction of the services from the center or not, and also requested them to point out the weaknesses of the center. Following picture provided by program manager of this center which shows extra activities of rehabilitated person on this center;



**The Premise of Richmond Fellowship Rehabilitation Centre, KTM**

Most, of the respondents, i.e. 8 of them told that they were not satisfied about the services provided by the center. One of them told that the management of this center is reckless, it depends on the donations and people are left free without any concern. About their feelings on treatment, six of them said that they felt better after taking treatment. One of them revealed that he did not think so, but if he was not feeling

that he was a drug addict at present. Some of them were found to be uncertain on it. One of them expressed that he did not know whether he was getting healthy or not.

## **6.5 Conclusion**

It is concluded after analyzing their experiences that people who use drugs more can be abolished and made them returned back to the normal life. It is found out that drug abuse is huge burning problem in Nepal and its causes are rooted in the society itself. Also, I found that the respondents used drugs because of the number of reasons. One of the important reasons was found as cultural practice of taking alcohol and Marijuana. They were in rehabilitation center for their healthy and free life from the drugs. The sources of drugs were found as friends, drug seller and so on. Many of them unknowingly started to get drugs n feel difficulty to give it up, however, they were aware about it. But, such problems can be solved if the community, state, people and every responsible aspect join hand together to perform their duties.

## CHAPTER -VII

### CONCLUSIONS AND RECOMMENDATION

#### 7.1 Conclusions

In Nepal, the use of opiates, especially heroin, and other psychotropic drugs, has been a relatively recent phenomenon. Here, the word 'drug' has been equated with 'brown sugar', and for most people, a drug dependent means a person who is dependent on heroin. The number of drug dependents and of drug crimes is on the increase despite the Government's commitment to control drug use and drug trafficking. This indicates that there is definitely something wrong somewhere. Certainly, many people use drugs in spite of their knowledge that drug use is illegal and potentially dangerous and harmful. More than 90% of drug dependents relapse within three months of detoxification treatment. Therefore, information, education and simple detoxification treatment alone will not be enough to solve the problem. In order to tackle this problem, we need to change our strategies: they must be based on the good understanding of human nature in general and addiction behavior in particular.

Despite the possibility of serious legal and health consequences, many young people in Nepal use drugs. With this in mind, we argue that a closer examination and more detailed analysis of the reasons why young people use drugs is a necessary basis for developing effective interventions. The present research indicates that young people recognize many positive aspects of drug use, which at the time are more proximal and which outweigh the more distant downside of drugs, about which they may have limited awareness. There are some major considerations that lead the youth to indulge into the world of drug abuse. They are boredom, creativity, pleasure, psychiatric reason etc. Social experience of the Drug Addicts reflects the social influence of causes of being addict to the use of drugs. Society regarded the behaviors of drug users as negative. They also got punishment from their parents and admitted them to rehabilitation centers. The rehabilitation centre carries out various activities in order to keep drug-free individuals away from drugs as long as possible and help to rehabilitate them in

the mainstream of society. Far from being a descent into an isolated, anti-social life, we find that drug use apparently fulfills fundamental personal and social needs for many young people, at least initially. We identified three major areas that influence the uptake of drugs by youth in Nepal: first, drugs are attractive because of what they do for a person's sense of self and identity; second, contrary to stereotypes that drugs are anti-social, drug use is a deeply social activity: drugs offer social engagement, support and a means of belonging to peer networks; third, drugs are endorsed by the wider society at least in some socio-cultural scenarios, and this conveys a sense of ambivalence and results in young people receiving mixed messages about drug use.

The data reveal that young people often use drugs in part because they experience a sense of pleasure, but more so to enhance feelings of self-importance, power, ability and achievement. Regardless of whether these latter effects are illusory or not, they seem to go some way to addressing needs that these young people are looking to fulfill. What these findings also imply is that young people are using drugs to 'treat' the downside of life, a sense of inadequacy, lack of accomplishment, competitive pressures, the experience of poverty and so on.

Humans are social beings. We have a fundamental need to connect with others and to belong. In the act of belonging, especially to peer groups, we are able to shape our identity, negotiate the passage from childhood to adulthood, and collectively endure the pressures of life. In the process of identifying with peers, we adopt the behavioral and dress codes of the group as a sign of solidarity and belonging: in short, we embody our collective identity. This is very apparent among drug users, where embodiment is physical and extends from track marks, to modes of dress and style, to bodily appearance and eventually even to the physical ravages of AIDS and hepatitis. But group membership is survival and in the case of drug use, group membership greatly enhances the chances of enduring poverty and of sourcing and maintaining drug supplies. There is mutual benefit to be gained from cooperating in the quest to satisfy an addiction and to maintain the supply chain. But beyond the utilitarian support role of peer groups is the way that forming a coalition based on mutual drug use meets fundamental social needs to identify and belong. In short, while the

stereotypical drug user is a dysfunctional anti-social loner, the everyday reality of drug use is highly cooperative and social (social networking is, of course, why hepatitis C and HIV spread so readily among drug users). Paradoxically, while users are often portrayed as down-and-out and unemployed, the constant need to source drugs and maintain supply is more like a fulltime occupation, which in itself provides rewards, especially for those who might otherwise have no prospect of work.

The research also yielded insights into how culture can contribute to making drugs seem more acceptable. For example, the research was able to show how certain religious festivals and traditions not only have incorporated certain modes of drug use, but how those traditions have been embodied in people who are acknowledged as devout and who are social role models. In the case of the Shivaratri and The Holi Festival, marijuana despite being classed as an illicit substance, is accepted as a blessing or an agent of joy and pleasure.

We conclude that in order to intervene effectively in problems relating to drug use and addiction, a better understanding and more in-depth knowledge of the reasons why young people use drugs - despite the legal and health risks - is very important. The present study identified three areas that contribute to our understanding of why young people use drugs despite the risks. First, there are personal factors that are related to self-esteem, confidence and identity. In this case, drugs are attractive because they offer a greater sense of confidence, personal ability, self worth and pleasure. Second, there are factors related to social networks and peer groups. It is often not sufficiently appreciated that drug use is a highly social activity, which depends on networks and cooperation between many individuals to succeed. Thus drug use can give a sense of belonging and users are 'productively' occupied, albeit in sourcing drugs and maintaining the supply chain. Far from users conceiving of their practices as anti-social and non-conformist, they are in fact participating in a peer group activity, which is mutually supported and has its social rewards. Third, is the sociocultural context in which drug use takes place. In a number of ways, societies and cultural traditions often sanction at least some form of drug use; this inevitably leads to mixed messages concerning prevention. In the present study, we noted that

the Hindu tradition provides for use of marijuana for some religious purposes. The dilemma here is whether a strategy to change those traditions is reasonable or, for that matter, likely to be successful. An alternative approach might be to separate the approach to 'soft' drugs such as alcohol and marijuana from 'hard' drugs so that in most people's thinking there is not a continuum that leads inevitably from one to the other.

## **7.2 Recommendation**

Drug rehabilitation treatment should include a quality continuing care program that supports and monitors recovery. Also, it should not forget to consider the cases of relapsed, dropout and slipped. So the treatment policy in DRCs should go along with the group in an organized manner. Health promotion education and environment supports are necessary simultaneously. Family based prevention programs should enhance family bonding and relationships and include parenting skills, practice in developing, discussing, and enforcing family policies on substance abuse; and training in drug education and information<sup>16</sup>. In developing countries like Nepal, there are hardly any DRCs, so the choice is limited. Thus, this study suggests in increasing drug treatment facilities and improving quality of services for the harm reduction in regards to transmission of HIV/AIDS. At proper dosing, it controls the need for heroin. However, DYCs run by former addicts was against the methadone therapy as they felt that it is actually harder to quit methadone than heroin itself. They also added that the oral dosage of methadone couldn't fulfill their desire for the sickness of needle. It is recommended that the staff of DYCs should be trained more and provided financial support to run the centre with more facilities. Unlike most medical and mental disorders, drug addiction has a strong component, if the pleasure associated with drug taking did not create so many social, financial, criminal and medical problems; it is hard to imagine people seek treatment at all. Thus while drug addict want to stop, in reality he is just willing to stop the problems associated with drug use not stop taking drugs. So, while treating them, this motivation in the character of disorder should not be forgotten by any DRCs.



The DRCs working in Dharan should have strong coordination and network in relation to treatment program for drug abuse. The problem never comes down until the effective prevention programs and accessible drug treatment, and enforceable drug interdiction policies are linked to make management cost effective. Support for substance abuse education, prevention and treatment must come from all sides including families, community groups, schools, policymakers, and health professionals.

The drug rehabilitation programs should be long-term with repeated interventions i.e. booster programs to reinforce the original prevention goals. Especially, BPKIHS should take initiation on long-term treatment because it is a tertiary care hospital with aim to improve health status of people of eastern Nepal and senior psychiatric doctors are available here. The treatment centres should be increased in number as well as in quality. It is necessary to keep sending message the media that it is better to not start at all than to enter rehabilitation if addiction occurs.

Training of Trainers is urgently necessary for the trainers working in the DRCs of Dharan. There is a strong need to expand the scope of research to improve the effectiveness of treatment in the future and to provide evidence to policymakers that sufferers are eagerly awaiting treatment now. The DRCs of Dharan should be supported and promoted by the government and non-government organizations.

Some major causes that lead the youth to indulge into the world of drug abuse. are boredom, creativity, pleasure, psychiatric reason etc. Social experience of the drug users reflects the social influence of causes of being addict to the use of drugs. Society regarded the behaviors of drug users as negative. They also got punishment from their parents and admitted them to rehabilitation centers. The rehabilitation centre carries out various activities in order to keep drug-free individuals away from drugs as long as possible and help to rehabilitate them in the mainstream of society.

At the time that young peoples' experiences of drug use are positive, the adverse consequences seem remote and often users appear to be fairly unaware. Soon, however, addiction intervenes and the vomiting that was initially associated with taking drugs

becomes replaced with withdrawal symptoms when users attempt to stop. The dangerous consequences of overdose, brushes with the law and health problems such as hepatitis and HIV become immediate and real. In our data, some respondents reported not being aware of the adverse consequences. The provision of clear and informative messages will be crucial. Raju, Amar, Puja, Raj and Lamjoi all described not knowing the full consequences of heroin use. Comprehensive and well-focused services could be effective to detoxify from drugs, but such services are non-existent in Nepal and the efficacy of the existing drug detoxification services has not been evaluated.

As we see it, the messages for drug control in Nepal are as follows: geopolitical factors make it inevitable that drugs will be readily available in Nepal. To protect young people from the harms of drug use, a greater investment in prevention and treatment is required. For prevention programs to be effective, a sophisticated approach will be needed to understanding why young people resort to drugs. This will include working with identity, self stern and alternative occupations. Likewise, social networks and peer-based structures for youth that do not rely on drugs for their common ground would be expected to offer an alternative and to disrupt the social 'plusses' of drug-based peer networks. Finally, drawing a sharper distinction between 'soft' from hard' drugs might help young people to recognize clearer, less ambivalent boundaries, and presumably result in a better use of resources, where dangerous addictive and inject able drugs are the primary focus for intervention.

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# Appendix 1

## Questions for thesis

### 1. Personal Information

- 1.1 Respondent's full Name
- 1.2 Address
- 1.3 Age
- 1.4 Gender
- 1.5 Caste/ Ethnicity
- 1.6 Previous Occupation
- 1.7 Religion
- 1.8. Marital Status

### 2. Family Information

- 2.1 What types of family do you live?
- 2.2 Are you only one child of your family?
- 2.3 How many Daughter or Sons are there in your family?
- 2.4 With whom do you stay?
- 2.5 Can you tell me about your childhood?
- 2.6 How was your parent's behavior towards you?
- 2.7 Have you got any punishment from them in your childhood?
- 2.8 How was your relationship with your parents?
- 2.9 How was your relationship with your colleagues?

### 3. Study Experience

- 3.1 Have you ever experienced difficulty in your first school day?
- 3.2 Did your parents forced you to go to school everyday?
- 3.3 Had you been satisfied with your teachers and friends?
- 3.4 How was your relationship with your teachers and friends?
- 3.5 Have you faced any problem during your study time?
- 3.6 Which education level did you finished? If you have studied in college, can you tell me about your college experience?

### 4. Cause of Drug Use

- 4.1 What was you're your age when you started taking drugs?
- 4.2 Where did you take first time?
- 4.3 Can you tell me the name of drugs that you took?
- 4.4 From where did you get these drugs?
- 4.5 How did you know about drugs?

- 4.6 Did you continue to abuse those drugs? If yes how many years did you use continuously?
- 4.7 Did you use injection? If yes, Did you know the negative effects of injections on your health?
- 4.8 How many times did you used those drugs per day?
- 4.9 How much money did you spend on these drugs in a day?
- 4.10 How did you manage money for it?
- 4.11 Did anyone in your family also use those drugs?
- 4.12 What was the reason for you taking those drugs?

## **5. Cultural Perspectives**

- 5.1 Have you celebrated our national festivals and other occasions?
- 5.2 In what way do you celebrate?
- 5.3 Do you think our Hindu culture and caste system also supported for drug abuse?

## **6. Social Experience**

- 6.1 How did your family react to you when they knew about you of using drugs?
- 6.2 Did you feel the differences in their behaviors towards you after discovering about your taking drug habit?
- 6.3 How did you faced or response towards your family's questions about your addiction?
- 6.4 Did you face problem in communicating with your family and colleagues?
- 6.5 Did your colleagues feel hesitation to talk to you? And did you feel nervous with them?

## **7. Getting treatment in Rehabilitation Center**

- 7.1 How did you know about this center?
- 7.2 Have you ever received drug rehabilitation treatments before?
- 7.3 Why did you select this center for treatment?
- 7.4 What did you feel when you came to take service here?
- 7.5 Have you been satisfied from their service?
- 7.6 How long period are you taking service here?
- 7.7 Who is the financial supporter for this treatment?
- 7.8 Do you feel better after taking treatment?
- 7.9 What is your future plan after the end of this treatment?