

# Drug Abuse in Nepal

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Nepal like many other member countries of United Nations celebrated the year 1985 as the INTERNATIONAL YEAR OF THE YOUTH. The central committee for celebrating that important year in Nepal launched various developmental and social welfare programmes for the youth of this country. Among the various problems of the youth in this country, drug abuse has been one of the important areas and thus to prevent and control the DRUG ABUSE by the youth, a "Committee for prevention and control of drug abuse" had been formed during the same year. This is the first time that such a non-governmental voluntary organisation has been established under Nepal Youth Organisation though there are many other non-governmental social organisations taking active interest for the welfare of the Nepalese citizens. This committee has members not only from Nepal Youth Organisation but also representatives from different ministries, psychiatrists and social workers. The objectives are to look into various aspects of drug abuse among the youth and find out some practical means to alleviate the existing problems of drug abuse.

The first National Seminar and Workshop on Drug abuse and Addiction was held in Kathmandu in 1981. Similarly many more have been organised at different levels at different times. Many proposals were recommended to the Government. We even had an International Conference of Non-Governmental Organisations on Drug Dependence in 1985. Since the time of the first National Seminar only a couple of years have passed but the drug abuse scene has changed dramatically getting worse year after year. It is nice though, lately that some efforts are being made at the national level for the prevention of this dangerous situation before it gets out of hand.

This paper is divided into three sections with different objectives :

1. History of drug abuse and introduction of drugs of abuse
2. Create awareness in parents and teachers about drug abuse
3. Facts and figures of the drug abusers coming for help

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## 1. Introduction of drugs :

Generally speaking, any chemical substance, natural or synthetic, which alters the structure or function of the body may be labelled as a drug.

Some drugs exert their effects on every cell in the body but most have selective action on certain kinds of cells or on particular organs. The drugs with which we are particularly concerned at this time are those which effect the nervous system. They are used both for medical treatment and for modifying man's perception of the real world or his objective sensations.

Drugs when used properly are essential to health, comfort and life of modern man. They are however powerful agents and many, if not most, are harmful when used improperly. The improper use of drugs affecting the nervous system specially for altering the subjective sensation and against medical advice is termed as drug abuse. The drugs of abuse are usually narcotics, hallucinogens, stimulants and depressants. Generally it is classified into two major groups - hard and soft drugs. By hard drug, it is the narcotic derivatives, natural or synthetic. The hard drugs coming from the natural plant poppy are opium, morphine, codeine and heroin. In Nepal heroin is called smack and its derivative brown powder is called the brown sugar. Synthetic narcotics are pethidine and pentazocine which are also used by injection routes. The brown sugar is gradually replacing heroin, the white powder. Brown form is cheaper than the white. They are mostly smoked in silver paper and inhaled. Pethidine and pentazocine were hailed as not dependence producing drugs for relieving pain when first introduced but experience has shown that both these drugs cause dependence and are commonly seen among the medical professional people.

By soft drugs, it usually refers to the different psychotropic drugs. They are minor tranquillisers like diazepam, chlordiazepoxide, barbiturates like phenobarbitone, methsqualone (Mandrax), stimulants like amphetamines, dexedrine and hallucinogens like Cannabis and L. S.D. The most commonly used hallucinogenic and euphorant is Cannabis. It is commonly known as Bhang, Ganja and Charas or Attar. This cannabis plant grows abundantly and widely all over the country and is cultivated even in some districts as cash crops. The potency of cannabis varies with the geographical location in which the plant grows, the time of harvest and the parts used. The different names like bhang, ganja and charas come from the same plant Cannabis sativum but only differ in their potencies. The main chemical constituent of the plant is Tetra-hydro-cannabinol. The most potent is Charas which is the resinous material obtained from the flowering tops of the female plant. Hashish is smoked mostly and Bhang is mixed with some fruits and sweets. Minor tranquillisers, sedatives and stimulants are used indiscriminately by the students and the youths. They are easily available in the chemist shops without any prescriptions. Tolerance and dependence on these soft drugs are similar to the hard drugs.

The use of hashish, ganja and bhang is not a new thing in Nepal as it was widely used by the fakirs and saints and at times by other people for celebrating some religious

festivals. It was only in the mid-sixties that the Hippies or the flower babies from abroad came to Nepal and made quite a scene here using hashish openly in temples and cities alike. Kathmandu, the capital of Nepal, became popular by the name of **HASHMANDU** and a few streets by the name of **FREAK STREET** in the heart of city.

Along with the names of **HASHMANDU** and **HIPPIEDOM** came the wide use of hashish and other soft psychotropic drugs by our own young people in the process of selling the hashish and identifying themselves with the care-free tourists of that time. Then came the abuse of more harder psychedelics like L. S. D., Amphetamines, PCP etc. Heroin and opiate derivatives abusers were very few but the drug scene changed gradually starting from the white heroin power to the brown stuff. The establishment of various direct air links with our neighbouring countries and overseas with the increased influx of all kinds of tourists, Kathmandu became one of the important transit city and young Nepali people have become drug consumers and dealers also. The appearance of brown sugar in the local market has even made the matter more serious as it is more easily available and comparatively cheaper than the white stuff. The source of this stuff is reported to be our own neighbouring countries. New Delhi is experiencing similar change with increase of brown sugar abuse by young educated males, probably because of its easy availability and reasonable price in the last few years.

The drug scene is not only seen in Kathmandu but is also spreading in other cities of Nepal like Pokhara, Biratnagar and Nepalgunj. The sudden dramatic rise in the young people might be due to the development of the quick dependence and the peer pressure to the new ones by the addicts for the procurement of their daily requirements and the interests who make a great deal of easy profit from this trade.

## **II. Parents and teachers' awareness about drug abuse :**

Till late seventies, the abuse of hard drugs were seen mainly among the young people engaged in the tourist and small hotel business like tourist guides, hotel bell boys and small curio & handicraft owners in the pavement in the Freak Street. Most of the abusers were either uneducated or came from broken homes or villages around Kathmandu to find work. But since last 10 years the drug abuse has reached all kinds of young people whether be a student or a non-student. Teaching institutions like secondary and high schools, campuses, and even the university has been affected by this problem. Likewise private and government offices are known to have this problem. Since it affects the young mostly it is important that the parents and teachers be more cautious and vigilant about the possible risk of abuse by the school children in the schools. A few guidelines are enumerated below so that the parents and teachers can identify their children at an early stage of abuse. Many parents come for help when their children had been using the drugs for a long time and moreover very heavily. Early detection and treatment is easy and saves a lot of social and economic distress.

Drug abuse affect all components of human behaviour - physical, mental, social and emotional. It brings disastrous change in scholastic achievement and deprives the user in his moral habits.

A few significant indicators are as follows :

1. Gradual loss of interest in studies and deterioration in academic performances.
2. Irregular in classes and absence from schools for days without explanation.
3. Staying aloof from parents and siblings and letting nobody in his room except his own circle of friends who are also addicts.
4. Staying out of the home most of the time, coming home late or even staying out nights.
5. Eating at odd hours, that also alone.
6. Waking up late in the mornings and sleeping at odd hours
7. Gradual deterioration in personal hygiene and physical health.
8. Failure to keep or meet the social demands and responsibilities expected from him.
9. Gradual loss of interest in everything around him.
10. Asking for more and more money from parents for no good reason.
11. If money is not provided, disappearance of valuable and semi-valuable house-hold articles of his own, then of family members.
12. Temper tantrums and acting out behaviour when objected of his going out or meeting his friends
13. Develops ability to tell very convincing lies and manipulate.
14. Denying of his habits initially.
15. Develop criminal activities like shop-lifting, stealing, cheating, borrowing and never paying back and police lock-up for criminal activities.

### III. Facts about some drug addicts :

Since last three years e. g. 1982 about 54 cases of hard drug addicts were treated in the mental hospital and one of private clinics as out-patients and in-patients. The treatment is mainly for detoxification as there is no facilities for rehabilitation. Those cases are reported with the following observations and discussions. Family involvement was encouraged as far as possible as they are the one who has to undertake the responsibility for support and rehabilitation after the patient is discharged from the hospital.

Table 1 : Age distribution (n=54)

<u>Years</u>	<u>No.</u>	<u>Percent</u>
15-20 yrs.	16	29.62%
21-25 "	16	29.62%
26-30 "	17	31.48%
31-35 "	1	1.85%
36-40 "	3	5.55%
41-50 "	1	1.75%

From the table above it becomes clear that the majority of the abusers were within the age group of 15-30 years. There were two abusers who had just stepped in the 15 years of age and were using the drug since last one year. The oldest was a 42 year old lady with sons who were all drug addicts and pushers. The recent attenders were younger than the long time users.

Table 2 : Sex (n=54)

<u>Male</u>	<u>Female</u>
50	4

Though the narcotic drug abuse is much more common among the males, the females have also been seen to abuse them. Out of the four female abusers, two were medical personnel, one was a student and the other was a pusher herself. Cannabis is getting popular among the female students in hostels and campuses.

Table 3 : Marital Status

Single	33	61.11%
Married	21	38.88%

Though the majority were single, they have been recent users but the married abusers were older and had been using the drugs since a long time.

Table 4 : Educational Status

Primary schooling	18	33.33%
Higher secondary	23	42.59%
College level	13	24.97%

The table above shows that most of the abusers had only primary or secondary level of education and most of them had dropped out or were very irregular and had failed a no. of times. Those at the campus level had either picked up the habit in the campus and had dropped out of it. None of them could complete and go further for higher education.

Table 5 : Occupation

Semi-skilled or clerical jobs	6	11.11%
Small petty business	8	14.81%
No occupation or job	40	74.07%

The table above shows that most of the abusers were without any kind of job. Few of those who were on jobs could not hold them anymore because of their irregularity and immoral behaviour.

Table 6 : Economic status of the families

High	13	24.08%
Medium	15	27.77%
Low	26	48.14%

The table above shows that it is not only the high and medium class young people who are dependent on drug but the poor and low income group of young people are equally involved. The abusers from the low income group were usually the restaurant boys, semi-skilled workers, tourist guides and labourers. The high income group of abusers also had some kind of family psychopathology like parental negligence, alcoholism in the parents, separated parents, lack of discipline at home or the only son of the affluent parents who pampered and protected their child too much thus spoiling him more.

Table 7: Duration of abuse

1. less than one year	10	18.51%
2. 1 - 3 years	30	55.55%
3. 4 - 6 "	9	15.56%
4. more than 6 "	5	9.25%

The table above is interesting in the sense that most of the abusers had been on the drug since last three years and that corresponds to the time when the brown sugar made its availability in the market and it is only the last 3-5 years during which the dramatic increase in the numbers of addicts has been seen.

Table 8 : Abuse of other drugs prior to Heroin

1. Cannabis only	35	64.81%
2. No cannabis but other psychotropic drugs	8	14.81%
3. None used	11	20.37%

The table above shows that majority of them were on some kind of psychotropic drugs or Marijuana for some time before they switched to hard drugs. It is worth mentioning that the abuse of marijuana may easily pave the way for using the hard. This goes in support of the **stepping stone hypothesis of Doucel**.

Table 9 : Route of administration

Smoking only	42	77.77%
Smoking and Injection	12	22.22%

From the table above it shows that the chronic and heavy users had used the injection route in addition to smoking but the majority of them had been smoking only. The usual method of smoking is to heat the powder over a piece of silver - foil paper and inhale the fumes coming from the heated powder.

Table 10 : Reasons for abuse

1. Peer pressure	36	66.66%
2. Curiosity	10	18.18%
3. Pleasure	6	11.11%
4. Therapeutic	2	3.70%

In the table above, we find that majority of the users admit abusing the drug due to peer pressure. The rest are for some other reasons. Few of the addicts even admitted that it is hazardous and thought they would stop the abuse after a few days or so. Majority of them did not know the nature of dependency the drug created. Most of them could not stop the habit because of the physical withdrawal symptoms which were terrifying and very painful. Some even had the idea that they would die once they stop the habit.

Out of the 54 addicts, two were foreigners, one from Japan and other from Italy. The Italian was a girl of 17 and had been hooked on drug in Kathmandu only while she was here on a holiday and was on her way to Taiwan.

Two addicts died of accidental overdose, their age being in early twenties at the time of death. Both of them had disorganised family background. There is no good follow-up of the cases after treatment and relapses are assumed to be very high. There is no rehabilitation of the treated cases to keep them away from the tempting environment from where they come before treatment and go back to the same even after treatment.

### Conclusion :

The present situation of the drug abuse by our youth is alarming. It is already causing severe social distress in the families and communities. It is affecting all classes of society - rich and poor. The sudden increase in the incidence and prevalence of drug abusers within the past 5 - 6 years has been of great concern for the parents, teachers, social workers.

The sufferings and miseries (financial and emotional) of the families of the drug addicts are beyond any assessment. The frustration, the guilt, the helplessness are the only things the families are living with. It is draining millions of dollars out of the country. Huge amount of potential work force is being wasted and it is beyond measurement. Can a poor country like ours afford to loose or waste so much ?

The drug abuse is spreading like a malignant cancer. Will it not be appropriate to call this social evil as the **CANCER OF THE YOUTH** ? Can we still deny, ignore, remain silent and do nothing solid to prevent this ugly social disease ? The answer is obviously no. Measures have to be planned for prevention by the political will, by educating the public about the hazards thus creating more and more awareness, making the law enforcement more effective because treatment only has not been very effective in the absence of other measures.