The Drug Scene in Nepal: Some Observations and Experiences

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I. INTRODUCTION

Drugs have been in use in Nepal since ancient times. The common drugs that have been in use were and still are alcohol, opium, and ganja. In the past the use of alcohol was confined to the Newar, Gurung, Magar, Bhote and Tamang groups and to various people among the lower scheduled castes. Prior to the eighteenth century the use of alcohol among Brahmins and Chhetrys was practically unknown, for its use was prohibited to them on religious and social grounds. However, since the beginning of the nineteenth century the use of alcoholic beverages has been steadily increasing among all groups of the Nepalese people, due in large part to modern stresses and western influence.

Historically, the use of opium has been mainly confined to the aristocratic and upper classes, as in ancient China, since neither knowledge of it nor its source was available to the common or lower class people. Ganja, however, has long been in common use among all classes of people, especially among the Santa, Tyagee and Mahatma groups, for its euphoric, mood-elevating, time-prolonging and aphrodisiac properties. Because it has always been easily available and there have never been very strong socio-cultural taboos against its use.

During the last fifteen years there has been a tremendous increase in the abuse of various drugs like ganja, opium, heroin, morphine, pethidine, cocaine, amphetamines,

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barbiturates, Mandrax tablets, and last but not least, alcohol. This is especially so among teenagers, adolescents and the young in general. The consequent personal, domestic, social, physical, psychological and moral disruption of the younger generation has become a great challenge to all of us.

Before elaborating on our psychological observations and clinical experiences in the assessment, management and follow-up of drug addicts, it will not be out of place to briefly mention some definitions and descriptive norms adopted by a W. H. O.'s committee of experts on addiction-producing drugs:

II. DEFINITIONS

A drug is a chemical substance that produces a physiological and at times psycho-behavioral change inside a living being, and when these drugs are used for other than medical purposes, either periodically or constantly, we have the condition labelled Drug Abuse. In 1957 a W. H. O. expert committee on addiction-producing drugs defined drug habituation and drug addiction as follows.

- A. **Drug Habituation**: is a condition resulting from repeated consumption of a drug, characterized by (i) a desire to continue taking the drug for a sense of improved well-being; (ii) little or no tendency to increase the dose; (iii) some degree of psychic dependence; (iv) the absence of physical dependence—hence no withdrawal symptoms; (v) detrimental effects, primarily on the individual.
- B. **Drug Addiction**: is the state of periodic or chronic intoxication produced by the repeated consumption of a drug (natural or synthetic). It is characterized by (i) a compulsion to continue taking drug and to obtain it by any means; (ii) a tendency to increase the dose; (iii) a psychic dependence; (iv) generally a physical dependence; (v) detrimental effects on both the individual and society.

Because the terms "drug habituation" and "drug addiction" had been generally confused and misused, and since the common elements appeared to be psychic and physical dependence, the term "drug dependence" was introduced in 1964 and defined as follows: "Drug Dependence" is a state of psychic or physical dependence, or both, on a drug that is used periodically or continuously, with a sense of compulsion to experience its

psychic effects and sometimes to avoid the discomfort of its absence. Tolerance may or may not be present. A person may be dependent on more than one drug.

III. AETIOLOGY OF DRUG ADDICTION

The aetiology of drug addiction is complex and multi-factorial. Whether or not a person will become addicted to a drug depends upon the interaction of the following three criteria: (i) Personality and learning experiences; (ii) the nature of his domestic and broader socio-cultural environment; and (iii) the pharmacology of the particular drug, taking into consideration the amount, frequency and route of its administration.

IV. TYPES OR DRUG DEPENDENCE

In 1964 the W. H. O. described the following nine types of drug dependence:

- A. **Alcohol type**: Alcoholic beverages of all kinds.
- B. **Barbiturate type**: short and medium-acting barbiturates such as chloralhydrate, Mandrax, meprobromate, Librium, Valium etc. There is a marked tolerance between alcoholic beverages and Barbiturate drugs.
- C. **Morphine type**: Opium, morphine, heroin, codeine, Methadone and Pethidine.
- D. **Cocaine type**: Cocaine and cocaine leaves.
- E. **Cannabis type**: Marijuana (Bhang), dagga, Kof, Maconna, Ganja, and Hashish (cheras).
- F. **Amphetamine type**: Amphetamine, dextrenphetamine and methylamphetamine etc.
- G. **Hallucinogen type**: L. S. D, Mescaline, Psilocybin and "Morning Glory".
- H. **Khet type**: Dependence on khat leaves (catha edulis forsk).
- I. **Volatile solvent type (Inhalants)**: Acetone, gasoline, ether, chloroform, nitrous oxide etc.

Miscellaneous
This list, however, is not exhaustive as dependence on salicylates, bromides and nutmeg has been known, not to mention the use of tobacco in any form which involves a strong psychological dependency state.

V. THE PREVALENCE AND TYPES OF DRUG DEPENDENCE IN NEPAL

Accurate prevalence rates of drug dependence in different cities, districts and Anchals of Nepal is not known because we have not carried out any epidemiological surveys. This

is due to lack of trained personnel and various necessary means and facilities. Nevertheless our field tours and observations in different villages and cities seem to be telling us that the problem is generally and steadily getting widespread in most parts of the nation. Thus, if we visit remote villages, we can easily encounter people who are smoking or selling ganja, despite the fact that buying and selling of ganja has been legally restricted since 1971 in Nepal.

In what follows we will recount our observations and experiences, especially in the Valley of Kathmandu. If you have chanced to visit densely populated areas like Kathmandu, Bhaktapur or Lalitpur, either during the day or night, you must have noticed many deadly drunken people roaming about, shouting at strangers, quarreling with each other or even blocking traffic. Sometimes they can be found lying unconscious in the street. If you have visited famous temple areas like Swayambhu or Boudhanath you must have noticed the scent of ganja in the air.

We have heard, too, that in certain schools and campuses students have been observed smoking cigarettes filled with ganja; others can be found under the influence of Mandrax tablets. At picnic spots students are known to have misbehaved with their female colleagues.

However, the real drug scene in Kathmandu can be seen in Freak Street, that is Jhochhen, Basantapur, the Hanuman Dhoka or old Ganesh areas. Don't be surprised if you see your own son walking near Freak Street like a western hippie under the influence of ganja, Mandrax, Acid, or speed and someday you may even find him fixing Morphine, pethidine or smoking "Smack" (Heroin).

VI. CLINICAL PROFILES OF DRUG ADDICTS IN KATHMANDU

At this point I will very briefly describe the clinical profile of drug addicts, mentioning some of their psychosocial features.

- i) **Age:** Drug dependence is getting more and more prevalent among teenagers and young adults. The problem of alcoholism seems more prevalent in middle age and after retirement from service. Here we can cite the example of a student from the Shah family who was addicted to ganja smoking at the age of seventeen. After four weeks of treatment he was entirely freed from his dependence.

- ii) **Sex:** Drug dependence has been encountered among both sexes, although it is more prevalent in young males. Tobacco smoking and drinking, however, is rising steadily, as in western countries, among our females as well. Here I can mention the case of a Newari girl who has been on various drugs since the age of sixteen. She has been to Bangkok, Singapore and Australia for drug addiction treatment. She managed to remain off the drugs for a few weeks, but at present she "fixes" (injects) herself with morphine more than once a day.
- iii) **Social class:** The problem of drug addiction, including alcohol, seems more concentrated in the upper class than in the lower classes. The upper class people appear to have more easy access to alcohol and other drugs, and they can afford them. By way of example, if someone is addicted to heroin he may spend between three to five hundred rupees each day for the drug. I remember the case of a young Marwari boy who, after a short experience with ganja, and Mandrax started spending the fortune of his father on smoking "Smack" (Heroin) in the company of his friends. He has now been treated and is enjoying a normal social life.
- iv) **Occupations:** The Nepalese boys who have adopted the role of a drug addict in Freak Street's scene are often those who have no job and so earn their bread and butter by selling drugs and enjoying the company of foul-smelling hippies. Here I remember the case of a poor boy who came to Kathmandu four years back, along with his younger brother from Bhadrapur. He couldn't come off drugs because he had to smuggle and sell drugs for the survival of his brother and himself. In the recent past, he died of pulmonary tuberculosis.

Among the business class of people the use of alcoholic beverages is rising steadily. I remember the case of a Shrestha businessman who was suffering from chronic alcoholism and developed cardiac neurosis due to the secondary anxiety state. He went for a cardiac checkup to the All India Institute of Medical Science, and for a neurological checkup to Vellore. At the moment he has stopped taking alcohol and is doing fairly well on drug treatment and supportive psycho-therapy.

Medicos, druggists & nurses seen quite vulnerable to drug addiction, must probably due to their knowledge and easy access to various drugs. Within this category we have treated a few medicos & nurses themselves.

- v) **Home Environment :** Many of our drug addicts have been found to come from broken homes or disturbed parents. Some have even been homeless, but others come from stable families as well. One drug addict who was dependent on morphine and who has been treated successfully lives with his brother while his father is living with a stepmother.
- vi) **Personality Disorders :** Nearly fifty percent of our drug addict patients seem to have some sort of character or moral deficiencies. The burning example of this was a particularly difficult patient who not only was dependent on many types of drugs including alcohol, but who also showed very remarkable, disturbed and violent sociopathic behaviour.
- vii) **Learning Experiences:** Many of our drug-dependent patients have acquired the habit in the company of their peers, friends and hippies. At times a sort of symbiotic phenomenon too has come to our attention. This phenomenon is quite prevalent among hippies, but recently I have treated successfully a Nepalese housewife who learned to smoke ganja and smack to give company to her husband, who was badly addicted to morphine as well.

VII. DETRIMENTAL EFFECTS

Drugs are liable to cause individual, domestic, social, economic, occupational, anti-social, psychological and many physical hazards. In a group of two dozen drug addicts (excluding alcoholism) one-third of them became frankly psychotic. Most of them have been successfully treated, but I still remember the case of one unfortunate student from a boarding school. He could not be properly managed despite a long stay at Ranchi and the giving of electroconvulsive therapy with no proper justification. He did eventually prove susceptible to treatment and has now recovered to some extent.

As mentioned earlier, one of our patients died of pulmonary tuberculosis; two have suffered from infective hepatitis, and half of them from malnourishment, neuroasthenia, loss of weight, poor appetite and sore tongue. One patient of ours had been smoking "Smack" so much and so long that he really developed a very sore tongue and thus had to be admitted to the hospital because he was unable to chew and take his food.

Many drug addicts have been earning and spending money through unfair and dishonest means, such as by stealing, telling lies to their parents, or smuggling drugs to

hippies and rich people. Some of them have had a disturbed relationship with their wives because they could not play their roles as proper sex partners.

VIII. ASSESSMENT and MANAGEMENT

All the drug-dependent patients we have seen have been treated voluntarily; treatment was not forced on them by any sort of pressure. They have been treated either in their homes or in the hospital or a clinic. During their physical and psychological assessment, the various lines of treatment were clearly explained. In most cases they were told that if they had any doubts or reservations about going back to drugs we would not take the pain to treat them. Then, after medical detoxification with a special procedure of "sleep-therapy" and wise nursing management, the patients were treated with supportive psychotherapy and counselling as well as by various means of socio-occupational rehabilitation and follow-up. E. C. T. was not prescribed in any case, and two-thirds of them are now doing fairly well in their respective socio-occupational roles.

IX. TENTATIVE CONCLUSIONS

The main idea and the main theme of this paper is to acknowledge the vehemently rising problem of drug dependency, especially among our teenagers and young people. This is causing great havoc to their moral and character development. Henceforth we must realize and acknowledge this problem and do our best to stem it, for otherwise the gentle, honest and dutiful image of the "Gorkhali" might not be able to survive in the very near future.

A second point that needs strong emphasis is that the whole question of drug addiction cannot be treated in isolation. The problem is multi-faceted and can only be discussed and solved in the total context of current socio-cultural and economic conditions of the whole nation.

Thirdly, the last but not the least point I wish to emphasize, is to contradict the common notion prevalent in Freak Street and in many minds, that once somebody has been on hard drugs, he or she must continue taking them or otherwise their survival might be jeopardized. This is prejudiced and alarmingly false propaganda, for the poor addicts can really be helped. They can be cured and saved from becoming social invalids. But complete eradication of this evil depends widespread public awareness and integrated community participation.

IN URINARY TRACT INFECTIONS

For

- Better effect
- Quicker response
- Minimum toxicity

ENTEROFURANTIN

(Chloramphenicol + Nitrofurantoin)

CAPSULES
FORTE CAPSULES
SYRUP

Dey's
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