A STUDY ON
DRUG ABUSE RELAPSE AND TREATMENT
IN KATHMANDU VALLEY

Submitted To:

Nepal Health Research Council

Ramshah Path

Kathmandu

Nepal

Submitted By:

Chitrakala Pun

Pooja Niraula

Date: 27th July 2001

Medical personnel as well as society itself limits the treatment of drugs to detoxification only neglecting the psycho social aspect which consists of more than 90% of the treatment process. So it is very necessary to bring about awareness on the psychosocial aspect of the treatment.

Moralistic views still predominate many segments of our society. These views regard relapsed addicts as scorned who are thought to be lazy, irresponsible or possibly weak-willed. But unfortunately, such views, especially when held by legislators, government officials and other key decision-makers, impede progress in treatment approaches by depriving treatment and research centers of much–needed financial support. Therefore, it is a must that the responsible personnel working in the relative field widen their thought perception.

Despite the high occurrence of relapse it was only within the past several years that the topic of relapse has been addressed in the drug addiction literature. Therefore this can reflect the negative beliefs and myths held by professionals. These beliefs and myths about relapse may interfere with professionals' ability to provide appropriate treatment services to relapsers. The myths can be stated as follows:

- The substance abuser is 'not motivated' or uses substances because he or she 'wants to'.
- The person relapsed because treatment advice was not used properly.
- Relapse does not occur until the person uses substances.
- One substance use episode will lead to " loss of control" over all substance use.
- Chronic relapsers cannot be helped.

Currently, it is evident that professionals in the substance abuse field do not instruct their clients about relapse or provide relapse prevention strategies. Professionals need to educate clients and family members about the relapse process and ways to intervene early if relapse does occur. After-care service center is very necessary for a successful recovery of a client whereas there is not a single after-care service in our country. Hence,

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Acknowledgement

First of all, we would like to express our heartfelt gratitude to the Nepal Health Research Council for providing us the opportunity to conduct this study.

We are very thankful to our St. Xavier's College for their technical co-operation.

We are very much grateful to Ms Ivana Lohar for her continuous assistance from the beginning of this study.

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Finally, we acknowledge all the respondents and the drug treatment centers working for the drug abusing youth for their co-operation during our data collection.

Abstract On:
The study on Drug abuse, relapse and treatment in Kathmandu Valley

Objectives of the study:

- To increase the knowledge about the socio-economic condition of the relapse drug abusers.
- To identify the factors contributing to relapse of drug abuse.
- To identify the magnitude of the problem.
- To increase knowledge of the drug treatment centers working in the valley.
- To assist in developing a strategy for the prevention of relapse occurrence.

Methodology:

The study was of both Descriptive and Exploratory Designs.
The sampling procedures were cluster sampling and snowball sampling. Altogether there were 100 samples taken for the study from those clients who had relapsed from six resource centers. The resource centers are Tribhuvan University Teaching Hospital, Mental Hospital, Freedom Center, Richmond Fellowship Nepal, Youth Vision and Aashara Sudhar Kendra.

The data was collected through both primary and secondary sources and the method used was semi-structured interview schedule consisting both open and closed-ended questions. The data was processed through coding, classification, and tabulation and further analyzed with frequency tables, uni-variate and multi-variate charts. Statistic used was measures of central tendency like mean, median and mode.
The processed data are presented in appropriate forms of description, graphic presentation through pie chart, bar diagram and tabular presentation.

Major findings:

50 percentage of the respondents were unaware about drugs and its consequences before taking drugs for the first time. The majority i.e. 74 percentage of them first took drugs between the age group of 15 to 20 years.

The causes for their first intake of drugs are curiosity i.e. 40 percentage, family problems i.e. 20 percentage, peer pressure i.e.14 percentage and the remaining are entertainment, financial problem, failure in love affair and search for identity.
The cause of relapse for 49 percentage of the respondent is personal incapability, for 23 percentage it is easy access to drugs, for 20 percentage it is lack of family support. However, the significant percentage of causes are also family problems, peer pressure and lack of social acceptance.
The acceptance level in society is very poor as 72 percentage of the respondents do not feel accepted in the society.

The respondents face different adjustment problems in their family after being discharged from the treatment centers. High percentage of the parents i.e. 76 percentage have very high expectation on them, 62 percentage are not trusted on financial transactions, 62 percentage of them face negative attitudes and criticism, 42 percentage of the parents do

not take the appropriate responsibility of their children and are treated differently than other family members. 38 percentage of the family members also hold a very wrong belief that " once an addict is always an addict".

The major adjustment problems in society after being discharged from the treatment centers are- 92 percentage of them face communication gap between them and the social system, 86 percentage face lack of trust, 82 percentage find difficulty in making new friends, 54 percentage find difficulty in getting new jobs or continuing the old ones, 32 percentage feel avoidance and negative attitude. The respondents are facing these problems in the highest degree. It may be because of the poor acceptance of the problem in our society. The society people still take drug problem as a big social stigma.

Majority of the respondents underwent treatment process from 1 to 5 times. The mean repetition of the treatment process is 3.55, median is 3.0 and mode is 2.1 and the range was from 1 to 15 times. The treatment modalities differ from one center to another and the respondents visiting different centers have experienced various treatment modalities like acupuncture and medicine, spiritual and acupuncture, medicine and spiritual, acupuncture, medicine and spiritual.

According to the data provided by the treatment centers working in Kathmandu valley the mean relapse percentage is 71.5, mode is 85 and median is 68.

A significant number of respondents have undergone only through detoxification process in hospitals and clinics where the respondents were not treated psychologically to deal with the different adjustment problems once they are discharged from the treatment center. Thus, it can be concluded that the magnitude of the relapse problem during abstinence is very high and is a major problem during the treatment process.

There is not a single after-care service in Nepal, which is very essential to prevent relapse occurrence among the treated abusers. 92 percentage of the respondents feel the need for after-care service in Nepal.

Recommendation

- The treatment approach should be rehabilitation and reintegration of the treated clients.
- The treatment centers should develop programs that incorporate the overall development and treatment of the client.
- The staff working in the field should be trained and professional who can identify the real needs of the recovering addicts.
- The agency should have regular old boys meeting, family meeting and proper follow up of their clients.
- Government effort should be made to establish after-care service in Nepal for the recovering addicts in the society.
- The concerned authority should control the easy accessibility of drugs.

CONTENTS

List of Tables

****

List of charts

List of diagrams

Chapter I

Theoretical background

Introduction

"Drug addiction has been considered to be the 'number one' problem by many countries of the world. Growing in the form of an epidemic all over the world, drug addiction has been causing not only a serious health hazard hindering the socio-economic developments but has also been posing a serious menace to national security, stability and resilience of a nation. It has been successful in disrupting the social order and in encouraging violence, crime and corruption. As a result the integration of the nation is jeopardized."(Dorothy and Girdano, 1989)

The World Health Organization defines drug as; 'any substance when taken into the living organism modifies one or more of its functions'. These drugs reach the brain cells and succeed in changing the chemical reaction within. These changes affect the way people think, feel, speak and move about. All these mind-altering drugs are addictive in nature and change the functioning of the body in such a way that after some time the body begins to "demand" them. In such conditions if the drug is not taken, the person becomes lethargic, listless, and feels restless. But as soon as the drug is given the person feels energetic again, only to feel listless again after some time. Thus the person becomes an addict. "An addict" is a person who needs his daily quota of drugs even if it involves stealing or even restoring to graver crimes such as murder. Therefore an addict soon becomes a curse not only to himself but to the whole society as well.

The use of some addictive drugs such as, cannabis, opium and alcohol have a long history. Cannabis preparations are known in different parts of Nepal since a long time. Hermits, Sadhus and Saints took 'Ganja-Bhang' (Cannabis plants and seeds) to overcome hunger, thirst and to concentrate on meditation. Large quantities of "Ganga" are consumed around the holy temples of Nepal during festivals. Some rural inhabitants still

use it to overcome fatigue and pain and have a therapeutic use in our society. Opium, Dhatura (atropine) is strictly confined to medical practitioners and healers. The higher caste people who were forbidden to consume alcohol used to enjoy the puffs of Ganja naming it as holy and the others drew pleasure in alcoholic drinks. Religion, culture, tradition and society have strong influence to control human behavior and to limit drug abuse in Nepali society. (Lamichhane, 1996)

Reasons for drug abuse are as follows:

1. Relief of anxiety, tension and depression: escape from psychological problems.
2. Search for self-knowledge and for meaning in life, including religion.
3. Rebellion against or despair about orthodox social values and environment.
4. Fear of missing something and conforming with own social subgroups.
5. Fun, amusement, recreation, excitement and curiosity.
   (Orien, 1996)

People in Nepal abuse drugs 3% due to physical reason and 97% due to psychological, social, cultural gaps, culpable (deserving blame, blameworthy) and inculpable ignorance. (Gafney 1996)

Relapse:

If the drug user returns to the abuse of a drug at the previous level after a period of abstinence, it is known as relapse.

"A 'relapse' can be defined as an "uncontrolled return to drug use following competent treatment. Relapse can be considered as the most significant issue while treating the chemically dependent clients. It seems quite puzzling that individuals, who tend to recognize the seriousness of their addiction, those who appear committed to recovery and even those who have gained mastery over their drug-taking behavior often have tremendous difficulty in remaining abstinent." (Lewis, Dona & Blevins, 1988).

Historical views on relapse have tended to be moralistic and such views still predominate in various segments of our society. Society regards relapsed addicts as scorned who are lazy, irresponsible or possibly weak-willed. Basically, they are viewed as having a defect of character. Relapse is a state of mind that can happen after many years of sobriety or can even begin the first day the addict goes without drugs. It is not directly returning to an addictive chemical but is considered to be naturally occurring process in the progressive stages. Thus, it is directly opposite to the process of recovery and ultimately ends in the decompensation of the addict and loss of control. Finally this decompensation results in the use of addictive chemicals, nervous breakdown, repeated accidents and physical or emotional collapse. We can say that in relapse, the symptoms of illness reemerge and dominate the person's life.

According to T.T. Ranganathan Clinical Research Foundation:

Relapse is a return to drug use after period of abstinence. Relapse and recovery are closely related. A chemical dependent cannot recover from addiction without experiencing a tendency towards relapse. However, clear and accurate thinking helps to overcome relapse tendencies. Recovery from chemical dependency starts with the acceptance of the fact that the person cannot safely use mood-altering chemicals. Abstinence from mood altering drugs allows the recovery process to begin. Total recovery, however, requires much more than mere abstinence. It is necessary to correct the physical, psychological and social damages caused by addiction. It is also necessary to learn to live a healthy and productive life without feeling the need for alcohol or other drugs. Recovery from addiction is an ongoing process requiring both abstinence from mood-altering substances and a change in thinking patterns, attitudes, behavior and life style. There are certain specific problems experienced during abstinence. When these abstinence-based problems become severe the person begins to become dysfunctional even though he is not using chemicals. These episodes of dysfunction constitute the Relapse Syndrome. When these symptoms of the relapse syndrome make life painful, many chemical dependents choose to use drugs to gain temporary relief from the pain.

Some others do not take drugs; but develop serious problems related to the relapse syndrome.

The major reason of the relapse into drug is difficulty to give up the old habit, peer pressure, relationship problems, social pressure, quarrels in the family and ill treatment by the family and the social system and treatment difficulties.

Certain problems experienced during the initial stages of abstinence:

The relapse syndrome:

Internal and external dysfunction:

- Thought process impairment
- Emotional process impairment
- Problems with remembering things
- High level of stress
- Difficulty in sleeping restfully
- Difficulty with physical coordination
- Denial returns
- Avoidance and defensiveness
- Crisis building
- Immobilization
- Confusion and over-reaction

Loss of control:

- Depression
- Loss of behavioral control
- Recognition of loss of control
- Option reduction
- Relapse episode

Thus, relapse is not merely the act of taking a drink or using drugs. It is a process or progression that creates an overwhelming need for the use of alcohol or drugs. (T. T. Ranganathan Clinical Research Foundation, 1992)

According to Freedom center, (Treatment and Rehabilitation Center for drug addiction) it yearly provides treatment for about 65 clients. Among the 65 treated clients only 30% are successful with the treatment process. Hence, we can conclude that 70% of the treated clients relapse; only 30% of successful treatment is also a great achievement. According to Freedom Center, clients even relapse for about 10-12 times.

Need for after care services

High-risk relapse factors identified are the social pressures, relationship problem and treatment difficulties. Numerous social pressures complicate the recovery process. It has been said that these pressures generate personal feelings and thoughts that can be troublesome.

"To meet the challenges of the society in the recovery process, after care services for the clients is an important aspect of addiction treatment process. The after care program aims at returning the patient to the community as competent, functional, more or less independent person. After-care will increase family and other social support for successful living in the community without dependence on drugs. It enhances the social support in the community. It facilitates the person's involvement in active recreational and leisure activities that do not involve the use of drugs. It also assists the patient to recognize his negative emotions and deal with them appropriately."(TT Rangananthan Clinical Research Foundation, 1992)

WHO Training Manual (1989) has also identified some after care techniques. These include:

1. Improving social relationships and supports for the ex-user.
2. Enhancing his confidence to initiate the change process.
3. Developing his capacity for self-determination through clarification of reasons for change.
4. Developing alternative activities for maintaining a drug-free life style.
5. Identifying high-risk situations, which precipitate a relapse episode and developing concrete plans to cope with these situations.

Rationale of the study

Lack of awareness of the magnitude of the problem coupled with the lack of proper treatment facilities, results in the alarming growth of the problem. Since there is a social stigma attached with drug users, here is a higher degree of relapse among our treated clients. The issue of relapse is very crucial in the treatment as well as in his rehabilitation process because it can be painful and confuses the patient, his family and friends.

According to the professionals working in the field, 70 percentage of the treated clients relapse due to different physical, psychological and social factors. Drug abuse is a major problem, which can not be looked in isolation. The treatment modalities should consider all the systems that he is attached to such as families, friends and the society as a whole. It is very necessary to bring about awareness on the psychological aspects of the treatment.

Hence, the study is necessary to find out the different factors contributing to relapse since after-care service, the psycho-social aspect of the treatment has been ignored and high cases of relapse is prevalent among the treated clients.

Statement of the problem

One of the major problems in recovery from drug (chemical) dependency is relapse. Relapse destroys families. The longer it lasts, the more destructive it becomes.

Medical personnel as well as society itself limits the treatment of drugs to detoxification only neglecting the psycho social aspect which consists of more than 90% of the treatment process. So it is very necessary to bring about awareness on the psychosocial aspect of the treatment.

Moralistic views still predominate many segments of our society. These views regard relapsed addicts as scorned who are thought to be lazy, irresponsible or possibly weak-willed. But unfortunately, such views, especially when held by legislators, government officials and other key decision-makers, impede progress in treatment approaches by depriving treatment and research centers of much–needed financial support. Therefore, it is a must that the responsible personnel working in the relative field widen their thought perception.

Despite the high occurrence of relapse it was only within the past several years that the topic of relapse has been addressed in the drug addiction literature. Therefore this can reflect the negative beliefs and myths held by professionals. These beliefs and myths about relapse may interfere with professionals' ability to provide appropriate treatment services to relapsers. The myths can be stated as follows:

- The substance abuser is 'not motivated' or uses substances because he or she 'wants to'.
- The person relapsed because treatment advice was not used properly.
- Relapse does not occur until the person uses substances.
- One substance use episode will lead to " loss of control" over all substance use.
- Chronic relapsers cannot be helped.

Currently, it is evident that professionals in the substance abuse field do not instruct their clients about relapse or provide relapse prevention strategies. Professionals need to educate clients and family members about the relapse process and ways to intervene early if relapse does occur. After-care service center is very necessary for a successful recovery of a client whereas there is not a single after-care service in our country. Hence,

specialized approaches to relapse prevention and intervention should be developed for the relapse prevention.

The treatment measures both by government and private sectors exist in a very small extent that also could be totally utilized, but because of the strong social stigma people fail to make appropriate approaches. After-care service center is very necessary for a successful recovery of the client once they are discharged from the treatment centers whereas there is not a single after-care center in our country.

Chapter II

Methodology:

Objectives of the study:

- To increase the knowledge about the socio-economic condition of the relapse drug abusers.
- To identify the factors contributing to relapse of drug abuse.
- To identify the magnitude of the problem.
- To increase knowledge of the drug treatment centers working in the valley.
- To assist in developing a strategy for the prevention of relapse occurrence.

Operational definition:

Socio-economic condition: it refers to the mutual relationship and financial wellbeing of the relapse drug abusers.

Relapse drug abusers: it refers to the persons who return to the abuse of drug after a period of abstinence.

Major variables:

Independent variables:

The independent variables include age, caste, religion, marital status, educational status, family type and composition (whether he is staying in joint family or nuclear family) of the relapse drug abusers.

Dependent variables:

The dependent variables include

Socio-economic status, which includes the social, economical and culture of the respondents.

The acceptance and adjustment level of the drug abusers in the social system, which will help in finding out how, the respondents are being taken during the period of abstinence in social settings. These problems can contribute for the person to relapse into drug abuse.

Treatment services can also be another variable, to find out whether proper services are being provided to drug abusers for their successful recovery in society.

Research Design:

The study will be of both Descriptive and Exploratory Designs. The descriptive design will help to determine the causative factors of the problem.

Sampling Design:

The sampling procedures for the study will be cluster sampling and snowball sampling. Altogether there will be 100 samples taken for the study from the clients who have relapsed from six resource centers. The resource centers are Tribhuvan University Teaching Hospital, Mental Hospital, Freedom Center, Richmond Fellowship of Nepal, Youth Vision and Aashara Sudhar Kendra. The geographical location of the universe falls in Kathmandu and Lalitpur districts. The respondents will be chosen from particular units of the universe, and that universe represents the whole.

Data Collection

The data for the study were collected through both primary and secondary sources. The primary data was collected from interview schedules with the respondent. In the primary data collection, first the drug treatment centers working in the Kathmandu valley were contacted to make arrangement with their relapsed clients. The respondents were given full introduction and information regarding the nature of the study. Enough time was

allotted to build the relationship with the respondents since they may be reluctant to express their views at first. The researcher had to have several contacts with the respondents to build up good rapport and to bring out the information needed for the study. The data collection was done both in the treatment centers and outside the centers according to the feasibility of the respondents. The method for data collection was semi-structured interview schedule consisting both open and closed-ended questions. The entire Data Collection was oriented towards the fulfillment of the objectives.

The secondary data was collected from the literatures, newspapers, magazines and the discussion with experts in the relative field. .

Data Analysis:

The data was processed through coding, classification, and tabulation. The data are analyzed with frequency tables, uni-variate and multi-variate charts. Descriptive explanation is made based on the indicators obtained from the various centers. Statistic used is measures of central tendency like mean, median and mode.

The processed data are presented in appropriate forms of description, graphic presentation through pie chart, bar diagram and tabular presentation.

Scope of the study:

The scope of the study is to explore the various dimensions of factors contributing to relapse and treatment that the centers offer to adequately maintain the abstinence after being discharged from the treatment center. The study can further provide body of knowledge with regard to relapse among different age groups and will also help to understand their problem as well as their socio-economic condition.

Limitations of the study:

The research may become a bias generalization since the sample size and geographical area are limited. As drug addiction is a social disease, respondents may be reluctant to express strong negative feelings.

Chapter III

Data analysis

This chapter deals with the analysis of the data collected from the relapsed drug abusers and the professionals working in the drug treatment centers in the Kathmandu valley using different tables, diagrams and charts.

Socio-economic status of the relapsed drug abusers

Table No. 1

Age

S.No.	Categories	Frequency	Percentage	Results
1	15-20	4	4%	Mean: 26.5
2	20-25	36	36%	Median: 23.6
3	25-30	36	36 %	Mode:25
4	30-35	24	24 %	Range: 15 to 20
	Total	100	100 %	

The above table shows that the mean age is 26.5,median is 23.5 and mode is 25. The age range was 15 to 20.

Table No. 2

Religion

S.No.	Categories	Frequency	Percentage
1	Hindu	73	73%
2	Buddhist	24	24%
3	Christian	3	3%
	Total	100	100%

The above table highlights that majority 73 percentage of the respondents is Hindu, 24 percentage is Buddhist and 3 percentage is Christian.

Table No. 3

Caste

S.No.	Categories	Frequency	Percentage
1	Newar	37	37%
2	Chhetri	28	28%
3	Gurung	14	14%
4	Brahmin	10	10%
5	Sherpa	8	8%
6	Magar	3	3%
	Total	100	100%

The table shows that 37 percentage of the respondents are Newar, 28 percentage are Chhetri, 14 percentage are Gurung, 10 percentage are Brahmin, 8 percentage are Sherpa and 3 percentage are Magar in their respected Caste.

Table No. 4

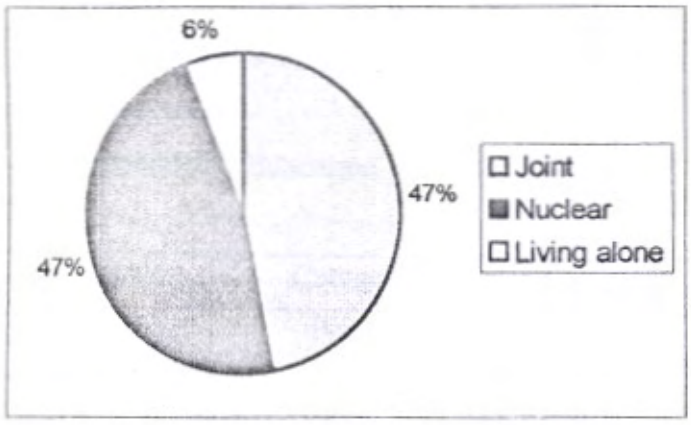
Marital Status

S.No.	Categories	Frequency	Percentage
1	Single	65	65%
2	Married	35	35%
	Total	100	100%

The above table shows that 65 percentage of the respondent is single and 35 percentage is married.

Chart No.1

Family Type



The chart shows that 47 percentage of the respondent are from joint family as well as from nuclear family and 6 percentage are living alone.

Table No.5

Family Education

S.No	Categories	Father		Mother		Wife	
		F	P	F	P	F	P
1	Illiterate	3	3%	27	2%	4	4%
2	Primary	9	9%	11	11%	9	9%
3	Secondary	10	10%	7	7%	12	12%
4	Higher Secondary	5	5%	5	5%	2	2%
5	Bachelor	9	9%	1	1%	-	-
6	Masters	5	5%	1	1%	3	3%
7	No Response	30	30%	27	27%	5	5%
8	No Applicable	29	29%	21	21%	65	65%
	Total	100	100%	100	100%	100	100%

Note: F= Frequency and P= Percentage

The above table shows that 27 percentage of the respondent mothers are illiterate, 11 percentage have passed Primary level, 7 percentage have passed Secondary level, 5

percentage have passed higher secondary level and 1 percentage hold Bachelor degree and 1 percentage hold Master degree. Here, 27percentage did not responded and 21percentage it was not applicable.

Table No. 6

Respondent's Education

S.No.	Categories	Frequency	Percentage
1	Primary	5	5%
2	Secondary	43	43%
3	Higher Secondary	42	42%
4	Tertiary	10	10%
	Total	100	100%

The above table states the education level of the respondents, it states that the majority 43 percentage of the respondents have passed Secondary Level, 42 percentage have passed Higher Secondary, 10 percentage have passed Tertiary level and 5 percentage have passed Primary level.

Table No.7

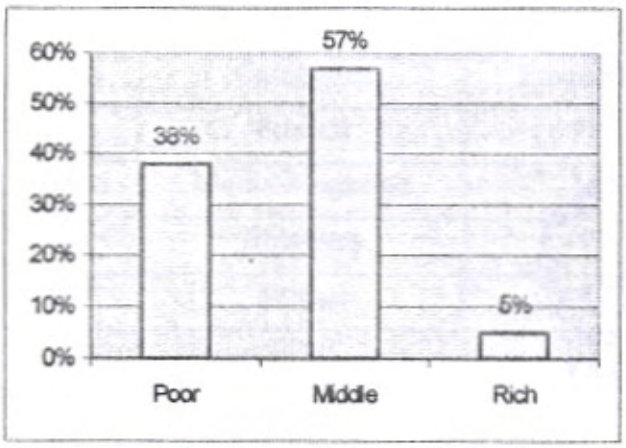
Family's Occupation

S.No.	Categories	Father	Mother	Wife
1	Office	32%	9%	7%
2	Business	27%	8%	4%
3	Agriculture	12%	8%	4%
4	House wife	-	54%	20%
5	Teacher	-	-	-
6	Not applicable	29%	21%	65%
	Total	100%	100%	100%

The table states that 32 percentage of the respondents' father work in the office and the remaining percentage are involved in business and agriculture work whereas the most of the respondents' mother i.e. 54 percentage and wife i.e. 20 percentage are housewives. Only less percentage of the mothers and wives are involved in outside work.

Diagram No. 1

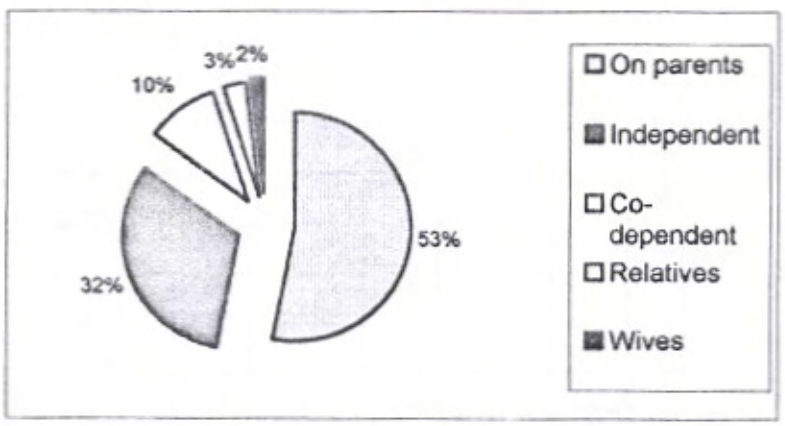
Family financial situation



The diagram shows that 57 percentage of the respondent are from middle class family, 38 percentage are of poor and only 5 percentage are from rich family.

Chart No: 2

Financial Dependency



The above chart shows that the majority 53 percentage are financially dependent on Parents, 32 percentage are independent, 10 percentage are codependent, 3 percentage are dependent on Relatives and 2percentage are dependent on their Wives for finance.

Causes and magnitude of the problem

Table No. 8

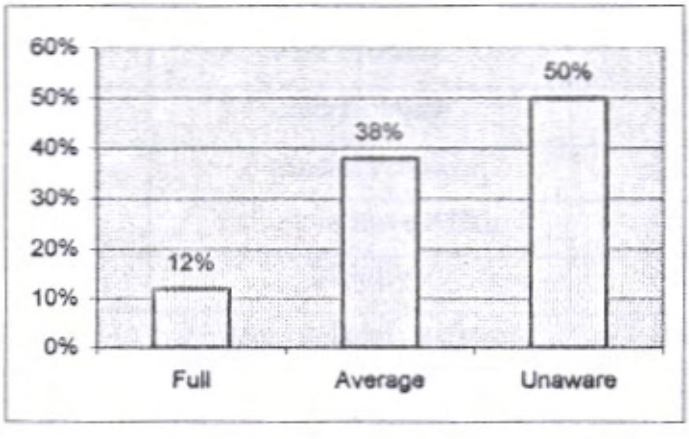
First Hand Information on Drugs

S.No.	Categories	Frequency	Percentage
1	Friends	72	72%
3	Media/Magazine	11	11%
2	Relatives	9	9%
4	School	8	8%
	Total	100	100%

The above table shows that the majority 72 percentage of the respondent got the information on drugs from their friends, 11 percentage through Media, 9 percentage from Relatives and 8 percentage in School.

Diagram No. 2

Awareness Level on the consequences of drugs before the addiction



The diagram highlights that 50 percentage of the respondents were unaware about drugs and its consequences whereas 38 percentage were average aware and 12 percentage were fully aware.

Table No.9

First start of drugs- Age

S.No.	Categories	Frequency	Percentage	Results
1	15-20 yrs	74	74%	Mean =18.8
2	20-25 yrs	26	26%	Median =18.3
	Total	100	100 %	Mode =18.1 Range =15 to 25

The above table shows that the mean age for first intake of drugs was 18.8, median age 18.3, mode age was 18.1 and the age range was15 to 25.

Table No: 10

Causes for First Intake of Drug

S.No.	Categories	Frequency	Percentage
1	Curiosity	40	40%
2	Family Problem	20	20%
3	Peer Pressure	14	14%
4	Entertainment	9	9%
5	Financial Problem	7	7%
6	Failure in Love Affair	6	6%
7	Identity	4	4%
	Total	100	100%

The above table shows the causes for the first intake of drugs was for 40 percentage due to curiosity, 20 percentage due to family problem,14 percentage due to peer pressure, 9

percentage for entertainment, 7 percentage due to financial problem ,6 percentage due to failure in love affair and 4 percentage for self identity.

Table No. 11

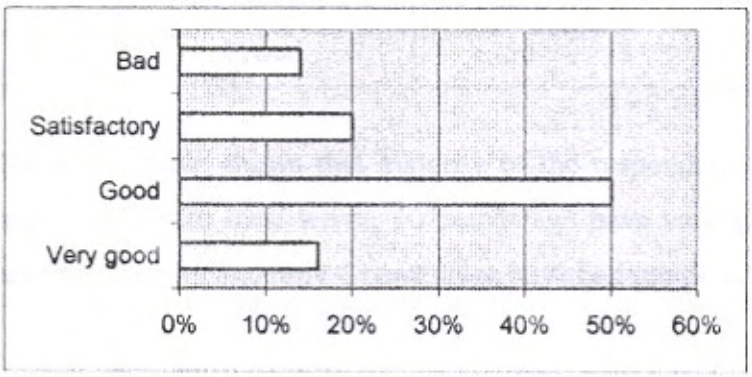
Causative factors for relapse

S. No.	Categories	Frequency	Percentage
1	Personal incapability	49	49 %
2	Easy access to drugs	23	23 %
3	Lack of Family support	20	20%
4	Family problems	4	4 %
5	Lack of social acceptance	2	2 %
6	Peer pressure	2	2%
	Total	100	100%

The above table shows that, in response to the causes of relapse, 49 percentage of the respondents responded it to be personal incapability, 23 percentage of the responded as easy access to drugs, 20 percentage responded as lack of family support, 4 percentage responded as family problems, 2 percentage as lack of social acceptance and 2 percentage as peer pressure.

Diagram no. 3

Relationship with family members



The diagram shows that 50 percentage of the respondents have good relationship with their family members, 20 percentage have satisfactory, 16 percentage have very good and 14 percentage have bad relationship.

Table No. 12

Acceptance in family

S.No.	Categories	Frequency	Percentage
1	Yes	68	68%
2	No	32	32%
	Total	100	100%

The above table shows that 68 percentage of the respondent feel accepted in the family whereas 32 percentage do not feel so.

Table No. 13

Relationship with wife

S.No.	Categories	Frequency	Percentage
1	Good	18	18%
2	Very good	10	10%
3	Satisfactory	3	3%
4	Bad	4	4%
5	Not applicable	65	65%
	Total	50	100%

The above table shows that majority of the respondents i.e. 18 percentage have good relationship with their wives, 10 percentage have very good relationship, 3 percentage have satisfactory and only 4 percentage have bad relationship with their wives.

Table No.14

Children's knowledge about their father's past experience with drugs

S.No.	Categories	Frequency	Percentage
1	Yes	8	8%
2	No	27	27%
3	Not applicable	65	65%
	Total	100	100%

The table shows that 27 percentage of the children were not aware about their father's past drug experience, only 8 percentage of the children were aware about it.

Table No. 15

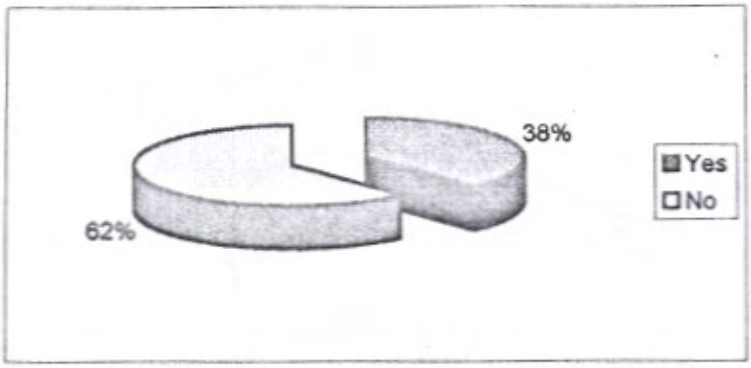
Children's attitude towards the respondent

S.No.	Categories	Frequency	Percentage
1	Good	4	4%
2	Satisfactory	2	2%
3	Indifferent	2	2%
4	Not applicable	92	92%
	Total	100	100%

The table shows that 4 percentage of the children had good attitude, 2 percentage had satisfactory and 2 percentage were indifferent towards their fathers.

Chart no. 3

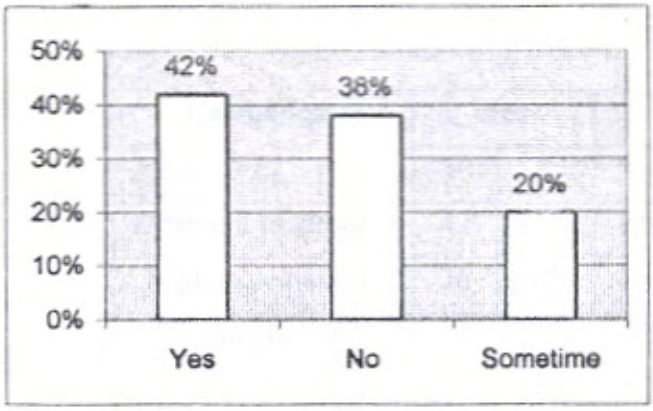
Family's trust on financial transaction



The chart shows that 62 percentage of the family do not trust the respondents on financial transaction whereas 38 percentage of the family trust them.

Diagram No. 4

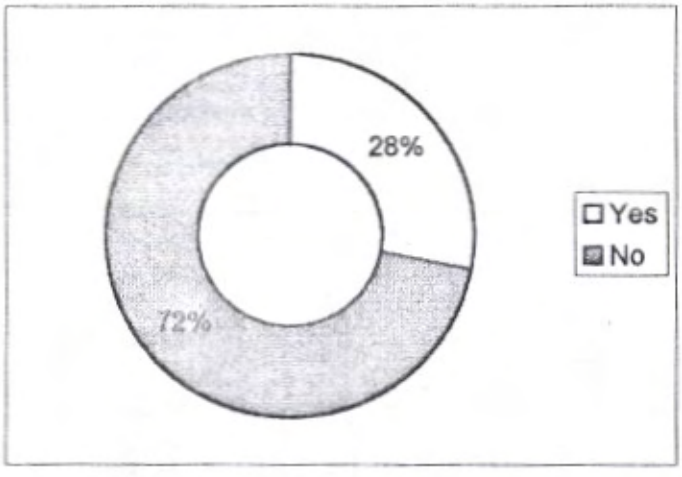
Negative attitudes and criticism by family members



The diagram shows that 42 percentage of the ex-drug abusers face negative attitudes and criticism by family members, 38 percentage do not face this problem whereas 20 percentage of them face this problem.

Chart No. 4

Feeling of acceptance in society



The chart shows that 72 percentage of the ex-drug abusers do not feel accepted in society while only 28 percentage of them feel accepted.

Table No.16

Adjustment problem in family

S.No	Categories	Yes		No		Total	
		F	P	F	P	F	P
1	Different treatment	42	42%	58	58%	100	100%
2	High expectation	76	76%	24	24%	100	100%
3	Wrong belief	38	38%	62	62%	100	100%
4	Lack of responsibility	24	24%	76	76%	100	100%
5	Lack of trust	62	62%	38	38%	100	100%

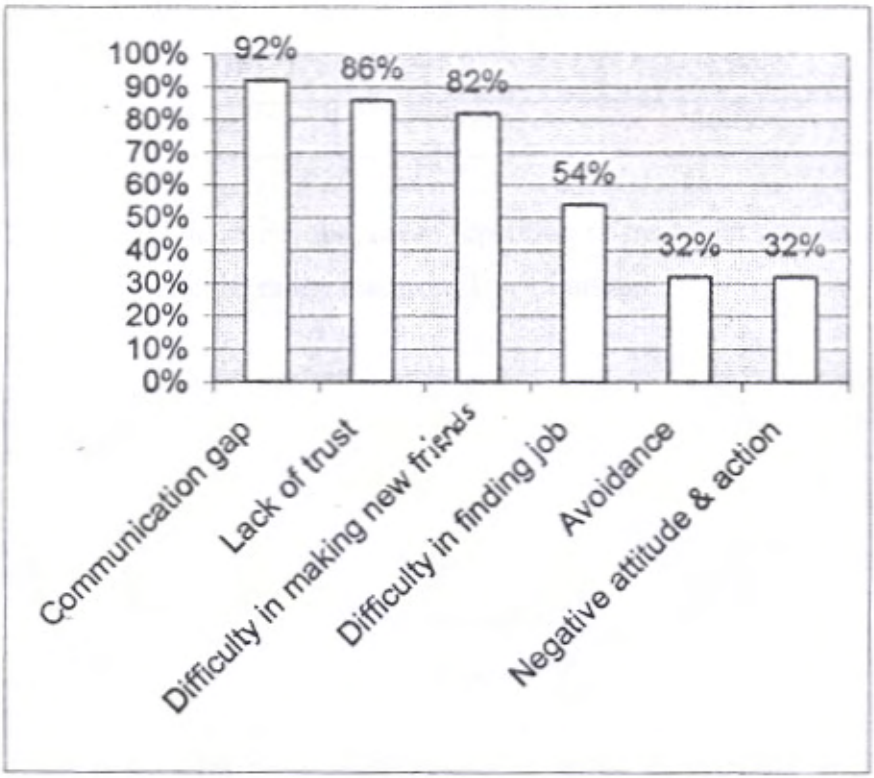
Note: F= Frequency and P= Percentage

The table is a multi-variate table consisting of five various variables based on the adjustment problems in family. The table shows that 76 percentage of the family have high expectation, 62 percentage of the family do not have trust on ex-drug abusers, 42 percentage of the family treat them differently than other family members, 38 percentage

of the family have the wrong belief that "once an addict is always an addict" and 24 percentage of the family does not take responsibility of the drug abusers.

Diagram No. 5

Adjustment problem in society



This chart is a multi-variate chart, which shows the different adjustment problems in society. The chart shows that 92 percentage of the ex-drug abusers face communication gap between them and the social system. 86 percentage of them face lack of trust in the society. 82 percentage find difficulty in making new friends, 54 percentage find difficulty in finding new job or continuing old ones. 32 percentage of them feel avoided by the society people. 32 percentage of ex-drug abusers also face negative attitudes and action from the society people.

Table No. 17

Number of times undergone for treatment process

S.No.	Categories	Frequency	Percentage	Results
1	1-5	81	81%	Mean =3.55
2	5-10	17	17%	Median =3.0
3	10-15	2	2%	Mode =2.1
	Total	100	100%	Range = 1 to 15

The above table shows that mean repetition of treatment process is 3.55, median is 3.0, mode is 2.1 and the range was from 1 to 15 times.

Table No. 18

Treatment centers

S.No.	Categories	Frequency	Percentage
1	Freedom center	32	32%
2	Richmond	18	18%
3	Youth Vision	18	18%
4	Freedom + Richmond + Aashara	7	7%
5	Freedom + Aashara	6	6%
6	Aashara Shudar Kendra	5	5%
7	Freedom + Richmond	4	4%
8	Youth Vision + Aashara	3	3%
9	Freedom + Richmond + Youth Vision + Aashara	3	3%
10	Not approached treatment centers i.e. only detoxification in hospital	4	4%
	Total	100	100%

The table shows that 32 percentage of the respondents have gone to Freedom Centre alone for the treatment 18 percentage to Richmond alone, 18 percentage to Youth Vision

alone and 5 percentage to Aashara alone. 7 percentage of the respondent have gone to Freedom Center, Richmond and Aashara, 6 percentage to Freedom Center and Aashara, 4 percentage to Freedom and Richmond, 3 percentage to Youth Vision and Aashara, 3 percentage to Freedom centre, Richmond, Youth Vision and Aashara. Whereas 4 percentage of the respondents did not go to the treatment center for their treatment process.

Table No. 19

Treatment Duration in treatment centres

S.No.	Categories	Frequency	Results
1	1-5	51	Mean = 5.81
2	5-10	25	Median = 4.6
3	10-15	20	Mode = 2.9 and
4	Not gone to treatment centers	4	Range = 1 to 15
	Total	100	

The above table shows that mean treatment duration is 5.81, median is 4.6, mode is 2.9 and the range was from 1 to 15months.

Table No. 20

Treatment modalities

S.No.	Categories	Frequency	Percentage
1	Medicine	24	24%
2	Spiritual	22	22%
3	Acupuncture	19	19%
4	Acupuncture + Medicine	17	17%
5	Spiritual + Acupuncture	10	10%
6	Medicine + Spiritual	4	4%
7	Acupuncture + Medicine + Spiritual	4	4%
	Total	100	100%

The above table shows that 24 percentage of the respondent used medicine, 22 percentage did spiritual treatment, and 19 percentage did acupuncture alone. Whereas 17 percentage of the respondent did both acupuncture and medicine, 10 percentage did spiritual and acupuncture, 4 percentage did all acupuncture medicine and spiritual treatment.

Table No 21

Disliked Program in the Treatment centers

S.No.	Categories	Frequency	Percentage
1	Counseling	46	46%
2	Group meeting	20	20%
3	Work Therapy	14	14%
4	No response	14	14%
5	Not applicable	6	6%
	Total	100	100%

The above table shows that 46 percentage of the respondents disliked the treatment center's counseling process, 20 percentage disliked group meeting, 14 percentage

disliked work therapy,14 percentage did not respond and for 6 percentage the question was not applicable.

Table No. 22

Disliked characteristic of personnel at the treatment centres

S.No.	Categories	Frequency	Percentage
1	Not professional	40	40%
2	Behavior	20	20%
3	Not trained	15	15%
4	Not cooperative	5	5%
5	No response	14	14%
6	Not applicable	6	6%
	Total	100	100%

The above table shows that, 40 percentage of the respondents opined that the personnel were not professional in their doings, 20 percentage disliked their behavior towards them, 15 percentage opined that the personnel were not trained and 5 percentage opined them as not cooperative. 14 percentage did not respond and for 6 percentage the question was not applicable.

Table No. 23

Detoxification in hospital.

S. No.	Categories	Frequency	Percentage
1	Yes	34	34
2	No	66	66
	Total	100	100

The above table shows that 34 percentage of the respondents have undergone detoxification in hospital where as 66 percentage of the respondents have not undergone detoxification.

Table No. 24

Detoxification clinics.

S. No.	Categories	Frequency	Percentage
1	Teaching hospital	16	16%
2	Ram Pharma (Dr. Dhurba M. Shrestha	8	8%
3	Kripa	3	3%
4	Biswa Bandu	2	2%
5	Dr. Nirakar	2	2%
6	Dr. Des Raj Kunwar	2	2%
7	Medicare	1	1%
8	Not applicable	66	66%
	Total	100	100%

The above table shows that, for detoxification, 16 percentage of the resopndents approached Teaching Hospital, 8 percentage approached Ram Pharma, 3 percentage approached Kripa at Bombay, 2 percentage approached Biswa Bandu, 2 percentage approached Dr. Nirakar and again 2 percentage approached Dr. Des Raj Kunwar, 1 percentage approached Medicare. For 66 percentage the question was not applicable.

Table No. 25

Methadone used.

S.No.	Categories	Frequency	Percentage
1	Yes	10	10%
2	No	90	90%
	Total	100	100%

The above table shows 10 percentage of the respondents used methadone and 90 percentage did not use methadone.

Table No. 26

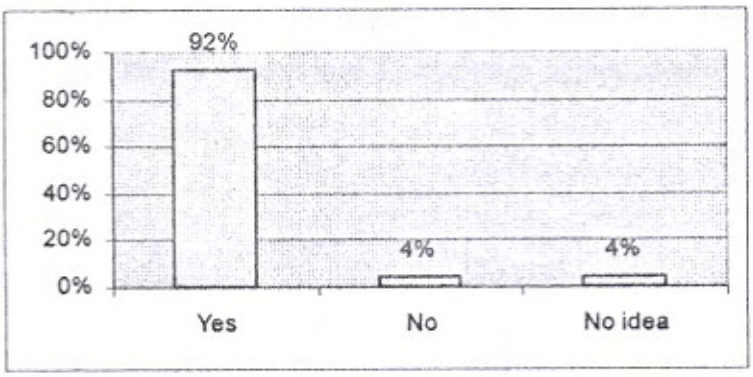
Magnitude of relapse

S. No	Categories	Percentage		Total	Result
		Success rate	Relapse rate		
1	Freedom center	30%	70%	100%	Mean = 71.5
2	Richmond fellowship Nepal	35%	65%	100%	Median = 68
3	Youth vision	15%	85%	100%	Mode = 85
4	Aashara Sudhar Kendra	34%	66%	100%	

The above table shows the mean percentage of relapse as 71.5, median as 68 and mode as 85.

Diagram No. 6

Need for After- care service in Nepal



The diagram shows that 92 percent of the drug abusers felt the need for After- care service in Nepal. 4 percent do not feel the need for it whereas 4 percent do not have idea about it.

Table No. 27

Suggestions given by the respondents for the prevention of relapse.

S. No.	Categories	Frequency	Percentage
1	Drug education in schools/community	40	40%
2	More rehabilitation centers with trained and professional staff	28	28%
3	Strong law enforcement	14	14%
4	Home visit and follow up programs by the treatment centers	10	10%
5	Employment opportunities	8	8%
	Total	100	100%

The above table shows that 40 percentage of the respondents opined the suggestions for the prevention of relapse to be drug education in schools/community, 28 percentage opined more rehabilitation centers with trained and professional staff, 14 percentage opined strong law enforcement, 10 percentage opined home visit and follow up programs by the treatment centers and 8 percentage opined employment opportunities.

Chapter IV

Major findings, discussions and conclusion

The result and analysis of the study are presented in the previous chapter. This chapter highlights the major findings, discussion and recommendations. Recommendations are drawn on the basis of the findings.

Major findings and discussion

Socio-economic condition of relapse drug abusers

The study shows that a majority of the respondents belonged to the age between 20 to 30 years old. The mean age is 26.5, median age is 23.5, mode age is 25 and the range was from 15 to 35 years. Considering the religion practiced by the respondents, majority i.e 73 percentage practiced Hinduism, 24 percentage practiced Buddhism and the remaining 3 percentage practiced Christianity. With regard to the caste composition of the respondents the majority of them were from Newar and Chhetri caste who are considered both socio economically sound group of people in the valley and the minor percentage of caste include Brahmins, Gurungs, Sherpas etc.

The study reveals that majority of the respondents have completed only their secondary level of education. The majority of the respondent's father and wives are educated where as the mothers are less educated. The 26 percentage of the respondent's fathers are job holders, 21 percentage are involved in business and the remaining are involved in agriculture and labor work where as most of the mothers and wives are housewives.

The study shows that majority i.e 65 percentage of the respondents are single while 35 percentage are married. Considering the family type of the respondents, 47 percentage lived in joint family, 47 percentage again lived in nuclear family and 6 percentage live alone.

The research finding shows that 57 percentage of the respondents belong to middle class family, 38 percentage belong to poor family and the remaining 5 percentage are from rich family. 53 percentage of the respondents are financially dependent on parents, 32 percentage are independent and the rest of them are codependent i.e. depend on relatives and wives.

Hence, the study shows that the major percentage of the respondents belonged to middle class family with average family education level and are dependent on their parents for their financial needs. Since majority of the respondents were into drugs in their studying period their education level is poor.

Factors leading to drug abuse

The study reveals that majority i.e. 72 percentage of the respondents received information on drugs through their friends and a significant percentage of respondents also received information through media. 50 percentage of the respondents were unaware about drugs and its consequences before taking drugs for the first time. The majority i.e. 74 percentage of them first took drugs between the age group of 15 to 20 years.

The causes for their first intake of drugs are curiosity i.e. 40 percentage, family problems i.e. 20 percentage, peer pressure i.e.14 percentage and the remaining are entertainment, financial problem, failure in love affair and search for identity. These findings are also in consistent with the causes given for drug abuse by Orien, 1996.

Factors contributing to relapse of drug abuse

The study reveals that the cause of relapse for 49 percentage of the respondent is personal incapability, for 23 percentage it is easy access to drugs, for 20 percentage it is lack of family support. However, the significant percentage of causes are also family problems, peer pressure and lack of social acceptance.

The relationship with family members is quite fair as 50 percentage of the respondents have good relationship with their family members and only a minor group i.e 14 percentage of the respondents have a poor relationship. With regard to the feeling of acceptance in family 68 percentage of the respondents are accepted. Some of the respondent also opined that most of the family members are forced to accept them since they do not have other choices.

In the same way, out of those married respondent, the relationship with their wife is fair as 18 percentage have a good relationship while the minor group i.e 4 percentage have a poor relationship. 27 percentage of the respondent's children are not aware about their father's past drug experience with drugs and the children have a fair relationship with their fathers.

The acceptance level in society is very poor. The finding reveals that 72 percentage of the respondents do not feel accepted in the society.

The respondents face different adjustment problems their family after being discharged from the treatment centers. The study reveals that the high percentage of the parents i.e. 76 percentage have very high expectation on them, 62 percentage are not trusted on financial transactions by their family, 62 percentage of them face negative attitudes and criticism by family members, 42 percentage of the parents do not take the appropriate responsibility of their children and are treated differently than other family members. 38 percentage of the family members also hold a very wrong belief that " once an addict is always an addict".

The research finding states that the major adjustment problems in society after being discharged from the treatment centers are- 92 percentage of them face communication gap between them and the social system, 86 percentage face lack of trust, 82 percentage find difficulty in making new friends, 54 percentage find difficulty in getting new jobs or continuing the old ones, 32 percentage feel avoidance and negative attitude. The respondents are facing these problems in the highest degree. It may be because of the

poor acceptance of the problem in our society. The society people still take drug problem as a big social stigma.

Hence, the study reveals that the major causes for relapse after undergoing through a treatment process are personal incapability, easy access to drugs, lack of family and social acceptance and family/social adjustment problems.

The magnitude of the relapse among treated drug abusers

The study reveals that majority of the respondents underwent treatment process from 1 to 5 times. The mean repetition of the treatment process is 3.55, median is 3.0 and mode is 2.1 and the range was from 1 to 15 times. Regarding the treatment centers, 32 percentage received treatment from Freedom Center, 18 percentage from Richmond Fellowship and 18 percentage again from Youth Vision. The respondents when relapse after being treated from one center go to either the same center again or to other centers. Therefore, the rest of the respondents stayed in different centers like Freedom Center, Richmond Fellowship, Youth Vision, and Ashara one after another for their treatment.

With regard to the treatment modalities, 24 percentage of the respondents used medicine, 22 percentage used spiritual healing and 19 percentage used acupuncture. The treatment modalities differ from one center to another and the respondents visiting different centers have experienced various treatment modalities like acupuncture and medicine, spiritual and acupuncture, medicine and spiritual, acupuncture, medicine and spiritual.

The study shows that 34 percentage of the respondents have not undergone detoxification in hospital where as 66 percentage of them have undergone detoxification. With regard to the several detoxification clinics, the clients visited different clinics like Teaching Hospital, Ram Pharma, Kripa, Biswa Bandu, Medicare, Dr. Nirakar's clinic and Dr. Des Raj Kunwar's clinic. Among the respondents who used methadone, there were 90 percentage who have not used methadone while there were 10 percentage who have used.

According to the data provided by the treatment centers working in Kathmandu valley the mean relapse percentage is 71.5, mode is 85 and median is 68.

Since a significant number of respondents have undergone only through detoxification process in hospitals and clinics where they could not receive the psychological aspect of the treatment process. So, this can be one of the factors contributing to relapse, as the respondents were not treated psychologically to deal with the different adjustment problems once they are discharged from the treatment center. Thus, it can be concluded that the magnitude of the relapse problem during abstinence is very high and is a major problem during the treatment process.

A profile of drug treatment centers in Kathmandu valley

1. Freedom centre

Contact person: Mr. Rajendra Shrestha

Mailing address: Post Box # 3450, Kathmandu, Nepal

Phone number: 531225

Year of establishment: 1976

Target group: Psychologically disturbed and drug abusing male youths

Objectives:

To provide treatment to psychologically disturbed and drug-abusing youth.

Altogether there are four staff members. Among them three staffs are trained and one staff is untrained. The trained staffs have undertaken trainings like Auricular

Acupuncture, training on psycho-social problem, therapeutic community and harm reduction.

The agency provides both institutional and non institutional facility to their client .The center has a capacity of 25 beds. The detoxification is done through Auricular Acupuncture. The success rate is only 30 percentage whereas the relapse rate is 70 percentage.

Activities:

- Relaxation/Yoga
- Work therapy
- Group meeting
- Group and individual counseling
- Physical exercise/games
- Old boys meeting
- Family meeting

2. Youth Vision

Contact Person: Mr Jadgish Lohani

Mailing Address: Post Box # 8801, Kathmandu ,Nepal

Email: yvision@mail.com.np

Phone no: 429192

Year of Establishment: 1988

Target Group: Male drug addicts and alcoholics

Objectives

- To create awareness regarding drug abuse among young people at high risk.
- To provide treatment services to young drug abusers.
- To collect both qualitative information regarding drugs and drugs trends.
- To create awareness regarding HIV and AIDS, especially among intravenous drugs users.
- To provide pre –counseling and post –counseling for HIV and AIDS

Philosophy

Youth Vision works on the philosophy that young people are more open with peers than their elders. It seeks to be available to young people experiencing difficulties and facing problems needing outside help and to facilitate a warm and understanding relationship between such young people and parents. Youth Vision, by means of its support aims at stimulating young people with problems such as drug abuse to come to an understanding conducive to constructive change.

Altogether there are six staff members. Among them three staffs are trained and three staffs are untrained. The trained staffs have taken training in therapeutic community and counseling.

The agency provides both institutional and non-institutional facilities for their clients. After the successful completion of treatment process in the centre, the clients are encouraged to stay in the half way home, which the agency provides to adjust successfully to the society. The center has a capacity of 30 beds. Detoxification is done through medicine. Its success rate is only 15 percentage whereas the relapse rate is 85 percentage.

Activities:

- Meditation
- Work therapy
- Group and individual counseling

- Education session
- Encounter session
- Medical check-up
- Recreational/games
- Narcotic Anonymous (N.A) meeting
- Awareness program

3. Aashara Sudhar Kendra

Contact person: Sudha Pokheral

Mailing Address: Post Box #10466, Kathmandu, Nepal

Phone No: 430325

Year of Establishment: 2054

Target Group: male drug addicts and alcoholics

Objectives:

- To provide treatment and rehabilitation to the drug abusers.
- To create awareness among people about drugs.

Altogether there are four staff members. Among them two are psychologist and the remaining two are counselors.

The agency provides only institutional facilities to their clients. The center has a capacity of 40 beds. Its success rate is only 36 percentage whereas relapse rate is 64 percentage.

Activities:

- Yoga
- Physical exercise

- Work therapy
- Group meeting
- Spiritual counseling
- Games

4. Richmond Fellowship Nepal

Contact Person: Mr. Bishnu Sharma

Mailing Address: Chobhar, P. O. Box 12718, Kathmandu, Nepal

Phone Number: 332532

Year of Establishment: 1996

Target group: Male drug abusers and alcoholics

Objective:

- To create awareness on drugs
- To provide treatment and rehabilitation to the drug abusers

Altogether there are six staff members. Among them two staff members are trained. The undertaken training is Therapeutic Community.

The center provides both institutional and non institutional facilities to its clients. It has the capacity of 25 beds. Psychosocial approach is used as its treatment process. Its success rate is sonly 35 percentage whereas its relapse rate is 65 percentage.

Activities:

- Individual and group counseling
- Family meetings
- Group meeting

- Work therapy
- Yoga
- Day care
- Recreation/games
- Income generating programs

5. Teaching Hospital

Contact Person: Ashree Rai

Mailing Address: Teaching Hospital, Drug Addiction Ward, Mahargunj
Kathmandu, Nepal

Phone Number: 412303 extension 1085
412707
412505

Year of Establishment: Magh 25,2056

Target group: Alcoholic and drug addicts both male and female

Objective:
Drug detoxification to the patients

Altogether there are 12 staff members in the ward. Among them five are nurse, three are administrator, two are cleaner and two are guard.
The hospital has a capacity of 10 beds.
Activities:

- Detoxification
- Drug education
- Counseling

- Occupation therapy
- Psychotherapy.

6. Mental Hospital

Contact Person: Dr.Durba Man Shrestha

Mailing Address: Mental Hospital, Lagankhel, Lalitpur

Phone No: 521612

Year of Establishment: 1994

Target group: Intravenous drug abusers

Objectives:

- To stop or reduce the use of illicit opiate substances.
- To bring about a positive change in life styles of illicit opiate users.
- To reduce or prevent health hazard(HIV/Hepatitis).

Philosophy:
Harm reduction

There is only one staff working in methadone program under mental hospital who has taken observation training in methadone

Methadone is given, as recorded in 1999 was 100 person per day and 200 person per day in 2000. During the course of methadone treatment its drop out rate is 50 percentage. The hospital does not have any follow up programs for their clients due to the lack of trained staff, funding etc.

Among the various programs that the Treatment Centers provide in their respective centers, 46 percentage of the respondents disliked counseling, 20 percentage disliked group meeting, 14 percentage disliked work therapy. The study revealed that 40 percentage of the respondents opined the personnel of the treatment centers as not professional, 20 percentage disliked their behavior, 15 percentage opined them as not trained and 5 percentage opined them as not cooperative.

There is not a single after-care service in Nepal, which is very essential to prevent relapse occurrence among the treated abusers. The study revealed that 92 percentage of the respondents feel the need for after-care service in Nepal.

Recommendation

High-risk relapse factors identified are personal incapability, social pressures, relationship problem and treatment difficulties. Numerous social pressures complicate the recovery process. Hence, the treatment approach should be rehabilitation and reintegration. The goal of the rehabilitation is to restore the physical and mental health of the client, which will help him develop appropriate skills he can employ in the society. Reintegration focuses on the development of positive social networks, which will enable the client to adopt to the demands and expectations of the conventional social order.

The treatment center working should develop programs that incorporate the overall development and treatment of the client. Drug abuse must not be viewed as an isolated problem. All the systems affecting the problem should be addressed in the treatment process. The treatment modalities should consider all the systems he is attached to such as families, friends, working colleagues and the society as a whole for his effective recovering process.

The staff working in the field should be trained and professional who can identify the real needs of the recovering addicts. The agency should have regular old boys meeting, family meeting and proper follow up of their clients. Till now, there is not a single after-care

service available in the valley to identify high-risk situations, which precipitate a relapse episode to develop concrete plans to cope with these situations. Hence, to meet the challenges of the society in the recovery process, after-care service for the client is an important aspect of addiction treatment process.

The treatment measures by the government sector exist in a very small extent. State also should start taking serious responsibility of the recovering addicts. The government effort should be made to establish after-care service in Nepal for the recovering addicts in the society. One of the causes of relapse has been identified as easy access to drugs. Therefore, the concerned authority should control the easy accessibility of drugs.

Experience of the researchers

Doing interview schedule with the rehabilitated drug abusers was a great learning experience for the researchers. Enough rapport had to be built before conducting the interview with them. Since, drug addiction is a very sensitive area, full commitment to maintain the confidentiality was shown by the researchers. The respondents inside the treatment centers were very co-operative in discussing the different factors for drug abuse and the relapse problem during their abstinence whereas the outside respondents were quite reluctant to express and expected financial assistance from the researchers.

Conclusion

The overall study revealed that the high-risk relapse factors are personal incapability, social pressures, relationship problems, acceptance and adjustment problems etc. Hence, new coping skills are required for them to lead a new way of life in the society. The treatment process should not only focus on the de-toxification but also on the different psychosocial needs of the recovering drug abusers. Treatment process should teach techniques or strategies like rehearsing avoidance techniques, ways of refusing drug use offers and ways to structure recreational and social time around non-chemical activities to handle the social pressure. The parents and the society people are not aware that there are

certain adjustment problems, which the recovering drug abusers face during his recovery in society. This unawareness has become the block for the successful recovery for the recovering addicts. At this stage, parents and society's understanding and acceptance is very important to help them handle the problems effectively whereas this understanding and acceptance is very low in our society.

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Appendix I

A study on
Drug Abuse Relapse and Treatment
In Kathmandu Valley

Interview schedule for the relapse drug abusers

1) Age:
a) 15-20 b) 21-25
c) 26-30 d) 31-35
d) 36 and above (specify)_____

2) Religion
a) Hindu b) Buddhist
c) Muslim d) Others (Specify)_____

3) Caste:
a) Brahamin b) Chhettri
c) Newar d) Gurung
e) Others (Specify)_____

4) Marital Status:
a) Single b) Married
c) Divorced e) Widower

5) Qualification:
a) Illiterate b)Primary
c) Secondary d) Higher Secondary
e) Bachelor and above (specify)_____

6) In which type of family do you belong?
a) Joint b) Nuclear
c) Living alone

7) Family Background

SNo.	Relation	Education	Occupation

8) Are you financially independent?
a) Yes b) No

9) If no, whom are you dependent on?
a) On parents b) Relatives
c) Friends d) Wife
f) Any other(specify)_____

10) What is your family financial situation?
a) Poor b) Middle
c) Rich

11) From where did you first get the information on drugs?
a) Friends b) Media
c) Relatives d)School
e) Any other (specify)_____

12) How much were you aware about drugs and its consequences before taking drugs?
a) Full b) Average c) Unaware

13) When did you first start taking drugs?
a) 15- 20 yr. b) 20-25 yr.
c) 25 yr. and above (specify)_____

14) What were the causes that led you to take drugs?
a) Family Problems b)Failure in Love Affair
c) Financial Problem d) Peer Pressure
e) Curiosity f)Others specify_____

15) Which were the treatment centres did you go for treatment process?
a) Freedom Center b) Richmond Nepal
c) Youth Vision d) Aashara Shudar Kendra
e) Any other (specify)_____

16) How many times did you go for treatment Process?
a) 1-5 b) 5-10
c) 10-15 d) 15 and above (specify)_____

17) How long did you stay for the treatment process in the treatment center?
a) 1-5 months b) 5-10 months
c) 10-15 months d) 15 months and above (specify)_____

18) What type of treatment did you go through in the center?
a) Acupuncture b) Medicine
c) Spiritual d) Others (specify)_____

19) What did you not like about the center?

a) Programs:

i. Counseling
ii. Group meeting
iii. Work therapy
iv. Any other (specify)_____

b) Personnel:

i. Not trained
ii. Behavior
iii. Not professional
iv. Not co-operative
v. Any other (specify)_____

20) Did you go only for detoxification process in the hospitals?

a) Yes b) No

21) Where did you go for the detoxification process?

_____

22) Did you go under methadone harm reduction process in Mental hospital in Lalitpur?

a) Yes b) No

23) What caused you to take drugs again after the treatment?

a) Lack of family support
b) Easy access to drugs
c) Personal incapability
d) Peer pressure (pressured by the users)
e) Lack of social acceptance
f) Any other (specify)_____

24) How was your relationship with your family members after the treatment process?

a) Very good b) Good
c) Satisfactory d) Bad

25) Did you feel accepted in your family?

a) Yes b) No

26) How was your relationship with your wife?

a) Very good b) Good
c) Satisfactory d) Bad

27) Do you have children?

a) Yes b) No

28) If yes, were your children aware about your drug background?
a) Yes b) No

29) If yes, how did they treat you?
a) Very good b) Good
c) Satisfactory d) Bad

30) Did your family members trust you with big financial transactions?
a) Yes b) No

31) Did any family members show negative attitude and criticism towards you due to your past experiences with drugs?
a) Yes b) No

32) Did you feel accepted in the society?
a) Yes b) No

33) What are the adjustment problems that you faced in the family after the treatment process?
a) different treatment from other family members
b) High expectation
c) Family members having the belief of " once an addict, is always an addict"
d) Any other(specify)_____

34) What are the adjustment problems that you faced in the society after the treatment process?
a) Lack of trust b) Communication gap between you and the social system
c) Difficulties in finding new jobs or continuing old job
d) Any other(specify)_____

35) Do you have old boys meeting in your treatment centre?
a) Yes b) No

36) If no, do you feel the need for it?
a) Yes b) No

37 Are you satisfied with the services provided in this sector?
a) Yes b) No

38) Do you feel the need for after care service in Nepal to prevent relapse cases?
a) Yes b) No

39) If yes, what do you think would be an effective preventive measure for relapse cases in Nepal?

_____

Thank you for kind your cooperation.

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Interview Schedule for the treatment centers

Name of the Organization:

Contact Person:

Mailing Address:

Phone No:

Year of Establishment:

6) No of Staff:

a) Trained :
b) Not Trained :
c) Specific training (specify):_____

7) Target Group: _____

8) Objectives of the organization:

9) Philosophy of the Organization:

10) Relapse Rate: _____

11) Success rate: _____

12) Type of Treatment:

a) Institutional b) Non institutional c) Both

13) Treatment capacity:

14) Activities of the organization:

16) Do you have After Care Services?

a) Yes b) no

17) If no, why don't you have?

Thank you for your cooperation.