



**EXPLORATORY SURVEY RESEARCH ON
YOUNG PEOPLE WHO USE DRUGS AND
THEIR PERCEPTIONS ABOUT THE
EXISTING DRUG-RELATED SERVICES IN
NEPAL**

AUGUST 2013

By Bikash Gurung

Youth RISE Nepal

Abbreviations

YPUD	Young People who Use Drug
YF/S	Youth Friendly /Services
CBS	Central Bureau of Statistics
NGO	Non Government Organization
OST	Oral Substitution Treatment
NSEP	Needle Syringe Exchange Program
MMTP	Methadone Maintenance Treatment Program
IDU	Injecting Drug User
IBBS	Integrated Biological and Behavioural Surveillance
MoHA	Ministry of Home Affairs
DRC/DTC	Drug Rehabilitation Centre/ Drug Treatment Centre
PRC	Post Rehabilitation Centre
VCT	Voluntary Counselling and Testing
STI	Sexually Transmitted Infections
HIV	Human Immune Deficiency Virus
BBV	Blood Borne Viruses
UNODC	United Nation Office on Drug and Crime

BACKGROUND INFORMATION

Despite cannabis and alcohol having a long history of use in Nepal, they did not traditionally cause any major social problems. Cannabis only became known as an “illegal drug” in the 1970’s. However, the major public health issues developed with the gradual increase in heroin use until it became an epidemic from the 1980s onward’s, coupled by a shift in the mode of use from smoking/ingesting to injecting.

This shift has been attributed to various factors, including the relatively porous open-borders, the influence of hippy era-tourism, poverty, illiteracy, drug availability and accessibility. These factors have lead to a rapid increase in the levels of drug use among Nepalese youth.

PURPOSE OF THE STUDY

This study was conducted in the largest 5 cities of Nepal: Kathmandu, Pokhara, Nepalgunj, Biratnagar and Bhairhawa and it primarily aims to address the issues of young people who use (inject) drugs (YPUD’s). The specific objectives of the study are as follows:

- To determine whether the available drug services are youth friendly from the perspective of YPUDs;
- To identify the initial age of drug use and main factors influencing a young person's drug use;
- To collect other information related to YPUDs such as their socio-demographic characteristics, types of drugs used, history of imprisonment and their needs and issues.

DEFINITION: YOUTH FRIENDLY SERVICES

By using the term “youth friendly services” this paper will be referring to the extent that services are designed to cater to young people’s specific needs and situations when addressing drug use. Young people who access services are often faced with hostile and untrained services providers, who are ill-equipped to deal with the needs and realities of young people who use drugs. Therefore, when referring to youth friendly services, we are referring to services that engage young people and are designed for their unique and specific needs, often including young people themselves in service design, implementation and evaluation, improving service’s effectiveness, accessibility and appropriateness.

PROBLEM STATEMENT

There is no specific research that has identified or adequately addressed the needs of young people who use drugs in Nepal. For over a decade, Nepal has initiated small-scale harm reduction based programs such as opioid substitution therapy (OST), needle syringe exchange program (NSEP), and community and peer outreach with drop in centres in a few major cities like Kathmandu, Pokhara, Nepalgunj, Dharan, Bhairhawa etc. Despite these services, the HIV prevalence rate among the injecting drug users (IDU) is 6.3 percent in Kathmandu and 4.6 percent Pokhara (IBBS, 2011) compared to national average or around 1%. Furthermore, regional experts also claim that there is a relapse rate of over 80% among drug users who discharge from drug treatment and rehabilitation centres (DRC).

There is a consensus among drug experts that drug use is rapidly increasing in urban areas of Nepal. Drugs are becoming more accessible and according to anecdotal evidence from DRC staff, people are now experimenting with drugs at a much earlier age, many as young as 12 or 13. The 2007 report by the Central Bureau of Statistics (CBS) and Ministry of Home Affairs (MoHA) estimated that there were around 46,309 current drug users in 15 districts of Nepal. The purpose of this study is therefore to assess the accessibility and youth-friendliness of the existing services from a current drug user's perspective. Thus, the results of this study will highlight whether the available services are accessible and friendly to young people.

LITERATURE REVIEW

A review of the existing literature in this area shows that the majority of the drug using population is young, aged below 30 years and that drug use is increasing at an alarming rate. The 2013 CBC survey report on drug use reported there were 91,534 hardcore drug users in 15 districts of Nepal (a jump from 46,309 in 2007). Among them, 85,204 were male and 6330 were female. The average age of the current drug users surveyed is 25.07 years. From the 2007 report, young people aged between 15-24 years comprise 53% of the total number of hard drug users (ie heroin and injecting drug users). Significantly, 73.1% of current hard drug users first took drugs before they had reached 20 years old. Data showed that in 1991 in Kathmandu, 1.6% of IDUs tested were HIV positive (Karki 1999). In 1993 and 1994, no evidence of the virus was found among IDUs tested at that time. However, a UNAIDS study in 1997 found that 50% of IDUs tested in Kathmandu were HIV positive

(UNAIDS *et al.* 2000), which was most likely as a consequence of drugs becoming more accessible in the country. HIV prevalence among IDUs in 2011 in Kathmandu was 6.3 percent, significantly lower than 20.7 percent in 2009, and 50% in 1997.

RESEARCH METHODOLOGY

This research attempts to gather information from the targeted population referred to as YPUD's and aims to measure the attitudes and opinions of YPUD about the existing drug services provided. Research was undertaken with service providers in 15 districts in 5 of the largest cities in Nepal where drug use is the most prevalent (as well as sharing border areas and tourist industries). In the second stage of the sampling process, 350 YPUDs were sampled from the total population of 46309 people who use drugs in Nepal.

THE SAMPLE CHARACTERISTICS

In order to participate in this study, the following characteristics were to be fulfilled:

- The respondent should be below 30 years old.
- The respondent should be a current YPUD or only recently stopped using having been abstinent for no more than 3 months
- Those who consume alcohol only are not considered as target population.

THE DATA GATHERING PROCEEDURE

The main method used in this survey research was semi-structured interviews. The objective of the questionnaire was to gather descriptive information regarding the socio-demographics, characteristics and distribution among YPUDs as well as to measure the opinions of YPUDs towards the existing drug services. The survey research was followed by unstructured observations, focus group discussions and a series of direct interviews which were later developed into an advocacy documentary.

ETHICAL CONSIDERATIONS

All the information collected for the study was utilized only for the purpose of research and were not disclosed to anyone.

Verbal and written consent was taken from all participating YPUDs for interview, photo and video.

Assuming that YPUDs might feel difficult to answer questions in English, the questionnaire was also translated into Nepali for field work.

DATA

Total respondents

	Gender		Total
City	Male	Female	
Pokhara	84	16	100
Kathmandu	67	18	85
Biratnagar	30	20	50
Butwal	43	7	50
Nepalgunj	47	3	50
Chitwan	0	15	15
Total	271	79	350

What drugs have you used?

	Responses		Percent of Cases
Drugs	No	Yes	
Cannabis	321	22.1	91.7 %
Heroin	334	23	95.4 %
Morphine and its mixture	275	18.9	78.6 %
Cough syrup	184	12.6	52.6 %
Pills	315	21.6	90 %
Glue	6	0.4	1.7 %
Others	20	1.4	5.7 %
Total	1455	100	415.7

How “youth friendly” are drug services you have attended

Youth friendliness	Percent
Services are not youth friendly	8.00%
Services are moderately youth friendly	22.20%
Services are youth friendly	9.80%
Total	100.00%

Drug source

Drug source	Percent
Through drug user friends	34.1 %
Mobile drug seller	17 %
Medical store	11.7 %
Directly from Border or outside Nepal	37.2 %
Total	100 %

Have you shared needles with your friends in past three months?

	Frequency	Percent
Yes	10	2.9
No	340	97.1
Total	350	100

Have you ever injected drugs?

	Frequency	Percent
Yes	275	78.6
No	75	21.4
Total	350	100

Have you ever sought drug services?

	Frequency	Percent
Yes	132	37.7
No	218	62.3
Total	350	100

MAIN SURVEY FINDINGS

After the detailed study on the topic following are the major findings:

DEMOGRAPHICS

- 56.6% of YPUD come from ethnic minorities, followed by Brahman/Chettri as 21.4%.
- 86.9% of YPUD have been educated to secondary and higher secondary level. Of them, 42.9% are only higher secondary level students.
- 4.9% are street connected youth who have never started formal education.
- 40.6% of the respondents are married, however only 22% are married and living together, 14.9% are married and living separately and 3.7% were married but are now divorced. YPUD's are getting married at an average of 22.
- 48.6% have a drug using spouse and most of the separated / divorced cases involved a drug using spouse.

SOURCE

- The source of their drugs has shifted from friends, to receiving them directly from dealers in the border areas. 73.4% of YPUDs revealed they buy their drugs from Nepal-India borders in cities like Biratnagar, Birgunj, Bhairhawa and Nepalgunj.

- 83.4% of YPUD get their money to buy drugs from family members, 70.3% from friends while only 3.1% claimed that they deal drugs in order to provide for their dependency.

DRUG USING BEHAVIOUR

- 78.6% of YPUD's are current injecting drug users with an average initiation age of 17 years. 2.9% responded that they have shared needles with other IDUs in the past three months.
- 79.8% highlighted that peer pressure was the main factor that lead them to use drugs.
- Poly drug use was very common.

INFORMATION

- Friends were identified as a YPUD's main source of information around drugs.
- Almost all (99.1%) YPUDs have a basic knowledge of HIV and how it is transmitted.

SERVICES

- 85.4% have undergone HIV testing and 94% have information on VCT services. Almost two third's of respondents (64. 9%) did not have information on HIV related care and support services. Levels of knowledge around STI and available STI services are poor.
- 62.3% of YPUD don't have voluntary service seeking behavior.
- All the YPUDs have received at least one type of drug service (DTC-80.4%, NSEP-69.2%, MMTP-3.5% and PRC-6.9%).
- Most of the YPUD's continue to face issues of forced or compulsory services and there is still considerable gap in between young IDUs (78.6%) and service access (69.2%). These young IDUs responded that they prefer to buy syringes rather than visiting the available NSEP programs.
- 68% of the total number of respondents highlighted that all of the available drug services in Nepal are not "youth friendly". Of the specific services, 81% responded that the available DTC services in Nepal aren't youth friendly, 58% responded that the available NSEP services in Nepal aren't youth friendly, 25% for available MMTP services and 37.5% for PRC services available in Nepal.
- This study also shows that 47.1% YPUDs experienced arrest and police custody/imprisonment as a result of their drug related offences. Also very few are expelled from school/college or fired from their job due to their drug use.

CONCLUSIONS AND RECOMMENDATIONS

It became clear in this research program that school based drug awareness programs at a secondary and higher secondary level need to be scaled up and conducted much more frequently, as well as being followed up by community awareness programs. Different interventions focusing on street level YPUD's in slum areas also need to be implemented more frequently. This requires increased government financial support to YPUD and outreach workers ensuring they have the necessary training so that the number of preventable deaths is reduced to zero.

YPUD also need increased education and counseling to reduce the high rate of early marriages which are used to combat the stigma and discrimination that exists meaning YPUD believe that marrying a drug using partner would solve their problem of isolation, and fill the void of not being accepted by their family and community.

With the issue of poly-drug use being so common among YPUD, there needs to be much greater focus on sensitizing young people around the harmful effects of poly-drug use. Most importantly however, the government, in collaboration with CSO's need to scale up the development of as many youth-friendly harm reduction services (OST, NSP etc) as possible in areas of high drug use.

Drug service organizations also need to explore the reasons why young IDU's are sharing needles and coordinate with local and national government bodies, police and community leaders to ensure the practice is kept to minimum. Organizations need to also ensure they are creating an enabling (youth friendly) environment for YPUD's and emphasize a broad range of issues, such as STI transmission, Hepatitis and overdose, not limiting the services only HIV. The government should also take the initiative around ensuring regular joint monitoring mechanisms.

Since the CBS reported that more than 75% of people who use drugs initiated their drug use during their youth, existing programs must be more focused for YPUDs. The government should therefore prepare clear guidelines on youth-friendly services indicating different indicators of youth friendly services, defining and providing guidance around the minimum criteria of youth-friendly services, such as the meaningful involvement of YPUD at all levels with veto rights. These guidelines should not only be prepared and implemented, but should also be jointly monitored and regularly

evaluated so that the rights of the YPUD's are protected. Additionally, there should be provisions put in place to reward effective youth-friendly services and punishments for forced and compulsory services.

With 40% of new HIV infection's occurring among young people, YPUD's are at heightened risks of HIV and other blood borne viruses. Drug laws and policies must accept that drug dependency is a public health issue and fully support harm reduction services in Nepal. The contradiction between drug policies and approaches by the Home and Health ministry should also be tackled, so the priority is the protection of the health and rights of YPUD's. As an alternative, the government should be looking to implement new strategies such as those in Portugal, Netherlands and Mexico where alternative approaches, removing drug users from the criminal justice system has proved successful in reducing drug related harm.