

## **Drug and Alcohol Abuse in Nepal**

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### **Introduction**

After a decade of conflict, Nepal has emerged with a new constitution, Parliament, and now faces all of the issues and problems resulting from years of war. Nepal has long been a destination for mountaineers and trekkers to Mount Everest and other Himalayan peaks. During the 1960-70s Nepal was also home to many “hippies” who visited the country because of the tolerance and availability of marijuana, hashish and other drugs. As a result, drug addiction has been a serious problem throughout Nepal since the 1970s. Although drug use has traditionally been part of the Nepalese spiritual and religious culture, around the 1970s Nepal’s urban and suburban youth were introduced to pharmaceutical drug usage as well as the traditional drugs--of marijuana and hashish. Since then, the abuse of these drugs, and additionally heroin, has increased in popularity among the Nepali youth. Currently, the most abused drugs in Nepal are marijuana, heroin, hashish, methamphetamine, cough syrup, Valium, LSD, and Tidigesic injections. Alcohol remains the preferred drug of use and abuse, followed by tobacco. The use of alcohol and abuse of other drugs have contributed to violent behavior by the youth, causing a major public health problem for the emerging nation.

### **Prevalence and Incidence of Abuse**

There is scant epidemiological data available to determine the nature and extent of the drug problems in Nepal. Unofficial surveys (1) have revealed that there are estimated 60-100,000 drug addicts in Nepal. The abuse of drugs has led not only to active addiction by many but also to the incidence of HIV/AIDS, Hepatitis B and sexually transmitted diseases (STDs). Heroin addiction and IV drug use (IDUs) have been found to be more vulnerable to contracting these diseases, as is the case in most nations. In Nepal, sixty eight percent of the IDUs are HIV positive, with many of these individuals being multi-drug users. Among IDUs, alcohol use is often associated with unprotected sex. Before 1996, there were no reported HIV positive cases in Nepal. By the end of 1996, nine HIV positive cases were detected. In early 2003, 1940 HIV positive cases were recorded, though most epidemiologists estimate the actual number of infections is far higher than reported, due to the lack of testing ability and availability and unwillingness of individuals to be tested. This situation demands thorough research on the relationship between drug abuse and HIV/AIDS as well as recommendations for effective measures to counter both problems. (2)

### **Illicit Drug Trafficking in Nepal**

Nepal lies near the “Golden Triangle” (Myanmar, formerly Burma, Thailand and Laos) and the “Golden Crescent” (Afghanistan, now again the number one grower of opium, Pakistan and Iran). Lack of research and technology to detect and track drug movement into Nepal are contributing factors to the inability of Nepal to stop drug trafficking into and through the country. As a result, Nepal has often been used as a transit route for drug trafficking. By modernizing the law

enforcement capabilities, drug trafficking can be significantly reduced in Nepal, which will greatly benefit the country and other nations. As far as supply routes used for the local consumption of drugs in Nepal are concerned, peddlers smuggle drugs from Siliguri, Nawatanawa, Kanpur, Gorakhpur, Rupadia, Gonda and other bordering towns in India and Sikkim. From there, drugs moved into various urban and suburban areas of Nepal. Drug dealers often use luggage with false bottoms or conceal drugs in various items such as photo frames, idols, and other personal effects.

(3)

### **Treatment and Training of Personnel**

There are a growing number of treatment facilities in Nepal to address the drug abuse concerns. Several of these programs are founded on 12 Step principles while others use modified variations of the therapeutic community model (The Freedom Center). One program is based on the principles of Scientology and the teachings of L. Ron Hubbard (NARCONON). Alcoholics Anonymous, Narcotics Anonymous (NA) and Al-Anon all are active in Nepal, with NA seeming to have the highest level of membership. Although public education and awareness campaigns exist in the country, new approaches and curriculum are needed to better educate the youth and public concerning the prevalence, incidence and concerns about alcohol and drug use and abuse in Nepal.

In 2007, the Humphrey Fellows Association of Nepal, in cooperation with the World Health Organization and the American Center/American Embassy, conducted a week-long institute on alcohol and drug abuse treatment and prevention from February 19-23, 2007 in Kathmandu, Nepal, with over forty participants representing law enforcement, policy and government, treatment and rehabilitation, mental health, counseling, and medicine. Dr. David Powell, Barbara Powell, Kelli Star Fox and Angela Childers from the U.S., as well as presenters from Nepal volunteered their services to be the faculty for this institute. Training was provided on 12 step programs, individual, family and group counseling skills, domestic violence assessment and treatment, relapse prevention, epidemiological studies and research, legal and ethical issues, among many other topics. Site visits occurred to two treatment centers. At the completion of the institute, forty hours of training credits were awarded to the participants. Further training will be provided in Nepal in 2008 and beyond, with the ultimate goal of credentialing substance abuse counselors in that country.

This institute is a component of the International Center for Addiction Studies, a project funded by the International Center for Health Concerns, Inc. (ICHC), which includes training projects in Nepal, Bhutan, China, Singapore, and other Asian nations. For further information concerning treatment and training projects of ICHC in Asia, contact David Powell at [djpowell2@yahoo.com](mailto:djpowell2@yahoo.com) or visit [www.ichc-us.org](http://www.ichc-us.org).

1. Informal survey, MBP Chhetri, 2003
2. Department of Health Services, Government of Nepal, 2004
3. Center for AIDS and Sexually Transmitted Diseases, Government of Nepal, 2004