Drug abuse has its own historical background. The use of its products dates back thousand of years. It is acclaimed that opium traces back to 4000 B.C. In ancient time leaves, roots, barks of plants and herbs were used to control pain and disease and mainly used by hermits and medics and their use has always been condemned in religious texts. Hemp is considered to be the world oldest cultivated plant. Grown by the Assyrians some nine thousand years B.C., it has been in use ever since. Thus, it has spread from the near East, Central Asia, Africa, South America and Europe to North America. It is also deeply ingrained in the cultures of many countries such as India, Nepal, Jamaica and Morocco.

In Nepalese context, it is believed that Ganja (cannabis), Bhang (seeds of cannabis) and charus (Hashish) are found in religious usage. People have been using these drugs since very beginning. It has been clearly mentioned in the Hindu religious book that God Shiva used to smoke such drugs for meditation. The use of Ganja and Bhang is very common during festivals as Shivaratri and Holi in the name of “Shivabuti” or “Shivajee ka Prasad”. Drugs like ganja, charus and bhang have been in intermittent or social use since ancient time by some eccentric people or sadhus or yogis to feel relaxed and enjoy some aesthetic experiences, particularly on some socio-religious occasions and festivals. In majority of the cases, this type of ancient tradition of drug use did not cause any serious psychosocial dysfunctions or legal and psychiatric problems in adult population. However, since the beginning of 1960, its use and abuse became increasingly fashionable among adolescent, youth and students imitating Hippi culture and lifestyle.

In Nepal, the use of opium in the form of smoke and poppy seeds in the form of food had been quite common. Drug abuse began to be seen as a problem in the country for the first time only in mid 60’s and early 70’s with the influx of large number of hippies. This made Nepal as a holiday resort for tourists. Brown sugar, morphine and other hard drugs entered Nepal only in early 70’s. These drugs were in the form of smoking and chasing. When law enforcement started becoming rigid, drug addicts started taking psychoactive substances, which were comparatively difficult to be detected by the authorities. During the early 80’s Tidigesic took place of these drugs in the form of injection which became very popular in the communities of drug users in Nepal. As a result, most of the drug users shifted from smoking and chasing to injection which led to the transmission of human immunodeficiency virus (HIV) and other viral infections among injection drug users.

The abuse of heroin or smack has become an increasingly serious national problem in Nepal. The use of marijuana and heroin together with misuse of psychoactive and sedative drugs like nitrosun have caused a poly drug culture of great national concern. The young boys and girls are commonly trapped in the vicious cycle of experimentation with smoking and drinking with or without a joint of ganja that ultimately leads to misuse and abuse of smack, cough syrups like phensedyl and psychoactive substances and sedatives like valium and nitrosun, speed and hallucinogens like LSD, cocaine and magic-mushroom. Heroin can be used either by smoking in the long pipe or between joint of ganja and cigarette and intravenous (IV) use of heroin or other opioid substances or painkillers like susevin or tidigesic in place of pethidine and morphine with or without misuse of sedatives and hypnotics like valium, mandrex, Librium, notrosum, nitrvite and alprazolam. Thus poly drug abuse has become a serious social menace in Nepal.

**Drug control initiatives in Nepal**

In Nepal, drug control initiatives were started in 1960. The then His Majesty's Government of Nepal brought a Liquor Control Act-1960. According to the Act it was compulsory to have license to produce and sell cannabis. In 1976, the government made the Narcotics Drug Control Act-1976 which banned the production, storage, selling, consumption and trade of all

The basic drug law of Nepal is the Narcotic Drugs Control Act, 2003 (1976). Under this law, the cultivation, production, preparation, manufacture, export, import, purchase, possession, sale, and consumption of most commonly abused drugs is illegal. The Narcotics Control Act amended in 1993, confirms in part to the 1961 UN Single Convention on Narcotic Drugs and its 1972 protocol by addressing narcotics, production, sales, import and export. The government is planning to amend the Act to incorporate provisions for psychotropic substances, demand reduction, treatment and rehabilitation.

With the establishment of democratic government in 1990, the Government of Nepal (GoN) and United Nations Office for Drug and Crime (UNODC) entered into an agreement to implement Master Plan for Drug Abuse Control. This program paved the way for National Policy on Drug Control, amendment in the Act and establishment of two entities to look into supply control and demand reduction. The government identified drug abuse problem and incorporated in its National Plan. Since then, several programs, policies and strategies were developed to prevent and control drug issues. By ratifying 1961, 1971, and 1988 UN commitment, Nepal has shown its firm commitment to adhere to the obligations of these conventions to control the problem of drug abuse and drug trafficking. Within the framework of the master plan, the Drug Abuse Control Project on Law Enforcement and Legal Assistance in Nepal aimed at providing the Government of Nepal with more efficient, modern drug administration, strengthen the drug law enforcement agencies and the national forensic science laboratory; revise Nepal’s narcotics legislation and bring it in line with its international obligations. In continuation to the master plan national drug control policy and national drug demand reduction strategy was formulated and put into enforcement in 1995.

The Tenth Plan has included a separate policy intervention for drug control with the recognition of drug abuse as a prime barrier to nation’s social, economic and intellectual development. With the long term objective of building a “drug free society” the principal objectives laid down by the plan include mainly supply and demand reduction through preventive and reduction campaigns; risk education through treatment and care and rehabilitation and reintegration of those who are addicted. The working strategies adopted by the plan include coordinated and collaborative intervention, participation of local representatives and community organization, community treatment and behaviour change, demand reduction, conducting mapping and baseline information on drug users, effective measures to supply control, strengthening law enforcement and reforming Legal system.

In 2006, the Home Ministry updated the 10 year old Narcotics Control National Policy. Noting the growing incidence of HIV infection among addicted sex workers, abuse of narcotics and psychotropic medicines among youth, and illicit trafficking by mafia, the new policy attempts to address these concerns in a more transparent and enforceable manner. To ensure institutional support, the 2006 policy called for the creation of Narcotics Control Bureau in the Ministry of Home Affairs that could include the Narcotics Drug Control Law Enforcement Unit (NDCLEU) and a special Nepal Police Task Force trained in counter narcotics. As of November 2008, this Bureau has yet to be made function. In addition, the National Policy re-structured a high-level Narcotics Control National Guidance and Coordination Committee and a Narcotics Control Executive Committee. These entities oversee all narcotics control programs, law enforcement activities, and Legal reforms. Nepal enacted legislation on asset seizures in January 2008 and continues to implement a National Drug Abuse Control Plan (NDACP), but other proposed efforts still await legislative approval. Legislative action on mutual Legal assistance and witness protection developed as part of the NDACP. The government has not submitted scheduled amendments to its Customs Act to control precursor chemicals.

To control the rising problem of drug use in the country, the national narcotics drug control policy of Nepal, 2006 has been developed by the Ministry of Home Affairs, Government of Nepal. This document has been guided by the narcotics drug control act. The vision of the policy is: ‘A healthy and prosperous society free of drugs’.
The objectives of the policy are:

1. To prevent and control the illegal cultivation, production, illicit trafficking and sales of narcotic drugs and minimize crimes related to it.

2. To reduce the incidence of drug abuse in the high risk Group.

3. To increase access on quality, durable and reliable treatment and rehabilitation services among the drug users.

4. To control and reduce the risk of infection of hepatitis, HIV and other sexually transmitted diseases from drug users to his/her family and community.

5. To promote good will, collaboration, partnership and participation of all for the control of drugs.

GoN is committed to control the problem of drug use in the country. For this, it is equally important to launch various programs to control its illicit production, trafficking, dealing and supply so as to bring down drug related offences. The National Policy for Drugs control 2006 has come into enforcement for making the society healthy, prosperous and free of drug abuse. To support the policy further, GoN has developed the Drugs Control Strategy, 2010 with the long term vision of “creating healthy and prosperous society free of drugs”. It is expected that implementation of this strategy would help achieve the objectives set out by the National Policy for Drugs Control, 2006.

Despite scores of law enforcement agencies across the World battling to control drug smuggling, the menace has mushroomed last year with growing links between South Asian neighbours India and Nepal. Nepal is the biggest producer of cannabis resin in South Asia. There has been an alarming increase in the cultivation of cannabis in the Terai Plains in the South along the border with India. Besides the home-grown cannabis, Nepal is also being flooded with low-grade heroin and opium from India. According to the International Narcotics Control Board (INCB), cannabis has become the most widely used illicit drug worldwide and in the last two decades, more potent forms have been developed. It is also indicated that cannabis use may be associated with an increased risk of psychotic disorders and schizophrenia. India is one of the main producer of opium to meet the World’s licit requirement for medicinal and other uses. However the licit produce is being smuggled and sold illegally in Nepal through Raxaul in the state of Bihar, India with the source being the fields in western Rajasthan. Nepal serves as the transit for high-grade heroin that is made in Afghanistan and intended for Europe, America and Canada. Low-grade heroin is smuggled from India to be sold in the Himalayan Republic.

In the past, Nepal was used as both transit and local market for amphetamines like yaba capsules containing a mixture of caffeine and methamphetamine. They came from Myanmar through Thailand. Most of the drug smugglers caught in India are Nepalese followed by Nigerians. In Nepal most of them are Indians followed by Nigerians. In 2008, of the 634 people arrested in Nepal for drug smuggling, 72 were foreigners including 17 women. More than 500 Nepali nationals have been arrested and tried in foreign countries since 1992 on the charges of drug trafficking according to the records maintained by Drug Control Law Enforcement Unit (DCLEU). Nepali drug traffickers have spread to Thailand, Malaysia, Myanmar, Laos, Indonesia, Pakistan, Singapore, Japan, China, Afghanistan and Burma.

Although a lot has already been initiated for the control and prevention of drug use, there is still more to do. The effort of the government alone is not sufficient to address the problem. All stakeholders must work in collaboration with the government for the control of the problem. There should be clear laws and regulations regarding drug use. Better and quality services should be provided and awareness should be created at the grass root level. It is not enough that the drug traffickers and abusers are caught and punished.

We must also look to educate the population to reduce the problem and to rehabilitate those who, at present are a part of the problem. Therefore, the immediate target beneficiaries of the master plan should be the law enforcement authorities who will strengthen legislation to help them in their work, and who will also have a group of better trained officers at their disposal. Another target beneficiary will be the people working in the drug rehabilitation area who may benefit by having extra resources and training provided under the master plan. The third and most vulnerable Group will be the addicts and their families, who will have better access to rehabilitation facilities. With this, the authorities may control the problem up to some extent and make contribution for a drug free society.

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